

**Egypt National Multisectoral Action Plan for
Prevention and Control of Noncommunicable Diseases
2017-2021**

(EgyptMAP-NCD)

2017

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List of Abbreviations

CAPA	Central Administration of Pharmaceutical Affairs
COBs	Community Based Organizations
COPD	Chronic Obstructive Pulmonary Disease
CRD	Chronic Respiratory Diseases
CVDs	Cardio-Vascular Diseases
DALY	Disability Adjusted Life Years
EOS	Egyptian Organization for standardization and Quality
FCTC	Framework Convention on Tobacco Control
GCM	Global Coordination Mechanism
GD	General Department
GDP	Gross Domestic Product
GYTS	Global Youth Tobacco Survey
INGOs	International Non Governmental Organization
Kcal	Kilo-calorie
MAP	Multi-sectoral Action Plan
MCIT	Ministry of Communications and Information Technology
MOE	Ministry of Education
MOF	Ministry of Finance
MOHESR	Ministry of Higher Education and Scientific Research
MOHP	Ministry Of Health and Population
MOHUUD	Ministry Of Housing and Utilities and Urban Communities
MOP	Ministry Of Planning
MOSIT	Ministry Of Supply and Internal Trade
MOSS	Ministry of Social Security
MOTI	Ministry of Trade and Industry
MOYS	Ministry of Youth and sports
NCD	Non-Communicable Disease
NGOs	Non-Governmental Organization
NNC	National Nutrition Committee
NNI	National Nutrition Institute
PHC	Primary Healthcare Centers
SDGs	Sustainable Development Goals
SMS	Short Messages Service
STEPS	The WHO STEPwise approach to Surveillance
SWOT	Strengths, Weaknesses, Opportunities, & Threats

TORs	Term Of References
UHC	Universal Health Coverage
UN	United nations
UNDAF	United Nations Development Assistance Framework
WHA	World Health Assembly
WHO	World Health Organization
WHO	World Health Organization
YLL	Years of Life Lost

Executive Summary

The National Multisectoral Action Plan for the Prevention and Control of Noncommunicable Diseases 2017- 2021(EgyptMAP-NCD) is the result of the unwavering efforts of the NCD unit of the Ministry of Health. This group led the process of consulting with relevant units in the health sector, as well as engaging all relevant non-health sectors and professional organizations, with the support of the World Health Organization. This plan has been developed in order to achieve the nine national NCD targets adopted by Egypt, based on the nine voluntary global NCD targets.

This plan is composed of the following three sections: (1) Introduction; (2) Egypt Multisectoral Action Plan for Prevention and Control of Noncommunicable Diseases; and (3) National Accountability Framework.

The Introduction section presents the key findings from the situation analysis on the status and trends of noncommunicable diseases and their determinants, global, regional, and national responses and challenges, and gaps and opportunities to tackle NCDs. This section also demonstrates engagement with all relevant stakeholders in the process of developing the Egypt MAP-NCD, as well as the methods and approaches that were used to prioritize actions/interventions. Links between the plan and other relevant policies, plans, and the development agenda are also discussed.

The Egypt MAP-NCD section includes the national strategic agenda for NCDs and implementation plan. In the national strategic agenda for NCDs, national NCD targets have been endorsed by all relevant sectors and five strategic areas were identified in order to achieve these targets. These five strategic areas are: NCD governance; risk reduction and health promotion; early detection and management of NCDs, surveillance, monitoring, and evaluation; and NCD research. The first strategic area, NCD governance, focuses on advocacy, partnership and collaboration, and leadership. Risk reduction and health promotion specifies the plans to reduce tobacco use, promote a healthy diet (high in fruits and vegetables and low in saturated fat/trans-fat, sugar, and salt), and promote physical activity. The NCD management strategic area strengthens early detection of NCDs through PHC and strengthens health systems for NCD management. NCD surveillance highlights the importance of strengthening national capacity building for improving information on NCDs and their risk factors. Finally, the plan addresses high quality NCD research for improving NCD prevention and control in the country.

The National Accountability Framework section addresses the establishment of a national monitoring framework, so as to assess the impact/outcomes and evaluate progress in implementing Egypt MAP-NCD.

The plan provides a comprehensive description of the outcomes to be achieved, specific activities to be implemented, the multi-stakeholder partnership that includes civil society, the timeframe by which the milestones/output are to be measured, and the targets to be achieved. Much like in the process of preparing the plan, the maximum cooperation of relevant departments of the Ministry of Health and Population, non-health sectors, professional organizations, civil societies, and other relevant parties is vital for achieving the specified targets of NCD prevention and control in the plan.

SECTION I: INTRODUCTION

1. Status, Challenges and Opportunities

1.1 Burden of noncommunicable diseases

Noncommunicable diseases (NCDs) comprise mainly of cardiovascular diseases, cancers, diabetes and chronic respiratory diseases. Common modifiable risk factors of NCDs are unhealthy diet, physical inactivity, tobacco and alcohol use, and exposure to environmental pollutants. The underlying determinants for chronic diseases are globalisation, urbanisation, industrialisation and an ageing population.

Globally, NCDs are the leading cause of premature deaths and chronic disabilities and are responsible for almost 70% of all deaths worldwide. Almost three quarters of all NCD deaths, and 82% of the 16 million people who died prematurely, or before reaching 70 years of age, occur in low- and middle-income countries. The rise of NCDs has been driven by primarily four major risk factors: tobacco use, physical inactivity, the harmful use of alcohol and unhealthy diets

Non-communicable diseases (NCDs) are the current leading cause of mortality in Egypt, with NCDs estimated to account for 85% of all deaths¹. Cardiovascular diseases accounted for the most deaths of all non-communicable diseases (46%), followed by cancer (14%), chronic respiratory diseases (4%) and diabetes (1%)¹. Alarming, NCD-related premature mortality (between ages 30 to 70 years) is occurring at 25 percent¹.

Use of tobacco, consumption of alcohol, unhealthy dietary practices and physical inactivity are the leading behavioural risk factors for NCDs. The STEPS survey (MOHP and WHO, 2012) showed that 46% of males and 0.45% of females are current smokers. 31% percent of the Egypt population are physically inactive. A survey in 2014 found 60% of adults with excess weight (overweight plus obesity, 55.2% of males and 70.2% of females) and raised blood pressure of 36% for the same group. Additionally, the raised blood glucose prevalence is estimated to be 9.2%.

NCDs are affecting more people in their prime economically productive years with death frequently preceded by years of disability². The current status and trends of noncommunicable diseases and their determinants is contained in a report of situation analysis (Annex 3 Report of situation analysis-- Prevention and Control of noncommunicable diseases in Egypt).

1.2 Global Response

1.2.1 UN political declaration on NCDs

The Moscow Declaration on NCDs was endorsed by the Ministers of Health in May 2011 and the UN political declaration on NCDs was endorsed by the Heads of State and Government in September 2011. These documents recognized the vast body of knowledge and experience regarding the preventability of NCDs and the opportunities for global action to control them. The UN political declaration was established to promote, establish and strengthen the multisectoral national policies and plans for the prevention and control of noncommunicable diseases³. As the social determinants of NCDs and their risk factors feature outside of the sector, the UN Political Declaration on NCDs

¹Noncommunicable Diseases Country Profiles 2014

² Global Status Report on noncommunicable diseases 2014

³ Global Action Plan for the prevention and control of noncommunicable diseases 2013 – 2020.

recommended all countries to mobilize a “whole of government” and “whole of society” response to address NCDs. Therefore the involvement of non-health sectors including trade, finance, agriculture, education and urban development is imperative.

The WHO Framework Convention on Tobacco Control (WHO FCTC) was the first international public health treaty which was adopted by the World Health Assembly (WHA) in 2003⁴. This was a significant milestone towards tobacco and NCD prevention and control. Subsequently, a number of other important NCD related strategies have been endorsed by the WHA including the global strategy on diet and physical activity (2003) and the global strategy to reduce the harmful use of alcohol (2010).

1.2.2 WHO Global NCD strategies

In May 2000, World Health Assembly reaffirmed the Global Strategy for prevention and control of noncommunicable diseases in which four diseases were defined as major NCDs, cardiovascular disease, diabetes, cancer and chronic respiratory diseases. These conditions share modifiable risk factors including tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity. Prevention, health care for NCD management and surveillance were identified as three key pillars for NCD prevention and control.

1.2.3 Global NCD Action Plan, Voluntary Targets, and Monitoring Framework

The WHO Global Action Plan for the Prevention and Control of NCDs 2013 – 2020 provides member states, international partners and the WHO with a map and menu of policy options which will contribute to progress on the 9 global NCD targets~~Error! Bookmark not defined.~~. Appendix 3 in the Global Action Plan also provides a menu of policy options including a series of cost-effective interventions, so called “best buys” for low- and middle-income countries to address prevention, early detection and diagnosis and effective treatment. A copy of Appendix 3 of the Global NCD Action Plan 2013-20 is attached in Annex 4. This is a guide for selecting national priority actions for NCD prevention and control. Additionally the WHO “Global monitoring framework on NCDs” tracks implementation of the NCD global action plan through monitoring and reporting on the attainment of the 9 global targets for NCDs by 2025 (Table 1) against a baseline in 2010. The complete Global Monitoring Framework is contained within Annex 5.

Table 1: The 9 Voluntary Global NCD Targets~~Error! Bookmark not defined.~~

Mortality	Risk factors	National systems response
1. Premature mortality reduction from NCDs (25% reduction)	2. Harmful use of alcohol (10% reduction) 3. Physical inactivity (10% reduction) 4. Salt/sodium intake (30% reduction) 5. Tobacco use (30% reduction) 6. Raised blood pressure (25% reduction) 7. Diabetes/obesity (0% increase)	8. Drug therapy and counseling (50% coverage) 9. Essential NCD medicines and technologies (80% coverage)

In the outcomes document of the second UN High-level meeting on NCDs, the Member States committed to:

- Setting national NCD targets for 2025 based on national circumstances

⁴http://www.who.int/tobacco/framework/WHO_FCTC_english.pdf

- Developing multisectoral national NCD plans to reduce exposure to risk factors and enable health systems to respond in order to reach these national targets in 2025
- Measuring results, taking into account the Global Action Plan.

In September 2015, the global NCD movement gained further momentum after the adoption of Sustainable Development Goals (SDG) that included specific targets on NCDs to be achieved by 2030⁵:

- 1) Reduce by one third premature mortality from NCDs
- 2) Strengthen responses to reduce the harmful use of alcohol
- 3) Achieve Universal Health Coverage (UHC)
- 4) Strengthen the implementation of the WHO Framework Convention on Tobacco Control (FCTC)
- 5) Support the research and development of vaccines and medicines for NCDs that primarily affect developing countries
- 6) Provide access to affordable essential medicines and vaccines for NCDs

1.3 National Response:

In response to the NCD burden in Egypt, a Ministerial Decree was issued in September 2014 to establish an NCD unit within the Egyptian Ministry of Health. This process involved the following activities:

- The creation of NCD unit within MOHP at the central level;
- Building a national NCD unit team that is well qualified and trained to conduct all the unit's activities;
- Development of the NCD Action Plan 2017-2022
- Developing a National Health Information System and Surveillance of NCDs, which has been implemented in the 4 major governorates successfully;
- Establishment of 2 Centers of Excellence for the Diagnosis and Management of Diabetes in cooperation with the private sector with plans for expansion;
- Establishment of 4 hypertension clinics in 4 major cities with plans for expansion;
- Production of national protocols and guidelines for diagnosis and management of hypertension, diabetes, and cancer;
- Scaling up of the National Cancer Registry;
- Preparation for the implementation of Egypt STEPwise Survey 2016/2017 to assess the current status of risk factors for NCDs;
- Implementation of the mDiabetes Global Initiative to spread awareness about diabetes complications and how to avoid them;
- Development of National Action Plans for tobacco control, and cancer prevention and control.

1.4 Rationale for action:

To take effective action in Egypt on these four risk factors and four main NCDs, it requires careful planning to ensure that limited resources are used effectively.

⁵<https://sustainabledevelopment.un.org/sdgs>

Egypt currently has strategies in place for specific risk factors such as tobacco and unhealthy diet/nutrition. However, it does not have a comprehensive strategy in place for NCD prevention and control in an integrated manner. The development of an integrated and comprehensive national multisectoral plan will allow Egypt to address the gaps in their current approach towards NCDs. This synergistic approach can also bring all relevant stakeholders to work together and will assist in ensuring resources are used efficiently to attain the best health outcomes for Egypt.

2. Linking Plans

The Egypt MAP-NCD is in line with the Global Action Plan for the Prevention and Control of NCDs 2013–2020 and voluntary global NCD targets and monitoring framework. This plan is aligned with the existing national health plan and disease specific plans for prevention and control of noncommunicable diseases and associated risk factors. It is also an instrument to support the implementation and achievement of the national sustainable goals.

3. Process of Development of the EgyptMAP-NCD

The EgyptMAP-NCD was developed through a multi-step process of consensus building between the different stakeholders. This process includes initiation, consultation, prioritization and finalization of the action plan.

3.1 Ministry of Health and Population initiates the process.

The Ministry of Health and Population (MOHP) established the NCD unit in late 2014. A situational analysis of existing strategies, policies, gaps and opportunities was conducted (see Annex 3). Through collaboration with WHO, national experts were recruited to collection information on development of an action plan with support of the MOHP. Subsequently a draft action plan was developed by the MOHP and reviewed using a WHO checklist to examine the completeness of a national multisectoral action plan for NCD prevention and control.

3.2 Engage with all relevant stakeholders

Given the complexities of tackling their modifiable risk factors, NCDs are a major health problem that requires a whole of government and whole of society approach. Egypt MAP-NCD is a result of collaboration between the NCDs unit of the Ministry of Health and Population with all relevant units/department in MOHP and non-health sectors along with the technical support of the World Health Organization. There were more than 13 non-health sectors involved in the process of developing and finalizing EgyptMAP-NCD.

3.3 Finalization of the Egypt MAP-NCD

With the technical assistance of the WHO Country Office the draft EgyptMAP-NCD was reviewed using a WHO checklist for assessing completeness of national MAP for NCD prevention and control. Review of the draft plan indicated that the draft plan included most of the core components of a complete national NCD MAP. Feedback from this process provided an opportunity to align with global, regional and national NCD strategies, improve feasibility through prioritization and increase accountability through the establishment of a national monitoring framework.

3.3.1 Prioritization of action

During the process of finalizing Egypt MAP-NCD, the prioritization of actions was considered a key measure to improve the feasibility of the plan. Appendix 3 of the Global NCD Action Plan provides policy options (including evidence-based and cost-effective interventions) as a guide for selecting

priority actions/interventions at different stages, from the situation analysis to potential priorities for future actions, as well as setting a national strategic agenda, identifying priority actions under each strategic area, and selecting priority activities within each priority action (Figure 1).

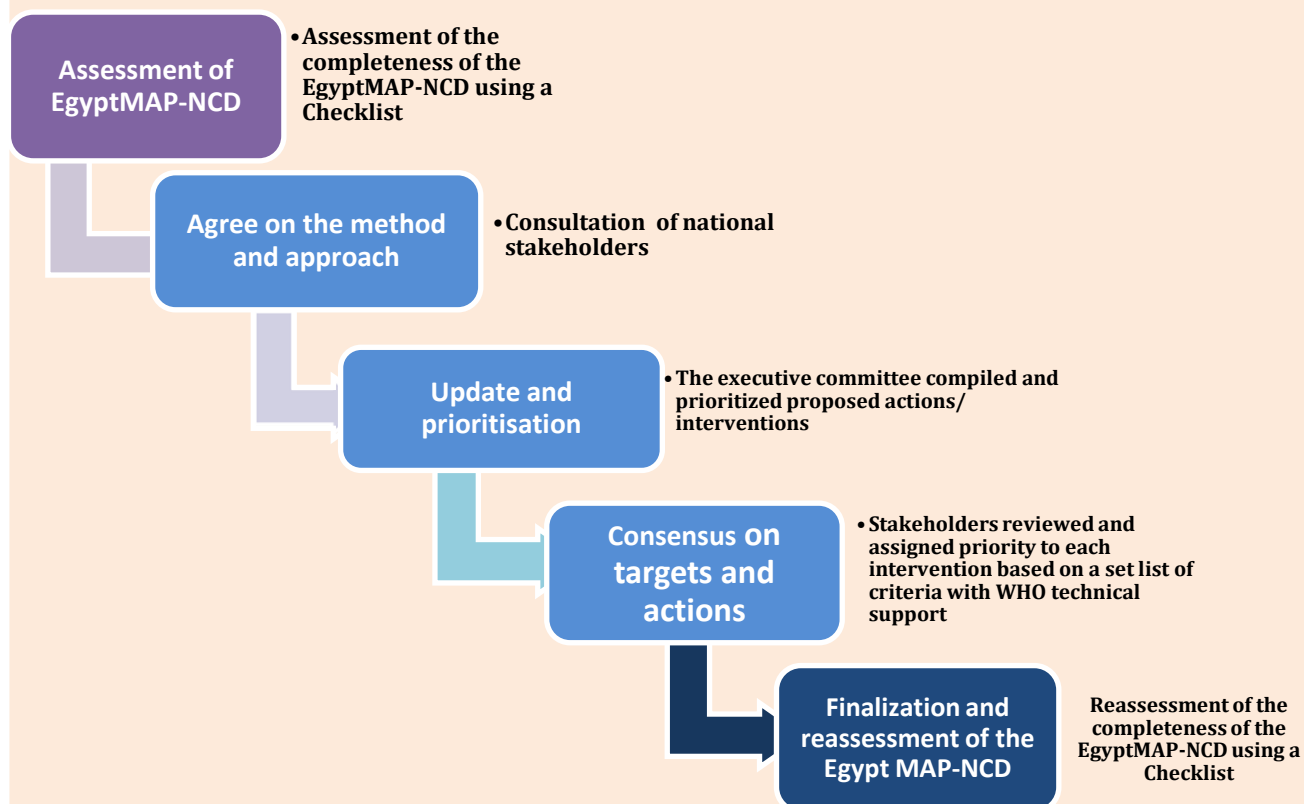
Figure 1 Process of Prioritization of NCD MAP



3.3.2 Finalization of the EgyptMAP-NCD

Group discussions were initiated to collect the opinions and suggestions of all stakeholders about proposed actions/interventions for the prevention and control of NCDs, based on the report of situation analysis. Then, working groups were held to select potential priority actions/interventions under each strategic action area in Appendix 3 of the WHO Global NCD Action Plan 2013-2020 (annex 3). This process was followed by group discussions to prioritize activities under each priority action/intervention. Prioritization was based on Appendix 3, as well as feasibility, affordability, integration, strengths of partnerships, capacity building, health systems strengthening, and accountability. At all steps, a consensus was reached among all relevant stakeholders. This process resulted in finalization of the EgyptMAP-NCD, which is comprised of the following sections: Introduction, National Action Plan (Strategic Agenda and Implementation), and National accountability framework. The process of finalizing Egypt MAP-NCD is demonstrated below in Figure 2.

Figure 1 Process of finalizing the Egypt Multisectoral NCD Action Plan 2017-21



SECTION II: EGYPT NATIONAL MULTISECTORAL ACTION PLAN FOR NCD PREVENTION AND CONTROL (Egypt MAP-NCD)

1. National Strategic Agenda for NCDs

The objective of the Egyptian National Strategic Agenda for NCDs is to translate Egypt's long-term vision for NCD prevention and control into tangible components. The key components of the Strategic Agenda include the National Action Framework, the vision and mission, the national NCD targets, the guiding principles for action, the strategic areas and objectives, and priority actions for NCD prevention and control.

1.1 National Strategic Agenda for NCDs

1.1.1 Vision

For Egypt to be free from preventable morbidity and mortality due to noncommunicable diseases

1.1.2 Mission

To enhance multisectoral collaboration to alleviate the burden of avoidable morbidity and mortality due to NCDs so as to promote a healthier Egyptian population

1.1.3 National NCD Targets

Egypt set 9 national NCD targets for 2021 based on its national circumstances. In order to reach these national targets, the EgyptMAP-NCD aims to reduce exposure to risk factors and improve early detection and effective treatment of NCDs through primary health care approach. The Egypt national NCD targets for 2021 are outlined in Table 2.

Table 2: Egypt national NCD targets by 2021

Framework Element	Baseline	Target 2021	Target 2025
1. Premature mortality from NCD	25%	15% relative reduction	20% relative reduction
2. Physical inactivity	32.1%	5% relative reduction	10% relative reduction
3. Salt/sodium intake	12.8 g/day	20% relative reduction (10.0 g/ day)	10% relative reduction (9.0 g/ day)
4. Tobacco use	24.4%	10% relative reduction (22.0 %)	20% relative reduction (20 %)
5. Raised blood Pressure	39%	15%relative reduction (33%)	10 %relative reduction (30%)
6. Diabetes and obesity	17.2% diabetes 31.3% Obesity	Halt the rise in diabetes & obesity	Halt the rise in diabetes & obesity
7. Drug therapy to prevent CVD	*N/A %	10 % coverage	15% coverage

8. Essential NCDs medicines and basic technologies to treat major NCDs	60%	70% availability	80 % availability
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*As there is currently no available baseline data, the approach will be piloted in selected PHC settings.

1.2 National Action Framework

The Egypt NCD National Action Framework consists of interrelated documents that are designed to address the Egyptian needs and priorities in policy development and action planning. Figure 3 is a visual representation of the National Action Framework for Egypt.

Figure 3: Egypt's National Action Framework

Vision	
For Egypt to be free from preventable morbidity and mortality due to non-communicable diseases.	
Mission	
To enhance multisectoral collaboration to alleviate the burden of avoidable morbidity and mortality due to NCDs so as to promote a healthier Egyptian population	
Goal: 15 % reduction of premature mortality from NCD by 2021	
National NCD targets to be achieved by 2021 (with a baseline value of 2010)	
1. 5% reduction physical inactivity 2. 20% relative reduction of Salt/sodium intake 3. 10% relative reduction of tobacco use 4. 15% relative reduction of raised blood Pressure 5. Halt the rise in diabetes and obesity	6. At least 10% Drug therapy to prevent CVD 7. 70% availability of Essential NCDs medicines and basic technologies to treat major NCDs
Strategic action area and objectives	
Strategic action area	Strategic objectives
1. Governance for NCDs 2. Reduction of risk factors 3. Management of NCDs 4. NCD Surveillance 5. NCD research	1. to strengthen national NCD Governance 2. to reduce risk factors and protection of health 3. to improve early detection and effective treatment of NCDs 4. to strengthen national capacity for NCD surveillance 5. to promote high quality NCD research
Implementation plan	
Monitoring and evaluation	

1.3 Guiding principles for action

1) Multisectoral collaboration

It should be recognized that effective noncommunicable disease prevention and control require leadership, coordinated multi-stakeholder engagement for health both at government level and at the level of a wide range of actors, with such engagement and action including health-in-all policies and whole-of-government approaches across sectors and partnership with relevant civil society and private sector entities.

1) Reducing inequity

To reduce the disparities in the health status of the community, while acknowledging the unequal distribution of NCDs. This disparity is a product of the inequitable distribution of social determinants of health; therefore, it is important to respond to the specific needs of those with a lower level of education and who reside in very remote or rural areas.

2) Ensure sustainable implementation and continuous monitoring and evaluation

To provide a strong infrastructure that supports individuals and communities in making and sustaining healthy choices to achieve targets.

3) Evidence based strategies and practices

Strategies and practices for the prevention and control of noncommunicable diseases need to be developed based on latest and local scientific evidence and/or best practice, cost-effectiveness, affordability and public health principles, taking cultural considerations into account.

4) Universal health coverage

All people should have access, without discrimination, to nationally determined sets of health promotion, preventive, curative and rehabilitative health services for NCD management. This equitable approach should include access to essential, safe, affordable, effective and quality medicines for NCD treatment.

5) Life-course approach

Opportunities to prevent and control noncommunicable diseases occur at multiple stages of life; interventions in early life often offer the best chance for primary prevention. The plan for the prevention and control of noncommunicable diseases needs to take account of health and social needs at all stages of the life course and promote best practices including promotion of breastfeeding and health promotion for children, adolescents and youth followed by promotion of a healthy working life, healthy ageing and care for people with noncommunicable diseases in later life.

1.4 Main strategies

1.4.1 Strengthen prevention

Research indicates that noncommunicable diseases can be prevented successfully at an individual and population level. Cost effective and comprehensive prevention strategies can include intervention aimed at the entire population to prevent the emergence of disease risk factors by providing early detection and diagnosis as well as through case management at healthcare facilities.

1.4.2 Improve NCD management through primary health care approach

Effective NCD prevention and management requires a robust health system that allows interaction between primary, secondary, and tertiary healthcare settings. Additionally, health promotion and prevention services, palliative care, and rehabilitation services need to be incorporated in health system for effective management of NCDs. An effective primary healthcare service is imperative for the successful management of chronic diseases. To best manage NCDs, integrated services should be provided through PHC services.

1.4.3 Enhance national capacity for surveillance

The primary objective of disease surveillance is to observe and predict disease patterns, so as to identify and minimize the harm from epidemic or outbreak situations. Disease surveillance also enables an assessment of the efficacy of a program or healthcare services. Surveillance is essential for comprehensive monitoring of risk factors and for reviewing the efficacy of interventions. Therefore, the surveillance system needs to be strengthened for NCDs in Egypt. The Egyptian system should comprise of: i) monitoring of exposure to NCD risk factors, ii) monitoring morbidity and mortality, iii) recording the response from health systems, including the capacity of healthcare providers, access to care, and quality of intervention programs. Performance can be measured against the core process and output indicators to monitor and evaluate the progress of the implementation of the EgyptMAP-NCD.

1.4.4 Promote high quality NCD research

Although effective interventions exist for NCD prevention and control, their implementation is often inadequate worldwide. Comparative, applied, and operational research that integrates

both the social and biomedical sciences is required to enhance and maximize the impact of existing interventions, in order to meet the national NCD targets.

1.4.5 Strengthen national capacity for implementation

The development, implementation, and evaluation of the Egypt MAP-NCD need a “whole of society” and a “whole government” approach to ensure efficacy and efficiency. This approach will ensure that management of NCDs and their risk factors includes adequate financial and human resources. A higher level national coordination mechanism with support of an executive committee and scientific committee will ensure the successful implementation of the Egypt MAP-NCD.

1.5 Strategic action areas, objectives and priority actions

Table 3: Strategic action areas, objectives, and priority actions

Strategic area	Strategic objective	Priority actions/interventions ⁶
Governance:	To strengthen national governance for NCD prevention and control	<ol style="list-style-type: none"> 1. Raise public and political awareness about prevention and control of NCD 2. Integrate NCDs into the social and development agenda and poverty alleviation strategies 3. Strengthen multi-sectoral coordination for NCD prevention and control 4. Engage and mobilize civil society and private sector for NCD prevention and control 5. Strengthen international cooperation for resource mobilization 6. Strengthen capacity building and health workforce training. 7. Increase budgetary allocations for prevention and control of NCDs
Reduction of risk factors	To reduce risk factors and protect health	<p><u>Tobacco:</u></p> <ol style="list-style-type: none"> 8. Monitor tobacco use⁷ 9. Raise tobacco taxes 10. Provide health information and warnings about the dangers of tobacco 11. Implement measures to minimize illicit trade in tobacco products 12. Create Free-Smoking Zones at the workplace and public places 13. Ban tobacco commercials, promotion and sponsorships. 14. Provide health counseling for tobacco cessation <p><u>Unhealthy diet:</u></p> <ol style="list-style-type: none"> 15. Establish a sub committee composed of all relevant stakeholders. 16. Reduce of salt intake from meals 17. Establish health education campaigns targeting schools on balanced diet and physical activities (Health Promotion Campaign through mass media on balanced diet and physical activities) 18. Reduce sugar consumption through taxation on sugar sweetened beverages 19. Promote and support exclusive breastfeeding for the first 6 months of life, including promotion of breast feeding. 20. Replace trans fats and saturated fats with unsaturated fats through reformulation, labeling and fiscal and agricultural policies

⁶ Refer to the menu of policy options from Appendix 3 of the Global NCD Action Plan 2013-20

⁷ Interventions in bold and italics are very cost-effective interventions (Best buys) included in Appendix 3 of the Global NCD Action Plan 2013-20

		21. Label nutrition in order to improve macronutrient intake, and reduce total energy intake (kcal) <u>Physical inactivity:</u> 22. Provide technical guidance on physical activity. 23. Promote physical activity in selected settings in collaboration with relevant stakeholders 24. Create enabling environments for promoting physical activity 25. Strengthen collaboration with NGOs for physical activity
Management of NCDs	To improve early detection and effective treatment of NCDs	<u>Early detection through PHC</u> 26. Improve early detection of CVD, diabetes, cancer and CRD through PHC 27. Scaling up NCD management in PHC <u>Strengthen NCD management through hospital</u> 28. Strengthen health care for NCD management through district hospitals/secondary health facilities <u>Improve Palliative care</u> 29. Review and report of status of palliative care in the country hospital/secondary health facilities <u>Strengthening health systems for NCD management</u> 30. Improve health workforce knowledge and skills on NCDs including addressing risk factors 31. Protect from Financial risk caused by NCDs 32. Improve sustained supply of drugs and equipment defined for NCD related services 33. Improve Information system for NCD management
Surveillance, Monitoring and Evaluation	To strengthen national capacity for surveillance	34. Integrate NCD related information into national health information system. 35. Improve cancer registry in selected area 36. Establish and/or strengthen a comprehensive noncommunicable disease surveillance system 37. Strengthen human resources and institutional capacity for surveillance, monitoring and evaluation
NCD research	To promote high quality NCD research	38. Develop a prioritized national research agenda for NCD prevention and control 39. Promote research to generate local evidence related to the burden of diseases, health services and health economics 40. Strengthen human resources and institutional capacity for research through cooperation with foreign and domestic research institutes.

1.6 Costing Egypt MAP-NCD and financing NCD prevention and control

Financing NCD prevention and control is necessary for translating policies and plans into real actions. Adequate financing for NCD prevention and control activities will be ensured through rational cost estimation and a specific annual budgetary allocation at national and governorate levels. These budgetary provisions will be estimated systematically in line with the NCD strategic plan and resource requirements at all healthcare institutions.

1.6.1 Costing estimates for implementing the Egypt MAP-NCD

The cost of implementing the MAP-NCD will be estimated by considering the targets and activities defined in the MAP-NCD. Costs should be estimated separately for the activities that fall under the responsibility of the MOHP and for activities that many other line ministries will implement. The following suggestions are provided for costing:

- The methodology will be based on the targets and actions, and on the country-specific data and reliable sources available, supplemented by data from global databases where necessary.
- Implementation costs will be estimated through a consultative process that will be further refined following discussion with key divisions and units.
- The estimation of the costs of delivering health services will consider the selected areas and take into account the existing network and capacity of health facilities, including the human resources profile.
- Different cost scenarios will be considered for implementation of the MAP-NCD at national, sub-national, and local levels over the period 2017–2018 as the first implementation phase (initiation and pilot), and 2019-2021 as the second phase for scaling up interventions.

1.6.2 Financing NCD prevention and control in Egypt

Direct health and multisectoral action to address NCDs requires a combination of fiscal policy, and sustainable and predictable financing. This includes support for convening stakeholders and collaboration. The following measures are suggested to ensure sustainable financing mechanisms to support cost-effective and evidence-based interventions in NCD prevention and control:

- Costing NCD prevention and treatment services and forecasting the required budget will be conducted in a systematic manner in order to meet the overall burden imposed by NCDs and their risk factors.
- An adjustment to maintain a separate budget category for NCD prevention and control will be made to allow for earmarking of funds for related activities.
- Given that NCD prevention is clearly cost-effective but likely to be costly, innovative sources of funding can come from funds from tobacco and soft drinking taxation. For instance, WHO recommended that NCD prevention and control can use a small “micro-levy” as part of national tobacco or soft drinking tax increase.

2. Implementation Plan

Egypt MAP-NCD provides a comprehensive description of the outcomes to be achieved, specific activities to be implemented, the multi-stakeholder partnership, and the time frame by which the targets are to be achieved. An implementation guide has been developed to coordinate stakeholders at various levels. The implementation of the plan will occur over 2 phases by the committees and the executive committee with support of a scientific committee. The first phase will implement population-based interventions for whole country and pilot policy options and interventions for NCDs management in the selected areas, in order to pre-test the cost-effectiveness of the proposed interventions and approaches. Then, after evaluating the results, the second phase will scale up cost-effective interventions for NCD management in large areas, while continuing to implement population-based prevention for reducing risk and promoting health. Finally, to ensure accountability, monitoring and evaluation framework was developed.

2.1 A detailed implementation plan

A detailed implementation plan, including priority actions/interventions, lead agency, relevant sectors, timeframe, process indicators, and output/milestones are included in annex 1: A detailed implementation plan for Egypt NCD MAP.

2.2 Guide to implementation

Effective prevention and control of NCDs is a multisectoral response involving multiple agencies. Coordination of stakeholders requires a strategic mechanism that can optimize meaningful participation at the national and sub-national levels. Various overarching committees will coordinate the multisectoral cooperation and engagement with the agreement of all relevant sectors.

2.2.1 Coordination

The lead agency for the implementation of Egypt MAP-NCD is Ministry of Health and Population (MOHP). The Egypt MAP-NCD will be guided by national NCD committee composed of representatives from relevant sectors and other stakeholders and chaired by the Minister of Health and Population (figure 4). The Director from the NCD unit will be the Manager and will be supported by an executive committee. It is critical that full time staff with sufficient technical expertise is able to ensure dedicated coordination of the multisectoral response for NCDs make time to conduct the NCD committee and undertake effective coordination for multisectoral response initiatives.

Key functions of the Coordinating agency (MOHP) are to:

- 1) Organize the committee meetings
- 2) Develop the agenda for meetings in consultation with the Chair and other sectors
- 3) Follow up on decisions made by the coordinating body
- 4) Identify implementation gaps and propose measures to implement new strategies and programmes
- 5) Support stakeholders in accessing required resource
- 6) Facilitate bilateral/ multi-lateral meetings to advance work on thematic issues and agreed NCD goals
- 7) Prepare consolidated reports on the implementation of the NCD response

Roles and responsibilities of relevant sectors are included in annex 2.

2.2.2 National coordination mechanism

National NCD committee

At the national level, a National NCD Committee will coordinate the multisectoral NCD response among various sectors. The National NCD Committee will be managed by MOHP. The Committee will be chaired by the Minister of Health and Population. The National NCD Committee will be comprised of experts from the various sectors, academic representatives, and civil society organizations. The table 4 outlines members of the committee:

Table 4: Egypt national NCD committee

Governmental sector	NGOs and civil society
1) Ministry of Health and Population	1) National health professional organizations
2) Ministry of Education	2) Private sectors including industry
3) Ministry of Youth and sports	3) Consumer organizations
4) Ministry of Supply and internal trade	
5) Ministry of Trade and industry	
6) Ministry of Finance	
7) Ministry of Justice	
8) Ministry of Higher Education	
9) Other relevant sectors	

The broad terms of reference for the committee are to:

- 1) Guide the process of policy, plans and program development.
- 2) Set national goals and objectives for NCD prevention and control.
- 3) Select national strategies for NCD prevention and control.
- 4) Guide and approve the work plans of working groups.
- 5) Ensure the full engagement of partners and broad advocacy and communication.
- 6) Oversee optimal use of existing resources and undertake resource mobilization for program implementation and research.
- 7) Monitor progress of the partnership towards established goals (impact and coverage of cost-effective interventions).

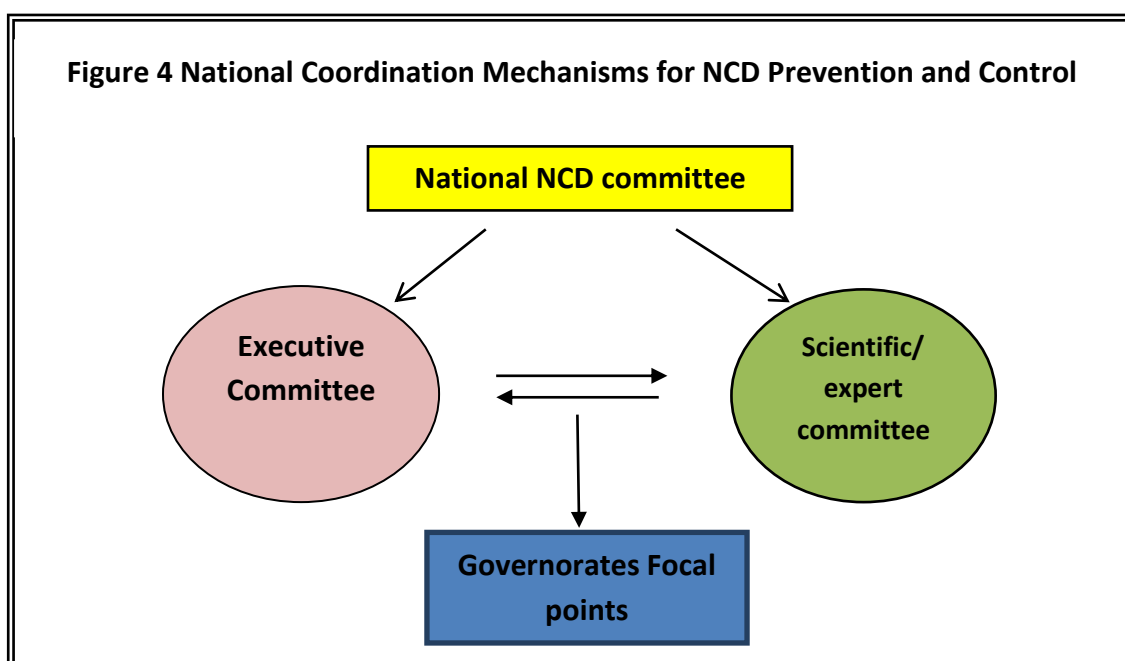
Executive Committee

The Executive Committee is a sub-committee under the National NCD Committee. It is composed of individuals from relevant sectors and representatives from NGOs and civil society. The Executive Committee will meet quarterly (at a minimum) to oversee the progress of ongoing projects and facilitate implementation. The NCD Director will provide a six-monthly progress report to the National NCD Committee.

National NCD scientific committee

The members of the scientific committee include:

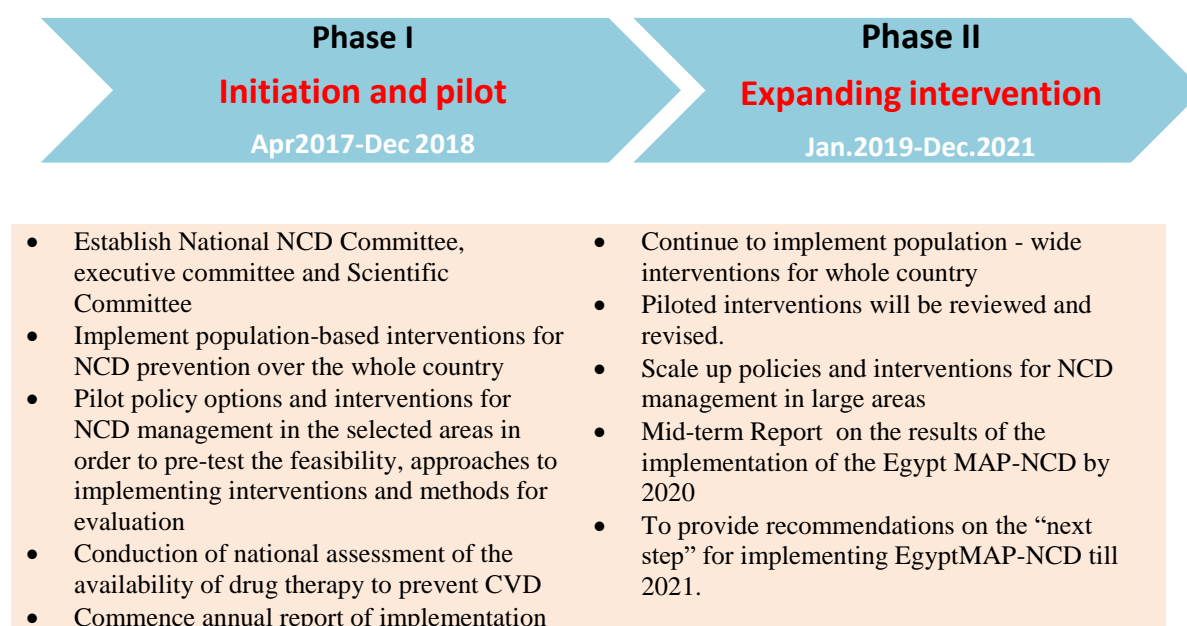
- National NCD unit members.
- Professor of internal medicine and endocrinology;
- Public Health doctor/professional
- Professor of CVD
- Professor of Chest diseases
- Professor of Oncology
- Health researcher
- Nutrition expert
- Biostatistics professor



2.2.3 Implementation phases

The total implementation period for the Egypt MAP-NCD will be from 2017 to 2021. The implementation strategy called “rolling mode management” will be applied for the implementation plan. Therefore, the programme work can be reviewed and adjusted where deemed necessary, in accordance with new technologies and evidence-based practices. This can be pre-tested in a small area before extending implementation to a large or national level. Figure 5 demonstrates the implementation phases of the Egypt MAP-NCD.

Figure 5: Implementation phases of the EgyptMAP-NCD



2.2.4 Facilitate implementation of Egypt MAP-NCD at provincial and local level

The NCD focal points at the governorates level will have the followings core functions:

- To provide cross sectoral coordination to mainstream NCD prevention and control at governorates level;
- To monitor the implementation of the Egypt MAP-NCD at the governorate level;
- To mobilize the community to build supportive environments for health promotion.

2.2.5 Capacity building for implementation

To operationalize the Egypt MAP-NCD, it is necessary to have sufficient numbers of trained and competent professionals across the health sector and other relevant sectors. The three main domains in facilitating capacity building for implementing the Egypt MAP-NCD include:

- 1) Promoting human resource development to ensure that staff have the knowledge and skills;
- 2) Strengthening the systems and structures through promoting institutional and infrastructural capacity building;
- 3) Facilitating networks and partnerships to support capacity building and multisectoral action for NCD prevention and control.

SECTION III: NATIONAL ACCOUNTABILITY FRAMEWORK

1. A national monitoring framework

The WHO "Global monitoring framework on NCDs" tracks the implementation of the Global NCD Action Plan by monitoring and reporting on the attainment of the 9 global targets for NCDs, using 2010 as a baseline. The Egypt MAP-NCD will be monitored through designated input, output, and outcome indicators, in line with the global monitoring framework. The comprehensive global monitoring framework will guide this process (Annex 5). The national monitoring framework for NCDs in Egypt can be seen in Table 5

Table 5: Egypt National NCD monitoring framework

Framework elements	Subjects
Input and process	<ul style="list-style-type: none"> • Fund for NCDs • Human resource development • Health infrastructure for NCDs • Coordination mechanism
Output	<ul style="list-style-type: none"> • Agreement or declaration of coordination • Products of activities • Meeting reports • Knowledge and Practice skills
Impact/Outcome	<ul style="list-style-type: none"> • Changes in risk factors • Mortality and morbidity • Health system • Quality of life

2. Monitoring impact and outcomes

Monitoring of the successful implementation of the NCD MAP is outlined in Table 5 to ensure success. Table 6 provides measurement techniques and data sources to monitor achievements of national NCD targets.

Table 6: Monitor and evaluate impact/outcomes

Framework Element	Baseline	Target 2021	Target 2025	Indicator	Measurement Technique
1. Premature mortality from NCD	25%	15% relative reduction	20% relative reduction	Mortality rate of NCD (unconditional probability of dying)	National Vital Civil registry
2. Physical inactivity	32.1%	5 % relative reduction (30.5%)	15% relative reduction (28.9%)	Prevalence of insufficiently physically active among adults	WHO STEPS
3. Salt/sodium intake	12.8 g/day	20% relative reduction (10.0 g/ day)	30% relative reduction (9.0 g/ day)	Mean population intake of salt in persons aged 18+ years	Appropriate method should be developed
4. Tobacco use	24.4%	10% relative reduction (22.0 %)	20% relative reduction (20 %)	Prevalence of current tobacco use among adults	WHO STEPS
5. Raised blood Pressure	39%	15% relative reduction (33%)	25% relative reduction (30%)	Prevalence of raised blood pressure among adults	WHO STEPS

6. Diabetes and obesity	17.2% diabetes 31.3% Obesity	Halt the rise in diabetes & obesity	Halt the rise in diabetes & obesity	Prevalence of raised blood glucose/diabetes and obesity among adults	WHO STEPS
7. Drug therapy to prevent CVD	N/A* %	10 % coverage	15 % coverage	Proportion of eligible persons receiving preventive therapy	Appropriate method should be developed
8. Essential NCDs medicines and basic technologies to treat major NCDs	60%	70% availability	80% availability	Coverage of essential NCDs medicines and basic technology in PHC.	Appropriate method should be developed

*As there is currently no available baseline data, the approach will be piloted in selected PHC settings.

3. Monitor process and progress in implementing Egypt MAP-NCD

Table 7: Monitor process and progress in implementing Egypt MAP-NCD

Strategic objective	Input and process indicator	Output indicators	Data source
1. To strengthen national NCD governance	<ol style="list-style-type: none"> Establishment of time-bound national targets and indicators based on WHO guidance (1) # An operational multisectoral national strategy/action plan that integrates the major NCDs and their shared risk factors (4) # Inclusion of NCDs in national development plan and health agenda National NCD Committee established Executive and scientific committee with adequate staff established Number of multi stakeholder meetings held NCD funding increased 	<ol style="list-style-type: none"> Availability of National NCD targets Availability of National Multisectoral NCD Action Plan (EgyptMAP-NCD) Availability of Joint declaration of commitment to implement multisectoral action plan by multisectoral stakeholders. Availability of Annual report of implementing Egypt MAP-NCD Availability of national NCD advocacy package Inclusion of NCD in national SDG and health plan Increase in national NCD budget 	<ul style="list-style-type: none"> Official documents Official records
2. To reduce risk factors and protect health	<ol style="list-style-type: none"> Reduce affordability of tobacco products by increasing tobacco excise taxes (5.a) # Create bylaw for smoke-free environments in all indoor workplaces, public places and public transport(5.b) # Warn people of the dangers of tobacco and tobacco smoke through effective health warnings and mass media campaigns (5.c) # Ban all forms of tobacco advertising, promotion and sponsorship(5.d) # Adopted national policies to reduce population salt/sodium consumption (7. a) # Adopted national policies that limit saturated fatty acids and virtually eliminate industrially produced trans fatty acids in the food supply (7. b) # A set of recommendations on marketing of foods and non-alcoholic beverages to children (7. c) # Legislation /regulations fully implementing the International Code of Marketing of Breast-milk Substitutes (7. d) # Public awareness on diet and/or physical activity(8)# 	<ol style="list-style-type: none"> Increase of taxation on all tobacco products Number of smoking-free places Availability of breastfeeding guidelines and healthy school canteen guides. No. of public awareness campaigns on healthy diet and physical activity. Availability of national guidelines for promoting physical activity. Provision of school physical education approved and incorporated as part of National Curriculum. 	<ul style="list-style-type: none"> Official documents Official records Report of national health surveys including STEPS

3. To improve early detection and effective management of NCDs	17. Evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach, recognized/approved by government or competent authorities(9) # 18. Provision of drug therapy and counseling for eligible persons at high risk to prevent heart attacks and strokes, (10) # and essential NCD medicine and basic technology with emphasis on the primary care level.	14. Availability of guidelines and protocols at PHC level 15. Availability of national technical guidelines and protocols for improving quality and coverage of CVD and diabetes prevention, early detection and treatment 16. Increase of new clinics for early detection and treatment of hypertension 17. Increase of new clinics for early detection and treatment of diabetes 18. Availability of national guidelines and protocols for early detection of cervical cancer 19. Availability of national guidelines and protocols for COPD and asthma 20. Coverage of people receiving drug therapy in the selected areas	<ul style="list-style-type: none"> • Official documents • Medical Record • Adopt Appropriate method
4. To strengthen national capacity for NCD surveillance	19. Establishment of National surveillance working group at the governorate level 20. Number of capacity building workshops on surveillance and monitoring for provincial staff	21. Number of the newly added health facilities adopting NCD surveillance 22. Availability of national NCD status reports including risk factors	<ul style="list-style-type: none"> • Publication • Official documents
5. To promote high quality NCD research	21. Establishment of national research network 22. Increase of research funding for NCD prevention and control	23. Establishment of National prioritized NCD research agenda 24. Availability of documents or publications of the best practice for NCD prevention and control.	<ul style="list-style-type: none"> • Official documents

Process indicators in bold and italics are included in the Global Process indicators

4. Annual Progress Report

The current reporting mechanisms of the Government are inadequate to report the multisectoral performance related to the Action Plan. Activity progress reports need to be collected vertically by the Executive committee from the stakeholders to monitoring progress in implementing the Egypt MAP-NCD.

The Executive committee (national NCD committee Secretariat, NNC) will collect a six monthly progress review from implementing agencies through the focal official using a simple reporting format. The activities will be compiled and submitted to the NNC for review and approval. At the end of one year, the Executive committee will compile a one year report. The National NCD Committee will submit an annual progress report of the Action Plan to the Prime Minister and head of relevant sectors.

Annexes

- 1. A detailed implementation plan**
- 2. Roles and responsibilities of relevant sectors**
- 3. Report of situation analysis**
- 4. Appendix 3 of the Global NCD Action Plan 2013-20**
- 5. Global NCD monitoring Framework**

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