Ministry of Public Health Afghanistan
General Directorate of Preventive Medicine
Noncommunicable Diseases Control Directorate

National Strategy for Prevention and Control of NoncommunicableDiseases (NCDs)

2015-2020

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FORWARD

Contagious or communicable diseases have historically dominated the global health and disease agenda. Less visible, yet deadlier noncommunicable forms of illness are emerging as a mortal threat to millions worldwide as people live longer, lifestyles are changing and the environment is also undergoing changes. Noncommunicable diseases (NCDs) collectively refer to Chronic Vascular Disease (CVDS), Chronic Obstructive Pulmonary Disease (COPD), Diabetes, and Cancer. They are responsible for the deaths of around 35% of people in Afghanistan according to the 2010 Afghanistan Mortality Survey. We are also facing overwhelming numbers of patients requiring acute as well as long term health care. NCDs are predicted to increase at an unprecedented rate. The Ministry of Public Health (MoPH) is fully aware that without strong and innovative interventions now, the goal of health for all will be difficult to reach. Whilst effective treatment for NCDs is essential, early action towards prevention is critical. Otherwise we are in danger of having a sickness or ill-health system rather than a health system. Furthermore, preventing the onset of chronic illnesses will ultimately save our government valuable time and money, and relieve the burden on overstretched health resources. Wider public awareness, public health interventions such as on diet, smoking, and exercise, and addressing the social determinants of health combined with cost-effective, accessible screening programs could help dramatically reduce NCD related morbidity and deaths.

Considering the high mortality rates due to NCDs and the need for a solution, the Ministry of Public Health established a Noncommunicable Diseases Department in 2012. Since its' establishment it has led the development of a National NCD Strategy and other efforts for NCDs control in Afghanistan. The strategy advocates for an integrated approach and efforts towards awareness rising, behavioral and biomedical interventions implemented through government, civil society and other stakeholders. The strategy has been developed to rigorously cover advocacy, interventions to reduce risk factors for NCDs, integration of NCDs into the basic package of health services and the essential package of hospital services, consider evidence based prevention and control for NCDs, and promote partnerships for prevention and control of NCDs and to monitor and evaluate the implementation of strategic directions.

I am glad to present this National Noncommunicable Diseases Control and Prevention Strategy 2015-2020 as the product of numerous public health National and International organizational and departmental consultations. It draws on recognized best practices and encourages the mobilization of ministry of public health, donor and other agencies to take part in reducing morbidity and mortality due to NCDs in Afghanistan.

Dr. Ferozuddin Feroz
Minister of Public Health
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The General Directorate of Preventive Medicine congratulates the Noncommunicable Diseases Control Directorate for the development of NCD Control National Strategy 2015-2020. The strategy is the output of collaborative efforts of Government, Nongovernmental Organizations, Technical Partners and subject matter experts. I would like to acknowledge the contribution of the technical working group comprised of Dr. Fahim Paigham, Dr. Nasrat Rassa, Dr. Nasar Ikram, Dr. Abdul Nasir, Dr. Jawad Meharzad, Dr. Mir Islam Saeed, Dr. Mohmmadulla Duran, Dr. Bashir Ahmad Sarwari, Dr. Mohammad Tariq Sunan, Dr. Noor Mohammad Arzoi, Dr. Aimal Masud, Dr. Malali Nejaby, and Dr. Mohammad Rahim Akbari.

I would like to express my sincere gratitude to WHO, the members of the Policy and Planning sub-committee,Technical Advisory Group and Dr. Pir Mohammad Paya, for reviewing this strategy and providing constructive feedback. I wish the NCDs Control Directorate will take necessary steps in implementing this strategy.

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ABBREVIATIONS

AMS	Afghanistan Mortality Survey
BCC	Behavior Change Communication
BPHS	Basic Package of Health Services
COPD	Chronic Obstructive Pulmonary Disease
CVDs	Cardio-vascular Disease
CHW	Community Health Worker
DALYs	Disability Adjusted Life Years
EPHS	Essential Package of Hospital Services
HMIS	Health Management and Information System
IEC	Information Education and Communication
MDGs	Millennium Development Goals
MCH	Mother and Child Health
NCDs	NoncommunicableDiseases
NGO	Non-governmental Organization
PPHD	Provincial Public Health Directorate
PHCC	Provincial Health Coordination Committee
RTI	Road Traffic Injuries
STEPS	NCD Risk Factor Survey
TM/CAM	Traditional Medicine/Complementary Alternative Medicine
WHA	World Health Assembly
WHO	World Health Organization
YLD	Years of Life Lost due to Disability
NCCP	National Cancer Control Program
NDCP	National Diabetes Control Program

INTRODUCTION

The development of the national noncommunicable diseasesstrategy is an expression of the Ministry of Public Health (MOPH) Afghanistan's commitment to enhancing the quality of life of the Afghan population through addressing the burden of noncommunicable diseases. This document will help MoPH to direct its efforts and resources toward decreasing the health and socioeconomic consequences of noncommunicablediseases. Evidence, including from the Afghanistan mortality survey (AMS), identifies the increasing mortality due tothe major NCDs and injuries, which have a major impact on the health of, community mortality and morbidity and the economy of Afghanistan, as a major challenge.

The determinants of noncommunicablediseases are multi-factorial and often are outside the control and influence of the health sector. The four main groups of noncommunicable diseases (Diabetes, Cancer, CVDs, and COPD) have sharedmain four risk factors:tobacco use,unhealthy diet, harmful use of alcohol and insufficient physical activity. To reduce these risk factors, changes in the lifestyles and behaviors of individuals and families is necessary. Because of the communal nature of the Afghan society, there is a need for interventions in community settinglike mosques, villages, schools and workplaces, to promote and encourage healthy behaviorsto prevent noncommunicable diseases. Moreover, the prevention, detection and management of noncommunicablediseases are important to decrease suffering and reduce deaths from the mentioned diseases. These all can be done through a coordinated multi-sectorial national response. The MoPH of Afghanistan, as the steward of health sector, has assumed the responsibility to tackle the burden of noncommunicablediseases, in view of the demographic and epidemiologic transition envisaged in the near future. The MoPH has taken some steps toward initiatinga comprehensive response to noncommunicablediseases. Establishment of the Department ofNational Noncommunicable Diseases Control within the structure of the MoPH is an important first step in this regard. The department, since its initiation, has prepared a vision to tackle noncommunicablediseases through evidence-based interventions adapted to the local context and situation. Development of a national noncommunicablediseases strategy is an indispensablestep, whichprovidesclear guidance to the department on priority interventions and actions to take in order to reduce the burden of these diseases and improve the quality of life for the people of Afghanistan. The interventions outlined in this document will guide many public and private sector individuals and organizations involved in the prevention, and control of noncommunicable diseases.

Having a National NCDs Strategy and Key Strategic focus areas supported by Action Plans, is essential for ensuring that strategies and guidelines are in place for the prevention and control of noncommunicablediseases in Afghanistan. This NCD Strategy also reinforces the Government of Afghanistan and the Ministry of Public Health's commitment to regional and international initiatives such as:

- The Political Declaration of the High-Level Meeting of the UN General Assembly on the Prevention and Control of NoncommunicableDiseases, September 2011
- The Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020
- Alma Ata and Primary Health Care Declaration 1978

SITUATION ANALYSIS

Noncommunicablediseases (NCDs) consist of a vast group of non-infectious medical conditions, but in terms of premature mortality, emphasis has been on cardiovascular disease, cancer, diabetes, and chronic respiratory diseases. Although NCDs were not in the global agenda when the United Nations developed the Millennium Development Goals (MDGs), however it has raised concerns and has culminated in the United Nations (UN) resolution on Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of NoncommunicableDiseases in September 2011. This special session placed NCDs on the global development agenda (1). Later on in 2012, the World Health Assembly endorsed an important new health goal to reduce avoidable mortality from NCDs by 25% by 2025 which is called the 25 by 25 goal (2). To achieve the target of 25% reduction in preventable deaths health systems and strategic framework need to be transformed to provide sufficient care for both communicable and NCDs in Afghanistan.

NCDs Burden onGlobal Health and Economic:

In 1990, there were 26·6 million deaths worldwide from NCDs increasing in 2010 to about 35 million (3). Likewise the global burden of NCDs has increased from 43% (1·08 billion of the total 2·50 billion) in 1990, to 54% (1·34 billion of 2·49 billion) of the total number of disability-adjusted life-years in 2010 (4). Furthermore in 2008, around 57 million deaths were reported globally, of which 36 million (or 63%) were due to NCDs. The most common NCDs contributed to global deaths were cardiovascular diseases, diabetes, cancer and chronic respiratory diseases. Of the total NCDs deaths globally, nearly 80% occur in low-and middle income countries (5). Likewise the global economic burden of NCDs is large, estimated at US$6·3 trillion in 2010, rising to $13 trillion in 2030. A 10% rise in NCDs leads to a 0·5% decrease in gross domestic product (6).Due to quick demographic and epidemiological transitions in South Asia life expectancy is increasing and fertility rate is reducing which has leaded to increased health burden of NCDs with 46 percent (55percent including injuries) of burden of disease as a proportion of total forgone DALYs (7). It has been indicated that prevalence of smoking varies in South Asian countries from 16-32%, alcohol consumption between 3-41%, eating less than 5 servings of fruits and vegetable/week 81-99%, physical inactivity 4-24%, overweight and obesity 9-44%, raised blood pressures 8-42%, raised fasting blood sugar 4-9%, and raised blood cholesterol 13-54% (8). In neighboring Iran a systematic analysis of studies from 1996 to 2004 estimated that the overall prevalence of hypertension in 30 – 55 and >55-year-old population were around 23% and 50%, respectively. The prevalence in men was 1.3% less than that in women (9). In a study in Pakistan eastern neighboring country the overall prevalence of hypertension was 26%, with differentiation in males (34%) versus females (24%). Age analysis revealed that the prevalence of hypertension increased with age and hypertensive subjects were 5.6 times more likely to be over 35 years of age (10).

Burden of NCDs in Afghanistan:

As Afghanistan is in the early stages of the demographic transition therefore the burden of NCD is adding up to the ongoing burden of communicable diseases, causing a double disease burden on the population. The transition will become more evident in the years to come. According to predictions the proportion of the population 65 years and older will increase from 2.1 percent, in 2000, to 2.9 percent, in 2025. Source As older populations are more likely to be affected by NCDs, the health burden from NCDs will rise in parallel with population aging. In 2004, NCDs (inclusive of injuries) accounted for 46 percent of death in terms of the number of live lost due to ill health, disability, and early death (DALYS), with the reminder from communicable diseases and maternal and child health issue.Afghanistan Mortality Survey (AMS) 2010 revealed that about 35.3% of all deaths in Afghanistan are attributed to NCDs compare to 42.6% of all together cause of death due to communicable, maternal, prenatal, and nutrition conditions. Cardiovascular diseases, malignant neoplasm, diabetes, respiratory diseases, and digestive diseases are the leading cause of deaths due to NCDs, which account 14%, 7.3%, 3.7%, 1.9%, and 1.8% of total NCDs deaths, respectively.

Based on World Health Organization (WHO) estimates, in 2000 there were 468,000 people with diabetes in Afghanistan.This number is expected to rise to 1,403,000 in 2030, representing nearly a threefold increase when compared to 2000.Likewise little is known to date about the prevalence of risk factors of NCDs in Afghanistan.However a study among men 15 years and older in Kabul city revealed that the prevalence of smoking is 35%.Moreover a study with the aim of identifying the prevalence and risk factors of NCDs among adult population (≥40 years) in urban areas of Kabul city in 2012, revealed that the prevalence of diabetes Mellitus was 13.27% obesity with BMI≥ 30 was 31.2% and the prevalence of hypertension was 46.2%. The prevalence of factors among study subjects were: current smoking (5%), snuff users (8.9%), using solid fat in cooking (69%), frequency of taking 3 times or less vegetable and fruits per week (58%). In addition, an assessment of air quality in Kabul city revealed that the ambient air quality in the city has deteriorated to such extend that it can be ranked among the dirtiest cities in the world which potentially increase the burden of respiratory diseases and different types of cancer. WHO, Global health estimates 2012 show that17.38% of deaths in Afghanistan are due to injuries. Of these injury deaths 46% are due to intentional injuries (violence) and 15% are due to road traffic injuries[1].In 2010, the estimated road traffic fatality rate was (19.8/100,000 population) in Afghanistan which is higher than the global fatality rate in low-income countries (18. /100,000 populations)

Response to NoncommunicableDiseases in Afghanistan

Despite the burden of NCDs, these diseases have ranked very low among government and donor priorities. There has not been any national policy, strategy, targets or coordinating body for NCDs so far in the health sector of Afghanistan. (1)Most of the development projects in health have been constituted on the basis of the MDGs, which do not include NCDs as a development issue.(2) Other than a number of basic discussions NCDs have not been discussed in high-level debates between MoPH and the development partners, including the donor agencies.

(3) Moreover afghan health system faces a general shortage of health-care professionals, particularly in rural areas, which particularly makes it difficult to effectivelyimplementpreventive interventions for NCDs and injury. Capacity is lacking at the primary and secondary health care levels for control and management of NCDs. Currently there are no allied health care fostering activities and projects for provision of prevention educational and treatment services that can respond to NCDs through the professionals and institutions.(4) Furthermore, management of NCDs

[1]WHO Global health estimates 2000-2012: http://www.who.int/healthinfo/global_burden_disease/estimates/en/index1.html

is not considered in capacity building trainings of health providers of primary health-care working at the BPHSfacilities.
(5)The national NCDs surveillance system, which is crucial for informed policy and strategy, has not been established yet. Currently the surveillance for NCDs has been very limited. Mechanism for death registration and the qualification of the cause of death information does not exist. Data pertaining to behavior risk factors are not available, except for tobacco use among youth and for mental health.However none of the organization and processare particularly focused on NCDs.(6)Despite the importance of noncommunicable diseases in terms of share of death factors among Afghan population and sound evidence that NCDs poses a high risk to health and economic condition of the people very little has been spent on NCDs prevention and control. No effective program or intervention has been developed or financed through the public system in the country through government or donors funding. Almost no fund raising activities have been carried out to support NCD related activities in the country.

RELEVANCE OF STRATEGY TO NATIONAL AND INTERNATIONALDOCUMENTS

In the development of this strategy efforts were made to have it in line with national and global policies prepared based on evidence. During the consultative work for the development of this strategynational and international literature and documents were reviewed and were used to enrich this strategy. The MoPH strategic plan for 2011-2015 identified noncommunicablediseases as a major challenge to health of the Afghan people. The recent health policy for 2012-2020 also identified NCDs as important health issue and therefore, included a policy statement for the control of NCDs, which guides this document. Moreover, the strategy was guided by the WHOglobalaction plan forthe prevention and control ofnoncommunicable diseases2013-2020.

CORE VALUES AND PRINCIPLES

This strategy is in line with the core values and principles outlined in the National Health and Nutrition Policy 2012-2020 of the MoPH that include:

1. Right to health
2. Right to nutrition
3. Partnership and collaboration
4. Equity
5. Community participation and ownership
6. Evidence-based decision-making
7. Promoting results-oriented culture
8. Quality
9. Transparency and accountability
10. Sustainability
11. Dignity and respect
12. Gender

POLICY STATEMENT OF MOPH FOR NCDS

The policy brief of the recent MOPH policy 2012-2020 as follow:

The Ministry of Public Health considers the integration of Noncommunicable Diseases (NCDs) such as prevention and control of cardiovascular diseases, diabetes, and chronic pulmonary diseases in the BPHS and EPHS. Furthermore, building capacity of service providers on the prevention, diagnosis and treatment of NCD and modify the infrastructure as needed for NCDs improving management. Our focus will not only be on prevention of NCDs bout also onimproving diagnosis and management of the NCDs at the various levels of health care facilities.
Prioritize tobacco control as a health issue requiring immediate attention. Address tobacco as an important risk factor for noncommunicable diseases and take evidence based protective and legislative measures toward tobacco control.
Prevent cancer through avoiding or reducing exposure to risk factor, screening of high risk groups, early detection, diagnosis and treatment of cancer, and improving quality of life of those affected by cancer through public and professional education programs. Encourage and support private sector to invest in the establishment of specialized facilities for this purpose.
The Ministry Of Public Health also works to minimize the risk of injuries associated with road accidents through working with traffic police, ministry of public work, municipalities and other stakeholders and provide emergency services to the victims of accidents through enhancing access and quality of health services

VISION

The overall quality of life of the Afghan people is enhanced through minimizing the burden of noncommunicable diseases(including roadinjuries) and their complications.

MISSION

The strategy guides the health sectorand non-health sectors towards the reduction of the burden of noncommunicable diseases (including road injuries) and ultimately improvement of quality of life for all Afghans, which will be achieved through collaborative and comprehensive efforts led by MoPHworking with its partners and stakeholders.

Goal

Prevent or delay the onset of noncommunicablediseases (including road injuries) and their related complications, and improve their management, thus enhancing the quality of life of the Afghan population, leading to longer and more productive lives.

STRATEGIC OBJECTIVES

The national noncommunicablediseasestrategy identifies a number of specific strategic objectives. The achievement of these objectives requires leadership by theMoPH working in close collaboration with the relevant governmental and development partners. The objectives spell out prioritized areas in the context of Afghanistan that are considered to have important impact on the health and well-being of the population. The relevant MoPH departments will be mobilized to contribute to achieving the objectives of this strategy. The strategic objectives are inspired by the national context and are based on the burden of noncommunicablediseases as well as the global recommendations such as the WHO'sglobal action plan fornoncommunicablediseases. The strategic objectives are explained briefly below:

Strategic Objective 1:
To advocate for and raise NCDs priority, **as well as integrate NCD in the development work at national level.**
During past years noncommunicablediseases were left out of the development agenda of the MoPH and stakeholders. This was mainly due to other priorities being identified by the MoPH such as maternal and child health and communicable diseases and lack of evidence on the significance of NCDs. With the recent evidence on magnitude of the burden of NCDsand injuries in Afghanistan there is need to inform key stakeholders and attract their support for the implementation of evidence based interventions for the prevention and control of NCDsand road injuries

Strategic Objective 2
To introduce interventions through which the main shared, modifiable risk factors (such as tobacco use, unhealthy diets, insufficient physical activity, harmful use of alcohol, and road traffic risk facto3) **for NCDs and road injures are reduced**.
The MoPH will identify best practices and evidence based interventions to reduce the mentioned risk factors and eventually prevent and control noncommunicablediseases and injuries. Particular focus will be made to reducing road traffic incidents through development and enforcement of laws on major risk factors, coupled with improving public awareness on appropriate road safety behavior.

Strategic objective3
To strengthen national health systems response to address NCDs including roadinjuries prevention
In order to address NCD, there is need for an effective and strong response from thehealth system. Institutional and organizational measures have to be taken to respond to the huge burden of these diseases and conditions. All building blocks of the health system have to be strengthened in order to generate a proper response. In order to involve various layers of health workers in the response there is a strong need to integrate NCD into primary health care package namely the BPHS.

Strategic Objective 4
To strengthen the evidence base for the prevention and control of NCDs
In order to design and implement effective interventions for the prevention and control of NCDsand injures, comprehensive and reliable data is needed. The MoPH will strengthen NCD surveillance and promote research in the area of NCDs and injuries. More specifically, theMoPH will establish a surveillance system that follows the recommended WHO framework for surveillance with its three components of exposures, outcomes of the noncommunicablediseases that are of public health importance, and health system response. MoPH will ensure that sex-disaggregated data is collected

as part of research and surveys on NCDs to generate data that show the different health risks, health behavior and vulnerabilities of men and women. Gender-focused analysis of data will be carried out to shape health policies and practices and ensure that interventions for the prevention and control of NCDs respond to the different needs of women and men and promote gender equality and equity.

Strategic Objective 5
To promote partnerships for the prevention and control of NCDs
Prevention and control of NCDsand injuries warrant strong partnership among all relevant stakeholders including government ministries and development partners. Effective mechanisms to boost partnership for the prevention and control of NCDs and injury prevention will be identified and introduced such as inter-ministerial coordination and coordination with donor agencies and implementing partners as well as civil society including NGOs focusing on women's rights and gender equality.

Strategic Objective 6
To monitor implementation of the NCDs prevention and control interventions and evaluate progress at the national level
Progress towards implementing theinterventions for NCD and injuries prevention and control will be regularly monitored through establishing a monitoring and evaluation framework at national level. The monitoring and evaluation framework will include gender-sensitive indicators.Moreover, interventions will be evaluated at different stages for effectiveness, relevance, efficiency and sustainability.

STRATEGIC APPROACHES

In order to achieve the strategic objectives depicted in the document a number of strategic approaches and related strategic interventions are set which guides the implementation. The strategic approaches are in line with the objectives mentioned in the early section.

Strategic Approach 1
Advocacy and work with decision makers forNCDs control and prevention
NCDs (including road injuries) need to be on the top of the policy agenda considering their burden on public health. The first step is to make NCDs a priority for the health system. Support from key stakeholders and decision makers are essential for successful implementation of NCDs (including injuries) interventions. There is need for a systematic plan based on which advocacy will be carried out with key governmental and nongovernmental decision makers. In order to implement the strategy financial resources need to be allocated by both government and donor agencies.

Key Interventions

1. Develop and implement effective advocacy plans for NCDs and road injuriesprevention
2. Launchadvocacy and awareness campaigns for NCDs and road injury prevention and control.
3. Actively advocate to national, provincial and local community leaders, and other partners (e.g. industries), to enhance their awareness of the magnitude of the NCDs and road injuriesburden and to engender their commitment for instituting effective measures to prevent and control chronic diseases
4. Development of national guidelines and protocols for the control and prevention of NCDS risk factors including road safety

5. Development of National Cancer and diabetes Control Plan

Strategic Approach 2
Prevention and promotionofnoncommunicablediseases

Health promotion continues to play a pivotal role in the prevention of NCDs. Media and social marketing to promote healthy lifestyles and increase knowledge and awareness of NCDs risk factors should be strengthened. Workplace-based and community-based demonstration programswill be tailored and piloted to empower individuals at high risk or with chronic diseases to develop health literacy take on self-care responsibilities and become a resource for themselves and others in disease prevention and management. NCDs prevention and control interventions will be incorporated into the Basic Package of Health Services (BPHS) and Essential Package of Hospital Services (EPHS). In close coordination with the Health Promotion department of MoPH and other stakeholders, effective health promotion interventions will be elicited, piloted and implemented throughout the country. Road safety will be ensured through development and enforcement of laws, as well as public awareness on appropriate road safety behavior will enabling people to put their knowledge and positive behavior into effect. Additionally, strong coordination with key stakeholders including traffic police department will be established.

Key Interventions:

1. Creating information package and content that addressing the main risk factors of NCDsandrod injury prevention.
2. Intensifying media campaigns using television, radio and printed media and use of new approach (e.g. via social networking on the internet) for dissemination of IEC/BCC material on NCDs and injuriesprevention.
3. Strengthening of the workplace-based health programs, in both health education and health-promoting activities
4. Mobilization of donor agencies to introduce or adopt new interventions in both health education and treatment on NCDs and injuries.
5. Working with relevant government agencies such as traffic police and others to decrease risks of road traffic injuries.

Strategic Approach 3
Strengthen health systems at different levels to address control of NCD and Road Traffic Injuries

MoPH recently established a noncommunicable diseases department. Although this is a good start further strengthening of the department will ensure successful implementation of this strategy. Capacity inside MoPH regarding NCDs and injuries should be built at different levels. There is a need to continually improve the skills, knowledge and attitude of all health care personnel, both in primary care and hospital settings, to deal with the challenge of chronic disease and injurymanagement. This can be done through continuous professional development training courses, conducted especially at the local level. Availability of trained health care providers is critical to support successful implementation of NCDs management programs. The necessary guidelines and protocols will be prepared to enhance management of the NCDs and roadinjury preventionat different levels of the health care system in Afghanistan. Further work should be done with other departments inNCD and road injurycontrol at MoPH in order to create a holistic health system response to these diseases.

Key Interventions

1. Organizational strengthening of the NCD department
2. Mobilize financial resources for evidence based NCDand Road injury prevention and control intervention

3. Integrate control and management of NCDs into BHPS and EPHS
4. Develop and implement capacity building plans for the national NCDsteam at all levels.And ensuring gender issues related to NCDs are effectively addressed and included in all capacity building activities
5. Development of NCDs and injuries prevention health education programs at all MoPH health care facilities.
6. Development of self-guided intervention packages to help patients with NCDs andtheir risk factors and their families to monitor and manage their disease or condition.
7. Build capacity of health care providers in prevention of NCDs and interpersonal communication with patients. with a focus on gender issues and gender-sensitive communication
8. Build capacity of health care providers in prevention of NCDs and interpersonalcommunication with patients.with a focus on gender issues and gender-sensitive communication
9. Establishment of National Cancer Control Program NCCP
10. Establishment of National Diabetes Control Program NDCP
11. Empowering communities to have more control on their health through the creation of community based groups for the prevention of NCDs including women's groups
12. Working on aligning the structure of NCDs department within the MoPH with requirements for implementation of the NCDs strategy

Strategic Approach 4
Strengthen generation of evidence for enhanced control of NCDs

Research and surveillance serve an important function across the intervention pathway for NCDs prevention and control. Prevalence studies of NCDs risk factors and its conditions provide critical information, on which to base priority setting and the selection of specific population and clinical interventions for particular communities and target groups. Surveillance data, collected over time, also give an indication of the effectiveness of interventions on population risk factors and disease end-points.Sex-disaggregated data needs to be collected and gender analysis of data needs to be carried out to influence policy and action. Evaluation studies complement surveillance data by examining efficacy, cost-effectiveness and impact more thoroughly. Behavioral studies and applied research, including community-based participatory research, result in greater understanding of the behavioral change process, which is fundamental to prevention. Medical studies offer the evidence base for clinical approaches to disease management.

Key Interventions:

1. Establishment of surveillance system for NCDs including road injuries
2. Establishing a National Diabetes Registry
3. Establishing National Cancer Registry
4. Encourage life-style changes and preventive measures to support a notable decrease in NCDsand roadinjury throughout the country
5. Conduct the STEPS survey to develop Nation-wide data on NCDs& theirRisk Factors, looking at selected NCDs and NCDs risk factors amongst Afghans.
6. Encourage research in diabetes, obesity and NCDs risk factors, including aspects of health economics of population-based interventions, new approaches for behavioral modification and new approaches for clinical management
7. Establish injury data coordination mechanism for cross validation with non-health data sources particularly police record

Strategic Approach 5
Secure supportof NCDscontrol from all partners:

Partnerships and community mobilization are essential to ensuring acceptance and population support for NCDs and road injury prevention and control. The underlying determinants of NCDs are outside of the exclusive purview of the health sector, and partnerships across sectors are necessary to effectively address these determinants. Resources for prevention and control are limited; partnerships and collaboration can facilitate resource leveraging to augment national health budgets for NCDs and injuries control. Furthermore, policy and population based interventions require the cooperation and acceptance of society. Empowering communities and individuals to fully participate in health decision-making is very important in the control and prevention of chronic diseases and injury prevention.

Key Interventions:

1. Establish multi-sectorial partnerships and encourage stakeholder participation in developing, implementing and evaluating NCDs and injury prevention and control interventions.
2. Create collaboration with the food industries (including food technologists and retailers) to increase the production and promotion of low fat, low salt and low sugar foods.Including civil society organizations and women's groups.
3. Intensify physical activity programs in the community e.g. Establishingbrisk walking& exercise groups both for man and women.
4. Establish partnerships with the media and advertising industries to promote messages of healthy eating and being active, together with factual information on obesity and weight loss. and appropriate road safety behaviors
5. Work continuously with donor agencies to secure funding for the implementation of prioritized NCDs and injury interventions and activities

Strategic Approach 6
Monitoring for better results

Regular and systematic monitoring of NCD interventions adds value to implementation of the strategy. In order to ensure effective implementation of the interventions stipulated in this strategy, there is a need for a detailed monitoring and evaluation plan which will identify key indicators and timeline for implementation.

Key Interventions:

1. Develop monitoring and evaluation tools for NCDs and road injuries in line with the objectives of the strategy including gender-sensitive and gender-specific indicators
2. Develop & implement a national monitoring and evaluation plan for the control of NCD and road injury prevention interventions
3. Establish a national monitoring framework for NCDs and road injury surveillance including national targets and indicators and integrate it in the health information system

RELEVANT STAKEHOLDERS

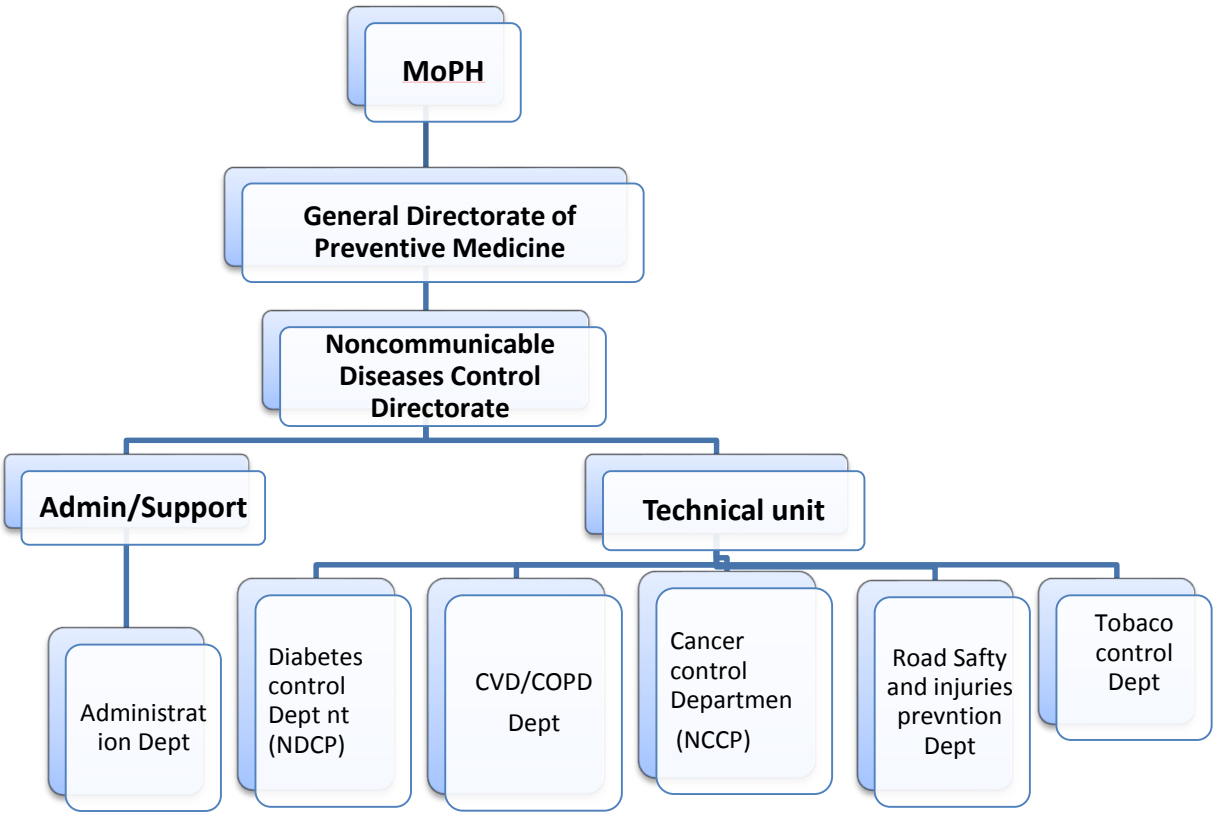
The MoPH, considering the current multiplicity of stakeholders, is committed to work in close coordination with the relevant stakeholders. Support of all relevant stakeholders will be secured through complimentary and positive partnerships. All relevant stakeholders will be actively involved at various stages of implementing the national NCDs strategy. Following is a list of relevant stakeholders:

1. MoPH departments
2. Ministry of Agriculture
3. Ministry of Education
4. Ministry of Hajj and Religious Affairs
5. Ministry of Higher Education
6. Kabul Medical University
7. Ministry of Rural Rehabilitation and Development
8. Ministry of Urban Development
9. Ministry of Information and Culture (MD of Youth Affairs)
10. Ministry of Women Affairs
11. Ministry of Mines
12. National Olympic Committee
13. National Cricket Board
14. Private sector
15. Ministry of Labor , Social Affairs , Martyrs and Disabled
16. Development partners (including USAID, WB, EU, CIDA and UN agencies
17. Non-governmental organizations related to health, physical activity, exercise and healthy eating, TM/CAM.
18. Relevant civil society organizations, including women and gender-focused NGOs
19. Ministry of Transport
20. Ministry of interior
21. Central statistic organization
22. ICRC

INSTITUTIONAL ARRANGEMENTS

In response to the growing burden of NCDs in Afghanistan, the MoPHestablished NationalNCDs control Departmentwithin the framework under the general directorate of preventivemedicine in 2012. The department is responsible toensure the stewardship function of the MoPH in the areas related to the prevention and control of NCDs including trafficinjuries at national level. Formulation of national NCDs control and prevention strategy, multi-sectorialstrategic plan, resource mobilization for NCDs control, coordinating the implementation of various interventions, and monitoringthe implementation of the national NCDs control and prevention strategyare among the prime responsibilities of this department. The department will closely work with the generaldirectorate of policy and planning to ensure the integration of NCDs prevention and control in BPHS and EPHS. In addition, it will collaborate with the health promotion department inraisingawarenessand prevention of NCDs risk factors. The MoPH will work closely with other stakeholders to establish a multi-sectorialcommittee for assisting the implementation of NCDs control and prevention strategy.

The organogram of the NCD department is depicted in the following diagram.



NATIONAL LEVEL

At central MoPH level the Noncommunicable Diseases Control Directorate is the main steward for all activities related to NCDs in Afghanistan. The NCDs Directorate will maintain close coordination with all other relevant departments especially with health promotion department, health economics and financing department and other relevant departments for smooth implementation of the strategy.

Moreover, successful implementation of the strategy will also depend on close collaboration between MoPH and other ministries, international and government agencies in various sectors. Success will likewise require partnerships with non-governmental institutions such as civil society organizations, religious leaders, community-based organizations and the private sector.

PROVINCIAL LEVEL

At provincial level capacity building is essential in successful implementation of this strategy. The NCDs Control Directorate will work with the MoPH leadership to include NCDs Regional Officer in the organizational structure of MoPH and to assign required resources for the regional officers. The regional officers will be based in five big cities of Jalalabad, Mazar, Herat, Kandahar and Kabul. The regional NCDs officers will be the main focal point for activities related to NCDs at provincial and regional levels. A regional Noncommunicable Diseases coordination committee will be formed and chaired by the regional NCDs officers to oversee implantation of the strategy at provincial level and performing all other activities related to NCDs prevention and control.Under the direction of the Provincial Public Health Director (PPHD), the PHCCs will play a critical role in ensuring effective

implementation of NCDs strategy.

COMMUNITY LEVELS

The community health workers (CHWs) will be promoted to take responsibility for community mobilization and education of community in relation to noncommunicable diseases. CHWscapacity will be built in NCDs and monitoring of the community based initiatives of NCDs. community health supervisors at facility level will also be trained to supervise the CHWs at community level and ensure proper reporting from community level.

MONITORING AND EVALUATION FRAMEWORK

Successful implementation of NCDs control strategy need continued monitoring of the key indicators at all levels. A compressive set of indicators will be developed for the program at different levels as part of annual planning. Monitoring and evaluation will be carried out in close coordination with the HMIS, M&E, and otherrelevant departments of MoPH. The following targets are set to be achieved and monitored at the national level.

No	Strategic Objectives	Indicators	Baseline	Target 2016	Target 2019	Source of verification
1	To advocate for and raise NCDs priority, as well as integrate NCD in the development work at national level.	Increase the proportion of budget allocated for the prevention and control of NCDs				MoPH annual budget
2	To introduce interventions through which the main shared, modifiable risk factors for NCDs and road injuries are reduced	Smoking prevalence in school children	?	?	?	School survey
		Proportion of adults doing regular exercise*	?	?	?	Household survey
		Proportion of trained man and women on road safety behavior				Program records

3	To strengthen national health systems response to address NCDs including road injuries prevention	Number of training programs organized for NCD department and other relevant stakeholders of NCD and injury prevention				Program record
		Percentage of budget allocated for NCD and injuries prevention and control				MoPH annul budget
4	To strengthen the evidence base for the prevention and control of NCDs	Establishment of national surveillance for NCDs (diabetes and cancer registry)				Program records
		Establishment of national surveillance for the risk factors of NCDs				Program records
5	To promote partnerships for the prevention and control of NCDs	Establishment of national coordination forum for the prevention and control of NCDs				Program records
6	To monitor implementation of the NCDs prevention and control interventions and evaluate progress at the national level	Revision of HMIS and National M&E checklist to add indicators related to NCDs and its risk factors				HMIS and M&E records

*number of adult (18 and above) doing exercise for 30 minutes five days in week

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