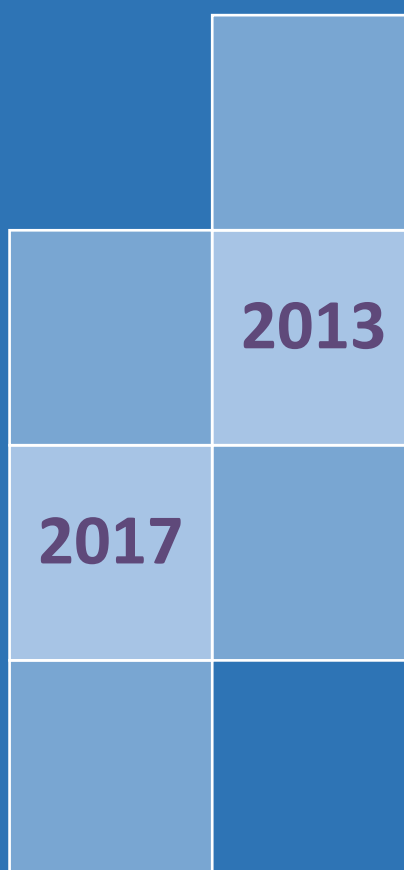


Republic of Iraq
Ministry of Health



Steering Committee for Prevention and Control of
Noncommunicable Diseases

The National Strategy for Prevention and Control of Noncommunicable Diseases



Baghdad - 2013

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Introduction

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

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

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

Current Situation In Iraq

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

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

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

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

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

Health System Capacity For Ncd Prevention And Control

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

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

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

Inter-Sectoral Collaboration And Partnership

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

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

Strengths

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

Challenges

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

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

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

Goal:

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

Impact indicators:

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

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

Vision:

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

Mission:

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

Scope of work:

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

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

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

Relationship To Existing Strategies And Plans

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

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

The Priority Areas Taken Into Consideration

1- Reduction of the economic burden attributed to NCDs:

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

2- Reorientation and strengthening the health system

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

Interventions Based On Risk Stratification Of The Community

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

1. Health promotion and primary prevention for General population

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

1.1 Health orientation:

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

1.2 Low cost interventions (best buys):

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

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

2. Community management: Care for Low risk category

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

2.1 Screening/ early detection for chronic diseases:

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

2.2 Self care:

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

3. Disease management: care for High risk category

3.1 Comprehensive Multidisciplinary care:

Chronic NCDs are characterized by being multi-factorial in origin, and may have long term, multi-systemic consequences. Also, management of such cases constitutes pharmaceutical medication as well as non-pharmaceutical management. The combination of management interventions is essential for

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