



**Sultanate of Oman
Ministry of Health**

**National Policy for the Prevention and Control
of Non-communicable Diseases**

Working Towards a Healthy Life for All Omanis

25 February 2016

Foreword

Noncommunicable diseases (NCDs) are the main causes of premature mortality globally and in the Sultanate of Oman. Most of these premature deaths are preventable by enabling health systems to respond more effectively to the health-care needs of people with NCDs and influencing public policies in sectors outside health that tackle shared risk factors.

To realize global and regional commitments to attain the 9 global NCD targets in 2025, including a 25% reduction in premature mortality from NCDs by 2025, the National Committee on NCDs has

developed a national policy, in close collaboration with national and international partners. The strategic areas of action provide clear guidance on interventions required to reduce the burden of these diseases and improve quality of life for the people of Oman.

I look forward to working with all stakeholders in Oman and internationally to save lives, improve the health of present and future generations and ensure that the burden of NCDs does not undermine the development gains of the past 44 years.

**HE Dr Ahmed Al Saidi,
Minister of Health
Sultanate of Oman**

Executive Summary

The development of the National Policy for the Prevention and Control of Noncommunicable Diseases (NCDs), 2015 - 2025 is an expression of the government of Oman's commitment to healthy lifestyles and prevention of diseases. It has been developed to provide a platform for all stakeholders and partners to identify their role and shared contribution and commitments to accelerate action which in turn will bring enormous benefits to social and economic development as well as for the health system. This policy is based on the strategic goals outlined in the Health Vision 2050 as well other international and regional strategies and landmark initiatives.

The increasing prevalence of NCDs in Oman is a concern. Cardiovascular diseases and cancer are the two leading causes of hospital deaths.

The prevalence of diabetes among adults increased by nearly 50% since 1991. The prevalence of obesity and hypertension is also increasing. A large portion of NCDs are preventable through the reduction of four key behavioral risk factors, namely, unhealthy diet, physical inactivity, tobacco use, and alcohol consumption. The prevalence of the first three of these key risks is troubling.

This policy document was developed collaboratively by the National Committee for NCDs through various consultations with relevant national non-health sectors and other regional partners. It provides clear guidance in six strategic areas to reduce the burden of these diseases and improve quality of life for the people of Oman. It is hoped that the interventions outlined will guide individuals and organizations in addressing the prevention and control of NCDs.

The National Policy for the Prevention and Control of Noncommunicable Diseases (NCDs), 2015 - 2025 is an expression of the government of Oman's commitment to healthy lifestyles and prevention of diseases.

Introduction

Background

The development of the National Policy for the Prevention and Control of Noncommunicable Diseases (NCDs), 2015 - 2025 is an expression of the government of Oman's commitment to healthy lifestyles and prevention of diseases. The ultimate goal of this document is to improve the overall quality of life of the people of Oman and contribute to human and economic development in the country.

The Health Vision 2050 identifies the rapidly increasing burden of NCDs, in particular the four main diseases (diabetes, cardiovascular diseases, cancer and chronic respiratory diseases) as a major health challenge which will have major impact on the health system, mortality and morbidity as well the economic growth in Oman. Thus, the National Committee for NCDs realized the need to formulate a national multisectoral policy for the prevention and control of NCDs. This policy will serve as an umbrella for a coordinated action to address the growing threat of NCDs and their risk factors and guide strategies and interventions to reduce

premature mortality and morbidity due to NCDs in the coming decades. It has been developed to provide a platform for all stakeholders and partners to identify their role and shared contribution and commitments to accelerate action which in turn will bring enormous benefits to social and economic development as well as for the health system.

This policy is based on the strategic goals outlined in the Health Vision 2050 as well other international and regional strategies and landmark initiatives including:

- UN General Assembly Resolution Number (A/66/L1) on September, 2011 (The Political Declaration of the High-Level General Assembly Meeting on Prevention and Control of Noncommunicable Diseases).
- Muscat Declaration on Economics of Noncommunicable Diseases (January 2012) endorsed by resolution #3 issued by conference 72 / Muscat, 2012.
- Riyadh Declaration issued by the International Conference on Healthy Lifestyles and Noncommunicable diseases

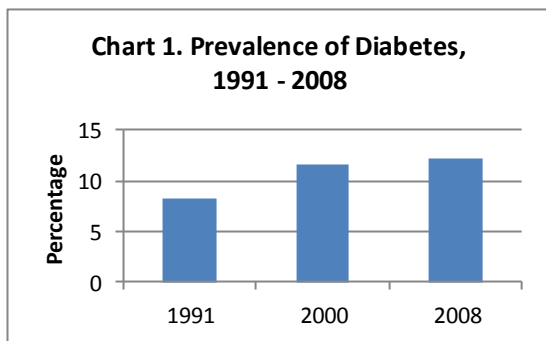
in the Arab World and the Middle East (September, 2012) endorsed by resolution #3 issued by the 74th Conference, Manama, 2013.

- Kuwait Document for Control of Noncommunicable Diseases “Working together for control of NCDs” (A priority of Development) endorsed by Resolution #2 of the 77th Conference, Kuwait, 2014.
- Regional Committee Resolutions (EM/RC 59.R.2, EM/RC60.R.4) in October 2012, October 2013 respectively, adopted by all Member States of the of Eastern Mediterranean Region, including the Regional Framework for Action to scale up the implementation of the UN Political Declaration.
- The WHO Global Action Plan for the Prevention and Control of NCDs 2013-2020 and the Global monitoring framework for NCD surveillance, endorsed by the World Health Assembly in May 2013, providing a road map and sets of actions for Member States to reduce the burden of NCDs.

Burden of Noncommunicable Diseases

NCDs, mainly cardiovascular diseases, diabetes, cancers and chronic respiratory disease, are the major leading causes of death. They cause more deaths globally than all other causes combined; 80% of these deaths occur in low and middle-income countries. Annual deaths due to NCDs are projected to continue to rise with the largest increases in Africa and the Eastern Mediterranean regions. In the Eastern Mediterranean Region, 57% of all deaths, or 2.2 million, are due to these diseases. Morbidity, disability and premature death reduce productivity and have a negative impact on sustainable development.

This increasing trend is a major concern in Oman. Cardiovascular diseases and cancer are the two leading causes of hospital deaths in Oman, totaling 32.5% and 9.9%, respectively (infectious diseases in 2012 were responsible for 11.2% of hospital deaths). The prevalence of diabetes among adults increased by nearly 50% since 1991 and now stands at 12.3% (Chart 1). Complications from diabetes, like lower limb amputations and diabetic retinopathy, are also on the rise. The proportion of lower limb amputation out of all amputations

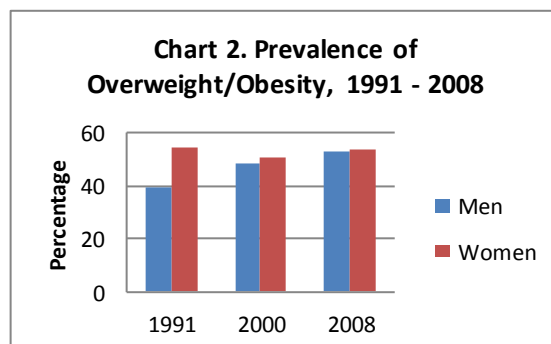


amputations increased from 53.2% in 2001 to 57.7% in 2012. The proportion of diabetic retinopathy cases to total diabetic patients registered also increased from 4.3% in 2000 to 5% in 2012.

The prevalence obesity and hypertension is increasing. More than half of Omani adults are now overweight/obese, 53.2% for men and 54.1% for women (Chart 2) . Two of five Omani adults (40.3%) have high blood pressure. Obesity increases the risk of coronary heart disease, ischaemic stroke, type two diabetes and some cancers. WHO estimates that raised blood pressure, a major risk factor for cardiovascular disease, causes 5.8 million deaths, about 12.8% of all deaths globally.

A large portion of NCDs are preventable through the reduction of four key behavioral risk factors, namely, unhealthy diet, physical inactivity, tobacco use, and alcohol abuse. The prevalence of the first three of these key risks is a concern.

Nearly 70% (69.8%) of Omani adults eat less than 5 servings of fruit/vegetable per day and 40% are physically inactive; in addition, 14.7% of men smoke. Low daily fruit/vegetable intake and physical inactivity are also a concern for younger populations; 75.3% and 84.3%, respectively, among 13 – 15 year-old students and 87.6% and 50%, respectively, among college students. In addition, tobacco use among male college students is higher than among men in general; 17.3% smoke cigarettes and 13.2% use shisha. Little information is available regarding other important dietary nutrients (hazards like fat, salt and sugar and benefits like whole grains), nevertheless, given the escalating burden of NCD's in Oman, it is likely that the Omani diet has contributed to the escalation.



Development of the National Multisectoral Policy on NCD Prevention and Control

Process

The National Policy for the Prevention and Control of NCDs, 2015 - 2025 document was developed collaboratively by the National Committee for NCDs through various consultations with relevant national non-health sectors and other regional partners. This policy provides clear guidance at the national level on actions required to reduce the burden of these diseases and improve quality of life for the people of Oman. The interventions outlined in this document will guide many public and private sector individuals and organizations involved in the prevention and control of NCDs.

Efforts were exerted to align the policy with existing national and global policies taking into account national priorities and context. During the consultative work for the development of this policy a number of national and international literature and documents were reviewed and were used to enrich this policy. Among the key consulted documents are, the Health Vision 2050, the 8th

Five Year Health Development Plan and previous 5-years plans of the MOH, and the WHO's global and regional action plans on NCDs.

Vision, Mission, and Goals

Vision

A situation where overall quality of life of the community in Oman is enhanced through minimizing the burden of NCDs and their complications.

Mission

The policy guides the health and non-health sectors towards reduction of burden of NCDs and ultimately the improvement of the quality of life for the Oman population, which will be achieved through collaborative and comprehensive efforts by both the Ministry of Health and national partners and stakeholders.

Goal

Prevent or delay the onset of NCDs and their related complications, and improve their management, thus enhancing quality of life of the Oman population and leading to longer and more productive lives.

Guiding Principles

- Position NCDs among the top national health agenda with political commitment to ensure the provision of adequate funding, qualified human resources and supportive legislations.
- Promote community-based empowerment interventions, multi-sectoral collaboration and effective partnerships to address the determinants of NCDs.
- Provide equitable access, cost-effective and quality health care services to people with NCDs as well as those at-risk.
- Adopt a “life-course approach” in prevention and control of NCDs addressing the changing needs of different age groups as they move through the stages of life i.e. from "preconception care to healthy ageing”.
- Universal health coverage through integrating NCDs in primary health care services and enhancing screening, early diagnosis and ensuring timely and evidence-based management of the NCDs.

Scope

The National Policy for the Prevention and Control of NCDs, 2014-2025 provides a strategic framework within which the activities of the health and non-health sectors can be coordinated to address health promotion and the prevention and management of NCDs. It covers both public and private sectors and reinforces the government’s commitments to global and regional initiatives related to NCDs prevention and control.

Key Strategic Areas

1. Governance, Leadership, Policy Development and Health Financing

- Ensuring sustained and strong high-level political support for the national, regional and global commitments to tackle the rising burden of the NCDs with the aim of reducing the excess premature mortality and morbidity caused (or associated) by NCDs.
- Building strong leadership and coalitions among relevant partners, developing consensus among stakeholders on goals and strategies, and preparation of policy documents.
- Raising the prevention and control of NCD's among the priority agendas of all partners and stakeholders and increasing their level of involvement and commitment.
- Developing and implementing comprehensive and coordinated multisectoral national response plan, guided by the UN Political Declaration and WHO framework to achieve the global targets and indicators for the preprevention and control of NCDs.
- Analyzing the characteristics of NCDs in Oman including the scale of the problems they cause, the impact of policies of different government sectors on the risk factors, prevention or prevalence of these diseases.
- Aligning national policies on agriculture, development, education, trade, transport and urban planning to reduce modifiable risk factors and their determinants.
- Providing adequate financial resources and sufficient resources to support implementation of health promotion and preventive activities across the health care continuum.
- Issuing, updating, enforcing and administrating relevant laws and regulatory actions in line with the agreed upon national and regional commitments for prevention and control of NCD's and for attaining a 25% relative reduction in overall mortality from cardiovascular diseases, cancer, diabetes or chronic respiratory

diseases including through reducing exposure to behavioral risk factors.

- Setting national targets consistent with global NCD targets and supporting regulatory and monitoring mechanisms to monitor accountability and progress.

2. Supportive Environment and Community Mobilization

- Acting on the social determinants of health for both people at risk and the entire population to reach an economically productive and healthy society.
- Accelerating the implementation of the WHO Framework Convention on Tobacco Control including following the 6 cost-effective interventions (MPOWER package) to contribute to the global target of a 30% relative reduction in prevalence of current tobacco use in persons aged 15 years and older.
- Strengthening actions promoting healthy, balanced diet in-line with the Global Diet and Physical Activity Strategy and its regional framework as well as the regional nutrition strategy to contribute to the attainment of the global target of a 30% relative reduction in mean population salt/sodium intake.
- Promote active living in urban and rural development to facilitate safe active transport like walking and cycling and create space and facilities for recreation and sport especially enabling women and girls to do leisure time physical activity to contribute to the global target of a 10% relative reduction in prevalence of insufficient physical activity.
- Sustaining robust advocacy and public education interventions and endeavors' through community mobilization and engagement of civil society, mass media and health volunteers.
- Developing educational programmes, social marketing modules, and innovative information, education and communication (IEC) modalities.
- Enabling communities and individuals and maximizing community resources to promote healthy lifestyles and support people living with NCDs.
- Strengthening actions to promote a healthy diet, physical activity and exposure to other behavioral risk factors to contribute to the global NCD targets

of a 25% relative reduction in the prevalence of raised blood pressure and zero increase in the prevalence of diabetes and obesity.

3. Reorienting Health Services

- Enhancing the capacity of the health system to respond more effectively and equitably to the health care needs of people with NCDs in terms of human resources, infrastructure, supplies and equipment as well as information technology to assist in early detection and treatment and for long term care (rehabilitation) of NCDs .
- Adopting strategies related to integrate promotive and preventive NCDs interventions at all levels of health care and across the lifecycle and tracking their implementation by all stakeholders and partners.
- Adopting strategies to ensure people receive drug therapy and counselling (including glycemetic control) to prevent heart attacks and strokes to contribute to the global target of at least 50% eligible people receiving therapy and counselling.
- Establishing standards of health care for screening/early detection

and management of NCDs using evidence-based cost-effective primary and secondary prevention interventions in the health system with emphasis on primary health care.

- Adopting strategies required to treat major NCDs in both public and private facilities to contribute to the global target of 80% availability of the affordable basic technologies and essential medicines, including generics.
- Assisting people with NCDs to manage their own conditions better by providing education, incentives and tools for self-management.

4. Building Human Resources for Health and Individual Skills

- Strengthening national capacity to address the prevention and control of NCDs based on international standards of health care and evidence-based guidelines including continuing professional education.
- Improving knowledge, skills and motivation of the health workforce to address NCDs and develop a health human resource development plan to address

future needs including the aging of the population.

- Collaborating with professional associations and societies at different levels of the health care system.
- Providing counseling and behavior change services to help people acquire self-health care skills that enable them to control their NCDs.
- Strengthening and enhancing the ability of the individuals and families to make positive choices to reduce the level of NCD risks.

5. Partnership and International Collaboration

- Collaborating and forging partnerships with national health related sectors, international organizations, institutes and stakeholders.
- Promoting synergies between programs addressing NCD prevention and control and other global and regional health priorities, including sustainable development and mitigation of climate change.
- Improving the networking, knowledge transfer and dissemination of good practices between national and international centers and research institutes.

- Developing a mechanism to support cooperation of the private health sector, professional societies and civil societies in the prevention and control of NCDs.

6. National Monitoring, Evaluation and Surveillance Systems

- Forming a national database for the targeted NCDs and their risk factors stated in the global plan of action.
- Implementing an integrated surveillance system for NCDs that monitors the trends of a set of indicators in-line with the global targets.
- Strengthening national capacity for surveillance, monitoring and evaluation using available data to inform policy including a mechanism to share information with partners at the national level.
- Documenting existing research and studies, promoting epidemiological, behavioral and health system research and developing an agenda for research on NCDs based on national priorities.
- Prioritizing technical and financial support for implementation of research related to attainment of national NCD targets.

- Establishing national centres and networks to conduct research in-line with the national NCDs research priorities.

partners on the progress of the development and implementation of interventions to prevent and control NCDs and utilize evolving information and communication technologies to enhance the mechanism for monitoring and evaluation.

Implementation, Monitoring and Evaluation

Implementation Arrangements

The implementation arrangements of this policy will be through the five-year national development plans and in-line with the "Health Vision 2050" and the WHO "Best Buys" across the range of individual diseases and risk factors. The implementation will be led by the National Committee for the Prevention and Control of NCDs and through collaborative work with relevant partners and stakeholders.

Monitoring and Evaluation

Policy implementation will be monitored and evaluated through the Monitoring and Evaluation framework, which will cover all aspects of the policy and will be developed over the course of the policy implementation. It will involve reporting regularly to the National Committee for the Prevention and Control of NCDs and

Commitments	Strategic interventions	Process indicators
<p>In the area of governance</p>	<p>Each country is expected to:</p> <ul style="list-style-type: none"> • Integrate noncommunicable diseases into national policies and development plans • By 2015, establish a multisectoral strategy/plan and a set of national targets and indicators for 2025 based on national situation and WHO guidance • Increase budgetary allocations for noncommunicable disease prevention and control including through innovative financing mechanisms such as taxation of tobacco, alcohol and other unhealthy products • Periodically assess national capacity for prevention and control of noncommunicable diseases using WHO tools 	<p>Country has:</p> <ul style="list-style-type: none"> • An operational multisectoral national strategy/action plan that integrates the major noncommunicable diseases and their shared risk factors • Set time-bound national targets and indicators based on WHO guidance • A high-level national multisectoral commission, agency or mechanism to oversee engagement, policy coherence and accountability of sectors beyond health • Increased budgetary allocations measured by tracking and reporting on health expenditures on prevention and control of major noncommunicable diseases, by source, per capita
Commitments	Strategic interventions	Process indicators
<p>In the area of prevention and reduction of risk factors</p>	<p>Each country is expected to:</p> <ul style="list-style-type: none"> • Accelerate implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC) and ratify Protocol to Eliminate Illicit Trade in Tobacco Products • Ensure healthy nutrition in early life and childhood including breast feeding promotion • Reduce average population salt intake per WHO recommendations • Virtually eliminate <i>trans</i>-fat intake and reduce intake of saturated fatty acids • Promote physical activity through a life-course approach • Implement the best buys to reduce the harmful use of alcohol 	<p>Country is implementing:</p> <ul style="list-style-type: none"> • At least three of the six demand-reduction measures (MPOWER) in the WHO FCTC • WHO International Code for Marketing of Breast-milk Substitutes • WHO recommendations on marketing of foods and non-alcoholic beverages to children • Measures to reduce salt content in at least one highly-consumed food item • Regulatory measures to eliminate industrially produced <i>trans</i>-fat in the food supply and to replace saturated fatty acids with polyunsaturated fatty acids in food products • Public awareness campaigns through mass media on diet and physical activity
Commitments	Strategic interventions	Process indicators
<p>In the area of surveillance, monitoring and evaluation</p>	<p>Each country is expected to:</p> <ul style="list-style-type: none"> • Implement/strengthen the WHO surveillance framework that monitors mortality and morbidity, risk factors and determinants, and health system capacity and response • Integrate the three components of the surveillance framework into the national health information system • Strengthen human resources and institutional capacity for surveillance, monitoring and evaluation 	<p>Country has:</p> <ul style="list-style-type: none"> • A functioning system for generating reliable cause-specific mortality data on a routine basis • An operational population-based cancer registry • A STEPS survey or a comprehensive health examination survey every 5 years • A framework to monitor effective coverage of hypertension and diabetes treatment.
Commitments	Strategic interventions	Process indicators
<p>In the area of health care</p>	<p>Each country is expected to:</p> <ul style="list-style-type: none"> • Implement the best buys in health care • Improve access to early detection and management of major noncommunicable diseases and risk factors by including them in the essential primary health care package • Improve access to safe, affordable and quality essential medicines and technologies for major noncommunicable diseases • Improve access to essential palliative care services 	<p>Country has:</p> <ul style="list-style-type: none"> • Provision of drug therapy, including glycaemic control, and counseling for eligible persons at high risk to prevent cardiovascular events • Government approved evidence-based guidelines/protocols for early detection and management of major noncommunicable diseases through a primary care approach • Availability of essential medicines and technologies for major noncommunicable diseases and risk factors in public primary health care facilities

Annex 2.

Definitions

Health Policy: Health policy refers to decisions, plans, and actions that are undertaken to achieve specific health care goals within a society. An explicit health policy can achieve several things: it defines a vision for the future which in turn helps to establish targets and points of reference for the short and medium term. It outlines priorities and the expected roles of different groups; and it builds consensus and informs people.

Advocacy: Advocacy is a combination of individual and social actions designed to gain political and community support for a particular health goal or program. Action may be taken by, or on behalf of, individuals and groups to create living conditions which promote health and healthy lifestyles.

Noncommunicable diseases: Noncommunicable diseases (NCDs), also known as chronic diseases, are not passed from person to person. They are of long duration and generally slow progression. The four main types of NCDs are cardiovascular

diseases (like heart attacks and stroke), cancers, chronic respiratory diseases (such as chronic obstructed pulmonary disease and asthma) and diabetes.

Risk factors: A risk factor is any attribute, characteristic or exposure of an individual that increases the likelihood of developing a disease or injury. Common, preventable risk factors underlie most NCDs. Most NCDs are the result of four particular behaviors (tobacco use, physical inactivity, unhealthy diet, and the harmful use of alcohol) that lead to four key metabolic/physiological changes (raised blood pressure, overweight/obesity, raised blood glucose and raised cholesterol).

WHO best buys: A best buy is defined as an intervention for which there is compelling evidence that is not only highly cost-effective but is also feasible, low-cost and appropriate to implement even within resource constraints settings. A best buy intervention is meant to generate an extra year of healthy life for a cost that's falls below the average annual income or gross domestic product per person.

Interventions that do not meet all of these criteria - but which still offer

good value for money and have other attributes that recommend their use - can be characterized as "good buys". Policy makers can consider "best buys" as a core set of interventions and "good buys" as an expanded set to be made available where resources allow.

In preparation for the September 2011 High-Level Meeting of the United Nations General Assembly on NCDs, WHO and partners identified a set of evidence-based interventions that are not only highly cost-effective but also affordable, feasible and appropriate to implement within the constraints of the low and middle income settings.

Multi-sectoral action: Involving agencies and organizations from the different sectors of society including government, NGOs, private-for profit, and civil society.

Multi-sectoral collaboration: A recognized relationship between part different sectors of society (such as ministries (e.g. health, education), agencies, non-government agencies, private for-profit sector and community representation which has been formed to take action to achieve health outcomes in a way which is more effective, efficient or

sustainable than might be achieved by the health sector acting alone.

Public-Private Partnerships for Health: The term public-private partnerships covers a wide variety of ventures involving a diversity of arrangements, varying with regard to participants, legal status, governance, management, policy-setting prerogatives, contributions and operational roles. They range from small, single-product collaborations with industry to large entities hosted in United Nations agencies or private not-for-profit organizations.

Life course approach: Life course approach is being used to study the physical and social hazards during gestation, childhood, adolescence, young adulthood and midlife that affects chronic disease risk and health outcomes in later life. It aims to identify the underlying biological, behavioral and psychosocial processes that operate across the life span.