Strategic plan for prevention and control of

Noncommunicable diseases

(2011-2015)

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**Introduction**

In present era which witnesses great change in the field of economic and cultural life due to social advance and rapid development of science and technology, noncommunicable diseases like CVD, cancerous disease, diabetes and chronic respiratory disease are becoming great threat to health and development of mankind.

These four diseases are recognized as the greatest murderer in the world, causing annually almost 35 million death, i.e. 60% of global mortality.

Only a few years ago, NCD was acknowledged as an important health issue in developed countries, but recently, it became serious health problem to hold attention in developing countries due to the fact that nearly 80% of mortality due to NCD occurs in those countries.

As most of these diseases, unlike with other communicable disease, occur due to common factors like smoking, heavy drink, inappropriate dietary life, lack of physical activities, these risk factors can easily be avoided and prevented.

Therefore, WHO focuses on the prevention and reduction of the level of common risk factors for NCD prevention and control, taking varieties of control measures based on the findings of epidemiological researches.

NCD also stands to be major health issue in our country.

Noncommunicable diseases like stroke, CVD, diabetes, cancerous disease are significantly rising due to lack of physical activities and more fatty diets by improving economic life, whereas average life expectancy increase and communicable disease is significantly reduced thanks to prophylactic line of the government and positive efforts for its implementation.

According to the result of NCD risk factor survey conducted in some areas of Pyongyang city in 2006, smoking and alcoholic drink rate were 55.8%, and 20.9% among adults, blood pressure rising rate was 19.4% for men and 18.6% for women, 60% had BMI rate between 19-23.9.

Despite the social measures like tobacco control law to lower the smoking rate, still smoking rate remains at comparatively high level. Due to established dietary life, 4/1 of the population keeps on having salty dishes. These facts increase not only direct risk factors of NCDs like high blood pressure but also mortality and burden due to NCDs.

This context urgently demands to intensify NCD prevention and control as a vital measure for national public health.

With this regards, MoPH in D.P.R.K. Developed National Strategic Plan for NCD prevention and control.

**2. Process of developing strategic plan**
in the 61st WHA held in 2008, global action plan for NCD prevention and control was adopted in order to prevent noncommunicable diseases prior to their emergence and save millions of world mankind suffering from NCDs. 

This plan describes the actions for supervision and preventive management of noncommunicable diseases in international community and WHO and their member states and the ways and methods to successfully implement them.

In strategic plan, WHO emphasized that NCD prevention and control should be the responsibility of each government, not only health sector, as it is impossible through only efforts of health sector alone, as well as other activities, pointing out that the influential policies and actions of other non-health sectors have more beneficial aspects.

In response to this resolution, MoPH of D.P.R.K. identified the NCD prevention and control as one of major sector in WHO collaborating plan for country health development and planned to hold national workshop for development of NCD prevention and control strategic plan as one of important actions.

Under this plan, in Oct. 2010, consultative meeting of the concerned officials including MoPH was held to discuss ways and objectives of future actions and develop strategic plan based on the thorough review of NCD prevention and control activities, upon unanimous approval that NCD prevention is actually a significant issue.

This strategic plan is to provide a milestone in encouraging healthy lifestyle among population to reduce mortality due to CVD, cancerous disease, diabetes CRD and promote well-being of our people.

3. Prevention and control of noncommunicable diseases

3.1. National policy on NCD prevention and control

Intensifying the struggle against noncommunicable diseases which result in high morbidity and loss of working ability like CVD, cancerous disease, metabolic disorders is an important part of prophylactic line of our government.

Public health law, tobacco control law, sports law, etc. are adopted to provide legal guarantee for nationwide initiatives aimed at systematic health promotion of the people.

National plan for NCD prevention and control is encompassed as a major part of action plan of MoPH so that all kinds of activities for NCD control are conducted according to it.

3.2. Activities for NCD risk factor survey

What is primary in taking effective control measures for NCD prevention and control is to find out their risk factors and make exact assessment through stepwise surveys.
WHO currently recommends applying stepwise NCD risk factor survey method proposed by it to meet the situation of resource in each country so as to survey the level of risk factors among population and take control measures according to it.

In response to it, first stage risk factor survey in some areas of Pyongyang city conducted in 2006 was followed by first and second stage surveys in urban and rural areas of eastern and western regions in our country.

In recent years, each province completed second stage surveys and entered into the third stage survey.

Prior to each survey, training on the risk factor survey method and NCD prevention and control methods were conducted for household doctors in PHC level responsible for surveys, and many personnel were trained consequently.

Besides, many books including the reference on NCD risk factor survey were published and distributed to make contribution to capacity strengthening of health workers.

As a result of survey, level of risk factors in some representative urban and rural areas of our country was identified as well as the objectives to be focused in NCD prevention and control by our government.

Capacity needed in all stages of survey including data collection, data processing was strengthened and also some experiences are gained.

NCD risk factor survey through advanced household doctor system of our country resulted in the elevation of capacity of household doctors in PHC level for scientific care of population in charge and enabled the survey to be conducted successfully.

Some challenges including quality assurance of survey data, lack of resources like reagent for third stage survey etc. are found.

3.3. Establishment of integrated surveillance system for NCD prevention and control

Activities for establishing integrated surveillance system of NCD risk factors are under way ranging from the Department of prevention and treatment in MoPH at the centre to PHC level.

The advantage of this activity is that various surveillance systems like national treatment and prevention system and labor environmental health surveillance system have already been smartly established from central to peripheral level. Action plan for setting up integrated system for NCD surveillance by organic combination of these systems was framed and several meetings were organized involving concerned officials.

Training materials on necessity, concepts, and methods of integrated surveillances was developed and included in the curriculum for household doctors, the responsible personnel of peripheral
surveillance system, and lots of them were trained each year.

However, we still lack capable health workers with wide knowledge and basic skills on NCD prevention and control including household doctors as well as poor physical conditions necessary for survey like reagents.

4. Objective of NCD prevention and control
Ultimate goal is to provide healthy and happy life to the people by strengthening capacity for NCD prevention and control.

Detailed objectives are as follows.

First, to identify epidemiological situation of NCDs through survey to set effective and realistic plan and measures for NCD prevention and control.

Second, to prevent NCDs in time through ongoing activities to reduce risk factor level like smoking, drinking, incidence of hypertension.

Third, to improve health services for the patients with CVD, cancerous disease, diabetes, CRD through activities to elevate quality of service like development of standard treatment guideline, introduction of effective therapy methods.

5. Scope of NCD prevention and control
Of course, there are many noncommunicable diseases, but the focus of this strategic plan is put on the CVD, cancerous disease, diabetes, CRDs and the reversible common risk factors as smoking, alcohol, physical activity, dietary life are subjects to be controlled.

6. Objective of NCD prevention and control
6.1. Objective 1. To reduce reversible common risk factors like tobacco use, inappropriate dietary life, inadequate physical activity, and heavy drink of alcohol

**Essential activity areas**

1. Intensify tobacco control activities
2. Reduce alcohol consumption
3. Promotion of physical activity
4. Promotion of rational dietary life

**Main activities**

- *For tobacco control*

1. To intensify functions and role of concerned bodies to implement national tobacco control
law

2 To conduct health propaganda in various types and methods on harmful effects and risk of disease due to smoking to enable whole society to understand risk factors and actively participate in the activities for prevention.

3 To conduct public initiatives for healthy lifestyle under close cooperation with mass media, social organizations.

- **To reduce alcohol consumption**
  1 Widely conduct health propaganda on impact of heavy drink on health.
  2 Formulate and observe regulations on sale of alcoholic drink
  3 Thoroughly and legally control driving drunken.
  4 Control production of illegal alcoholic beverages

- **To encourage physical activities**
  1 Intensify education on physical activities in schools
  2 Actively operate school for part-time physical culture to develop well-balanced physical capacity among pupils.
  3 Active dissemination of Taekwondo for health, and rhythmic gymnastics regularly for enabling adequate exercise among all the people.
  4 Build physical capacity during month of monitoring physical capacity initiative.
  5 Regularly take exercise in break times in institutions, enterprises and especially working places involving sedentary jobs.
  6 Encourage walking and promote reasonable walking methods.

- **To improve dietary life**
  1 Encourage and support breastfeeding for 6months after birth and the most appropriate nutritional feeding programmes for all infants and children.
  2 Produce and distribute regulatory guidelines and reference on food products to ensure healthy dietary life.
    · reduce amount of salt
    · eliminate converted fatty acid produced in industrial way
- reduce saturated fat
- limit sugar consumption

3 Disseminate lots of information on adequate and balanced dietary method among population

4 Actively develop and sell healthy foods

6.2. Objective 2. Strengthen research works on NCD prevention and control

**Essential activity areas**

1. Strengthen capacity of epidemiological research
2. Apply findings of research to policy formulation
3. Collaborative exchange between research institutions and concerned bodies

**Main activities**

1. To formulate and implement the strategic plan to expand NCD risk factor survey by steps.
2. To strengthen human and physical capacity in specialized research centers like IPHA.
3. To encourage health workers including household doctors participate in the research activities on rising issues in practice like epidemiological study on NCD risk factors.
4. To establish networks with MoPH at the centre to share the results of research on NCDs.
5. To strengthen collaboration and exchange with WHO and NCD research centers of other member states

6.3. Objective 3. To establish integrated surveillance system for NCD prevention and control.

**Essential activity areas**

1. Make the plan for establishing integrated surveillance system
2. Intensify the function of integrated surveillance system
3. Ensure data quality

**Main activities**

1. Make action plan to design and establish integrated surveillance system involving treatment and prevention facilities and anti-epidemic facilities.
2. Develop regulations and guidelines identifying duties and details of activities in each level
for surveillance to enable all personnel to fully implement their functions in the integrated system.

3 Regularly assess data quality to ensure exactness of data reported through the system.

4 Analyze data reported through surveillance system in time and use them in policy formulation and implementation.

6.4. Objective 4. Raise social attention and intensify exchange and cooperation for NCD prevention and control

**Essential activity areas**

1 Propaganda through mass media

2 Activities to raise social attention by collaborating with social organizations and facilities.

**Main activities**

1 Strengthen cooperation with officials concerned with mass propaganda to raise awareness on severity of NCDs among population through mass media like TV, radio and encourage active participation in risk factor prevention.

2 Through collaboration with social organizations like youth league, women association and family planning association, and on the events of mothers day, day of youth, encourage health propaganda to enable them to participate in the initiatives to avoid risk factors like non-smoking, reduction of alcohol consumption, improvement of rational dietary life.

7. Main activities in 2011-2012

The focal part in 2011-2012 to implement ultimate goal of strategic plan is to raise social attention on the importance of NCD prevention and control in all sectors and to provide framework of integrated surveillance system with MoPH at the centre.

8. Control and evaluation

Organize non-standing steering committee for NCD prevention and control at the national level which is authorized to comprehensively supervise and control this activity.

The committee involves responsible officers from concerned facilities including IPHA, Central agency for health propaganda, law formulation department of supreme people’s assembly, security organ, central women’s committee, Kim Il Sung Youth league, Ministry of Sports, Bureau of agricultural products with the Department of treatment and prevention in MoPH at the centre.

Steering committee organizes an evaluation group and assigns evaluation of implementation of strategic plan once in two years. The results are to be applied in the planning and activity of MoPH officers to fully achieve the goals set by the plan.
The performance for the strategic plan is to be evaluated comprehensively in 2016 and the strategic plan is to be revised according to it.

Indicators for ongoing evaluation are as follows.

- Smoking rate
- Rate of heavy drink
- Percentage of population with lack of exercises
- Incidence of hypertension
- Rate of obesity
- Ratio of mortality due to NCDs of whole mortality
- Incidence of CVD
- Incidence of diabetes