



# NATIONAL NON COMMUNICABLE DISEASES PREVENTION AND CONTROL POLICY

2016

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## **DEFINITION OF TERMS**

**Disability-** is a term which covers impairment, activity limitation and participation restriction. It may be physical, cognitive like hearing loss, mental, sensory or a combination of these.

**Evidence-based practice-** is an inter-disciplinary approach to clinical practice whereby practical decisions are made based on research studies and such research studies are selected and interpreted according to specific agreeable code of conduct.

**Morbidity-** the state of being diseased or unhealthy. It refers to an incidence of ill health in a population

**Mortality-** It refers to the incidence of death or number of deaths in a population.

**Non-communicable disease-** are a group of medical conditions or diseases which traditionally are caused by non-infectious agents and cannot be passed from person to person. There are many types of non-communicable diseases but the four main NCDs that are account for the majority of morbidity and mortality from NCDs are cardiovascular diseases, cancers, chronic respiratory diseases (asthma and COPD) and diabetes mellitus.

**Strategic plan-** is a pre-formulated detailed scheme to implement the vision, mission and objectives defined in a particular policy.

## LIST OF ACRONYMS

|      |  |
|------|--|
| AIDS | Acquired Immunodeficiency Syndrome     |
| BMI  | Body Mass Index                        |
| COPD | Chronic Obstructive Pulmonary Diseases |
| CVDs | Cardiovascular diseases                |
| HIV  | Human Immunodeficiency Virus           |
| MoH  | Ministry of Health                     |
| NCDs | Non-Communicable Diseases              |
| NCM  | National Coordinating Mechanism        |
| NGOs | Non-Governmental Organizations         |
| SOPs | Standard Operating Procedures          |
| TB   | Tuberculosis                           |
| TWG  | Technical Working Group                |
| WHO  | World Health Organization              |

## **FOREWORD**

This National Non-Communicable Diseases (NCDs) Policy document has been developed in response to the need for a comprehensive and cost effective mechanism to address the growing NCD related problems in Swaziland. The Policy acknowledges that the determinants of NCDs are multi-factorial and often outside the control and influence of the health sector. Therefore, change in lifestyle and behaviour of individuals and families is necessary to reduce these risk factors. In line with the National Health Policy (Ministry of Health, 2007), this policy emphasises the incisive utilisation of health promotion approaches to arrest the burgeoning impact of NCDs in the country. The policy provides an overall easy-to-follow framework for implementation and practice as it systematically describes its overall contribution to the National Health Policy.

In developing the policy, careful considerations have been made to place it within the context of relevant national strategic documents and frameworks for the Ministry of Health (MoH). The policy recognizes that the country is facing major NCD challenges which require urgent attention. It promotes behavior change and adoption of positive lifestyles by individuals, families, and communities.

It is my belief that this document shall play a considerable and a noteworthy role in the prevention of NCDs alongside their detrimental health effect on the people of this country.

I thank you

Honourable Senator Sibongile Ndlela-Simelane

Minister for Health

## **ACKNOWLEDGEMENTS**

The Ministry of Health (MoH) would like to acknowledge the World Health Organization (WHO), for the technical and financial support throughout the conception, development and finalization of the Swaziland National Non-Communicable Diseases Policy. We are singularly indebted to all the stakeholders whose tireless efforts; dedication, comments, suggestions and contributions have tremendously helped in making this policy document possible.

Special thanks go to Government Ministries and Non-governmental institutions for their valuable technical support received throughout the development of this policy.

Finally, the MoH highly appreciates the dedication and technical know-how of the members of the NCD Steering Committee for demonstrating their determination throughout the entire process.

Thank you

Dr S.M. Zwane

Principal Secretary

## CHAPTER 1

### 1. INTRODUCTION

The development of the National Non-Communicable Diseases (NCDs) Policy is an expression of Swaziland's commitment to a healthy lifestyle and a supportive environment. The ultimate goal of this document is to improve the overall quality of life of Swazi people and contribute to national human and economic development. The National NCDs Policy is informed by the existing situation of the rapidly increasing levels of NCDs which is having major impact on the health system, which negatively affects the economy of Swaziland.

The determinants of NCDs are multi-factorial and often outside the control and influence of the health sector, therefore, making them multi-sectorial. The four main risk factors are **harmful use of alcohol, tobacco use, unhealthy diet, and physical inactivity**. In addition, epilepsy as an NCD the main risk factors include head injury during delivery and road traffic accidents. A change in lifestyle and behaviour of individuals and families is necessary to reduce these risk factors. Furthermore, in the communal nature of the Swazi society, there is a possibility for communities (churches, villages, schools or workplaces, alternative healers and congregant settings) to promote and encourage health behaviours, which could help prevent NCDs. A co-ordinated multi-sector national response to prevent, control and manage NCDs in Swaziland is therefore essential to enhance the necessary changes in lifestyle and behaviour of the population.

This policy document has been developed to define a philosophical approach which will guide decision makers, individuals, families, local associations, the public and private sector as well as Non-Governmental Organizations (NGOs) in their involvement in NCDs prevention and control.

The development of the NCD policy was guided by the MoH, through consultations with relevant stakeholders. This was to ensure that there is common understanding and ownership by those who play an integral role in the operationalisation and implementation of the policy at all levels. An NCD Steering Committee was established in 2012, and was tasked with producing the first policy draft for NCDs. The policy was developed in close collaboration with stakeholders. It took a multi-disciplinary approach with involvement of stakeholders from MoH, various cadres of health care providers and NGOs, all of whom have passion for NCDs.

The process took into account guidance from “The National Health Sector Strategic Plan 2008-2013” developed by the Ministry of Health (2009), WHO Global Action Plan for the Control of NCDs 2013-2020, The National Mental Health Care Policy (2013), and observational experience from National Tuberculosis Control Programme and Swaziland National Antiretroviral Treatment Programme.

## **1.1 BACKGROUND INFORMATION**

Non Communicable Diseases (NCDs) represent a leading threat to human health and development. Cardiovascular diseases (CVDs), Cancer, Chronic Obstructive Pulmonary Diseases (COPD) and Diabetes Mellitus are the world’s biggest killers, causing an estimated 36 million deaths each year which constitute about 63% of all deaths globally<sup>1</sup>. It is important to note that 80% of these deaths occur in low and middle-income countries. WHO projects that, globally, NCD deaths will increase by 17% over the next ten years. The greatest increase will be seen in the Africa region (27%) and the Eastern Mediterranean Region (25%)<sup>2</sup>.

Non communicable diseases (NCD’s) in Swaziland accounted for an estimated 28% of all mortality in 2008. The most prevalent NCD in Swaziland is CVDs which accounted for 12% of total death across all age groups in 2008. Non communicable Disease variants of respiratory diseases, cancers and diabetes contributed 4%, 3%, and 2% to total mortality respectively<sup>3</sup>

## **1.2 PROBLEM STATEMENT**

Swaziland is facing a double burden of diseases since infections and nutritional deficiencies are still major contributors to disability and death. In addition, and CVDs, cancers, diabetes mellitus, psychiatric and neuropsychiatric ailments, epilepsy, trauma and injuries and other non-communicable diseases are becoming major contributors to the burden of disease.

### **1.2.1 Current status of NCDs in Swaziland**

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<sup>1</sup> Global Action Plan for the Prevention and Control of non-communicable Diseases 2013-2020

<sup>2</sup>

<sup>3</sup>

In the context of the HIV/AIDS/TB epidemics, NCDs have understandably received less attention. However, there is mounting evidence that NCDs are becoming a significant cause of morbidity and mortality and this burden is likely to increase in the coming years. CVDs are the second highest cause of mortality in Swaziland (12%)<sup>4</sup>. Furthermore, anecdotal evidence suggests that the country is experiencing an epidemiological transition that has resulted in a serious challenge for NCDs, particularly CVDs, diabetes mellitus, cancers and epilepsy.

Risk factors for NCDs include sedentary lifestyles, unhealthy diet, excessive alcohol consumption, and smoking and other uses of tobacco including snuff and chewed tobacco. In the period between 2010 and 2014, a total of 183 cancer related deaths were recorded among women and men, in Swaziland<sup>5</sup>. Among women, cancer of the cervix accounted for 31% followed by cancer of the breast (5%). Among men, prostate cancer was the most common (15%), followed by cancer of the oesophagus system (5%).

Results from the STEPS survey (2014) highlight the magnitude of the NCD problem in the country. Hypercholesterolemia was found in 6.4% males and 14.7% females. The same survey indicated that 6.0% of the participants were current smokers, and the prevalence of smoking was much higher in males (11.7%) than in females (1.2%). With regard to alcohol intake, 66% of the male participants reported consuming alcohol on a weekly basis. The consumption of fruits and vegetables was generally low with 92.1.4% of the participant's not consuming fruit and vegetables in the recommend amounts. Physical inactivity was high in the age group 45 – 69 years (22% in women and 18.8% in men). Obesity levels were higher in women than men with a prevalence of 30.9% in women of all age groups and 8.8% in men (STEPS WHO 2014).

### **1.2.2 Causes of current Issue**

NCDs have been overshadowed; in terms of attention, due to the high prevalence and burden of HIV/AIDS and TB in the country. Despite the efforts of the MoH; through the NCD National

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<sup>1</sup> Global Action Plan for the Prevention and Control of non-communicable Diseases 2013-2020

programme, it has been noted that the absence of a National NCDs Policy as well as the NCD Strategic Plan has handicapped NCD targeted interventions. This has manifested as lack of harmonisation and inadequate coordination among key implementers.

Inadequate managerial infrastructure has impeded the desired efficiency of the National NCD Programme interventions. Inadequate staffing of the NCD program at the level of the MoH has continued to undermine priority interventions at all levels. In addition, capacity building among health workers at all levels did not receive the deserved attention as would have been desirable resulting in mismanagement in NCD cases and related conditions.

It is essential to point out that there are opportunities in Swaziland that can enhance NCDs prevention and control interventions. The development of the Essential Health Care Package (MoH, 2010), the updated Standard Treatment Guidelines and Essential Medicines List (MoH, 2012), and emerging diseases such as HIV/AIDS and TB, defined health care provision for all levels including for NCDs. The Task Shifting agenda of the MoH; the objective of which is to facilitate access to health care by people in need, has been adopted. Supportive supervision and clinical mentoring frameworks have also been developed in collaboration with stakeholders to complement in-service training. The existence of Community Workers at different levels of Swaziland Health System, including NGOs, constitute a facilitating factor for the linkages of interventions between facilities and communities.

This National NCDs Policy gives direction with regard to NCDs prevention and control interventions and defines approaches to be used including the multi-sectoral approach. The National NCDs Policy also strongly recommends the promotion and support of partnerships so that NCD interventions can be better harmonised and coordinated for efficiency.

### **1.2.3 National Response**

In order to respond to the need of the population in terms of NCD health service delivery, the MoH established the National NCD Programme with the priority to focus on CVDs, diabetes mellitus, cancer, chronic obstructive pulmonary diseases, epilepsy and other NCD related conditions. Most of the interventions have focused on education of the public on risk factors

through media and social mobilization as well as on risk factors screening mainly in schools. Regarding case management, technical guidelines were developed. Drugs, diagnostics and other NCD related supplies were made available at all levels of health care provision.

Within the existing NCD Programme structures, public awareness campaigns were conducted. The screening in schools indicated that the Swazi child remains vulnerable to NCDs risk factors including obesity. The existence of technical guidelines for health workers is considered as a valuable tool for the improvement of case management.

## **CHAPTER 2**

### **2. VISION; MISSION; GOAL AND OBJECTIVES**

#### **2.1 VISION**

To have an empowered population where NCDs are no longer a major public health problem.

#### **2.2 MISSION**

To improve the health of the Swaziland population by reducing the burden of NCDs through prevention and control targeted interventions.

#### **2.3 GOAL**

To reduce NCDs related morbidity, disability and mortality.

#### **2.4 OBJECTIVES**

1. To sustain government commitment to NCDs at all levels.
2. To reduce modifiable risk factors for NCDs and create a safe and health promoting environment
3. To strengthen and orient health systems to address the prevention and control of NCDs and the underlying social determinants through people-centered primary health care and universal health coverage.
4. To establish mechanisms for multi-sectoral coordination and partnership for prevention, treatment, care and rehabilitation of NCDs.
5. To promote and support national capacity for high-quality research and development for the prevention and control of NCDs.
6. To monitor the trends and determinants of NCDs and evaluate progress in their prevention and control.

## **2.5 SCOPE**

The NCDs policy shall address the following diseases and their risk factors:

### **DISEASES**

1. Cardio-vascular diseases
2. Cancer
3. Diabetes mellitus
4. Chronic Obstructive Pulmonary Diseases (COPDs) and asthma.
5. Violence, trauma and injuries
6. Mental disorders
7. Epilepsy
8. Oral Health
9. Eye and ear health.

### **MAIN RISK FACTORS**

1. Physical inactivity
2. Unhealthy diet
3. Harmful use of Alcohol
4. Tobacco use

## CHAPTER 3

### 3. GUIDING PRINCIPLES

#### **Guiding principles and values of NCDs policy**

The fulfilment of this mission is based on values and guiding principles that orient and underlie the provision of health services. All interventions and activities aimed at controlling NCDs in Swaziland shall be guided by the following principles:

- **People-centered services**

The first principle is that the health system ensures universal demand and access to affordable quality services for NCDs prevention and control. The health system encourages and values community inputs to identify NCDs priorities and needs expressed by the population. It is focused on the well-being of individuals and communities, more specifically of targeted population as well as fostering equity; inclusion, and the integration of marginalized groups.

- **Human Rights**

Respect for human dignity, with specific focus on ensuring that the rights of the beneficiaries are guaranteed. NCD prevention and control strategies shall be formulated and implemented in accordance with international human rights conventions and agreements.

- **Integrated services**

The health system is aligned with national goals, among which is the National Health policy and the National Health Sector Strategic Plan. It leverages and builds on existing assets in terms of infrastructures and human resources, but also on cultural values and institutional bodies. It develops and strengthens decentralized services whenever possible while remaining coordinated. All sectors of the Swazi population are actively involved, including the private sector and civil society.

- **Sustainable services**

To ensure the quality of services, the health system builds the capacity of individuals, communities and institutions to prevent and control NCDs. It prioritizes value for investment, seeks cost effectiveness, uses appropriate technology and adopts creative innovations to maintain the achievement of outcomes in a context of scarce resources; among cost effective interventions, health promotion, communication and prevention are prioritised. It promotes rigor and transparency of outcomes and ensures the collection and dissemination of NCDs quality information so that decisions and choices are based on evidence;

- **Ethics**

Confidentiality of intended beneficiaries shall be maintained at all levels of service delivery. Service provisions shall take cognisance of ethical approach which will include confidentiality, acceptance, uniqueness and all other ethical requirements for the intended beneficiaries. These shall be maintained at all levels of service delivery.

- **Universal Approach to Conflicts of Interest**

Multiple actors including civil society, congregant settings, multi-sectorial academia, curriculum developers, Faith Based organizations, NGOs, CBOs, alternative health providers, workers and employers Associations shall be engaged in tackling NCDs effectively, for protection and management from undue influences and conflicts.

- **Multi-sectoral collaboration and partnership**

Multidisciplinary and multi-sectoral collaboration and coordination on NCDs prevention and control interventions shall always be promoted and supported.

- **Life-course approach**

A life-course approach will be the key approach to prevention and control of NCDs.

- **National and International Co-operation**

The Government's efforts, Development and collaborating Partners' support shall complement each other in response to the challenges of NCDs.

## CHAPTER 4

### 4. POLICY DIRECTIONS

This section of the document outlines the structural and legislative organs that shall guide and regulate the prevention and control of NCDs.

#### 4.1 STRUCTURE AND MANAGEMENT OF SERVICES

NCDs services shall be provided through a well-structured programme in line with properly managed services.

##### **Policy Statement**

NCDs treatment and prevention shall be delivered through the NCDs programme in conjunction with other services within the Ministry of Health at clinical and preventative level. Adequate support and resource allocation will be provided by the Government, Developmental and collaborating Partners.

##### **Strategies**

- Strengthen advocacy to sustain government commitment by maintaining NCDs as a priority.
- Develop well-structured organogram for NCDs programme with clear job descriptions.
- Build capacity of programme staff and collaborating partners on managerial skills and rational use of resources.
- Facilitate harmonization and alignment of key stakeholders' plans and programmes to ensure coordinated planning and implementation for NCDs at all levels.
- Develop strategic partnerships between multiple sectors to ensure collaboration and rational use of resources.

- Strengthen social mobilization and empower communities to participate and own NCDs services.

## **4.2. NCDs PREVENTION**

The NCDs prevention is considered a national priority

### **Policy Statement**

NCDs preventive service delivery shall be implemented at the primary, secondary and tertiary levels of care through a multi-disciplinary and multisectoral approach to address the NCDs risk factors. Prevention of NCDs is key to the control of the spiraling epidemic of NCDs and their debilitating complications; thus Government commitment, Partners, Civil Society and NGOs' resource allocation at this level cannot be over emphasized.

### **Strategies**

- Create an enabling environment for cessation of smoking tobacco (reduce tobacco use – smoking, snuffing, secondary smoking and cessation of other substance abuse).
- Promote reduction and cessation of harmful use of alcohol among the population.
- Promote healthy eating behaviour.
- Promote physical activity among the population.
- Advance the implementation of the global strategy on diet, physical activity, adequate rest and health.
- Prevent unintentional injuries, trauma and violence.
- Promote human rights and social welfare for people living with NCDs.

### **4.3 CASE MANAGEMENT**

Evidence based clinical care services shall be ensured at all levels.

#### **Policy Statement**

The NCDs set of health services shall be provided using an integrated approach as a package for a comprehensive case management in all health facilities taking cognizance of harmonizing referral and supervisory functions.

#### **Strategies**

- Build capacity of staff at all levels of the health care facilities to manage NCDs - training, job aids, provision of diagnostic tools, clinical mentoring, coaching and SOPs.
- Strengthen existing referrals and linkages.
- Integrate the management of NCDs with other co-morbidities.
- Strengthen the procurement and supply chain management for NCDs commodities.
- Engage both public and private sector health care providers in NCDs management.
- Define a package of care for NCDs, management of complications, rehabilitative and palliative care.
- Establish and maintain of disease specific technical working groups (TWG).

### **4.4. SURVEILLANCE AND RESEARCH**

NCDs Surveillance shall be strengthened to eradicate the current problem whereby NCDs are underreported, while research shall be promoted and supported in order to provide strategic information for baseline data and to facilitate monitoring and evaluating of the NCDs programme. NCDs surveillance system shall be strengthened through the update of surveillance tools that will be integrated into the existing surveillance system. NCDs data-base shall be established using data and information generated through the surveillance system and operational research.

## **Policy statement**

The Ministry of Health shall strengthen NCDs surveillance, promote and support research on NCDs prevention with a focus on risk factors as well as on health service provision for quality case management.

## **Strategies**

- Monitor trends and determinants of NCDs.
- Monitor and Evaluate progress, prevention and care of NCDs.
- Periodically review programme performance
- Integrate all elements of NCDs surveillance tools into the existing IDSR system

## **4.5. LEGISLATION, REGULATION AND LAW ENFORCEMENT**

To create a conducive environment, all required efforts shall be made to establish appropriate and effective legislation, regulation and law enforcement to facilitate NCDs prevention and control interventions at all levels.

## **Policy Statement**

The NCDs programme shall facilitate the establishment and advocate for the enforcement of legislations and regulations to enhance interventions for reducing NCDs risk factors.

## **Strategies**

- Liaise with Royal Swaziland Policy and Municipalities for enforcement of the Tobacco Products Control Act of 2013
- Advocate for legislation to regulate the content of commercially produced foods/beverages and marketing of foods for children in school
- Advocate for policies and legislation to promote physical activity

## **CHAPTER 5**

### **5. ADVOCACY, COMMUNICATION AND SOCIAL MOBILIZATION**

#### **5.1 HEALTH PROMOTION**

The Ministry of Health shall ensure provision and access to promotive and preventive services for NCDs in line with the National Health Policy with a focus on individual, family and community responsibilities to reduce morbidity, disability, and premature mortality burden from NCDs.

#### **5.2 MEDIA AND COMMUNICATION**

A National NCDs advocacy, communication and social mobilization strategy shall be developed, implemented and monitored in order to strengthen all NCDs promotive and preventive services in all sectors. Multimedia channels shall be used for advocacy and creation of public awareness on NCDs services in conformity with the Health Promotion Policy. All advocacy, communication and social mobilization interventions shall be evidence based.

Community mobilization and sensitization on NCDs and their risk factors will be done through Information Education Communication (IEC) programmes based at community, regional, and national level. The sensitization will target all population at different levels through different channels of communication.

#### **5.3 COMMUNITY INVOLVEMENT**

Political and community leaders in key identified governmental institutions shall be systematically engaged through advocacy in order to support NCDs intervention services at community level.

## **CHAPTER 6**

### **6. CO-ORDINATION AND PARTNERSHIP.**

#### **6.1 NATIONAL COORDINATION MECHANISM**

Coordination of all NCDs activities shall be coordinated by the National Coordinating Mechanism (NCM) led by relevant Government ministries with support from civil society and other sectors. The NCM shall be composed of MOH Secretariat, Coordinating Board, a Sector Forum and thematic based working groups, guided by clearly set terms of references.

#### **6.2 MINISTRY OF HEALTH**

The stewardship role of the NCDs Policy shall reside with the Ministry of Health. The Ministry of Health shall collaborate with other Departments and Partners in the planning, funding, implementation, monitoring and evaluation of NCD programming. The Ministry of Health shall strengthen and capacitate the NCD Programme to be able to embark on the following;

- Coordinate NCD interventions.
- Define programme needs at all levels.
- Implement monitor and evaluate the NCD strategic and operational plans.
- Ensure a life-course approach to NCD programming.
- Spearhead research on NCDs and related matters in collaboration with partners.
- Ensure standards and continuing education for all role players involved in NCDs.
- Promote collaboration between and among health programmes and all sectors.

#### **6.3 ALL OTHER MINISTRIES.**

All other Ministries shall implement activities as per the recommendations of the NCD Secretariat.

#### **6.4 FAITH, COMMUNITY BASED AND NON-GOVERNMENTAL ORGANIZATIONS**

All Faith and Community Based Organizations and NGOs shall provide all needed support as per recommendation of the NCD Secretariat.

#### **6.5 PRIVATE SECTOR**

The private sector shall participate in promotion and support NCD interventions and incorporate NCDs activities in their programmes.

#### **6.6 DEVELOPMENT PARTNERS**

Development Partners shall support NCDs activities through the provision of technical and financial resources.

## CHAPTER 7

### 7. RESOURCE MOBILISATION

The Government of Swaziland is committed to the provision of the necessary resources towards implementation of preventative, curative and rehabilitative NCD services in the Swazi population across the life span.

Development Partners shall be actively involved in the process of designing key NCDs documents including the NCDs Strategic Plan, to familiarize them with NCDs national priorities to facilitate their decision for future financial support.

The National NCDs Multisectoral Strategic Plan shall be co-ordinated to enhance resource mobilization with Government of Swaziland, external funding agencies and the private sector.

Regular meetings shall be organized, by the MoH, with Development Partners and the organized private sector to assess progress made in the implementation of NCDs Multisectoral Strategic Plan, identify financial gaps and propose feasible solutions.

## **CHAPTER 8**

### **8. MONITORING AND EVALUATION**

#### **8.1 MONITORING AND EVALUATION**

Implementation of this policy shall be monitored through the monitoring and evaluation of the NCDs Strategic Plan.

A National Monitoring and Evaluation implementation framework for NCDs with well-defined outcome and output indicators shall be developed.

Monitoring and Evaluation tools shall be updated, and integrated into the existing Monitoring and Evaluation systems and structures in harmony with the Health Information System (HIS) Policy.

The National Monitoring and Evaluation (M&E) system ensures the establishment and effective functioning of the following mechanisms:

1. The presence of a unified, country-led platform and procedures for collecting, analyzing and sharing data;
2. Procedures for routinely assessing the performance of the NCDs prevention and control interventions at achieving the National objectives and targets;
3. Formal mechanisms for periodically sharing performance results and revising targets and interventions for NCDs prevention and control.
4. Implement research protocols for evidence based prevention and control program for NCDs

#### **8.2 POLICY REVIEW**

The National NCD Policy shall be revised every five years. The operational plan and the implementation shall be monitored and evaluated quarterly. Monitoring and Evaluation of achievements on NCDs shall be conducted regularly against a set of agreed-upon indicators using information from quarterly reports and regular supportive supervision from regional as

well as National levels. Quarterly and annual review meeting shall be conducted to discuss problems encountered and monitor progress in the attainment of set targets.

NCDs data base shall be established using data and information generated through the surveillance system and operational research.