



**National**  
**Strategic Plan of Action**  
**on**  
**Prevention and Control of**  
**Non-Communicable Diseases**

**Non-Communicable Disease Division**  
**Federal Ministry of Health**  
**Abuja, Nigeria.**  
**September 2015**

**FOREWORD**

**ACKNOWLEDGEMENT**

**TABLE OF CONTENTS**

## CURRENT SITUATION OF NON-COMMUNICABLE DISEASES IN NIGERIA

### Background

Non-communicable diseases (NCDs) are chronic, non-contagious diseases capable of causing long term debilitation and disability if not prevented or properly controlled. NCDs affect the highly productive populations thereby posing a heavy socio-economic burden and consequently undermining national development.

In 2012, a total of 56 million deaths were recorded and 38 million of these deaths were caused by NCDs (mainly cardiovascular diseases, cancer and chronic respiratory diseases) (WHO, 2014).

In Nigeria, NCDs accounted for 27% of the total deaths in 2008 (WHO NCD Country Profile, 2012).

### Major NCDs in Nigeria

Major NCDs in Nigeria include: cardiovascular diseases (such as hypertension, coronary heart diseases and stroke); cancer; diabetes mellitus; sickle cell disease; chronic respiratory diseases (CRDs); mental, neurological and substance use disorders (MNSDs); violence and road traffic injuries; and oral health disorders (OHDs).

Hypertension: Hypertension is the commonest known CVD in Nigeria. Extrapolated data from the last national survey conducted in 1991/92 put the prevalence of hypertension at >20% while hospital records estimate the prevalence at about 25%.

Diabetes mellitus: The prevalence of diabetes from the general population is estimated at 2.8%. The prevalence is higher in the urban than rural areas (Lagos metropolitan - 7.2%, semi-urban area of Port Harcourt - 6.8% and rural Mangu in Plateau state - 0.65%) (Diabetes Association of Nigeria 2011). According to Uloko et al., 2012, diabetes complications among patients managed in Nigerian Tertiary Hospitals are peripheral neuropathy (59.2%), retinopathy (35.5%), cataracts (25.2%), diabetic foot ulcers (16.0%), cerebrovascular disease (4.7%), and nephropathy (3.2%). This clearly shows that diabetes care in terms of glycaemic control, control to goal of other cardiovascular risk factors, management practices as well as prevention of complications are below standard.

Chronic Respiratory Diseases: Chronic Respiratory Diseases (including bronchial asthma, chronic bronchitis, emphysema, chronic occupational lung diseases) affecting both children and adults are common in Nigeria. There are no data on the national prevalence on CRDs. There is a strong association with house dust mites, fungi, exposure to tobacco smoke and smoke from

domestic sources as well as industrial and environmental pollutants (fumes from solid fuels, airborne allergens, diesel exhaust gases, asbestos dust etc.).

**Cancer:** Cancers are major contributors of morbidity and mortality in Nigeria and are closely linked to tobacco use, excessive consumption of alcohol, unhealthy diet, obesity, physical inactivity, chronic infections, exposure to radiation, chemical agents and family history. The prevalence of cancer is on the increase. About 100,000 incident cases of cancers are currently reported annually and it is estimated that by the year 2015 the burden would have increased fivefold if nothing is done. The problem is further compounded by the lack of integration of routine screening into the primary health care. Majority of cancers in Nigeria are diagnosed at a very late stage and there are very few centres offering radiotherapy and other oncology services. data from the 11 hospital-based cancer registries located in Abuja, Calabar, Enugu, Ile- Ife, Ilorin, Ido-Ekiti, Maiduguri, Nnewi, Port Harcourt, Zaria, Lagos, show that the 5 commonest cancers in Nigeria are as follows:

**In females;**

1. Breast (40%)
2. Uterine cervix (17.9%)
3. Ovary (3.7%)
4. Lymphomas (3.1%)
5. Skin excluding malignant melanomas (2.3%)

**In males;**

1. Prostate (27.2%)
2. Colorectal (7.1%)
3. Lymphomas (6.6%)
4. Liver (4.2%)
5. Skin excluding malignant melanomas 4.2%)

**Mental, Neurological and Substance use Disorders:** Mental, Neurological and Substance use Disorders (MNS) together contribute 25% to years of potential life lost due to premature mortality and the years of productive life lost due to disability (DALYs) in Nigeria. Mental health has a major impact on quality of life as well as social and economic viability of families, communities and the nation. A community study in Nigeria estimates around 1 in 5 persons would experience a significant mental health problem in their lifetime requiring long-term commitment to treatment. The proportion receiving any treatment, orthodox or otherwise, within the previous 12 months is about 10%. As a result of the high prevalence, relatively low mortality rate, low identification rate and poor utilization of treatment, the MNS disorders are the largest single group, among NCDs contributing to disability.

Psychotic disorders, the most easily identifiable form of mental illness which include the schizophrenias, manic illness and organic psychosis, affect about 1% of the general population. Depression, anxieties and somatoform disorders are far more prevalent. At least 10% of the population will be suffering from those poorly identifiable disorders. These conditions run a chronic course and are responsible for more morbidity. There is evidence that depression is particularly common among Nigerian elderly, with over 7% reporting major depressive disorder in a 12-month period and over 25% reporting same in the course of a lifetime.

Road Traffic Injuries: Annual reports of the Federal Road Safety Corps (FRSC) from 2008 to 2011, showed a total of 6,661, 5,693, 4,065, 4,372 deaths and 27,980, 27,270, 18,095, 17,464 injuries respectively. There is an observed reduction over the 4 years period probably as a result of the awareness campaign by the FRSC and FMOH.

Violence: Data from the Nigeria Police showed that the prevalence of interpersonal violence is 31%, intimate partner violence - 18%, sexual violence - 7%, domestic violence - 28%, female genital mutilation - 29.7%, emotional violence (spousal) - 18%.

Sickle Cell Disease: Sickle Cell Disease (SCD) is an inherited haemoglobin disorder that affects mainly the black population. Nigeria, being the most populous black nation, has the highest burden of SCD. About 150,000 - 200,000 babies are born each year in Nigeria with SCD and more than half of them die before their fifth birthday, 90% before attaining adulthood if poorly managed in childhood.

Approximately 24% of Nigerians have the sickle cell trait (SCT) and can pass the gene to their off-springs. It is estimated that where prevalence of SCT is above 20%, SCD can be as high as 2%. This implies that over 3.4 million Nigerians currently have SCD. In addition, SCD patients experience different degrees of stigmatization and discrimination in the society.

### **Risk factors for major NCDs in Nigeria**

There are modifiable and non-modifiable risk factors that are associated with NCDs. The modifiable risk factors are greatly influenced by globalization, urbanization and industrialization. Only the four major modifiable shared risk factors with the addition of sickle cell gene carrier status are discussed within the scope of this document. This is because all the four main NCDs (cardiovascular diseases, cancer, chronic respiratory diseases and diabetes) are greatly influenced by these risk factors.

Tobacco use: Tobacco use is a major preventable cause of Non-Communicable Diseases (NCDs) and is responsible for 80% of the six million premature deaths annually in low-and-middle income countries including Nigeria. It is associated with over 25 diseases, asthma, bronchitis, emphysema, diabetes mellitus and various cancers. Others are pulmonary tuberculosis, tooth decay, cataract, hearing loss, wrinkling of skin, poor wound healing, Osteoporosis, congenital malformations, intra-uterine growth retardation, low birth -weight, miscarriages and sub-fertility.

According to the **Nigeria Global Adult Tobacco Survey (GATS) (2013)**, 5.6% of Nigerian adults aged 15 years and older (4.5 million adults) currently used tobacco products; out of which 4.1 million are men and 0.45 million are women. For exposure to second hand smoke, 17.3% of adults (2.7 million adults) who worked indoors were exposed to tobacco smoke at the workplace while 6.6% of adults (5.2 million adults) were exposed to tobacco smoke at home and 29.3% of adults (6.4 million adults) were exposed to tobacco smoke when visiting restaurants. The GATS report also revealed that Nigerians generally have a good knowledge of the harmful effects on tobacco on health as 82.4% believed smoking causes serious illness; 51.4% believed smoking causes stroke; 76.8% believed smoking causes heart attack; 73.5% believed smoking causes lung cancer; 44.5% believed smoking causes bladder cancer; and 75.1% breathing other people's smoke causes serious illness in non-smokers.

Nigeria signed the WHO Framework Convention on Tobacco Control (FCTC) treaty on 28 June 2004 and subsequently ratified this commitment on 20 October 2005 which made us a party to the Convention and therefore bound to develop and implement tobacco control legislation in line with the WHO FCTC. In this regard, the National Tobacco Control Bill was developed and signed into law on 26 May 2015.

Harmful use of alcohol: Harmful use of alcohol is one of the major risk factors for NCDs contributing significantly to premature deaths and avoidable disease burden and has a major impact on public health and socio-economic status. It was estimated by **WHO (2009)** that per capita consumption of alcohol in Nigeria is 10.57 litres (ranking among the highest in Africa). Harmful alcohol use is responsible for a high disability-adjusted life years (DALYs) lost. Among the disease conditions associated with harmful alcohol use are hypertension, diabetes mellitus (type 2), liver cirrhosis, cancers (e.g. liver and stomach), aspiration pneumonitis, malnutrition, diseases of the pancreas, Mallory-Weiss Syndrome (vomiting, excessive retching and haematemesis), neuropsychiatric conditions (e.g. dependence, psychoses and depression), violence and injuries (e.g. deaths/disability from road traffic crashes, burns, drowning and falls). Harmful use of alcohol also contributes to the burden of infectious diseases, including sexually-transmitted infections and HIV infection, through association with unsafe sexual behaviour and interference with effective treatment regimens and procedures.

Physical inactivity: Sedentary life-style from increasing urbanization and mechanization is progressively reducing our levels of physical activity. According to The **World Health Organization** (year?), 60% of the global population is not sufficiently active. The Nigerian Report Card on Physical Activity for Children and Youths shows that 30.3% to 74.6% of Nigerian children and youths aged 5 – 25 years are involved in some form of physical activity but not sufficient enough for health gains (**Nigerian Heart Foundation, 2013**). Another study by **Akarolo-Anthony and Adebamowo, 2014** indicated that 80% of working-class adults in an urban area in Nigeria do not meet the World Health Organization’s recommended level of physical activity.

Unhealthy diet: Unhealthy diet contributes to the development of NCDs. There is increasing patronage of fast food outfits by the population. In Nigeria consumption of proteins, fruits and vegetables is low while excessive intake of salt and refined sugars is common. Excessive salt intake is a recognized risk factor for CVDs in Nigeria. This results from additional salt at table, salty pastries, canned foods, dried fish and local delicacies (such as suya, kilishi, isi-ewu, ngwongwo). Another source of excessive sodium intake includes monosodium glutamate (MSG) products. There is need to reduce salt intake to less than 5g (1 teaspoonful) of sodium chloride per day. There is increasing intake of sweetened products – carbonated drinks, pastries, candies, and other refined sugars all of which predispose to the development of NCDs. Of interest, is the high caloric intake resulting from these sugars promoting overweight and obesity. There is also need to lower the consumption of sugar contents of foods to acceptable levels (which is equivalent to 40 – 50g per person per day or 6 – 10% energy intake per day).

Sickle cell carrier status: About 24% of the population have the sickle cell trait and union of two individuals with the trait is responsible for the 2% prevalence of sickle cell disease in our population (3.4 million). This disorder manifests early in life and has divers clinical complications including cardiovascular and renal diseases, thus fueling major NCDs. (**WHO, 2002**).

### **Major barriers to the prevention and control of NCDs in Nigeria**

Over the years, Nigeria has been faced with some major barriers to tackling NCDs. These include: inadequate funding of NCD related programmes and activities; poor legislation and enforcement of laws linked to the prevention and control of NCDs; and a weak health system. A way to remove these barriers is by adopting an integrated and multisectoral approach involving whole-of-government and whole-of society.

### **Efforts to reduce the burden of NCDs**

Concerted efforts have been made by the Federal Ministry of Health since 1988 to reduce the burden of NCDs in Nigeria. The Non-Communicable Disease Control Programme, now a Division, was established in 1989 with the mandate to serve as the arrowhead of the response to NCDs in Nigeria. This was followed shortly by the establishment of an expert committee on NCDs to guide and advise the government on the implementation of policies and programmes for the prevention and control of NCDs. In addition, a national survey on NCDs was carried out in 1990-1992 to determine the prevalence of major NCDs in Nigeria, their risk factors and health determinants. Documents for health professionals on management of NCDs and health education materials were also developed. Attempts to integrate NCDs into the Primary Health Care (PHC) have also been made but with minimal success. The annual commemoration of NCDs related Global Days with a wide range of activities such as press briefing, awareness campaign rallies, sensitization workshops/seminars for the general public, school children etc. have contributed greatly to awareness creation on NCDs and their risk factors among the general public.

Following the political declaration of the high level meeting of the 66<sup>th</sup> UN General Assembly on Prevention and Control of NCDs in September 2011, more steps have so far been taken to add impetus to the already existing efforts for the prevention and control of NCDs in Nigeria. These include:

- Approval for the establishment of a national task force on NCDs prevention and control to replace the existing expert committee on NCDs which was established in 1989. The membership of the task force, unlike the expert committee, will not only comprise of experts on NCDs but stakeholders from other sectors.
- Flagging off of the National Stroke Prevention Programme in October 2013 by the former President of Nigeria. The programme is aimed at encouraging Nigerians to live healthy and to regularly carry out medical check-ups in order to reduce the risk of having stroke.
- Intensified efforts to effectively control tobacco in Nigeria in line with the WHO FCTC by the Federal Ministry of Health and stakeholders. This culminated into signing of the National Tobacco Control Bill into law on 26<sup>th</sup> May, 2015 by the former President. Prior to this, the Global Adult Tobacco Survey (GATS) was successfully conducted in Nigeria in 2012 and the report was released in 2013. This made Nigeria the first country in sub-Saharan Africa to successfully conduct GATS.
- Development of the National Nutrition Guideline on Prevention and Control of NCDs and the National Guideline for the Control and Management of SCD which were subsequently approved by the 56<sup>th</sup> National Council on Health (the highest decision making body on health related matters in Nigeria) in August 2013.
- Domestication of WHO Mental Health Gap Action Programme (mhGAP) and finalization of Mental Health Policy and Legislation.



- Establishment of six (6) Sickle Cell Disease centers in Federal Medical Centres in the 6 geopolitical zones in the country between 2011 and 2012.

## **INTRODUCTION TO THIS STRATEGIC PLAN**

The prevention and control of non-communicable diseases (NCDs) do not lie within the health system alone. A whole-of-government, a whole-of-society and a multisectoral approach is needed to tackle NCDs. Therefore, the need to involve a wide range of relevant stakeholders such as the Ministries of Transport, Urban Planning, Finance, Agriculture, Information Education, National Sports Commission as well as the civil society organizations cannot be overemphasized. The involvement of these stakeholders in the development of this strategic plan of action is crucial in creating a sense of ownership.

This document, therefore, is intended to provide government and all relevant stakeholders a framework for designing and implementing programmes and interventions that will address NCDs beyond the health sector. It will span a period of five years (2016 - 2020).

### **Vision**

A healthy Nigerian population with reduced burden of NCDs and enhanced quality of life for socio-economic development.

### **Mission**

To promote healthy lifestyle in Nigeria and provide a framework for strengthening the health care system using a multisectoral approach for the prevention and control of NCDs.

### **Overarching principles**

- Human right approach
- Equity
- Multisectoral approach
- Partnership
- Universal coverage
- Life-course approach
- Evidence-based measures

### **Roles of Various Stakeholders in Implementing this Strategic Plan of Action**

## **The Role of the Federal Government**

The Federal Ministry of Health shall:

1. Coordinate implementation of this plan of action
2. Establish a multisectoral national task force with representation from relevant stakeholders for NCDs prevention and control
3. Provide adequate budgetary allocation for the NCDs prevention and control at the national level
4. Facilitate and support capacity building at all levels for the implementation of this plan of action
5. Facilitate advocacy and social mobilization at all levels for the prevention and control of NCDs
6. Set standard, provide indicators and develop guidelines for prevention and control of NCDs in collaboration with other relevant agencies
7. FMOH shall adopt the community based health planning services system as the National model for Community Health Care in collaboration with National Primary Health Care Development Agency (NPHCDA), State Ministry of Health (SMOH), Local Government Health Department (LGHD) and communities to integrate NCDs control into Primary Health Care (PHC) services with community plans according to local need with a view to ensuring community ownership
8. Expand access to essential medicines, basic technologies, consumables and services for the prevention and control of NCDs
9. Promote local and international partnerships in control and prevention of NCDs
10. Facilitate research on the prevention and control of NCDs
11. Maintain a data base for NCDs including integration with integrated disease surveillance and response (IDSR)
12. Conduct supervision, monitoring and evaluation of NCDs programmes at all levels.

The National Primary Health Care Development Agency (NPHCDA) shall:

1. Partner with the NCDs Division at the FMOH in the integration of NCDs into the PHC system
2. Assist in the collection and collation of NCDs surveillance data in the LGA
3. Assist in the mobilization of the community for NCDs control activities
4. Assist in the training and supervision of LGA staff.

## **The Role of State Government**

State Government shall:

1. Through its Ministry of Health with a designated focal point be responsible for the coordination of NCDs prevention and control
2. Provide a budgetary line and allocate adequate resources to support NCDs prevention and control
3. Facilitate and support capacity building at state and local government levels for the implementation of this plan of action
4. Facilitate advocacy and social mobilization at state and local government levels for the prevention and control of NCDs
5. Ensure access to essential medicines, basic technologies, consumables and services for the prevention and control of NCDs at state and local government levels
6. Ensure effective linkages and referrals between Primary Health Care and higher levels of care
7. Promote appropriate partnerships in consultation with the Federal Ministry of Health to prevent and control NCD
8. Ensure data management on NCDs including integration with integrated disease surveillance and response (IDSR)
9. Provide effective implementation, supervision, monitoring and evaluation of this plan of action at state and LGA levels.

### **The Role of the Local Governments**

Local Government Areas (LGAs) shall:

1. Ensure through its health department with a designated focal point, the coordination of NCDs prevention and control
2. Provide a budgetary line and allocate adequate resources to support NCDs prevention and control
3. Facilitate and support capacity building and provide adequate human resources at Primary Health Care level for the implementation of this plan
4. Facilitate advocacy and social mobilization at community level for the prevention and control of NCDs
5. Ensure access to essential medicines basic technologies consumables and services for the prevention and control of NCDs at Primary Health Care level
6. Ensure effective linkages and referrals between PHC and higher levels of care
7. Support data collection on NCDs including IDSR
8. Provide effective implementation, supervision, monitoring and evaluation of this policy at Primary Health Care level.

### **The Role of Development Partners**

Development partners shall:

1. Provide technical, financial and infrastructural support to governments at all levels in capacity building, advocacy, social mobilization and service delivery for the successful implementation of this plan of action in consultation with the FMOH
2. Support research on NCDs at all levels of health care
3. Support monitoring and evaluation of NCDs programmes at all levels of health care.

### **The Role of the Private Sector**

Private sector shall:

1. Support for the effective implementation of this policy
2. Partner with relevant stakeholders including public-private partnership in the implementation of this policy
3. Comply with laid down government guidelines and regulations regarding NCDs prevention and control
4. Transmit relevant data generated from their facilities to the LGA Health Department
5. Support resource mobilization for the implementation of this policy.

### **The Role of Civil Society Organizations**

Non-Governmental Organizations (NGOs), Community Based Organizations (CBOs) and Faith Based Organizations (FBOs), shall support awareness creation, community mobilization, advocacy, capacity building and resource mobilization for NCDs prevention and control.

### **The Roles of Professional Bodies**

The professional bodies shall:

1. Sensitize and mobilize their members for effective implementation of this plan of action
2. Participate in capacity building activities involved in the implementation of this plan
3. Support advocacy and community mobilization
4. Support and participate in research.

### **The Roles of Traditional, Religious and Opinion Leaders**

Traditional, religious and opinion leaders shall:

1. Support and facilitate effective implementation of this plan of action
2. Sensitize and mobilize their subjects and members for effective implementation of this policy.

### **Roles of Media Organizations**

Media organizations and practitioners of journalism shall:

1. Engage in advocacy and community mobilization
2. Sensitize and mobilize their members for effective implementation of this plan of action
3. Disseminate information to the public on NCDs prevention and control at all levels.

## **SCOPE**

This strategic plan of action has been developed in recognition of the huge contribution of non-communicable diseases (NCDs) to the burden of disease in Nigeria and it is in line with the Global Action Plan (GAP) on Prevention and Control of NCDs 2013 – 2020. It is an updated and modified version of the first National Policy and Strategic Plan of Action on NCDs approved by the National Council on Health (NCH) in 2013. The document will serve as a blue print to guide the implementation of evidence-based strategies and internationally agreed targets for the prevention and control of NCDs.

The strategic plan of action adopts an integrated approach to tackling the four major NCDs namely: cardiovascular diseases, cancer, chronic respiratory diseases and diabetes rather than focusing on the individual diseases. This is mainly because these NCDs share common modifiable risk factors (tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol) and therefore an integrated approach is more cost effective than individual diseases approach. In addition to the aforementioned four major NCDs, sickle cell disease (NCD) is another major NCD that is given priority in this plan of action as Nigeria has the highest burden of SCD in the world.

The National Strategic Plan of Action on NCDs also took into account the following:

- a. International Resolutions and Declarations:
  - i. WHO Framework Convention on Tobacco Control (WHO FCTC) (resolution WHA56.1)
  - ii. Global strategy on diet, physical activity and health (resolution WHA57.17)
  - iii. Global strategy to reduce the harmful use of alcohol (resolution WHA63.13)
  - iv. The Brazzaville declaration on non-communicable diseases prevention and control in the WHO African region 2011
  - v. Moscow declaration at the first ministerial conference on healthy lifestyles and NCD control 2011
  - vi. Political declaration of the high-level meeting of the General Assembly on the prevention and control of non-communicable diseases: A/RES/66/2(2011)
- b. Existing National Policies and Strategic Plans:

- i. National Strategic Health Development Plan (NSHDP) 2010 – 2015
- ii. National Health Act (NHAct)
- iii. National Tobacco Control Act (NTCA).

### **National NCD targets for 2025**

The following National NCD targets were adapted from the Global NCD targets:

1. **Premature mortality from NCDs:** 25% relative reduction in overall mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases.
2. **Tobacco:** 30% relative reduction in prevalence of current tobacco use
3. **Alcohol:** 10% relative reduction in overall alcohol consumption (including hazardous and harmful drinking).
4. **Physical inactivity:** 10% relative reduction in prevalence of insufficient physical activity.
5. **Dietary salt intake:** 30% relative reduction in mean adult (aged  $\geq 18$ ) population intake of salt, with aim of achieving recommended level of  $< 5$ g per day.
6. **Raised Blood Pressure:** 25% relative reduction in Raised blood pressure prevalence of raised blood pressure.
7. **Diabetes, Obesity and Sickle Cell Disease:** Halt the rise in the prevalence of diabetes, obesity and sickle cell disease.
8. **Drug therapy to prevent heart attacks and strokes:** 50% of eligible people receive drug therapy to prevent heart attacks and strokes, and counseling.
9. **Essential NCD medicines and basic technologies to detect and treat major NCDs:** 80% availability of basic technologies and generic essential medicines required to treat major NCDs in both public and private facilities.

## **STRATEGIC OBJECTIVES**

**Strategic Objective 1: To strengthen advocacy efforts in order to raise the priority accorded to the prevention and control of NCD in the national development agenda and poverty alleviation strategies**

NCDs greatly undermine national development as they worsen poverty and social inequalities. Unfortunately, more attention and more resources are dedicated to communicable diseases than

NCDs. There is therefore an urgent need to strengthen advocacy efforts in order to put NCDs on top of the national development agenda and poverty alleviation strategies. In the interim, high level advocacy has been on-going by various stakeholders such as the Olusegun Obasanjo Foundation (OOF); Sickle Cell Support Society of Nigeria (SCSSN); Diabetes Association of Nigeria (DAN); The World Diabetes Foundation; National Tobacco Control Alliance (NTCA); Campaign for Tobacco Free Kids (CTFK) etc.

To achieve strategic objective 1, the following key activities shall be undertaken:

1. Establish a mechanism for advocacy on NCDs prevention and control at all levels
2. Conduct sensitization on NCDs for targeted groups
3. Disseminate the NCDs Strategic Plan of Action across all sectors
4. Develop and enact relevant legislation that promote prevention and control of NCDs.

### **Strategic Objective 2: To strengthen leadership and governance to accelerate country response for prevention and control of non-communicable diseases**

There is need to strengthen leadership and governance in the area of NCDs prevention and control in Nigeria. The Federal Ministry of Health has made some efforts in this regard by developing the first national policy and strategic plan of action which was approved by the NCH in 2013. The FMOH has collaborated with line Ministries, related Agencies and stakeholders develop various NCD related guidelines and IEC materials. Recently, FMOH collaborated with the University of Leeds, United Kingdom to develop NCD case management deskguides for doctors and other healthcare workers (including training modules) and NCD education and lifestyle guide for health educators.

To achieve strategic objective 2, the following key activities shall be undertaken:

1. Establish NCD focal points at the State Government level
2. Conduct capacity building for NCD focal points on programme management
3. Strengthen capacity of MOH to provide leadership and coordination for NCDs
4. Mainstream the prevention and control of non-communicable diseases into health programme

### **Strategic Objective 3: To strengthen multi-sectoral action and partnerships to accelerate country response for prevention and control of non-communicable diseases.**

The prevention and control of NCDs cut across multiple sectors and all these sectors have peculiar roles to play in the prevention and control of NCDs.

To achieve strategic objective 2, the following key activities shall be undertaken:

1. Establish a multi-sectoral national task force on prevention and control of NCDs
2. Conduct joint planning on thematic areas and active involvement of relevant stakeholders for the prevention and control of NCDs

3. Hold periodic joint review meetings
4. Conduct joint NCD related activities

**Strategic Objective 4: To promote healthy lifestyle and implement interventions to reduce modifiable risk factors for NCDs**

1. Implement public awareness programmes to promote healthy lifestyles
2. Implement policies, plans, standards and guidelines that promote physical activity and the production and consumption of healthy diets
3. Implement laws and regulations related to NCDs
4. Comprehensively implement of the WHO FCTC and its protocols and guidelines  
Enforcement of the NCD laws
5. Establish programmes to address NCD risk factors such as physical inactivity, unhealthy diet, tobacco use and harmful use of alcohol

**Strategic Objective 5: To strengthen and reorient health systems to address prevention and control of non-communicable diseases through people-centred primary care and universal coverage**

1. Advocate for wider coverage of NCDs in NHIS
2. Review and advocate for a wider spectrum of NCD drugs to the essential drug list
3. Encourage local production of more drugs for NCDs
4. Develop capacity of primary health care workers to be able to implement NCD prevention and control according to National Guideline including Piloting and scaling up of WHO PEN plus SCD
5. Develop and disseminate of guidelines and SOPs for the management of NCDs
6. Periodically review and update of Community Health Workers' Standing Orders to include current trends in the management of major NCDs
7. Collaborate for integration of NCDs into infectious disease and NTDs programmes

**Strategic Objective 6: To promote and support national capacity for quality research and development for prevention and control of non-communicable diseases**

1. Establish NCD registries in at least one state in each of the 6 geopolitical zones
2. Develop priority National research agenda on NCDs
3. Strengthen human and institutional capacity for research for NCDs prevention and control
4. Integrate NCD indicators into National Population surveys
5. Promote collaborative efforts among the research agencies
6. Enhance the dissemination and implementation of priority NCD research results
7. Strengthen NCD surveillance system



**Strategic Objective 7: To monitor trends and determinants of non-communicable diseases and evaluate progress in their prevention and control**

1. Undertake a comprehensive National situation analysis on the burden of NCDs and risk factors
2. Integration of global NCDs into the IDSR
3. Develop standardized NCD M&E tools and integrate into HIMS at all levels of health care
4. Establishing mechanism for collecting, reporting, analysis and utilization of NCD data not routinely captured by HMIS
5. Periodic review of the NCD strategic plan of action

## IMPLEMENTATION FRAME WORK FOR NON-COMMUNICABLE DISEASES

**To strengthen advocacy to raise the priority accorded to prevention and control of non-communicable diseases in the development agenda and poverty alleviation strategies across all sectors**

S/N	ACTIVITY	EXPECTED OUTPUT	INDICATORS	LEAD AGENCIES	OTHER SUPPORTING MDAs	PARTNERS	TIME FRAME
1	Establish a mechanism for advocacy on NCDs prevention and control at all levels	Advocacy plan in place	Number of advocacy sessions conducted	FMOH, NBS, NPC	FMF, FME, FMARD	WHO, IHVN, UN, FHI 360, CTFK	2016 – 2020
2	Conduct sensitization on NCDs for targeted groups	Sensitization conducted	Number of sensitization sessions conducted	FMI, NOA, FME	FMOH, FMARD, NPC	UNESCO, NTCA	2016 – 2020
3	Disseminate the NCDs Strategic Plan of Action across all sectors	NCDs Strategic Plan of Action disseminated	Number of sectors that are informed of the NCDs Strategic Plan of				

			Action				
4	Develop and enact relevant legislation that promote prevention and control of NCDs.	NCD related laws and regulations enacted	Number of NCD related statutes enacted	FMOH, FMJ	FMOH, NASS, CSOs	WHO	2016 – 2020

**To strengthen leadership and governance to accelerate country response for prevention and control of non-communicable diseases**

S/N	ACTIVITY	EXPECTED OUTPUT	INDICATORS	LEAD AGENCIES	OTHER SUPPORTING MDAs	PARTNERS	TIME FRAME
1	Establish NCD focal points at the State Government level	NCD focal points at all level	Number States have established NCD focal points	FMOH, SMOH		WHO	2016 – 2017
2	Conduct capacity building for NCD focal points on programme management	Capacity building for NCD focal points conducted	Number NCD focal points trained	FMOH, SMOH		WHO	2016 - 2017
3	Strengthen capacity of MOH to provide leadership and coordination for	Capacity of MOH strengthened	Number of trained staff	FMOH, SMOH	NPHCDA	WHO, UNICEF, PEPFAR	2016 - 2020

	NCDs		deployed				
4	Mainstream the prevention and control of non-communicable diseases into health programme	NCD mainstreamed into National Development Plan	Number of programmes that have NCDs mainstreamed	FMOH	NPC, FMF	UNDP	2016 - 2020

**To strengthen multi-sectoral action and partnerships to accelerate country response for prevention and control of non-communicable diseases**

S/N	ACTIVITY	EXPECTED OUTPUT	INDICATORS	LEAD AGENCIES	OTHER SUPPORTING MDAs	PARTNERS	TIME FRAME
1	Establish a multi-sectoral national task force on prevention and control of NCDs	A functional National Task force on NCDs is established	TOR for task force is available. Records of reports of meetings	FMOH	All MDAs	All partners	January 2016 – June 2016
2	Conduct joint planning on thematic areas and active involvement of relevant stakeholders for the	Joint work plan for NCDs produced	An available work plan document	FMOH	All MDAs	All partners	2016 – 2020

	prevention and control of NCDs						
3	Hold periodic joint review meetings	Joint review meetings held	Number of joint review meetings held	FMOH	All MDAs	All partners	2016 – 2020
4	Conduct joint NCD related activities	Joint NCD related activities conducted	Number of joint NCD related activities conducted	FMOH	All MDAs	All partners	2016 – 2020

**To promote healthy lifestyle and implement interventions to reduce modifiable risk factors for NCDs**

S/N	ACTIVITY	EXPECTED OUTPUT	INDICATORS	LEAD AGENCIES	OTHER SUPPORTING MDAs	PARTNERS	TIME FRAME
1	Implement public awareness programmes to promote healthy lifestyles.	Public awareness programmes implemented	Number of awareness programmes carried out	FMI, FMOH	All MDAs	All	2016 – 2020
2	Implement policies, plans, standards and guidelines that promote physical activity and the production	National policies, plans, standards and guidelines for	Number of periodic implementation report	NAFDAC, SON, FMOH,	CPC, FMARD, FME, FMITI	All	2016 – 2020

	and consumption of healthy diets.	NCD implemented					
3	Implement laws and regulations related to NCDs	NCD Laws are implemented	<ul style="list-style-type: none"> <li>• Number of laws implemented</li> <li>•</li> </ul>	FMOH,	FMJ, NASS and All other MDAs	All	2016 – 2020
4	Comprehensively implement of the WHO FCTC and its protocols and guidelines Enforcement of the NCD laws	<ul style="list-style-type: none"> <li>• National Tobacco Control Act implemented</li> <li>• Protocol on illicit trade in tobacco products ratified and implemented</li> </ul>	Number of prosecutions carried out.	Police, NDLEA, Customs, FRSC NAFDAC, SON	All		
6	Establish programmes to address NCD risk factors such as physical inactivity, unhealthy diet, tobacco use and harmful use of alcohol	Programmes to address major risk factors established	Number of established programmes addressing NCD risk factors.	FMOH	NSC, FME, FMARD, FMYD, FMWA&SD, FMEnv	WHO, CTFK, NTCA	

**To strengthen and reorient health systems to address prevention and control of non-communicable diseases through people-centred primary care and universal coverage**

S/N	ACTIVITY	EXPECTED OUTPUT	INDICATORS	LEAD AGENCIES	OTHER SUPPORTING MDAs	PARTNERS	TIME FRAME
1	Advocate for wider coverage of NCDs in NHIS	More NCDs covered by NHIS	Number of NCDs covered	FMOH, NHIS	Presidency, NPHCDA, FMF, NASS	All	January – December 2016
2	Review and advocate for a wider spectrum of NCD drugs to the essential drug list	Essential drug list reviewed and a wider spectrum of NCD drugs covered.	Number of new NCD drugs included in the essential drug list	FMOH	NPHCDA, NIPRD, NAFDAC	WHO, UNODC	January – December, 2016
3	Encourage local production of more drugs for NCDs	More drugs for NCD produced locally	Number of New locally produced NCD drugs.	FMOH, NAFDAC, NIPRD	FMF, FIRS, Customs, FMARD, RMRDC	WHO	2016 – 2020
4	Develop capacity of primary health care workers to be able to implement NCD	Capacity of primary health care workers	Number of health care workers trained	FMOH	NPHCDA, SMOH	WHO	2016 – 2018

	prevention and control according to National Guideline including Piloting and scaling up of WHO PEN plus SCD	developed to implement NCD prevention and control					
5	Develop and disseminate of guidelines and SOPs for the management of NCDs	Guidelines and SOPs for the management of NCDs developed and disseminated	Number of guidelines and SOPs produced and disseminated	FMOH	All	All	2015 - 2017
6	Periodically review and update of Community Health Workers' Standing Orders to include current trends in the management of major NCDs	Reviews and updates of Community Health Workers Standing orders carried out.	Number of reviews and updates carried out	FMOH, NPHCDA	SMOH, LGA	WHO, UNICEF	2016 – 2020
7	Collaborate for integration of NCDs into infectious disease and NTDs programmes	NCDs integrated into infectious	Number of infectious disease and NTD	FMOH, NPHCDA	SMOH, LGA	Implementing partners	2016 - 2020



		disease and NTD programmes	programmes that have integrated NCDs into their programmes				
--	--	----------------------------	--	--	--	--	--

**To promote and support national capacity for quality research and development for prevention and control of noncommunicable diseases**

S/N	ACTIVITY	EXPECTED OUTPUT	INDICATORS	LEAD AGENCIES	OTHER SUPPORTING MDAs	PARTNERS	TIME FRAME
1	Establish NCD registries in at least one state in each of the 6 geopolitical zones	NCDs registries established	Number of NCD registries set up	FMOH, NPHCDA	Teaching hospitals, FMCs, SMOH, NSCR	All	2016 - 2020
2	Develop priority National research agenda on NCDs	National Research agenda prioritized	Number of priority research areas identified	FMOH, NIMR, NIPRD	All other MDAs and research institutions	All	2016 – 2020
3	Strengthen human and institutional capacity for research for NCDs prevention and control	Human and institutional capacities are strengthened to	Number of personnel trained. Type of research trainings	FMOH, NIMR, NIPRD	All other MDAs and research institutions	All	2016 – 2020

		carry out research for NCD prevention and control	conducted Number and type of institutions strengthened				
4	Integrate NCD indicators into National Population surveys	NCD indicators integrated into the national population surveys	Number of National Population surveys with NCD indicators	FMOH, NBS, NPC	NPHCDA	UNDP, UNFPA	2016 – 2020
5	Promote collaborative efforts among the research agencies.	Joint research activities carried out	Number of joint research activities	FMOH, NIPRD, NIMR, Tertiary Institutions,	FME, FMF, TETFund	WHO, UNDP, UNFPA, IHVN, NTCA	
6	Enhance the dissemination and implementation of priority NCD research results.	NCD research findings disseminated and implemented	Number of NCDs research results disseminated Number of dissemination methods used	FMOH, FMI, NOA, FME, NIMR, NIPRD	All others	All	2016 – 2020
7	Strengthen NCD surveillance system	NCD surveillance system	Number of NCDs included in the NHIMS and being	FMOH, NCDC	All others	All	2016 – 2020

		strengthened	reported				
--	--	--------------	----------	--	--	--	--

**To monitor trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control**

S/N	ACTIVITY	EXPECTED OUTPUT	INDICATORS	LEAD AGENCIES	OTHER SUPPORTING MDAs	PARTNERS	TIME FRAME
1	Undertake a comprehensive National situation analysis on the burden of NCDs and risk factors	Comprehensive situation analysis on the burden of NCDs and risk factor conducted	Report available	FMOH	All	WHO, PEPFAR Partners	2016 - 2017
2	Integration of global NCDs into the IDSR	NCDs integrated into IDSR	Number of NCDs integrated into IDSR	FMOH, SMOH	All	WHO and other UN Partners	2016 – 2020
3	Develop standardized NCD M&E tools and integrate into HIMS at all levels of health care	NCD M&E tools integrated into HIMS	Number of NCD M&E tools developed Number of facilities generating	FMOH, SMOH, NPHCDA		WHO, UNICEF	2016 – 2020

			NCD M&E report				
4	Establishing mechanism for collecting, reporting, analysis and utilization of NCD data not routinely captured by HMIS	Mechanism for collecting, reporting, analysis and utilization of NCD data not routinely captured by HMIS in place	Number of institutions reporting on non-reporting NCD data	FMOH, SMOH	All	WHO	2016 – 2020
5	Periodic review of the NCD strategic plan of action	The NCD strategic plan of action reviewed	Review reports	FMOH, SMOH	All	WHO	2016 – 2020







