**Annex 1: Implementation Plan of EgyptMAP-NCD 2017-21**

**Strategic Objective 1 - To strengthen national governance for NCD prevention and control**

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| **Priority action** | **Activities** | **Lead agency** | **Relevant sector** | **Time frame** | **Milestones/Output 2018** |
| **Objective 1: to strengthen advocacy for NCD prevention and control** | | | | | |
| 1. **Raise public and political awareness about prevention and control of NCDs** | * 1. Develop investment case for NCDs showing clear links of NCDs to social and economic burden and needs | MOHP |  | 2017 | Report of investment case study for NCDs prevention and control |
| * 1. Organize, high level seminars on NCDs at high governmental levels | MOHP |  |  | High level seminars on NCDs conducted |
| * 1. Conduct advocacy on NCDs to local government and mayors on basic minimum standard of services |  |  | 2017 | Meetings with local government conduced |
| * 1. Develop advocacy packages on prevention and control of NCDs for government sectors and non- state actors at national, provincial and district levels | MOHP |  | 2017 | Advocacy packages on prevention and control of NCDs available |
| 1. **Integrate NCDs into the social and development agenda and poverty alleviation strategies** | * 1. Advocate for inclusion of NCD interventions or link to existing programmes related to health and NCDs in relevant sectors | MOHP |  |  | Inclusion of NCD interventions or link existing interventions to NCDs in relevant sectors’ work plan |
| * 1. Conduct various activities to advocate UN organizations and development partners to include NCDs in their plans | MOHP | Ministry of Planning  Ministry of Foreign Affairs |  | Advocacy materials issued and meeting with UN organizations and development partners conducted |
| **Objective 2: Strengthen national coordination for multisectoral action on the prevention and control** | | | | | |
| 1. **Strengthen coordination for NCD prevention and control** | * 1. Establish a national joint-secretariat ( national committee ) for coordinating and facilitating implementation of NCD MAP | MOHP | All relevant sectors | 2017 | Establishment of national NCD committee for coordinating and facilitating implementation of NCD MAP |
| * 1. Establish a scientific committee to act as consulting committee to the national one in fields of guidelines, monitoring , surveillance , reporting |  |  |  | Establishment of scientific committee with clear TORS |
| * 1. Convene regular meeting with relevant stakeholders to review progress in implementing NCD MAP | MOHP, | All relevant sectors |  | Report of stakeholder work progress in implementing NCD MAP through regular review meeting |
| * 1. Set up provincial and district NCD governing body ( task force ) linked to the national NCD committee with clear terms of reference | MOHP |  |  | Establishment of *p*rovincial and district NCD governing body ( task force ) |
| * 1. Identify non-state actors and assign NCD related advocacy and service delivery projects to NGOs, CBOs and INGOs | MOHP |  | 2017 | Report of identification of non-stakeholders and assignation of NCD related advocacy and service delivery projects to NGOs, |
| 1. **Engage and mobilize civil society and the private sector for NCD prevention and control** | * 1. Engage with religious, civil society organizations to address NCDs organizations in advocating on key NCD risk factors |  |  |  | Agreement with all relevant organizations |
| * 1. Build partnership with social media personalities and agencies to champion for NCD issues and Identify champions to generate public awareness on NCD issues | MOHP |  | 2017 | Agreement with social media and champions for NCDs identified |
| 1. **Strengthen international cooperation for resource mobilization** | * 1. Participate in global dialogue and agenda building in NCDs including Global Coordination Mechanism (GCC) and other global forums on NCDs | MOHP |  |  | Participation in international dialogue on NCDs |
| * 1. Identify specific contribution to NCD response by UN agencies in the UNDAF within the context of SDGs | MOHP |  |  | NCDs included in UNDAF |
| **Objective 3: Strengthen national NCD leadership** | | | | | |
| 1. **Strengthen capacity-building and health workforce training** | * 1. Assess health workforce, in particular at the grass root level to perform NCD activities. | MOHP | Ministry of Man Power |  | Report on health workforce to performance NCD activities |
| * 1. Provide facilities and staff to support and monitor the implementation of the NCD MAP | MOHP |  |  | facilities and staff provided for NCDs |
| * 1. Capacity building of the relevant staff | MOHP |  |  | Training programmes provided |
| 1. **Increase budgetary allocations for prevention and control of NCDs** | * 1. Provide adequate fund to implement NCD MAP | Ministry of Finance | MOHP | 2018 | Fund for NCDs increased |
| * 1. Explore additional financial resource to support implementation of NCD MAP | Ministry of Finance |  | 2018 | New investment mechanism for NCDs identified |

**Strategic Objective 2 to reduce risk factors and promote health**

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| **Priority action** | **Activities** | **Lead**  **Sector** | | **Relevant sector** | **Time frame** | | **Milestones/**  **Output 2020** |
| **Objective 1: Reduce tobacco use** | | | | | | | |
| 1. **Monitor tobacco use** | * 1. Refer to action 3 in strategic objective 4 |  | |  |  | |  |
| 1. **Raise tobacco taxes** | * 1. Return to the simple uniform tax system instead of the current tier system | MOHP  Ministry of Finance | | WHO | 2017-2021 | | * Number of workshops, missions held to raise issue of the simple uniform tax system |
| * 1. Implement regular increase in tobacco tax rates on all tobacco products directly proportional to national inflation rate. | MOHP  Ministry of Finance | | WHO | 2017-2021 | | * Official governmental documents and fact sheets on tobacco tax status |
| * 1. Health earmarking of a portion of the revenues from tobacco taxes, to funding national health system including national tobacco control programs. | MOHP  Ministry of Finance | | WHO | 2017-2021 | | * Amendment of legislations concerning Health earmarking to increase a portion of the revenues from tobacco taxes, to fund health system |
| 1. **Provide health Information and Warnings about the dangers of tobacco** | * 1. Increase display area of pictorial health warning on all tobacco products packages | MOHP | | WHO | 2017- 2021 | | * Number of workshops, missions held to raise issue of the Increase display area of pictorial health warning on all tobacco products packages |
| * 1. Develop and run a Public awareness campaign using new emerging communication formats for mass media campaign as digital media, which includes, SMS, websites and social media tools such as YouTube, Facebook, Twitter, blogging platforms and mobile apps. | MOHP | | MCIT  WHO |  | | * By 2018 Available plan of public awareness campaigns using new emerging communication formats |
| * 1. Produce Health education material and distribute in all possible facilities all over Egypt. |  | |  |  | | * By 2018 Developed New health education materials for all possible facilities all over Egypt * Numbers of new updated health education materials delivered in schools, PHC, youth centers,… |
| * 1. Integrate awareness on tobacco control within the health awareness campaigns conducted by social change agents (Raedat Refeyat) | MOHP | |  | 2017-2021 | | * Number of social change agents (Raedat Refeyat)   trained/year for household awareness campaigns especially in rural areas |
| * 1. Develop and implement community awareness campaigns with all concerned ministries targeting schools, youth centers, universities | MOHP | | MOE, MOHESR, MOYS, MOSS,  Egyptians Scout,  WHO | 2017-2021 | | * Developed plan of awareness campaign on tobacco prevention and control for different target groups * Number of implemented awareness campaigns in different sectors (schools, youth centers, faculties,…) |
| * 1. Adaptation of educational curricular/extracurricular policies to include tobacco issue in schools, institutes and faculties. | MOHP | | MOE, MOHESR |  | | * By 2018, curricular/extracurricular policies enacted to include tobacco issue in schools, institutes and faculties |
| * 1. Using Official website of all relevant governmental ministries for promoting educational materials on tobacco control and prevention. | MOHP | | MOE, MOHESR, MOYS, MOSS,Mass media,MCIT,Egyptians Scout, |  | | * By 2018 Promotional material on tobacco control and prevention developed and uploaded on Official website of relevant governmental ministries |
| * 1. Capacity building on tobacco prevention and control targeting all concerned staff as teachers and social workers in schools , trainers from youth centres | MOHP | | MOE, MOHER, MOYS, MOSS,Mass media, MCIT, Egyptians Scout, | 2017-2021 | | * Number of Capacity building workshops on tobacco prevention and control targeting all concerned staff as teachers and social workers in schools , trainers from youth centres,…. |
| 1. **Implement measures to minimize illicit trade in tobacco products** | * 1. Support country to be a party to the WHO protocol for illicit tobacco trade illumination | MOHP | | Ministry of Justice, Egyptian parliament,  Ministry of Finance  WHO | 2017-2021 | | * Number of workshops, missions held to support country to be a party to the WHO protocol for illicit tobacco trade illumination * Country Sign and ratify the WHO protocol for illicit tobacco trade illumination |
| * 1. Update legislations for rigorous enforcement of existing tobacco sales laws especially banning selling loose cigarettes and selling cigarettes to minors. . Through recruitment of Tobacco control legislative consultant to work on this update. | MOHP | | Ministry of Justice, Egyptian parliament,  WHO | 2017-2021 | | * Number of workshop held to raise issue of updating legislations concerning rigorous enforcement of existing tobacco sales laws especially banning selling loose cigarettes and selling cigarettes to minor * By 2021 The updated legislation concerning the rigorous enforcement is communicated the health committee of the Egyptian parliament |
| 1. **Create Free-Smoking Zone at the workplace and public places** | * 1. Update legislation on smoke-free places to expand coverage and compliance. Through recruitment of Tobacco control legislative consultant to work on this update. | MOHP | | WHO |  | | * By 2020 Updated legislation on smoke-free places |
| * 1. Communication of the new updates on the smoke free legislation policies with the health committee of Egyptian parliament | MOHP | | Egyptian parliament, | 2017-2021 | | * By 2021 The updated legislation on smoke-free places is communicated to the health committee of Egyptian parliament |
| * 1. Issue Ministerial decrees from concerned ministries to enforce the existing law using the “MOHP National Guidelines for Smoke Free hospitals and governmental buildings “ in primary health care centres, governmental, university, private hospitals, schools, universities, youth centres | MOHP | | MOE  MOHESR,  MOYS |  | | * By 2018 issued Ministerial decrees from concerned ministries to enforce smoke fee facilities |
| * 1. Develop monitoring plans for the enforcement of the smoke-free facilities for each category. | MOHP | | Ministry of Education and Ministry of Higher education and research,  Ministry of youth and sport  WHO |  | | * By 2018 Monitoring plans for different smoke free places are developed |
| 1. **Ban all forms of tobacco advertising, promotion and sponsorships** | * 1. Through recruitment of Tobacco control legislative consultant to review and update current legislation on tobacco advertising to be submitted to parliament including new policy measures including as requiring "Adult "age ratings for films with tobacco using scenes, requiring strong anti-smoking advertisements to be shown before films containing tobacco smoking scenes in all channels (cinemas, televisions, online, etc) and requiring anti-tobacco warning to be displayed as news tickers during the tobacco smoking scenes. | MOHP | | Egyptian Parliament,  Ministry of Justice  WHO | 2017- 2021 | | * Number of workshop held to raise issue of updating legislations concerning rigorous enforcement of existing tobacco sales laws especially banning selling loose cigarettes and selling cigarettes to minor * Updated current legislation on tobacco advertising * The updated legislation is communicated to the health committee of Egyptian parliament |
| 1. **Provide health counselling for tobacco cessation** | * 1. Lengthen the service delivery time of the national help line/quit line to be 24 hours 7 days a week. | MOHP | |  | 2017- 2021 | | * the service delivery time of the national help line/quit line |
| * 1. Regular training of Help line personnel in counselling for behavioural change and provision of support. | MOHP | |  | 2017- 2021 | | * Number of trainings held for help line personnel in counselling for behavioural change and provision of support. |
| **Objective 2: to promote Healthy Diet** | | | | | | | |
| 1. **To establish a sub committee composed of all relevant stakeholders** | * 1. Issue Ministerial Decree to establish a multi-sectoral executive sub-committee composed of all relevant stakeholders | | MOHP/NCD | NNI/ MOSIT/ EOS | 2017-2021 | BY 2018, a multi-sectoral executive sub-committee composed of all relevant stakeholders | |
| 1. **To Reduce salt intake from meals** | * 1. Issue and implement ministerial decree to reduce 30% of salt content of subsidized Baladi Bread   2. develop and implement ministerial decree to reduce sodium content in industrial foods, cheese, chips, tomato paste   3. improve monitoring system to monitor progress in implementing interventions on unhealthy diet by Setting a monitoring system to monitor and follow salt reduction in bread and different foods | | MOHP/NNI | MOSIT | 2017-2021 | By 2018, a ministerial decree to reduce 30% of salt content of subsidized Baladi Bread  To be 25 % by 2022  To be 30 % by 2025 | |
| 1. **To establish Campaign targeting schools on balanced diet and physical activities** | * 1. Provide technical guidance on healthy diet by Development of healthy school canteen guidelines in collaboration with ministry of education   2. develop policy for school meals specifications by revising and updating healthy school meals’ specifications in collaboration with the Ministry of Education   3. Integrating principles of healthy nutrition and balanced diet within house management classes’ curricula in collaboration with ministry of education   4. provide health counselling on healthy diet   5. improve monitoring system to monitor progress in implementation of the baby friendly hospitals standards in different hospitals | | MOHP/NNI | MOE | 2017-2021 | BY 2018, Development of healthy school canteen guidelines  By 2020, adoption of healthy school meals’ specifications | |
| 1. **To reduce sugar consumption through taxation on sugar sweetened beverages** | * 1. develop, issue and implement legislations to restrict marketing of unhealthy foods and non-alcoholic beverages to children   2. Review governments subsidies program to remove unhealthy items   3. develop, issue and implement legislations to raise taxes on soft drinks and sugar sweetened beverages | | MOHP/ NNI | MOHP/ NNI/ MOSIT/ EOS | 2017-2021 | BY 2018  By 2022, taxes on soft drinks and sugar sweetened beverages raised  By 2020, A report of reviewing government subsidies program to remove unhealthy items submitted | |
| 1. **To promote and support exclusive breastfeeding for the first 6 months of life, including promotion of breast feeding** | * 1. Provide technical guidance on healthy diet by establishing breastfeeding guidelines to be used in increasing capacity of PHC workers.   2. develop and implement regulations to improve breast feeding by Adoption of code for complimentary feeding nutrition and fully endorsement by MOHP into effective national measures   3. Issue a new legislation to expand maternity leave to six months To improve capacity of health workers on promoting healthy diet   4. Provide training programmes/ workshops for health workers on best practice of complimentary feeding and exclusive breast feeding   5. Provide training programmes for health workers on guidelines for complementary feeding | | MOHP / NNI | MOHP/ PHC | 2017 - 2021 | BY 2018, issuing of breastfeeding technical guideline  BY 2018, Adoption of code for complimentary feeding nutrition  From 30 to 40 % by 2022  To 55% by 2025 | |
| 1. **To replace trans fats and saturated fats with unsaturated fats through reformulation, labelling and fiscal and agricultural policies** | * 1. adopt and implement legislation to reduce Trans Fatty Acids content to less than 1 % of the total calorie contents   2. adopt and implement of reg to reduce Saturated Fatty Acids content to less than 10% of the total calories content | | MOHP / NNI | MOHP/ NNI/ MOSIT/ EOS | 2017 - 2021 | By 2018, adoption of legislation to reduce Trans Fatty Acids content to less than 1 % of the total calorie contents and | |
| 1. **To label nutrition in order to improve macronutrient intake, and reduce total energy intake (kcal)** | * 1. develop and implement ministerial decree to improve health diet | | MOHP / NNI | MOHP/ NNI/ MOSIT/ EOS | 2017 - 2021 | By 2018, a ministerial decree issued and implemented | |
| **Objective 3: Promote Physical Activity** | | | | | | | |
| 1. **To provide technical guidance on physical activity** | * 1. Develop technical recommendations for physical activity on National level in collaboration with relevant stakeholders (1) | | MOHP | All relevant ministries | 2017-2022 | By 2019 | |
| 1. **To promote PA in selected settings in collaboration with relevant stakeholders** | * 1. Promoting physical activities in schools and universities (2) | | MOHP | MOYS  MOE  MOHE | 2017-2022 | By 2018, the policy developed  By 2018,  270 schools infrastructure increased | |
| 1. **To create enabling environment for promoting physical activity(3)** | * 1. To mobilize communities to adopt healthier lifestyles and promoting physical activities through creation of additional public spaces and walking trails   2. Building the capacity of relevant stakeholders to promote physical activity. | | MOHP | MOYS, MOHP,  MOHUUD | 2017-2022 | By 2022  3 workshops/year  By 2018:  3 workshop for NCD prevention and control with relevant sectors held | |
| 1. **To strengthen collaboration with NGOs** | * 1. Organization of national sports days with NGOs (Ex. Cairo runners | | MOYS | MOSS | 2017-2022 | 2 events/year | |

**Strategic objective 3: Improve early detection and effective treatment of people with NCDs or at high risk early detection through primary care approach**

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| Priority action | Target diseases | Current Status | Setting/ Target group/. | Guidance/  Protocols | Interventions  /Operational plan | Referral system/  patient pathway | Responsible  unit | Indicators | Milestones by end of 2018 |
| Objective 1: to improve early detection of NCDs through primary health care approach | | | | | | | | | |
| 1. Improve early detection of CVD, diabetes and cancer through PHC | CVD | * 4 centres for early detection of CVD in district hospitals * Lack of national guidelines for CVD. | District hospitals catchment areas | * To implement National protocols for hypertension * To develop national guidelines for CVD. | Implement national CVD package in 4 and additional 2 new CVD centres. | Using algorithm.   * Those that are screened & at high risk will receive counselling/life style modifications. * Detected cases will be referred to district hospital in case of PHC. | NCD unit + PHC + curative sectors | * Number of population covered. * Number of screened population * Number of detected cases * Number of detected and controlled | 6 centres |
| Cancer | * Available new manual for social change agents (Raeda Refeyya) for raising awareness on breast self-examination. | PHCs catchment areas | * To implement National protocols for cancer diagnosis and management | Training & raising capacity of social change agents to raise public awareness about early signs and symptoms of cancer breast (breast cancer early detection awareness ) | Implement a dual way referral system for suspected cases   * Suspected cases referred to general hospital for confirmation of diagnosis. * Refer back with feedback for following up at PHC | PHC sector | * Number of covered population * Number of suspected & referred Cases * Number of diagnosed and managed cases. | Trained 4000 social change agents (Raaeda Refeyya). |
| * A pilot of cervical cancer detection through acetic acid swab in district hospital | Implement In pilot areas | * To develop technical guide for cervical cancer screening | Screen cervical cancer for age+40 to 59 women in **selected areas** | * Suspected cases to be referred to tertiary care hospital for final diagnosis | Chosen district hospital | * Number of screened population * Number of suspected & referred cases * Number of diagnosed cases | Established unit for early detection of cancer cervix |
| * opportunistic screening of cancer breast through 10 mobile clinics | High risk group | * To develop National protocol for early detection & diagnosis of cancer breast in high risk groups | Raising capacity of medical teams in mobile clinics and PHC to detect early signs of cancer | * Diagnosed cases are referred to tertiary care hospital for further investigation & confirmation | Radiology department | * Number of screened population * Number of cases referred * Number of managed cases | Working 10 mobile clinics |
| Diabetes | * 12 centers for early detection in PHCs and district hospitals | PHCs & district hospitals catchment areas | * Implement National protocols for diabetes diagnosis and management | Implement Diabetes screening programme in 24 centres for early detection, including lifestyle interventions | Using algorithm.   * Those that are screened & at high risk will receive counselling/life style modifications. * Detected cases will be referred to district hospital in case of PHC | NCD unit + PHC sector  MOH + | * Number of population covered. * Number of screened population * Number of detected cases * Number of detected and controlled. | participants of the program from 50000 to 200000 participants  200000 recruited diabetic patients |
| * Implemented m-diabetes awareness program | All diabetic patients | * Raising public awareness about diabetes & its complications | Development of data base of diabetic patients  Sending mobile SMSs to diabetic patients |  | MOHP  MOC IT | Monitoring and evaluation report of m-diabetes   * Number of diabetic patients receiving educational SMSs * Number of disseminated SMSs * Level of awareness * Lab testing of glycosolated haemoglobin |
| CRD | * Available specialized chest hospitals distributed all over the country | - PHC (family medicine units), School, Chest dispensaries and Outpatient clinics in chest hospitals | To develop National protocols for management of chronic respiratory diseases | Staff training and orientation on the updated guidelines of case finding/management | * develop algorithm for CRD | GD of chest diseases | Availability of national protocol for CRD | Available National guideline for CRD |
| 1. Scaling up NCD management in PHC | CVD | * Limited capacity of PHC to manage NCDs due to insufficient equipment and untrained health care workers | Healthcare workers in selected PHC . | Unavailability of CVD protocols | Training of healthcare workers.  Review and update the national essential drug list and Ensuring its availability. | * Integrate NCD management in the basic benefit package of PHC . | NCD + Curative Care Sector | * Number of trained healthcare workers in the CVD centres. * Ensure availability of essential drug list in 200 Family Health Centres | Trained healthcare workers in 6 centres for CVD in district hospitals. Fully equipped 6 centres. |
| diabetes | * PHC equipped to deliver diabetes management in PHC | Healthcare workers in PHC | To train and implement diabetes guidelines | Review and update the national essential drug list and Ensuring its availability. |  | NCD + PHC | * Ensure availability of essential drug list in 200 Family Health Centres | National protocols for diabetes available |

**Strategic objective 3: Improve early detection and effective treatment of people with NCDs or at high risk--Strengthen NCD management through hospital/secondary health facilities**

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| Priority action | Target diseases | Current situation | Guidance/  Protocols | Interventions  /Operational plan until 2018 | Responsible unit | Indicators | Expected coverage |
| Objective 2: to strengthen health care for NCDs through hospital/secondary health facilities | | | | | | | |
| 1. Strengthen NCD management through hospital/ secondary health facilities | CVD | 5 specialized hypertension clinics delivering services of management and follow up for hypertension according to the national guidelines | National protocol for hypertension diagnosis and management is available | Implement hypertension prevention and control program in additional 5 hospitals | MOHP (NCD + Egyptian Hypertension Society + Private sector) | Number of specialized hypertension clinics | The programme implemented in 10 hospitals |
| Diabetes | 2 centers of excellence for diabetes diagnosis and management and follow up according to the national guidelines. | National protocol for diabetes diagnosis and management is available | Implement diabetes diagnosis and management programme in 4 excellence centres. | MOHP (NCD unit National Diabetes Institute + Private sector) | Number of centres of excellence | Diabetes diagnosis and management programme in 4 excellence centres. |
| Cancer | 10 specialized cancer hospitals that provide all medical services to cancer patients. | National protocol for cancer diagnosis and management is available | implement cancer control programmes in 12 specialized cancer hospitals | MOHP (Specialized Medical Centers) | Number of specialized cancer hospitals | Cancer control programs in 12 specialized cancer hospitals |
| 1. Improve palliative care |  | There is limited information on palliative care | N/A | Review and report of status of palliative care in the country | MOHP | Availability of review report | N/A |

**Strategic objective 3: Improve early detection and effective treatment of people with NCDs or at high risk--Strengthening health systems for NCD management**

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| **Strategic action area** | **Activities** | **Leading**  **agency** | **Relevant agencies** | **Indicators** | **Output/outcomes** |
| **Objective 3: to strengthen health system for improving early detection and NCD management** | | | | | |
| 1. **Improve health workforce knowledge and skills on NCDs including addressing risk factors** | * 1. Develop National guidelines for CVS | MOHP  scientific committee of NCDs | MOHP& MOHE | Number of trained health care workers | Approved CVS guidelines |
| * 1. -Establish National Program for raising capacity of Health care workers ( doctors , nurses, social workers ) on risk factors , early detection, management and follow up of NCDs | MOHP | MOHP& MOHE | Number of trained health care workers | Developed national program for raising capacity of health care workers. |
| 1. **Protect from Financial risk caused by NCDs** | * 1. Strengthening the role of department of “treatment on the expense of the state “ to expand coverage of all conditions related to NCDs | MOHP | Ministry of finance | Number of patients covered | Allocated budget |
| 1. **Improve sustained supply of drugs and equipment defined for NCD related services** | * 1. Develop National technical guidelines for essential drug list for NCDs in PHC . | MOHP |  | Availability of national guidelines for essential drug list | Availability of essential drugs in PHC |
| * 1. Develop National survey for monitoring availability of essential drug list | MOHP |  | number of facilities that have all essential medicines and basic technologies from the minimum list availability | Available essential drugs in a number of health care facilities |
| 1. **Improve Information system for NCD management** | * 1. Incorporate national NCD risk factors surveillance system in PHC & district hospitals | MOHP |  | Number of trained taskforce of the national cancer registry program | By end of 2018 inclusion of NCD risk factor surveillance system in 50 PHC & district hospital |
| * 1. Strengthen cancer registry national program by capacity building of task force ( doctors ,data collectors) | MOHP |  | Number of trained task force on data collection an entry | Annual reports |
| * 1. Strengthen National death registry system among all levels of data registration, collection and analysis | MOHP |  | Available reports on death by cause | Annual reports |

**Strategic Objective 4 - To strengthen national capacity for surveillance and monitoring**

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| **Priority action** | **Activities** | **Lead agency** | **Relevant sectors** | **Time frame** | **Outputs** |
| **Strategic Objective 4 - To strengthen national capacity for surveillance and monitoring** | | | | | |
| 1. Integrate NCD related information into national health information system | * 1. Strengthen facilities for health information system, particular at district level |  |  | 2020 | NCD profiles at district, provincial and national level established |
| * 1. Improve NCD information collection from district through province to ministry of health |  |  |  |  |
| * 1. Incorporate NCD information into “national health profile” |  |  | 2017 |  |
| 1. Improve cancer registry in selected area | * 1. strengthen population level cancer registry | MOHP |  | 2018 | Report of cancer registry |
| 1. Establish and or strengthen a comprehensive NCD surveillance system | * 1. Conduct STEPS survey. | MOHP /NCD unit |  | 2018 | Report of STEPs |
| * 1. Conduct GYTS | MOHP /NCD unit |  | 2019 | Report of GYTS |
| * 1. Adapt the SARA (Service Availability & Readiness Assessment) for monitoring essential medicines and basic technologies for NCDs. |  |  |  | Report of coverage of essential medicine and basic technologies for NCDs |
| * 1. Improve data collection and surveillance to monitor NCD risk factors and supervise progress in coverage of NCD management in the pilot areas. | MOHP /NCD unit | MOHP /Local Health directorates |  | Incorporate NCD management data into health medical record |
| * 1. Establishment of NCD website for user friendly and informative |  |  |  | Create a website for NCD. |
| 1. Strengthen human resources and institutional capacity for surveillance and monitoring and evaluation | * 1. Conduct workshop and training for surveillance personnel on NCD surveillance, data management and analysis |  |  |  |  |
| * 1. Provide facilities and staff to support and monitor the implementation of the NCD MAP |  |  |  |  |

**Strategic objective 5: to promote high quality research for NCD prevention and control**

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| **Priority action** | **Activities** | **Lead sector** | **Relevant sector** | **timeframe** | **Milestones/**  **Output 2020** |
| **Objective 1: to promote high quality research** | | | | | |
| 1. Develop and implement a prioritized national research agenda for NCD prevention and control | * 1. Develop and implement a prioritized national research agenda for noncommunicable diseases in collaboration with relevant stakeholders | MOHP | MOHE | 2019 | Available prioritized national NCD research agenda |
| 1. promote research to generate local evidences related to burden of diseases, health services and health economics | * 1. Conduct national studies to analyse fat contents in common food consumed | MOHP/NNI | NNI | 2019 | Report of fat contents in common food consumes |
| * 1. Conduct national studies to detect fat consumption pattern among Egyptians | MOHP/NNI | NNI | 2019 | Report of fat consumption pattern among Egyptians |
| * 1. Conduct national studies to detect salt content and consumption pattern among Egyptians | MOHP/NNI | NNI | 2019 | Report of detect salt content and consumption pattern among Egyptians |
| 1. Strengthen human resources research capacity through cooperation with foreign and domestic research institutes | * 1. Facilitate international cooperation for NCD research | MOHP | MOHE | 2019 | Proposal for international cooperation for NCD research available |