

# AZERBAIJAN NATIONAL STRATEGY FOR THE PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES 2015-2020



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## SECTION 1: INTRODUCTION

Noncommunicable diseases (NCDs) refer to a group of non-transmissible health conditions, generally characterized by their chronicity and their profound roots in social and community ties.

NCDs share four behavioral risk factors: tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol, which are responsible for the majority of the disease burden and premature mortality in almost every country in the world. The four main types of NCDs are cardiovascular diseases, cancers, chronic respiratory diseases and diabetes.

According to the World Health Organization (WHO), the total annual number of deaths from communicable diseases is estimated to decline by 2030, while total number of annual NCDs deaths is predicted to increase. Behavioural risk factors, including tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity are responsible for about 80% of coronary heart disease and cerebrovascular disease. These behaviours lead to four key metabolic/physiological changes that increase the risk of NCDs: raised blood pressure, overweight/obesity, hyperglycemia (high blood glucose levels) and hyperlipidemia (high levels of fat in the blood).

According to the World Health Organization almost 6 million deaths every year can be attributed to tobacco use (5.1 million from direct tobacco smoking and 600,000 from exposure to second-hand smoke). More than half of the 3.3 million annual deaths from harmful drinking are from NCDs. Moreover, about 3.2 million deaths annually from insufficient physical activity and 2.8 million deaths can be attributed to overweight and obesity.

The WHO European Region met in Baku, Azerbaijan from 12 to 15 September 2011, for the 61st session of the Regional Committee for Europe. Member States adopted an Action Plan on the Prevention and Control of Non-communicable Diseases 2012-2016, dropping targets and indicators that were initially proposed.

In 2011, UN Political Declaration on NCDs recognized the vast body of knowledge and experience regarding the preventability of NCDs and immense opportunities for global action to control them. Therefore, Heads of State and Government committed themselves in the UN Political Declaration on NCDs to establish and strengthen, by 2013, multisectoral national policies and plans for the prevention and control of NCDs, and consider the development of national targets and indicators based on national situations. To realize these commitments, the World Health Assembly endorsed the WHO Global Action Plan for the Prevention and Control of NCDs 2013-2020 in May 2013.

In December 2013, Ashgabad Declaration on NCDs was endorsed in the WHO European Ministerial Conference on the prevention and control of NCDs in the context of “Health-2020”. The Conference comprised three main themes: NCDs and development; the vision of a tobacco-free Europe; and national responses to NCDs.

Development and implementation of the NCDs Prevention and Control Strategy 2015-2020 is one of the prioritized tasks included in the “Azerbaijan 2020: Look into the future” concept of development, which was approved by the President of the Republic of Azerbaijan on 29<sup>th</sup> December 2012.

## SECTION 2: NCDs in AZERBAIJAN

In last ten years, circulatory system diseases 5%, respiratory system diseases 11%, endocrine disorders 2.5 times (including diabetes 3.7 times), nervous system diseases 15%, malignant neoplasms 30% have increased. During this period, the global prevalence of NCDs has risen by 14%.

As in most countries, NCDs are the leading cause of morbidity and mortality in Azerbaijan. NCDs accounted for 50% of all diseases, including 17.6% circulatory system diseases, 15% respiratory system diseases, 15% endocrine disorders, 2.7% malignant neoplasms. NCDs accounted for 77% of the disease burden in Europe.

NCDs account for the most leading cause of mortality. These four groups of diseases account for 86% of all death in Europe, 79.6% in Azerbaijan. Circulatory system diseases (59.8%) stand in the first place, malignant neoplasms (12.5%) in the second and respiratory system diseases (2%) in the third place.

Recently, several studies have been conducted by the Ministry of Health of Azerbaijan Republic related NCDs. According to the collected data, NCDs are major cause of deaths and morbidity in Azerbaijan, and are linked with the high prevalence of risk factors such as smoking, overweight and unhealthy diet.

It has been investigated that nearly 50% of men are smokers, and 93% of them are daily smokers. Moreover, 14.3% of adults are regular alcohol users in Azerbaijan. The smoking (29%) and drinking (20%) statistics are at the highest level in Europe.

The prevalence of overweight and obesity is 35.8% and 21.9% respectively among adults aged 18 and over. The obesity is more prevalent among women than men (27.2% vs. 16.4%). The worldwide prevalence of obesity nearly doubled during the period from 1980 to 2008. According to recent country estimates, over 50% of both men and women in the WHO European Region were overweight, and roughly 23% of women and 20% of men were obese.

According to the studies, only 6.4% of population engages in physical activity intentionally in Azerbaijan.

Although Azerbaijan is known for its rich vegetables and fruits, more than 40% of people do not consume these products daily. Majority of the population (84.9%) consume less vegetable and fruit than the recommended daily intake by the WHO with no significant differences between the age and gender groups. More than half (54%) of homemade foods contained unsaturated fatty acids.

The prevalence of raised blood pressure among persons aged 18 and over was 39.4% in Azerbaijan. The prevalence rate was 40% in Europe.

The statistics show 2053 diabetes cases per 100,000 population in Azerbaijan, while in Europe the figure is 3560.

## **SECTION 3: JUSTIFICATION OF THE STRATEGY IN TERMS OF SOCIO-ECONOMIC DEVELOPMENT OF THE COUNTRY**

NCD prevention is a precondition of human development and is interdependent of social, economic and environmental dimensions of development.

There is strong evidence for the correlation between a host of social determinants (such as education, occupation, income, and gender) and prevalent levels of NCDs and risk factors: vulnerable and socially disadvantaged people get sicker and die sooner as a result of NCDs than people of higher social positions. To make meaningful reduction in NCDs it is necessary to take action on the broader factors which influence people's health behavior: the conditions in which they are born, grow, live, work and

age, and on the influence of society and socio-economic determinants.

Noncommunicable diseases have potentially serious socioeconomic consequences, through increasing individual and household impoverishment and hindering social and economic development. At the household level, unhealthy behaviors, poor physical status, disability, and direct and indirect costs of NCD-related health care, lead to loss of household income. The costs to health-care systems from NCDs are significantly high and projected to increase.

Significant costs to individuals, families, businesses, governments and health systems add up to major macroeconomic impacts. As a consequence, poverty is closely linked with NCDs, and the rapid rise in the magnitude of these health problems is therefore predicted to impede poverty reduction initiatives.

Moreover, NCDs and poverty create a vicious cycle whereby poverty exposes people to behavioral risk factors for NCDs and, in turn, the resulting NCDs may become an important driver to the downward spiral that leads families towards poverty.

The chronic nature of NCDs, and the projected increase in prevalence, means that the economic impact may grow cumulatively. Economic analysis suggests that each 10% rise in NCDs is associated with 0.5% lower rates of annual economic growth.

It should be noted that it is possible to prevent the epidemic of NCDs by spending small amount of finance. However, it is not possible to solve the health problems related to the increased prevalence of NCDs by just the health sectors' efforts.

Effective prevention and control of NCDs require leadership and concerted action at all levels and across a number of sectors, such as health, social, agriculture, finance, trade, transport, urban development, education and culture.

Comprehensive implementation of effective measures recommended by the WHO on the fight against NCDs will contribute to achieve strategic goals such

as reduce of premature death, prevention of disability and loss of productivity, improvement of life quality among the economically active population and ensuring sustainable economic growth and better income, strengthening social protection of socially vulnerable groups, improving the quality of major health services and providing equal opportunities with support to the development of human resources

At the same time, the implementation of effective prevention strategy of NCDs enables to save budget for other important health issue in the country.

The implementation of the NCD Strategy will contribute to achieving main priorities of “ Azerbaijan 2020: Look into the future” concept of development, especially in the area of human capital development, including provision of high quality health services to the population and the availability of these services to various social groups, including low income families and poor citizens.

The framework is supporting the main goals which are significantly improve the health and wellbeing of populations, reduce health inequalities, strengthen public health and ensure people-centred health systems that are universal, equitable, sustainable and of high quality.

The proposed strategy is a national, comprehensive, action-oriented policy document for the prevention and control of noncommunicable diseases (NCDs) in Azerbaijan 2015-2020. Implementation of the strategy will help to reduce the premature death, health inequality and disease burden from NCDs.

In addition, it is expected that the implementation of the strategy will improve the quality of life and prolong healthy life expectancy through a multi-sectoral approach that includes reduction of NCD risk factors and proper health and social care of vulnerable groups in the population. It is also expected that the strategy will support further economic development as it contributes to increased productivity, a more efficient workforce, healthier ageing, and less expenditure of sickness and social benefits and fewer lost tax revenues.



## SECTION 4: GOAL

The goal is to improve the health of the population in Azerbaijan, by reducing premature mortality related to noncommunicable diseases through integrated and collaborative interventions.

## SECTION 5: PRIORITY AREAS

- Improving governance for NCD by strengthening policy and regulatory framework, including integration of NCD prevention and control into policies across all government agencies and private sector organizations, and by ensuring sustainable financing
- Moving towards universal health coverage, with access to equitable, affordable and quality services on NCD prevention and control, including evidence-based cost-effective prevention, screening programmes, curative, rehabilitative, and palliative care at each service level
- Strengthening of intersectoral information capacity on prevention and control of NCDs and their risk factors, including education, information and public awareness, disease and risk factor surveillance, monitoring and evaluation of NCD prevention and control interventions, and research

## SECTION 6: TARGETS



**1. A 10% relative reduction in tobacco use**



**2. Reducing salt intake to less than 5 grams per day for adults**



**3. A 10% relative reduction in prevalence of insufficient physical activity**



**4. Halt the rise in obesity**

**5. Halt the rise in diabetes**



**6. Halt the prevalence of raised blood pressure and achieve the reduction**



**7. A 90% availability of the affordable basic technologies and essential medicines, including generics, required to treat major NCDs in both public and private facilities**

## SECTION 7: STRATEGIC OBJECTIVES

7.0. In order to achieve the strategic targets are intended to carry out the following objectives:

### **7.0.1. ESTABLISHING EFFICIENT MULTISECTORAL ACTION AND PARTNERSHIPS FOR THE IMPLEMENTATION AND COORDINATION OF ACTIONS ON THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES**

Since the major determinants of non-communicable diseases lie outside the health sector, the coordination and implementation of results-oriented efforts must be intersectoral in order to ensure that a positive impact is made on health outcomes related to non-communicable diseases. Also establishment of a high-level national multisectoral mechanism for planning, guiding, monitoring and evaluating enactment of the national policy with the effective involvement of sectors outside health is vital because resources for the prevention and control of non-communicable diseases are limited in national and most institutional budgets.

### **7.0.2. IMPLEMENTING EFFICIENT AND EQUITY-BASED INTERVENTIONS IN ORDER TO REDUCE THE MAIN MODIFIABLE RISK FACTORS FOR NONCOMMUNICABLE DISEASES: tobacco use, harmful use of alcohol, unhealthy diet, physical inactivity**

Interventions for reducing NCD risk factors aim at providing and encouraging healthy choices for all so that they contribute to the reduction of health inequalities in the population. They include multisectoral actions involving the elaboration of high-level policies and plans as well as programmes related to advocacy, community mobilization, environmental interventions, health-system organization and delivery, legislation and regulation. As the underlying NCD determinants often lie outside the health sector, the strategy requires the involvement of both public and private actors (except tobacco industry) in multiple sectors such as agriculture, finance, trade, transport, urban planning, education, and sport.

**7.0.3. STRENGTHENING THE INTEGRATED HEALTH SYSTEM, INCLUDING PRIMARY PREVENTION, SCREENING AND EARLY DETECTION, TREATMENT, REHABILITATION AND PALLIATIVE CARE IN ORDER TO IMPROVE THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES**

NCD prevention and control strategy ensures providing evidence-based, cost-effective, preventive (including primary prevention, population-wide screening and early detection of NCD conditions among high risk population groups), curative, rehabilitative and palliative services. Well-managed integrated NCD services at all levels of healthcare system ensure affordable, accessible and equitable health care for the whole population and reduce morbidity, disability and premature mortality. Implementation of integrated NCD strategy also provides strengthening health care at each health system level, fosters patient empowerment, and improves universal coverage with proper attention to the dimension of chronicity and control of NCDs. Budgetary provision should be allocated in line with the NCD strategic plan and specific resource requirements at all healthcare institutions.

**7.0.4. IMPROVING INFORMATION ACCESSIBILITY AND SUPPORTING RESEARCHES ON REDUCTION OF NCDs CONSIDERING SOCIAL DETERMINANTS AND GENDER**

A well-functioning health information system (HIS) strengthens the policy-making process by providing the means to assess the effectiveness of policies and the impact of programmes, and track the trends of major risk factors and NCDs. Research contributes to the development of the best solutions to improve and strengthen gender, age and social determinants sensitive policies and programmes for NCD prevention and control. Regular surveillance on NCD conditions and their determinants provides vital information on population health and facilitates evaluation of programmes. To establish and maintain such a system, public health research should receive

adequate funding, particularly on measures of cost-effectiveness and population-level interventions.

#### **7.0.5. ESTABLISHING A MONITORING AND EVALUATION SYSTEM**

The evaluation process of the implementation of strategy objectives and result indicators should be identified. The targets of the strategy should be monitored regularly. Monitoring and Evaluation system should comprise strategy assessment, detection and eradication of the problem, as well as should provide the required information for implementation of appropriate action.

## **SECTION 8: IMPLEMENTATION FRAMEWORK**

The Action Plan of the strategy specifies the purpose and strategic directions of the reforms, activities, the responsible state authorities and timeline, according to the health system and other relevant government agencies.

The Ministry of Health of Republic of Azerbaijan will present a report about the strategy implementation to the Cabinet of Ministers of Republic of Azerbaijan twice a year.

## SECTION 9: ACTION PLAN

STRATEGIC OBJECTIVE 1: ESTABLISHING EFFICIENT MULTISECTORAL ACTION AND PARTNERSHIPS FOR THE IMPLEMENTATION AND COORDINATION OF ACTIONS ON THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES					
Objectives	Activity	Partners	Time-line	Expected Output	Indicators
1	2	3	4	5	6
<p><b>9.1.1.</b> Ensure an effective intersectoral coordination on implementation of NCD prevention and control strategy at the national and local levels.</p>	<p>Establishment and defining of an intersectoral control mechanism by MoH engaging non-health sector representatives;</p> <p>Define roles and objectives of government agencies, which carry out operational and general coordination and are responsible for implementation of the strategy.</p>	<p>The Ministry of Health, The Ministry of Finance, The Ministry of Taxes, The Ministry of Education, The Ministry of Youth and Sport, The Ministry of Labour and Social Protection, The ministry of Economy and Industry, The Ministry of Agriculture, State Committee of Family, Women and Children Affairs</p>	<p>2016</p>	<p>Intersectoral control mechanism to be created and operated by MoH engaging the representatives of relevant government agencies;</p> <p>A government agency on prevention and control over NCD to be defined and operated with relevant financial aid;</p> <p>Implementation of the strategy to be effectively coordinated with relevant sectors.</p>	<p>A document about intersectoral mechanism;</p> <p>NCD representative at all relevant government agencies</p>
<p><b>9.1.2.</b> Strengthen the NCD related intersectoral legal and regulatory framework at all levels.</p>	<p>Promote the integration of the strategy into relevant Government policies and develop legal and regulatory frameworks at all levels;</p> <p>Prepare and implement promotional materials on NCDs;</p> <p>Disseminate the results of analysis of the situation through workshops, seminars and meetings on the following issues: - the burden of NCD; -</p>	<p>The Ministry of Health,  The Ministry of Education,  The Ministry of Youth and Sport,  State Committee of Family, Women and</p>	<p>2016-2017</p> <p>2016-2017</p> <p>Constantly</p>	<p>Decision-makers' awareness on NCD and their risk factors will be raised;</p> <p>Mutual commitments will be strengthened between various sectors;</p> <p>Prevention and control over NCD will be reflected in the activities of government agencies;</p>	<p>Number of intersectoral documents on the prevention and control over NCD</p>

	economical impact, the cost-benefit analysis of interventions; - the importance of prevention and control over NCD as a part of the sustainable economic development	Children Affairs		Strategic Plan of MoH will be updated in accordance with NCD; Relevant government agencies will create favorable environment to implement measures against NCD in accordance with their activities.	
9.1.3. Ensure sustainable financing and relevant budgetary allocations for effective measures based on the principle of equality in the fight against NCD	<p>Ensure the Government's long-term and sustainable financial support for effective measures based on the principle of equality on the NCD prevention and control;</p> <p>Create a legal base for sustainable financial support to fight against NCD;</p> <p>Conduct necessary institutional and organizational changes to optimize health sector expenditures and change ineffective activities to effective measures on NCD prevention and control.</p>	<p>The Ministry of Health, The Ministry of Finance, The Ministry of Taxes,</p> <p>The Ministry of Health, The Ministry of Finance,</p> <p>The Ministry of Health,</p>	<p>2016-2017</p> <p>2016-2018</p> <p>2016-2020</p>	<p>Mechanism of sustainable healthcare financing will be established to support effective measures based on the principle of equality in the fight against NCD;</p> <p>Additional financial sources (taxation of tobacco, alcohol, etc.) will be earmarked to fight against NCD;</p> <p>A budget fund will be allocated from the state health budget for special measures (medical aid package, research and public awareness) on NCD prevention and control.</p> <p>Budgetary allocations for effective measures based on the principle of equality in the fight against NCD will be increased and prioritized.</p>	<p>Taxes directed to the fight against NCD;</p> <p>Budget fund for special measures (medical aid package, research and public awareness) on NCD prevention and control.</p>
<b>OBJECTIVE TWO: IMPLEMENTING EFFICIENT AND EQUITY-BASED INTERVENTIONS IN ORDER TO REDUCE THE MAIN MODIFIABLE RISK FACTORS FOR NONCOMMUNICABLE DISEASES: tobacco use, harmful use of alcohol, unhealthy diet, physical inactivity</b>					
1	2	3	4	5	6
9.2.1. Implement effective measures based on the principle of equality among the population against the risk	<b>1. Tobacco control:</b> Strengthen existing legal base to implement WHO FCTC by focusing on tobacco-free public places, effective warning messages and	The Ministry of Health, The Ministry of Justice The Ministry of Taxes,	2015-2017	<p>Legislation on tobacco control will be improved in the following areas:</p> <p>Tobacco use will be banned in public places,</p>	Prevalence of tobacco use by age among men and women above 18;

factors of NCD.	<p>pictures on cigarette packs, tobacco sale, tax and price policy;</p> <p>Conduct educational events at educational institutions about the negative impact of tobacco on health;</p> <p>Regulate the sale of tobacco products in accordance with the legislation;</p> <p>Put advertisements and poster about the harmful effect of tobacco in public places and parks.</p>	<p>The Ministry of Education</p> <p>The Ministry of Economy and Industry,</p> <p>State Committee for Standardization, Metrology and Patent</p> <p>Local executive authorities</p>	<p>Constantly</p> <p>2016-2017</p> <p>Constantly</p>	<p>including public transport;</p> <p>Promotion and sponsorship of tobacco sale will be banned;</p> <p>Large and strong warnings with pictures about the harmful impact of tobacco on health will be displayed on all tobacco products;</p> <p>Excise tax on tobacco products will be increased by 2020;</p> <p>Tobacco consumption will be reduced by 15%.</p>	<p>Proportion of 100% smoke-free public places;</p> <p>Proportion of tobacco products with large and strong warnings with pictures;</p> <p>Excise tax on tobacco products.</p>
	<p><b>2. Reducing harmful use of alcohol</b></p> <p>Revise and update the legislation with special emphasis on the following:</p> <p>Restricting the access of children to retailed alcohol;</p> <p>Ensuring the enforcement of restrictions and bans on alcohol advertising;</p> <p>Ensuring the enforcement of ban on drink-driving;</p> <p>Raising taxes on alcohol;</p> <p>Updating a price/sale policy on alcohol;</p> <p>Conduct educational events at educational institutions about the negative impact of alcohol on health</p>	<p>The Ministry of Justice</p> <p>The ministry of Economy and Industry, The Ministry of Taxes, The Ministry of Health,</p> <p>The Ministry of Internal Affairs</p> <p>The Ministry of Education</p>	<p>2016-2017</p> <p>Constantly</p>	<p>Legislation on alcohol use will be improved;</p> <p>Access of children to retailed alcohol will be restricted;</p> <p>Enforcement of restrictions and bans on alcohol advertising will be ensured;</p> <p>Enforcement of ban on drink-driving will be ensured;</p> <p>Tax and price mechanisms will be improved;</p> <p>Overall consumption of alcohol will be reduced.</p>	<p>Total (recorded and unrecorded) alcohol consumption per capita (18+ years old) within a calendar year in litres of pure alcohol;</p> <p>Excise tax on alcohol;</p> <p>Cases of drink driving</p>



	<p><b>3. Promoting healthy diet:</b></p> <p>Implementing national Action Plan, which reflects the main nutrition issues of the country and priority areas of activities;</p> <p>Development of Physiological Nutrition Norms</p> <p>Defining a strategy in order extracting partially the hydrogenated vegetable oils from food products and replacing saturated fatty acids with polyunsaturated fats;</p> <p>Defining a strategy in order to reduce the marketing impact of food products (containing saturated, trans-fatty acids, high sugar or salt) on children;</p> <p>Improvement of the normative documents concerning the following:</p> <p>Reducing salt in manufactured food products;</p> <p>Compulsory marking the food products containing trans-fats and saturated fats (initial stage);</p> <p>Prohibiting the sale of food products containing trans-fats (second stage);</p> <p>Promoting healthy eating in early childhood, including breastfeeding;</p> <p>Promoting healthy eating behaviors, including the enrichment of the food products among population;</p> <p>Providing students with healthy nutrition in educational institutions;</p> <p>Promoting people to give preference to polyunsaturated fats than saturated fatty acids.</p>	<p>The Ministry of Economy and Industry,</p> <p>The Ministry of Health, The Ministry of Agriculture,</p> <p>State Committee for Standardization, Metrology and Patent</p>	<p>2017-2018</p> <p>2016</p> <p>2016</p> <p>2016-2017</p> <p>2016-2017</p> <p>2016-2017</p> <p>2018-2020</p> <p>Constantly</p> <p>Constantly</p> <p>Constantly</p> <p>Constantly</p>	<p>The country Action Plan related to the nutrition will be adopted;</p> <p>Physiological Nutrition Norms will be adopted;</p> <p>The strategy in order extracting partially the hydrogenated vegetable oils from food products and replacing saturated fatty acids with polyunsaturated fats will be defined;</p> <p>The impact of the marketing of food products (containing saturated, trans-fatty acids, high sugar or salt) on children will be reduced;</p> <p>The education programs related to healthy lifestyle at schools will be improved and updated;</p> <p>The normative documents on the regulation of salt and fat in food products will be improved;</p> <p>The consumption of polyunsaturated food products will be increased;</p> <p>The healthy eating habits, including breastfeeding will be presented to the population.</p>	<p>The sale proportion of food products containing trans fats;</p> <p>Age-standardized mean population intake of salt (sodium chloride) per day in grams in persons aged 18+ years;</p> <p>Age-standardized mean proportion of total energy intake from saturated fatty acids in persons aged 18+ years;</p> <p>Age-standardized mean proportion of total energy intake from trans fats in persons aged 18+ years;</p> <p>The proportion of children exclusively breastfed for the first six months of life;</p> <p>The proportion of children breastfed for the first 24 months of life.</p>
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	<p><b>4. Physical activity</b></p> <p>Prepare and promote educational materials on physical activity for the health of the population;</p> <p>Organize events on the promotion of physical activity in schools;</p> <p>Promote physical activity programs in workplaces;</p> <p>Promote advanced urban planning, including sport facilities and parks.</p>	<p>The Ministry of Health,</p> <p>The Ministry of Education,</p> <p>The Ministry of Youth and Sport,</p> <p>Local executive authorities</p>	<p>Constantly</p> <p>Constantly</p> <p>Constantly</p> <p>Constantly</p>	<p>Educational materials on physical activity for health will be prepared and distributed among population;</p> <p>Events on the promotion of physical activity will be organized in schools;</p> <p>Better conditions for physical activity will be created in work and public places;</p> <p>Access of population to physical activity facilities will be increased;</p> <p>Physical inactivity (including adults) will be reduced by 10%.</p>	<p>Prevalence level of physical inactivity by age among people above 18;</p> <p>Implementation of special physical activity programs under school education curriculum;</p> <p>Number of parks and sport facilities with general access of population on separate cities and districts.</p>
	<p><b>5. Create a training package on the risk factors of NCD for initial healthcare professionals;</b></p> <p>Develop and update clinical protocols on prevention of major risk factors of NCD.</p> <p>Create a training package on the risk factors of NCD for non-healthcare professionals (politicians, teachers, social workers).</p>	<p>The Ministry of Health,</p>	<p>2016-2017</p>	<p>Training package will be included to pre and post diploma educational programs of healthcare professionals;</p> <p>Clinical protocols will be approved and published;</p> <p>Healthcare professionals (especially initial healthcare workers) will be trained on the risk factors of NCD according with clinical protocols;</p> <p>Non-healthcare professionals will be trained on prevention of the risk factors of NCD;</p> <p>Knowledge and skills of human resources on prevention of the risk factors of NCD will be further increased.</p>	<p>The proportion of healthcare professionals working with clinical protocols on the risk factors of NCD;</p> <p>Number of students informed on prevention of the risk factors of NCD in schools.</p>

9.2.2. Improve the capacity of human resources to strengthen prevention of NCD risk factors	Define the communication strategy on equity-based promotion of healthy lifestyle;  Implement appropriate actions related to promotion of healthy lifestyle in educational institutions.	The Ministry of Health,  The Ministry of Education,  The Ministry of Communications and High Technologies  The Mass Media	Constantly	The communication strategy on healthy lifestyle and NCD prevention will be defined;  By involving mass media and opinion leaders the strategy will be implemented;  Knowledge and skills of self-care related to the prevention of NCD risk factors among people will be improved by communication materials and campaigns which take into account the characteristics of individual groups;  Knowledge of the population related to NCD and risk factors will be increased.	The level of knowledge/attitudes/behaviors on healthy lifestyle and NCD risk factors disaggregated by socioeconomic background, among population, including children;  Proportion of students provided by health promotion classes in educational institutions.
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**9.3 OBJECTIVE THREE: STRENGTHENING THE INTEGRATED HEALTH SYSTEM, INCLUDING PRIMARY PREVENTION, SCREENING AND EARLY DETECTION, TREATMENT, REHABILITATION AND PALLIATIVE CARE IN ORDER TO IMPROVE THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES**

1	2	3	4	5	6
9.3.1. Ensure equitable access to available and affordable qualitative evidence-based PHC-focused NCD health services and quality NCD medicines based on nation-wide comprehensive integrated approach	Elaborate a functional PHC-anchored referral system for evidence-based patient-centred integrated and polyvalent essential NCD health services;  Develop a functional referral system for evidence-based related to NCDs, patient-centered, primary health care services  Develop and implement cost-effective, evidence-based programmes for screening and early detection;  Develop and update evidence-based standards and clinical protocols for NCD prevention and treatment at all healthcare levels;	The Ministry of Health  The Ministry of Health  The Ministry of Health,  The Ministry of Health, The Ministry of Finance	2016-2017  2016-2018  2016-2017  Starting in 2016	Effective referral system for NCD-related health services will be established and operated;  Population-wide regular screening on hypertension, cervical cancer, breast cancer and colorectal cancer will established and operated;  Protocols will be adopted and published;  All healthcare professionals will be trained on the prevention and control of NCDs;  Essential drugs list will be updated and	Coverage of target population with early detection and screening programs;  Proportion of essential NCD medicines available at primary health care level;  Proportion of NCD patients who accessed laboratory services

	<p>Regularly update the existing essential drugs list to ensure that clinical protocols based NCD medicines are available at that list;</p> <p>Elaborate outpatient drug benefit packages on certain NCD conditions (e.g. COPD, CVD);</p> <p>Strengthen NCD related laboratory services and laboratory equipment provision;</p> <p>Establish NCD related palliative and rehabilitation care services at national and local level</p>	<p>The Ministry of Health,</p> <p>The Ministry of Health, The Ministry of Finance</p> <p>The Ministry of Health, The Ministry of Labour and Social Protection</p>	<p>Constantly</p> <p>Constantly</p> <p>2016-2020</p>	<p>contained essential NCD medicines, such as for pain relief and palliative care;</p> <p>Outpatient drug benefit package will be adopted;</p> <p>Institutional, human resource and financing aspects of palliative and rehabilitation care services will be elaborated;</p> <p>Equitable access to NCD medicines and medical technologies, including primary healthcare level will be ensured.</p>	<p>(coverage);</p> <p>Proportion of NCD medicines prescribed in compliance with clinical protocols;</p> <p>Percentage of NCD terminal stage patients with access to painkiller medicines, including oral morphine;</p> <p>Percentage of patients provided with palliative care by multidisciplinary home care team</p>
9.3.2. Ensure equitable distribution of trained human resources to improve service delivery systems on NCDs, especially in rural areas.	<p>Improve the current situation of labor and annual staff turnover;</p> <p>Improve skills of primary healthcare professionals on NCD prevention and patient training;</p> <p>Develop a set of trainings based on the NCD prevention skills for healthcare professionals continuously;</p> <p>Implement task shifting among healthcare providers to improve service delivery systems on NCDs in rural areas</p>	<p>The Ministry of Health, The Ministry of Labour and Social Protection</p> <p>The Ministry of Health</p> <p>The Ministry of Health</p> <p>The Ministry of Health</p>	<p>2016-2020</p> <p>2016-2018</p> <p>2016-2017</p> <p>2017-2018</p>	<p>Number of primary healthcare professionals will be increased;</p> <p>Prevention and control of NCDs will be included to the education programs of higher and secondary medical education;</p> <p>The division of responsibilities between physicians and medical staffs will be reviewed;</p> <p>Appropriately trained primary healthcare professionals will serve better on prevention and control of NCDs in rural and urban areas;</p>	<p>Provision of medical staff for primary healthcare facilities in rural areas;</p>

<p>9.3.3. Promoting education and awareness of NCDs among population, families and patients with insufficient health information and literacy by special approach</p>	<p>Improving knowledge and skills of the population/family/patients to protect their health;</p> <p>Develop a package of communication materials for patients and ensure applying it to the medical education and practice.</p>	<p>The Ministry of Health</p> <p>The Ministry of Health</p>	<p>Constantly</p> <p>2016-2018</p>	<p>Self-control and self-care materials will be developed and spread among people with insufficient health information and literacy by special approach;</p> <p>A package of communication materials including patients' health status and their rights will be developed and integrated to the medical education and practice;</p> <p>People will be empowered to develop their own health, interact effectively with health services and be an active partner in managing disease.</p>	<p>Proportion of population aware about self-control and self-care;</p> <p>Proportion of NCD patients informed about their condition by medical professionals</p>
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**9.4 OBJECTIVE FOUR: IMPROVING INFORMATION ACCESSIBILITY AND SUPPORTING RESEARCHES ON REDUCTION OF NCDs CONSIDERING SOCIAL DETERMINANTS AND GENDER**

1	2	3	4	5	6
<p>9.4.1. Strengthen national health information system, including surveillance, registries and electronic recording system and NCD risk factors ensuring that data are distributed by sex, age and socioeconomic background</p>	<p>Establish and strengthen a comprehensive NCD surveillance system, including reliable registration of deaths by cause, registries on specific NCD conditions, periodic data collection on risk factors within the framework of the national health information system;</p> <p>Improve a personnel capacity of the health information system (statisticians, operators, IT-specialists)</p>	<p>The Ministry of Health</p> <p>The Ministry of Health</p>	<p>2016-2018</p> <p>2016-2018</p>	<p>Evidence-based indicators for the current NCD surveillance system will be developed and applied;</p> <p>Monitoring of the burden of NCDs, their risk factors will be inserted to the existing health information system;</p> <p>National disease-related registries on specific conditions such as cancer, diabetes, hypertension, etc., including units, necessary software, training and recruitment of personnel, equipment established;</p> <p>Sufficient IT equipment for NCD recording and reporting purposes provided;</p> <p>National health information system strengthened by</p>	<p>Routine reports on NCDs and NCD related risk factors disaggregated by sex, age and socioeconomic background</p>

				integration of surveillance system on NCDs and related risk factors	
9.4.2. Strengthen the use of evidence-based findings on the strategy for the prevention and control of NCDs	<p>Develop and implement a prioritized national research plan for NCDs;</p> <p>Conduct regular research on NCD related conditions, risk factors, socio-economic and gender determinants, the cost-effectiveness of interventions, affordability of technologies, health reforms and workforce development;</p> <p>Conduct periodic surveys on NCD related risk factors</p>	<p>The Ministry of Health, Azerbaijan National Academy of Sciences</p> <p>The Ministry of Health,</p> <p>The Ministry of Health,</p>	<p>2016-2017</p> <p>Constantly</p> <p>Constantly</p>	<p>A long-term NCD plan for research will be developed;</p> <p>Reports of local investigations related NCD will be prepared;</p> <p>The research will be conducted related NCD risk factors every three years;</p> <p>Findings from the researches will form the basis of prevention strategy of NCDs.</p>	Strategic planning/decision attributed to evidence-based findings

#### 9.5. OBJECTIVE FIVE: ESTABLISHING A MONITORING AND EVALUATION SYSTEM

1	2	3	4	5	6
9.5.1. Develop a NCD M&E framework for prevention and control of NCDs	<p>Elaborate mechanism of M&amp;E of the strategy implementation;</p> <p>Develop M&amp;E plan, including relevant indicators for periodic monitoring and evaluation</p>	<p>The Ministry of Health,</p> <p>The Ministry of Health,</p>	<p>2016</p> <p>2016</p>	<p>The institution responsible for monitoring and evaluation of the strategy will be determined;</p> <p>M&amp;E plan and indicators will be developed;</p> <p>The monitoring and evaluation framework for the strategy will be available.</p>	Financing the institution responsible for monitoring and evaluation of the strategy
9.5.2. Assessment the feasibility and performance of the strategy	Develop monitoring and evaluation reports on implementation of the NCD strategies by the government agencies annually, semi-annually and quarterly.	<p>The Ministry of Health,</p> <p>The Ministry of Finance,</p> <p>The Ministry of Taxes,</p> <p>The Ministry of Education,</p> <p>The Ministry of Youth and Sport,</p> <p>The Ministry of Labour and Social Protection,</p> <p>The ministry</p>	Constantly	<p>Monitoring and evaluation reports will be regularly developed by the government agencies;</p> <p>Recommendations will be developed by the government agencies;</p> <p>Monitoring, evaluation and improvement will be conducted on implementation of the strategy to overcome the NCD problems.</p>	<p>The mortality rate per 100,000 population due to diseases;</p> <p>Diseases of the circulatory system (including ischemic heart diseases), cerebrovascular</p>

	Prepare recommendations based on the results of monitoring	of Economy and Industry, The Ministry of Agriculture, State Committee of Family, Women and Children Affairs  The Ministry of Health,	Constantly		diseases, diabetes, malignant neoplasms, (including, cervical cancer, breast cancer), chronic liver disease, cirrhosis, respiratory system diseases (including bronchitis, emphysema, asthma).
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