

INTERNATIONAL LIFE SCIENCES INSTITUTE – INDIA

**Welcome Address of Mr. DH. Pai Panandiker. Chairman, ILSI-
India at Seminar On, Nutrition & Lifestyle For
Emerging NCD Challenges**

Tagore Hall, SCOPE Convention Center, SCOPE Complex, New Delhi

Non-communicable diseases are the new killers. They have replaced infectious diseases as the prime cause of health concerns partly because scientific developments have succeeded in reducing or eliminating the damage that was caused by micro organisms.

The arrival and propagation of NCDs are largely due to epidemiological and demo-graphic transition. It is quite apparent that the incidence of NCDs will persistently increase in future. This is not so much because science does not have solutions but because the implementation of these solutions essentially lies with the people. And people are reluctant to change.

The major NCDs in India are cardiovascular diseases, diabetes, cancer and chronic pulmonary diseases. Earlier, NCDs were the privilege of upper socio-economic strata. At the present stage of development of these epidemics, it is the poor that are the worst affected and most marginalized in terms of health care.

Management and treatment of NCDs is expensive because these are technology intensive and of longer duration. It has been estimated by World Health Organization that the burden of treatment of NCDs would be \$237 billion over a period of 10 years. The bulk of these expenses, which would amount to nearly Rs.1.8 lakh crores a year, will have to come out of the pockets of the victims in the absence of an effective and efficient national health care system,.

You will appreciate that treatment is far more expensive than prevention. It is therefore critical that government develops appropriate preventive measures to reduce the incidence of NCDs. The obvious first step is to create awareness among the people about NCDs and about the prerequisites for their prevention.

In the short run, it will be necessary to undertake low cost screening particularly, of sections of population that may be at risk. With screening it would be possible to detect the disease in its early stages and, with appropriate treatment, check its further progress.

In the longer term, it is important to effect changes in food choices and lifestyles which have made people susceptible to NCDs. The three major pre-requirements are proper diet, physical activity and tobacco control.

Diet should be low in saturated fat , salt and sugar. Indians, it is believed, are the largest consumers of salt, if not sugar, which possibly makes them more susceptible to CVDs. A study of 19 developing countries including India, presented at the World Congress on Cardiology in Dubai last week, by Harvard Medical School concluded that voluntary salt reduction by food industry and taxation of products containing salt could reduce the number of deaths each year from CVD by 3 per cent. Salt is known to cause hypertension which is responsible for 57 per cent of deaths due to stroke and 24 per of mortality caused by heart attacks in India.

The second prerequisite is physical activity. The basic rule is that energy intake must be equal to energy expenditure. In the present mechanized world, physical activity has to be planned and made part of the daily routine. For people with sedentary work a minimum of atleast four hours of brisk walk a week is necessary.

Nutrition and physical activity have been the main focus of ILSI-India agenda. Most of our work plans veer around these two central themes. Nutrition issues are examined in great scientific detail in the most widely read ILSI publication titled 'Nutrition Reviews'. ILSI has also devised a program for physical activity called 'Take Ten', to suit the exigencies of modern living.

The third pre-requisite is tobacco control. Government has taken steps to create awareness about the dangers of tobacco consumption and smoking. But it looks like tobacco consumption has increased though smoking has certainly declined.

I would like re-iterate that there has to be a much stronger accent on awareness and prevention. With appropriate steps, it is possible, as experience in other countries has shown, to avoid 80% of pre-mature deaths from CVDs and type two diabetes. Similarly, 40% of the cancers can be prevented with screening for early detection.

The Millennium Development Goals Review Summit which took place in 2010 at the 65th Session of UN General Assembly also advocated inclusion of NCDs in MDGs in 2015. That will attract greater attention and ensure larger funds to tackle NCDs.

So far, the Government of India had not been giving enough attention to NCDs. In 2011-12, for example, the allocation for NPCDCS (National Program for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke) was only Rs.125 crores or 0.5 per cent of the total budget for health although NCDs account for more than 50 per cent of total fatalities. Hopefully, that is going to change. The Health Ministry has a Rs.58,000 crore plan against NCDs for the 12th Plan, a 600 per cent increase. With that, perhaps the rampant proliferation of NCDs will be controlled.