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# The Gazette of the Democratic Socialist Republic of Sri Lanka

## EXTRAORDINARY

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## PART I : SECTION (I) — GENERAL

### Government Notifications

#### THE NATIONAL POLICY AND STRATEGIC FRAMEWORK FOR PREVENTION AND CONTROL OF CHRONIC NON-COMMUNICABLE DISEASES (2023 - 2033)

THE current National Policy and Strategic Framework for Prevention and Control of Chronic Non-Communicable Diseases 2023 - 2033, approved by the Cabinet on 05.06.2023, provides a framework to reduce morbidity, disability and premature mortality due to chronic Non-Communicable Diseases. The policy further recommends the pathway to strengthen the health system response to improve service coverage for early detection, treatment, rehabilitation and palliative care and to reduce the burden of chronic non-communicable diseases by lowering people's vulnerability to common risk factors.

Since the country had undergone a rapid epidemiological transition, marked by a shift from infectious diseases to a preponderance of non-communicable diseases, the previous National Policy and Strategic Framework for Prevention and Control of Chronic Non-Communicable Diseases 2010- 2020, which was approved by the Cabinet on 21.07.2010 is replaced by the current policy pertaining to 2023 - 2033 enabling the facilitation of the expansion of the required services.

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## The National Policy and Strategic Framework for Prevention and Control of Chronic Non-Communicable Diseases in Sri Lanka (2023-2033)

### Ministry of Health Sri Lanka

#### Introduction

Sri Lanka is currently facing the challenges of epidemiologic, demographic, socioeconomic and environmental transitions, which have altered the public health landscape. At present, one in eight Sri Lankans are 60 years or above and this ratio is expected to double by 2041. The incidence of Non-Communicable Diseases (NCDs), rises with the increase in aging. Rapid urbanization, globalization, trade liberalization, increased motorization and population mobility have contributed to the adoption of unhealthy lifestyles. In addition, environmental changes as experienced at present increase that risk for associated chronic NCDs across all population groups.

As per the latest estimates in 2016, NCDs account for almost 83% of total deaths in the country, with the four major chronic NCDs accounting for the majority ; cardiovascular disease (34%), cancer (14%), diabetes (9%), and chronic respiratory diseases (8%). Other NCDs account for 18% of annual mortality. The risk of dying prematurely between ages 30 and 70 years from any of the four major chronic NCDs was estimated to be 17%, and as reflected in Figure 1, Sri Lanka is not on track to achieve the global target of reduction of premature deaths based on the projected linear trends. In view of the need for strengthened and accelerated action to achieve these targets, the 2010 National Policy and Strategic Framework for Prevention and Control of Chronic Non-Communicable Diseases was revised.

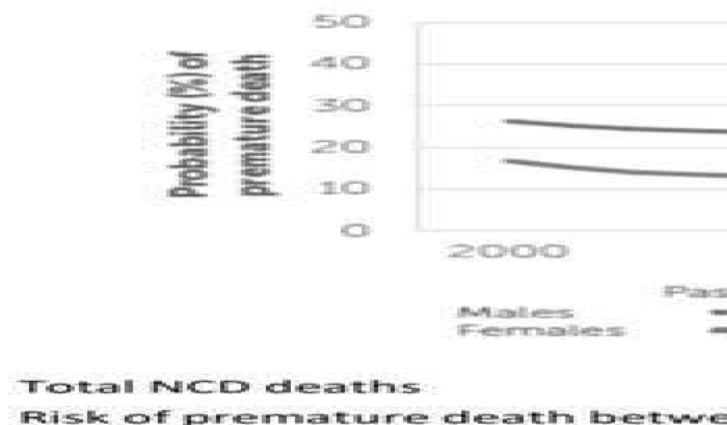


Figure 1: Risk of premature death due to NCD in Sri Lanka (Source : NCDs Country Profiles, WHO, 2018)

As shown in Figure 2, the major leading cause of hospital deaths in 2019 was ischemic heart disease, followed by neoplasms, while cerebrovascular diseases ranked as the seventh leading cause of death.

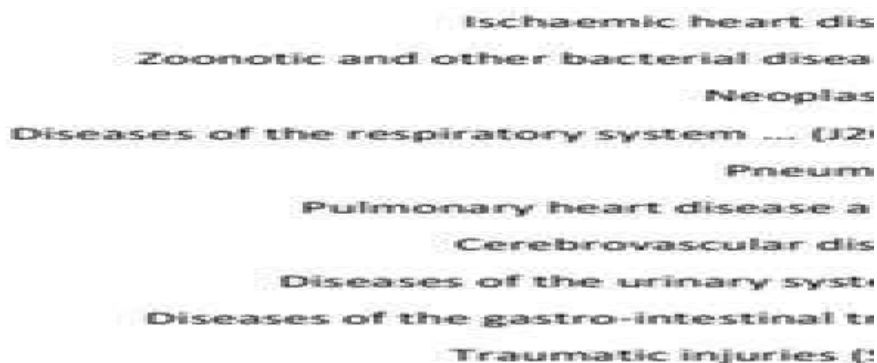


Figure 2: Leading causes of Hospital deaths (per 100,000 population) in 2019 (source : Annual Health Bulletin, 2019)

Further, an increasing trend of hospitalizations due to NCDs is noted, As shown in Figure 3, hospitalizations due to ischemic heart disease are the number one cause of hospital mortality.

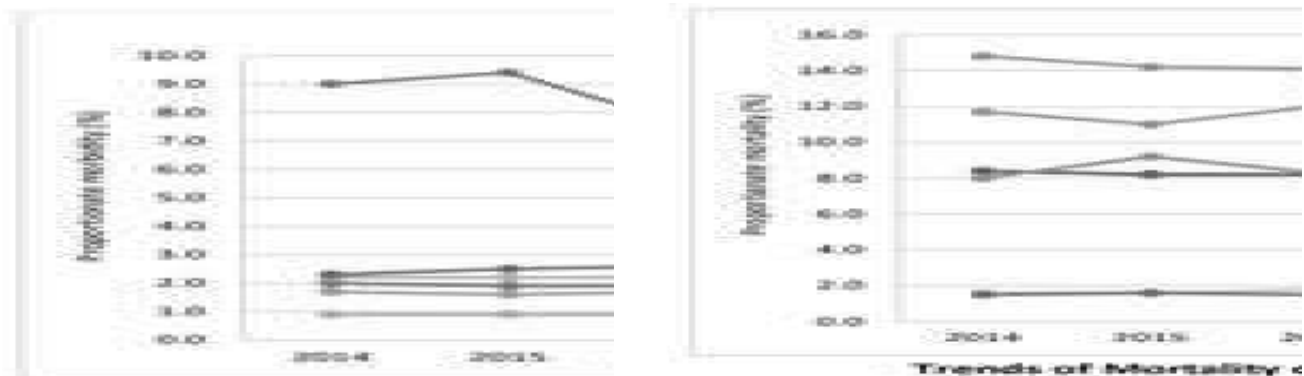


Figure 3: Trends of admission and mortality due to chronic NCDs in government hospitals 2014 - 2019 (Source : Annual Health Bulletin, 2019)

The STEPS survey (2015) was conducted among 5188 people aged 18-69 years to assess the prevalence of NCDs and risk factors. This showed that 9.1% of Sri Lankan adults aged 40-69 years had a 10-year CVD risk  $\geq 30\%$ , or had an existing CVD. The survey also found that one in four Sri Lankan adults had high blood pressure or were on medication for high blood pressure ; almost one in four Sri Lankan adults had raised total cholesterol ( $\geq 190\text{mg/dl}$ ) or were currently on medication for raised cholesterol : and 7.4% had raised fasting blood glucose or were currently on medication for raised blood glucose.

Risk factors for NCD are categorized as modifiable and non-modifiable. While age, sex, ethnicity, family history, etc. are non-modifiable risk factors for NCD, use of tobacco and alcohol, consumption of unhealthy foods, physical inactivity and psychological stress, are the main modifiable behavioral risk factors for NCD. These risk factors lead to four key physiological/metabolic changes i. e., raised blood pressure, overweight/obesity, raised blood glucose and raised cholesterol, which are intermediate risk factors for major chronic NCDs. Having a set of modifiable risk factors makes it possible to control NCDs through the management of risk behaviors. In addition, “air pollution” as an environmental risk factor causes chronic respiratory diseases (CRD), cardiovascular diseases (CVDs), stroke, malignancies and dementia.

The STEPS survey (2015) found that nearly half of Sri Lankan males consumed tobacco, of which 29% smoked tobacco. Among the males, one-third had consumed alcohol within the past 30 days. A large majority of adults (73%) did not consume a sufficient number of fruits and vegetables, while around 26% often consumed processed foods high in salt. One in three females and one in four males were found to be overweight with a BMI of 25 or more, and one in every three adults was physically inactive. The behavioral risk factors for NCDs could be established in an individual since childhood. According to the Global School-Based Student’s Health Survey (2016), among students aged 13-17 years, 5.5% of male students consumed alcohol, 15.6% of male students used tobacco products, 26.2% students consumed carbonated soft drinks daily and 37.3% students spent three or more hours per day sedentarily. Given this background, it is reasonable to anticipate that the future burden of NCDs in Sri Lanka would increase and NCDs would present at an earlier age among the population.

In addition to the main four diseases (cardiovascular disease, cancer, diabetes & chronic respiratory diseases), Chronic Liver Diseases, Chronic Kidney Diseases, eye disorders, Chronic Neurological Disorders and hearing disorders are also now being considered under the purview of NCDs globally. In view of this, the new policy will give directions to a wider spectrum of diseases,

Blindness and moderate-to-severe visual impairment (MSVI) are prevalent in the South-East Asia region (SEARO) compared to the global average. Cataracts, uncorrected refractive errors and diabetic retinopathy are the main causes of blindness. Urgent attention is called for improving effective treatment coverage for these, as well as other emerging causes of blindness such as glaucoma, and to improve the monitoring mechanism of the same. Hearing loss is a widely prevalent

health condition of diverse etiology, affecting individuals across the life course. The prevalence of hearing loss is increasing, driven by demographic trends, and persistent and growing risk factors. The available data shows that 9% of the total population of Sri Lanka suffers from hearing impairment. Effective public health strategies and clinical interventions can, in many cases, prevent the occurrence or progression of hearing loss in all age groups. Hearing screening in older adults is known to be a cost-effective strategy.

Further, attention is drawn to Liver diseases. Fatty liver diseases (FLD) (Alcoholic or Non- Alcoholic) are important NCDs and are closely associated with other NCDs like Diabetes, Hypertension, cardiovascular diseases, cancer (Liver cancer), *etc.* Chronic liver diseases (CLD) with an underlying etiology as alcoholic liver disease (ALD) and non-alcoholic fatty liver disease (NAFLD) characterize the most frequent chronic liver disease and is anticipated to become even more prevalent in the future, due to the increasing proportion of people of older age, obesity, low physical activity, unhealthy dietary habits, and diabetes.

Chronic Kidney Disease (CKD) as a complication of Diabetes and High Blood Pressure has become a major health problem in Sri Lanka. According to the latest estimates, the prevalence among the population above 20 years of age is estimated to be 10%. In 2016, the country spent 4.4% of its health budget (capital) to improve dialysis facilities for patients with end-stage renal failure. In 2019, 0.5 % of the health budget (Rs. 1,166 Mn) was spent on dialyzing patients with end-stage renal failure. A systematic programme to screen and follow up patients with diabetes and high blood pressure is required, to slow down the incidence of end-stage renal failure.

Increasing numbers of people are living with NCDs and their complications. Especially, concerning Diabetes, there is strong evidence suggestive of increased prevalence of both macrovascular and microvascular complications (neuropathy, retinopathy & nephropathy) in Sri Lanka. As a result, there is a rise in the requirement for rehabilitative and palliative care services. According to Service Availability and Readiness Assessment Sri Lanka (SARA-SL) conducted in 2017, only 21% of public sector hospitals and 53% of private hospitals reported 90% availability of essential medicines that were assessed.

Current NCD activities in Sri Lanka are guided by the National Policy and Strategic Framework for Prevention & Control of Chronic Non-Communicable Diseases and National Multisectoral Action Plan for Prevention and Control of NCDs (MSAP-NCD) 2016-2020 which is consistent with the Global NCD Action Plan. In keeping with the Global and Regional Monitoring Frameworks, Sri Lanka has also set 10 national targets including a target to reduce premature NCD mortality. This is supported by the fact that the 2030 agenda for Sustainable Development Goal (SGD) 3 is devoted to health and wellbeing including combating NCDs.

To address the dynamic nature of diseases and their behavioural, environmental and metabolic risk factors, prevention and control efforts need to be scaled up in a wider scope to achieve universal health coverage through existing and newer evidence-based interventions. Sri Lanka's position in the future as an outstanding performer in health will depend on how best it responds to the challenges related to chronic NCD. The revised National Policy and Strategic Framework for Prevention & Control of Chronic Non- Communicable Diseases will guide the national response to combat the health and socio-economic toll of NCDs which impedes progress towards universal health coverage by incorporating the national NCD agenda within the national SDG response.

### Scope

The revised policy is aligned with the National Health Policy and considerations of the National NCD Policy (2010). The policy gives clarity of vision for the future and the overarching framework which will be in place to ensure that the national response is robust, efficient and effective to combat chronic NCDs in the country while progress to achieve regional and global targets.

This policy document will address the promotion of a healthy lifestyle whilst managing the following diseases and their risk factors through four levels of prevention; primordial, primary, secondary and tertiary. Cardio-vascular diseases (including coronary heart diseases (CHD), Cerebro-vascular diseases (CVD) and hypertension), Diabetes Mellitus, and Chronic respiratory diseases (asthma, chronic obstructive pulmonary disease) will remain as main priority of focus, while eye disorders, hearing disorders Chronic Liver Diseases to follow. Chronic Kidney Diseases being a national challenge at present needs prominence in the coming era.

The revised policy is coherent with National Health Policy and sectoral policies (especially the National Policy on Maternal and Child Health, National Nutrition Policy, Policy on Healthcare Delivery for Universal Health Coverage, National Elderly Health policy, *etc.*) and other relevant Government non-health policies.

Other NCDs including mental disorders, chronic neurological diseases and cancers are addressed in the Mental Health Policy of Sri Lanka and the National Policy and Strategic Framework for Cancer Prevention & Control respectively. Chronic neurological diseases will be dealt with under the Directorate of Mental Health.

## **Vision**

A country, free of avoidable burden of Chronic Non-Communicable Diseases.

## **Goal**

To reduce morbidity, disability and premature mortality due to chronic Non-Communicable Diseases by promoting healthy lifestyles, early detection and integrated people-centered care for chronic Non-Communicable Diseases and their complications.

## **Objectives**

1. To reduce the burden of chronic non-communicable diseases through, lowering the people's vulnerability to common risk factors.
2. To strengthen the health system response to improve service coverage for early detection, treatment, rehabilitation and palliative care.

## **Guiding Principles**

1. Protection of the Right to Health - Enjoyment of the highest attainable standard of health is a fundamental right of every human being.
2. Life course approach -integrating prevention and control of non-communicable interventions using the opportunities across the different stages of the life cycle from pre-conception to old age.
3. Multidisciplinary and multi-sectoral engagement - Addressing NCDs and underlying social determinants and risk factors goes beyond the health sector, engaging a range of stakeholders including other relevant government partners, academia, non-government organizations and civil societies.
4. Evidence-based strategies and interventions - development of strategies and interventions will be based on public health principles using the latest evidence for best practices, which are cost-effective, sustainable, affordable and culturally appropriate to have an impact on the healthy living of the people of Sri Lanka.
5. Universal Health Coverage - ensuring everyone has access to needed promotive, preventive, curative and rehabilitative services of sufficient quality to be effective while ensuring that people do not suffer financial hardships.
6. Equity and social justice, including gender sensitivity -engaging the "whole of society" to ensure no one is left behind.

## **Strategies**

The following key strategic areas are identified and prioritized for achieving the policy objectives.

1. Strengthen policy and regulatory measures for NCD prevention and control.
2. Strengthen accountability mechanisms for a better-monitored response for tackling the NCD burden at national and subnational levels.
3. Empower the community towards promoting a healthy lifestyle.
4. Strengthen multi-sectoral collaboration and partnership.
5. Reorient and strengthen the health system to provide sustainable, people-centered, standardized, integrated NCD care, including technological advancements and pharmacotherapy.
6. Strengthen the health workforce and develop the capacity to ensure efficient utilization of the available human resources.
7. Ensure equitable and sustainable financing to facilitate NCD prevention and control.
8. Strengthen information management systems towards better program management and client outcomes.
9. Promoting research for evidence-based practice

## Key Actions

### Strategy 1: Strengthen policy and regulatory measures for NCD prevention and control

- 1.1 Advocate for political and administrative leadership to mainstream evidence-based NCD strategies and interventions in national policies, planning agendas and programmes and to address the social determinants of health as a priority policy area.
- 1.2 Strengthen the policy and legal environment to minimize the impact of main risk factors (tobacco, alcohol, unhealthy diet, physical inactivity, air pollution, *etc.*) for NCDs.
- 1.3 Adopt necessary initiatives to address other emerging chronic NCDs such as eye disorders Chronic Liver disease and hearing disorders, based on disease burden, availability of cost-effective evidence-based interventions and resources.

### Strategy 2: Strengthen accountability mechanisms for a better-monitored response for tackling the NCD burden at national and subnational levels

- 2.1 Regularly monitor the implementation of the policy within the health sector through the results framework and action plans and take timely remedial action.
- 2.2 Strengthen the accountability of non-health sector stakeholders through regular monitoring and evaluation of multi-sectoral activities for prevention and control of NCDs.
- 2.3 Periodic evaluation of performance at national and subnational levels including at cluster levels, for timely decisions on strategic direction, resource allocation and recognition of performance.
- 2.4 Strengthen regulation and service accountability of NCD service package for uniform service delivery in the private sector and indigenous medicine sector.

### Strategy 3: Empower the community towards promoting a healthy lifestyle

- 3.1 Integrate NCD interventions to existing service packages across the life course including differently abled and customized according to the socio-cultural differences of the population.
- 3.2 Promote healthy lifestyles through health-promoting environments in identified settings.
- 3.3 Create a health workforce that is empowered to reduce their risk for NCDs with the potential to act as change agents in their community.
- 3.4 Adopt a communication strategy to achieve the policy objectives.
- 3.5 Enhance the role of Civil-Society Organizations (CSO) and community leaders, in community empowerment and promoting healthy lifestyles.

### Strategy 4: Strengthen multi-sectoral collaboration and partnership

- 4.1 Strengthen coordinated multi-sectoral involvement in the national response, across health and non-health sectors, non-government organizations, international bodies, private sector, academia, and civil society organizations.
- 4.2 Advocate for resource allocation for NCD prevention and control by other stakeholders.
- 4.3 Strengthen oversight and engagement of coordinating bodies for NCDs, at national and subnational levels (NCD Council, National NCD Steering Committee and District NCD Steering Committees).

### Strategy 5: Reorient and strengthen the healthcare delivery system to provide sustainable, people-centered, standardized, integrated NCD care

- 5.1. Strengthen Primary Health Care services to implement integrated, people-centered essential NCD services.
- 5.2. Strengthen delivery of NCD services through shared care clusters, to ensure efficient use of the available resources such as essential medicines, investigations, technologies, and human resources, and streamline the referral and back-referral system.
- 5.3. Ensure equitable access to the NCD-related services in the essential services package and regularly review and make available the required essential medicines, investigations, technologies and other resources.

- 5.4. Enhance standards of NCD-related patient management at all levels, while ensuring clinical standards, quality, patient safety and responsiveness.
- 5.5. Adopt integrated methods to improve service delivery at all levels including the private sector and indigenous medicine sector
- 5.6. Facilitate the introduction of appropriate and adaptable new medicines and technologies and ensure their continuous availability.
- 5.7. Improve the coverage and quality of the NCD screening program, with special attention to vulnerable communities, and at-risk groups.
- 5.8. Strengthen institutional and community-based rehabilitative and palliative care services and home-based care for People living with NCDs (PLWNCDs).
- 5.9. Engage Civil Society Organizations to improve health-seeking behavior and utilization of NCD care.
- 5.10. Ensure provision of uninterrupted care and services for PLWNCDs during disasters and emergencies.

**Strategy 6: Strengthen the health workforce and develop the capacity to ensure efficient utilization of the available human resources**

- 6.1 Ensure the availability of an adequate health workforce at all levels of service delivery for effective NCD prevention and control.
- 6.2 Ensure a competent, fit-for-purpose health workforce with the correct skill mix and updated technical capacity for comprehensive NCD prevention and control across all levels of service.
- 6.3 Adopt innovative methods for motivation and retention of the health workforce for NCD care.

**Strategy 7: Ensure equitable and sustainable financing to facilitate NCD prevention and control**

- 7.1 Advocate for equitable and sustainable financing mechanisms and resource allocation at national and subnational levels.
- 7.2 Ensure financial sustainability of strengthening NCD prevention and control at primary health care.
- 7.3 Introduce integration and collaborative budgeting with relevant programs within the health sector, for improved efficiency and effectiveness of interventions.
- 7.4 Explore alternative and innovative financing options, including external financing through building effective partnerships, for enhancement of policy implementation.

**Strategy 8: Strengthening information management systems towards better program management and client outcomes**

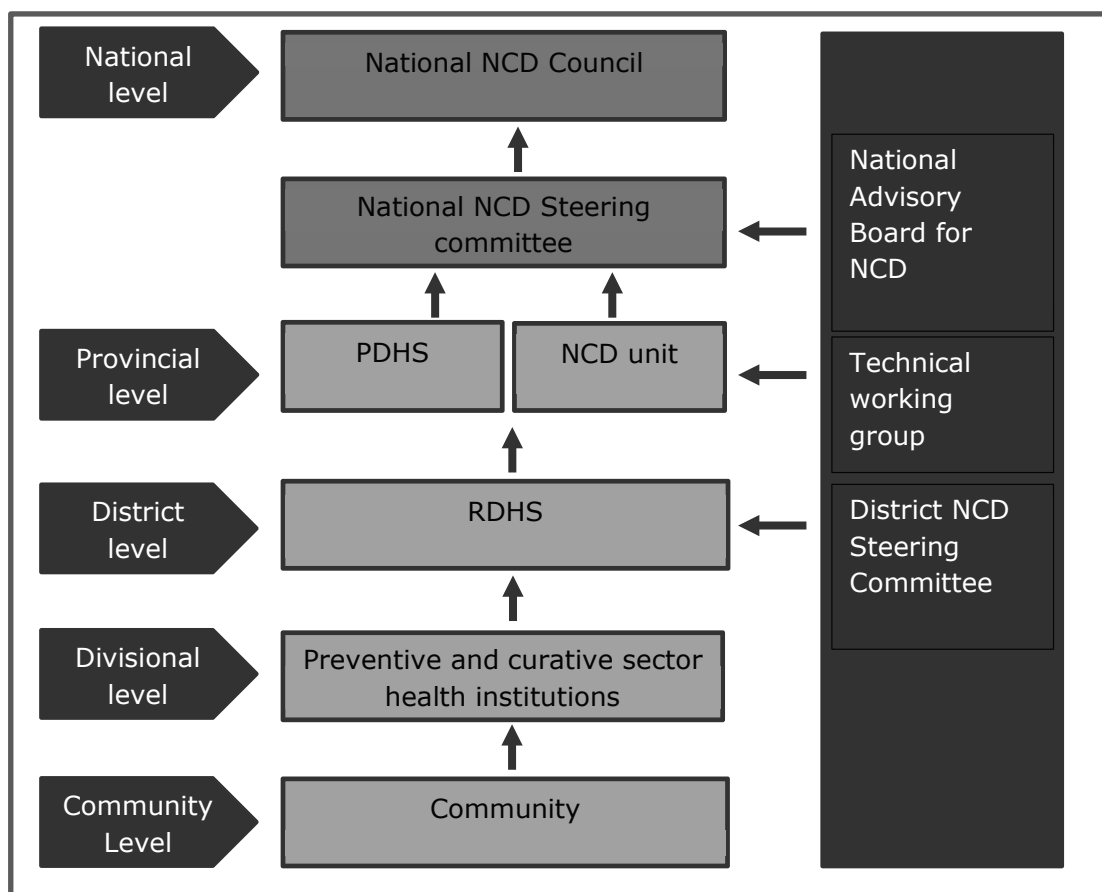
- 8.1 Strengthen NCD surveillance systems to obtain real-time, disaggregated, quality data on NCD-related risk behaviors, morbidity and mortality, at national, sub-national and service delivery levels, from health and non-health sectors.
- 8.2 Establish mechanisms to steer decision-making and policy response based on timely evidence generated by surveillance at the national, subnational and service delivery levels.
- 8.3 Accelerate shift to digital information systems including tracking of individual-level NCD-related data and cohort monitoring.
- 8.4 Strengthen information systems to support service delivery such as stock notifications, commodity management and monitor service availability.
- 8.5 Monitor trends of risk factors and NCDs and evaluate related interventions through periodic surveys.

**Strategy 9: Promoting research for evidence-based practice**

- 9.1 Promote research according to a prioritized research agenda.
- 9.2 Enhance NCD research through strengthened research capacity, adequate funding and collaborative research.
- 9.3 Promote evidenced-based health interventions, best practices and innovations by translating research into actions.

### Implementation, monitoring and evaluation

Successful implementation of the National NCD Policy proposed strategic approaches and Action Plan will be achieved through the development of appropriate coordination mechanisms at national, provincial, district and divisional levels with all relevant stakeholders. The existing mechanism for oversight, monitoring and evaluation of policy implementation will be strengthened.



**Figure 4: For policy implementation organisational structure**

#### The Directorate of Non-Communicable Diseases (Ministry of Health)

At the national level, Deputy Director General (NCD), is responsible to oversee three national programs related to NCDs, namely the Directorate of NCD, Directorate of Mental Health, and the National Cancer Control Programme.

The Directorate of non-communicable diseases functions as the national focal point in the Ministry of Health, for prevention and control of NCDs in the country. The Directorate has the overall responsibility for implementing and monitoring the National Policy and strategic framework for the prevention and control of NCDs in Sri Lanka. The Directorate also advocates for necessary policy changes, development of strategies and action plans for the national and subnational levels and is involved in monitoring and evaluation of the program throughout the country with multisectoral collaboration.



## **Provincial and district level**

The provincial council system is vested with the function of governing the health services inclusive of NCD-related services in the provinces, under the leadership of the provincial health authorities, Provincial Directors of Health Services (PDHS) and Regional Director of Health Services (RDHS) and technical guidance of the Consultant Community Physicians at the provincial and regional level. The Regional Directorates of Health Services have district NCD units with designated Medical Officer-Non-Communicable Diseases (MO-NCD) who is the district-level focal point to coordinate and implement the NCD prevention and control activities in the districts. In secondary and tertiary level hospitals a Medical Officer is assigned the responsibility of coordinating all NCD-related activities in the hospital in collaboration with the district MONCD and Directorate of NCD, Ministry of Health.

## **Coordination mechanisms**

Existing coordination mechanisms will be strengthened at the national, provincial district and divisional levels, with all relevant health and non-health stakeholders. The Directorate of NCD, Ministry of Health will serve as the national focal point responsible for overall coordination, in the implementation of the National NCD policy under the guidance of the National Steering Committee for NCD and the National NCD Council.

At the provincial and district levels, the planning and coordination unit of the Provincial Director of Health Services (PDHS) office and the NCD unit of the Regional Director of Health Services (RDHS) office will function as the coordinating bodies in the planning and implementation of district Multisectoral action plans for prevention and control of NCDs and individual NCD action plans, under the guidance of District Multisectoral Steering Committee for prevention and control of NCDs.

## **National Council for NCD**

The National Council for Non-communicable Diseases (NCD) is chaired by the Hon. Minister of Health and provides policy-level guidance, direction, and support for the activities related to the prevention and control of chronic NCD in Sri Lanka. The National NCD council meets once in six months and consists of high-level representation from all the relevant government agencies and development partners including local and international NGOs.

The main function of the National NCD Council is to;

- Act as the supreme body promoting inter-ministerial, inter-sectoral collaborations required and multi-sectoral partnerships for prevention and control of chronic NCDs.
- Oversee the progress of the implementation of the National NCD policy and Multisectoral action plan for prevention and control of NCD in Sri Lanka as an integral part of the health system development.
- Review and provide guidance for decisions taken by the National NCD Steering Committee regarding the implementation of multi-sectoral action plan for the prevention and control of NCD.

## **National NCD steering committee**

The National NCD steering committee functions as the national monitoring body on implementation of the National Policy and the Multisectoral Action Plan. It is chaired by the Secretary of the Ministry of Health and comprises high-level representation from all relevant government agencies and development partners including local and international NGOs.

The membership comprises of

- Secretaries of relevant Ministries such as Finance, Trade, Agriculture, Urban planning, Education, Youth, Sports, Transport, Environment, Industries, Public services, Provincial councils and local government, Justice, and Social welfare.
- Provincial Secretaries of Health Ministries, Provincial Health directors, relevant senior officials of the Ministry of Health and representatives from professional bodies.

The National NCD Steering Committee meets once in three months and is accountable to the Minister of Health for achieving the outcomes stated in the Terms of Reference including

- Mainstream evidence-based strategies and interventions in national policies, planning agendas and programmes of all relevant government & non-government organizations including civil society organizations to address the social determinants of NCD.
- Act as the national body for monitoring and evaluation of multi-sectoral response for prevention and control of NCDs through well-defined and resourced work plans.
- Strengthen coordinated multi-sectoral efforts across health and non-health sectors, both in government and non-government organizations including civil society organizations.

Decisions taken by the National Steering Committee for NCDs regarding the implementation of strategies involving multi-sectors will be discussed at the NCD Council.

### **National Advisory Board for NCD (NABNCD)**

The NABNCD functions as the advisory body on National NCD policy implementation and meets once in three months. It is chaired by the Director General of Health Services (DGHS) and contains high-level technical representation from the relevant Directorates of the Ministry of Health and relevant professional bodies. Its main functions are the provision of technical guidance and evaluation of the implementation of the NCD policy in a scientific manner.

### **District NCD multi-sectoral steering committees**

The NCD Multisectoral Steering Committees, co-chaired by the Regional Director of Health Services (RDHS) and District Secretary in each health district function as a platform to advocate non-health sector stakeholders on the importance of the priority areas to focus at each district level.

The mandate of the committees is;

- To strengthen the multi-sectoral involvement for control and prevention of NCDs.
- To implement the 'settings approach' for health promotion and NCD risk reduction.
- To monitor and evaluate the implementation of district-level multi-sectoral activities for the control and prevention of NCDs.

The members of the committee agree on the District Multi-Sectoral Action Plan for the prevention and control of NCDs, their individual roles and responsibilities, timelines, and monitoring mechanisms, following which biannual progress review meetings are conducted with the participation of all the members.

### **Service delivery**

Services for NCD prevention and control (including screening, diagnosis, treatment, rehabilitation and palliation), will be delivered through the existing preventive and curative systems. At the regional level, MO/NCD is responsible to coordinate these activities, under the technical guidance of regional Consultant Community Physicians and the Directorate of NCDs at the national level. The NCD activities will be integrated with the relevant existing programs at all levels to support service delivery through the life course approach. The existing health workforce will be reoriented for the provision of NCD services. Implementation at the ground level will be further supported through citizen engagement and appropriate communication. Emphasis will be given to integration and digitalization to support continuity of care across all levels and between the public and private sectors.

Sri Lanka has a strong preventive health system delivered through the Medical Officer of Health (MOH), which has enabled good outcomes for Maternal and child health and the control of communicable diseases. The existing MOH system will play a key role in health promotion and risk factor reduction activities for NCDs. These activities will be carried out at

the community level through the field level public health staff PHM (Public Health Midwife), PHI (Public Health Inspector), HPO (Health Promotion Officer), in collaboration with other government field staff (attached to Divisional Secretary's office); community leaders and groups such as mother support groups, elders' societies and civil society organizations.

Based on the policy on "Health Care Delivery for Universal health coverage" of the Ministry of Health (2018), healthcare services were reorganized into shared care clusters. Each cluster consists of an apex hospital (Base Hospital or higher level of curative care institution) and the surrounding, draining primary medical care institutions (Primary Medical Care Units and Divisional Hospitals). Each PMCI has its empaneled population. The assigned population of the apex hospital is made up collectively of the empaneled populations of its draining PMCI. Accordingly, NCD services in the curative sector will be delivered through this model with strengthened primary care services to provide essential first-contact care. This will be supported by an equitable network of specialized care services. This reform supports continuity of care, financial risk protection and patient responsiveness. Domiciliary care for NCD patients including rehabilitative and palliative services will be carried out through the Public Health Nursing Officers (PHNO) and volunteers from the community, under the supervision of relevant PMCI.

### **Monitoring and evaluation**

Director NCD is responsible for achieving the targets through regular monitoring and evaluation of the national NCD program, through the results framework and monitoring and evaluation framework to ensure that all stakeholders are aligned with the national targets.

Implementation of the National NCD Policy and the strategic framework will be monitored through a results-based monitoring system. Recommendations will be forwarded to the National NCD Steering Committee and the National NCD Council. Periodic evaluations (internal/external) will be carried out to support the framework of results.

District Multisectoral Steering Committee is responsible to ensure regular monitoring of the district-level implementation, through a results-based monitoring system established in consultation with provincial authorities.

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