

SITUATIONAL ANALYSIS AND PRIORITY SETTING NON COMMUNICABLE DISEASE PREVENTION AND CONTROL PROGRAM

Department of Health, Cordillera Administrative Region

I. Data Gathering

In recent years, the NCD Prevention Control Program of DOH has achieved significant milestone in addressing problems in public health specifically in lifestyle related diseases. One of the most notable innovations is the implementation of the integrated approach to reduce mortality, morbidity, and disability from NCDs. This is done through the promotion of healthy lifestyle focused in addressing the common risk factors leading to NCDs.

Non-communicable diseases (NCDs) are considered a major public health concern worldwide. They account for 60% of the total deaths globally (with 40 million deaths estimated occurring annually), and contributes 40% of universal disease burden annually. It is projected that these rates would increase as high as 73% in total deaths and 60% to disease burden respectively by 2020 (WHO, 2005) if no action is done.

The Philippines, like other developing countries, exhibit similar increasing trends of NCDs. More than half or 58% of total deaths in the country in 2003 alone were caused by NCDs mainly heart and vascular system diseases. Other most common NCDs in the top list causing deaths include malignant neoplasm, chronic obstructive pulmonary diseases particularly pneumonia, tuberculosis.

Majority of these NCDs are linked to common preventable risk factors such as tobacco use, unhealthy diet, physical inactivity and alcohol intake (FNRI data).

The NCD risk factors are not only prevalent among adults. Alarmingly, children are already increasingly overweight (FNRI data). Numerous studies have shown a tendency for obese children to remain obese until adulthood.

Twenty-two percent (22%) of teenagers currently smoke cigarettes (Philippine Global Youth Tobacco survey, 2007). About 30% are physically inactive, spending three or more hours per day sitting and watching television, playing computer games, talking with friends, or doing other sitting activities (source: Philippines Global School-based Student Health Survey, 2007).

In the country, 50% of all deaths are caused by NCD's that include cancer, cardiovascular disease, chronic obstructive pulmonary disease and diabetes mellitus which share preventable risk factors such as tobacco use, unhealthy diet, physical inactivity and harmful alcohol intake.

Socio-economic impact of NCDs?

NCDs threaten progress towards the UN Millennium Development Goals and post-2015 development agenda. Poverty is closely linked with NCDs. The rapid rise in NCDs is predicted to impede poverty reduction initiatives in low-income countries, particularly by increasing household costs associated with health care. Vulnerable and socially disadvantaged people get sicker and die sooner than people of higher social positions, especially because they are at greater risk of being exposed to harmful products, such as tobacco or unhealthy food, and have limited access to health services. In low-resource settings, health-care costs for cardiovascular diseases, cancers, diabetes or chronic lung diseases can quickly drain household resources, driving families into poverty. The exorbitant costs of NCDs, including often lengthy and

expensive treatment and loss of breadwinners, are forcing millions of people into poverty annually, stifling development. In many countries, harmful drinking and unhealthy diet and lifestyles occur both in higher and lower income groups. However, high-income groups can access services and products that protect them from the greatest risks while lower-income groups can often not afford such products and services. (source WHO).

II. Problem Analysis and SWOT:

NCDs are a threat to everyone. 50% of all deaths are due to the following:

- Cardiovascular Diseases
- Cancers
- Chronic Obstructive Pulmonary Diseases
- Diabetes Mellitus

Major NCDs have shared preventable risk factors:

- Tobacco use
- Unhealthy diet
- Physical inactivity
- Harmful use of alcohol

Non-communicable Diseases are man-made. They're caused by a person's unhealthy lifestyle:

- inactive/sedentary lifestyle
- fast food culture/unhealthy diet
- no culture of safety

NCDs pose great economic burdens for the country as these usually occur in the working age population. We are experiencing a technical workforce crisis which results to catastrophic health expenditures for Filipinos.

The Changing times need social engineering.

The Lifestyle Related Diseases/ NCD/ Degenerative Diseases Prevention and Control aim to reduce the alarming morbidity and mortality from Cancer, CRD, CVD, DM and its complications, through the Department of Health Regional Offices, and to develop a comprehensive approach and strategy to increase awareness, information and continuing education of health personnel, high-risk individuals and patients.

It also utilizes prevention and early detection through risk assessment and screening at the primary, secondary, and tertiary levels of health care with the appropriate medical/ therapeutic management and the engagement of the private sector through coalition building.

Since NCDs are primarily caused by the individuals lifestyle, they also have the power to prevent them. The whole of government and the whole of society are responsible for the health of people.

TARGETS and INDICATORS

Still on the process of development: focused on the following:

- Decrease high incidence of NCD's
- Reduction in morbidity and mortality
- Early detection and screening
- Prevalence of risk factors

Capability and capacity building

- PhilPEN and Smoking Cessation Training: Goal of the Training:
 - Prevent/protect: Prevent premature death
 - Detect cases early: Improve adherence

- Diagnose and treat: Improve health outcomes
- Follow up cases: Reduce complications
- Treat Emergencies: Reduce admissions to hospitals

Program Components and Status:

Strengths

Policies

- There are disseminated NCDPCP Policies to the LGUs for their reference

Service Delivery

- NCD Registries already being established in health facilities
- TCL, Reporting Forms and reporting templates provided to trained staff and soft copy sent to MHOs with email addresses
- There are already many people who support the government's No Smoking program and health workers are advocating this to their constituents and counseling smokers.

Capability Building

- Trainings on PhilPEN had been done with 4 batches already conducted from 2012 to 2014
- NCD Registries Orientation was done (3 batches)
- MPOWER Training conducted for LGUs and entities interested to be nominated in the Red Orchid Awards

Monitoring and Evaluation

- Regular monitoring and Evaluation done and coaching and mentoring done for health staff.
- Program implementation review done
- Active participation of Government and Non - Government Offices in the Regional HL Coalition Activities: There are 24 members
 - Regular meetings of the Regional Healthy Lifestyle Coalition every quarter. The DOH is the secretariat to this coalition

Weakness

- Limited manpower complement to provide adequate technical assistance-limitations in capacities/expertise

Opportunities

Policies

- The Cordillera Regional Development Committee developed and disseminated resolutions in support of the Healthy Lifestyle program of DOH to its members
- Private organizations are supporting the Pilipinas Go4 Health campaign of government

Service Delivery

Capability Building

Monitoring and Evaluation

- Coalition Building/ strengthening of the engagement of private institutions in DOH initiated activities

Threats

- Sudden change of prioritization in programs (Local/National)
- Un-implementation/absence of local ordinances that can counter the prevalence of NCD's
- No support from stakeholders
- No funding to carry out programs

III. Prioritization of Concerns

WHO ARE AT RISK OF NCDs:

All age groups and all regions are affected by NCDs. NCDs are often associated with older age groups, but recent study shows that NCD's are becoming prevalent in younger generation. Presently, Children, adults and the elderly are all vulnerable to the risk factors that contribute to non-communicable diseases, whether from unhealthy diets, physical inactivity, exposure to tobacco smoke or the effects of the harmful use of alcohol.

These diseases are driven by forces that include ageing, rapid unplanned urbanization, and the globalization of unhealthy lifestyles. Unhealthy diets may show up in individuals as raised blood pressure, increased blood glucose, elevated blood lipids, and obesity. These are called 'intermediate risk factors' which can lead to cardiovascular disease.

WHAT IS BEING DONE TO PREVENT NCD's:

To lessen the impact of NCDs on individuals and the community, all sectors, including national agencies, local government units, health, education, religious, civic and other organizations have to work together to reduce the risks associated with NCDs, as well as promote interventions in order to prevent and control them.

In the Cordillera Administrative Region, the DOH Cordillera Regional Office has taken steps to lessen the risk factors associated with these diseases mainly on modifiable risk factors (tobacco use, unhealthy diet, physical inactivity, harmful use of alcohol including high impact essential NCD interventions that can be delivered through a primary health-care approach to strengthen early detection and timely treatment. It implements the 'Go 4 Health' program on healthy lifestyle (Go smoke-free, Go Sustansya, Go Sigla, Go Slow saTagay).

On Tobacco Use:

1. DOH- CAR continuously incorporate smoking cessation as one of its training programs for health care workers.
2. Strengthened the monitoring of the Red Orchid Awards to encourage local government units, corporations, companies, government and non-government agencies and individuals in the region to participate and implement the 100% smoke free environ.
3. Smoking prevalence has gone down from 31% in 2008 to 25.4%; never smoking from 54.3% to 59.1% and former smoking from 14.8% to 15.4%. (FNRI 2013).

On Unhealthy Diet:

1. Encourage the schools to ban softdrinks and junkfood
2. Advocacy on proper nutrition, cessation of alcohol
3. Low fat, low sodium, high fiber diet

On Physical Inactivity:

1. Started the 'Be Healthy, Hataw Na' for children 7 to 12 years old to encourage physical fitness in the City of Baguio.
2. Hataw for government employees
3. Encourage morning Exercises for schools, government offices etc.

Others:

1. Encourage the creation of healthy public policies that promote NCD prevention and control for government, non-government institutions, Local Government Units, corporations to strengthen implementation of 100% smoke free environment.
2. Encourage the public to avail of the universal healthcare being provided and access to prevention of NCD's.

TARGET FOR 2016:

1. Increase the number of participant for hataw.
2. Smoking Cessation Training for Health Workers
3. Belly Gud for Health
4. Go 4 health advocacy
5. Strengthen networking with partners
6. Decrease obese children in the region thru regular exercise
7. Increase awareness on NCD's

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