

Accelerating Non-Communicable Diseases Control in Bhutan: optimism and challenges

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Non communicable diseases (NCDs) including cardiovascular disease, stroke, diabetes, cancer, and chronic respiratory disease, are all public health concerns in Bhutan¹. NCDs contribute to more than 56% of deaths and 21% of premature mortality². The burden of type II diabetes doubled between 2009 and 2014³, newly diagnosed cancers⁴ and hospital admissions related to stroke are reported to be on the rise⁵. Urbanization and motorized transport has increased sedentary behaviors; nearly half of the Bhutanese are not achieving healthful physical activity. The pervasive consumption of excess salt reflects in a third of adults having elevated blood pressure⁶. Tobacco and alcohol use – common risk factors for NCDs are highly prevalent¹. Sitting on an impending NCD epidemic, the nation's developmental progress can be impeded if timely actions are not taken.

Current responses and gaps

A series of programmatic responses have been instituted to control NCDs in Bhutan since 2009. Capitalizing on global momentum, the Royal Government of Bhutan took immediate measures to implement the commitments made in the 2011 UN High Level Political Declaration and to reduce premature mortality due to NCDs by 25% by 2025. The national multisectoral NCD action plan endorsed in July 2015 outlines a blue print to reduce NCD risk factors through a 'whole of society/government' approach by 2020⁷.

In Bhutan, tobacco is well regulated with strong laws prohibiting production and marketing. Despite implementation hurdles, observation of smoke-free public spaces, and trading restrictions are one of the best in the South Asia region. Measures to control smokeless tobacco and the rampant use of betel nut^{8,9}, a carcinogen¹⁰, should be further strengthened through legislative and public awareness campaigns.

After years of dampened action^{11,12}, alcohol control has been reinvigorated with a new plan in 2015 focusing on underage drinking, hours of sales, and taxation addressing demand and supply side factors¹³. A new mechanism, alcohol control committees – led by the Home Minister and local governments will support compliance with alcohol control policies. The plan also targets community norms by discouraging socially accepted "local brew"^{9,13}. Ideally these actions will reduce the adverse social and health effects of alcohol on the population.

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While 70% of the population in rural regions accrue coincidental benefits of high physical activity due to rural lifestyle⁹, the urban sedentary lifestyle needs to be urgently addressed. Recent popular initiatives of open air fitness outlets in urban spaces and Gaden Throm-Healthy City Initiatives should be expanded.

Abandoning a traditional diet high in fiber and vegetables in favor of a western diet high in fats, salts, and sugars has contributed to the rise in heart disease, hypertension and stroke. An abundance of unregulated cheap and unhealthy (salted, fatty, and sweetened) products– an outcome of globalization– and the low awareness of parents and children on their detrimental health effects should be addressed. Conversely, consumption of vegetables and fruits¹⁴ should be supported with government subsidies and price controls.

Public policies on NCD risk factors should be complemented by a responsive health system for early diagnosis and adequate management of NCDs. Primary health care services are relatively well organized and evenly distributed⁹ to serve the geographically dispersed population. Despite, the key challenge in the shortages of health workforce– (at 32 doctors per 100 000 population¹, Bhutan has one of the lowest numbers in the South East Asia Region), health facilities provide 24 hour emergency care including free referrals. In addition to increasing the health workforce, prudent health workforce management is imperative to ensure better retention policies, incentives, and the reduction in maldeployment to motivate the precious workforce.

Basic health services including essential medicines and technologies for treatment of NCDs have been updated in line with the WHO Package of Essential NCDs since 2013^{3,15}. Opportunistic screening for blood glucose and, urine protein is available even at a Basic Health Unit. However, service gaps prevail; 1 in 3 hypertensive people are not receiving treatment¹⁴.

Sustaining and accelerating the innovation

While momentum has been built towards controlling NCDs in Bhutan, it is crucial to sustain the progress achieved and expand the innovations to achieve the target of 25 x 25 (a 25% reduction in premature mortality from the four main NCDs by 2025)¹⁶.

Embarking on changing individual and social attitudes by promoting healthy lifestyles based on proper diet and exercise and minimizing the intake of high caloric, low nutritional foods, which are associated with the ever rising global problem of inactivity and obesity, is a key step.

Mass social mobilization through educating young people in schools, workplaces, neighborhoods, communities and women's groups using a combination of community outreach and mass media should be strategically implemented. The focus on

individual behavior modification programs should be underpinned by policies and interventions promoting environmental, legal and fiscal policies that promote healthier behaviours.

Increasing walkability in urban settings through preservation and creation of public spaces conducive for physical activity, and support for active transport, such as use of bicycles in communities can bring about the desired social change. Availability of salty, fatty and sugary food should be regulated and, food producers and sellers should be encouraged to participate in the response. Tobacco and alcohol public policies – observing smoke-free public places, restriction of trade and, restriction of sales to underage youth – should be upheld. Invariably, these approaches require cross-agency support and public engagement. The key governmental agencies involved in regulation of food products, tobacco and alcohol control, development of urban physical environment and local governments (dzongkhag, gewog and thromde) administrations should be fully recognized as actors and champions for NCD prevention and control.

At the helm, the health sector should remain empowered to lead, advocate and mobilize other stakeholders to combat the NCD epidemic without losing sight of its core function of providing credible and good quality prevention, early detection and management of NCDs. The capacity of the health workforce should be strengthened to provide effective NCD services in an integrated manner.

NCDs pose a significant social and fiscal concern for Bhutan. There are no quick solutions to achieve the NCD targets for 2025 in 9 years. Taking a proactive stance in NCD control today, however, is the best start to build a healthy and happy society, consistent with Bhutan's vision of Gross National Happiness.

DISCLAIMER

The opinions expressed in the article are author's own and not of WHO.

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