



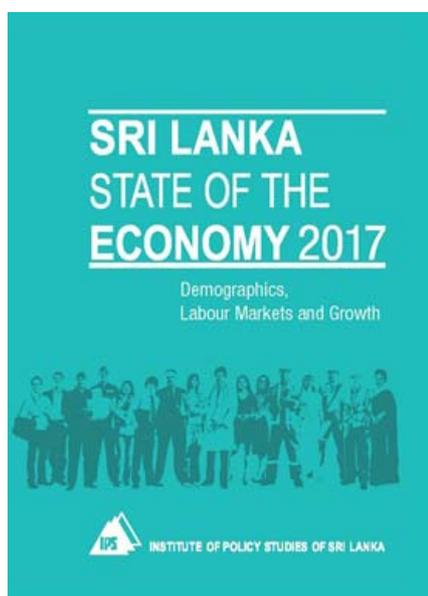
1 AUG 2017

POLICYINSIGHTS

INSTITUTE OF POLICY STUDIES OF SRI LANKA

BATTLING NCDs FOR A HEALTHIER POPULATION

From the IPS flagship publication 'Sri Lanka: State of the Economy 2017 Report'



A healthy labour force is the key for a strong and sustainable economic development, but non-communicable diseases (NCDs) are increasingly acting as a constraint in forming a healthy workforce. In Sri Lanka, it is estimated that out of the 8.4 million employed people, 17 per cent (1.4 million) are suffering from chronic diseases. Indeed, the evidence points to a higher labour force participation rate amongst those who are not suffering from any chronic disease. The labour force participation rates for those who are not having any chronic disease were 78.8 per cent for males and 38.3 per cent for females; but, for those who are having a chronic disease it drops to 58.6 per cent and 23.9 per cent, respectively.

Physical inactivity, tobacco use, alcohol

use, and unhealthy diets are the four major modifiable NCD risk factors. The prevalence of modifiable risk factors has increased dramatically in Sri Lanka mainly due in life-style habits and rapid socio-economic and demographic changes. Increased consumption of alcohol and tobacco, negative changes in food consumption patterns, inadequate engagement in physical activities, and exposure to polluted environments are such noticeable changes exposing the people to NCD risk factors than before.

Economic Costs of NCDs

The economic burden of NCDs is much larger than communicable diseases due to their nature; permanency, after effects such as disabilities, and requirement of long-term medication and care. It is estimated that during 2011-2025, cumulative economic losses due to NCDs under a 'business-as-usual' scenario in low and middle-income countries will be US\$ 7 trillion and this amount far offsets the annual

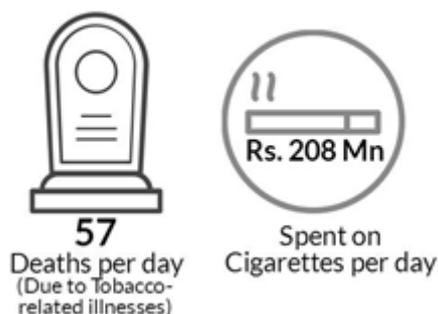
US\$ 11.2 billion cost of implementing a set of high-impact interventions to reduce the NCD burden. In 2013, Sri Lanka spent 35 per cent of the country's current expenditure on health on NCDs which amounted to Rs. 91,612 million. Given Sri Lanka's relatively low public spending on health, increasing NCD care cost burden would further pressurize out-of-pocket health expenditure by households.

Preventive Measures for NCDs in Sri Lanka

As a crucial step in fighting against NCDs, Sri Lanka published the National Policy and Strategic Framework for Prevention and Control of Chronic NCDs in 2009. The overall goal of the policy is to 'reduce the burden due to chronic NCDs by promoting healthy lifestyles, reducing the prevalence of common risk factors, and providing integrated evidence-based treatment options for diagnosed NCD patients'. The policy aims to reduce premature mortality (less than 65 years) due to chronic NCDs by 2 per cent annually for 10 years by expanding evidence-based curative services and individual and community-wide health promotion measures for reducing risk factors.

Sri Lanka has established a NCD Unit as the national focal point for prevention and control of acute and chronic NCDs in the country to achieve these policy objectives. The initiatives launched include a NCD Screening Programme, establishing 742 HLCs in

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Time Spent on Physical Activity per day

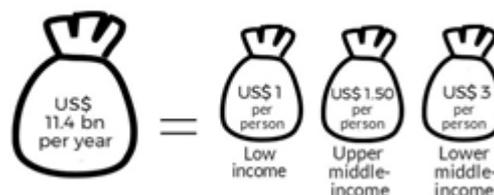


primary health care institutes, mobilizing youth for NCD prevention in collaboration with the Ministry of Youth Affairs and Skills Development and National Youth Services Council, including pictorial health warnings covering 80 per cent of the cigarette packet and commencing an island-wide NCD Risk Factor Surveillance (STEPS) with the WHO in 2014. As an innovative approach, the Ministry of Health has piloted a 'Package of Essential NCD (PEN) Implementation' with the help of the WHO in 2011. The PEN uses the primary health care approach for NCD prevention and control, and is intended for use in low-resource settings, where strong partnerships with key stakeholders is identified as the key success of the project.

Apart from the individual based approaches over the last few years, Sri Lanka has also taken some innovative and encouraging population-based approaches in preventing NCDs. These include building recreational sites and jogging tracks in urban areas. The Urban Development Authority (UDA) took the initiative to build recreational sites and jogging tracks in urban areas from 2012. Other measures include a color-coding system known as 'traffic light' for beverages that was introduced

in 2016. Under this system, it is compulsory to label beverages to indicate red if the product has 11g of sugar per kilo, amber if it has between 2-11g of sugar per kilo and green for beverages with less than 2g of sugar per kilo. Further, sugar and tea or coffee should be served separately according to the new regulations.

Best Buy Intervention across all Low and Middle income Countries



Successive governments have consistently used alcohol and tobacco pricing with the objective of reducing consumption. As a recent amendment to alcohol and tobacco pricing policy, the government increased the excise duty on cigarettes and liquor in 2015. It is argued to have led 4-5 per cent drop in cigarette consumption as result of this price increase. Further, a 15 per cent VAT was introduced on liquor and cigarettes in November 2016. In 2016, production in the tobacco sub-sector recorded a decline of 3.2 per cent and the beverages sub-sector declined by 13.4 per cent (mainly due to the lower production of liquor, being the largest category of this sub-sector). Meanwhile, the National Authority on Tobacco and Alcohol (NATA) together with local and WHO experts have proposed a tobacco tax rates formula to be considered by the government in this context. It recommends as best practice under the Framework Convention on Tobacco Control (FCTC) that excise duty should account for at least 70 per cent of the retail price of

cigarettes. The estimated tax revenue under the proposed tobacco tax rates could be Rs. 120 billion per year by 2017. The proposed tax deterrent which will make cigarettes more expensive is expected to reduce the number of daily smokers in the country by 200,000 adults, representing a 14 per cent decrease.

In addition, it is argued that this will deter 70,000 of Sri Lanka's youth population (those below 15 years) from starting to smoke. The proposed rates also look at averting at least 70,000 deaths due to smoking from among the 200,000 adults who quit the habit.

This Policy Insight is based on the comprehensive chapter on "Addressing the Challenge of Non Communicable Diseases in Sri Lanka" in the 'Sri Lanka: State of the Economy 2017 Report' - the flagship publication of the Institute of Policy Studies of Sri Lanka (IPS). The complete report can be purchased from the publications section of the IPS, located at 100/20, Independence Avenue, Colombo 7. For more information, contact the Publications Unit on 0112143107/0112143100.



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