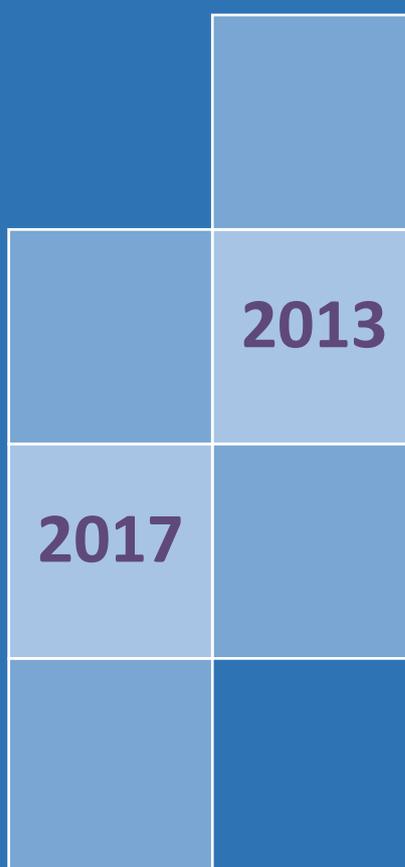


Republic of Iraq
Ministry of Health



Steering Committee for Prevention and Control of
Noncommunicable Diseases

The National Strategy for Prevention and Control of Noncommunicable Diseases



Baghdad - 2013

Contents

Introduction.....	1
Current Situation In Iraq	1
Health System Capacity For Ncd Prevention And Control.....	2
Inter-Sectoral Collaboration And Partnership	2
Strengths	3
Challenges	3
The National Action Plan For Prevention And Control Of Noncommunicable Diseases (2013-2017)	3
Relationship To Existing Strategies And Plans	4
The Priority Areas Taken Into Consideration	5
Interventions Based On Risk Stratification Of The Community	5
1. Health promotion and primary prevention for General population.....	5
2. Community management: Care for Low risk category	6
3. Disease management: care for High risk category.....	6
Interventions Across Life Course	7
Multisectoral Interventions To Reduce The Main Modifiable Risk Factors And Their Underlying Social Determinants.....	7
Sustained Funding.....	7
Research In National Priority Areas	7
National Action Plan (2013– 2017)	8
Surveillance And Evaluation	30
Administrative Structure For The National Strategy For Prevention And Control Of Noncommunicable Diseases	30
First:Steering Committee for Prevention and Control of Noncommunicable Diseases	30
Second:Technical Committee of the National Strategy for for Prevention and Control of Noncommunicable Diseases.....	30
Third: Work Teams in all of the relevant ministries and sectors.....	31
Chart of Surveillance And Evaluation	32

Introduction

Noncommunicable diseases represent a major public health problem. Those diseases, mainly cardiovascular diseases, diabetes, cancers and chronic respiratory diseases contribute to the majority of causes of death and constitute a major burden for socio-economic development especially in developing countries like Iraq.

Noncommunicable diseases are chronic in nature and may not cure, however, existing evidence indicates that these disease are largely preventable by means of effective intervention that tackle their shared contributory risk factors and the underlying social determinants. In addition, early detection and proper management of such diseases can reduce morbidity and premature death and may improve the quality of life.

The global response through the last decade was represented by endorsement of the Global Strategy for Prevention and Control of Noncommunicable Diseases in addition to a number of mandates as the WHO Framework Convention on Tobacco Control (2003) and the Global Strategy on Diet, Physical Activity and Health (2004). In 2008 the Strategic Action Plan for the Global Strategy for Prevention and Control of NoncommunicableDiseases was endorsed. Finally, the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases was adopted in 2011.

Current Situation In Iraq

Iraq, like many developing countries is undergoing a transitional epidemiological period with increasing burden of Non communicable diseases and their contributory risk factors.

The Ministry of Health statistics indicate that the four major chronic noncommunicable diseases cardiovascular diseases, diabetes,cancersand chronic respiratory diseasescontribute to around 50% of total mortality. Around 30% of these deaths occur before the age of 60.

Cardiovascular diseases constitute the first cause of death. Cancer, on the other hand, is the third or fourth cause. Although there is limited information about the actual prevalence of NCDs in Iraq, the Ministry of Health statistics report more than 20,000 newly registered cases of hypertension per year, 16,000 cases of diabetes, 7,000 cases of ischemic heart diseases and around 4,500 cases of asthma. Ischemic heart diseases represent the leading cause of hospitalization. More than 14,000 new cases of cancer are recorded yearly. Breast cancer is the first ranked among the top 10 cancers in Iraq followed by lung cancer then Leukemia during the last decade.

National and sub-national surveysand studies revealed a high prevalence of contributory behavioural and biological risk factors. The prevalence of smoking among adult population was 21.9%. the problem is also emerging among adolescents (13-15 years) whereby cigarette consumption reached 3.2%. The majority have 1-2 serving of fruits or vegetables per day . More than half reported low physical activity (56.7%). This is mainly evident among females and elderly.

Overweight and obesity was estimated to be among 66.9% of adults. Obesity was more evident among females (38.2%) as compared to males (26.2%). An assessment among primary school children (6-12 years of age) showed that 19.6% were overweight and 7.7% had obesity. While 19% of adults were aware of having hypertension, physical measurements revealed that the prevalence of high blood pressure was 40.4% with a rate higher among males as compared to females. Based on self notification, 6.5% of adult populations were known cases of diabetes. Laboratory investigations showed that the prevalence of hyperglycemia among adults is found to be 10.4 with an evident increase after the age of 45 years. The rate among male is higher than females. Impaired fasting plasma glucose was 15.7% with progressively increasing pattern with age. The prevalence of hypercholesterolemia was 37.5% being higher among males as compared to females .

Health System Capacity For Ncd Prevention And Control

Efforts are made to strengthen primary health care that are accessible to the poor. The issue is also introduced into other programs concerned with out-reach, vulnerable and poor population within the approach of sustainable development.

NCD care has been introduced as an integral part of primary health care services in many areas: screening/early detection for hypertension, diabetes, selected cancers, obesity and preventable causes of blindness, provision of primary care for the major NCDs and primary eye care based on national guidelines and standards. Integration is made with other programs as school health and maternal and child and reproductive health, nutrition and in collaboration with other health care levels.

Public clinics act as a source for essential drugs for chronic diseases whereby diagnosed patients receive treatment on low cost. The first line treatment for hypertension and diabetes have been added to the list of essential drugs for PHCs. Also, essential tests and procedures for detection and monitoring of the major NCDs and avoidable blindness are also made available at PHCs.

Inter-Sectoral Collaboration And Partnership

Noncommunicable diseases prevention and control plans are multidisciplinary and multi-sectoral with multilevel implementation.

Therefore, there is integrated joint work between the related directorates at the Ministry of Health. Several multi-sectoral committees are developed with the related ministries and other governmental sectors that support the ministry of health in implementation of NCD prevention and control activities. They contribute in the areas of Tobacco control, promoting physical activity and healthy diet, prevention and control of obesity, prevention and control of cancers, prevention of avoidable Blindness, production of evidence based national guidelines for chronic NCDs and risk factors, surveillance of NCDs and risk factors, networking for prevention of violence and accidents, and prevention of road traffic accidents, and capacity building processes. Currently, the main international partners in this domain are the WHO, European Commission, Centers for Disease control and prevention CDC and the United States Agency for International Development USAID, in addition to a number of international and local nongovernmental organizations NGOs, with future plans to include other related international organizations.

Strengths

- Commitment and support of the MOH decision makers for the NCD prevention and control program contribute to expansion of the existing projects and development of others.
- Availability of global and regional strategic objectives and action frames in NCD prevention and control that are adapted.
- Inter sectoral collaboration enhances implementing the elements of the national strategy.
- Well structured health system that allows multi-level implementation of the national projects.
- Presence of baseline data on NCDs and risk factors that was utilized for development of several projects.
- Integration of the NCD prevention and control projects into other national programs as maternal and child health and school health.
- Accessibility to NCD care in the out-reach; vulnerable and poor community may contribute to poverty reduction strategy.
- Community raising awareness campaigns in selected areas as tobacco, breast cancer, hypertension and diabetes and eye health contribute to increased utilization of PHC services.

Challenges

- Lack of sustainability and maintenance of the diagnostic and therapeutic materials and requirements that affect control of the diseases.
- Limited institutional and human resources capacity building on the updates in prevention and control of NCDs.
- Lack of coordination between the public and private health sectors.

The National Action Plan For Prevention And Control Of Noncommunicable Diseases (2013-2017)

The national plan of action for prevention and control of noncommunicable diseases is prepared with inter-sectoral collaboration in accordance with the global strategy and regional action plan frame and the implemented national activities.

Goal:

To reduce morbidity and premature mortality attributed to chronic non-communicable diseases.

Impact indicators:

- Premature mortality attributed to major noncommunicable diseases.
- Prevalence of high blood pressure among adults 25 years and more.
- Prevalence of hyperglycemia among adults 25 years and more.

- Prevalence of tobacco smoking among adults 25 years and more and youth 13-15 years old
- Prevalence of obesity among adults 25 years and more.
- Proportion of cancers diagnosed in early stages.

Vision:

Iraqi community free of preventable NCDs in which all people have access to high quality care to increase life expectancy.

Mission:

Multi-sectoral and multi-level response to control noncommunicable diseases and their contributory risk factors.

Scope of work:

The scope of this action plan includes the major chronic noncommunicable diseases that constitute the main causes of mortality and morbidity in Iraq, especially: Cardiovascular diseases, Selected Cancers, Chronic respiratory diseases and Diabetes.

The preventable contributory risk factors addressed include: tobacco use, unhealthy diet, physical inactivity, and overweight/obesity.

The plan also includes preventable causes of blindness and impaired vision as well as other comparable NCDs.

Relationship To Existing Strategies And Plans

This action plan supports or based on existing global resolutions, strategies, action plans as:

- The global goal: *To prevent and reduce disease, disability, and premature death from chronic conditions.(reaffirmed by the wha 2000 (resolution WHOA53.17)*
- The UN Millennium Development Goals (MDG1) through contribution to *poverty reduction* and(MDG6) through *Combating major diseases*.
- The global strategy for the prevention and control of noncommunicable disease and the strategic action plan.
- The WHO framework convention on tobacco control. *WHO 2003(WHA65.1)*
- Global strategy on diet, physical activity, and health. *WHO 2004(WHA57.17)*
- United Nations General Assembly resolution 64/265.
- United Nations General Assembly resolution 65/238.
- The Moscow Declaration on Healthy lifestyles and Non-communicable Disease Control, 2011.
- World conference on social determinants of health Rio de Janeiro, 2011
- Political declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases.(66/117, July 2011)

The Priority Areas Taken Into Consideration

1- Reduction of the economic burden attributed to NCDs:

The global evidence indicates that the prevalence of noncommunicable diseases and their contributory risk factors are higher among poor and vulnerable population groups. Such people lack awareness to healthy life skills and have low access to quality services. The burden of such diseases hinder the economic development of the country and perpetuates chronic poverty at the household level. In order to improve access to health care. It is essential to strengthen the primary health care services that are accessible for all parts of the community and to respond during disasters and crisis.

2- Reorientation and strengthening the health system

It is important to consider that the provision of health care for noncommunicable diseases to be within the context of the overall health system strengthening and the infrastructure of the system, in both public and private sectors. Such diseases are chronic in nature and require care and support across life time with integrated approach across all levels of care (primary, secondary and tertiary), which are based on quality services and sustained provision of diagnostic and therapeutic elements. All the components of care are considered: screening/early detection, management, palliative care, self-care, and homecare.

Interventions Based On Risk Stratification Of The Community

With the wide spectrum of health – diseases presentation in population, it is important to carry out a risk- stratification of the community and identify the levels of health care and the appropriate approach that can be applied to each category:

1. Health promotion and primary prevention for General population

This includes the general public who are apparently normal. Taking actions on health promotion and prevention and control of the behavioral risk factors and social determinants in the community could certainly slow down the alarming rise in the trend of NCD on the long run.

1.1 Health orientation:

The concept of health rather than disease should be emphasized. People should be informed about the healthy choices and be provided with support to modify their life style. Individuals should develop the norms of practicing healthy daily activities as physical exercise and healthy dietary habits and seeking regular check-ups at primary health care center for their status of health. The health system should also be oriented to provide services for healthy people as well.

1.2 Low cost interventions (best buys):

Based on their estimated cost, several interventions are globally prioritized for prevention and control of noncommunicable diseases. A number of criteria were

set for prioritization such as the current and projected burden of disease, cost-effectiveness, feasibility of implementation. In preparation for the UN High-Level Meeting, the WHO has identified a set of evidence-based “best buy” interventions. The national plan included most of the low cost interventions against tobacco use, unhealthy diet and physical inactivity, cardiovascular diseases and diabetes in addition to the screening of selected cancers.

2. Community management: Care for Low risk category

This may be concerned with people with the preclinical conditions who are apparently healthy, or those who are recently diagnosed with no associated complications. It may not be applied to the extremes of life spectrum. A large proportion of population falls into this category. Therefore, an effective intervention among this category may result in a considerable impact at country level. Actions include:

2.1 Screening/ early detection for chronic diseases:

The public health field has increasingly recognized the importance of screening/screening programs for secondary prevention of morbidity and mortality. The efforts to control disease by early detection through screening has led to a basic change in the nature of medical practice from an exclusive focus upon a limited number of ill persons to targeting of a large number of asymptomatic persons.

2.2 Self care:

Patients should be enabled to have an active role in their own care by practicing healthy life styles, self- examination, compliance to medicating and long term self monitoring. This can help in prevention or postponing complications among patients, and reducing the number of visits and hence, the burden, on the health institutions.

3. Disease management: care for High risk category

3.1 Comprehensive Multidisciplinary care:

Chronic NCDs are characterized by being multi-factorial in origin, and may have long term, multi-systemic consequences. Also, management of such cases constitutes pharmaceutical medication as well as non-pharmaceutical management. The main aims of management include improving the quality of life and prevention/postponing complications. Health care cuts through all levels of care, primary, secondary and tertiary.

Therefore, comprehensive management of such cases requires a multi-disciplinary team of medical, nursing/paramedical health and allied staff (such as dietitians, occupational therapists, psychologists, physical therapists, optometrists, social workers) to cover all the aspects of the disease.

3.2 Case management of High complex cases

Elderly patients with chronic diseases or those who have other associated clinical conditions require more complex and continuing individual case management. General care at health institutions may not be enough to manage. Such patients require a close follow-up at home by a qualified personnel, preferably a specialized nurse who provides case management under supervision of the specialists or specialized health institutes so as to follow-up the progress of the disease and actively intervene on need. Such level of care is beyond the capacity of primary health care services. This calls for the collaborative work of the health and social sectors towards provision of adequate palliative care and home care.

Interventions Across Life Course

Chronic noncommunicable diseases are cumulative in nature. The surrounding social, economic and environmental factors consequently affect the behavioral and biological processes that act across the life span starting from the fetal life through adulthood that contribute to occurrence of these diseases. Therefore, prevention and control of noncommunicable diseases has been integrated into the health programs that act on different life stages mainly: maternal and child health and reproductive health and school health programs.

Multisectoral Interventions To Reduce The Main Modifiable Risk Factors And Their Underlying Social Determinants

Strategies for reducing risk factors for noncommunicable diseases aim at providing and encouraging healthy choices for all. As the underlying determinants of noncommunicable diseases often lie outside the health sector, strategies need partnership with all related sectors. Different settings may be considered for action schools, workplaces, and local community.

Sustained Funding

A mechanism for sustainable financing for prevention and control of noncommunicable diseases should be developed to reduce inequities in accessing health care. This requires budget allocation by ministries and related sectors, cost sharing by governmental and nongovernmental sectors and international organizations.

Research In National Priority Areas

A research agenda should be developed in to be implemented by the Ministry of Health in collaboration with other ministries in relation with the research areas, and with the national and international scientific organizations, with provision of proper resources for funding implementation requirements.

National Action Plan (2013- 2017)

The national action plan included the six objectives adopted by the global strategy for prevention and control of noncommunicable diseases:

Objective One	To raise the priority accorded to noncommunicable disease in developmental plan at national level, and to integrate prevention and control of such diseases into policies across all governmental departments.
Objective Two	To implement the national policies and plans for the prevention and control of noncommunicable diseases.
Objective Three	To promote interventions to reduce the main shared modifiable risk factors for noncommunicable diseases: tobacco use, unhealthy diet and physical inactivity.
Objective Four	To promote research for the prevention and control of noncommunicable diseases
Objective Five	To promote partnerships for the prevention and control of noncommunicable diseases.
Objective Six	To monitor noncommunicable diseases and their determinants and evaluate progress at the national level.

Objective one

To raise the priority accorded to noncommunicable disease in developmental plan at national level, and to integrate prevention and control of such diseases into policies across all governmental departments.

Outcome	Outcome indicator	Output	Activity	Time frame	Executors
1.1 Sustained Political and Governmental support ensured for noncommunicable diseases prevention and control.	Endorsed national action plan	1.1.1 Orientation of decision makers at ministries and other governmental related sectors to the importance of noncommunicable diseases	Raise priority given to prevention and control in the agenda of high level meetings of decision makers at ministries and other related governmental sectors	ongoing	MoH, Ministries and other related sectors, Municipallities, Parliament
			Develop evidence based advocacy materials on the relation of NCD prevention and control to the national development plan.	ongoing	
			introduction of prevention and control of noncommunicable diseases into the national Public Health Law	2013	
1.2 Global and regional strategies, policies, plans and conventions on prevention and control of noncommunicable diseases that are endorsed by Iraq are adopted	published national documents	1.2.1 Framework convention for tobacco control FCTC implemented	-Endorsement of the national tobacco control law	2013	Moh, MoJ, related ministries Parliament
			-Issuing and adoption of directions		
		1.2.2 Diet, physical activity and health strategy DPAS active	Endorsement of national diet physical activity and health strategy	2015	
			Issuing National nutritional legislations/ regulations related to NCDs	2015	
1.2.3 Vision 2020:right to sight adopted	update national prevention of blindness and low vision action plan	2013			

Objective one

To raise the priority accorded to noncommunicable disease in developmental plan at national level, and to integrate prevention and control of such diseases into policies across all governmental departments.

Outcome	Outcome indicator	Output	Activity	Time frame	Executors
1.3 Governmental cross-sectoral response to noncommunicable diseases prevention and control ensured	Participation rate in the multisectoral committees	1.3.1 multisectoral mechanism is established for development of national prevention and control action plan with identified terms of reference for each partner	Establish high-level national multisectoral steering committee to endorse the national workplan for prevention and control of noncommunicable diseases	ongoing	MoH, related ministries
			Reinforce the technical multi-sectoral committees working on different NCD disciplines	ongoing	
			1.3.2 A comprehensive national multisectoral plan for the prevention and control of major noncommunicable diseases is developed and updated	ongoing	
			Review and endorsement of existing national policies and action plans on prevention and control of major NCDs, modifiable risk factors and their determinants.	ongoing	
1.4. Prevention and control of noncommunicable diseases is incorporated into economic development plans with focus on poverty-reduction strategy	Introduction of NCD prevention and control in Published national developmental report	1.4.1 Access to effective and equitable primary health care services ensured	Institutionalized capacity building of Primary health care centers on primary noncommunicable diseases care.	2013-2017	MOH, Civil society, municipalities, NGOs, international organizations
			Introduce noncommunicable diseases into remote health care services	2017	

Objective one

To raise the priority accorded to noncommunicable disease in developmental plan at national level, and to integrate prevention and control of such diseases into policies across all governmental departments.

Outcome	Outcome indicator	Output	Activity	Time frame	Executors
1.5 Sustainable national financial resources developed for implementation of ncd plan	Financial reports	1.5.1 Non-communicable diseases prevention and control incorporated into the national developmental plans	communication with high policy maker to identify source of funding	ongoing	MOH, MOP, MOF, related ministries, donors
		1.5.2 budget allocated at ministries and related sectors for plan implementation	identify mechanism for budget allocation in ministries and other related governmental sectors	2013	
		1.5.3 Cost sharing by the governmental and nongovernmental sectors and with other partners	determine financial contribution of collaborating governmental and related nongovernmental sectors and international organizations	2013-2014	

Objective Two

To implement the national policies and plans for the prevention and control of noncommunicable diseases.

Outcome	Outcome indicator	Output	Activity	Time frame	Executors
2.1 Prevention and control of noncommunicable diseases Integrated into the national health system reform plans	national health system report	2.1.1 noncommunicable disease prevention and control administrative structure is strengthened within the Ministry of Health.	Reinforce the existing NCD section at the Ministry of Health and the NCD units at the DoHs to be adequately staffed and funded	ongoing	MoH
			Reinforce competencies of NCD program managers and update their knowledge on prevention and control of NCDs	2013-2017	
2.2 Multi-disciplinary and multilevel care for major noncommunicable diseases is provided	Implementation rate at directorates of health	2.2.1 Essential noncommunicable diseases interventions incorporated into primary health care services	Screening/early detection and comprehensive care for hypertension and diabetes.	2012 ongoing	MoH, MoHE
			Prevention of heart attacks and stroke		
			Primary care of asthma and prevention of exacerbation of chronic obstructive pulmonary diseases		
			Screening/ early detection of selected cancers (breast, cervix)		
			Screening for causes of avoidable blindness		
			Develop and update guidelines		
		2.2.2 provision of comprehensive specialized services in coordination between primary, secondary and tertiary health care levels	Implement national action plan for prevention and control of cardiovascular diseases, diabetes and asthma concerning:	2015-2017	MoH, MoHE
			Screening for diabetes complications		
			Establishment of pre-hospital care, ambulance services for heart diseases, stroke, emergency conditions of diabetes and asthma		
			Strengthen emergency response at emergency room		

Objective Two

To implement the national policies and plans for the prevention and control of noncommunicable diseases.

Outcome	Outcome indicator	Output	Activity	Time frame	Executors
			<p>Provision of updated quality care for inpatient hospital and at specialized centers care.</p> <hr/> <p>Standardization of the secondary and tertiary health care services for noncommunicable diseases according to regional and global standards</p> <hr/> <p>Strengthen the referral/feedback system of the cases at all levels of care</p> <hr/> <p>Screening/early detection of hereditary blood diseases</p> <hr/> <p>Implement the national plan for prevention and control of cancer</p>		
		2.2.3 Patient self care programs are integrated into primary health care services for major noncommunicable diseases	<p>Improve PHC health workers' competencies in counseling for patient education on:</p> <ul style="list-style-type: none"> -Early detection of heart attack and stroke diabetes, selected cancers - Self examination and monitoring for hypertension, diabetes, chronic respiratory diseases, - Danger signs and symptoms for urgent seeking ambulance and emergency care. <hr/> <p>Provision of national guidelines and educational materials for individuals on self care.</p> <hr/> <p>Facilitate obtaining self care instruments and equipments with subsidized cost for the patients</p>	2013-2015	MoH, MoHE, MoSA

Objective Two

To implement the national policies and plans for the prevention and control of noncommunicable diseases.

Outcome	Outcome indicator	Output	Activity	Time frame	Executors
		2.2.4 Home care provided for patients with chronic noncommunicable diseases and for elderly	Empower health and social workers and community volunteers to provide home care for patients with chronic diseases and elderly	2013-2015	MoH, MoSA, Civil Society, NGOs
		2.2.5 Services for elderly care is available	Expansion of elderly care clinics Assessment and monitoring of elderly situation Implementation of action plan for prevention and control of osteoporosis	2014	MoH, MoSA, Civil society, NGIOS
		2.2.6 Palliative care is provided for chronically ill and cancer cases	Capacity building of medical and other health worker and social care staff to provide palliative care Provision of drugs and equipments for palliative care	2017	MoH, MoHE, MoSA,NGOs, civil soicity, international organizations
		2.2.7 Health system capacity strengthened with essential infrastructure and elements for effective management and care for chronic non-communicable diseases.	sustained provision of drugs, supplies and equipments of noncommunicable diseases at primary health care centers, public clinics, hospitals and specialized centers	Ongoing	MoH, MoD. MIA
		2.2.8 Health based orientation of the primary health care services	Provide health status assessment services for healthy people at PHCs Develop health concept for the community to perform regular checkup for health status assessment	2013 ongoing 2014	MoH, Media, MoSA, Women, Civil society, NGOs

Objective Two

To implement the national policies and plans for the prevention and control of noncommunicable diseases.

Outcome	Outcome indicator	Output	Activity	Time frame	Executors
		2.2.9 Emergency response to NCDs during emerging conditions	Enhance program to ensure health care services to NCDs during disasters, crisis and other emerging conditions	2013 ongoing	MoH, Defence, Interior , other related Ministries and Sectors

Objective Three					
To promote interventions to reduce the main shared modifiable risk factors for noncommunicable diseases: tobacco use, unhealthy diet and physical inactivity					
Outcome	Outcome indicator	Output	Activity	Time frame	Executors
A. Implementation of the National Tobacco Control Program:					
3-1 People protected from tobacco smoke	Percentage of ministries and other sectors implemented tobacco-free places project	3.1.1 Legislations and instructions enforced on banning smoking at the institutions of the MoH and other ministries and related sectors	Issuing rules and instructions on banning smoking at the institutions of the MoH and other ministries and related sectors (work places and other public places) Putting signs prohibiting smoking at workplaces and enclosed public places ,public and private transportation	2013-2017	ministries and other related sectors
		3.1.2 legislations and instructions adopted on banning marketing for tobacco products at work places	Issue instructions to prevent sale of tobacco products in food serving places and waiting halls and school canteens	2013-2017	
3.2 Tobacco cessation services incorporated into health system	Number of tobacco cessation clinics	3.2.1 Tobacco cessation clinics established	Develop tobacco cessation clinics and the provision of trained staff, medicines and required supplies Develop guidelines for the staff in charge on integrated measures for smoking cessation	2013	MOH
3.3 Public awareness raised on tobacco dangers	Percentage of population aware of tobacco dangers	3.3.1 National tobacco control campaigns launched annually	Celebration of the national and global tobacco control days annually Engage in other related national advocacy events to raise public awareness on the dangers of smoking	ongoing	Ministries and other related governmental sectors, civil society, NGOs, Media

Objective Three

To promote interventions to reduce the main shared modifiable risk factors for noncommunicable diseases: tobacco use, unhealthy diet and physical inactivity

Outcome	Outcome indicator	Output	Activity	Time frame	Executors
			The involvement of decision makers to support the National Campaign for Tobacco Control		
		3.3.2 Advocacy materials produced	Capacity building of tobacco control work force Involvement of institutions of ministries and other governmental sectors in the implementation of effective smoking control educational programs Health education for those working in medial and sporting introduce subject of hazards of direct and indirect smoking into educational curriculum at all levels introduce educational materials into media channels of the Iraqi Media Network (I.M.N.) and the ministries strengthen the partnership with civil society, NGOs and international organizations to support and implement tobacco control programs Organize awareness programs for farmers to grow crops rather useful for tobacco	Ongoing	

Objective Three

To promote interventions to reduce the main shared modifiable risk factors for noncommunicable diseases: tobacco use, unhealthy diet and physical inactivity

Outcome	Outcome indicator	Output	Activity	Time frame	Executors
3-4 Tobacco advertisement banned	endorsed legislations instruction	3.4.1 Access to tobacco products is reduced	<p>Banning of advertising for tobacco products by media</p> <hr/> <p>Remove the advertisement promoting purchase of tobacco products from public places</p> <hr/> <p>Packaging and labeling tobacco products with health warnings according to the approved national standards</p> <hr/> <p>Prevent the use of direct or indirect incentives that encourage sale of tobacco products</p>	2012-2014	Ministries, Myoralty of Baghdad, Governora tes Councils Ministry of Municipalities,Media
3.5 Demand reduced to tobacco products	Marketing percentage for the tobacco products	3.5.1 Access to tobacco products is reduced	<p>Apply fiscal policies (taxation) on tobacco products as by law</p> <hr/> <p>Banning sale of tobacco products to and by minors</p> <hr/> <p>Provision of support for economically viable alternative activities for tobacco growers, workers, and sellers as appropriate</p>	2014	MoF, MoJ, MoT, MoA, other ministries
B. Implementation of the National Strategy for Diet, Physical Activity and Health:					
3.6 Healthy diet and physical activity promoted with obesity control	<p>- Prevalence of moderate physical activity</p> <p>- Prevalence of consumption of fruits and vegetables and diet fat</p> <p>- Prevalence of overweight/obesity</p>	3.6.1 Counseling on diet and physical activity provided at PHC services	<p>Development of national food-based dietary guidelines and physical activity guidelines</p> <hr/> <p>Upgrading PHC personnel skills in counseling on diet and physical activity based on national guidelines</p>	ongoing	MoH, MoHE, ME, MA, MoT, MoJ, Ministry of Minucipalities, GovernorateCouncils Media, MoYS MoW other implementing ministries.

Objective Three

To promote interventions to reduce the main shared modifiable risk factors for noncommunicable diseases: tobacco use, unhealthy diet and physical inactivity

Outcome	Outcome indicator	Output	Activity	Time frame	Executors
		3.6.2 Adoption and application of the concept of physical activity and healthy diet adopted and applied at a setting approach (schools, workplace, community)	<p>Promoting urban planning and transportation policies supportive of physical activity</p> <hr/> <p>Fostering partnership with civil society and nongovernmental organizations to raise public awareness</p> <hr/> <p>Develop national school policy on physical activity based on national guidelines</p> <hr/> <p>Develop nutritional standards for school meals consistent with national FBDG</p> <hr/> <p>Enforce anthropometric measurements into school based survey</p> <hr/> <p>Implement project of early detection and primary care for obesity among school children</p> <hr/> <p>Develop mechanism that restrict marketing food products high in saturated fats, trans fatty acids, free sugar, salt to children</p> <hr/> <p>Introduction of anthropometric measurements into pre-employment medical examination and preschool enrollment</p> <hr/> <p>Incorporate early detection and care of obesity into primary care of NCDs</p> <hr/> <p>Provision of healthy dietary options at workplace</p>	2013-2017	Ministries, Civil society, NGOs, Ministry of Municipalities, Myoralty of Baghdad , Governora tes councils

Objective Three

To promote interventions to reduce the main shared modifiable risk factors for noncommunicable diseases: tobacco use, unhealthy diet and physical inactivity

Outcome	Outcome indicator	Output	Activity	Time frame	Executors
			Support provision of exercise instruments and supplies		
C. Implementation of National Infant and Young Child Feeding Program					
3.7 Nutritional well-being of children under five promoted	- Prevalence of exclusive breast-feeding up to 6 months age. - Percentage of women adopting complimentary feeding practices for children aged 6months to 2 years	3.7.1 Baby friendly hospitals improved and expanded and baby friendly PHC centers developed for	Build up skills of health workers at NRC services at hospitals and PHCs on exclusive breast feeding program	Ongoing	MoH
		Implementation of the National Exclusive Breast Feeding Program	Capacity building of PHC and hospitals' health workers on IYCF program and on growth monitoring	Ongoing	
		3.7.2 The National Infant and Young Child Feeding IYCF program Implemented and expanded at PHC centers and hospitals			

Objective Four: To promote research for the prevention and control of noncommunicable diseases.						
Outcome	Outcome indicator	Output	Activity	Time frame	Executors	
4.1 updated national NCD profile available	Annual national NCD report	4.1.1 national NCD progress reports developed and updated	Review and utilize existing researches and studies/reports on NCDs epidemiological situation	ongoing	MoH, MoHE, MoP/CSO, MoSA	
			Conduct research in the priority areas in relation with other departments at MoH			
4.2. NCD prevention and control Included as part of public health research taking equity into consideration	Number of published studies	4.2.1 Investment accomplished in national epidemiological, socio-economic, other determinants , and health-system research	Hold consultatory meetings to add NCD prevention and control into public health research areas	ongoing	MoH, MoP, MoHE, MoYS, MoE, MoSA, ministries and related Governmental Sector	
			Introduce NCD prevention and control into the research agenda of other related ministries and sectors based on national priorities and in accordance with the regional and global recommendations	annually		
			NCD prevention and control introduced into the academic educational curriculum	annually		MoH, MoHE, ME
			Provide academia and research centers with priority research areas in regard to prevention and control of noncommunicable diseases in accordance with the regional and global recommendations	annually		
4.2.2 A shared agenda for research, is developed in partnership with academic and research institutions based on national priorities .						

Objective Four:

To promote research for the prevention and control of noncommunicable diseases.

Outcome	Outcome indicator	Output	Activity	Time frame	Executors
4.3 Active participation in the regional and international NCD research activities supported	Regional and global reports	4.3.1 Incorporation made with the regional reference centers and networks	Establish communication process with regional reference centers and networks in the areas of national interest to participate	2015	MoH, MoEA, MoHE
			Establish national reference centers on NCDs	2017	

Objective Five: To promote partnerships for the prevention and control of noncommunicable diseases.					
Outcome	Outcome indicator	Output	Activity	Time frame	Executors
5.1 Effective partnership is Promoted for prevention and control of noncommunicable diseases	-Active Steering, technical and local committees. -Percentage of participating stakeholders	5.1.1 Partnership of MoH with other related ministries, sectors is strengthened on prevention and control of NCDs at central and local levels with defined roles and responsibilities of the partners	Review and update TOR and action plans of the existing central and local multisectoral committees	ongoing	related ministries, Ministry of Baghdad municipalities
5.2 The role of the private sector, professional associations and civil society is supported in prevention and control of non-communicable disease.	Proportion of participation in action plan	5.2.1 The private health sector and medical and professional associations engaged in the related NCD prevention and control activities	Ensure participation of the professionals from private sector and medical associations at different the stages of NCD prevention and control activities Involve the Iraqi medical association to ensure application of the national health programs by the private health sector Development of regulations/ instructions on partnership with the private sector in prevention and control of NCDs	2015	MoH and related ministries and sectors, Iraqi Medical association, medical and professional associations, civil society, NGOs, religious stakeholders, private sector representatives.

Objective Five:

To promote partnerships for the prevention and control of noncommunicable diseases.

Outcome	Outcome indicator	Output	Activity	Time frame	Executors
		5.2.2 the civil society and NGOs are assigned in health promotion activities	involve the civil society and NGOs in advocacy events, organizing national public awareness campaigns on adopting healthy life skills, and on utilization of available health care services	ongoing	
			collaborate with the civil society NGOs to empower individuals in the community for home care and patient education on self care	2015	
			produce EIC materials in collaboration with the civil society and NGOs	ongoing	
5.3 Coordination process is strengthened with the related international agencies for optimal use of resources and opportunities	presence of contracts, MOU	5.3.1 collaborative work is fostered with united nation agencies, CDCs, and other related international bodies to streamline the national plan and identify their roles and inputs and to lobby for raising resources and provision of requirements	Attain official agreements (Contracts, MoU..) between MoH and UN agencies, USAID and other international bodies to gain technical and financial support.	ongoing	MoH, MoP, MoFA, MHE

Objective Five:

To promote partnerships for the prevention and control of noncommunicable diseases.

Outcome	Outcome indicator	Output	Activity	Time frame	Executors
5.4 Participation is ensured in global and regional strategies and plans for prevention and control of noncommunicable diseases	Percentage of meetings global and regional report	5.4.1 Effective communication with global and regional networks enhanced to adapt the strategies and plans of mutual interest.	Facilitate active participation in regional and international events (meetings, workshops, conferences) to exchange experience with participating expertise.	ongoing	MoH, MHE, MOFA, MOP, UN agencies, CDC, USAID, Other related regional and international bodies

Objective Six

To monitor noncommunicable diseases and their determinants and evaluate progress at the national level.

Outcome	Outcome indicator	Output	Activity	Time frame	Executors
6.1 NCD surveillance system is active and sustained	Annual surveillance report	6.1.1 National data on trends of NCDs mortality and contributory risk factor available	Conduct STEPwise NCD risk factors surveillance in accordance with national needs every 3-5 years	2013	MoH, MoP/CSO
			Annual age and sex based cause specific mortality data available at national and governorate level	2012 ongoing	
		6.1.2 National data available in the regional and global reports	Participate in global and regional surveillance and surveys on NCDs and risk factors	2007,2013	
		6.1.3 Information on relation of NCDs with social and other determinants available	Incorporate data on NCDs and risk factors into other national surveys	ongoing	
		6.1.4 Estimates on causes of avoidable blindness available	Develop baseline data on avoidable blindness to be updated every 3-5 years	2009 ongoing	
6.2 Quality data provided on NCDs by the health information system	Statistical reports of DoHs	6.2.1 Registration system Reinforced based on updated International Classifications for Disease ICD in all health institutes	Training staff on registration based on updated ICD	ongoing	MoH, MoP

Objective Six

To monitor noncommunicable diseases and their determinants and evaluate progress at the national level.

Outcome	Outcome indicator	Output	Activity	Time frame	Executors
		6.2.2 Adopt cause specific mortality attributed to major NCDs at the national HIS	Training Physicians At Hospitals And Officially Authorized Health Institutes On Proper Application Of Death Certificate Form Based On Updated Icd	2013-2014	
		6.2.3 National population based cancer registry is well established At Dohs	Reinforce existing cancer registry At DoHs	ongoing	
		6.2.4 Case based records are available at Primary health care centers for major NCDs	- Updating recording system at PHCs - Training PHC staff on case based recording	2015-2017	
		6.2.5 Data on major NCDs at PHCs and public clinics are available on monthly basis	Enhance monthly reporting system of major NCDs at PHCs and public clinics	ongoing	
6.3 Well developed and sustainable Surveillance And Evaluation for NCD services is applied with feedback mechanism	Number of Surveillance And Evaluation reports	6.3.1 Monitoring report on NCD health care capacity is produced as required	Assess NCD health care capacity to identify the areas in need for strengthening and development	2011 ongoing	MoH, MoP, MoHE
			Update guidelines and protocols for NCD services	2008 ongoing	

Objective Six

To monitor noncommunicable diseases and their determinants and evaluate progress at the national level.

Outcome	Outcome indicator	Output	Activity	Time frame	Executors
		6.3.2 The quality of health services evaluated	assess the quality of health work force performance at primary, secondary and tertiary levels based on national guidelines and protocols	2012 ongoing	
6.4 Multisectoral action plan enactment is monitored	percentage of accomplished short, mid and long term outcome indicators of each objective	6.4.1 Plans implementation monitored by the focal points in each sector according to identified indicators	Develop clear measurable short, mid and long term outcome performance and effect indicators for the multisectoral NCD prevention and control action plan by each ministry/ sector	2013	Steering committee, technical committee, work teams in ministries
			Provide the Steering Committee with the surveillance reports of each Ministry/sector for Surveillance And Evaluation	2014	
6.5 Sustainability of the surveillance and monitoring system Ensured		6.5.1 Surveillance capacity strengthened	Engage the NCD surveillance staff in advanced competency based training courses at national and international levels	2014	MOH, MOP, MOF, international organizations MOFA

Objective Six

To monitor noncommunicable diseases and their determinants and evaluate progress at the national level.

Outcome	Outcome indicator	Output	Activity	Time frame	Executors
		6.5.2 Surveillance supplies and requirements sustained	Define sources of supplies		
6.6 Quality of the NCD surveillance system ensured	Global evaluation indicators	6.6.1 Surveillance system is evaluated and updated	Upgrade national capacity on the globally and regionally adopted evaluation process Perform evaluation of the surveillance every 2 years and reform accordingly	2015	MoH, MoP, MoHE

Surveillance And Evaluation

Monitoring of the magnitude and trends of NCDs and their determinant risk factors and the health system capacity is mandatory for the advocacy and policy making .It is also important to evaluate the effectiveness and impact of interventions and assessing the progress made. Evaluation process should be made at two steps: midterm assessment is intended by the year 2015 to take corrective measures then reorient the plan to overcome unforeseen challenges. Another evaluation should be carried out by the end of the period.

Administrative Structure For The National Strategy For Prevention And Control Of Noncommunicable Diseases

First:Steering Committee for Prevention and Control of Noncommunicable Diseases

The Steering Committee is chaired by His Excellency the Minister of Health and consists of the Deputy Ministers or related positions of the relevant ministries and related sectors and the Kurdistan Region Government

Functions of the Steering Committee:

- Endorsement of the national strategy for prevention and control of noncommunicable diseases and submission to higher authorities for approval.
- Introduction of prevention and control of noncommunicable diseases into the national development plans.
- Review and adaptation of thenational plan according to national and global updates
- Issuing instruction for the evaluation of implementation of the outputs and activities.
- Studying the monitoring reports submitted by the Technical Committee.
- Semi-annual meetings to discuss and monitor the implementation of the National Plan according to reports submitted by the Technical Committee.
- Submission of the semi-annual reports to the General Secretariat of the Council of Ministers on the implementation of the national plan.

Second:Technical Committee of the National Strategy for for Prevention and Control of Noncommunicable Diseases

The Technical Committee is headed by Director General of the General Directorate of Public Health and the membership of directors of departments and sections of the Directorate General of Public Health and other central Directorates of the Ministry of Health and relevant ministries.

Functions of the Technical Committee:

- Preparation of national strategy for the prevention and control of Noncommunicable diseases in coordination with the focal points of the ministries and submission to the Steering Committee.
- Monitoring introduction of prevention and control of Noncommunicable diseases into the national developmental plan in coordination with the focal points at the ministries and other relevant sectors.
- Participation in the development of plans of action for the relevant ministries and related sectors with identification of Surveillance And Evaluation indicators.
- Study of the proposed activities and projects of the ministries and related sectors and submission of the recommendations to the Steering Committee.
- Monitoring the implementation of the national strategy of prevention and control of noncommunicable diseases at the relevant ministries and in coordination with focal points in the work teams.
- Submission of quarterly monitoring reports to the steering committee based on the follow-up reports of the focal points.
- Participation in the semi-annual meetings of the Steering Committee as indicated.

Third: Work Teams in all of the relevant ministries and sectors

The Work Team consists of the focal point of the National Plan, the member of the Higher Committee for tobacco control, the member of the national committee for physical activity and healthy diet, member from the finance and legal departments and other members designated by the Ministry.

Tasks of the Work Team:

- Preparation of the plan of action of the ministry or the related sector in coordination with the Technical Committee for the purpose of achieving the goals of the national strategy of prevention and control of noncommunicable disease with the financial support by Ministry's budget
- Follow up and monitor the implementation of the plan of action at the ministry.
- Submission of periodic follow-up reports to the Technical Committee on the implementation of the action plan at the ministry or sector.

Chart of Surveillance And Evaluation

