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## Transforming Perspectives: From Disease-Centric to Holistic Health Strategies in Non-Communicable Disease Prevention

<sup>1</sup>Dr. Angusubalakshmi.R, <sup>2</sup>Dr. Pooja Mary Vaishali.L, <sup>3</sup>Dr. Gomathy Parasuraman

<sup>1</sup>Assistant Professor, Department of Community Medicine, Saveetha Medical College and Hospital, Thandalam, Chennai

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#### **KEYWORDS**

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#### **ABSTRACT:**

The evolution of India's National Program for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases, and Stroke (NPCDCS) to a more comprehensive National Program for Prevention and Control of Non-communicable Diseases (NCDs) signifies a significant adjustment in the country's public health plan, recognizing the multifaceted nature of NCDs and their shared risk factors. This adjustment underscores the importance of employing comprehensive approaches targeting the common determinants of health, such as unhealthy diets, physical inactivity, tobacco use, and harmful alcohol consumption. The new program seeks to optimize resources and streamline efforts by integrating preventive, diagnostic, and management strategies for a broader spectrum of chronic conditions, including respiratory diseases and mental health disorders. Key aspects of this transition involve enhancing health systems to provide comprehensive care, engaging communities in health initiatives, prioritizing health promotion and education, and advocating policies that encourage healthier behaviors and environments. Moreover, strengthened data collection and surveillance systems are critical for tracking trends, monitoring progress, and supporting evidence-based decision making. This holistic approach not only focuses on individual diseases, but also addresses the social determinants of health, thereby fostering a more inclusive, person-centered public health strategy. Despite these challenges, this transition represents a pivotal moment in India's fight against the growing burden of NCDs, promising a healthier future through sustained dedication, innovative strategies, and collaborations.

#### **Introduction:**

Public health is a field that is continuously evolving, adapting, and refining strategies to address emerging challenges. One significant transition in this context was the shift from the National Program for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases, and Stroke (NPCDCS) to the National Program for Prevention and Control of Noncommunicable Diseases (NCDs). This change highlights the recognition of the interconnectedness and complexity of noncommunicable diseases (NCDs) and the need for a more integrated and comprehensive approach to address them.

This editorial delves into the process of transition, detailing the reasons, obstacles, and potential consequences of this transformative change in public health policies. The National Program for the Prevention and Control of Noncommunicable Diseases (NPCDCS) marked a significant advancement in India's public health system, particularly in addressing the growing burden of noncommunicable diseases. However, it became evident that a singular strategy for individual diseases was inadequate to address a broader range of noncommunicable diseases. The shift to the National Program for Prevention and Control of NCDs acknowledges the multifactorial nature of these diseases,

<sup>&</sup>lt;sup>2</sup>Postgraduate, Department of Community Medicine, Saveetha Medical College and Hospital, Thandalam, Chennai <sup>3</sup>Professor, Department of Community Medicine, Saveetha Medical College and Hospital, Thandalam, Chennai

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including their shared risk factors, socioeconomic determinants, and interconnected health outcomes. By adopting a more comprehensive approach, the program aims to optimize resources, streamline efforts, and effectively address the root causes of non-communicable diseases [1].

#### **Transition from NPCDCS to NCDs:**

The transition from the National Program for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases, and Stroke (NPCDCS) to a more extensive focus on Non-Communicable Diseases (NCDs) signifies a significant change in the priorities, tactics, and interventions utilized in public health. This change recognizes the growing global burden of NCDs and the importance of implementing emphasizes comprehensive approaches to address them efficiently. In 2010, the Government of India established the National Program for the Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases, and Stroke (NPCDCS) to decrease the morbidity and mortality associated with these conditions through primary prevention, early detection, and management. However, over time, it has become evident that a more comprehensive approach is necessary to address the multifaceted nature of non-communicable diseases (NCDs), which encompass a broader spectrum of chronic conditions, including chronic respiratory diseases and mental health disorders. These conditions share common risk factors, such as unhealthy diet, physical inactivity, tobacco use, and harmful use of alcohol. The shift from NPCDCS to NCDs highlights the interconnectedness of these conditions and the need for integrated, multisectoral approaches to address their underlying determinants [2].

# A shift in policy, programming, and implementation involves several key elements.

Holistic Approach: The focus has changed from singular diseases to non-communicable diseases (NCDs), necessitating a holistic approach that deals with common risk factors and fundamental social determinants of health. This involves promoting healthy behaviors, improving access to nutritious food, creating

environments that encourage physical activity, and reducing tobacco and alcohol exposure.

Strengthening Health Systems: To improve healthcare systems to provide comprehensive care for non-communicable diseases (NCDs), several actions must be taken. These actions include providing healthcare providers with the necessary knowledge and abilities to prevent, diagnose, and manage NCDs; ensuring a sufficient supply of vital medications and technologies; and establishing efficient referral networks to guarantee uninterrupted care.

Community Engagement: The importance community participation is underscored during the transition, which highlights the necessity of involving communities in initiatives aimed at preventing and controlling non-communicable diseases (NCDs). This involves raising awareness, leveraging community resources, and empowering individuals and communities to take charge of their health. Participants at the meeting acknowledged the need to develop and implement culturally appropriate and sustainable community-based interventions to address the unique needs of diverse populations. They also highlight the importance of strengthening partnerships between communities, healthcare providers, and policymakers to improve health outcomes.

Health Promotion and Education: The primary goal of this initiative is to prioritize health education and promotion by providing individuals with the necessary knowledge and resources to make healthier choices and adopt better lifestyle habits. This involves the implementation of educational programs in schools, workplace wellness initiatives, and targeted campaigns aimed at raising awareness of the risks associated with non-communicable diseases (NCDs) and the importance of early detection and treatment.

**Policy and Advocacy**: It essential to establish policies and regulations that promote healthy behaviors and reduce exposure to harmful elements for a successful transition. This includes levying taxes and regulations on tobacco and unhealthy foods; supporting urban planning and transportation policies that encourage physical

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activity; and fortifying regulations on alcohol marketing and sales.

**Data and Surveillance**: The procedure comprises enhancing data accumulation and surveillance strategies to track trends in noncommunicable diseases and their related risk factors, monitoring advancements toward established objectives, and facilitating evidence-based decisions. This requires refining the quality and extent of health information systems, implementing population-based surveys, and establishing robust monitoring and evaluation frameworks [3-5].

#### **Conclusion:**

Progression from the National Program for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases, and Stroke to the National Program for Prevention and Control of Non-communicable Diseases constitutes a substantial advance towards a more comprehensive, holistic, and person-focused approach to public health. Despite the challenges that accompany this transition, it signifies a pivotal moment in India's efforts to counter the escalating danger posed by non-communicable diseases. Through continued dedication, innovative strategies, and collective action, the enhanced program has the capacity to foster a healthier and more robust future for forthcoming generations.

In short, the transition from NPCDCS to NCDs characterizes a substantial transformation in public health, shifting towards a more inclusive and coordinated approach to address the mounting burden of noncommunicable diseases. By adopting a comprehensive strategy that tackles shared risk factors and the fundamental determinants of health, fortifying health systems, involving communities, promoting health education, advocating for policy changes, and enhancing data and surveillance systems, countries can achieve substantial progress in preventing and managing NCDs, and promoting the health and well-being of their citizens.

#### Reference:

 GBD 2016 Causes of Death Collaborators. Global, regional, and national age-sex specific mortality for 264 causes of death, 1980-2016: a systematic analysis

- for the Global Burden of Disease Study 2016. Lancet. 2017 16;390(10100):1151-1210. 10.1016/S0140-6736(17)32152-9.
- Thakur JS, Paika R, Singh S. Burden of noncommunicable diseases and implementation challenges of National NCD Programmes in India. Med J Armed Forces India. 2020, 76(3):261-267. 10.1016/j.mjafi.2020.03.002.
- Pati MK, Swaroop N, Kar A, Aggarwal P, Jayanna K, Van Damme W. A narrative review of gaps in the provision of integrated care for noncommunicable diseases in India. Public Health Rev. 2020,13;41:8. 10.1186/s40985-020-00128-3.
- India State-Level Disease Burden Initiative Collaborators. Nations within a nation: variations in epidemiological transition across the states of India, 1990-2016 in the Global Burden of Disease Study. Lancet. 2017 2;390(10111):2437-2460. 10.1016/S0140-6736(17)32804-0. Epub 2017 Nov 14.
- GBD 2015 DALYs and HALE Collaborators. Global, regional, and national disability-adjusted life-years (DALYs) for 315 diseases and injuries and healthy life expectancy (HALE), 1990-2015: a systematic analysis for the Global Burden of Disease Study 2015. Lancet. 2016,8;388(10053):1603-1658. 10.1016/S0140-6736(16)31460-X.