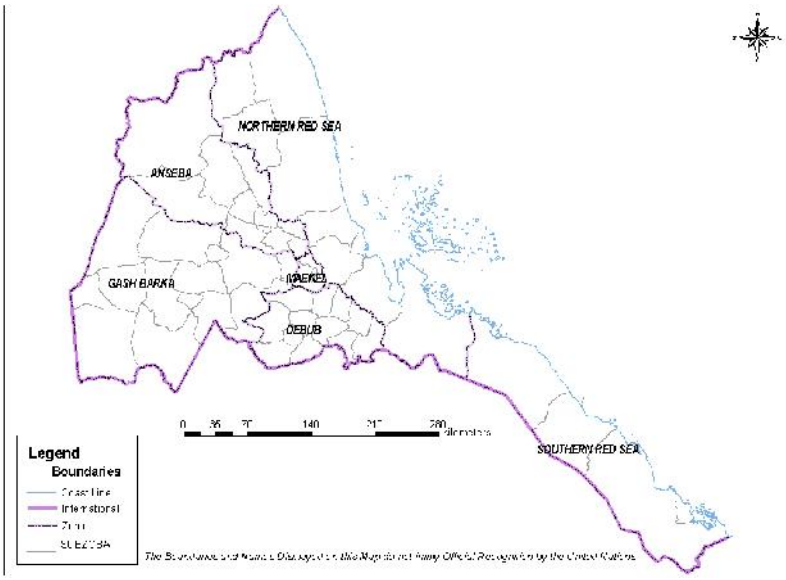
THE STATE OF ERITREA

Ministry of Health

Non-Communicable Diseases

Policy



World Health Organization
REGIONAL OFFICE FOR Africa

International Diabetes Federation

WORLD DIABETES FOUNDATION

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LIST OF ACRONYMS

BCC	Behavioural Change Communication
CVDs	Cardio Vascular Diseases
GDP	Gross Domestic Product
HIV/AIDS	Human Immuno Virus/Acquired Immuno Deficiency Syndrome
HMIS	Health Management Information System
KAP	Knowledge Attitude and Practice
MoH	Ministry of Health
NCDs	Non-Communicable Disease
NGOs	Non Governmental Organizations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
WHO	World Health Organization

FORWARD

Eritrea like several other developing African countries is being faced by increasing prevalence rates of non communicable diseases (NCDs) in addition to existing high rates of communicable diseases. This challenge has often been referred to as the double burden of diseases that pose significant obstacles to resource-poor countries, in part because of the demands it places on health systems to invest in the provision of both the ongoing delivery of medicines and strengthening the knowledge and training of health care workers in managing chronic diseases.

The cluster of NCDs includes the following diseases: cardiovascular diseases (CVDs), diabetes, mental disorders, chronic pulmonary diseases, injuries and disabilities, blindness, deafness as well as cancers. Several of these chronic diseases were among the top ten causes of morbidity and mortality in the health facilities in Eritrea in 2007, thereby indicating an increase in the burden of these diseases (HIMS 2007). CVDs and diabetes together constituted the second commonest cause of death in 2007, second only to HIV/AIDS.

The major known risk factors for NCDs that are amenable to preventive measures are smoking, obesity, high alcohol consumption, unhealthy diet, physical inactivity, and stress. The findings of the survey on NCDs and their risk factors of 2004 and the KAP study of these risk factors carried out nationwide in 2005 demonstrate levels of exposure of the general public to a number of risk factors associated with NCDs.

This situation calls for the development of a comprehensive policy on NCDs and subsequently some long term strategic plan of action to be put in place for effective prevention and control. Primary prevention based on comprehensive population based programs along with early detection and standardized evidence-based management measures are among the most cost effective approaches to contain this emerging epidemic.

From experience we have learned that no matter what resources the country has, the institution of a well-conceived policy and a well managed national NCD control program will be the best way to achieve these goals.

I therefore urge all relevant stakeholders to use this policy document in the planning of the prevention and care of NCDs and their risk factors.

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State of Eritrea

May 2008

INTRODUCTION

The State of Eritrea recently made pronouncements and publications of the National Health Policy, and policies on Health Research and Health Promotion. It has also recently undertaken the development of guidelines that address diabetes and cardiovascular diseases as part of its strategy for the setting up of a comprehensive Non Communicable Disease (NCD) prevention and control program. The emerging NCDs: cardiovascular diseases (CVDs), diabetes, mental disorders, chronic pulmonary diseases, injuries and disabilities, blindness, deafness, oral infection as well as cancers, have been identified by both the national health policy and the health research studies as priority health issues requiring special attention. The development of this NCD policy and the related strategy is pursuant to the above pronouncements.

The prevalence of NCDs and their risk factors in Eritrea documented so far appear to be relatively low compared to those in several countries of the region. However, NCDs are emerging as major health problems. This provides an opportunity for the development and implementation of timely preventive interventions.

Many NCDs share some common behavioral, environmental and genetic risk factors. Of these several major risk factors such as smoking, obesity, high alcohol consumption, physical inactivity and unhealthy diet are amenable to preventive measures.

This policy shall focus on preventive, promotive, appropriate management and rehabilitative approaches as well as proper monitoring and evaluation of the effects of NCDs and their risk factors based on surveillance and research. There shall be primary prevention through community based interventions targeted at promoting positive behavioral changes at the community level using integrated multidisciplinary, multi-sectoral and private/public mix approaches. In addition, a behavioral change communication (BCC) strategy shall be developed and implemented to promote healthy life style and decrease risk factors using the integrated health promotion strategy approach of the MoH. Surveillance will focus on WHO STEPs approach with registries, community-based surveillance, a strengthened HMIS and relevant operational research. A minimum package of services shall be developed for each of these components of surveillance.

Curative interventions shall follow a clear referral system with emphasis on early detection and treatment at primary health care facilities level using evidence based management guidelines. Emphasis shall be laid on universal access to appropriate non-pharmacological and pharmacological treatment to ensure proper control, prevent or delay of complications so as to reduce morbidity and premature deaths.

BACKGROUND: ISSUES AND CHALLENGES

Eritrea is situated in the Horn of Africa and has an area of approximately 124,000 Square Kilometres. It borders with the Red Sea in the East, Djibouti in the Southeast, Ethiopia in the South, and Sudan in the North and West. Administratively, the country is divided into six Zobas or regions, namely Anseba, Debub, Southern Red Sea, Gash Barka, Maekel and Northern Red Sea. The capital city of Eritrea is Asmara, which is located in the Maekel region.

Eritrea is a developing country with a GDP per capita of about US$200 (EDHS 2002). About 80% of the estimated 3.6 million people live in the rural areas and depend on agriculture and pastoralism as their main sources of livelihood. The life expectancy at birth and adult literacy rate are 53.6 years and 56.7% respectively (EDHS 2002).

There is a comprehensive primary health care focused health delivery system consisting of public and private mix. In addition, there is a functioning referral system which requires further strengthening. Health care services in Eritrea are provided with nominal fee charges and all medications for hypertension, diabetes and mental disorders are given free of charge to patients. Cancer screening, chemotherapy and palliative radiotherapy are currently being developed. The human resource for health capacity is limited with the current doctor patient ratio of 1/15,000 inhabitants and 1 nurse per 3,000 inhabitants (HMIS 2007).

Currently there are 333 health facilities in the country which are divided into three tiers: primary, secondary and tertiary.

Some of the health indicators include: under 5 mortality rate of 93 per 1,000 live births, IMR of 48/1000 (EDHS 2002) and MMR of 450 /100,000 live births (WHO/UNFPA/UNICEF 2006).

Eritrea is currently facing a double burden of diseases with NCDs gaining prominence as major causes of morbidity and mortality while communicable diseases are still prevalent, further overburdening the existing health system.

The Health Management Information System (HMIS-2006) reports indicate an increase in essential hypertension by 100% in 6 years. Hypertension, heart failure, diabetes and other liver diseases were among the top 10 causes of mortality and morbidity in population aged 5 years and above in 2006. Together, these four conditions accounted for more than 1/3 of all health facility reported mortality for that age range.

A survey on NCDs risk factors in 2004 reported a prevalence of hypertension of 16% with 80% being un-aware of their condition. Similarly, the prevalence of history of diabetes was 2.3%; tobacco smoking 7.2%, high alcohol consumption 39.6%, low-fruit consumption 84.7%, low vegetable consumption 50.6% and the prevalence of overweight was 10.4%. However the prevalence of physical inactivity was low with only 10% of the general population not having adequate physical activity.

According to the KAP study 2005, tobacco smoking and alcohol use are common among the diabetics and hypertensive, Alcohol consumption better tolerated than tobacco use. The contributing factors for acquiring these habits were peer pressure, societal and parental influences whereas the major hindrances to stopping were lack of access to treatment and counselling/guidance as well as limited knowledge. Lack of access to services limits regular measurements of blood pressure and blood glucose by the general population. There is currently no survey data on cancers, oral health, injuries, mental health and deafness. However, there is an increasing trend incidence and prevalence in all these NCDs according to HMIS data.

According to available data, Eritrea is already experiencing a shift in the pattern of diseases. The efforts made in the control of communicable diseases and the changes in the lifestyles of the people as well as environmental factors are leading to an epidemiological shift from communicable to non-communicable diseases. The country has already put in place disease prevention and control programmes for infectious and epidemic prone diseases, but has no standardized NCDs programmes.

The local NGOs especially the diabetic association has played a significant advocacy role in the prevention and control of the disease.

MISSION

To promote healthy lifestyle and improve the physical and social well being of individuals and communities by creating suitable environments which will prevent diseases and alleviate the burden from NCDs through appropriate measures.

VISION

To produce a healthy and productive population living in supportive communities, free from preventable NCDs as well as of their associated risk factors and disabling complications.

GUIDING PRINCIPLES AND VALUES

The provisions of the NCD policy shall be based on the following guiding principles and values:

- Commitment to the promotion of primary health care concept
- Ensure affordability, accessibility and sustainability of effective services
- Promotion of the involvement of the private sector and local NGOs in the prevention and control of NCDs
- Promotion of inter-country, regional and global partnerships on NCD interventions to share responsibilities and resources for maximum impact
- Empowerment of individuals and their communities through a participatory approach in the development and implementation of culturally sensitive behavioral change and disease management strategies
- Recognizing that policies in various sectors outside of the health sector have large impacts on healthy lifestyle, control of NCDs and coordination of national promotion activities.
- Promoting multidisciplinary and multi-sectoral policies and interventions aimed at promoting healthy lifestyle in the entire population

- Promoting equity by ensuring the provision of a minimum package of interventions that target the poor and hard to reach population groups as well as covering the special needs of all groups.

- Developing advocacy programs and tools using appropriately trained staff that is familiar with the culture and local conditions of the community

- Guiding and adjusting policy and program activities based on evidence based interventions.

- Integrating NCD preventive and control program within the existing public health system.

GENERAL AND SPECIFIC OBJECTIVES

The overall goal of the NCDs policy is to promote health ,prevent and control NCDs through the development and implementation of sustainable evidence based and cost effective public health interventions at all levels of health care delivery in Eritrea.

This will be achieved through the following specific objectives:

- Establish and maintain an integrated surveillance system aimed at quantifying the burden and trends of NCDs, their risk factors as well as details of some other major determinants.

- Using available data and data from operational research to provide guidance for implementation and modifying interventions.

- Strengthen healthcare services for people with NCDs by supporting the health sector to adopt and adjust to cost effective interventions based on primary health care principles.

- Support and strengthen preventive approaches aimed at reducing morbidity, disability and premature mortality from NCDs.

- Build the capacity of health systems to provide universal access to quality health education, prevention, care, and support services including supplies for NCDs and their risk factors.

- Promote broad partnership for resource mobilization to support the implementation of NCDs interventions.

- Monitor and evaluate the progress and outcome of the implementation of NCDs programmes interventions.

POLICY ORIENTATION AND STRATEGIC DIRECTIONS

In order to comprehensively address the NCD burden in Eritrea, there is a need for an appropriate combination of promotive, preventive, curative, rehabilitative and supportive services based on the following policy orientations and strategic directions.

- Effective surveillance for NCDs and their risk factors be established and integrated into the existing surveillance system. The information gathered from the surveillance system will be supplemented by data from surveys and registries. Minimum core sets of indicators shall be developed and used for monitoring. Information sharing and use of data for decision making shall be emphasized. Documentation of best practices should be encouraged at all levels.

- Effective NCDs program coordination structures shall be established and maintained at national, Zoba and sub zoba level. The structures shall have minimum level of appropriate staffing and equipment to effectively coordinate and monitor the implementation of all activities.

- Primary prevention through community based interventions targeted at promoting positive behavioral changes at the community level using integrated multidisciplinary, multi-sectoral and private/public mix approaches should be promoted.

- Behavioral change communication (BCC) strategy shall be developed and implemented to reduce NCDs risk factors as well as promoting the health seeking behavior especially regular measurement of blood pressure and blood sugar.

- The integrated health promotion strategy approach of the MoH shall form the basis of all interventions.

- Early case detection strategy shall be implemented through the introduction of minimum package of care such as urinalysis, measurement of blood pressure, blood sugar, body weight and height as well as screening for some common and easily detectable cancers, mental illnesses, blindness and chronic respiratory diseases in health facilities, schools and workplaces.

- Promotion of treatment, care and support shall begin at community level and move up the ladder of the health care delivery system using an effective bidirectional referral system.

- Pharmacological and non-pharmacological treatment of NCDs shall be standardized and used to treat cases and prevent secondary complications. Treatment shall follow the adopted NCD management guidelines for Eritrea.

- Secondary prevention shall focus on appropriate case management, routine monitoring, screening and early detection of complications

- Tertiary prevention shall focus on the early and standardized treatment of complications as well as appropriate rehabilitation through an established cost-effective referral system,

- There shall be operational research at all levels including training institutions to guide evidence based program management for primary, secondary and tertiary prevention of NCDs

- Capacity building at the community as well as pre-service, and in-service levels shall emphasize ethically and socially acceptable competences in the promotion of healthy lifestyle, primary, secondary and tertiary prevention of NCDs and, their complications

MONITORING AND EVALUATION

- Monitoring and evaluation of achievements on NCDs shall be conducted regularly against set of agreed upon indicators.

- Data shall be generated using surveillance system and operational researches.

- Additional information shall come from regular supportive supervision from Zoba and national levels.

- Quarterly and annual review meetings shall be conducted to discuss problems encountered and monitor progress in the attainment of set targets.

- There shall be mid-term and end-term evaluations to assess the achievements that shall guide modification of existing targets and setting up of new targets.

CONCLUSION

This policy document sets out the mission, vision, guiding principles, values, objectives and directions for the surveillance, prevention, treatment and control of risk factors and complications of NCDs. It shall be the major guiding document for the operations of NCDs prevention and control programme in Eritrea in the coming years.