



**REPUBLIC OF SIERRA LEONE
MINISTRY OF HEALTH AND SANITATION**

**National Non-Communicable Diseases STRATEGIC PLAN
2013-2017**

Table of Contents

FOREWORD	1
ACKNOWLEDGEMENTS.....	2
ACRONYMS.....	3
SITUATION ANALYSIS	4
GOAL	5
VALUES AND GUIDING PRINCIPLES.....	5
OBJECTIVES	5
Objective 1: To reinforce leadership and strengthen capacity of the health system for prevention and control of NCDs	7
Objective 2: To advocate for and influence other relevant national policies and plans that impact on prevention and control of non – communicable diseases.....	10
Objective 3: To establish and strengthen an integrated NCDs surveillance and provide evidence for public health decision making.....	11
Objective 4: To promote healthy lifestyles and reduce risk factors using health promotion strategies.....	14
Objective 5: To promote research for the prevention and control of NCDs.	16
Objective 6: To strengthen partnerships and establish a network of relevant stakeholders for surveillance, prevention and management	17
Objective 7: To monitor and evaluate the effectiveness of promotion, prevention and control measures in the NCDs action plan	19
BUDGET SUMMARY	22

FOREWORD

The development of the Non-Communicable Diseases (NCDs) strategic plan marks a new beginning for interventions in NCDs in Sierra Leone. This document reflects a commitment by the Government of Sierra Leone to set clear directions for a reduction in the morbidity, mortality and risk factor prevalence of NCDs at all levels of care in the country. Based on an analysis of the current situation and an all-inclusive consultative process, this policy will facilitate the integration of NCD care services into the public health agenda and will encourage an inter-sectoral approach in order to reduce the impending double disease burden of Communicable and Non-Communicable Diseases in the population.

The Plan has identified priority areas of intervention and various strategies, activities, timeframes, indicators and responsible persons for the implementation phase of the policy.

The National plan on NCDs was developed by a core working group headed by the Directorate of Non-Communicable Diseases including Mental Health with contributions from a wide range of stakeholders in Sierra Leone. Technical assistance was provided by the WHO (Headquarters, African Regional Office and Country Office).

I am, therefore, kindly requesting that we all put our efforts together to prevent NCDs and their related complications. Finally, let us unite against NCDs; the time to act is now.

Ms. Miatta Kargbo
Honorable Minister of Health and Sanitation.
Freetown, Sierra Leone
May 2013

ACKNOWLEDGEMENTS

The implementation of this National Non-Communicable Diseases Strategic Plan is essential for the reduction of the prevalence of Non-Communicable Diseases in our country. The priority integration focus of the Plan into Primary Health Care has been the vision of the Ministry of Health and Sanitation. Therefore, this strategic plan which emphasizes such integration could not have come at a more appropriate time.

It is against this background that the Ministry of Health and Sanitation wishes to acknowledge the invaluable contribution of all who were involved in the formulation of this strategic plan.

The Ministry of Health and Sanitation is particularly grateful to the WHO for the technical support provided from all three levels (Headquarters in Geneva, Regional Office – AFRO in Brazzaville, and the WHO Country Office). The invaluable contribution and the leadership role of the Directorate of Non-Communicable Diseases in the formulation of this policy are also highly appreciated.

We are also very grateful to all other stakeholders for their invaluable contribution during the whole process.

Dr. Amara Jambai
Acting Chief Medical Officer
Ministry of Health and Sanitation
Freetown, Sierra Leone
May 2013

ACRONYMS

BMI	-	Body Mass Index
CVDs		Cardiovascular Diseases
DP		
DBP	-	Diastolic Blood Pressure
DTNR	-	Directorate of Training, Non-Communicable Diseases Research
ETS	-	Environmental Tobacco Smoke
FCTC	-	Framework Convention on Tobacco Control
GOSL	-	Government of Sierra Leone
GYTS		Global Youths Tobacco Survey
HMIS	-	Health Management Information System
H & LS	-	Hospital and Laboratory Services
IEC		Information, Education and Communication
IDSR	-	Integrated Disease Surveillance and Response
MAFFS	-	Ministry of Agriculture, Forestry and Food Security
MEST	-	Ministry of Education, Science and Technology
MoHS	-	Ministry of Health and Sanitation
MICT	-	Ministry of Information, Culture and Tourism
MILG	-	Ministry of Internal Affairs and Local Government
MOU	-	Memorandum of Understanding
NCDs	-	Non-Communicable Diseases
NGO	-	Non Governmental Organization
PBCR	-	Population Based Cancer Registry
PHC	-	Primary Health Care
PHU	-	Peripheral Health Unit
PTNR	-	Postgraduate Training, Non-Communicable Diseases and Research
PRSP	-	Poverty Reduction Strategy Programme
RTAs	-	Road Traffic Accidents
SBP	-	Systolic Blood Pressure
STEPS	-	Sierra Leone STEPS Survey 2009
UNICEF	-	United Nations International Children's Emergency Fund.
UNFPA	-	United Nations Family and Population Affairs
WHO	-	World Health Organization
WHO-PEN	-	WHO Package of Essential tools for NCDs

SITUATION ANALYSIS

The National Steps survey for the prevalence of risk factors for NCDs, conducted in November 2009, indicates that the Sierra Leonean population is likely to be exposed to significant risks of NCDs. Majority (99%) of the population was exposed to at least one of the risk factors such as number of tobacco smokers, less than 5 servings of fruits and/or vegetables on average per day, low level of physical activity, over weight (BMI >25kg/m²), or raised blood pressure (Systolic Blood Pressure (SBP) ≥140 and/or Diastolic Blood Pressure (DBP) ≥90mmHg or currently on medication for raised blood pressure). Specifically, 72% were exposed to 1-2 of these risk factors and 27% exposed to 3-5 risk factors¹.

The study further revealed that 17% of the adult population aged 25-64 years consume alcohol, with 14% of the male and 5% of the female population engaged in heavy episodic drinking. In addition, 34% of the population currently use tobacco products with 26% smoking tobacco (cigarettes, cigars or pipes) and 8% consuming smokeless tobacco. Moreover, 74% and 69% of the non-smoking population are exposed to environmental tobacco smoke (ETS) at home and workplace respectively. 35% of the population have raised blood pressure (i.e. SBP≥140 and/or DBP≥90mm Hg or currently on medication for raised blood pressure) with only 7% on medication. The average BMI of the adult population is 23 kg/m², with 22% classified as overweight (BMI ≥25 kg/m²) and 8% obese (BMI ≥30 Kg/m²). About 91% of the population consume less than 5 servings of fruits and/or vegetables on average per day and a large proportion (87%) have sedentary lifestyles¹.

Evidence from hospital-based morbidity data also shows an increasing trend of cardiovascular diseases including hypertension and strokes, diabetes, cancers, sickle cell disease and epilepsy. There is a strong indication nationally and globally that the disease burden due to NCDs would far outweigh that of infectious diseases in the 21st century. In addition, the burden of NCDs due to injury is on the rise. It is therefore imperative that a sustained and coordinated public health response to the growing burden of NCDs must be mounted to contribute to a healthy and productive Sierra Leone.

GOAL

To reduce the burden of NCDs including CVDs, chronic pulmonary diseases, diabetes mellitus, obesity, cancers, sickle cell disease, mental disorders and epilepsy in Sierra Leone

VALUES AND GUIDING PRINCIPLES

The Sierra Leone National NCDs policy is built around eight (8) key principles:

1. **Ownership and accountability** - The government will play a leading role in the development and implementation of the policy.
2. **People-centred health care** – Interventions and initiatives must adhere to a people-centred approach.
3. **Cultural relevance** – Policies, programmes and services must respect and take into consideration the cultural and religious diversity of people within Sierra Leone.
4. **Focused on reducing inequities** – Interventions must address the need to reduce inequities by considering the social determinants of health to enable the attainment of healthy outcomes by all.
5. **Encompassing the entire care continuum** – The National NCD Policy affirms the importance of a balanced approach to NCDs, from primary prevention to tertiary care.
6. **Involving the whole of society** – Multi-sectoral partnerships and community participation are essential to a successful implementation of the policy and plan
7. **Integral to health systems strengthening** – Integrating NCDs prevention and management into primary health care is essential for health system strengthening.
8. **Flexibility through a phased approach** – A phased approach should allow us the flexibility to intervene at different points along the continuum depending on the local situation, capacity and resources.

OBJECTIVES

1. To reinforce leadership and strengthen capacity of the health system for prevention and control of NCDs.
2. To advocate for and influence other relevant national policies and plans that may impact on prevention and control of NCDs.

3. To establish and strengthen an integrated NCDs surveillance system and provide evidence for public health decision making.
4. To promote healthy lifestyles and reduce risk factors using health promotion strategies.
5. To promote research for the prevention and control of NCDs.
6. To strengthen partnerships and establish a network of relevant stakeholders for surveillance, prevention and management of NCDs.
7. To establish a system for NCD monitoring and evaluating the effectiveness of promotion, prevention and control measures.

Objective 1: To reinforce leadership and strengthen capacity of the health system for prevention and control of NCDs.

Strategies:

- Advocacy
- Recruitment,
- Human resource development
- Policy formulation and review
- Care, treatment and rehabilitation services
- Improving the built environment
- Supportive supervision

Activities	Targets	Output/outcome	Indicators	Timeframe	Actors	Budget (USD Thousand)
Advocate for the establishment of an adequately staffed NCD unit within DPNR.	6 qualified staff recruited	NCD unit fully functional	% of required staff recruited	2013-2014	MoHS	
Advocate for improvement of the built environment for the	2 built environment issues addressed (eg roads with	Creation of an enabling environment	Number of issues addressed	2013-2017	MOHS and partners	

Activities	Targets	Output/outcome	Indicators	Timeframe	Actors	Budget (USD Thousand)
prevention of NCDs	footpaths, parks for recreation etc)					
Advocate for programs for early detection of NCDs	Number of screening programs established nationwide	Early detection of NCDs	Number of patients screened	2013-2017	MoHS/WHO/UNICEF/UNFPA	
Recruit staff at all levels	80% of required staff recruited and retained	NCDs services available	Number of staff recruited and retained	2013-2017	MoHS	
Family based care for people living with NCDs	30% of patients with family based care	NCDs monitored and managed at home	% of patients with family based care	2013-2017	MoHS/WHO	50
Train health workers on the early detection, prevention and management of common	50% of health workers trained on early detection, prevention and management of common	Trained staff for early detection, prevention and management of common NCDs	% of staff trained	2013-2017	MoHS/WHO	250

Activities	Targets	Output/outcome	Indicators	Timeframe	Actors	Budget (USD Thousand)
NCDs	NCDs					
Review essential medicine and equipment lists to reflect early detection, prevention and treatment of NCDs	Essential medicine and equipment lists reviewed	Reviewed lists	Number and type of medicines and equipment added 5	2013-2014	MoHS/WHO	10
Develop and produce guidelines and protocols for management of NCDs at all levels of care, and train staff on their use	Hospital and PHU based protocol and guidelines on management of NCDs and staff trained on their use	Guidelines and protocols developed and produced and staff trained	Number of guidelines and protocols developed; % of staff trained	2013-2014	MoHS/WHO/UNFPA	20
Conduct regular supportive supervision	Quarterly supportive supervision conducted	Supervision report produced	Number of supervisory visits conducted	2013-2017	MoHS/WHO	50

Activities	Targets	Output/outcome	Indicators	Timeframe	Actors	Budget (USD Thousand)
Sub total						<u>380</u>

Objective 2: To advocate for and influence other relevant national policies and plans that impact on prevention and control of non - communicable diseases

Strategies:

- Advocacy,
- Negotiation and mediation
- Social mobilisation

Activities	Targets	Output/outcome	Indicators	Timeframe	Actors	Budget (USD Thousand)
Establish a functional mutisectoral steering committee to advocate for other national policies which impact on NCDs prevention and control	One functional mutisectoral steering committee	Policies and plans adopt NCDs prevention and control measures	Number of NCDs-friendly policies and plans developed	2013-2017	MOHS/WHO/line ministries/DPs/local councils	10

Develop and disseminate NCD briefing kit for stake holders	Integrated NCD briefing kit.	NCD briefing kit developed	Number of kits produced and disseminated	2013	MIC/MOHS/partners	20
Conduct stakeholders orientation meetings on NCDs prevention and control	Orientation meetings conducted	NCD prevention and control Integration within other policies discussed	No. Of orientation meetings	2013-2014	MOHS/WHO/Line ministries/DPs/local councils	10
Sub total						<u>50</u>

Objective 3: To establish and strengthen an integrated NCDs surveillance and provide evidence for public health decision making

Strategies:

- NCD incorporation into HMIS
- Develop NCD registries
- NCD data utilization
- Institutional capacity strengthening
- Monitoring

Activity	Target	Output/Outcome	Timeframe	Indicators	Actors	Budget (USD Thousand)
----------	--------	----------------	-----------	------------	--------	-----------------------

Monthly reporting of NCDs morbidity and mortality in government facilities (Inpatient and outpatient)	60% of government facilities	NCDs morbidity and mortality reported	2013-2017	Percentage of government facilities reporting monthly on NCDs morbidity and mortality	MOHS	
Strengthening of IT for improvement of recording and reporting of NCDs morbidity and mortality	60% of government facilities	Recording and reporting of NCDs morbidity and mortality improved	2013-2014	Percentage of government facilities strengthened with IT for recording and reporting of NCDs morbidity and mortality	MOHS/WHO	15
Integration of NCDs morbidity and mortality data into the national HMIS	100% of NCDs morbidity and mortality data	NCDs morbidity and mortality data integrated into HMIS	2013-2014	% of NCDs morbidity and mortality data integrated into HMIS	MOHS/DPI	5
Establishment of population based cancer registry (PBCR) in western area and regional headquarter towns	Functional PBCR	Disease registers (cancer) established	2013-2014	No. of registers established	MOHS/WHO	30

Organise annual review meetings to discuss the epidemiological trends of NCDs and their determinants.	Annual review meetings	Review meetings held	2013 -2017	No. of review meetings held	MOHS/WHO	50
Publication of newsletters and reports	Annual publications (100 copies)	Newsletters and reports published	2013 -2017	No. of newsletters and reports published	MOHS/WHO	10
Develop/adapt training modules on NCDs surveillance.	One NCDs surveillance training module	Training modules developed or adapted	2013-2014	Availability of training modules	MOHS/WHO	10
Training of health care workers on NCDs surveillance	80 personnel (2 per facility)	Health care workers trained on NCDs surveillance	2014-2015	No. of health care workers trained on NCDs surveillance	MOHS/WHO	20
Conduct STEPS survey (STEPS 1, 2 and 3)	National survey of NCDs risk factors	STEPS survey conducted	2014	Availability of STEPS survey report	MOHS/WHO	100
Sub total						<u>240</u>

Objective 4: To promote healthy lifestyles and reduce risk factors using health promotion strategies.

Strategies:

- Advocacy,
- Policy
- Negotiation and mediation
- Legislation and regulations
- Health education and awareness raising
- Social mobilisation

Activities	Targets	Output/outcome	Indicators	Timeframe	Actors	Budget (USD Thousand)
Advocate for legislations/regulations to address tobacco use and other risk factors for NCDs.	2 legislations passed	Legislations passed	Number of laws/regulations passed	2013-2016	MOHS/WHO	5
Conduct regular meetings with stakeholders to discuss issues related to NCDs prevention and control	Quarterly meetings held	NCD related issues addressed	Number of meetings held	2014-2017	MOHS/partners	20

Develop IEC strategy to sensitize the public on tobacco use, harmful use of alcohol, physical activity and healthy diet and their effect	Integrated strategy addressing risk factors developed	IEC strategy developed	Availability of IEC strategy	2013-2014	MOHS/MIC/WHO	10
Develop produce and implement IEC materials for modifiable NCD risk factors	IEC materials addressing 4 common risk factors produced	IEC materials produced	Number and type of materials produced	2013-2014	MOHS/MIC/WHO	90
Implementation of the IEC strategy	To reach 60 % of the population.	Majority of the Population sensitized	% reached	2013-2017	MOHS/MIC/WHO	10
Develop and implement health promotion programs for addressing modifiable risk factors in schools	50 schools/ region	National coverage of NCDs health promoting programs in schools	Number of schools per region with NCDs health promotion programmes	2013-2017	MOHS/MEYS/local council/MIC/WHO	50
Sub total cost						<u>185</u>

Objective 5: To promote research for the prevention and control of NCDs.

Strategies:

- Advocacy,
- Policy

Activities	Targets	Output/outcome	Indicators	Timeframe	Actors	Budget (USD Thousand)
Advocacy meeting for investment in epidemiological, behavioural and health system research	1 meeting per year	Commitments of partners	No of partners investing	2012-2016	MOHS/WHO, universities	5
Develop jointly with partners such as academic & research institutions a shared agenda for research based on national priorities	Shared research agenda	No. of joint research agenda	Availability of research agenda	2012-2016	MOHS/ partners	Costing N/A
Conduct research of local relevance on tobacco and alcohol tax policies, marketing and advertising strategies.	1 research per year	Evidence based data on policies and advertising strategies	No. of research done	2012-2013	MOHS/MIC/WHO, MEYS, MTI	100
Sub total cost						<u>105</u>

Objective 6: To strengthen partnerships and establish a network of relevant stakeholders for surveillance, prevention and management

Strategies

- Partnership meetings
- Strengthen partnerships
- Community participation
- Networking

Activities	Targets	Output/outcome	Indicators	Timeframe	Actors	Budget (USD Thousand)
Conduct district meetings of stakeholders to form a partnership committee	13 meetings	Partnership committees in each district	Number of meetings held and partnership committees established	2014-2015	MOHS/Local Councils/Civil Society	40
Promote community participation through signing of MOU	Community commitment	Community participation	Number of MOU signed	2014- 2017	MOHS/MILG/Civil Society	2
Identify potential partners and agree on NCDs prevention and control programmes	6 partners	Partnerships established	Number of partnerships established	2013- 2017	MOHS/MAFFS/MTI	2

	Sub total	<u>44</u>
--	------------------	------------------

Objective 7: To monitor and evaluate the effectiveness of promotion, prevention and control measures in the NCDs action plan

The national policy and strategic plan for prevention and control of NCDs is to be implemented by multi-sectoral partners. Therefore, an effective mechanism for monitoring and evaluation must be in place in order to ensure accountability by all stakeholders in realizing the goals and objectives of prevention and control of NCDs. Timely monitoring and evaluation will be required to adjust, adapt and inform future strategic directions and plans that are more responsive to the changing scenario of NCDs in Sierra Leone. The National Steering Committee through DTRN will oversee the monitoring and evaluation of the prevention and control of NCDs. The stakeholders shall be responsible for monitoring the planned activity within sectors. Evaluation will be conducted by an appointed group of evaluators. During evaluation, the respective stakeholders shall render full cooperation so that evaluation is conducted unhindered and the results of the evaluation are authentic. Outlined below, is an indicative list for monitoring and evaluation indicators.

Monitoring

Monitoring is the routine collection and analysis of information, usually done to assess whether inputs are being used as anticipated, how well activities are being implemented, and whether outputs are delivered as planned. Monitoring is usually an internal function of programmes. Therefore, sectoral monitoring of implementation will be carried out in line with the regular monitoring of the integrated sectoral plans. Six-monthly reports will be generated and submitted by the DTRN to the national steering committee. The report will highlight achievements and challenges in the implementation of the various activities, which the national steering committee shall in turn share with stakeholders, donor agencies and other appropriate organizations.

Stakeholders will participate in an annual review of the implementation of NCD related activities, which will be followed by the development of an annual work plan for the next fiscal year.

DTRN is responsible for the implementation, monitoring and evaluation of the Sierra Leone 2011/15 NCDs action plan. The DTRN will conduct quarterly monitoring visits and supportive supervision to the districts . The DPNR will develop an M&E plan in line with the national M&E plan using the following indicators:

- Number of NCDs (and their risk factors) treatment guidelines and protocols produced
- Number of health facilities providing NCDs services
- Number of NCDs related legislations passed

- Number of districts with partnership committees
- Number of trained staff on NCDs prevention, control and treatment
- Availability of standardised data on NCDs and their risk factors
- Number of stakeholders involved in NCDs prevention and control
- Number of supportive supervisory visits
- Amount of NCDs related research conducted

Evaluation

Evaluation of the prevention and control of NCDs will be coordinated by the DTRN under the guidance of the National Steering Committee. Evaluation involves assessing the progress in implementation of the program through a detailed analysis of inputs, outputs and outcomes. Evaluation will be conducted through internal and external evaluations to assist decision makers and stakeholders to learn lessons about the implementation and modify approach where necessary.

Internal evaluation:

Internal evaluation for the prevention and control of NCDs will be through short- term and/or mid-term evaluation by a team appointed by the National Steering Committee. Upon conducting a detailed evaluation, a report will be submitted to the National Steering Committee.

External evaluation:

External evaluation of prevention and control of NCDs will be at the end of the five year period. The evaluation will be done by a team consisting of representatives from the relevant donor agencies, independent consultants and national counterparts recruited by the National Steering Committee. The report of the evaluation shall be submitted to the National Steering Committee and stakeholders, following which joint consultations will be held to adjust the implementation approach of programs. The following timeline will be used to evaluate the progress of the plan:

- Short-term evaluation – end 2011
- Midterm evaluation – end 2013
- End evaluation – end 2015

The DPNR will convene annual review meetings with all stakeholders to report on the progress of NCDs action plan implementation.

The plan will be reviewed at end-term and at mid-term if necessary.

The following impact indicators will be used:

- Prevalence of NCDs morbidity and mortality
- Prevalence of tobacco use among adults age 25-64
- Prevalence of alcohol consumption among adults age 25-64
- Prevalence of low consumption of fruits and vegetables among adults age 25-64
- Prevalence of low level of physical activities among adults age 25-64
- Prevalence of overweight and obese adults age 25-64
- Prevalence of raised BP among adults age 25-64
- Proportion adults age 25-64 with three or more risk factors
- Proportion the population aware of NCDs and their risk factors

****The Directorate will need two vehicles for effective supportive supervision, and monitoring and evaluation (total cost is USD 100,000).**

BUDGET SUMMARY

No	Objective	Amount (In USD thousand)
1	To reinforce leadership and strengthen capacity of the health system for prevention and control of NCDs.	380
2	To advocate for and influence other relevant national policies and plans that impact on prevention and control of non – communicable diseases.	50
3	To establish and strengthen an integrated NCDs surveillance and provide evidence for public health decision making	240
4	To promote healthy lifestyle and reduce risk factors using health promotion strategies.	185
5	To promote research for the prevention and control of NCDs.	105
6	To strengthen partnerships and establish a network of relevant stakeholders for surveillance, prevention and management.	44
7	Two vehicles for supportive supervision and monitoring and evaluation of the effectiveness of the promotion, prevention and control measures in the NCDs action plan	100
	Grand total cost (USD million)	1,104

Note: 1. Costing based on historical cost for some of the activities and others based on current market values.

2. Some activities were costed on a quarter basis per year at the number of years of the project implementation.