



**REPUBLIC OF SIERRA LEONE  
MINISTRY OF HEALTH AND SANITATION  
NON-COMMUNICABLE DISEASES (NCDs)  
POLICY**

23 February 2020



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## Foreword



Non-communicable diseases (NCDs) contribute significantly to illness, disability and deaths in Sierra Leone. Their burden is projected to increase due to ageing, rapid urbanization and unhealthy lifestyles.

It was in recognition of the impact on public health that the Ministry of Health and Sanitation introduced the Directorate of Noncommunicable diseases in 2017 and developed an NCD health policy which clearly prioritizes the promotion of healthy lifestyles and healthy environments and the provision of health and nutrition services. The Non-Communicable Diseases Policy has been inspired by the national health policy and builds on an earlier policy prepared in 2013. It provides the framework for planning and implementing NCD-related programmes over the next five years. It recognizes that effective implementation depends on enabling public sector-wide policies in trade, agriculture, transportation, urban planning, etc. It is essential to enact or enforce relevant legislation to provide the backbone for food, tobacco and alcohol policies.

The NCD-policy covers among others, four major groups of NCDs which share common risk factors – cardiovascular diseases, diabetes, cancers and chronic respiratory diseases. It prioritizes health promotion and early detection and proposes an integrated approach to implementation of NCD-related programmes.

I would like to thank the NCD Directorate for coordinating the process to develop this policy. I thank the World Bank and the World Health Organization for their technical and financial contribution to this process. I thank all the agencies of the Ministry of Health, other sectors, departments and agencies, our Development Partners and all the stakeholders who made inputs into this policy. I call on all sectors of the economy and the general public to support the implementation of this NCD policy.

**Hon. Dr. Alpha Tejan Wurie, (Ass. Prof.)**

**Minister of Health and Sanitation**



## Acknowledgments



The burden of Non-communicable Diseases (NCDs) and their risk factors constitute a growing concern for the Ministry of Health and Sanitation (MoHS) in Sierra Leone. NCDs cause many premature and potentially preventable deaths. We will use this NCD policy together with its linked strategic and operational plans to embark on the prevention and control of NCDs in Sierra Leone.

It is noteworthy that there is a strong focus on health promotion. In addition, there will also be special attention to strengthen and integrate NCD services into Primary Health Care.

The phased approach will allow for sufficient focus and monitoring as we start scaling up, while also allowing for increased resource mobilisation to combat NCDs.

Together we can reduce preventable deaths due to NCDs and I look forward to more effective and productive collaboration between the MoHS and health development partners in the fight against NCDs. We greatly acknowledge and highly value the diverse contributions of all stakeholders who are participating in the fight to reduce the burden of disease due to NCDs in Sierra Leone.

A handwritten signature in blue ink, appearing to read 'T. Samba', written over a horizontal line.

**Rev. Canon. Dr. Thomas T. Samba**  
**Chief Medical Officer**

## Abbreviations

CHC	Community Health Centre
CHW	Community Health Worker
CVD	Cardiovascular Diseases
DHIS	District Health Information System
DHMT	District Health Management Team
DNCD&MH	Directorate of NCDs and Mental Health
FCTC	WHO Framework Convention for Tobacco Control
G6PD	Glucose-6-phosphate dehydrogenase (deficiency)
GoSL	Government of Sierra Leone
LMICs	Low- and Middle-Income Countries
M&E	Monitoring & Evaluation
MICS	Multiple Indicator Cluster Survey
MoHS	Ministry of Health and Sanitation
NCD	Non-Communicable Disease
NCDI	Non-Communicable Diseases and Injuries
PEN	WHO Package of Essential Noncommunicable disease interventions for primary health care in low-resource settings
RMNCAH	Reproductive, Maternal, Neonatal, Child and Adolescent Health
SARA	Service Availability and Readiness Assessment
SDG	Sustainable Development Goal
SOP	Standard Operating Procedure
STEPS	STEP-wise approach to Surveillance
TWG	Technical Working Group
UHC	Universal Health Coverage
WHO	World Health Organization

## 1. Introduction and Rationale of the NCD policy

**Non-Communicable Diseases (NCDs)** are not transmissible, not infectious and often chronic conditions with long duration resulting from a combination of genetic, physiological, environmental and behavioural factors. NCDs are closely linked to poverty and contribute to further poverty through, among others, catastrophic health costs and loss of bread winners. Every year there are 41 million NCD deaths, which are 71% of all global deaths. Of these almost 80% are due to cardiovascular diseases, cancers, respiratory diseases and diabetes, of which over 75% in Low- and Middle-Income Countries (LMICs). Premature deaths – taking place between ages 30 to 69 years – contribute to more than one third of NCD deaths, of which over 85% take place in LMICs like Sierra Leone. Over 80% of these premature deaths are from the 4 conditions mentioned above.<sup>1</sup>

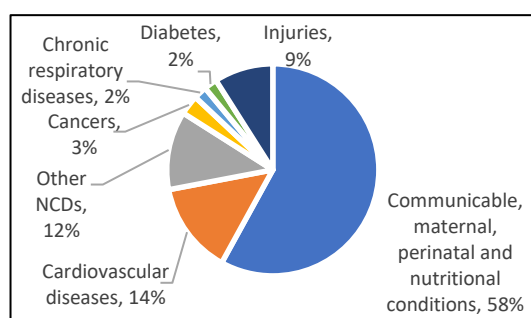


Figure 1: Estimated Sierra Leone Mortality contributions - 2016

Non-Communicable Diseases (NCDs) including injuries contribute to 41% of mortality in **Sierra Leone** in 2016<sup>2</sup>, see figure 1. There are an estimated 29,700 deaths every year in Sierra Leone because of NCDs (male 14,000; female 15,700). The 2016 premature death risk in Sierra Leone was 30% (male 28%, female 33%). Sierra Leone is not on track to reach the 2025 global target (25% reduction of premature death from the 4 main NCDs) for females, see Figure 2.<sup>2,3</sup> It is estimated 9700 lives can be saved in Sierra Leone by 2025 by implementing all World Health Organization (WHO) “best buys”, which are cost-effective evidence-based NCD interventions.<sup>4</sup>

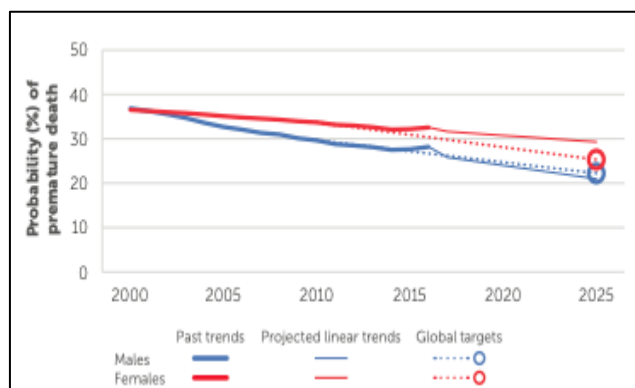


Figure 2: Projected premature mortality trends against global voluntary mortality reduction targets, 2016-2025

The **cardiovascular diseases** ischemic heart disease and stroke rank 4<sup>th</sup> and 6<sup>th</sup> among the causes of death for 2017 in Sierra Leone.<sup>5</sup> The most frequent **cancers** in Sierra Leone are breast, liver, prostate, cervix and colorectum cancers.<sup>6</sup> Prevalence of **diabetes** is estimated at 3.3% for 2017.<sup>7</sup> A 2002 Ministry of Health and Sanitation (MoHS) **mental conditions** needs assessment reported prevalence rates of 2 percent for psychosis, 4 percent for severe depression, 4 percent for severe substance abuse, 1 percent for

<sup>1</sup> WHO Factsheet: Noncommunicable diseases, 1 June 2018, <https://www.who.int/en/news-room/fact-sheets/detail/noncommunicable-diseases>, accessed 21 April 2019

<sup>2</sup> Noncommunicable diseases country profiles 2018 ISBN 978-92-4-151462-0, World Health Organization 2018 <https://www.who.int/nmh/publications/ncd-profiles-2018/en/>

<sup>3</sup> World health statistics 2018: monitoring health for the SDGs, sustainable development goals ISBN 978-92-4-156558-5, World Health Organization 2018 <https://apps.who.int/iris/bitstream/handle/10665/272596/9789241565585-eng.pdf?ua=1>

<sup>4</sup> Best buys’ and other recommended interventions for the prevention and control of noncommunicable diseases Updated (2017) appendix 3 of the global action plan for the prevention and control of noncommunicable diseases 2013-2020.

<sup>5</sup> Sierra Leone Country Profile 2017. Institute for Health Metrics and Evaluation (IHME). <http://www.healthdata.org/sierra-leone>. Accessed 5th August 2019.

<sup>6</sup> Sierra Leone Cancer Fact Sheet 2018, Globocan 2018, The Global Cancer Observatory, International Agency for Research on Cancer, World Health Organization, May 2019. <http://gco.iarc.fr/today/data/factsheets/populations/694-sierra-leone-fact-sheets.pdf>.

<sup>7</sup> Supplementary appendix 2 – Supplement to: Global, regional, and national incidence, prevalence and years lived with disability for 354 diseases and injuries for 195 countries and territories, 1990-2017: a systematic analysis for the Global Burden of Disease Study 2017. Lancet 2018; 392: 1789-858. GBD 2017 Disease and Injury Incidence and Prevalence Collaborators. Note: Population prevalence was estimated using a projected population for 2017 using the medium variant option of 7,499,486 from the Sierra Leone 2015 Population and Housing Census – Thematic Report on Population Projections, Statistics Sierra Leone, October 2017

mental disability and 1 percent for epilepsy.<sup>8</sup> **Injuries and violence** are common with 12.4% of the population having at least one traumatic injury in the preceding year<sup>9</sup>, and 33.9% (women) / 26.0% (men) experiencing any form (emotional, physical, sexual) intimate partner violence in the previous 12 months.<sup>10</sup> **Other NCD conditions** of relevance for Sierra Leone are hemoglobinopathies and haemolytic anaemias (including sickle cell trait/disease and G6PD deficiency), neurological disorders (mostly headache disorders), digestive diseases (mostly liver cirrhosis), skin and subcutaneous diseases, sense organ diseases and musculoskeletal disorders (mostly low back and neck pain).<sup>7</sup> Six NCD conditions (headache disorders, low back pain, depressive disorders, diabetes, blindness and vision impairment and age-related hearing loss) are in the top 10 of **disability** causes for Sierra Leone.<sup>5</sup> Disability prevalence in national surveys ranges from 1.3 to 9.2% (Census 2004&2015 & Multiple Indicator Cluster Survey (MICS) 2017). The most common types of disability in 2015 were physical disability caused by polio (21.8%) and partial sightedness (15.2%).<sup>11</sup> The **main impairments** are anaemia (53%), vision loss (14%) and hearing loss (12%).<sup>7</sup>

**Key NCD Risk factors** consist of both modifiable behaviours (tobacco use, physical inactivity, harmful use of alcohol, unhealthy diets and air pollution) and metabolic risk factors (raised or elevated blood pressure (hypertension), overweight/obesity, hyperglycaemia and hyperlipidaemia). The top-10 of risk factors for death and disability combined in Sierra Leone in 2017 contain 7 NCD risk factors (air pollution, high blood pressure, dietary risks, alcohol use, tobacco, high fasting plasma blood glucose and high body mass index).<sup>5</sup>

Sierra Leone has **high levels of NCD risk factors**. The 2009 STEPS (STEP-wise approach to Surveillance) survey found that 70-75% of the population had 1-2 NCD risk factors, while 27.0% had 3 or more NCD risk factors.<sup>12</sup> 77% of over 40 years Bo District adults in a study in 2018 had at least 1 NCD risk factor, with 25% using tobacco, over 90% adding salt during food preparation, 50% having hypertension, 27% being overweight or obese and 6.7% having hypercholesterolaemia.<sup>13</sup>

While Sierra Leone is a **signatory** to various global commitments regarding NCDs including the UN Sustainable Development Goals (SDGs) 2030<sup>14</sup>, the WHO Framework Convention on Tobacco Control (FCTC, 2009)<sup>15</sup> and the African Union's Africa Health Strategy (2016-2030)<sup>16</sup>, there has been limited attention to NCDs inside Sierra Leone also due to competing RMNCAH (Reproductive, Maternal, Neonatal, Child and Adolescent Health) and Communicable Disease priorities including a recent Ebola outbreak and limited integration with other health activities. NCDs are not mentioned in the current Health Policy (2002, revised in 2009), however they are - mostly globally - mentioned in the National Development Plan (2019-2023), the Basic Package of Essential Health Services (2015-2020) and National Health Sector Strategic Plan (2017-2021). The first ever national NCD policy and National NCD Strategic Plan (2013-2017) were launched in 2013.

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<sup>8</sup> 2019-2023 Mental Health Strategic Plan, Ministry of Health and Sanitation, Republic of Sierra Leone, May 2019.

<sup>9</sup> Traumatic injuries in developing countries: report from a nationwide cross-sectional survey of Sierra Leone. Stewart KA, Groen RS, Kamara TB, Farahzad MM, Samai M, Cassidy LD, Kushner AL, Wren SM. *JAMA Surg.* 2013 May;148(5):463-9. doi: 10.1001/jamasurg.2013.1341.

<sup>10</sup> Sierra Leone Demographic and Health Survey 2013. Statistics Sierra Leone (SSL) and ICF International. 2014. Freetown, Sierra Leone and Rockville, Maryland, USA: SSL and ICF International.

<sup>11</sup> Kabia F, Tarawally U. Sierra Leone 2015 Population and Housing Census Thematic Report on Disability. 2017.

<sup>12</sup> Sierra Leone STEPS Survey 2009 – The Prevalence of the Common Risk Factors of Non-Communicable Diseases in Sierra Leone. No date. Ministry of Health and Sanitation. Full report and factsheet.

<sup>13</sup> Cardiovascular disease risk factors in the over 40s in rural and urban Bo, A household survey – Justine Davies and Maria Lisa Odland, Institute of Applied Health Research, University of Birmingham; Tahir Bockarie, University of Warwick; Haja Wurie, COMAHS; Rashid Ansumana, Njala University (Unpublished study, data collected in 2018, supported by Wellcome Trust).

<sup>14</sup> NCD related Sustainable Development Goals (SDGs) from <https://www.un.org/sustainabledevelopment/health/> & World health statistics 2018: monitoring health for the SDGs, sustainable development goals ISBN 978-92-4-156558-5, WHO 2018

<sup>15</sup> WHO Framework Convention on Tobacco Control. WHO 2003, updated reprint 2004, 2005.

<sup>16</sup> Africa Health Strategy 2016-2030. African Union. No date.



The MoHS **Directorate of NCDs and Mental Health (DNCD&MH)** – in charge of NCDs, Mental Health and Physiotherapy/Rehabilitation - is in place since 2017, after NCDs were previously integrated since 2011/2012 in the Directorate of Training, NCDs and Research. Coordination and implementation of NCD activities at national and district level are limited, also due to financing and quality and quantity of staffing of the Directorate and of NCD services in general. Considering the burden of NCDs in Sierra Leone, the number of recent and ongoing specific NCD interventions and initiatives is very limited with very few funding and implementing partners.

The 2017 Service Availability and Readiness Assessment (SARA) survey <sup>17</sup>shows limited **availability of NCD services**, with only 11%, 20%, 15%, 3% and 59% of health facilities providing diabetes, cardiovascular, chronic respiratory, cervical cancer and basic surgical services respectively. Advanced diagnostic services were only available at 25% of the 54 hospitals. The same survey showed low availability at health facilities of drugs for cardiovascular diseases (range 4-29%), chronic respiratory diseases (range 2-5%), diabetes (range 3-5%) and other NCD (risk) conditions (range 1-38%), with a similar picture in the recent field assessment for the NCD policy/strategic plan development for basic equipment like blood pressure and blood glucose machines.

**Accessibility of NCD services** is a problem – for example of all the people over 40 years that knew they had a high fasting blood glucose or hypertension in the recent Bo District CVD (Cardiovascular Diseases) risk factor study (preliminary analysis) <sup>13</sup>, 43% and 59% respectively had been screened before, 32.9% and 33.2% respectively had been diagnosed with the condition, 19% and 14.7% respectively were treated and 8.6% and 4.6% respectively actually had a controlled condition.

**Community level** initiatives are small in number and (geographic) scope.

There are limited relationships between the district health providers and authorities with the common first points of call for chronic / NCD conditions at community level: traditional healers, drug peddlers and low-level pharmacies. The Community Health Worker (CHW) scope of work does not include NCDs for now. Preliminary analysis of a recent study<sup>13</sup> shows there is wide variety in the knowledge and understanding of cardiovascular disease risk factors at community level with poor perceptions of treatment options and coexistence of those risk factors.

There are no strategies or other guidelines for NCD **health education** and only very limited health education materials – often hailing from specific campaigns with a narrow focus (tobacco, salt). Although health education appears almost entirely focussed on RMNCAH, nutrition and communicable diseases; there are opportunities to have NCD health education integrate into or piggyback onto these ongoing activities.

**Monitoring and Evaluation (M&E) including surveillance and research** of NCD (services) is very limited with no functional M&E framework, only few NCDs included in the routine data collection system of the District Health Information System (DHIS), irregular monitoring visits and only a few research studies. Promising new initiatives like the national cancer registry and the Connaught stroke register only cover limited geographic areas for now.

The rationale for the NCD policy is as follows:

- The need for accelerated prevention and control of NCDs and injuries and their risk factors considering their significant contribution to morbidity and mortality in Sierra Leone.
- The absence of a current comprehensive policy that addresses NCDs and injuries and their risk factors, considering the current health policy (2002/2009) does not mention NCDs and the 2013 NCD policy requires updating.

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<sup>17</sup> Summary Report of the 2017 SARA Plus in Sierra Leone: Service Availability and Readiness Assessment (SARA), Quality of Care Survey, and Data Quality Review, Government of Sierra Leone, Ministry of Health and Sanitation, 2017.

- A currently weak and underfunded coordination, implementation and monitoring framework for NCDs and injuries and their risk factors.
- The need for multi-sectorial action considering major determinants and risk factors for NCDs lie outside the health sector and require co-production through a coordinated strategy.
- A clear and effective policy that can be communicated and is deliverable within the Sierra Leone environment is needed to engage with external and internal partners to attract funding and other resources (human, infrastructural and consumables).
- The need to evaluate the size of the NCD burden effectively and optimally assess the impact of NCD interventions

## 2. Guiding principles

The following principles guided the development of the NCD policy and will continue to guide its implementation:

**Ownership and accountability:** This policy recognizes the leading role of the government through the Ministry and Health and Sanitation (MoHS) and specifically the NCD&MH Directorate in the MoHS, in development and implementation of and accountability for this policy.

### **Integrated people-centred health services<sup>18</sup>:**

- People-centred health services is an approach to care that consciously adopts the perspectives of individuals, families and communities, and sees them as participants as well as beneficiaries of trusted health systems that respond to their needs and preferences in humane and holistic ways. People-centred care requires that people have the education and support they need to make decisions and participate in their own care. It is organized around the health needs and expectations of people rather than diseases.
- Integrated health services are health services that are managed and delivered in a way that ensures people receive a continuum of health promotion, disease prevention, diagnosis, treatment, disease management, rehabilitation and palliative care services, at the different levels and sites of care within the health system, and according to their needs, throughout their whole life.

### **Universal health coverage (UHC)<sup>19</sup>:**

UHC is defined as ensuring that all people have access to the needed health services (including prevention, promotion, treatment, rehabilitation and palliation) of sufficient quality to be effective while also ensuring that the use of these services does not expose the user the financial hardship. Sierra Leone as member of the Universal Health Coverage (UHC) partnership and endorser of the SDGs is moving towards UHC. The NCD policy is aligned to UHC.

**Focused on reducing inequities:** Interventions must address the need to reduce inequities by considering the social determinants of health to enable the attainment of healthy outcomes by all.

**Encompassing the entire continuum of care:** This policy affirms the importance of a balanced and interconnected approach to NCDs, from primary prevention to tertiary and palliative care.

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<sup>18</sup> Integrated people-centred health services, WHO. Accessed 13<sup>th</sup> June 2019: <https://www.who.int/servicedeliverysafety/areas/people-centred-care/ipchs-what/en/>

<sup>19</sup> Universal Health Coverage, WHO. Accessed 13<sup>th</sup> June 2019: [https://www.who.int/healthsystems/universal\\_health\\_coverage/en/](https://www.who.int/healthsystems/universal_health_coverage/en/)

**Cost-effective evidence-based interventions:** The WHO “Best Buys”<sup>20</sup> and other cost-effective evidence-based interventions will assist with reducing preventable morbidity and mortality from NCDs.

**Cultural relevance:** NCD Policies, programs and services must respect and take into consideration the specific cultural and religious diversity of people within Sierra Leone.

**Community participation:** Taking into account the key role of prevention and the often long-standing chronic nature of NCDs, community participation is essential for the successful implementation of the NCD policy.

**Multisectoral partnerships:** The occurrence of NCDs and NCD services are influenced by many determinants outside the health sector. This policy will promote and strengthen multisectoral partnerships (governmental and non-governmental including private partners) to adequately prevent and control NCDs.

### 3. The Policy Framework

#### 3.1. Vision

A Sierra Leone free from preventable illness and death from NCDs.

#### 3.2. Mission

Promoting health and wellbeing of all people in Sierra Leone, through implementation of cost-effective evidence-based NCD interventions and creation of an enabling environment for effective delivery of quality NCD services at all levels.

#### 3.3. Goal

To provide policy guidance for the promotion of the healthy development and wellbeing and for the accelerated reduction of preventable and premature NCD deaths among Sierra Leoneans.

#### 3.4. NCD Policy Objectives

The NCD Policy Objectives are aligned to the Sustainable Development Goals for non-communicable diseases (SDG 3.4), substance abuse (SDG 3.5), road traffic accidents (SDG 3.6), Universal Health Coverage (SDG 3.8), hazardous chemicals and air, water and soil pollution and contamination (SDG 3.9) and the Framework Convention on Tobacco Control (SDG 3.A)<sup>21</sup>. They also align to the Global Strategy on Diet, Physical Activity and Health (2004)<sup>22</sup>, the Global Action Plan for the Prevention and

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<sup>20</sup> WHO Best Buys. <https://www.who.int/ncds/management/best-buys/en/>. Accessed 13<sup>th</sup> June 2019.

<sup>21</sup> SDG 3: Ensure healthy lives and promote wellbeing for all to all ages - The goals within a goal: Health targets for SDG3, WHO, <https://www.who.int/sgd/targets/en/>, Accessed 28<sup>th</sup> June 2019.

<sup>22</sup> Global Strategy on Diet, Physical Activity and Health, World Health Organization, 2004. Endorsed at 57<sup>th</sup> World Health Assembly (resolution WHA57.17)

control of NCDs (2013-2020)<sup>23</sup>, the Global and WHO Africa Strategies to Reduce the Harmful Use of Alcohol (2010)<sup>24,25</sup>, and the third UN High-level meeting on NCDs (2018)<sup>26</sup>.

The NCD policy objectives align to Sierra Leone's Medium-Term National Development Plan 2019-2023<sup>27</sup> and the new health policy (*in development*).

The NCD Policy Objectives are:

- To reinforce leadership and strengthen capacity of the health system for prevention and control of NCDs
- To mobilize sustainable funding for NCD activities at all levels
- To promote healthy lifestyles and reduce risk factors using health promotion strategies.
- To strengthen NCD prevention, screening, diagnosis, management and care at all levels through implementation of practical, cost-effective and evidence-based interventions
- To strengthen partnerships and establish a network of relevant stakeholders for surveillance, prevention, screening, diagnosis, management and care of NCDs.
- To establish systems for monitoring and evaluation (including research and surveillance) to provide evidence for decision making and to assess effectiveness of promotion, prevention and control measures for NCDs at all levels of the healthcare system.

## 4. NCD Policy Domains, Priority intervention areas and Statements

The approach for NCD prevention and control will focus on risk factors and their underlying determinants and equitable quality NCD services. The approach will consider common NCD conditions in Sierra Leone, for example cardiovascular diseases, cancers, chronic pulmonary diseases, diabetes mellitus, epilepsy, sickle cell disease, chronic kidney disease and injuries; their complications and sequels, and their underlying determinants and risk factors.

The approach will integrate and link to approaches for mental conditions covered in the existing Mental Health Policy and Strategic Plan (launched in 2019).

The NCD Policy Framework has 10 priority intervention areas – in bold italics below - which are captured under 3 NCD Policy Domains: Leadership and Governance, Health Promotion, NCD services. All domains and priority intervention areas are actively linked to the existing Mental Health policy framework.

### 4.1. Leadership and Governance

The **Legal framework for NCDs and their risk factors** will amongst others include advocacy for and contribution for development and implementation of Tobacco, Drug and Alcohol legislation. This will create an enabling environment for practicing healthy lifestyles.

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<sup>23</sup> Global action plan for the prevention and control of noncommunicable diseases 2013-2020. ISBN 978 92 4 150623 6. World Health Organization, 2013.

<sup>24</sup> Global Strategy to Reduce the Harmful Use of Alcohol, WHO, 2010. Endorsed at 63<sup>rd</sup> World Health Assembly, [https://www.who.int/substance\\_abuse/msbalcstrategy.pdf](https://www.who.int/substance_abuse/msbalcstrategy.pdf)

<sup>25</sup> Reduction of the Harmful Use of Alcohol: A Strategy for the WHO African Region, WHO Regional Office, [https://www.afro.who.int/sites/default/files/sessions/working\\_documents/afr\\_rc60\\_4\\_version3.pdf](https://www.afro.who.int/sites/default/files/sessions/working_documents/afr_rc60_4_version3.pdf) and <https://www.afro.who.int/sites/default/files/2017-06/ahm1608.pdf>

<sup>26</sup> Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, Resolution A/RES/73/2 adopted by the UN General Assembly on 10 October 2018.

<sup>27</sup> Sierra Leone's Medium-Term National Development Plan 2019-2023 "Education for Development – A new direction for improving people's lives through education, inclusive growth, and building a resilient economy" – Volume I and II, Government of Sierra Leone, 2019.

**National guidelines, SOPs (Standard Operating Procedures) and tools** will be developed for interventions in the relevant policy domain areas Leadership & Governance, Health promotion and NCD services.

Increased NCD **Financing** is needed to accelerate NCD prevention and control in Sierra Leone. Government of Sierra Leone (GoSL) stakeholders and development partners will be encouraged to mobilize funds.

The GoSL will lead and strengthen **collaboration and partnerships** with key stakeholders and donors to reduce preventable morbidity and mortality from NCDs and increase healthy lifestyles and enabling environments. The National NCD and Injuries Commission and its Technical Working groups will assist with building stronger collaboration and partnerships.

**Capacity building** for NCDs is needed to ensure the health system has the required infrastructure, skilled and trained staff and equipment and tools to provide, monitor and oversee NCD activities and services.

For implementation of NCD services it is essential to ensure the availability and affordability of **drugs, essential diagnostics and medical supplies for NCDs** at all levels of health care system and advocate to relevant stakeholders for adequate supplies and inclusion of all necessary NCD commodities in policy documents such as the essential medicines list.

**Monitoring and evaluation** will be needed in the entire NCD continuum of care. NCD prevention, control and surveillance will be integrated into routine HMIS and surveillance systems and NCD research will be promoted to inform policy and practice.

#### 4.2. Health promotion

The priority intervention area - **Health promotion and prevention of NCDs** will focus on achieving healthy lifestyles through reduction of the modifiable NCD risk factors such as tobacco use, physical inactivity, harmful use of alcohol, unhealthy diets (including high salt and sugar use) and air pollution. Health promotion will also provide education to existing NCD patients on how best to care for and manage their respective conditions.

#### 4.3. NCD services

The Domain NCD services will consider key NCD conditions in Sierra Leone: Cardiovascular diseases, Cancers, Chronic respiratory diseases, Diabetes, Mental Diseases/Conditions, Chronic Kidney Conditions, Sickle cell, Alcohol use disorders etc. This Domain will also consider the key metabolic NCD risk factors: Hypertension, Overweight/Obesity, Hyperglycaemia, Hyperlipidaemia. Specific services considered under this domain are: Prevention, Screening/Early Detection, Diagnosis, Management, Care, Rehabilitation, and Palliative Care.

The priority intervention area - **NCDs management at Primary Health Care level** – will be integrated as a basic NCD package into existing Primary Health Care interventions, with a special focus at the Community Health Centre (CHC) level. In addition, referral pathways between primary, secondary and tertiary facilities will be strengthened. Implementation will be guided by the WHO Package of essential noncommunicable (PEN) disease interventions for primary health care in low-resource

settings framework.<sup>28</sup> Secondary and tertiary facilities will offer care for advanced NCDs that are referred from primary health care level.

## 5. Implementation, Monitoring and Evaluation of the NCD Policy

### 5.1. Implementation, management and coordination

The NCD&MH Directorate will be responsible for the oversight and coordination of the implementation of the NCD policy. Coordination and partnerships will be established and strengthened through the NCD & Injuries Commission and the related Technical Working Groups (TWGs) at national level and the (assistant) NCD focal persons and District Health Management Teams (DHMTs) at district level.

A phased implementation approach will be promoted as this allows flexibility to intervene at different points along the continuum of care depending on the local situation, capacity and resources.

### 5.2. Roles and responsibilities

#### 5.2.1. National level Ministry of Health and Sanitation (DNCD&MH)

- Foster leadership for NCDs within the health sector by building on existing structures and ensuring through the MoHS coordination and facilitation of the contribution of other ministerial and government bodies.
- Build on existing structures and processes and strengthen institutional capacities e.g. strengthening the NCD&MH Directorate with adequate human resource and funding.
- Support national policies, strategies and action plans providing effective legislations and regulations, with regards to NCDs and risk factors.
- Strengthen human resources capacity and improve training of health care workers.
- Establish a continuing education program at all levels of the health care system with a special focus on primary health care.
- Conduct periodic performance review and provide information on progress made in the implementation of the National NCD Policy and Plan.
- Develop nationally standardised NCD Health promotion package and provide accurate and balanced information for the population to enable them to make healthy choices and to ensure the availability of appropriate health promotion and education programs on NCDs and their underlying determinants and risk factors.
- Develop and/or adopt international standards and guidelines related to prevention and control of NCDs; and tools to support and monitor their implementation.
- Advocate and promote the availability of essential diagnostics equipment and medicines to screen for, diagnose and manage NCDs, including through inclusion in nation essential medicines and equipment lists
- Promote, support and encourage participation of NGOs, civil society, communities, the private sector, the media, development partners in activities related to NCDs prevention and control
- Promote and invest in monitoring and evaluation including research and surveillance of NCDs and their underlying determinants and risk factors.
- Promote and coordinate repository of NCD research in Sierra Leone

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<sup>28</sup> Package of essential noncommunicable (PEN) disease interventions for primary health care in low-resource settings. WHO 2010.

- Provide funding and continue to mobilize funding from domestic sources and donors through ongoing evidence-based advocacy – based on analysis and packaging of NCDs data - for investments in NCD prevention and control
- Provide assistance to DHMT to develop district annual plans that include NCD activities and support implementation of their NCD roles and responsibilities
- Work with academic institutions to review and harmonise training curriculum and provide relevant pre-service education on prevention and control of NCD to all levels of health care workers.

#### 5.2.2. District Health Management Teams

- Disseminate NCD policy and plans to district stakeholders.
- Develop an NCD district operation plan based on this NCD policy and include it into the annual district and hospital health plans.
- Coordinate partners, including hospitals, working in the district towards implementation of this NCD policy, strategies, plans and guidelines at district level
- Advocate with the district councils and other players to ensure allocation of adequate resources for the implementation of the NCD policy at the district level.
- Put in place systems to ensure the delivery of quality NCD services at primary health care NCD service delivery points.
- Support the development of community-based programs for NCD prevention and control.
- Provide leadership in monitoring and evaluating NCD policy implementation at district level.
- Support capacity building and technical assistance to service providers at the district level to ensure implementation of the NCD policy.
- Provide supportive supervision to service providers involved in provision of NCD services at district level.

#### 5.2.3. Other state actors

- MDAs:
  - Assist in implementing the non-health sector parts of the NCD policy
  - Review and enforcement of NCD (-related) legislation.
- Local councils:
  - Provide funding for NCD policy implementation at local level
  - Participate in NCD policy monitoring and evaluation at local level
  - Support the development of community-based programs for NCD prevention and control.
- Parliamentarians including parliamentary health committee
  - Approve/allocate NCD budget
  - Enact/amend laws related to NCDs

#### 5.2.4. Development partners and other non-state actors

- Provide technical and financial assistance in the development, implementation and evaluation of NCD policy and strategy.
- Support government to enact/amend NCD (-related) legislation.
- Support the government in the implementation of inter-sectoral initiatives in Sierra Leone such as WHO healthy cities, health promoting schools and road safety
- Identify and provide support to the MoHS and other stakeholders in strengthening opportunities for training and capacity building with regards to the public health and social aspects and appropriate cost-effective clinical and other interventions for NCDs

- Support the development and dissemination of protocols and guidelines for rational use of medicines and technology for NCDs prevention and control, as an integral part of health systems including supply chain management.
- Support the development of community-based programs for NCD prevention and control.
- Provide support to government in implementing the WHO Framework Convention on Tobacco Control (FCTC) and support national programs to reduce other modifiable NCD risk factors.
- Assist in developing relevant and practical research agendas to support NCD prevention and control including capacity building for epidemiological and health systems research
- Actively promote collaborative partnerships with international stakeholders, national and regional funders of health programs to support the work in NCDs prevention and control within Sierra Leone (WHO to provide leadership)
- Support the development of relevant indicators and milestones for Sierra Leone and encourage their use.

#### 5.2.5. Academic and professional associations

- In collaboration with the DNCD&MH, support identification and definition of national NCD research agenda.
- Support implementation, documentation and dissemination of NCD research.
- Promote and support use of research to influence NCD policies and practices.
- In collaboration with the DNCD&MH provide technical assistance including human resource development for implementation of the NCD policy.
- In collaboration with national regulatory authorities, support registration, regulation and licensing of NCD service providers and practitioners including the ones in the private sector.
- Support the review and harmonisation of NCD content of existing curricula
- Provide relevant pre-service NCD education

#### 5.2.6. Private sector

- Supplement government efforts in financing the implementation of the NCD policy.
- Supplement government efforts in the implementation of cost-effective evidence-based interventions for the implementation of this NCD policy.
- Align delivery of NCD interventions to Government policies, strategies and guidelines
- Report on NCD intervention implementation using the applicable channels, including the DHIS.
- Participate in the review, monitoring and evaluation of this NCD policy

#### 5.2.7. Communities and individuals

- Demand for and use NCD services at all levels of health service delivery
- Advocate for quality accessible NCD services and hold related actors (government, other) to account
- Adopt healthy lifestyles and modify risky behaviours to prevent NCDs
- Participate in the implementation, monitoring and evaluation of the national NCD policy



### 5.3. Monitoring and Evaluation of the NCD Policy

The monitoring and evaluation of the NCD policy will focus on the implementation of the policy and the achievement of the policy's goal and objectives. This will be reviewed at Annual Review meetings.

The 5-year NCD strategic plan and its subjacent implementation plans (Leadership and Governance, Health Promotion and NCD services) will have M&E frameworks which will be used by the NCD&MH Directorate and the DHMTs to monitor and evaluate their implementation.

Oversight and coordination for the policy and its related strategic plan and implementation plans will be provided by the NCD and Injuries (NCDI) commission and the TWGs that fall under this commission.