REPUBLIKA E SHQIPËRISË
MINISTRIA E SHËNDETËSISË

NATIONAL PROGRAM

ON PREVENTION AND CONTRO OF NCDS IN ALBANIA

2016-2020

World Health Organization

SUPPORTED BY
WORLD HEALTH ORGANIZATION

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National Program on Prevention and Control of NCDs in Albania 2016-2020

Tirana, 2017

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Foreword

The cross-sector NCD program is built on the above policy strategies and programs by combining and integrating the efforts of a number of stakeholders from both governmental and non-governmental organizations to achieve the NCD targets aligned with the WHO NCD Global monitoring framework.

Program has been developed with the input of line ministries: Ministry of Health, Ministry of Agriculture, Rural Development and Water Administration, Ministry of Education and Sports, Ministry of Environment, Ministry of Transport and Infrastructure, the respective local and national institutions and nongovernment organization.

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Foreword by the Minister of Health

Non-communicable diseases (NCDs) are a major concern in Albania, exhibiting a significant increase during the period 1990-2010, a trend which is likely to continue in the future given the increase in life expectancy and aging of the Albanian population.

The main NCDs include cardiovascular diseases, chronic respiratory conditions, diabetes and cancer. All of these conditions often share common modifiable risk factors, including lifestyle/ behavioral risk factors (such as tobacco use, unhealthy dietary patterns and physical inactivity) and some other classical/conventional risk factors (including blood pressure, high glucose and high cholesterol levels).

WHO estimates that NCDs account for about of 90% of the deaths in Albania and the probability of dying between ages 30 and 70 years from the 4 main NCDs is about 19%. The cardiovascular disease is the top cause of mortality in Albania accounting for 59% of all deaths.

According to the Global Burden of Disease 2010 Study, the three main risk factors responsible for the majority of the burden of disease in 2010 in Albania included dietary risk factors, hypertension and smoking. The overall lifestyle factors accounted for more than 70% the total burden of disease in Albania, whereas dietary risk factors alone comprised 38% of the total mortality in Albania.

A comprehensive approach is being employed by integrating policy and action to reduce inequalities in health and tackling the toll of NCDs by introducing health promotion and preventive programs at a population level; actively targeting sub-groups and individuals at a particularly high risk; and, maximizing population coverage with effective health care services.

The priority activities are organized within four strategic objectives including governance, prevention, health system and surveillance.

With a commitment and vision to provide Universal Health Coverage and quality and timely health services for all Albanian residents, the Albanian Programe for the prevention and control of NCDs aims at avoiding premature death and significantly reducing the disease burden from NCD by taking integrated action, improving the quality of life and making healthy life expectancy more equitable within and between the Regions.

As we have embarked on a challenging path to radically reform the country's healthcare system, we shall continue strengthening and expanding of the role of the Primary Health Care, as the gatekeeper of the system, through the implementation of the National Programme of Free-of-charge Check-up for all Albanian Residents aged 35-70, removal of all fees for medical visits at the PHC level for all citizens, despite their health insurance status, and further expanding the list of reimbursed medicines.

Furthermore, our efforts aim at strengthening of the continuum of care for the management of NCDs, specifically: Tobacco control; CVDs: Upgrading the currently dispersed outpatient Cardiology Cabinets and the establishment of new inpatient invasive cardiology units (angioplasty) in the capital and other major district and use of all available resources for specialized treatment of CVD-s through PPP schemes; Cancer control: Screening of colorectal cancer through the annual free check-up programme, screening and early detection of breast cancer through the use of stationary and two mobile mammography machines, establishment of chemotherapy treatment units in major district hospitals, upgrade of radiotherapy, improved access to medicines used for the treatment of cancer (expansion of the list of reimbursed medicines), establishment of palliative care centers in districts; and finally, our endeavors to further develop the Health Information System and integrate its silos: e-Prescription; e-Referral; development of a model of the electronic medical chart at the hospital level, establishment of the system of electronic medical files at the PHC level.

Overall, the proposed inter-sectoral NCD program in Albania will build on the existing policy strategies and programs combining and integrating the efforts of a number of stakeholders both governmental and non-government organization to achieve the NCD targets aligned to the WHO NCD Global monitoring framework.

Minister of Health

Ilir Beqaj

Foreword by the Deputy Minister of Health

Non-communicable diseases are currently the leading cause of death, diseases and disability in the Europe region, putting an increasing strain on health systems, economic development and the well-being of most of the population.

According to the last situation analysis, non-communicable diseases are a major concern in Albania, depicting a clear increase during 1990-2010, a trend likely to continue in the future as well, in the context of increased life expectancy and population aging.

The program aims to prevent and control NCDs and thus avoid premature death and significantly reduce the burden of diseases from NCD by taking integrated action, improving the quality of life and making healthy life expectancy more equitable within and between Regions.

The drafting of the program was based on:

- The 4 year program 2013-2017 of the Albanian government. Its primary goal is the extension of healthy life years for Albanian citizens and preventing premature deaths through maintaining and improving health
- National Program for the European Integration
- Upcoming Health Strategy 2016-2020

The guiding principles of the program and of the implementation plan in particular are: Health as a human right; Focus on equity; Strengthening health systems; Health in all policies; A life course approach; Empowerment; Balancing interventions targeted for the whole population and the vulnerable groups; Integrated programs; 'Whole-of-society' approach.

The process of drafting the program has gone through several steps of discussions with all stakeholders involved in the National Committee for the Prevention and Control of Chronic Diseases and with a continuing technical support from the World Health Organization Country Office in Albania.

The proposed program outlines short term priorities for action to be addressed over the coming two years (2017-2018). Considerations for the selection of these actions include alignment to the EU integration agenda, feasibility, cost-effectiveness and political support.

The priority activities are organized within 4 strategic objectives: governance, prevention, health system and surveillance.

The implementation of the program will enable not only the achievement of the vision and objectives of the Albanian Government and the Ministry of Health, but it will also enhance the technical skill of the health professionals in accomplishing their duties and responsibilities.

Dr. Klodian Rjepaj
Deputy Minister of Health

List of Abbreviations

ADHS	Albanian Demographic and Health Survey 2008-09
BMI	Body Mass Index
COSI	Childhood Obesity Surveillance Initiative
CVD	Cardiovascular Disease
DALY	Disability Adjusted Life years
DHS	Demographic and Health Survey
ESPAD	European School Survey Project on Alcohol and Other Drug
EU	European Union
HCMIF	Health Care Mandatory Insurance Fund
HBSC	Health Behaviour in School-aged Children
INSTAT	Institute of Statistics
IHD	Ischemic Heart Disease
IPH	Institute of Public Health
IED	Institute of Education Development
IAEA	International Atomic Energy Agency
IFSVR	Institute of Food Safety and Veterinary Research
GYTS	Global Youth Tobacco Survey
FCTC	Framework Convention Tobacco Control
LG	Local Government
MDGs	Millennium Development Goals
MoES	Ministry of Education and Sports
MoF	Ministry of Finance
MoH	Ministry of Health
MoI	Ministry of Interior
MoJ	Ministry of Justice
MoSWY	Ministry of Social Welfare and Youth
NCCAP	National Cancer Control Action Plan
NCCE	National Centre on Continuous Education
NCD	No communicable Diseases
NCEC	National Centre of Emergency Care
NCQSAHI	National Centre of Quality Safety and Accreditation of Health Institutions
NHR	National Health Report
NHI	National Health Inspectorate
NFA	National Food Authority
NGO	Non-Governmental Organizations
NRT	Nicotine Replacement Therapy
PHRD	Public Health Regional Directory
SC	Swiss Cooperation
UHC	University Hospital Centre
UNDAF	United Nations Development Assistance Framework
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
YRBS	Youth Risk Behaviour Survey
WHO	World Health Organization

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Introduction

Regional context of Non communicable diseases

Non communicable diseases (NCDs) are the leading cause of death, disease and disability in the WHO European Region. In Europe, NCDs (more broadly defined) account for nearly 86% of deaths and 77% of the disease burden, putting an increasing strain on health systems, economic development and the well-being of most of the population, people over 50 years of age in particular [1]. The four major NCDs (cardiovascular disease, cancer, chronic obstructive pulmonary diseases and diabetes) account for the vast majority of the disease burden and of the premature mortality in the Region.

NCDs have a significant macroeconomic impact and exacerbate poverty. Most NCDs are chronic and require repeated interactions with the health system and recurring and continuous medical expenses, often requiring catastrophic, impoverishing expenditure. It has been estimated that the loss of productivity due to NCDs is significant: for every 10% increase in NCD mortality, the economic growth decreases by 0.5%[2].

NCDs are also barriers to sustainable development of the human capital. People in many countries experience NCDs at younger ages; have longer periods of illnesses; increased premature deaths; and increased obesity. The rise of NCDs among younger populations is jeopardizing the "demographic dividend" – the economic benefits expected when a relatively large part of the population is of working age. Business leaders surveyed by the World Economic Forum [3], in particular those in countries where healthcare quality and access are perceived as poor, report a high degree of concern that their companies' performance will be damaged because of NCDs among employees. NCDs contribute to absenteeism, poor performance on the job because of disability and shortage of skilled workers.

In this regard, the UN Political Declaration on Non communicable Diseases (NCDs) in 2011 cast the spotlight on NCDs as a growing and substantive threat to sustainable human and economic development [4].NCDs are increasingly becoming the cause of premature death and disabilities worldwide, and are draining healthcare budgets in both developed and developing economies In 2015, the new Sustainable Development Goals (SDGs) [5], unlike the Millennium Development Goals [6], include a target for reduced premature mortality caused by NCDs as well as targets related to key risk factors for NCDs.

The WHO Global Action Plan for the Prevention and Control of NCDs, 2013-2020 highlights the cost-effective interventions for the prevention and control of NCDs in four key areas: (i) tobacco control; (ii) harmful use of alcohol; (iii) unhealthy diet; and (iv) physical inactivity. They save individuals', communities' and governments' money in both the short and long term. They are all evidence-based, high-impact, cost-effective, affordable and feasible. Although these interventions are simple to execute, some require political commitment and coordinated cross-government action. Acting alone, ministries of health are confined to remedial action and illness treatment while a whole-of-government approach is required to address the NCDs social causes. In addition, strategic engagement with the civil society, the academia, the professional bodies and selected private entities are also important when it comes to tackling NCDs [7].

In July 2014, Member States undertook a comprehensive review and assessment on the prevention and control of NCDs and the progress since the UN Political Declaration on NCDs in 2011 [8]. Key national commitments agreed at that meeting included:

1. setting national targets for NCDs for 2025;
2. developing national multisectoral NCD policies and plans to achieve the targets;
3. considering the establishment of national multisectoral mechanism for engaging policy coherence and mutual accountability in different NCD-related spheres of policy making;
4. reducing NCD risk factors by implementing interventions identified in the WHO NCD Global Action Plan, 2013-2020 [7].

Existing NCD related policies and programs in Albania

NCD control and prevention has been considered as one of priorities of the government. In this regard, NCD control and prevention was included in the legislation on the health sector such as the Law 10107 of 30.03.2009 "On Health Care in Albania", Law 10 383, of 24.2.2011 "On Compulsory Insurance of Health Care in Republic of Albania", Law 10 138, of 11.5.2009 "On Public Health", Law 44/2012 "On Mental Health", Law 9636, of 6.11.2006 "On Health Protection from Tobacco Products", Law 9518, of 18.4.2006 "On Protection of Minors from Use of Alcohol" or in existing action plans such as the Cancer Control Strategy and Action Plan 2011-2020, the Mental Health Action Plan 2013-2021, the Food and Nutrition Policy Discussion Paper 2013-2020.

NCD- related issues have also been included in extended Government policy documents:

- Albanian government's 4 year program 2013-2017 - The primary goal is the extension of healthy life years of Albanian citizens and prevention of premature deaths by maintaining and improving health
- National Program for European Integration
- Upcoming Health Strategy 2016-2020

The proposed cross-sector NCD program shall build on the above policy strategies and programs by combining and integrating the efforts of a number of stakeholders from both governmental and non-governmental organizations to achieve the NCD targets aligned with the WHO NCD Global monitoring framework.

Situation analysis

According to 2014 National Health Report, non-communicable diseases are a major concern in Albania, depicting a clear increase during 1990-2010, a trend likely to continue in the future as well, in the context of increased life expectancy and aging of the population.

The prioritized NCDs consist of cardiovascular disease, chronic respiratory conditions (asthma/ COPD [chronic obstructive pulmonary disease]), diabetes, breast and cervical cancer, and depression. The first three diseases share common modifiable risk factors, including behavioral risk factors (such as tobacco use and unhealthy diet) and physiologic risk factors (such as high blood pressure and high cholesterol level).

Mortality

The mortality profile of Albania is similar to that of developed countries. According the WHO data, NCDs account for about of 90% deaths in Albania and the probability of dying between their 30s and 70s of the 4 main NCDs is about 19%. The cardiovascular diseases are the top cause of mortality in Albania accounting for 59% of all deaths (Figure 1).

The National Health Report 2014 [9] reported an increased mortality rate from non-communicable diseases (SIZ, Neoplasm, Diabetes and COPD) during the last two decades (Table 1).

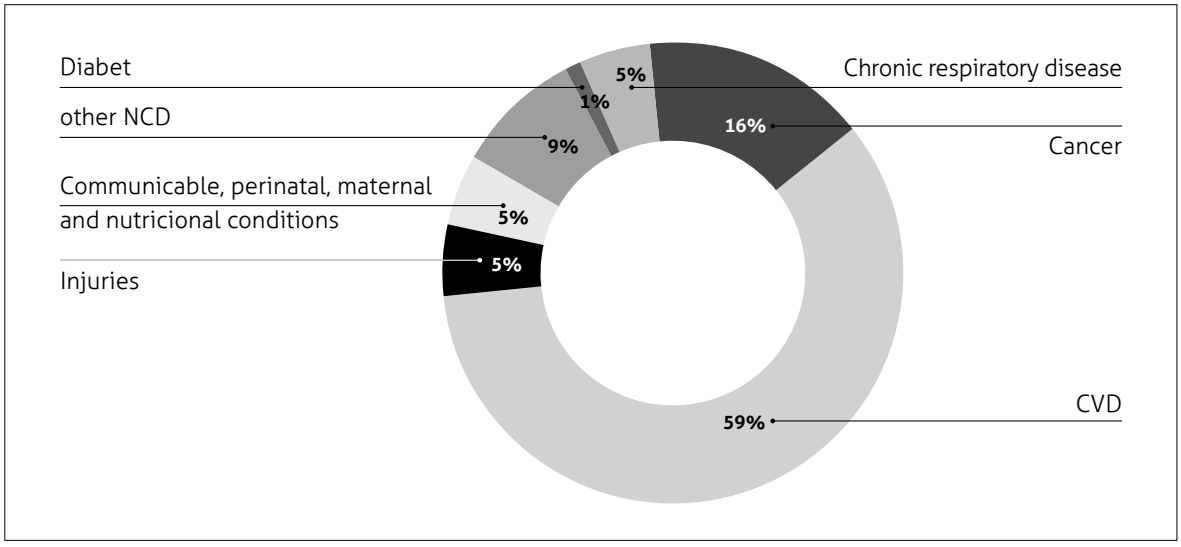
Table 1.The crude mortality and standardized death rates from the NCD during the last two decades in Albania

SJI	1990	2010	1990*	2010*
SIZ	81	172	125	155
Cerebrovascular disease	92	163	144	147
Neoplasm	74	136	104	124
Diabetes	3	7	4	6
COPD	13	19	20	17

* Standardized death rate per 100,000.

Source. National Health Report, 2014 Albania.

Figure 1: Specific mortality (% of death for all ages and both sexes*)

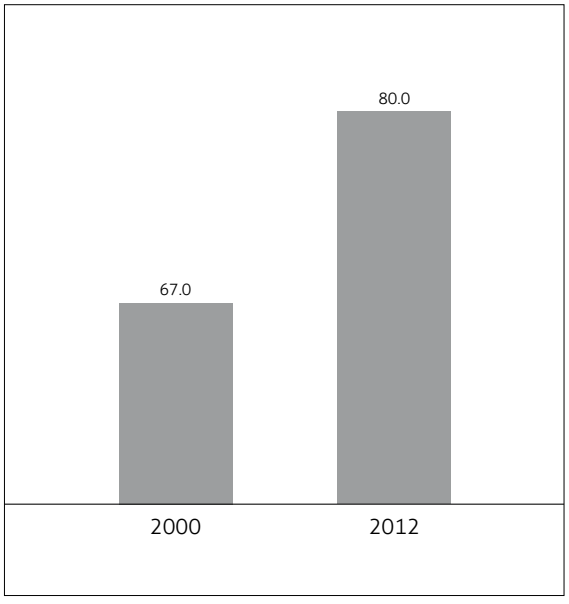


Morbidity

The share of NCDs as a percentage of total DALYs increased considerably from 2000 to 2012 in Albania (Figure 2).

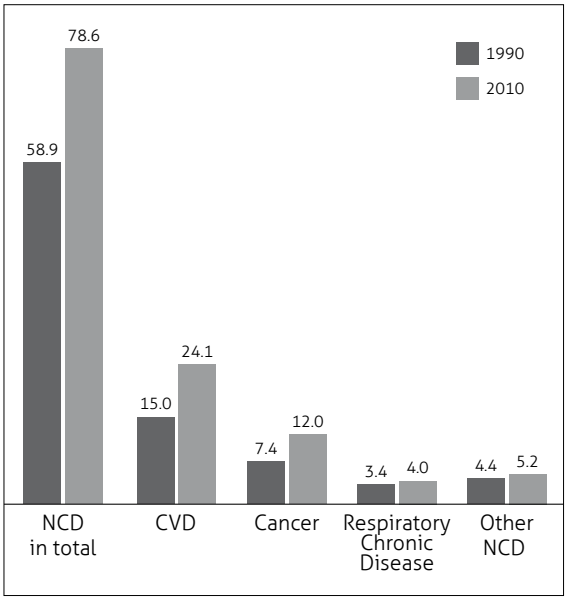
In 1990-2010, the share of total NCDs and selected NCDs as a percentage of total DALYs has increased as well (Figure 3).

Figure 2. NCDs as percentage of total DALYs in Albania in 2000 and 2012



Source. National Health Report, 2014 Albania.

Figure 3.Total NCDs and selected NCDs as percentage of total DALYs in Albania in 1990 and 2010



Source. National Health Report, 2014 Albania.

Risk factors

According to the national health report, which is based on the data of global burden of diseases of 2010, the three risk factors responsible for the majority of the burden of diseases in 2010 were diet, arterial hypertension and smoking (the Global Burden Disease, 2010).

In 2010, lifestyle factors accounted for more than 70% the total burden of diseases in Albania and diet accounted for 38% of the total mortality in Albania.

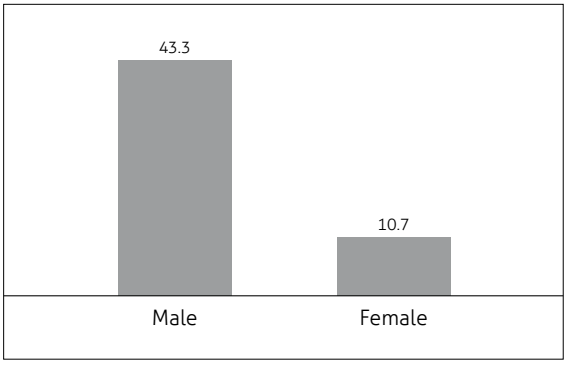
Table 3. Burden of diseases attributable to the overall lifestyle/behavioral factors in Albania in 1990 and 2010

Lifestyle factor	Year: 1990		Year 2010	
	DALYs (per 100,000)	Percent DALYs	DALYs (per 100,000)	Percent DALYs
Physical inactivity	-	-	1167.0	4.3
Dietary risks	2907.3	10.1	4813.8	17.6
Low bone mineral density	45.8	0.2	84.7	0.3
High body-mass index	1116.7	3.9	2241.8	8.2
High blood pressure	2600.8	9.1	4199.7	15.3
High total cholesterol	651.4	2.3	1073.9	3.9
High fasting plasma glucose	770.6	2.7	1281.9	4.7
Drug use	268.8	0.9	369.2	1.3
Alcohol use	433.2	1.5	956.2	3.5
Smoking	2856.3	9.9	3313.5	12.1
Total lifestyle	11650.9	40.6	19501.7	71.2

Source: National Health Report, 2014, Albania.

According to the Survey of Substance Use Among The General Population In Albania [10] the smoking prevalence among men was 43.3 % and among women was 10.7% (Figure 4).

Figure 4.Current smoking prevalence by gender among general population aged 15-65, Albania, 2014



Source: Survey of Substance Use among the General Population in Albania 2014.

In 2010, dietary risks accounted for about 44% of the NCD mortality and 22% of the burden of NCDs in general (Table 4). Dietary risk factors include individual behavior ranging from excess calorie intake to salt intake, unsaturated fats, processed meat, lack of fruits and vegetables intake, or trans-fats.

Table 4.Mortality rate and burden of NCDs attributable to dietary risks in Albania in selected years

Indicator	1990	1995	2000	2005	2010
Dietary risks attributable CMR from NCDs (per 100,000)	144.2	216.3	284.2	254.2	271.0
Dietary risks attributable CMR from NCDs (%)	40.6	52.8	54.8	43.8	43.7
Dietary risks attributable DALYs for NCDs (per 100,000)	2907.3	4129.6	5224.1	4683.9	4813.8
Dietary risks attributable DALYs for NCDs (%)	17.3	22.9	26.3	22.6	22.4

Source: National Health Report, 2014, Albania.

Recent surveys [11] indicate a high prevalence of overweight/obesity and hypertension in the general population of Albania (Figure 5).

Figure 5.Prevalence of overweight and obesity among general population aged 15-49 years, Albania, 2009 (ADHS 2009).

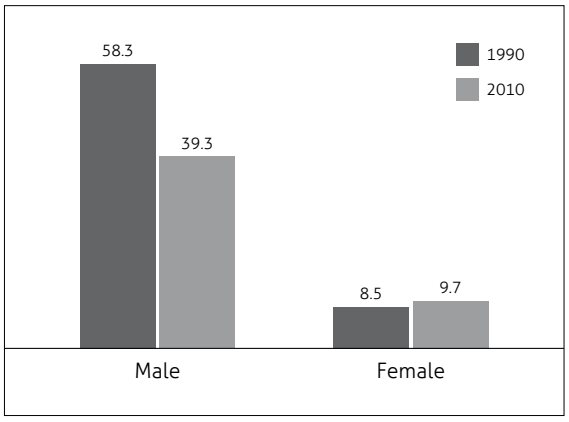
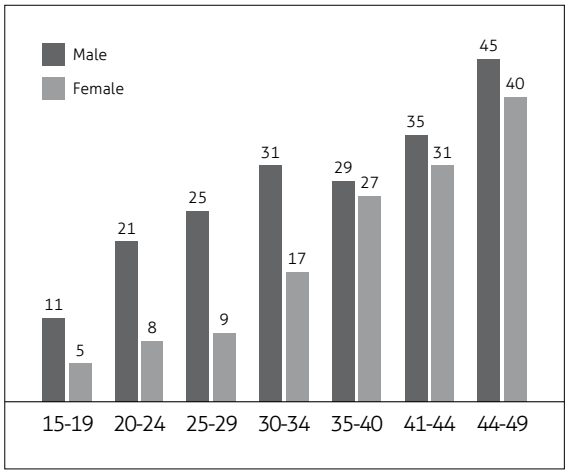


Figure 5.Prevalence of hypertension among general population aged 15-49 years, Albania, 2009 (ADHS 2009)



According to the HBSC 2014, only 1 in 4 children engages in at least 1 hour of moderated or intensive daily physical activity [12].

Strategic Framework

Vision

Promoting health free of preventable no communicable disease (NCD), premature death and preventable disability in Albania

Goal

The goal of the Albanian Program for the prevention and control of NCDs is to avoid premature death and significantly reduce the disease burden from NCD by taking integrated action, improving the quality of life and making healthy life expectancy more equitable within and between Regions.

Objectives

- To take integrated action on risk factors and their underlying determinants across sectors
- To strengthen health systems for improved prevention and control of NCD.

Strategic approach

A comprehensive approach that systematically integrates policy and action to reduce inequalities in health and tackles NCDs by simultaneously:

1. Promoting health promotion and disease prevention programs at population-level;
2. Actively targeting groups and individuals at high risk; and,
3. Maximizing population coverage with effective treatment and care.

Guiding principles

The guiding principles for this implemented plan are as follows:

- Health as a human right
- A focus on equity
- Strengthening health systems

- Health in all policies
- A life course approach
- Empowerment
- Balance population-based and individual approaches
- Integrated programs
- 'Whole-of-society' approach

Priority action areas

The proposed program outlines short term priorities for action to be addressed over the coming two years (2017-2018). Considerations for the selection of these actions include alignment to the EU integration agenda, feasibility, cost-effectiveness [13] and political support. Other areas for action have been identified over the period 2016-2020 and are expressed in the appended NCD Action Plan, but they will require additional consultations with relevant partners.

The priority activities are organized within 4 strategic objectives: governance, prevention, health system and surveillance.

Governance: strengthening and expanding cross-sector cooperation and partnership for NCD

1. Strengthen the role of the cross-sector committee on NCDs by assigning it the specific responsibility of overseeing the development, implementation and evaluation of the plan to ensure engagement, policy coherence, joint accountability and clear reporting lines.
2. To ensure its feasibility the plan needs to be incorporated within the mid-term programs of the government budget review.
3. Mobilize commitment from a full range of partners in and outside the health sector (NGO, private sector, academia). Take advantage of initiatives at local level for creating healthy environments and scaling-up awareness campaigns.
4. Expand the capacity of the Ministry of Health in the area of NCDs.
5. Include NGO-s in the next iteration of UNDAF.

Prevention: Scaling up equity-sensitive population interventions to address risk factors and their underlying social determinants

1. Whole-of-government policies
2. Work with the municipalities to create the conditions for health (pedestrian friendly city centers and bike lanes, green areas). Enhanced role of the local government for health.
3. Promote sports and physical activity, starting from schools. Revise and update the school curricula on physical education and nutrition.
4. Promote and sustain the 'open school' initiative to facilitate physical activity at the community level.
5. Create healthy choice environment by providing the fruit schemes and enforce regulations on street vendors.
6. Enforce current tobacco policies by expanding the capacity of the State Health Inspectorate;
7. Upgrade the current tobacco regulation through effective health warnings (pictorial warnings on the packaging) and reduce affordability of tobacco products by increasing tobacco excise taxes.
8. Collaborate with the social sector to identify and address social determinants of health related especially to excluded strata of the population in order to facilitate better access to health services.
9. Prepare and identify key stakeholders to reduce salt content in bread.

Population-based actions

1. Raise awareness on the healthy eating habits and nutrition and outdoor activities through the social media, campaigns and professional education.
2. Promote breastfeeding;
3. Health system: Strengthen integration and rational use of services for improved management of NCD

Early detection and management

Build on the existing check-up initiative system (Free National Program of Health Check-up for Albanian Citizens 35-70 years of age covering NCDs early detection and screening):

1. Strengthen the counseling skills of GPs on the risk factors;
2. Identify and further follow up the population at risk for NCDs, especially for CVD through SCORE included in the check-up program;
3. Establish outpatient fully equipped cabinets of CVD countrywide to ensure the proper follow up of patients who have indications for further medical work-out;
4. Enable access to services of advanced life saving interventions in cardiology, emergency care and oncology.
5. Use all available public and private resources in the country.
6. Strengthen health communication and education component of the program
7. Prepare the ground for the development of the cervical screening program in line with the National Cancer Control Action Plan.
8. Expand palliative care services.

Lifting the financial barriers and administrative barriers

1. Ensure that the uninsured population receives services free of charge at the primary health care level.
2. Increased access to medicines: lowered medicine prices (for both outpatient and inpatient) through regulatory means.

Surveillance-Research (HIA): Establish a comprehensive and coordinated national NCD surveillance system

- Advance the implementation of target and indicators across institutions in line with ECHI, GMF, SDGs;
- Scale up the child nutrition surveillance 0-5 years old countrywide;
- Include a module dedicated to NCD in upcoming Demographic Health Survey.
- Prepare and plan the development of periodic national comprehensive risk factor surveys based on WHO STEPS.
- Strengthen the analytical capacities both at national and local levels to analyze different available databases;

Overall Targets

(based on targets and indicators in line with the WHO Global Monitoring Framework)

1. Halt the rise of premature mortality from NCD
   - Unconditional probability of dying between the ages of 30 and 70 from CVDs, cancer, diabetes or chronic respiratory disease.

2. Alcohol
   - Halt the rise among women
   - Reduce consumption among men
   - Halt the rise of binge drinking among adolescents

3. Tobacco
   - Reduce prevalence of tobacco use among adolescents
   - Halt the rise among women
   - Reduce prevalence among the adult population

4. Physical activity
   - Reduce physical inactivity among school-aged children by 10%

5. Hypertension
   - Relative reduction of the prevalence of HBP by 10%

6. Diabetes and obesity
   - Halt the rise of obesity

7. Health system response
   - At least 50% of eligible at-risk population undergoes the appropriate therapy
   - Improve access to essential medicines required to treat major NCDs (by 25%)

Other targets and indicators will be developed in response to specific activities in the Action Plan.

Action plan

Non- Communicable Disease Prevention and Control Implementation Plan 2016–2020 in Albania

Vision: Promoting health free of preventable no communicable disease (NCD), premature death and preventable disability in Albania

Goal : The goal of the Albanian Plan for the prevention and control of NCDs is to avoid premature death and significantly reduce the disease burden from NCD by taking integrated action, improving the quality of life and making healthy life expectancy more equitable within and between Regions.

Domain 1: Governance		
Specific Objective 1:Strengthening and expanding cross-sector cooperation and partnership for NCD		
	Objective	**Activities**
1. 1	Strengthen the role of the intersectorial committee on NCDs by assigning it the specific responsibility of overseeing the development, implementation and evaluation of the plan to ensure engagement, policy coherence, joint accountability and clear reporting lines.	1.1.a Establish the intersectorial committee (members, terms of reference, annual working plan and regular meetings
1.2	Promote integration of NCDs into relevant national development policies, e.g. health sector strategy, national integration and development strategy	1.2.a. Make a policy analysis of other ministries strategies in order to identify NCDs relevant activity 1.2.b. Develop recommenda-tion and propose them to IC to integrate these activity into NCD program 1.2.c. Foster and promote Partnership public private (PPP) on promoting healthy lifestyle initiative (labor regulation)
1.3	Engage all relevant stakeholders at all levels including LG	1.3.1.Establish an intersectorial committee 1.3.2 Identify the focal point at the stakeholders level 1.3.3 Organize a collaboration workshop on engagement for NCDs at all levels
1.4	Include NCDs in the next iteration of the UNDAF	1.4.1 Include in CPD 2017-2021 1.4.2 Interact with all UN agencies for the NCD control and prevention
1.5	Review and update legislation in support of NCDs as appropriate (e.g. PH, heath system) development of new legal documents to enable interventions in NCDs.	1.5.1. Review and analyze the analysis legislation on NCDs) web research 1.5.2 Identify of the respective laws for each stakeholder
1.6	Develop the accountability framework with clear targets, indicators, roles and responsibilities	1.6 .1 Organize cross-sector workshop to develop clear targets, indicators, roles and responsibilities1.1.6.2 Recommen-dations should be sent to the IC for approval
1.7	To ensure its feasibility the plan needs to be incorporated within the mid-term programs of the government budget review	1.7.1 Annual cross-sector workshop on the presentation of the analysis of available resources (finance, human and information) on each sector 1.7.2 Develop steps to implement the NCD program 1.7.3 Monitor the feasibility process.
1.8	Develop a communication plan for the effective engagement of the relevant stakeholders and the public	1.8.1 Develop community-focused NCD- related documents (prepared by health specialist) 1.8.2 Draft a communication plan document with the focus on the stakeholders/actors
1.9	Expand capacity of each ministry on the area of NCDs	

Outcome measurement indicator(s)	Timeline		Responsible authorities	Partner Organizations	Cost of implementation (in All)
	Start year	End year			
Term of reference are completed Annual plan of work is finished.	2016	2020	IC	Membership	1.1 2.400.000
1.2.a NCDs are prioritized in relevant national development policies 1.2 .b Recommendation are developed and proposed 1.2.c PPP-s on health lifestyle are fostered and promoted	2018	2020	IC	WHO	1.2 No added cost
1.3.1 Relevant favorable policies on NCDs are adopted 1.3.2 Focal point is identified 1.3.3 Workshop recommendation are implemented	2016	2020	MoH		1.3 No added cost 1.3.3 2.200.000
1.4.1 NCDs are included in the UNDAF	2016	2020	MoH	UN agency	1.4 No added cost
1.5.1 NCD related legislation is reviewed, updated and developed to enable interventions in n NCDs	2016	2020	MoH		1.5 No added cost
1.6.2 Targets and responsibilities are identified	2016	2020	IC MoH	WHO	1.6 2.500.000
1.7.1 The feasibility report is presented 1.7.2. Steps are identified, developed and implemented	2018	2020	MoH		1.7 Cost is included in the activity 1.6
1.8.1 Increased involvement of relevant stakeholders and the public in NCD prevention and control activities	2016	2020	MoH IPH	WHO	1.8 100.000
1.9 Increased number of human resource dedicated to NCDs	2016	2020	MoH		1.9 No added cost

Domain 2 : Prevention			
Specific Objective 2:Scaling up equity-sensitive population interventions to address risk factors and its underlying social determinants			
	Objectives	**Activities**	
Tobacco use			
2.1	Strengthen the implementation of FCTC with special emphasis on: closed public places tobacco advertising tax and price policy sale to minors pictorial warning labels	2.1.1-a Strengthen the Health Inspectorate infrastructure 2.1.1-b Strengthen the human resource capacity - increase the number of inspectors -increase the staff capacity in monitoring the administrative acts. 2.1.1.c Establish and maintain the electronic health inspectorate platform. 2.1.2.a Make an economic and health impact assessment of increased excise tax. 2.1.2.b Administrative acts on excise tax increase on tobacco product. 2.1.3.a Have a meeting of NCPHTP to approve the change of pictorial warning labels size in line with the EU standards 2.1.3.b Monitor the implementation of the administrative acts	
2.2	Provide smoking cessation services through the national program of check-up and increase the affordability of NRT	2.2.1. Advocacy for including NRT in the drug reimbursement list. 2.2.2. a .Draft the protocols/guidelines on smoking cessation. 2.2.2. b. Train the health providers at the primary health care service on the smoking cessation counseling 2.2.3 Establish the outpatients reference Center on smoking cessation at UHC "Mother Teresa"	
2.3	Raise awareness of the health risks of tobacco use among the population with a special emphasis on youth and women though educational institutions, workplaces and the media Reduce tobacco use and exposure to second hand smoking	2.3 Organize campaigns on the tobacco use / second hand smoking	
Harmful use of Alcohol			
2.4	Review and strengthen the enforcement of the current legislation with special emphasis on: enforcing legislation on restricting access of minors to retail alcohol enforcing the legislation on banning drink-driving revise the taxation policy on alcohol products update the regulatory framework to regulate alcohol content and volume	2.4.1-a Strengthen the Health Inspectorate infrastructure 2.4.1-b Strengthen the human resource capacities : - increase the number of inspectors -increase the staff capacity in monitoring the administrative acts. 2.4.1.c Establish and maintain the electronic health inspectorate platform . 2.4.2 Monitor the implementation on banning driving under the effect of alcohol use 2.4.3.a Organize a workshop on the awareness of the taxation policy on alcohol products with representative for the media, the Chamber of Commerce, the stakeholders etc. 2.4.3.b Draft recommendations on revising the taxation policy. 2.4.4 Update the regulatory framework to regulate alcohol content and volume	
2.5	Raise awareness of the health risks of alcohol consumption among the youth and adult population though the educational institutions, workplaces and the media	2. 5 Organize campaigns on the health risks of harmful alcohol consumption	

Outcome measurement indicator(s)	Timeline		Responsible authorities	Partner Organizations	Cost of implementation (in ALL)
	Start year	End year			
2.1.1 a. Health inspectorate workforce is increased and trained b. c Electronic platform is in place 2.1.2.a Report on the economic and health impact assessment of the increased excise tax. 2.1.2.b Excise tax is increased with a consequent increase in the retail price of tobacco products. 2.1.3 Size of pictorial warning labels are in line EU standards	2016	2020	National Committee on the Protection of Health from Tobacco products National Central Inspectorate NHI		2.1.1.a and 2.1.1.b 22.000.000 2.1.1.c 1.000.000 2.1.2 a 100.000 2.1.3.a 100.000
2.2.1 NRT is included in the drug reimbursement list 2.2.2.a Protocols/guideline on smoking cessation are prepared 2.2.2 b Number of training activities on smoking cessation Health staff at PHC are trained 2.2.3 Outpatient service on smoking cessation is established	2016	2020	MoH HCMIF RDPH	Professional organizations with special emphasis on nursing and family physicians NGO	2.2.1 No added cost 2.2.2.a 50.000 2.2.2 .b 10.000.000 2.2.3 100.000.000
2.3 Increased number of people correctly identifying the risk of tobacco use	2016	2020	IPH MoES RDPH	Media Businesses, industries	2.3 5.000.000
2.4.1 Health inspectorate capacity in enforcing the current alcohol legislation is strengthened 2.4.2 Excise tax is increased with a consequent increase in the retail price of alcohol products. 2.4.3 Regulatory frameworks on alcohol are updated	2016	2020	MoH MoI MoJ MoF NFA		2.4.1 Cost is included in the 2.1
2.5 Increased number of people correctly identifying the risk of a alcohol use	2018	2020	IPH MoES RDPH	Media Businesses, industries	2.5 5.000.000

2.6	Increase counseling on harmful alcohol use at the primary health care level through the national check-up program	2.6.1. Draft protocols/guidelines on counseling on the harmful alcohol use 2.6.2 Training of the health staff at primary health care service on the harmful alcohol use
2.7	Expand the capacity of alcohol addiction treatment	2.7.1 Expand the capacities on human resources (2 physicians, 2 social workers, 2 psychologists) 2.7.2 Train the human resources in the current centers 2.7.3 Build two new centers (in the north and south of Albania)
2.8	Strengthen the capacities of health professionals in identifying the risk of alcohol-related domestic violence and taking appropriate actions	2.8.1. Update the protocols/guidelines on identifying the risk of alcohol-related domestic violence and taking appropriate actions 2.8.2 Train the health staff at primary health care services in identifying the risk of alcohol-related domestic violence and taking appropriate actions
2.9	Improve the public transport system to areas close to bars and restaurants to reduce drink driving	2.9 .1 Organize a round table on "Improvement of the public transport system to areas close to bars and restaurants to reduce drink driving " with the main stakeholders (local government MTI, MoH) 2.9.2 Monitor the implementations of the round table
Nutrition and physical activity		
2.10	Develop national guidelines on physical activities	2.10.1 Develop national guidelines on physical activities
2.11	Promote and sustain the 'open schools initiative' to facilitate the physical activity at the community level	2.11 Determine the human resources dedicated to the "Open Schools" initiative.
2.12	Enable the implementation of the training protocols related to physical activity and diet for school health personnel and use of the nutrition modules with special emphasis on rural and remote areas	2.12.1 Train the school health personnel on physical activity and diet modules (with special emphasis on rural and remote areas)
2.13	Work with municipalities to create the conditions for improved physical activity (green spaces, bike lanes, hiking paths)	2.13 Advocate to include one major municipality (Tirana) on WHO 'Healthy City " project.
2.14	Build on the existing salt iodization monitoring system to estimate the consumption of salt at the population level	2.14.1 Conduct the survey on consumption of salt at the population level 2.14.2 Prepare and build the capacity for the population -based survey on salt consumption

2.6.1 Protocols/guideline are developed 2.6.2. Number of training activities on alcohol use	2016	2020	MoH HCMIF RDPH	Professional organizations with special emphasis on nursing and family physicians	2.6.1 50.000 2.6.2 10.000.000
2.7.1 Human resource capacity is expanded 2.7.2 Number of training activities 2.7.2 Two centers on alcohol addiction treatment are established	2018	2020	MoH UHC LG		2.7.1 40.000.000 2.7.3 Cost is included on the upcoming Strategy of Prevention of Damage from Alcohol Use
2.8.1 Protocols/guidelines on identifying the risk of alcohol-related domestic violence and taking appropriate actions are developed 2.8.2 Number of training activities Number of health staff at PHC level trained in identifying the risk of alcohol-related domestic violence and taking appropriate actions	2018	2020	MoH Orders of Physicians & Nurses MoSWY	MoI	Cost is included on the upcoming Strategy of Prevention of Damage from Alcohol Use
2.9.1 Recommendations from the round table are implemented.	2018	2020	MoH IPH	MoTI LG	2.9 100.000
2.10.1 National guidelines on physical activities are developed	2018	2019	IPH	MoES IED University of Sports	2.10 100.000
2.11 Number of schools under the "Open Schools" initiative	2016	2020	MoES LG School boards	MoH IPH	No added cost
2.12.1 Number of training activities for the school health staff on the physical activity and diet modules	2018	2020	MoH MoES IPH RDPH Regional Education Authorities		2.12 300.000
2.13 Municipality of Tirana is part of on WHO 'Healthy City " project)	2018	2020	MoH MoTI MoI Association of Mayors	WHO	No added cost
2.14 Report on the on consumption of salt at the population level	2018	2020	IPH	IFSVR	No added cost

2.15	Work with the industry to reduce the salt content in bread maintaining the use of iodized salt based on the standard set by USI law	2.15 Conduct a feasibility study on reducing the salt content in bread maintaining the use of iodized salt based on the standard set by the law on "Prevention of the disorder caused by the iodine deficiency in human body "
2.16	Increase awareness of healthy nutrition and physical activity among the population	2.16.1 Organize a campaign on healthy eating habits and physical activity 2.16.2 Implement the "check- up " 2.16.3 see 2.12 in addition
2.17	Review and update the national nutrition guidelines	2.17.1 Review the existing guidelines and protocols on nutrition with specific focus on adults and adolescents 2.17.2 Update the existing guideline and protocols on nutrition with specific focus on adults and adolescents
2.18	Promote breastfeeding	2.18.1 Strengthen of the implementation of the law on "Promotion and protection of breastfeeding " 2.18.2 Evaluation of hospitals bearing the "Baby-Friendly Hospital" certificate 2.18.3 Expand the initiative of the "Baby Friendly Hospital" 2.18.4 Establish a model on creating a "mothers with baby "group for promoting the breastfeeding
2.19	Build on the existing primary care training programs related to the physical activity and nutrition; ensure continuous training of all relevant staff	2.19.1 Train the health staff at primary health care services on physical activity and nutrition
2.20	Review the existing regulation-initiatives related to reducing the marketing pressure of food and non-alcoholic beverage to children and propose specific recommendations	2.20.1 Desk review of the existing regulation-initiatives related to reducing marketing pressure of food and non-alcoholic beverage to children and propose specific recommendations 2.20.2 Organize round tables to present the review findings and articulate recommendations for the decision makers
2.21	Assess the current amount of trans-fats in the food chain and estimate the cost-benefit of potential measures to reduce trans-fats	2.21.1 Assess the current amount of trans-fats in the food chain. 2.21.2 Estimate the cost-benefit of potential measures to reduce trans-fat 2.21.3 Establish the laboratory capacity on the trans-fat content assessment in the chain food at IPH

2.15 Report of the feasibility study on reducing the salt content in bread maintaining the use of iodized salt based on the standard set by the law on "Prevention of the disorder caused by the iodine deficiency in the human body "	2017	2020	MoH Council of Agribusiness Relevant bakers organizations	UNICEF	No added cost
2.16.1 Increased number of people that reported healthy eating habits and physical activity.	2016	2020	IPH MoES Media		2.16.1 500.000 2.16.2 No added cost
2.17. Update of the guidelines and protocols on nutrition with specific focus on adults and adolescents.	2018	2020	MOH IPH Medical University University of Agriculture	UNICEF	2.17 300.000
2.18.1 Number of the monitoring acts on implementation of the law on "Promotion and protection of breastfeeding " 2.18.2 Report on the evaluation of hospitals of hospitals bearing the "Baby-Friendly Hospital" certificate 2.18.3 Increase the number of "Baby-Friendly Hospital" 2.18.4 The model on "mother and baby " group promoting breastfeeding is established.	2016	2020	MoH NHI	UNICEF	2.18.1 No added cost 2.18.2 100 000 2.18.4 3.000.000
2.19.1 Number of training activities for the health staff at primary health care services on physical activity and nutrition	2018	2020	IPH NCCE RDPH	Professional organizations	Cost is included in activity 2.2
2.20.1 Report on review the existing regulation-initiatives related to reducing marketing pressure of food and non-alcoholic beverage to children 2.20.2 Present the findings and recommendations at round tables	2017	2020	MoH IPH MoES	Parliamentary Committee on Social affair, Labor and Health Journalists associations WHO UNICEF	2.20.1 100.000 2.20.2 250.000
2.21.1 Report on the assessment of the current amount of trans-fats in the food chain and 2.21.2 Report on the cost-benefits of potential measures to reduce the trans-fat content. 2.21.3 The lab capacity on the trans-fat assessment in the chain food at IPH is established.	2018	2019	MoH IPH	WHO FAO	2.21.1 100 000 2.21.2 100 000

Domain: Health system		
Strategic Objective 3: Strengthen integration, accountability and rational use of services for improved management of NCDs		
	Objectives	**Activities**
3.1	Assess the health system in relation to NCD prevention and control	Conduct a health system assessment in relation to NCD prevention and control
3.2	Develop and update the clinical, NCD-related, evidence-based guidelines at all healthcare levels and ensure their effective implementation	Update the clinical guideline at the primary, secondary and tertiary levels.
3.3	Extend the set of indicators and feasibility of systems to better monitor the quality of care for diabetes complications, asthma-related deaths, myocardia fatality rate	3.3.1.Extend the set of indicators on quality of care 3.3.2 Draft the data collection manual 3.3.3 Develop administrative orders to measure the performance through the quality of care indicators
3.4	Ensure the quality of early detection/screening approaches and integrate with all levels of the health system, e.g. breast, colorectal and cervical cancers; PHC check-ups; occupational health hazards	3.4.1 Prepare the pathways to follow up the identified cases 3.4.2 Decentralize the chemotherapy center for better access to cancer treatment 3.4.3 Prepare a report on the access to and rationale use of technologies on screening, diagnosis of, treatment of, control over, rehabilitation from and palliative care for NCDs 3.4.4 [1] A pilot population-based cervical cancer screening for future expansion
3.5	Enhance the coverage of the cardio-metabolic risk assessment tool and expand the coverage for the 40 to 65 year old population	3.5.1 Monitor the use of cardio-metabolic risk assessment tool 3.5.2 Train the health staff on the use/interpretation of cardio-metabolic risk assessment tool 3.5.3. Present the findings in the national public health conference
3.6	Effective management of acute cardiovascular events	3.6.1 Implement the new emergency care model 3.6.2 Train the emergency care staff on the effective management of acute cardiovascular events 3.6.3 Establish the network of the medical emergency center during summer.
3.7	Ensure equitable access to NCD-related drugs	3.7.1 Improve management, planning and procurement of NCD-related drugs 3.7.2 Improve the access to the essential drug list 3.7.3 Put in place the drug track and trace system in all hospitals

1- For further detailed refer to the National on Cancer Control Action Plan 2013-2020

Outcome measurement indicator(s)	Timeline		Responsible authorities	Partner Organizations	Cost of implementation (in All)
	Start year	End year			
3.1 Report on the health system assessment with the follow-up priority actions	2018	2019	MoH IPH	WHO	3.1 50.000
3.2 Clinical guidelines at the primary, secondary and tertiary level are produced	2018	2020	MoH NCQSAHI UHC	Society of Cardiologists, etc	3.2 500.000
3.3.1 The set of indicators monitoring the quality of care is established. 3.3.2 and 3.3.3 Report on the quality of care is produced	2018	2020	MoH NCQSAHI IPH UHC	Professional association organization	3.3.1 50.000 3.3.2 and 3.3.3 No added cost
3.4.1 Pathways on following up of the positive identified cases are established 3.4.2 The number of centers providing chemotherapy is increased 3.4.3 A report on access to and rationale use of technologies on screenings diagnosis of, treatment of, control over, rehabilitation from and palliative care for NCD is developed. 3.4.4. Findings and recommendations from the pilot population-based cervical cancer screening are implemented	2016	2020	MoH NCQSAHI		3.4.1 50.000 3.4.2 No added cost 3.4.3 300.000
3.5.1 Report on the monitoring of the cardio-metabolic risk assessment tool. 3.5.2 Number of training activities on the use/interpretation of cardio-metabolic risk assessment tool.	2016	2020	MoH PHRD	Professional Organizations	3.5.1 50.000 Cost is included in the activity 2.2
3.6.1 Emergency care system is functional 3.6.2 Number of training activities on the effective management of acute cardiovascular events 3.6.3 Emergency centers are functional during summer in the touristic destinations	2016	2020	NCEC	Society of Cardiologists	3.6 100.000.000
3.7.1 Procurement procedure on NCD-related drugs is improved. 3.7.2 Better the access to the essential drug list related to NCD treatment. 3.7.3 Drug track and trace is system is established	2016	2020	MoH HCMIF Regional Hospitals MoH HMIF Regional Hospitals National Agency of the Control of Drugs and Medical Devices Center for Health Technology	Order of Pharmacists Union of Drug Importers and Distributors	3.7 No added cost

3.8	Ensure that the uninsured population receives free services in the primary health care services 2016 -2020	3.8.1 Lift the financial barriers to visits in the PHC level 3.8.2 Minimize the financial barrier on the other levels of health care in respect of the referral system 3.8.3 Provide the free of charge check-up package for the 35-70 year old population at the primary health care level
3.9	Develop, improve and reorient the continuing educational training programs in the field of NCD prevention and control	3.9 Introduce the instruments to promote continuing education for nurses and physicians at the primary care level in the field of NCDs
3.10	Strengthen the patient education programs for diabetic patients (and scale up for other NCD conditions)	3.10.1 Establish the cabinets for education of the diabetic patients at the district level. 3.10.2 Create a model for the education of patients with AM or AVC
3.11	Develop a human resource plan to address mal-distribution and shortage of professionals related to NCD management and surveillance at both public health and clinical settings	3.11.1 Enable the balanced distribution of health professionals related to NCDs 3.11.2 Introduce incentives in order to cover areas underserved with NCD services
3.12	Expand the integration of the public and private sectors through a single purchasing system to maximize the potential of human resource to address NCDs	3.12.3 Implement the check-up package for the 35-70 years old population at the primary health care level. 3.12.2 Enable the cardiovascular interventions package (coronary angioplasty and angiography; definitive pacemaker; aortocoronary bypass, valvuloplasty) to be applied in private hospitals covered by the HCMIF
3.13	Expand the NCD-related palliative care services	3.13.1 Establish the palliative care center close to the regional hospitals. 3.13.2 Expand the drug reimbursement list on palliative care. 3.13.3 Training of the health staff at primary health care level on palliative care (with the focus on underserved areas)

	3.8.1 Health visits to the primary health care level are free of charge 3.8.2 Health visits at the other levels of health care in respect of the referral system have less financial burden for the uninsured patients 3.8.3. The check-up package for the 35-70 year old population at the primary health care level is free of charge	2016	2020	MoH HCMIF		3.8 No added cost
	3.9 Instruments to promote the continuing education for nurses and physicians are developed.	2018	2020	NCEC MoH HCMIF Order of Nurses	UHC All potential providers	3.9 No added cost
	3.10.1 Number of education cabinets for diabetic patients at district level. 3.10.2 A model on education of patient with IAM/ACV is established	2018	2020	MoH Diabetes Association	NGOs	3.10 20.000.000
	3.11.1 Human resource plan is developed 3.11.1 Incentives in order to cover areas underserved with NCD services are proposed and implemented.	2018	2020	MoH IPH	UHC Professional Associations	3.11 No added cost
	3.12.1 Percentage of the 35—70 year old population receiving the check-up package for the 40-65 years old population at the primary health care level 3.12.2 .The cardiovascular interventions package (coronary angioplasty and angiography; definitive pacemaker; aortocoronary bypass, valvuloplasty) is provided in the private hospital and funded by the HCMIF	2016	2020	MoH HCMIF		3.12 No added cost
	3.13.1 The palliative care service is expanded. 3.13.2 The palliative drugs are included in the drug reimbursement list. 3.13.3 Number of training activities on palliative care/Number of health staff at primary health care (focus on underserved areas) trained on palliative care	2016	2020	HCMIF MoSWY MoH LG	Association of Palliative Care Non-public providers WHOCC on Palliative Care (Barcelona)	3.13 Included on the Strategy of Palliative Care

Domain: Surveillance-Research (HIA)		
Specific Objective 4:Establish a comprehensive and coordinated national surveillance system		
	Objectives	**Activities**
4.1	Upgrade the existing death registration system by introducing ICD-10	4.1.1 Translate and adopt ICD 10 4.1.2 Establish a coordination mechanism for the management of updates and adaption of health information system 4.1.3 Train the staff dealing with the ICD 10
4.2	Establish a national population-based cancer registry	4.2 Implementation of the Decree of the Council of Ministers and the ministerial order
4.3.	Establish a national hospital-based IAM and stroke registry	4.3.1 Implement the Decree of the Council of Ministers . 4.3.2 Develop the data collection manual. 4.3.3 Train the health staff at district/regional hospital and public health directorates responsible for the data collection
4.4	Make better use of the existing quality of care and health care utilization data focusing on the distribution and quality of care monitoring	4.4.1 Develop reports on health care utilization and quality of care at national/regional levels 4.4.2 Build on the new system of check-up to produce quality of care indicators
4.5	Make the global NCD framework in Albania operational	4.5.1 Standardize the DHS to align with the Global NCD Monitoring Framework and its indicators 4.5.2 Prepare and plan for the development of periodic national comprehensive risk factor surveys based on WHO STEPS. 4.5.3 Continue and coordinate specialized risk factor surveys based on school settings, e.g. HSBC, COSI, GYTS, ESPAD, YRBS
4.6	Scale up the under-5 child nutrition surveillance nation wide	4.6.1 Develop a data collection manual 4.6.2 Train the health staff on data collection and reporting
4.7	4.7 Institutionalize the integration of an NCD surveillance framework as part of the national health information system	4.7.1 Develop and ensure the linkage between the -e prescription / -e health records / -"check-up "-e health card / aiming at the NCD surveillance
4.8	Improve the quality and scope of NCD and risk factor surveillance system to include information about the socioeconomic and occupational statuses.	4.8 Revise the data collection and analysis methodology
4.9	Assure the disaggregation of service utilization and health outcome data by basic socioeconomic indicators, e.g. geographic distribution, education, employment status	4.9 Revise the data collection and analysis methodology
4.10	Develop the capacity for the health impact assessments and doing further research in this area	4.10 Exchange program with European Center on the health impact assessment.
4.11	Evaluate the implementation of the implementation plan based on the monitoring of the evaluation framework.	4.11.1 Produce a midterm/final report on the implement-tation of the NCD program
4.12	Strengthen the analytic capacity at local and national levels to analyze the available database	4.12.1 Establish an exchange program with European Center 4.12.2 Publish a special edition on the Albanian Medical Journal on NCD topics 4.12.3 Make presentations of the research on NCDs in Public Health Conferences.

Outcome measurement indicator(s)	Timeline		Responsible authorities	Partner Organizations	Cost of implementation (in All)
	Start year	End year			
4.1.1 ICD 10 is introduced and adopted 4.1.2 The coordination mechanism for the management of updates and adaption of health information is established 4.1.3 Number of staff trainned on ICD 10	2017	2020	MoH IPH INSTAT MoI	IPH Order of physicians	4.1.1 and 4.1.2 No added cost 4.1.3 2.000.000
4.2 National population-based cancer registry is established	2018	2020	IPH MoH UHC	WHO IAEA	Included on NCCAP
4.3.1 National hospital-based registry IAM and Stroke is established 4.3.2 Data collection manual is developed 4.3.3 First report at national level is published	2016	2020	MoH IPH PHRD UHC	WHO	4.3.1 and 4.3.2 No added cost 4.3.3 1.000.000
4.4.1 and 4.4.2 Reports on the quality of care and health care utilization are published	2018	2000	IPH MoH HCMIF UHC		4.4.1 500.000 4.4.2 500.000
4.5.1 Global NCD framework is included in the national survey 4.5.2 Epidemiologic report on risk factor based WHO STEPS 4.5.3 Epidemiologic report on risk factor based HSBC, COSI, GYTS, ESPAD, YRBS	2016	2019	IPH INSTAT	UNFPA USAID Swiss Cooperation WHO UNICEF UN agencies	4.5 No added cost
4.6.1 Nutrition surveillance is established. 4.6.2 First report on the surveillance of nutrition of under-five children is produced	2016	2018	MoH IPH	UNICEF	4.6 No added cost
4.7.1NCD surveillance is integrated in the health information system	2018	2020	MoH INSTAT IPH		4.7 No added cost
4.8 NCD risk factors are analyzed by the basic socioeconomic indicators, e.g. geographic distribution, education, employment status	2018	2020	MoH IPH		4.8 50.000
4.9 Service utilization and health outcomes are analyzed by basic socioeconomic indicators, e.g. geographic distribution, education, employment status	2018	2020	MoH IPH		4.9 Cost is included in the activity 4.8
4.10 Number of people attending the exchange programs on the health impact assessment.	2018	2020	MoH	UN agency	4.10 600 000
4.11.1Report prepared	2019	2020	MoH IPH	WHO	4.11 50.000
4.12.1 Number of trained professionals on analyzing the available database 4.12.2 and 4.12.3 Number of publication on NCD topics	2017	2020	MoH IPH	WHO	4.12 600 000

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