

REPUBLIC OF RWANDA



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NON COMMUNICABLE DISEASES POLICY

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Abbreviations

AIDS- Acquired immune-deficiency syndrome

BMI- Body Mass Index

CBHI- Community Based Health Insurance

DHS- Demographic Health Survey

EDPRS-Economic Development Poverty Reduction Strategy

HSSP- Health sector strategic plan

MDG- Millennium Development Goals

MOH- Ministry of Health

NCDs- Non communicable diseases

NGO- Non Governmental organizations

NUR- National University of Rwanda

PLWH- People living with HIV/AIDS

RBC- Rwanda Biomedical Centre

STEPS-WHO STEPwise approach to chronic disease risk factor surveillance

UN- United Nations

WHO- World Health Organization

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FOREWORD

Non-Communicable Diseases (NCDs) are worldwide epidemics. Particularly, the most common diseases are cardiovascular diseases, chronic obstructive pulmonary diseases (COPD), cancers, diabetes, injuries and disabilities, oral, eye and kidney diseases, among other, the greatly contribute to the morbidity and mortality accounting for around 60% of all deaths worldwide. The disease pattern is also changing from infectious to chronic in Rwanda like other developing countries due to the epidemiological transition. The burden of infectious diseases is still pre-eminent; but in addition, the problem of NCDs is creating new challenges for our public health system.

The Ministry of Health has embarked on developing the policy for NCDs and chronic care integrated into the existing health programs. This policy serves as a stepping stone, for health sector, to achieve the goals of the Economic Development and Poverty Reduction Strategy (EDPRS II), the Millennium Development Goals (MDGs), and Vision 2020.

The 2010 Rwanda DHS indicates that key changes have occurred in the demographic and health indicators where a survey showed a decrease in maternal and infant mortality rates compared with the surveys of 2005 and 2007-08, and the fertility rate has steadily declined. However there are still more challenges to overcome in the prevention and control of NCDs.

The MoH plans to continue efforts aimed at preventing infectious diseases, as well as to reach the next frontier through expansion of access to care for NCDs which are a recognized and significant cause of morbidity and mortality around the world, including the developing countries. This represents a significant advancement in providing healthcare services in Rwanda. It is in the wake of NCDs burden worldwide that all healthcare stakeholders, individuals and organizations are called upon to play an active role in improving the quality of life in Rwanda.



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EXECUTIVE SUMMARY

Non Communicable Diseases, include different types of cancers, cardiovascular diseases, chronic respiratory diseases, diabetes, kidney diseases, injuries and disabilities, oral and eye diseases, among others, causes 60% of all deaths globally, 80% of which are in low and middle income countries. Global estimates suggest that 36 million deaths, or 63% of the 57 million deaths that occurred globally in 2008, were due to non-communicable diseases, comprising mainly cardiovascular diseases (48%), cancers (21%), chronic respiratory diseases (12%) and diabetes (3.5%) (1)(2). Global estimates suggest that road traffic injuries will be among top 5 leading causes of deaths globally.

Rwanda Health Sector has registered significant achievements in the previous years. However, there are challenges that need to be addressed in order to improve the quality of services delivery for NCDs prevention and control, namely lack of trained health care providers, lack of integration and accessibility of NCDs services at all levels of the health care system and specialized NCDs services, high NCDs cost and lack of funds mobilization frameworks at global, regional and national levels, lack of basic equipment and specialized infrastructure for NCDs, as well as essential drugs and advanced NCDs treatment, and lack of proper NCDs data management.

This policy provides an orientation that fosters the following main objectives:

- (1) to create health promoting environments and to promote community actions to reduce exposure to modifiable NCD risk factors and injuries,
- (2) to strengthen and mainstream NCDs prevention, diagnosis, care and treatment and rehabilitation programs within the national health systems, and
- (3) to document national trends and determinants of NCDs through M&E system and research for evidence-based interventions.

Referring to the policy orientation on service delivery, NCDs prevention and control activities will be integrated into existing Health system structure from central to the decentralized or community levels. The Ministry of Health ensures that national capacity, leadership, and governance for NCDs prevention and control are strengthened. The MOH is responsible of advocacy, mobilization of funds and their equitable distribution, multi-sectoral action and partnerships to accelerate national response for prevention and control of NCDs. Rwanda Biomedical Center (RBC) is the implementing entity for NCDs prevention and control activities. It oversees the overall coordination of NCD related interventions and strengthens international cooperation. The NCDs Division is responsible of day to day implementation of interventions related to NCDs prevention and control. The management, monitoring and evaluation of implemented activities are under the supervision of existing organs and structures in the national health system.

INTRODUCTION

The non-communicable diseases (NCDs) encompass a spectrum of conditions involving every human organ and affect every age group. In September 2011, the UN made a global political declaration on the prevention and control of non-communicable diseases such as diabetes, heart disease and stroke, chronic respiratory disease and cancer which together kill 36 million people each year (6). In addition to those diseases, oral and eye diseases are emerging health problems in daily clinical consultations.

This policy was developed through a series of consultative meetings and workshops of NCDs' core team members of MOH and RBC, National Technical Working Group (TWG), all implementing and non-implementing partners and other development partners. This policy was developed in line with the Millennium Development Goals (MDGs), Vision 2020, Rwanda Economic Development Poverty Reduction Strategy (EDPRS II) of 2013-18 and NCDs Global Action Plan 2013-2020 and national Health Policy. This policy focuses on of the following NCDs: Cardiovascular diseases, Chronic Pulmonary Diseases (CPD), Cancers, Diabetes, injuries and disabilities, oral, eye and kidney diseases.

1. SITUATIONAL ANALYSIS

1.1 Global burden of NCDs

The epidemiological transition toward emerging NCDs linked with lifestyle risk factors, raises major concerns to developing countries that need to find the right balance in resource allocation to health programs. Additionally, non-traditional risk factors for endemic diseases linked to infection (e.g. rheumatic heart disease and some cardiomyopathies, some cancers, some cases of epilepsy and liver cirrhosis), malnutrition (associated with diabetes) and household air pollution (causing chronic respiratory disease), play a significant role in spreading NCDs in developing countries including Rwanda.

Global estimates suggest that 40 million deaths, or 75% of the 53 million deaths that occurred globally in 2010, were due to non-communicable diseases and injuries, comprising mainly of cardiovascular diseases (30%), cancers (15%), chronic respiratory diseases (7%) and diabetes (2%) (2). In 2008, the World Health Organization had reported that 36 out of 57million, or 63% of total deaths, were due to NCDs, namely cardiovascular diseases (48%), cancers (21%), chronic respiratory diseases (12%) and diabetes (3.5%) (1). Around 80% of all deaths occurred in low-income and middle-income countries, and a higher proportion (48%) of the deaths in the latter countries are premature (under the age of 70) compared to high-income countries (26%) (7). Estimates suggest that the probability of dying from a non-communicable disease between

the ages of 30 and 70 years is highest in sub-Saharan Africa, Eastern Europe and parts of Asia (1). In addition, environmental pollution, climate change and psychological stress contribute to morbidity and mortality from cancer, cardiovascular disease and chronic respiratory diseases. Exposure to carcinogens such as diesel exhaust gases, asbestos and ionizing and ultraviolet radiation in the living and working environment increases the risk of cancer (8).

1.2 Health status and NCDs burden in Rwanda

According to Rwanda's third integrated household living conditions survey in 2010/2011, the population of Rwanda has grown from 9.5 million people in 2005/06 to an estimated 10.8 million in 2010/11. About 85% of Rwandan population lives in rural areas. 54% of the population is aged 19 years or younger, with people aged 65 years and above making up 3% of the population(9).

Over the last decade, Rwanda has seen significant improvements in its health status indicators. Infant mortality ratio dropped from 86 per 1000 live births in the year 2005 to 50 per 1000 live births in 2010(10). Deaths among children of less than 5 years of age have also seen a decrease in the same period from 152 deaths per 1,000 live births in 2005 to 76 per 1,000 live births in 2010 (11). The success of the fight against infectious diseases highlighted the need to tackle the NCDs as the life expectancy has increased.

The STEPS study survey conducted in Rwanda in 2012/13 revealed that the prevalence of main risk factors were tobacco use (12.9%), unhealthy diet (only 0.3% of fruit consumption per day, 0.9% they eat vegetables, and 99.1% were less than 5 servings of fruits and/or vegetables), physical inactivity (21.4% were engaged in low level of activity), harmful use of alcohol consumption (23.5% were engaged in heavy episodic drinking, 41.3% were currently drinking), injury (89.8% of drivers and passengers were not using seat belt, 74.0% of motorcycles or motor-scooter were not always using a helmet, 5.3% have been involved in a road crash in the 12 past months, and 34.4% have been seriously injured), obesity (mean body mass index 22.3%, overweight 16.1%, and 2.7% were obese).

Based on Rwanda's Health Management Information Systems (HMIS) data, over the period of January – December 2013 concerning top eight causes of morbidity in district hospitals, 2013, NCDs accounted for at least 51.86% of all District Hospital outpatients' consultation and 22.3% of District Hospital hospitalization (HMIS, 2013). Determining the population prevalence of individual NCDs is challenging because in many cases, the prevalence of the individual entities is small. The prevalence of moderate-to-severe musculoskeletal impairment was 2.7%, and severe visual impairment was 4% (12).

1.3 Health System Building Blocks

Rwanda Health Sector has registered significant achievements in the previous years. However, there are challenges that need to be addressed in order to improve the quality of services delivery for NCDs prevention and control.

Human resources: there are medical doctors, nurses and other health personnel that are throughout the whole health system and there is a long-term plan for human resources for health which will increase the number and capacity of health care providers. The challenge remains that few trained health care providers exist only in referral and university teaching hospitals and a big number of general medical doctors and nurses at District hospital and health centers in are not yet trained for NCDs management and control.

Health services delivery: referral and university teaching hospitals and few District Hospitals are providing services for NCDs prevention and control and the package of NCDs services at all level of health care system are defined. However, there is lack of integration and accessibility of NCDs services at all levels of the health care system and specialized NCDs services and centers of excellence are not yet established.

Health financing: the Government budget allocated to health sector is distributed to all diseases specific programmes including NCDs, and a functional health insurance schemes are in place. However, this budget is not sufficient to cover all the needs for NCDs prevention and control, and the majority of the population which is ensured by community-based health insurance “*Mutuelle de Santé*” do not yet have access to private and some high level NCDs services. In addition, there is lack of funds mobilization frameworks at global, regional and national levels.

Leadership and governance: the health sector has put in place clear leadership and governance for NCDs prevention and control. However, there is lack of multi-sectoral coordination mechanisms.

Infrastructure and supply: health facilities are equitably distributed across the country. However, there is lack of basic equipment and specialized infrastructure for NCDs. Most of NCDs essential drugs are available and accessible. However, medicines for advanced NCDs treatment are not yet affordable to all patients.

Health information systems: Rwanda Health Sector has a health information system that manages all specific disease programmes and serve as evidence-based for decision-making and monitoring and evaluation. However, all NCDs data are not captured in this system.

2. POLICY ORIENTATION

2.1 Mission and Vision statement

Vision

To protect Rwanda's population from morbidity and mortality related to NCDs.

Mission

Alleviate the burden of NCDs among all people in Rwanda through integrated NCDs' prevention, diagnosis, quality care and treatment.

2.2 Guiding principles and values of NCDs policy

The fulfilment of this mission is based on values and guiding principles that orient and underlie the provision of health services. These guiding principles are classified under three key orientations: (1) People-centered services, (2) Integrated services and (3) Sustainable services.

People-centered services

- The first principle is that the health system ensures universal demand and access to affordable quality services for NCDs prevention and control;
- The health system encourages and values community inputs to identify NCDs priorities and needs expressed by the population;
- It is focused on the well-being of individuals and communities, and more specifically of targeted population;
- It fosters equity and inclusion and integrates marginalized groups.

Integrated services

- The health system is aligned with national goals, among which Vision 2020 and EDPRS overarching goal of poverty alleviation;
- It leverages and builds on existing assets in terms of infrastructures and human resources, but also on cultural values and institutional bodies;
- It develops and strengthens decentralized services whenever possible while remaining coordinated;
- All sectors of the Rwandan population are actively involved, including the private sector and civil society.

Sustainable services

- To ensure the quality of services, the health system builds the capacity of people, communities and institutions to prevent and control NCDs;
- It prioritizes value for investment, seeks cost effectiveness, uses appropriate technology and adopts creative innovations to maintain the achievement of outcomes in a context of scarce resources; among cost effective interventions, health promotion, communication and prevention are prioritized;
- It promotes rigor and transparency of outcomes and ensures the collection and dissemination of NCDs quality information so that decisions and choices are based on evidence;
- In the context of decreasing external support, the health system develops self-reliance of organizations and individuals by mobilizing domestic resources, advocating for greater financial ownership by the public sector and promoting investment and involvement by the private sector and civil society in the fight against NCDs and control of their risk factors.

2.3 Goal

The overall goal of NCDs Policy is to alleviate the burden of NCDs and their risk factors and protect Rwandan population from premature morbidity and mortality related to NCDs.

2.4 General policy objectives

1. To create health promoting environments and to promote community actions to reduce exposure to modifiable NCD risk factors and injuries
2. To strengthen and mainstream NCDs prevention, diagnosis, care and treatment and rehabilitation programs within the national health systems
3. To document national trends and determinants of NCDs through M&E system and research for evidence-based interventions.

2.5 Policy direction and key priorities

In order to reach each objective, the following key priorities are set up:

2.6 Objective 1: to create health promoting environments and to promote community actions to reduce exposure to modifiable NCD risk factors and injuries

- i. Community mobilization and sensitization on NCDs and their risk factors will be done through Information Education Communication (IEC) programmes based at community,

- District, and Central level. The sensitization has to target all population at different levels through different channels of communication;
- ii. The reduction of exposure to modifiable NCDs risk factors will also be ensured through laws and regulations, namely targeting tobacco, sweetened drinks, alcohol consumption, and occupational and road safety among others;
 - iii. Efforts to reduce household air pollution will be coordinated with other sectors in order to reduce chronic respiratory disease and cardiovascular disease;
 - iv. Efforts to improve food safety will be coordinated with other sectors with a particular focus on monitoring and reducing aflatoxin as a cause of liver cirrhosis and hepatocellular carcinoma;
 - v. Immunizable NCDs, such as some types of cancers will be used as a way to reduce modifiable NCDs risk factors;
 - vi. Efforts to address infectious risk factors important for some NCDs will be strengthened in coordination with other disease-specific programs (e.g. treatment of streptococcal pharyngitis to control rheumatic heart disease, impact of HIV control on cardiomyopathies and HIV-associated malignancies, impact of malaria control on epilepsy, impact of treatment of hepatitis B and C virus on liver cirrhosis);
 - vii. A multisectoral task force for NCDs prevention and control including different Ministries, non-Governmental partners, civil society including faith-based organizations, and academicians will be needed to conjugate efforts in the fight against NCDs and reduce their risk factors.

2.7 Objective 2: to strengthen and mainstream NCDs prevention, diagnosis, care and treatment and rehabilitation programs within the national health systems

- i. NCDs services are extended away from referral level they must become more simplified and fully integrated within the health system to ensure that NCDs services are available and accessible to all population in Rwanda;
- ii. The population will be ensured access to high quality care and treatment including palliative care;
- iii. Health facilities have to be equipped with necessary equipment, supplies, consumable, and medicines, standards, guidelines, and protocols according to the package of services that need to be offered at each level including the community. This includes also improved infrastructure for NCDs specialized services;
- iv. Health professionals at different levels will need to be trained in NCDs management. The training will be also given to community health workers (CHWs). Beside in-service training and specialized courses, NCDs management will be included in medical and nursing schools and specialized training will be provided and graduates will be allocated according to the National Human Resources for Health plan.

2.8 Objective 3: to document national trends and determinants of NCDs through M&E system and research for evidence-based interventions

- i. M&E system will integrate NCDs indicators in HMIS and generate evidence-based for planning and decision-making;
- ii. Research priorities for NCDs need to be identified and carried out, and generated information is used as evidence-based for planning, decision-making, and improve the practice;
- iii. A partnership with academicians will be put in place in order to promote research on NCDs prevention and control.

3. GOVERNANCE FRAMEWORK

Referring to the policy orientation services delivery, NCDs prevention and control will be integrated into existing Health system structure from central to the community level. The Ministry of Health and Rwanda Biomedical Center have the responsibility of planning and implementing NCDs specific programs in Rwanda.

3.1 Organization and management

The Ministry of Health is the responsible of the overall coordination and ensures that national capacity, leadership, and governance for NCDs prevention and control are strengthened. The MOH is also responsible of advocacy, funds mobilization and their equitable distribution, multisectoral action and partnerships to accelerate national response for prevention and control of NCDs. Rwanda Biomedical Center (RBC) is the implementing entity for NCDs prevention and control activities. It oversees the overall coordination of NCD related interventions and strengthens international cooperation. The NCDs Division is responsible of day to day implementation of interventions related to NCDs prevention and control.

3.2 Partnership and roles of Stakeholders

3.2.1 Community level

Provide adherence support, care education and counseling for patient and family, alert next level (Health Center) when patient needs medical evaluation, and active case finding.

3.2.2 Health center level

Set up/identify local chronic care team; train and supervise chronic care CHWs, active case finding through mass community checkup, monitoring and long term follow up of uncomplicated NCD patients, evaluate and report chronic care activities to the next level (district hospital).

3.2.3 District and Provincial hospital level

NCDs services have to be integrated in the existing health care delivery through training and mentorship of health care providers at District and Provincial levels. Those services include confirmation of diagnosis, monitoring, long term follow up and refer complicated NCD cases, provide and quantify moderately specialized medications and diagnostics, evaluate and report chronic care activities at the designated entity. .

3.2.4 Referral hospitals

NCDs services must be integrated at referral hospitals. Referral facilities will deliver high level NCDs specialized care and generating evidence-based for policy and decision-making and planning. Those hospitals are expected to support Provincial and District levels through training and mentorship. They also have to actively participate in the development of required tools to guide NCDs management and control. Those include monitoring and evaluation and treatment protocols, training curricula and updated guidelines; document best practices in NCDs care; evaluate and report NCDs care activities to the central level (MOH, RBC and development partners).

3.2.5 University of Rwanda/College of Medicine and Health Sciences

Readily apply current and best practices knowledge to formal training curriculum of health professionals; Active participation in development of tools such as for monitoring and evaluation and treatment protocols, training curricula and updated guidelines.

3.2.6 Other Ministries and Government institutions

All Ministries and other government institutions have the role to integrate NCDs prevention and control in their priorities in order to reduce the risk of NCDs and their risk factors among their personnel and the entire population. The following key Ministries and government institutions among many others will play particular role in this regard:

Ministry of Education: integration of NCDs prevention and control in curricula and strengthening awareness campaign.

Ministry of Local Government: integration of NCDs prevention and control in decentralized entities' agenda and increase awareness to the population.

Ministry of Natural Resources: reinforcing policy and regulations for air pollution and other environmental factors related to NCDs.

Ministry of Infrastructure: reinforcing policy and regulations on preventions of injuries and accessible infrastructure for persons living with disability (PLWD).

Ministry of Gender and Family Promotion: increase awareness on NCDs prevention and control in families mainly on healthy diet, smoking, smoking, alcohol consumption and home-based violence.

Ministry of Agriculture: strengthening policy and regulations on growing crops related to NCDs risk factors.

Ministry of Internal security: Enforcement of the implementation of policy, law and regulations related to NCDs Risk factors.

Ministry of Sport and Culture: promoting the sport culture for awareness and prevention of NCDs.

Ministry of Youth and Technology: promoting awareness activities among the youth for prevention of NCDs.

Rwanda Standards Board: Reinforce regulation and control of all imported and local products related to NCDs and their risk factors.

3.2.7 Private Sector

Actively participate in the country initiative for NCD prevention and control activities. Different professional associations will provide the needed expertise for the implementation of the NCDs prevention and control plans.

3.2.8 Civil society

Community-based organizations, umbrella and others civil society entities will play a role in community sensitization and ensuring involvement of people living with or affected by NCDs in impact mitigation of the disease.

3.2.9 Implementing and non-implementing Partners

National, regional and international partners will play a role in implementing delivery of NCD care, facilitating quality, decentralization and standardization.

3.3 Monitoring &Evaluation and accountability mechanisms

The National Monitoring and Evaluation (M&E) system ensures the establishment and effective functioning of the following mechanisms:

1. The presence of a unified, country-led platform and procedures for collecting, analyzing and sharing data including NCDs data;
2. Procedures for routinely assessing the performance of the NCDs prevention and control interventions at achieving the national objectives and targets above-stated;

3. Formal mechanisms for periodically sharing performance results and revising targets and interventions for NCDs prevention and control.
4. Implement research protocols for evidence based prevention and control program for NCDs

3.3.1 Indicators, data sources, and review

Indicators selection and harmonizing data management tools from their sources to the end users, identification of data sources will be fully integrated in the existing M&E system; and NCDs Division have to ensure that those tasks are done and involve all levels in this process.

3.3.2 Reporting, monitoring, and evaluation

The national M&E system will include NCDs indicators (output and outcome indicators of performance), against which the success of NCDs implemented interventions will be assessed quarterly and annually.

3.3.3 Mechanisms for NCDs programmes performance assessment

The selection of indicators and establishment of efficient systems for data collection are only part of the M&E system. It is crucial to continue strengthen mechanisms for the routine review of NCDs interventions performance and the adjustment of implementation strategies that is required.

4. CONCLUSION

NCDs are the dominant responsible of morbidity and mortality globally and put a big burden to Rwanda as a country. NCDs prevention and control services have been limited. This policy expresses the commitment of the Government of Rwanda aiming at bridging this gap and address related problems to NCDs in the main purpose to have healthy people ready to contribute significantly to the national development.

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