

**National Executive Plan for  
NCDs (2010 – 2020)**

**Vision:**

To Protect Saudi community from NCDs and its complications in a joint responsibility between different community categories.

**Mission:**

Raising and Strengthening the health awareness in the Saudi community about NCDs and their risk factors, and enhancing the early detection programs & the integrated health care with its three levels as per the scientific principles & methods based on proofs, through the ideal utilization of resources for reducing the occurrence of NCDs & its complications and the deaths & disabilities resulting from both of them with participation of all the government and private institutions within the partnership concept in the community health.

**Main objectives:**

1. reduce morbidity of NCDS by 5 % in (10) years
2. reduce mortality of NCDS by 5 % in (10) years

**Strategic objectives:**

1. Primary Prevention of NCDS
2. Secondary prevention of NCDS
3. Improvement of the quality of the health services with their three levels provided to patients suffering from NCDs and its complications
4. To strengthen the monitoring, follow-up and assessment of NCDs
5. Perform and enhance the research tools and studies relevant to NCDs
6. Empowerment of patients with NCDs and their families in the contribution and participation in the provided services and monitoring their quality.
7. The social partnership in NCDs control.

## **Objective 1: Primary preventing of NCDs**

### **Target:**

Reduce the rate of the risk factors leading to NCDs in the Saudi community within the following ten years through:

- Improving health awareness about NCDs and prevention by 50 % (with a rate of 5 % per annum)
- Increasing people who consume at least 3 services of fruits and vegetables by 20 % (with a rate of 2% per annum)
- Reducing of consumption of food rich with monosaccharide and saturated fat by 10 % (with a rate of 1% per annum)
- Increasing the physical activity practitioners by 20% as a minimum (i.e. with a rate of 2% per annum).
- Reduction of overweight and obesity by 10% as a minimum (i.e. with a rate of 1% per annum).
- Reduction of tobacco consumption rates (current and occasional smokers) among adults by 5% (i.e. with a rate of 0.5% per annum).
- Reduction of the rate of those exposed to negative smoking by 80% as a minimum (i.e. with a rate of 8% per annum).
- Reduction of hyperlipidemia by 5 % (i.e. with a rate of 0.5% per annum)
- Reduction of hypertension by 5 % (i.e. with a rate of 0.5% per annum)

### **The Target Index:**

- KSP study to identify awareness about NCDs (its risk factors, prevention)
- The prevalence rate of overweight (BMI 25-29.9 Kg/m<sup>2</sup>) and obesity (BMI > 30 Kg/m<sup>2</sup>)
- The percentage of the community members (Adults and school children) who practice the physical activity as per the WHO definition of the Stepwise Surveillance System for chronic diseases.
- The rate of people consume 3-5 services of fruits and vegetables
- The rates of tobacco consumption
- The rate of hyperlipidemia
- The rate of hypertension

# Executive plan

## Objective 1 : Primary Prevention of NCDS

<b>Strategies</b>	<b>Application Mechanism</b>	<b>Application Mechanism Indices</b>
1. Raising the health awareness about risk factors for NCDs	<ol style="list-style-type: none"> <li>1. Implementation of field and informational awareness programs &amp; campaigns about the risk factors of NCDs and prevention.</li> <li>2. Inclusion of NCDs within the scientific subjects in the school curricula.</li> </ol>	<ol style="list-style-type: none"> <li>1. The percentage of the community members who are aware of the risk factors of the total study subjects and their percentages after introducing the educational program.</li> <li>2. Number of programs and campaigns implemented in different sectors.</li> <li>3. Inclusion of NCDs within the educational scientific subjects.</li> </ol>
2. Promoting healthy foods and including physical activity among the various categories of the community.	<ol style="list-style-type: none"> <li>1. To establish and implement the national strategy about the diet, physical activity and health (in the light of the WHO strategy).</li> <li>2. Inclusion and identification of physical activity as a basic compulsory subject at schools.</li> <li>3. Carrying out campaigns for promoting the practice of walking sports in the community.</li> <li>4. Promoting the establishment of walkways and parks within a reasonable distance from the local inhabitants.</li> <li>5. Improve Schools restaurant's food quality</li> </ol>	<ol style="list-style-type: none"> <li>1. The presence of the national strategy about diet, physical activity and health.</li> <li>2. The extent of the implementation of such national strategy about diet, physical activity and health.</li> <li>3. Number of physical activity classes at schools.</li> <li>4. Number of awareness campaigns about physical activity.</li> <li>5. Number of walkways per 10.000 people of the population</li> <li>6. Number of public gardens per 10.000 people</li> <li>7. Number of schools provide healthy food</li> <li>8. Number of schools addressing health promotion</li> </ol>
3. Tobacco control	Educational campaign about the	<b>Number of health educational campaign</b>

	controlling tobacco consumption	
4. Decree the legislations promoting the reduction of risk factors such as (foods & drinks labeling laws and advertising about fast foods, anti-smoking laws, . . . )	Decree the essential legislations	<ol style="list-style-type: none"> <li>1. Number of laws fighting the risk factors.</li> <li>2. The extent of implementation of the legislation.</li> </ol>

## **Objective 2: Secondary prevention of NCDs**

### **Target:**

Early detection of NCDs and their risk factors.

### **Target Index:**

- Number of screening programs for NCDs and their risk factors
- Percentage of discovered cases in target population for the screening programs

<b>Strategies</b>	<b>Application Mechanism</b>	<b>Application Mechanism Indices</b>
1. Early detection of NCDs and its risk factors in high risk group.	<ol style="list-style-type: none"> <li>1. Provision of resources</li> <li>2. Implementation of local or national screening program to detect NCDs</li> <li>3. Implementation of training programs for health care professionals about screening program</li> <li>4. Establishing health promotion clinics</li> <li>5. Establishing guidelines for early detection for NCDs and its risk factors</li> <li>6. Referral system</li> </ol>	<ol style="list-style-type: none"> <li>1. Availability of resources</li> <li>2. Implementation of the project / or not</li> <li>3. Number of training course, and trainees from target</li> <li>4. Number of health promotion clinics in PHCs</li> <li>5. Availability of guidelines</li> <li>6. Availability of referral system</li> <li>7.</li> </ol>

## **Objective 3 Improvement of the health services quality with its three levels provided to NCDs patients and their complications**

### **Targets**

1. Improvement of NCDs patients care within the PHC.
2. Complete medical care in the presence of optimal medical staff.
3. Coordination and integration between different medical care levels
4. Provide the necessary resources to control non-communicable diseases.
5. Improving health care services and control of non-communicable diseases and reduce the incidence of acute and chronic complications

### **Targets indicator**

- 1- The proportion of primary health care centers where there is a clinic for chronic diseases
- 2- The proportion of qualified health workers to care for chronic diseases patients.
- 3- The proportion of health centers that meet the requirements of the care required for patients with chronic diseases.
- 4- The proportion of specialized units in the level of secondary and tertiary care that follow the correct methods of care for patients with chronic diseases.
- 5- The proportion of patients who are cared for according to the adopted national guidelines.
- 6- The incidence of complications of chronic diseases (stroke, heart attack, stroke, blindness, kidney failure, amputation).
- 7- The existence of an elaborate system of shared care and referrals between the three levels of care

<b>Strategies</b>	<b>Enforcement mechanisms</b>	<b>Indicators of Enforcement mechanisms</b>
1. Development of infrastructure for primary health care centers to make them more suitable for the treatment of chronic diseases.	1- The establishment of clinics for chronic diseases in primary health care. 2- Establishment of clinics to help quit smoking. 3- The provision of diagnostic and laboratory services to primary health care centers. 4- Provision of essential drugs for the treatment of chronic diseases in all primary health care centers.	<ul style="list-style-type: none"> <li>• Proportion of primary health care centers where there is a clinic for chronic diseases.</li> <li>• The existence of clinics to help quit smoking.</li> <li>• Proportion of availability of diagnostic and laboratory services in primary health care centers.</li> <li>• The availability of medicines in primary centers.</li> </ul>
2- Providing qualified medical staff in the field of	- Completion of the health team to treat chronic diseases in primary and secondary care units.	<ul style="list-style-type: none"> <li>• Coverage rate of primary and secondary health care with a qualified health team.</li> </ul>

combating NCDs.		
3- Raise the efficiency of health workers in primary health care in the fight against NCDs.	1- Development of training programs for the care and control of chronic diseases for all health workers	<ul style="list-style-type: none"> <li>Percentage rate of trainees per year from a total target of all health categories.</li> </ul>
4- The development of secondary and specialized care services in the treatment of chronic diseases.	1- Creation of diabetes units in referral hospitals 2- Establishment of specialized centers in the treatment of cardiovascular disease and its complications and to rehabilitate patients. 3- Creation of specialized centers (third level) for the treatment of diabetes and its complications, and to rehabilitate patients 4- Establishing centers for cancer treatment in referral hospitals 5- Existence of services or centers to provide palliative treatment for cancer.	<ul style="list-style-type: none"> <li>The existence of diabetes units in the referral hospitals</li> <li>The existence of specialized centers for the treatment of cardiovascular diseases.</li> <li>The existence of a national specialized centers for the treatment of diabetes</li> <li>The existence of cancer treatment centers.</li> <li>The existence of palliative services for cancer patients</li> </ul>
5-The presence of a joint and fixed criteria based on scientific evidence and proof and to be kept up-to-date.	1- Create and update guidance manuals for health workers in the fight against chronic diseases on a regular basis.	<ul style="list-style-type: none"> <li>The presence of updated guidelines for clinical practice for chronic diseases based on evidence and proof.</li> </ul>
6- Create an effective referral system between the three levels of care	1- Issue a clear policy for the referral system from primary care to secondary and specialized care.	<ul style="list-style-type: none"> <li>Evidence to show details of the referral system at each level.</li> </ul>

#### **Objective 4: Perform and strengthen the NCDs related research and studies tools**

##### **Target:**

1. Perform health researches based on scientific proofs that assist in health planning and assessment.
2. Create information that contributes in making NCDs priorities for the decision markers
- 3.

##### **Target Index:**

1. The availability of the fore mentioned health researches.

<b>Strategies</b>	<b>Application Mechanism</b>	<b>Application Mechanism Indices</b>
1. Study of the burden of NCDs	1. Capacity building for national team	1. Number of trained personnel

<p>and its risk factors on periodical basis</p> <ol style="list-style-type: none"> <li>2. Economic impact of NCDs</li> <li>3. Economic impact of tobacco use</li> </ol>	<p>in statistics and health economics</p> <ol style="list-style-type: none"> <li>2. Constitute a research team specialized in the disease, economics and burden</li> <li>3. Assign the budget necessary for implementing study.</li> <li>4. Start the study in 2012.</li> </ol>	<ol style="list-style-type: none"> <li>2. Establishment of research team</li> <li>3. Allocation of budget</li> <li>4. Finalizing the study in 2 years.</li> </ol>
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## Objective (5): To enable patients and their families to participate in controlling NCDs and their complications

### Target:

- 1- Improve the life style and health behaviors.
- 2- Improve the quality of life for people with chronic diseases.
- 3- The patient is the major hub for the services provided.
- 4- Raising the awareness of the patient and his family with the disease, how to cure and control it.

### Targets Indicators:

- 1- The impact of programs on patients and their families to control the disease and risk factors associated.
- 2- How the patient involved in bearing the responsibility of his own treatment, in order to improve his quality of life.
- 3- Patient's satisfaction of the quality of services provided to them.
- 4- Awareness level of the patient and his family about the disease and how to cure and control it.

Strategies	Enforcement mechanisms	Indicators of Enforcement mechanisms
<ol style="list-style-type: none"> <li>1- Involvement of patients with NCDs and their families to bear the responsibilities of the treatment and prevention of complications.</li> <li>2- Provide support and care for NCDs patients and their</li> </ol>	<ol style="list-style-type: none"> <li>1- Implement educational programs individually and collectively for patients and their families within the primary care services</li> <li>2- Contribute to the requirements of diagnostic, therapeutic and rehabilitation needs.</li> <li>3- Provision of Self-monitoring booklet for</li> </ol>	<ul style="list-style-type: none"> <li>• Number of educational programs implemented (awareness programs - Home Care - Training of patients)</li> <li>• Number of patients registered among participants.</li> <li>• Number of patients who are committed to implementing programs</li> <li>• The presence of diagnostic, therapeutic and</li> </ul>

families.	<p>every NCDs patient.</p> <p>4- Training patients to self-care.</p> <p>5- Provision of social and mental counseling services for patients and their families.</p> <p>6- The involvement of patients or their representatives in the audits to ensure quality services.</p> <p>7- Creation of interactive electronic software design for education, communication and follow-up with the patients and their families.</p>	<p>rehabilitation devices and tools,</p> <ul style="list-style-type: none"> <li>● Availability of the self-monitoring booklet</li> <li>● The number of patients who have been trained to self-care</li> <li>● The number of patients who underwent the social and psychological counseling.</li> <li>● The number of the active electronic programs and their users.</li> </ul>
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## **Objective 6: Activate the societal partnership for NCDs control**

### **Target:**

1. Participation of both the government and private institutions in bearing the national responsibility about NCDs

### **Target Index:**

1. Degree of expected community participation from concerned sectors
2. Numbers of programs and activities of NCDs implemented with partners
3. Implementation of joint programs among the related-institutions.
4. The extent of assignment of the government, private and social institutions of their resources in the field of controlling NCDs

<b>Strategies</b>	<b>Application Mechanism</b>	<b>Application Mechanism Indices</b>
<ol style="list-style-type: none"> <li>1. Create a higher national board for NCDs control.</li> <li>2. Coordination and cooperation between governmental and private sectors</li> <li>3. Involvement of private sector and civil community in NCDs control</li> </ol>	<ol style="list-style-type: none"> <li>1. Decree a decision from the high rank authorities to establish the board.</li> <li>2. Set up joint programs &amp; activities among the related institutions.</li> </ol>	<ol style="list-style-type: none"> <li>1. The availability of a political decision to establish the board.</li> <li>2. The availability of the board.</li> <li>3. Number of the programs and activities implemented within the context of partnership with other institutions.</li> </ol>

**Objective (7): Strengthening the means of monitoring, follow-up and evaluation of NCDs.**

**Target:**

- 1- Create a database of chronic diseases
- 2- The establishment of a national surveillance programs for chronic diseases.
- 3- Continuous development and improvement of national registries.
- 4- Application of quality standards, monitoring and performance indicators.

**Target Indicator:**

- 1- The existence of a comprehensive database able to provide the necessary data for evaluation.**
- 2- The existence and application of quality standards and performance indicators.**

Strategies	Enforcement mechanisms	Indicators of Enforcement mechanisms
1- Establishment of a comprehensive database to enable evaluation of the programs.	<ol style="list-style-type: none"> <li>1- Create and implement an information system to collect data statistics institution in each health unit, for the indicators that contribute to evaluating the implementation of this plan</li> <li>2- Develop a mechanism for checking to ensure the quality of information</li> </ol>	<ul style="list-style-type: none"> <li>* Proportion of health institutions that apply the national information system.</li> <li>* Proportion of risk factors that can be obtained from the data collected in health institutions routinely on patients.</li> <li>* Proportion of registration completion. (Completeness)</li> <li>* The proportion of correct data (Accuracy).</li> <li>* Proportion of recorded data in a timely manner (Timeliness)</li> </ul>
2- Establishment of a national and a unified information system for	1- Computerize Standardization to review	<ul style="list-style-type: none"> <li>• Proportion of primary health institutions; activate the unified computerized NCDs</li> </ul>

<p>chronic diseases, linking all health institutions in different levels.</p>	<p>patients with chronic diseases in all health care institutions.</p> <p>2- Creation of a system to facilitate the extraction of information about the follow-up of patients will allows the follow up of retarded patients.</p> <p>3- The development of a unified system for early detection of risk factors.</p> <p>4- A sensor system to detect early complications of chronic diseases</p>	<p>reference to program.</p> <ul style="list-style-type: none"> <li>● Proportion of early detection of risk factors.</li> <li>● Proportion of early detection of complications of NCDs.</li> </ul>
<p>3- Commitment to uniform standards and performance indicators reflect the quality of service</p>	<p>1- Development of criteria and indicators of quality performance in all health institutions at various levels</p>	<ul style="list-style-type: none"> <li>● Percentage of commitment to these standards and indicators</li> </ul>
<p>4-Annual evaluation of commitment to the standards and indicators to prevent chronic diseases.</p>	<p>1- Develop a mechanism for annual evaluation and shall be conducted on a regular basis.</p> <p>2- Include the results of the evaluation through indicators of quality performance in the Statistical Yearbook.</p>	<ul style="list-style-type: none"> <li>● Coverage of performance indicators in the elements for control of chronic diseases.</li> <li>● The existence of indicators in the annual statistics.</li> <li>● Proportion of referrals returned in all health institutions at various levels.</li> </ul>
<p>5- The development of the National Cancer Registry</p>	<p>1- Improve the quality of data and private information, especially about the stages of disease progression.</p> <p>2- Use the information of the national registry for clinical and epidemiological studies</p>	<ul style="list-style-type: none"> <li>● Proportion of follow-up cases.</li> <li>● The number and type of studies.</li> </ul>