MedS Alliance
Journal of Medicine and Medical Sciences
https://doi.org/10.3126/mjmms.v2i3.47652
Editorial

Non-communicable Diseases in Nepal: A Big Hurdle for Achieving SDGs

Prof. Dr. Kishor Adhikari[1*]

[1]School of Public Health, Chitwan Medical College, Bharatpur, Chitwan
[2]Himalayan Environment and Public Health Network (HEPHN), Nepal

Noncommunicable diseases (NCDs), also known as chronic diseases, tend to be of long duration and are the result of a combination of genetic, physiological, environmental and behavioural factors. NCDs are the leading causes of ill health in the world and it accounts for 70% of premature deaths globally [1]. NCDs, including heart disease, stroke, cancer, diabetes and chronic lung disease, are collectively responsible for most of the premature deaths worldwide. Almost three quarters of all NCD deaths, and 82% of the 16 million people who died prematurely, or before reaching 70 years of age, occur in low- and middle-income countries [2]. NCDs claim lives at a younger age in SEA Region compared to rest of the world. The proportion of deaths due to NCDs below the age of 60 years was 34% in SEA region, compared to 23% in rest of the world[3].

NCDs have been receiving an increased attention within global governing bodies since the first United Nations' high-level meeting on NCDs in 2011 [4]. Millenium Development Goals (MDGs) were replaced after the formulation of the SDGs in September 2015. The vision of inclusive growth across the globe has paved way for formation of Sustainable Development Goals (SDGs) by the UN General Assembly [5]. NCDs are included in SDG-3 as "to ensure healthy lives and promote well-being for all at all ages" [6] Specifically, SDG target 3.4 aims to "reduce by one-third premature mortality from NCDs through prevention and treatment and promote mental health and well-being." Three of the nine health targets focus on NCD-related issues which reflects the importance given to NCDs in SDGs. NCDs are estimated to account for 66% of all deaths in Nepal [7]. Depicting the scenario of rest of the developing countries, NCDs account for more than 44 % of deaths and 80 % of outpatient visits. Nearly one third of the population are with hypertension [8] and 15 % are with diabetes [9]. The most common NCDs among outpatients are chronic obstructive pulmonary diseases (COPD) i.e., 43 % followed by cardiovascular diseases (CVDs) - 40 %, diabetes mellitus - 12 % and cancer- 5 % [10]. Nepal has seen shift in disease pattern from high to low burden of infectious disease and increasing burden of NCDs [11]. Rapid urbanization, change in dietary patterns, behavioural factors and major improvements in prevention of maternal and child health to raise life expectancy are all factors contributing to shift disease patterns in Nepal [12]. The countrywide STEPS survey of NCDs risk factors which was carried out in 2019 showed a remarkably high prevalence of less than five servings of fruit and/or vegetable, tobacco use, overweight/obese and raised blood pressure as 96.7%, %, 28.9%, 24.3%, 24.5% respectively [13].

As per the NCDs progress monitor 2022, Nepal has not achieved the targets of many strategic areas including mortality data, tobacco demand-reduction measures like increased excise taxes and prices, mass media campaign, advertising bans or comprehensive restrictions for alcohol reduction, salt/sodium policies, trans-fats policies, drug therapy/counselling to prevent heart attacks and strokes and partially achieved the task of marketing of breast-milk substitutes restriction, construction of guidelines for management of cancer, CVD, diabetes and CRD [14]. The Government of Nepal, in recent years, has launched a multisectoral Action Plan 2021- 2025 for the prevention and control of NCDs [15].

To reduce the burden of NCDs catastrophe, cost effective preventive strategies needs to be focused instead of pouring high proportion of budget on curative services alone. Though, health education programme is proven as highly effective one, only offering education and communication services is inadequate to promote healthier life skills. Conducive infrastructures, i.e., construction of pathways for walking and cycling along city

highways, robust implementation of physical training (PT) at school are paramount to reduce NCDs burden. Strict execution of school health programme including cancer screening, vaccination against Human Papiloma Virus (HPV), are some of the imperative actions needed for preventing premature deaths from preventable ailments. Wider level of collaborations among multiple sectors are needed for the better implementation of the NCDs programmes. If utmost priority is not given to NCDs and its risk factors, reducing one third premature mortality from non-communicable diseases by 2030 as targeted by SDGs will remain a mirage.

REFERENCES

1. World Health Organization . World Health Statistics 2020: Monitoring health for the SDGs 2020. https://www.who.int/gho/publications/world_health_statistics/2020/en/
2. World Health Organization. Non communicable disease. [fact sheet]. 2022. Available from: https://www.who.int/health-topics/noncommunicable-diseases#tab=tab_1
3. Multisectoral Action Plan on the Prevention and Control of NCD in Nepal 2014-2020. Nepal: World Health Organization, Country Office for Nepal; 2014.
4. United Nations . UN General Assembly. Political Declaration of the high-level meeting of the general assembly on the prevention and control of non-communicable diseases. New York: United Nations; 2011.
5. United Nations (UN). World urbanization prospects: The 2011 revision. New York. 2012.
6. World Health Organisation . Non Communicable Diseases Fact Sheet [Internet]. Geneva: World Health Organization; [cited 2022 9 August]. http://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases
7. World Health Organization. Noncommunicable Diseases (NCD) Country Profiles. World Health Organization; 2018. Available from: https://www.who.int/nmh/countries/npl_en.pdf?ua=1.
8. Neupane D, McLachlan CS, Sharma R, Gyawali B, Khanal V, Mishra SR, et al. Prevalence of hypertension in member countries of South Asian Association for Regional Cooperation (SAARC): systematic review and meta-analysis. Medicine. 2014;93(13):e74.
9. Singh DL, Bhattarai MD. High prevalence of diabetes and impaired fasting glycaemia in urban Nepal. Diabet Med. 2003;20(2):170–1.
10. Dhimal M, Bista B, Bhattarai S, Dixit LP, Hyder MKA, Agrawal N, et al. 2020. Report of Non Communicable Disease Risk Factors: STEPS Survey Nepal 2019. Kathmandu: Nepal Health Research Council.
11. Mccracken K, Phillips DR. Epidemiological transition. International encyclopedia of human geography: Elsevier; 2009. p. 571–9.
12. World Bank. Non-Communicable Disease in Nepal-Nepal's Next Major Health Challenge In: NCDs Policy Brief-Nepal. Washington DC, USA: World Bank; 2011.
13. Bhandari GP, Angdembe MR, Dhimal M, Neupane S, Bhusal C. State of non-communicable diseases in Nepal. BMC Public Health. 2014;14:23.
14. Noncommunicable diseases progress monitor 2022. Geneva: World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO
15. World health organization. Multisectoral Action Plan for the Prevention and Control of Non Communicable Diseases 2021-2025.

***Correspondence:**
Prof. Dr. Kishor Adhikari
School of Public Health, Chitwan Medical College, Tribhuvan University, Bharatpur, Chitwan Nepal,
Himalayan Environment and Public Health Network (HEPHN), Nepal
E-mail: kishoo2006@gmail.com
ORCID: 0000-0003-2517-0834

Citation:
Adhikari K. Non-communicable diseases in Nepal: A big hurdle for achieving SDGs. MedS. J. Med. Sci. 2022;2(3):I-II