

NATIONAL NON-COMMUNICABLE DISEASES POLICY AND STRATEGIC PLAN

(2017-2021)



**MINISTRY OF HEALTH
REPUBLIC OF LIBERIA**

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ABBREVIATIONS

AfT	Agenda for Transformation
BCC	Behaviour Change Communication
BMI	Body Mass Index
CBO	Community-Based Organization
CHO	County Health Officer
CHSD	Community Health Services Division
COPD	Chronic Obstructive Pulmonary Disease
CMO	Chief Medical officer
CRD	Chronic Respiratory Diseases
CVD	Cardiovascular Diseases
DALY	Disability adjusted life-years
ECOWAS	Economic Community of West African States
EPHS	Essential Package of Health Services
EVD	Ebola Virus Disease
FBO	Faith Based Organization
GAVI	Global Alliance for Vaccine Initiative
GBD	Global Burden of Disease
GDP	Gross Domestic Product
GOL	Government of Liberia
HDI	Human Development Index
HDR	Human Development Report
HIS	Health Information System
HMER	Health Monitoring, Evaluation and Research
IDSR	Integrated Disease Surveillance Response
IEC	Information Education Communication
JFKMC	John F. Kennedy Medical Center
LMDA	Liberia Medical and Dental Association
M&E	Monitoring and Evaluation
MMEIG	Maternal Mortality Estimation Interagency Group
MOE	Ministry of Education
MoH	Ministry of Health
MPI	Multidimensional Poverty Index
MTWG	Multi-sectoral Technical Working Group (task force)
NCDs	Non Communicable Diseases
NCDI	Non Communicable Diseases and Injuries
NGO	Non- Governmental Organization
PBF	Performance Base Financing
PHC	Primary Health Care
PSD	Program for Sustainable Development
RTA	Road traffic accidents
SC	Steering Committee
UI	Unintended injuries
WAHO	West African Health Organization
WB	World Bank
WHA	World Health Assembly
WHO	World Health Organization

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Foreword

The Ebola Virus Disease (EVD) outbreak of 2014 - 2016 affected the health, social and economic fabric of the Liberian people. Nearly everyone was affected by this epidemic, either directly through illness or death or that of family or friend. The resultant inability to access health services and the social economic losses resulted in a slowdown of the economy. This occurred while there still is an ongoing burden of other communicable and non-communicable diseases in the country. The Ministry of Health now seeks build a resilient health system, to restore the gain lost due to the EVD crisis and provide health security for the people of Liberia. This will be achieved by reducing risks due to epidemics and other health treats; accelerating progress towards universal health coverage and improving access to safe and quality health services.

The National Policy and Strategic Plan on NCDs articulates the condition and support necessary to ensure that every person in every community has equitable and affordable access to NCDs information. It creates opportunities for inter-sectoral action for health and development; and empowers communities for health actions. The policy builds on the broad aims and orientations of the National Health and Social Welfare Policy and Plan 2011-2021 and the Investment Health Plan 2015-2021.

Within the context of on-going reforms being carried out in health and other sectors, the policy is a first step in an effort to refocus and intensify NCD activities in the country. This policy provides a broad operational framework for NCDs planning and development. It establishes the necessary policy environment through which stakeholders can align commitment towards undertaking National NCD activities and interventions that empower the population to adopt sustained healthy behaviors and healthy lifestyles. The NCDs Policy and Strategic Plan further define the contributions of NCD interventions to the overall achievement of National Health Policy and Plan, and thus contributing to the attainment of the SDGs for health.

Dr. Bernice T. Dahn, MD, MPH, FLCP
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Executive summary

Background: This NCD policy is relevant to the health sector, development partners and other governmental agencies. The policy has been developed to provide a vision for addressing Non Communicable Diseases (NCDs) problems in the sector and ensuring that every person in every community across the country has equitable and affordable access to NCDs information and services. The NCDs Policy and Plan focuses upon strengthening service delivery, human resource capacity, health information system, leadership and governance, essential medicine and supplies and resource mobilization. This is the set of priorities identified in order to develop the accessible, responsive system necessary to substantially improve the health status of the population. In line with National Health Policy and Plan, the NCD Policy and Strategic Plan will be implemented within a six-year period with emphasis on the following national priority NCDs conditions: a) Cardiovascular Diseases (Hypertension, Stroke, Rheumatic Heart Disease, Congenital Heart Disease), b) Cancer (cervical, Prostate, Breast, liver and Lymphoma), c) Chronic Respiratory Diseases (Asthma, COPD), d) Diabetes (types 1 and 2), e) Renal Disease, f) Injuries (Road Traffic Accidents), g) Oral Diseases (Dental caries), h) Sickle cell anemia, i) Eye conditions and j) Trauma-related mental conditions (epilepsy, schizophrenia).

Situational Analysis: Liberia is struggling with the burden of chronic conditions which is further exacerbated by limited access to health facility level NCD services; inadequate drugs and medical supplies; insufficient number of qualified technical personnel in the country; weak diagnostic and treatment capacity and weak enforcement of current NCDs related regulations (Tobacco, Traffic, Air Pollution, and Alcohol). NCDs lower the quality of life of people, impede economic growth and place a heavy demand on the family and national budgets. A review of national hospital records to determine the burden of common NCDs shows that cancers are on the increase. The common types of cancers among females are breast cancer constituting 17% and cervical cancers accounting for 8%, while in males, liver and prostate cancers are common. A 2010 report from John F. Kennedy Medical Hospital, a tertiary hospital, indicated that cervical cancer is more prevalent in females age 25-65 than any other cancer. In addition, growing evidence has shown that those living in poverty are especially susceptible to NCDs and injuries. 86% of Liberians living in rural areas and 45.6% of those living in urban areas are considered to be among the poorest 1 billion people living in the world today, greatly impacting their susceptibility to both NCDs and communicable diseases, equaling 2.9 million of estimated 4 million 2011 population of Liberia. (Alkire & Robles, 2016).

Goal, objectives and principles: The NCD Policy is expected to form an integral part of the National Health Plan (2011-2021) and the National Health Investment Plan (2015-2021). The overarching goal of the NCDs policy is the reduction of NCD morbidity, mortality and disability in Liberia through NCDs preventive and control services that are of high quality, effective and affordable. The guiding principles for the policy are a) broad based partnership and multi-sectoral approach, b) equity-based approach, c) accountability & sustainability, d) decentralization and accessibility, and e) efficiency. It stresses collaboration at national, county and community levels involving donors NGOs, Governmental agencies, private institutions and communities for the prevention and control of NCDs.

Service Delivery: In line with the National Health Policy and Plan, the NCD Program has been established to lead and coordinate prevention and control interventions that are essential, affordable and accessible to the needed population at all levels of service delivery. In this regard, NCD prevention, control and management will be integrated at all levels of the health care system to include: 1) Strengthening of the existing program established for the organization, management, and coordination for the implementation of NCD activities, 2) Building capacity and ensuring the requisite

resources are made available at all public and private health facilities for the assessment, diagnosis, treatment, management, prevention and control of NCDs, 3) Empowering people suffering from NCDs and the communities at large for the proper management and control of NCDs through program ownership and 4) Developing standardized guidelines and protocols to guide the prevention, treatment, and management of NCDs.

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I.0 Introduction:

I.1 Policy Context:

The National NCD Policy sets out an extensive pathway for Liberia. It provides a broad framework and guides planning, implementation, monitoring and evaluation of chronic diseases. It is formulated in the framework of the Ministry of Health National Health Policy and Plan (2011-2021) and the Health Investment Plan for Building a Resilient Health System (2015-2021). The plan is also informed by national and international NCDs policies and strategic documents including those of the World Health Organization (WHO) and especially the African Region.

Society in general has experienced and continues to endure demographic and epidemiological transitions resulting from economic and environmental changes that have brought with them a debilitating double burden of disease. Populations and economies are grappling with communicable diseases that include HIV/AIDS, Tuberculosis and Malaria on the one hand and Non-Communicable Diseases and conditions (NCDs) that include cardio-vascular diseases, cancers, mental and neurological conditions, Injuries and disability on the other. Because of the rapid transition in developing countries, NCDs have exerted an inordinate toll on poor populations who often have challenges with access to and the quality of services availed to them with 80% of the global NCD burden being in developing countries.

NCDs, also known as chronic diseases, have been defined as diseases that have prolonged course that do not resolve spontaneously, for which a complete cure is rarely achieved (McKenna, et al, 1998). These diseases do not spread from one person to the other but have commonality in the fact that they can lead to much disability and loss of productivity. While some are able to be managed or prevented by modifiable risk factors including but not limited to tobacco and alcohol consumption, physical inactivity and changes in diet, it is estimated that the majority of NCDs are products of the environment in which one lives and the conditions of poverty which make them more susceptible, in the case of such conditions as injuries, trauma-related neurological conditions, and household air pollution, among others.

The World Health Organization (WHO) defines the scope of NCDs to include cardiovascular diseases, mainly heart disease and stroke (including congenital and rheumatic heart disease); cancers; chronic respiratory diseases; diabetes; mental and neurological disorders, vision and hearing impairment and oral diseases; others such as renal diseases, epilepsy and injuries are essential components of NCDs.

According to the WHO, NCDs are escalating in the world with an increasing trend in developing countries where the transition imposes more constraints to deal with the double burden of infectious and non-infectious diseases in a poor environment characterized by ill-health systems. By 2020, WHO predicts that NCDs will account for 80 percent of the global burden of disease, causing seven out of every 10 deaths in developing countries, compared with less than half today. Up to 80% of heart disease, stroke, and type 2 diabetes and over a third of cancers could be prevented by eliminating risk factors. WHO projects that, globally, NCD deaths will increase by 17% over the next ten years. The greatest increase will be seen in the African region (27%) and the Eastern Mediterranean region (25%), (WHO 2005).

At a macro-economic level, non-communicable diseases place a heavy burden on the economy of low- and middle-income countries. The World Economic Forum's Global Risks Assessment Report in 2009 ranked the global NCD epidemic as the fourth highest global risk in terms of potential severity in economic and loss of lives (Global risk assessment 2009). WHO estimates that heart disease, stroke and diabetes reduce GDP between 1 and 5 percent in low- and middle-income countries experiencing rapid economic growth, as many people die prematurely, (WHO report 2009)

1.2 Policy Purpose and Scope:

This NCD policy, which is relevant to all sectors, has been developed to provide a vision for addressing NCD problems in the country to ensure that every person in every community across the country has equitable and affordable access to NCD services and information. In light of multiple national priorities and demands on limited resources, establishing an equitable health system, requires a sustained commitment by all stakeholders to use every available resource wisely and to do so in an inclusive, participatory manner. Therefore this NCD Policy and Plan focuses on strengthening service delivery, human resource capacity, health information system, leadership and governance, essential medicine and supplies and resource mobilization in the context of this policy. This is the set of priorities on which were identified in order to develop the accessible and responsive system necessary to substantially improve the health status of the population.

In line with the national health policy and plan, the NCD Policy and Strategic Plan will be implemented within a six-year period with emphasis on the following national priority NCD conditions:

Cardiovascular Diseases (Hypertension, Stroke, Congenital Heart Disease, Rheumatic Heart Disease), Cancer (Cervical, Prostrate, Breast, liver and Lymphoma, pediatric cancers), Chronic Respiratory Diseases (Asthma, COPD), Diabetes (Types 1 and 2), Renal Disease, Injuries (Road Traffic Accident), Oral Diseases (Dental caries), Sickle cell anemia, Eye conditions and trauma related Mental (epilepsy and schizophrenia), and Neurological, disorders.

2.0 Situational Analysis

2.1 Country Profile:

Liberia has a land area of 111,369 square kilometers, and is located in West Africa bordered in the West by Sierra Leone, in the north, Guinea, and in the east, La Cote d'Ivoire. It is a low income country with a population of 4.5 million people and an annual growth rate of 2.1%. The country is geographically divided into 15 counties, with populations ranging from 57,913 in Grand Kru County to 1,118,241 in Montserrado County. The projected real GDP growth rate for FY 2013/2014 was 5.8% but declined by half due to the EVD crisis that struck the country in 2014. The 2008 Population and Housing Census results shows that in terms of sex ratio, women account for 51% of the population and men 49%. The results also indicated that the country has a very young population (below 18 years): 63.8% aged 15 plus, 16.2% aged 5-14 years and 15.0% aged 0-4 years.

2.2 Policy Framework:

The NCD policy priorities are aligned with existing priorities of the GOL as defined in the National Health Policy and Plan (2011-2021), the National Health Investment Plan (2015-2021) and the Agenda for Transformation (AfT). Consequently, the following areas are prioritized in this policy and plan:

1. Service Delivery,
2. Health workforce,
3. Health Information System,
4. Leadership & Governance,

5. Access to Essential Medicine and Supplies
6. Financing

2.3 The Socio-Economic Situation:

Liberia envisions a middle income country by the year 2030. In December 2012 with GoL commitment to the realization of this ambitious goal, the Agenda for Transformation (AfT) and other strategies were adopted to operationalize this vision. The AfT is a five – year development plan with 600 interventions geared towards leading the country on a growth path with the ultimate goal to reduce poverty and create wealth for all Liberians. Currently the gross national income per capita is estimated at US\$240.00. Economic growth and inflation are estimated at 6% on the average and 4.5% respectively over the five year period from 2013 – 2017. Though the country has made steady strides towards recovery, eighty-six (86%) of its population is vulnerably employed.

As Liberia strives towards the AfT, poverty remains high. Currently, the World Bank uses \$1.90 per day (2011 PPP) as the global poverty line. In Liberia 2007, 69% of the population was living below the poverty line based on this definition. Multidimensional poverty examines other dimensions of poverty: Education: years of schooling, child school attendance; Health: child mortality, nutrition; living standard: electricity, improved sanitation, improved drinking water, flooring, cooking fuel, assets ownership. Using the Multidimensional Poverty Index (MPI), which incorporates individuals deprived in 1/3 or more of the weighted indicators by multiplying the incidence of poverty by the intensity of poverty, 2.9 million people were multi-dimensionally poor based on 2011 population (Alkire & Robles, 2015).

2.4 NCDs Situation in Liberia:

Based on the Global Burden of Disease (GBD) data compiled by the Institute for Health Metrics and Evaluation in 2015, NCDs make up 35% of disability-adjusted life years (DALY) experienced by Liberians. The DALY is a measure of overall disease burden, expressed as the number of years lost due to ill-health, disability or early death. Less than 30% of DALYs due to NCDs are attributable to CVD, cancer, diabetes, & chronic respiratory diseases, with the majority attributable to other non-communicable diseases, injuries, violence, mental and neurological conditions, and musculoskeletal conditions. 53% of NCD DALYs and 76% of Injury DALYs occur before age 40 greatly impacting the potential productivity of the young work force.

The GBD 2013 Risk Factors include: Environmental & Occupational risk factors such as unsafe water, sanitation & handwashing, air pollution, occupational, other environmental; Behavioral such as child & maternal malnutrition, tobacco smoke, alcohol & drug use, dietary risks, sexual abuse & violence, unsafe sex, low physical activity; and Metabolic, including high fasting plasma glucose, total cholesterol, systolic blood pressure, body mass index, bone mineral density, and glomerular filtration rate. In 2013 GBD models, only 22% of the NCDI burden in Liberia is explained by behavioral & metabolic risk factors alone; 12% of the NCDI burden had an environmental component, and 66% was not attributable to the 79 risk factors examined in GBD, meaning that focusing on the standard GBD risk factors as means of preventing further NCDI in Liberia will still miss 80% of expected NCDI burden and therefore other measures must also be considered to reach the entire population living with NCDs and to prevent future increases.

Liberia is struggling with a burden of chronic conditions such as diabetes, cancer, chronic respiratory infections and hypertension, to name but a few. Due to limited access to health services, weak pharmaceutical, medical and laboratory supply chain systems, lack of qualified technical personnel in the country and weak enforcement of current NCDs related regulations (Tobacco, Traffic, and Alcohol) have aggravated the burden of NCDs. These issues have been identified as serious threats for both health service delivery and the population at risk. NCDs lower the quality of life of people, impair the economic growth of the country and place a heavy demand on the family and national budget.

A risk factor survey conducted in 2011 reveals that 11.5% of the respondents are current tobacco users with 9.9% engaged in smoking tobacco products such as cigarettes, cigars or pipes of tobacco. Only 2.1% of the interviewed population use smokeless tobacco products with males constituting 1.1% and female 3.1%. Among the current and daily smokers, males dominated with 17.2% and 13.9% respectively, compare with 2.8% female current smokers and 1.3% daily smokers. Men who smoke are therefore at risk of NCDs including lung diseases than women in Liberia. Interventions for prevention and control should target the entire population but emphasis should be placed on men. The average age at which tobacco smoking was initiated was 21 years with 91.8% of daily smokers smoking approximately 6 sticks of manufactured cigarette daily. Exposure to Environmental Tobacco Smoke (ETS) was prevalent among the survey participants with 37.5% of respondents were expose to smoking at home and 43.1% at the workplace.

The proportion of respondents who currently drink alcohol such as beer, whisky, spirit and local beverages, is 24% with males constituting 34.3% and females 14%. The proportion of lifetime abstainers is 63.2% with a significant proportion being females (75.2%). Among the current alcohol consumers, 23% of males and 9.7% of females were engaged in episodic drinking (i.e. men who had 5 or more bottles and women who had 4 or more alcoholic drinks on any day in the past 30 days prior to the survey). Furthermore, 14.3% (17.2%-males and 7.9%-females) of the respondents drank alcohol daily in the past 12 months prior to the survey.

The mean number of days, fruits and vegetables were consumed by all respondents was 2 and 4 days respectively. In addition to fruit consumption, the mean number of serving of fruits and/or vegetables on average per day was 1.

The survey revealed that less than half of the sampled population (47.3%) was engaged in high level physical activities. High level physical activity defined by the survey includes 3 days of intense physical activities such as lifting or carrying heavy loads, digging and/or construction work, or 7 days of walking or jogging. Although, less than 50% of the respondents were not involved with high level physical activities, more than fifty percent (51.6%) of interviewed men compared to 43.1% of women were engaged in high level physical activity. For moderate and low physical activities such as brisk walking or carrying light loads, travel to and from places, activity at work, and recreational activity were undertaken by 19.5% (18.6%-male and 20.3%-females) and 33.2% (29.8%-male and 36.6%-female) of respondents respectively. Overall, 59.9% of respondents (54.4%- male and 65.4%-female) were not engaged in any vigorous physical activity. Although about 40% of the population is engaged in physical activities according to the results, there is a dire need to encourage the population to engage into regular physical activities.

The mean blood pressure of all respondents including those who were on medication for hypertension was 128.7/79.7 for both sexes, 129.7/79.5 for males and 127.8/79.9 mmHg for females respectively. The proportion of respondents with SBP (systolic blood pressure) of ≥ 140 mmHg and/or DBP (diastolic blood pressure) ≥ 90 mmHg including those currently on medication for hypertension was 30.7% for both sexes, 30.3% for males and 31% for females respectively. On the other hand, those with hypertension (SBP $\geq$

140 and/or DBP $\geq$ 90 mmHg) who are not currently on medication for hypertension was 88.2% for both sexes, 90.5% for males and 86% for females. Only 11.8% of those respondents (9.6%-male and 13.9%-female) with hypertension were on antihypertensive drugs.

A significant proportion of the respondents (91.5%) had never measured their glucose level. The mean fasting blood glucose, including those currently on medication for diabetes was 96.7mg/dl (milligram per deciliter) for both sexes (97 mg/dl for males and 96.4 mg/dl for females). Among persons who had been tested and found to have elevated blood sugar, the percentage of respondents that are currently on medication was 19.2% for both sexes, 19% for males and 19.3% for females.

Furthermore, review of county hospitals records (2008-2011) to determine the burden of common NCDs shows that cancers are on the increase. The trend of all cancers including new cases is increasing though there was unexplained decline in 2010, which might be attributed to lack of data from the reporting health facilities. In essence, a total of 555 cancers cases were reported during the period under review. Further analysis of the data shows disparity by gender with 56% of all cancers and 52.2% of new cancer cases reported among females. At least 60% of all cancers cases were reported from the age group 50 years and above compared to approximately 40% reported among age group 20 to 49 years.

The common types of cancers occurring among females are breast cancers, constituting 17% of the cancer disease burden and cervical cancers, accounting for 8%, while in males, liver and prostate cancers are common. Unfortunately, cancer related deaths among the affected age groups disaggregated by gender were insignificant probably due to lack of data. So far only 19 deaths were reported among females and 2 deaths among males- a result of gross underreporting.

Asthma is alarming in the country with a total of 16792 cases reported over a period of four years (2008-2011). Out of this figure, 50.4% of cases were reported among females, and approximately, 37.4% of these cases were reported from the age group 0-19 years and 36.5% among age group 50 years and above. Asthma related deaths occur in the younger and older age group with 32.6% deaths reported from the age group 0-19 years and 39% reported among the age group 50 years and above. Overall, 1.3% of people with Asthma die from the disease.

Chronic Obstructive Pulmonary Disease (COPD) is one of the chronic respiratory diseases that fall within the category of NCDs. Medical records from the county hospitals show that 10,533 cases were from 2008 to 2011 with 61% of the cases reported among females. A sizable proportion of these cases tend to occur from the age group 20 years and above. At least 38.4% of the cases were reported equally from the age groups 20-49 years and 50 and above years respectively. Approximately 2.6% of people who suffer from the disease die prematurely.

Diabetes mellitus is also one of the common NCDs in Liberia. During the period under review, 2,035 cases were reported from the country; with approximately 50% reported among females. Over 57.5% of these cases occur in the age group 50 years and above; while 37.7% of the cases occur in the age group 20-49 years. The records indicate that 3.2% of people suffering from diabetes succumb to the disease.

Hypertension and its related complications is becoming a public health concern. A total of 26,876 cases were reported from county hospitals over a period of four years. (57.6%) of the cases were reported among males and 62.4% of the cases reported from the age group 50 years and above. The trend of hypertension seems to be increasing.

A total of 1,024 cases of stroke were reported over the same period with males accounting for 55% of the caseload. A majority of the cases were reported from the age group 50 years and above which account for 59.6%. Deaths related to stroke stand at 4.5% for people who suffer from the disease.

Myocardial infarction is also one of the emerging categories of NCDs affecting both males and females with a ratio of 1.4:1. A total of 80 cases were reported from 2008 to 2011 with majority of them occurring in the age group 50 years and above. Unfortunately, deaths related to myocardial infarction are much higher. It is estimated that 12.5% of people with the disease do not survive.

Sickle cell disease has been reported among all age groups in the country. A total of 278 cases were reported to the Ministry of Health between 2008 and 2011. More work needs to be done to collect accurate data for policy and decision making.

Road Traffic Accidents (RTA) and Unintentional Injuries (UI) are adding another burden to the health sector. A total of 11,526 RTA related cases and 4,121 cases of UI were reported. Disaggregation of data by gender shows that 61.3% of RTA cases and 50.4% of UI cases occur among males. Majority of the victims of RTA are adults. The data shows that 63.4% of RTA and 56.2% of UI cases were reported among age group 50 years and above.

Mortality related to RTA is estimated at 4% with 91% of it occurring in the age group 50 years and above.

Moreover, report from the tertiary hospital, (John F. Kennedy Medical Center) on cancer reveals that cervical cancer is more prevalent in ages 25 to 85 than breast and other cancers. Based on the report given on cancers from this hospital in Monrovia, there were more cases seen for cervical cancer than any other cancer.

2.5 Justification/Rationale

The National Health and Social Welfare Policy (2011-2021) emphasize NCDs prevention and control. There however exists no policy to provide strategic direction on NCDs. A National NCD Policy and Strategic Plan as a road map will be used for advocacy, resource mobilization, intervention, monitoring, and evaluation and will provide bases for legislation and regulations, in respect to prevention, control and

management. It will be coupled with the formation of a national NCDI Poverty Commission to focus on compiling further evidence to develop an investment case for NCDs.

NCDs interventions require multi sectorial approach; hence, the policy will outline roles and responsibilities of agencies and other partners in the fight against NCDs. It will also be in compliance with other health policies and plans including The National Health Policy and Plan and Essential Package of Health Services (EPHS). In addition, the policy will be in line with WAHO 2010 Resolution on the prevention and management of NCDs (which was adopted by the Assembly of the Health Ministers of ECOWAS and the council of Ministers of ECOWAS), Brazzaville Declaration on NCDs, WHO regional strategy and the WHO Global NCDs Action Plan (2013-2020) for the prevention and control of NCDs. The NCD Policy and Plan is also in line with the World Health Assembly (WHA) target of “25/25” which intends to reduce the risk of dying from cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases by 25% in ages between 30 and 70 by 2025. The Liberia MoH, being a member of the “NCD Synergies Network” also subscribed to an “80/40/20” target which calls for an 80% reduction in premature mortality, from the comprehensive set of NCDs (including neuropsychiatric disorders) and injuries as defined by the Global Burden of Disease Study, in those under 40 years of age by the year 2020.

3.0 Policy Orientations:

3.1 Policy Foundation:

The NCD policy will form an integral part of the overall National Health Plan (2011-2021) and the National Health Investment Plan (2015-2021). The vision, mission and goal of the NCD Policy will support those of the overall policy of the Ministry of Health.

Overall Health Sector Goal, Mission and Vision

Goal: The goal is to improve the health and social welfare status of the population of Liberia on an equitable basis.

Mission: The mission of the MoH is to reform and manage the sector to effectively and efficiently deliver comprehensive, quality health services that are equitable, accessible and sustainable for all people in Liberia.

Vision: Liberia’s vision is a healthy population with social protection for all.

The vision, mission and goal of the NCD Policy (2015-2021)

Vision: A healthy Liberian population without the burden of non-communicable diseases

Mission: Ensure that quality NCDs preventive and control services are available, accessible, efficient and affordable

Goal: To reduce NCDs related morbidity, mortality and disability in Liberia.

3.2 NCD Policy Guiding Principles:

The principles to guide this policy include:

1. **Partnership and Multi-sectoral Approach:** Broad based partnership and multi-sectoral/interministerial collaboration at national, county and community levels involving donors NGOs, Governmental agencies, private institutions and communities will be forged in prevention and control of NCDs
2. **Equity-based Approach:** In line with National Health Policy of Liberia (2011-2021) and the National Health Investment Plan (2015-2021), equity, social justice and good governance are essential for health and social improvements. As a human right, every Liberian shall have access to health services, irrespective of socioeconomic status, tribe, religion, gender, and geographic location.
3. **Accountability & Sustainability:** The development and implementation of NCDs policy and plan is led by the Ministry of Health. Resource mobilization and utilization are indispensable to the achievement of the health policy goal and objective for which this policy and plan are integral component, as such decisions taken, resources allocated, utilized and results achieved will be monitored comprehensively. Employing appropriate options that are locally manageable and affordable over the long-term and building local and institutional capacity and confidence will ensure long-term sustainability to meet NCDs health needs.
4. **Decentralization and Accessibility:** In line with Ministry of Health's Decentralization Policy, NCDs services will be provided at all levels. The county level shall be responsible for health service delivery, while the central level will focus on policies, resource mobilization and allocation, aggregate planning, standards setting and regulation.
5. **Efficiency:** The greatest potential gains will be realized from the inputs of all stakeholders in order to maximize efficiency, creating a culture at all levels of the system that values and strives to do more for the population within existing levels of resources. Priority will be given to improving the coordination of all efforts to support health services.

3.3 Enabling Environment

3.3.1 Legal Framework

The preventive and control of NCDs, whether in the public or the private sector, is governed by Title 33 of the Liberian Code of Laws Revised, also known as the Public Health Law that may be amended or revised from time to time, and other rules and regulations that may be established by independent agencies. The Ministry of Health and the independent agencies shall each, in accordance with its mandate, review, amend and reinforce NCD legislation, as necessary and shall recommend reforms. When necessary or desirable, the MoH and the independent agencies shall collaborate in furtherance of their mandates.

3.3.2 Regulation

The MoH and other independent agencies that may be created (as mandated and, if necessary or desirable, in collaboration with national judicial, regulatory and enforcement authorities) are to promote the monitoring and reinforcement of the Public Health Law, as the same may be amended or revised from

time to time, in the following areas, including but not limited to: professional public, private for profit and private not-for-profit health and social welfare institutions, departments, programs and facilities. The MoH and other independent agencies that may be created, shall institute mechanisms to ensure that the sector complies with existing NCDs legislation, regulation, policies, standard operating procedures, protocols and guidelines. Particular care will be given to separating regulatory responsibilities from the Ministry of Health's service delivery duties in order to avoid conflicts of interest.

3.3.3 Enforcement

In conjunction with the judicial and regulatory enforcement authorities, the MoH will promote the monitoring and enforcement of the Public Health Law and other rules and regulations that may be established by independent agencies. Mechanisms will be established to ensure compliance with existing and new NCD regulations, policies, standard operating procedures, protocols and guidelines. Pre- and in-service professional training programs will reinforce these compliance mechanisms as well as the study of the legal aspects of NCDs. The Ministry will develop a public awareness program to inform the public about NCD prevention and control practices that are allowed and those that are forbidden by law and how to proceed when legal infringements are suspected.

3.4 Policy Strategic Objectives

The strategic objectives of the National NCD Policy include:

1. To strengthen service delivery systems for the prevention, control and management of NCDs.
2. To build the capacity of service providers at all levels of care (primary, secondary, tertiary) on NCDs prevention, control and management.
3. To increase access to essential drugs, medical & Diagnostic Supplies for NCDs that will be of quality, efficient, & affordable for the demand side.
4. To strengthen the data management of all NCDs to inform policy makers for decision making.
5. To create an environment that strengthens coordination, collaboration, and partnership among stakeholders.
6. To mobilize adequate funding for the implementation of NCD activities at all levels of the health system.

4.0 Non-Communicable Diseases Strategic Plan:

4.1 Service Delivery:

4.1.1 Current Health Situation: Although NCDs are recognized as an essential public health problem, service delivery has been inadequate and uncoordinated with lack of policy, standardized guidelines, trained human resources, case management protocols and BCC materials in most instances. This has led to fragmentation in service delivery for NCDs and coordination of partners intervening in NCD prevention, control and management. In line with the National Health Policy and Plan, the NCDs program

has been established to lead and coordinate prevention and control interventions that are essential, affordable and accessible to the needed population at the levels of service delivery.

In this regard, NCDs prevention, control and management will be an integral part of all levels of the health care system.

The policy recommends:

1. The employment of full-time staff for strengthening of the existing program at the central MoH established for the organization, management, and coordination for the implementation of NCD activities.
2. That capacity is built and the requisite resources made available at all public and private health facilities for the assessment, diagnosis, treatment, management, prevention and control of NCDs.
3. That people suffering from NCDs and the communities at large are empowered for the proper management and control of NCDs and develop ownership for programs to be implemented
4. Standardized guidelines and protocols shall be developed to guide the prevention, treatment, and management of NCDs

4.1.2 Policy Statement: Service delivery for NCDs will be an integral part of all service delivery levels (primary, secondary, tertiary) with a holistic approach.

4.1.3 Objective: To strengthen service delivery systems for the prevention, control and management of NCDs.

4.2 NCDs Health Workforce:

4.2.1 Current Situation: The effective prevention, control and management of NCDs require the availability of a skilled and knowledgeable work force at all levels of the health care delivery system. It is important that the capacity gaps are identified and addressed at all levels of service delivery. NCDs should remain an integral component of the curriculum of all existing and future health training institutions. Retention of skilled staff is cardinal for a sustainable NCD management and prevention. As such, the MoH along with its partners will strengthen the NCD Program and build the capacity of service providers through local and international trainings.

4.2.3 Policy Statement: NCDs Program shall be implemented through a well-organized and coordinated health workforce system with the allocation of requisite and adequate financial and logistical resources, development of human capacity, retention and motivation.

Objective: To build the capacity of service providers at all levels of care (primary, secondary, tertiary) on NCDs prevention, control and management.

4.3 Health Information System:

4.3.1 Current Situation: Health Information System (HIS) is critical for the efficient management of health service delivery. It is also important for evidence based planning, informed decision making, monitoring and evaluation of health services. M&E constitute a major component of the policy and the plan therefore M&E plan and tool will be developed by the NCD Unit in collaboration with the M&E unit. Currently, the NCDs indicators being monitored by the HIS include only Diabetes, Hypertension, Stroke,

COPD, and injuries. The M&E unit will incorporate those NCDs indicators that are not captured in the HIS for all priority NCDs as listed in the policy. Moreover, access to data on NCDs at both Public and Private Health Facilities are still problematic. Measures will be taken to improve data collection on NCDs from community to all levels of health facilities by ensuring that NCDs indicators are integrated into standard reporting forms and tools. Data related to some priority NCDs will be integrated in the routine HIS of the MoH while at the same time the National Cancer Registry shall be established to collect data on cancers.

Research is an essential component for the prevention, promotion and control of NCDs; therefore, NCD programs will be monitored through robust M&E systems and evaluated through quantitative and qualitative research. Currently, there is no baseline data for NCD programs. Research on NCDs will be carried out to establish a baseline. Data collected from the research will be used for advocacy, planning, health education/promotion, interventions and resource mobilization.

4.3.2 Policy Statement

The NCD Program shall have a well-coordinated information sharing and feedback system for proper decision making.

4.3.3 Objectives:

1. To strengthen the data management of all NCDs to inform policy makers for decision making.
2. To determine impact, output, outcome, and gaps in NCDs implementation and provide feedback for appropriate action.
3. To ensure early detection, reporting, and management of NCDs at all levels of the health system.
4. To promote research to guide NCDs intervention and decision making.

4.4 Leadership and Governance:

Current Situation: NCD is a Program of the MoH. . It falls under the bureau of Preventive Services of the Department of Health Services, Ministry of Health. A director who works under the supervision of the Deputy Chief Medical Officer heads the program. In the past there was an inter-sectorial task force that comprised of the Ministries of Health, Justice, Education, Finance and Development Planning, Information, Agriculture, Commerce and industry, and Youth and Sports. Other members included WHO, Civil Society organizations and the traditional council of Liberia. The inter-sectorial Taskforce met monthly for the coordination and harmonization of NCDs interventions and plans. The MoH envisages the establishment of an NCDI Poverty Commission which will serve as a multisectoral steering committee. The role of this Commission is clearly outlined below.

The stewardship role of the NCDs policy shall reside with the Ministry of Health. The Ministry shall establish an NCDI Commission to advise on all NCD- related issues. It shall collaborate with other departments and partners in the planning, implementation, funding, supervision, monitoring and evaluation of NCD programming. Similarly the MoH shall strengthen and capacitate the NCD program.

The policy will strengthen partnership amongst all NCD stakeholders including but not limited to the following:

SN	NCD Stakeholder	Role
4.4.1	Ministry of Health	1. Coordinate NCDs interventions 2. Define program needs at all levels 3. Ensure Joint Supportive Integrated Supervision for effective implementation of NCDs activities 4. Implement, monitor and evaluate the NCDs strategic and operational plan 5. Spearhead research on NCDs and related matters in collaboration with partners 6. Ensure standards and continuing education for all role players involved in NCDs 7. Ensure collaboration between and among health programs and other sectors 8. Work with school health unit to improve awareness and education among school going youths
4.1.2	Ministry of Education	1. Incorporate NCDs in the school curriculum at all levels. 2. Promote a healthy diet in the School Feeding Program. 3. Capacitate teachers and support staff on NCDs appropriate interventions in schools. 4. Enhance the integration of sports and practice of physical activities in the school program.
4.1.3	Ministry of Finance	1. Make budgetary allotment to support and sustain all NCDs initiatives in relevant line ministries
4.1.4	Ministry of Agriculture	1. Encourage communities to grow and consume fruits and vegetables. 2. Initiate setting of appropriate standards for vegetables, fruits and other foods imported. 3. Promote healthy eating and balance diet.
4.1.5	Ministry of Commerce and Industry	1. Strengthen regulations, monitoring, supervision and enforcement of importation and prohibition of the sale of unhealthy food, drugs and other substances on the Liberian market. 2. Enforce food labeling on all foods being sold to the public.
4.1.6	Ministry of Justice	1. Ensure that all required regulations and legislations pertaining to NCDs are in place and enforced. 2. Ensure the enforcement of Occupational Health guidelines for safe working environment

SN	NCD Stakeholder	Role
4.1.7	Ministry of Internal Affairs	1. Take the lead in sensitizing the traditional and community leaders on NCDs prevention and control, and discouraging any myths associated 2. Lead the mobilization of the community to ensure their participation and ownership
4.1.8	Ministry of Information	1. Take the lead in disseminating all NCDs related information to the public through the electronic and print media
4.1.9	Ministry of Youth and Sports	1. Encourage and or support the establishment of recreational centers at strategic locations in support of physical activity, and to make facilities accessible and affordable to the general public.
4.1.10	Ministry of Gender and Development	1. Take the lead in the establishment of NCDs related programs for vulnerable groups
4.1.11	Ministry of Transport	1. Collaborate with the Ministry of Health and other stakeholders to develop and implement policies, guidelines and regulations on road safety
4.1.12	National Regulatory Authorities	1. Ensure that appropriate NCDs regulations are in place 2. Ensure that all NCDs regulations are monitored at all levels 3. Ensure that the procurement process of drugs and medical commodities for NCDs prevention and management by both private and public enterprises is well regulated to ensure quality 4. Ensure the various curricula for health training institutions prioritize NCDs as part of their respective training programs
4.1.13	Other Ministries	1. Create supportive environment for staff to engage in some form of physical activities at their work places to promote healthy living and as part of the disease prevention and control strategy especially for Diabetes Mellitus and Hypertension
4.1.14	Faith, Community Based, Non-Governmental Organizations and Other Collaborating Health Partners	1. Incorporate appropriate NCDs interventions in their activities in accordance with the NCDs Policy of the Ministry of Health

SN	NCD Stakeholder	Role
4.1.15	Civil Society	I. Incorporate appropriate NCDs messages in their advocacy
4.1.16	Bilateral and Multilateral Technical and Financial Partners	I. Provide technical support and additional financial resources for the implementation of the NCDs Policy

Community participation and empowerment are key components in the prevention and control of NCDs. Collaboration and partnership between the different stakeholders and social networks at the community level will be mobilized to take an active role in the prevention and control of NCDs in their various social contexts.

4.4.16 Policy statement: MoH shall create inter-sectoral partnership among government agencies and Ministries, private Sectors, FBOs, Traditional Healers and communities for the successful implementation of the NCD program.

4.4.17 Objective: To create an environment that strengthens coordination, collaboration, and partnership among stakeholders.

4.5 Access to Essential Medicine & Diagnostic Supplies for NCDs

4.5.1 Current Situation:

Medicines for treatment of NCDs offer substantial public health gains if they are readily accessible & affordable. Secure and efficient distribution of NCD medicines, availability in poor and remote areas remains limited; hurdles with supply chain are common and substantial increase of counterfeited products.

Due to limited access to NCD services, these diseases go unnoticed until complications or deaths arise. Usually, adequate treatment is not initiated, treatment effect is not consistently monitored and terminally ill patients do not receive palliative care. Cost-effective medicines to treat NCDs are available usually in low cost generic forms. However these drugs often remain inaccessible and unaffordable to many who need them especially in low- and middle-income countries where the prevalence of NCDs are increasing.

Thus, the burden of chronic NCDs cannot be reduced without equitable access to essential medicines. Access to appropriate medicines for treating NCDs is crucial for both population- and individual-based intervention strategies. The use of NCD medicines is a critical component to enhance investigation, diagnosis, treatment, follow-up and monitoring systems. Medicines are essential in primary and secondary prevention of NCDs.

The MoH, other government Ministries/Agencies and Health Partners shall therefore revise the essential medicine listing of Liberia to highlight NCDs and other chronic diseases; these essential drugs must be safe, inexpensive, life-saving, available and accessible to the demand side.

4.5.2 Policy statement: The **MoH** shall ensure the availability of essential and safe NCD drugs, medical and diagnostic supplies at all medical facilities.

4.5.3 Objective: To increase access to essential drugs, medical & Diagnostic Supplies for NCDs that will be of quality, efficient, & affordable for the demand side.

4.6 Financing

4.6.1 Current Situation:

Adequate budgetary supports to enhance high quality implementation and achievement of outputs and outcomes of performance indicators. Over the years, the health sector has benefitted from a lot of international funding mainly from the Global Fund, GAVI and WB, but there has been little provision for NCDs prevention and control. Henceforth the health sector will mainstream NCDs prevention, control and management in its negotiation with funding agencies.

Even though there is demonstrable Government commitment to NCD prevention and control, there are serious funding gaps in the national budget that need to be addressed. The Ministry of Health will advocate for budgetary allocation to address the needs of the NCD Program. As integration is one of the guiding principles of the NCD policy, funding from Government and partners for vertical NCD conditions shall also be used for the prevention, control and management of all priority NCDs.

4.6.2 Policy Statement: The MoH shall advocate for increased budgetary allocation and partnership with other organizations for the support of the NCD Program.

4.6.3 Objective: To mobilize adequate funding for the implementation of NCDs activities at all levels of the health system.

4.0: Strategic Plan							
Specific Objectives	Activities						Responsible Institution(s)
		2017	2018	2019	2020	2021	
4.1 Health Service Delivery							
General Objective 4.1.1: To strengthen service delivery systems for the prevention and control of NCDs							
4.1.1.1 Strengthen community engagement	1. Develop, Print & Disseminate IEC Materials and messages on NCDs (Posters, Brochures, Leaflets, banners, etc)						NCDs/NHPD, Partners
	2. Develop, print and disseminate NCDs communication strategy						NCDs/NHPD/ Partners

	3. Engage community stakeholders to sensitize them on prevention and management of NCDs (via focus groups discussions, community meetings, etc)						NHPD and CHTs
	4. Train media practitioners on dissemination of NCD prevention and control measures						NHPD

	5. Engage media in all 15 counties to promote NCDs (air messages, dramas, spot messages, jingles, talk shows on TV, radio and social media)						NHPD & Counties
	6. Develop a social media plan to set the platform for the purpose of information dissemination and awareness						NCDs/NHPD

4.1.1.2 Establish updated burden of disease and identify NCD treatment gaps	1. Assess health service delivery system in order to identify NCDs treatment capacity gaps (reviewing results from 2016 SARA survey to establish additional						NCDs/HMER
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4.1.1.3 Establish standardized treatment guidelines and protocols	1. Develop standardized therapeutic guidelines and protocols for NCDs with focus on priority NCDs as identified by burden of disease analysis (Diabetes, Hypertension and Congenital Heart Conditions, Cancer, COPD, Neuropsychiatric disorders and other NCDs of poverty)						NCDs/Relevant MOH Programs & Units/ Partners
	2. Print and disseminate in-service guidelines on NCDs for service providers						NCDs & Partners

4.1.1.4 Develop specialized NCD health services at all levels of health system (community, primary, secondary)	1. Establish training materials and job aides for CHVs to provide home based care/palliative care						NCDs Unit/CHTs/ CHSD
	2. Pilot rural NCD clinic model in Maryland county to inform development of national standardized guidelines and treatment protocols						NCDs & Partners

	3. Advocate for the establishment of at least two new rehabilitation centers (Redemption and Phebe) and strengthen existing rehabilitation centers such as the JFK Rehabilitation center for management of the effects of Hypertension and Injuries						NCD Unit/other line units/departments
4.1.1.5 To prevent the occurrence of cancer in Liberia with focus on cervical, breast and pediatric cancers	1. Develop a National Cancer Policy						NCDs/ Stakeholders
	2. Establish population based cancer registry tool						NCDs Unit

							3. Conduct targeted HPV vaccination of girls ages 9-10				NCDs Unit/EPI/ Family Health Division
							4. Conduct awareness on the importance of and training on how to perform breast self-examination				NCDs/ NHPD/Training Unit
							5. Conduct free breast screenings at all public health facilities for all females between 20-50 yrs. of age whenever necessary				NCDs/CHTs/ FHD

	6. Work with line departments/units and partners to implement the national cancer policy						NCDs/ LNCR & partners
4.2 Health Workforce							
General Objective 4.2.1: To build the capacity of service providers on NCDs prevention, control and management							
4.2.1.1 To increase the knowledge and skills of service providers at all levels	1. Work with relevant stakeholders to revise and incorporate priority NCDs management protocols into pre-service training curricula						NCD & MOH training Units

	2. Conduct master trainers workshop on the management of NCDs using established standards and guidelines						NCDs Unit/Training Unit
	3. Conduct TOT on the management of NCDs at county level						NCDs Unit/Training unit/CHTs
	4. Conduct health workers refresher trainings on NCDs nationwide						NCDs Unit/Training Unit and CHTs

[illegible]

General Objective 4.3.1: To increase access to essential drugs, medical & diagnostic supplies for NCDs that will be of quality, efficient, & affordable for the demand side

4.3.1.1: To procure essential drugs, medical & diagnostic supplies for NCDs management	1. Update national essential medicine list to include all priority NCDs drugs						NCDs Unit/ Pharmacy unit/ SCMU
	2. Procure essential drugs, medical & Diagnostic supplies for NCDs						NCDs Unit/SCMU / Partners

4.3.1.2: To strengthen supply chain at all levels	I. Liaise with the SCMU, NDS and counties to ensure drugs, medical & diagnostic supplies for NCDs are available at all times at all levels						NCDs Unit/SCMU/ CHTs
	2. Liaise with the SCMU to ensure proper storage & distribution of essential NCDs drugs, medical & diagnostic supplies						NCDs Unit/SCMU

4.3.1.3: To ensure the affordability of quality NCDs drugs	I. Collaborate with relevant ministries & agencies (MFDP, LRA, MOC, etc.) for the reduction of import duties. and taxes on all NCDs drugs						NCDs Unit
4.4: Health Information System							
General Objective 4.4.1: To strengthen data management of all NCDs to inform policy makers for decision-making							
4.4.1.1: To ensure priority NCDs are included in HIS	I. Develop and include NCDs indicators in the MOH core list of indicators						NCDs Unit/ HMER

2. Develop forms and tools to be used for collection of NCD data at facility and community level						NCDs Unit/ HMER/ CHSD
3. Train County M&E Officers, health facility staff and focal person on NCDs indicator and proper reporting						NCDs/ HMER

	4. Provide refresher training for County M&E Officers, health facility staff and focal person on NCDs indicator and proper recording						NCDs/ HMER
	5. Establish population based registry for Cancer						NCDs/ HMER
General Objective 4.4.2: To determine impact, output, outcome, and gaps in NCDs implementation and provide feedback for appropriate action							

4.4.2.2 Ensure supportive supervision and mentorship capacity for NCDs	1. Develop monitoring and evaluation tools for national and county levels and integrate with PBF						NCDs/ HMER
	2. Conduct quarterly monitoring/data validation at county level						NCDs/ HMER
	3. Include NCDs in the joints integrated supportive supervision tools						NCDs & QMU

	4. Conduct quarterly supervision visits as part of the joint integrated supportive supervision team						NCDs & Relevant Units/ CHTs
	5. Conduct sustainability evaluation at all levels						NCDs/ Research, CHTs & partners
General Objective 4.4.3: To ensure early detection and reporting of NCDs at all levels of the health system							
4.4.3.1 To integrate relevant NCDs into existing national IDSR	I. To include NCDs on the National IDSR guidelines						NCDs/DPC/ HMER

2. Liaise with DPC to conduct training at all levels for surveillance officers, focal person, health facility staff, and CHVs/CHAs on relevant NCDs						NCDs/DPC/ CHSD/Training Unit
3. To orientate health facility staff on BMI measurement and recording						NCD/CHTs

	4. Conduct routine screening on cervical, breast and prostate cancers, hypertension, and diabetes during health facility visitation						NCDs/Relevant Programs, CHTs
	5. Conduct community outreach screening on hypertension, Diabetes and BMI						CHTs
General Objective 4.4.3: To promote research to guide NCD interventions and decision making							
4.4.3.1 Generate data for planning and decision making	I. Identify NCDs research gaps						NCDs

	2. Advocate with relevant stakeholder to conduct research on NCDs and share information with stakeholders						NCDs/HMER
	3. Conduct follow up STEP WISE survey for NCDs risk factors						NCDs/partners
	4. Conduct global school health survey						NCDs/ partners

4.5 Leadership and Governance

General Objective 4.5.1: To create an environment that strengthens coordination, collaboration and partnership among stakeholders

4.5.1.1 To advocate for enforcement of regulations and legislation for the prevention and control of NCDs

I. To conduct advocacy meetings with stakeholders, relevant line ministries, agencies and the media for enforcement of related NCDs regulations

NCDs/NHPD/ CHSD/ all relevant line Ministries & partners

	2. To ensure county conduct awareness and sensitization meetings at community levels for the enforcement of regulations						NHPD/CHSD
	3. Ensure counties conduct frequent meetings with local leaders and CHVs at community level						NCDs/ CHTs/CHSD
4.5.1.2 Encourage new partnership with international organizations	1. Attend International meetings on NCDs						NCDs

4.5.1.3: Increase Coordination and collaboration	1. Establish multi-sectoral NCDI Commission						NCDs
	2. Conduct quarterly National NCDI Commission meetings						NCDs
	3. Re-establish NCD Technical Working Group						
	4. Conduct monthly coordination /taskforce meeting						NCDs unit

	5. Accelerate implementation of the WHO Framework Convention for Tobacco Control (FCTC)						MoJ/ MoF/ MOH/ MICT
	6. Monitor implementation of actions to enforce the Code for marketing of breast milk substitutes						MoH, MOC
	7. Ratify protocol to eliminate illicit trade in Tobacco products						Legislature/ MOH/ MOC

	8.Develop regulations for marketing of foods and non-alcoholic beverages to children						NCDs/ Other MOH departments and key stakeholders
4.6 Financing							
General Objective 4.6.1: To mobilize adequate funding for the implementation of NCDs activities at all levels of the health system							
4.6.1.1: To advocate with stakeholders to provide financial support for NCDs	I. Establish intersectional or Inter-ministerial Collaboration to solicit funding for NCDs						NCDs/ GOL

	2. Utilize data to establish strong NCDs investment case to use to advocate with NCD stakeholders for mobilization of financial resources						NCDs/ HMER/ partners
	3. Conduct local fundraising and advocacy within Liberian business community and diaspora						MOH, MOF

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Annex I

	NCD Results Framework					
No	Indicator	Definition	Indicator type	Baseline	Target (% change vs Baseline)	Data Source
1	Proportion of deaths in persons age 30-70 years due to cancer		Outcome	TBD	5% reduction	HMIS
2	Cancer incidence by type (cervical, prostate, etc.) per 100, 000 population		Outcome	TBD	10% reduction	HMIS
3	Proportion of deaths in persons age 30-70 years due to diabetes between the		Outcome	TBD	5% reduction	HMIS
4	Proportion of all deaths due to chronic respiratory diseases		Outcome	TBD	5% reduction	HMIS
5	Prevalence of current tobacco use among adolescents		Outcome	TBD	10% increase	Survey Report
6	Prevalence of insufficiently physically active adolescents	Less than 60 minutes of moderate to vigorous intensity activity daily.	Outcome	TBD	10% increase	Survey report
7	Prevalence of current alcohol use among adolescents		Outcome	TBD	10% reduction	Survey report
8	Age-standardized prevalence of current alcohol use among persons aged 18+ years		Outcome	TBD	10% reduction	Survey report
9	Age-standardized prevalence of raised blood pressure among persons aged 18+ years	Systolic blood pressure ≥ 140 mmHg and/or diastolic blood pressure ≥ 90 mmHg	Outcome	TBD	10% reduction	Survey report

10	Prevalence of overweight and obesity in adolescents	According to WHO growth reference for school-aged children and adolescents , overweight – one standard deviation body mass index for age and sex and obese – two standard deviations body mass index for age and sex	Outcome	TBD	10% reduction	HMIS, Survey
11	Proportion of women between ages of 30-49 screened at least once for cervical cancer		output	TBD	10% increase	County reports
12	Proportion of girls age 10 vaccinated against cervical cancer		Output	TBD		
13	Proportion of facilities with available, affordable, quality, safe and efficacious essential Non-Communicable disease medicine including generics and basic technologies		input	TBD	100%	survey
14	# of health workers trained on revised cancer registry in hospital		output	TBD	50%	survey
15	Proportion of materials disseminated to		Input	TBD	100%	Report

	policy-makers, public and media					
16	# of NCD related surveys conducted		Input	TBD	3 surveys (baseline, KAP and stepwise)	Report
17	Proportion of pre-service training institutions incorporating NCDs in their training manual		output	TBD	100%	Report