Policy on Non-Communicable Diseases

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Communicable Diseases vs. NCD

Characteristics:

**DIARRHOEA**
- Simple diagnostics
- Only one discipline needed
- Generalists can treat
- Short duration of Treatment (days/weeks)
- Immediate recovery
- Return back to normalcy
- Short follow up

**DIABETES**
- Multiple tests
- Many disciplines, referral care
- Specialists
- Prolonged, often lifelong for DM and HT (decades)
- Improvement in quality of life, care instead of cure
- Lifelong follow-up
- Rehabilitation
The Causation Pathway For NCD

Underlying Determinants
- Globalisation
- Urbanisation
- Population Ageing

Common Risk Factors
- Unhealthy diet
- Physical Inactivity
- Tobacco & Alcohol use
- Age (non modifiable)
- Heredity (non modifiable)

Intermediate Risk Factors
- Overweight/obesity
- Raised blood sugar
- Raised blood pressure
- Abnormal blood lipids

Main NCD
- Heart Disease
- Diabetes
- Stroke
- Cancer
- Chronic resp. diseases

There are Four Major Groups of Non-Communicable Diseases; Four major lifestyles related risk factors

<table>
<thead>
<tr>
<th>Noncommunicable diseases</th>
<th>Modifiable causative risk factors</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Tobacco use</td>
</tr>
<tr>
<td>Heart disease and stroke</td>
<td>✓</td>
</tr>
<tr>
<td>Diabetes</td>
<td>✓</td>
</tr>
<tr>
<td>Cancer</td>
<td>✓</td>
</tr>
<tr>
<td>Chronic lung disease</td>
<td>✓</td>
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</tbody>
</table>
Countries have a high degree of uncertainty because they are not based on national NCD mortality data. The estimates for these countries are based on a combination of country life tables, cause of death models, regional cause of death patterns, and WHO and UNAIDS program estimates for some major causes of death (not including NCDs).

Source: WHO Global Status Report on Noncommunicable Diseases 2010
Regional and Global commitments
Response at the Global level

UN Resolution A/66/L.1: Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Disease

- 19 September 2011, New York
- Malaysia is signatory to this declaration
UN Political Declaration: Commitment of governments

- National leadership & ownership
- Early diagnosis & treatment
- Prevention
- Health system strengthening
- Research & development
- Resourcing
- Global development agenda
- Collaborative partnerships with NGOs
- Monitoring & evaluation
- Follow-up

Commitment of government
Cycle of Poverty & NCDs

**POVERTY**
- Economic deprivation
- Low education
- Unemployment

**NCDs**
- Higher prevalence
- Lack of care
- More severe disease

**ECONOMIC IMPACT**
- Increased health expenditure
- Loss of job
- Reduced productivity

Source: Murthy R. WHR 2001
Regional Committee Resolution on NCD

In the Resolution unanimously agreed by Member States in October 2011:

• Urges Member States to fulfil urgently commitments in the UN GA HLM Political Declaration

Also requests the Regional Director to:

• Develop strategies for resource mobilization and provide technical assistance and capacity building for NCD prevention and control.
• To develop mechanisms for sustained engagement with partners.
• To develop by 2013, a regional action plan for 2014-2018 with time bound targets and indicators.
• To report periodically to the Regional Committee on the progress achieved.
World Health Assembly Resolution on NCD

The 65th World Health Assembly 2012, all 194 World Health Organization (WHO) Member States endorsed target to reduce premature deaths from non-communicable diseases (NCDs) by 25 per cent by 2025 (“25 by 2025”).

Marks a major milestone in the battle against NCDs.

- By October 2012, WHO will publish the targets to address the four major NCD risk factors: tobacco, alcohol, unhealthy diet and physical inactivity,
- "voluntary targets" for raised blood pressure, tobacco, salt/sodium, physical inactivity, obesity, fat intake, alcohol, cholesterol and health systems responses such as the availability of essential medicines".
NCD prevention and control – Focus of WHO

1. National multi-sectoral policy and plan within the national health and development plan

2. Population based, multi-sectoral actions for risk reduction

3. Health system strengthening for NCD prevention and management

4. Surveillance, monitoring and reporting

5. Sustainable partnerships and advocacy
National Policy and Plan for NCD

National Development Agenda

National Health Plan

NCD Multisectoral Plan

Resources

Identified budget

Multisectoral coordination mechanisms

Other Ministries

Partners
Outcome of risk reduction

At least 80% of CVD, Type 2 DM and 40% of cancers could be avoided through a healthy diet, regular physical activity and avoidance of tobacco.
CAUSES OF CAUSES

Distal determinants
1. Tobacco availability and promotion
2. Promotion of alcohol and availability
3. Advertisement and availability of unhealthy foods
4. Lack of facilities for physical activity
5. Lack of healthy choices for food

Proximal determinants
1. Alcohol abuse
2. Tobacco use
3. Overweight/Obesity
4. Hypertension

Health outcomes
1. DM
2. CVD
3. Cancer
4. Chronic Lung disease
5. Road traffic accidents
6. Depression

Interventions in non-health sectors can lead to impacts on health
Population Based Multisectoral Actions For NCD Risk Reduction: Control Of Tobacco

• 10 % reduction in tobacco use by 2014
• Tobacco taxation and Health Promotion Foundations
• Plain packaging- a path-breaking approach
Malaysia’s Response
Commitment 1: National Leadership & Ownership

- By 2013, establish and strengthen multisectoral national NCD policies and plans
- Integrate NCD policies and programmes into national health planning and development agendas
- Promote whole-of-government approaches across sectors
10th Malaysia Plan (2011-2015)

- Contains 6 Strategic Directions (HS)

- HS1: Competitive private sector as engine of growth
- HS2: Productivity & innovation through K-Economy
- HS3: Creative & innovative human capital with 21st century skills
- HS4: Inclusiveness in bridging development gap
- HS5: Quality of life of an advanced nation
- HS6: Government as an effective facilitator

High Income Advanced Economy
Key Result Area (KRA) for Strategic Direction 5: Quality of Life of an Advanced Nation

KRA1: Enhance public safety & security

KRA2: Ensure access to quality healthcare & promote healthy lifestyle

KRA3: Commit to the delivery of efficient public transport

KRA4: Mainstream sustainable development

KRA5: Nurture civil society

KRA6: Intensify preservation & acculturate appreciation of culture & heritage

High Income Advanced Economy

HS5: Quality of life of an advanced nation
National Strategic Plan for Non-Communicable Diseases (NSP-NCD) 2010-2014

- Presented and approved by the Cabinet on 17 December 2010
- Provides the framework for strengthening NCD prevention & control program in Malaysia
- Adopts the “whole-of-government” and “whole-of-society approach”

Seven Strategies:
1. Prevention and Promotion
2. Clinical Management
3. Increasing Patient Compliance
4. Action with NGOs, Professional Bodies & Other Stakeholders
5. Monitoring, Research and Surveillance
6. Capacity Building
7. Policy and Regulatory interventions
Cabinet Committee for A Health Promoting Environment

Establishment of a Cabinet-level committee, chaired by the Right Honourable Deputy Prime Minister, and comprises of 10 members

1. Minister of Health
2. Minister of Education
3. Minister of Information, Communications, Arts & Culture
4. Minister of Rural & Regional Development
5. Minister of Agriculture and Agro-based Industry
6. Minister of Youth & Sports
7. Minister of Human Resource
8. Minister of Domestic Trade, Co-operatives and Consumerism
9. Minister of Housing and Local Governments
10. Minister of Women, Family and Social Affairs

*Main TOR:* To determine policies that creates a living environment which supports positive behavioural changes of the population towards healthy eating and active living
Strategy 7: Policy & Regulatory Interventions

- Main thrust of NSP-NCD
- Health promotion and education will increase awareness and knowledge
  - However changes in behaviour is strongly influenced by our living environment

Awareness \quad Knowledge \quad Behavioural Change

Health promotion & educations

Supportive living environment

Policies & regulations
Commitment 3: **Prevention**

- Promote health in all policies approach
- Advance implementation and strengthening of cost-effective, population wide interventions to reduce NCD risk factors
- Promote healthy diets through implementation of WHO recommendations on marketing of foods and non-alcoholic beverages to children; encourage policies that support production of healthy foods
- Increase physical activity by giving greater priority to physical education in schools, urban planning, work environment and community setting
- Promote the inclusion of NCD prevention and control within sexual and reproductive health and maternal and child health programmes, including breastfeeding for the first 6 months
Commitment 3: Prevention

Guideline on Marketing of food and beverages to children

- TWG formed in January 2012
- Involvement of private sector

Commitment of industries

- Decrease the salt, sugar and fat content in food and beverages
- Improvement of food labels – New front of pack labelling of energy

Continued…..
Commitment 3: Prevention

Healthy eating environment in schools

• New guideline on school canteen food & beverages
• Banning of sale of food & beverages by mobile vendors outside of school perimeters

Continued…..
Commitment 3: Prevention

Health-promoting workplaces in the public sector

- Healthy menus during meetings
- Healthy vending machines
Commitment 3: Prevention

Anti-obesity Law, year 2020?
• Looking at Japan as an example

Stage 1: School setting (including pre-schools) – targeting school-going children and adolescent. Create an environment which promotes healthy eating and active living;

Stage 2: Institutes of higher learning – targeting young adults, again creating an environment that promotes healthy eating and active living;

Stage 3: Workplace setting – targeting adults. This will include introducing policies that incorporates certain clinical parameters or criteria to be monitored, as well as policies that encourages healthy eating and active living in the workplaces.
Commitment 8: **Collaborative Partnerships with NGOs**

- Foster collaborative partnerships between government and civil society
- Ensure the full and active participation of people with NCDs in national responses
- Promote capacity building of NCD-related NGOs at national and regional levels
Commitment 8: Collaborative Partnerships with NGOs

- Establishment of the Malaysian Health Promotion Board
  - Also known as “MySihat”; as a statutory body under the MOH in 2006
  - Governed by representatives from relevant Ministries, NGOs and professional
  - The main role of MySihat is to promote the adoption of healthy lifestyles and healthy environment
    - Empowerment of individuals, organisations and communities via trainings and other capacity building initiatives.
    - Special funds – from 2011 onwards, emphasis on NCD risk factor interventions
    - Have produced several training modules (obesity, physical activity, healthy eating, smoking cessation etc.)
Commitment 9: Monitoring & Evaluation

- Strengthen country-level surveillance and monitoring systems
- By 2012, develop a comprehensive global monitoring framework for NCDs and a set of voluntary global targets and indicators
- Consider national targets and indicators
Commitment 9: Monitoring & Evaluation

- Dr Margaret Chan, the Director General of WHO: “What gets measured gets done”

- NHMS for NCD risk factors every 4 years

- For 2012, KPIs on NCD for all MOH Specialists and Senior Officers

- DG: 7 KPIs on NCD in 2011
## Potential policy interventions to improve dietary intake for preventing obesity in Malaysia

<table>
<thead>
<tr>
<th>Policy areas</th>
<th>Potential policy interventions</th>
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<tbody>
<tr>
<td><strong>Fiscal</strong></td>
<td>1. Removal of subsidies on sugar, for both industries and households.</td>
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<td>2. Removal of subsidies on cooking oil, for both industries and households.</td>
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<td>3. Introduce subsidies for fruits and vegetables.</td>
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<td>4. Introduce excise and/or sales tax on soft drinks.</td>
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<td></td>
<td>5. Introduce excise and/or sales tax on sweetened condensed milk.</td>
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<tr>
<td><strong>Primary production and imports</strong></td>
<td>1. Incentives for farmers to grow local fruit and vegetable.</td>
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<td></td>
<td>2. Reducing import duty on fruits and vegetables.</td>
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<td></td>
<td>3. Increasing import duty on cooking oils and other fat sources (e.g. butter, ghee).</td>
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<tr>
<td><strong>Food processing</strong></td>
<td>1. Regulate maximum content of sugar and fat in processed food products.</td>
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<td></td>
<td>2. Incentives (e.g. Healthy Choice endorsement) for industries to improve food composition.</td>
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This policy-mapping analysis grid is adapted from G. Sacks, B. Swinburn & M. Lawrence: Obesity Policy Action framework and analysis grids for a comprehensive policy approach to reducing obesity. Obesity Reviews (2008)
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<td>Food marketing / information</td>
<td>1. Comprehensive restrictions for all marketing of unhealthy food to children under 16 years in all media, including television, the internet and other electronic media.</td>
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<td>2. Introduce a nutrition signposting system (Healthy Choice tick, keyhole or traffic light labelling) as a front pack labelling to indicate food products with less fat, sugar and salt, and more whole grain and fibre.</td>
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<td>3. Banning television advertising of foods high in fat and/or high in sugar during prime time viewing (7pm to 9pm).</td>
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<td>4. Mandatory for fast food outlets to display nutrition information about each product on menus, menu boards and drive-through boards at the point of sale, and on tags next to self-service cabinets and food displays.</td>
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<tr>
<td></td>
<td>5. Mandatory for vending machine operators to display nutrition information about the products at the front of vending machines.</td>
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<td><strong>Food distribution &amp; retail</strong></td>
<td>1. Limiting the sales of high fat &amp; high sugar food/ beverages in schools &amp; learning institutions (canteen, cafeteria &amp; co-operative shop).</td>
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<td></td>
<td>2. Control of vending machines in schools, higher education institutes and public buildings.</td>
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<td></td>
<td>3. Control the licensing for food vendors within close proximity (e.g. &lt;500m) from schools.</td>
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<td>4. Density controls over new fast food outlets, in all areas, both urban and rural.</td>
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<td>5. Restrict retail hours of fast food outlets, restaurants and hawker stalls (e.g. to be closed at 10 pm.)</td>
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<td>6. Compulsory inclusion of healthy choices (e.g. drinking water, low sugar/fat/ salt snacks) in vending machines.</td>
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<td>7. Restricting the sale of energy-dense and nutrient-poor foods in workplace canteens.</td>
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<td></td>
<td>8. Compulsory to have a fruit/salad stall at any food outlet in public institutions (e.g. schools, universities, offices, hospitals).</td>
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| **Food service** | 1. Implementation of healthy food service policies in public institutions (e.g. schools, universities, government departments, hospitals).  
2. Mandatory for cafeteria operators and caterers to be trained and accredited on healthy food provisions and preparations.  
3. Compulsory for every food service to include fruits and vegetables in every set meal. |

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Key Messages

1. NCDs are already leading health problems in almost all countries and their magnitude is still increasing.
2. Shared risk factors.
3. Premature deaths.
4. The poor are disproportionately affected.
5. Negative impact on socioeconomic development.
6. As countries continue to develop, market forces will further promote unhealthy patterns.
7. Action is urgently needed.
Challenges

• The main challenge in policy and regulatory interventions remain that they are mostly under the responsibilities of ministries and departments other than Ministry of Health
  • Ministry of Health needs to take leadership role
  • Need to find a win-win solution – “mutuality of interest”
  • Economic and “political” consideration remains paramount and needs to be acknowledged
  • For Malaysia, the establishment of the Cabinet Committee was an important initial step to achieve the “whole-of-government approach”
Starts small but think big
All Waterfalls Start As Small Streams....