



UN INTERAGENCY
TASK FORCE ON NCDs



JOINT MISSION OF
THE UNITED NATIONS INTERAGENCY TASK FORCE ON
THE PREVENTION AND CONTROL OF
NON-COMMUNICABLE DISEASES

13 - 17 NOVEMBER 2017

Addis Ababa, ETHIOPIA



THE WORLD BANK
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EXECUTIVE SUMMARY

A joint programming mission of the United Nations Interagency Task Force on the Prevention and Control of Non-communicable Diseases (UNIATF) to Ethiopia was held from 13-17 November 2017. Ethiopia is experiencing an increase in non-communicable diseases (NCDs) such as cardiovascular diseases, cancers, diabetes, chronic respiratory diseases, mental neurological and substance problems, injury and eye health and their shared risk factors (tobacco use, harmful use of alcohol, unhealthy diet, physical inactivity, khat use and environmental pollution). Major NCDs (cardiovascular diseases, cancers, diabetes, chronic respiratory diseases) account for 30% of total deaths and the probability of dying prematurely (between ages 30 and 70 years) from one of the four main NCDs is 15%. Injuries account for 10% all deaths in Ethiopia. Mental disorders account for 11% of the disease burden in Ethiopia; major depressive disorder alone is the third leading cause of years of life lost due to disability. National prevalence of high blood pressure is 16%, while the prevalence of high blood sugar is 6%. Recent data suggest that by 2040, NCDs will account for nearly 70% of disability adjusted life years (DALYs) in Ethiopia. There was significant concern from almost all ministries about the impact of NCDs on the country's economy and productivity.

National health sector strategies for both NCDs and mental health expired in 2016 and are being updated, with plans for an additional multi-sectoral strategy. The Joint Mission learnt that over 97% of individuals diagnosed with high blood pressure do not receive treatment. Of the small proportion receiving treatment, almost half do not have their blood pressure controlled. Those with untreated or ineffective treatment of high blood pressure are at significant risk of premature mortality from heart disease and stroke. Ethiopia's health workforce (0.7/1000 population) is far below the minimum required (2.3/1000 population) to provide universal health coverage and the current average across Africa (1.6/1000 population). Diagnostic facilities and treatment for NCDs and their risk factors (e.g. hypertension and diabetes) is extremely limited in primary care. The national cervical cancer programme has extremely limited coverage. Only around 60 out of the 311 hospitals in the country are providing mental health services currently and these are mainly concentrated in Addis Ababa. Despite specialist training programmes initiated by the government, there is severe shortage of mental health workforce in most facilities and general health workers in primary care do not receive adequate training and supervision to be able to deliver mental health care.

The Joint Mission recommends that an initial priority has to be ensuring that early diagnosis and treatment of major NCDs, mental disorders ,injuries and eye health are included as part of the delivery of basic health services, within the context of universal health coverage. As part of this, it is critical that there is a well-functioning comprehensive cervical cancer programme, including vaccination against human papilloma virus, to prevent women dying from what is a preventable disease. It is also important to increase political commitment and action to prevent NCDs and demonstrate progress ahead of the Third-high Level Meeting on NCDs in 2018.

The Joint Mission considers that an initial focus on increasing tobacco taxes in line with global recommendations would demonstrate this. Raising taxes on tobacco will have the benefit of reducing consumption of tobacco and provide a revenue stream for government. The Joint Mission recommends that a national NCD coordination mechanism is established in order to develop and implement a national multi-sectoral NCD action plan. The Government should also look to finalize its mental health plan as soon as possible.

In order for the Ministry of Health to be a powerful convener for action on NCDs, mental health and injuries, it is important that capacity in the Ministry of Health is built at federal and regional levels. It is also critical that the Government develops a clear plan for financing the country's response to major NCDs, mental health, injuries and eye health. The areas above will require focused and committed support from the United Nations system and international development partners. Together, they account for three indicators from the WHO Progress Monitor which have been scored as "not achieved".¹

The recommendations above need to be put into action. The United Nations system through the United Nations Country Team with the support of its regional and global offices need to provide catalytic technical support to the Government for the recommendations above, working with the Government and international development partners to identify the required resources. The report therefore concludes with a work plan to put into action the recommendations with responsibilities set out for Government, United Nations agencies and other partners.



PHOTO 01

The joint UNIATF mission team with Dr Akpaka KALU, WHO Representative in ETHIOPIA

13 - 17 November 2017

UNECA Compound - Addis Ababa, ETHIOPIA

MISSION BACKGROUND

1. A Joint Programming Mission of the United Nations Interagency Task Force (UNIATF) on the Prevention and Control of Non-communicable Diseases (NCDs) to Ethiopia was conducted in Addis Ababa between 13 and 17 November 2017 by the World Health Organization (WHO), United Nations Development Programme (UNDP), World Bank, United Nations Population Fund (UNFPA), and United States Centers for Disease Control and Prevention (CDC). Members of the Joint Mission, Terms of Reference, and the programme are in Annexes 1-3.
2. The Joint Mission is grateful to the ministers and senior officials across government for allocating time to meet the Mission team. The Mission also expresses its gratitude to development partners, nongovernmental organizations, civil societies, academic institutions and the UN agencies in country that participated in the discussions during the week.

KEY FINDINGS

NCDS AND MENTAL HEALTH ARE A MAJOR ISSUE IN ETHIOPIA AND PROJECTED TO INCREASE

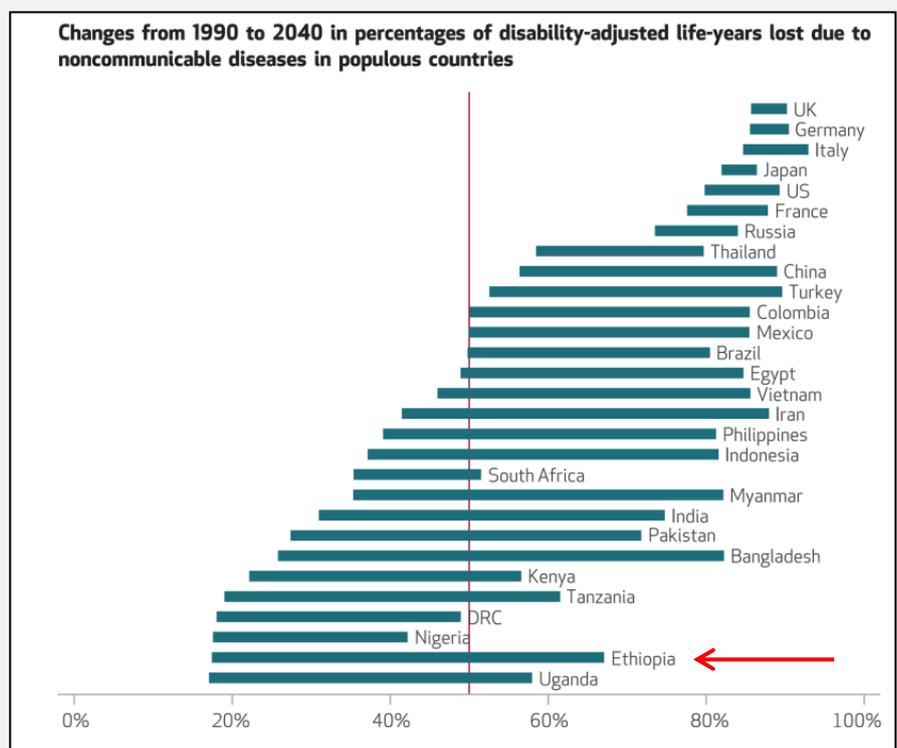
3. Ethiopia is experiencing rapid economic growth, with GDP growth averaging 10.9% in recent years. In line with this growth, Ethiopia is aiming to reach World Bank middle-income country status by 2025. Associated with this growth is significant urbanisation and industrialisation, including rapid inward migration to cities and towns and development of industrial centres catering for an increasing workforce, including refugees from neighbouring countries.
4. Ethiopia has made significant progress on social development, including poverty reduction, communicable disease control, improved nutrition, and maternal and child health. It is strongly committed to maintaining this progress.
5. However with economic growth, globalisation and rapid urbanisation of regional cities, Ethiopia is experiencing an increase in NCDs (principally cardiovascular diseases (CVDs), cancers, diabetes and chronic respiratory diseases), NCD risk factors (tobacco and harmful use of alcohol, unhealthy diet, physical inactivity and environmental pollution) as well as mental disorders and injuries from multiple causes including motor vehicle crashes, construction site injuries, and pervasive gender based violence/assault. Khat use is widespread in Ethiopia. A challenge for Ethiopia is to align its economic development goals with greater emphasis on human development, environmental and public health outcomes.
6. The WHO publication, *NCD Country Profiles 2014* estimated that in Ethiopia NCDs accounts for 30% of total deaths and that the probability of dying between ages 30 and 70 years from one of the 4 main NCDs is 15%. Injuries account for 10% all deaths in Ethiopia. Mental disorders account for 11% of the disease burden in Ethiopia; major depressive disorder alone is the third leading cause of years of life lost due to disability, with an estimated 2,117 years lost per 100,000 people in

2012.¹The 2015 *Global Burden of Disease Study* estimated that NCDs in Ethiopia accounted for 42% of all deaths, 69% of disability, 27% of premature mortality, and 36% of premature mortality and disability combined. In short, the epidemiological transition from communicable diseases to NCDs is well under way.

7. According to the 2015 STEPS survey², the national prevalence of high blood pressure is 16%. Prevalence of high blood glucose is 6%.

8. While only 4.8% of adults use tobacco, rates are higher among the youth. A major concern to the Joint Mission was that the *2017 WHO Tobacco Report*³ indicates that total tax on cigarettes is very low (18.8% of the retail price of the most sold brand of cigarettes), putting the country in the group of countries with the lowest taxes (below 25% of price). Excise tax on tobacco is ad valorem and is 75% of the declared producer price which in effect is only 13.9% of the retail price. This leads to low prices of tobacco products; the price of the most sold brand of cigarettes in Ethiopia in 2016 amounted to 15 ETB (USD 0.8 – July 2016 exchange rate). Harmful use of alcohol among adults is estimated at 12.4%. The Joint Mission witnessed a booming alcohol industry. While there remain significant levels of undernutrition, levels of overweight and obesity are increasing in urban centres. The Joint Mission learnt that 97.6% of adults report low intake of fruits and vegetables. Inevitably, physical inactivity will be a growing problem with urbanisation, with physical inactivity three times more prevalent in urban population than rural at a rate of 12.7% versus 4.2%. The Joint Mission also reported that 15.8% of adults use khat.²

9. A recent study from the United States Council on Foreign Relations demonstrates how NCDs are projected to increase in Ethiopia between 1990 and 2040.⁴



¹ WHO Global Health Estimates: Disease Burden. 2012 (www.who.int/healthinfo/global_burden_disease/estimates/en/index2.html)

² Steps Survey Report - Ethiopia, 2015 (http://www.who.int/ncds/surveillance/steps/Ethiopia_2015_STEPS_Report.pdf?ua=1)

³ WHO Report on the Global Tobacco Epidemic, 2017 (http://www.who.int/tobacco/global_report/2017/en/)

⁴ Bollyky T et al. LICs that face the most rapid shift in NCD burden are also the least prepared. *Health Affairs* 36, NO. 11 (2017): 1866–1875. (<https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.2017.0708>)

10. NCDs, mental disorders and injuries pose a huge burden on the health sector but will also have a significant impact on productivity and development. NCDs impoverish families, impose high health system costs, and weaken country economies.

GOVERNANCE AND POLITICAL SUPPORT FOR THE PREVENTION AND CONTROL OF NCDs AND MENTAL HEALTH

11. Within Ethiopia, there is an emerging appreciation of the magnitude of the problem and the need for multi-sectoral action across government to ensure an effective response. There was significant concern from almost all ministries that the Joint Mission visited about the impact of NCDs on the country's economy and productivity, with a recognition of the importance of tackling NCDs with support from all sectors. The Joint Mission witnessed high level political commitment from the First Lady who champions women and children's health including through improved education, nutrition, cancer control and women's empowerment, all of which impact significantly on NCD prevention and control.

12. There have been national health sector strategies for NCDs and mental health. Both expired in 2016 and are being updated. In addition, there is continued commitment to develop the first multi-sectoral NCD strategy. While there is no national multi-sectoral NCD committee, there are examples of national committees in related areas such as tobacco control, nutrition, road safety and cancer. The WHO Framework Convention on Tobacco Control was ratified in 2014. A tobacco control directive was issued in 2015.

13. Ethiopia is committed to integrate NCDs and mental health into the primary care system, including the health extension programme. However, resources are a challenge for nationwide rollout. Health accounts for only 4.9% of Ethiopia's government expenditure, far less than the 15% pledge by African Union countries under the Abuja Declaration. Additional support to the health budget is through international development partners which together provide 50% of the total health budget. Out-of-pocket expenditures are significant, contributing to around one third of health sector finances.

14. Eight percent of the Ministry of Health budget goes towards NCDs and mental health: clearly insufficient to meet the growing needs. The challenge facing Ethiopia was also highlighted in the United States Council on Foreign Relations study. The graph below demonstrates that projected increases in total health spending per capita on NCDs is minimal (and insufficient) compared with the massive projected increase in NCD burden in Ethiopia.

15. Recognizing the costs associated with transforming health systems to better respond to the epidemiological transition, a number of countries are exploring innovative financing mechanisms to support cost-effective interventions and promote integrated health service delivery. While options for overseas development assistance have been traditionally low for NCDs—as compared with other health sector priorities like HIV/AIDS—there is increasing interest from external sources to support aspects of NCD prevention and control. The World Bank supports health systems strengthening in several countries across the world. Within this context, the Bank provides a combination of lending, technical assistance and knowledge solutions to support government

MEETING OBJECTIVE:

- Setting high level multi-sectoral coordination agenda in the national non-communicable disease prevention and control response



PHOTO 02

Briefing with the Minister of Health, Prof. Yifru Berhane, and senior health officials

Office of the Minister of Health - Addis Ababa, ETHIOPIA
13 November 2017

MINISTRY OF
HEALTH

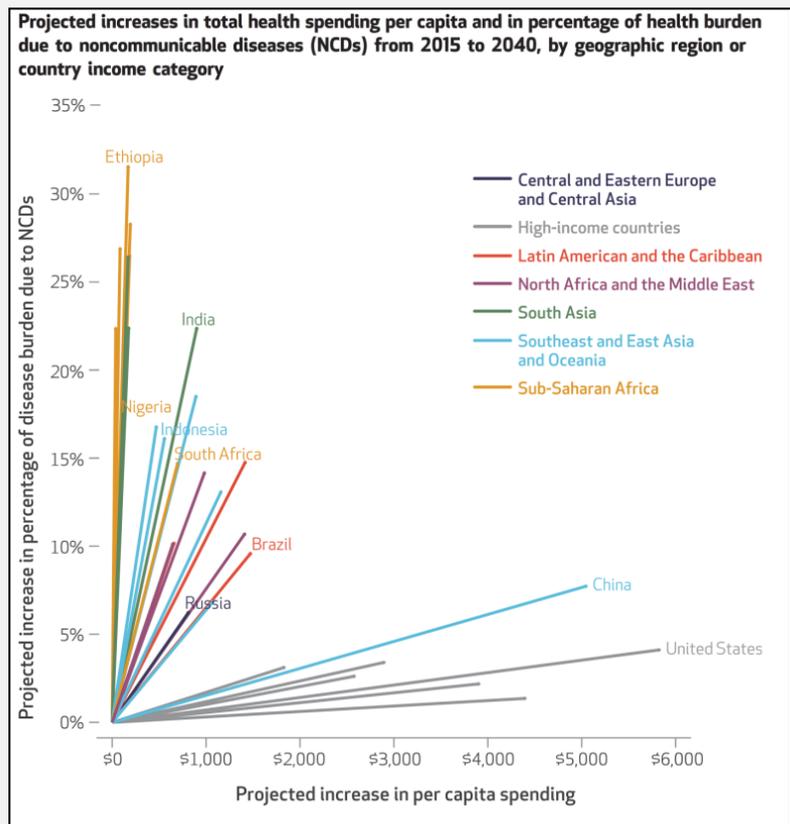
priorities in health systems strengthening and universal health coverage. Increasingly, there is country demand for expanded support around NCDs. Ethiopia, as a World Bank client, is also eligible for bank support on NCDs. Specific support would need to be defined in close consultation with the government of Ethiopia and the World Bank's Country Management Unit. Discussions with the Ministry of Finance concluded that there are limited financing options for World Bank lending at present, although opportunities for such lending may exist in the future.

HEALTH SYSTEM RESPONSE

16. The 2015 STEPS survey showed that over 97% of individuals with raised blood pressure were not on medication². Of the small proportion receiving treatment, almost half did not have their blood pressure under control. Together, they are at significant risk of premature mortality from heart disease and stroke.

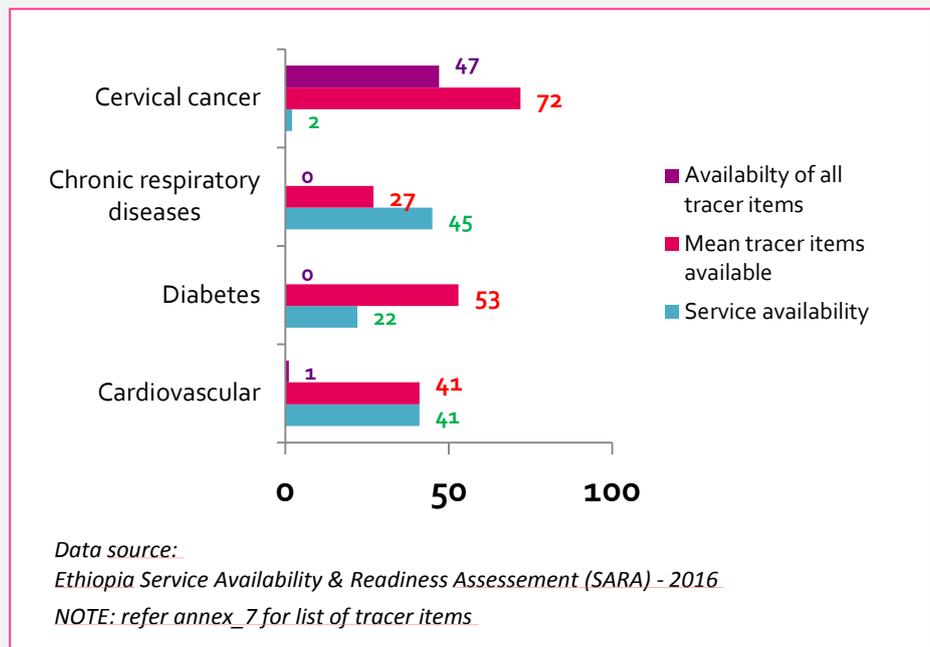
17. Ethiopia's health workforce (0.7/1000 population) is well below the minimum required to provide universal health coverage (2.3/1000 population) and the current average across Africa (1.6/1000 population). The Joint Mission was made aware of plans to improve training of doctors, nurses and midwives on NCDs and mental health and to scale up the number and skills of health extension workers (increasing their number from 39,000 to 60,000 and elevating them to Level 4 which would allow them to have the skills to refer patients with a suspected NCD, mental health condition for early diagnosis and then follow up those that are started on treatment).⁵ Evidence also showed that up to 40% of care for NCDs is through the private sector, while the quality of services is not well standardized, and the data collection system is not well integrated with the health management information system. Mental health service availability too is low with 0.1 psychiatric unit beds per 100,000 populations in general hospitals.⁶

18. The 2016 Ethiopia Service Availability & Readiness Assessment (SARA) showed that diagnostic facilities and treatment for NCDs (e.g. diabetes,) and their risk factors (e.g. hypertension) is extremely limited in primary care. The national cervical cancer programme has extremely limited coverage at 2%.



⁵Ethiopia primary care guidelines have been developed to provide staff with evidence-based reference material to enable them to provide comprehensive care, including for NCDs and mental health conditions. The first phase implementation of these guidelines is planned for early 2018. The new Comprehensive School Health program has 10 school health service packages that include health promotion and prevention approaches for NCDs and mental health.

⁶Mental Health Atlas 2014. Ethiopia country profile. www.who.int/mental_health/evidence/atlas/profiles-2014/eth.pdf



THE UNITED NATIONS RESPONSE

19. NCDs are included in the Ethiopia United Nations Development Assistance Framework (UNDAF).⁷ There was widespread understanding across the UN system that NCDs are a development issue that requires multi-sectoral action. The UN Resident Coordinator and the UN Country Team recognized the linkages between NCDs and the 2030 Sustainable Development Agenda and the need to take collective action on the NCD-related Sustainable Development Goals (SDGs). There is currently no formal coordination mechanism for driving forward action on NCDs and mental health across the UN system. Similarly, there are no plans for mobilizing resources in order to scale up action by individual agencies or through joint programming. WHO and UNFPA are progressing cervical cancer control, in association with the Office of the First Lady, GAVI and relevant national ministries. There are also a series of interagency SDG “Results Groups” that might be harnessed to coordinate UN/development partner support for NCD prevention and control.

20. There is strong commitment from the United Nations Economic Commission for Africa (UNECA) to include NCDs in its future agenda alongside the African Union. Platforms and forums such as the AU summit (January and July), Conference of African Ministers of Finance and Development (March), Pan African Parliament, African Regional Forum on Sustainable Development and others were cited as opportunities to raise the profile of NCDs. In addition, UNECA indicated interest in supporting an NCD investment case and including NCDs in the 2018-19 biennial ECA-WHO work plan.

21. The African Development Bank (AfDB) has a USD 300 million Basic Service Transformation Programme. A new phase for this will be developed next year and the African Development Bank expressed interest in collaborating in order to use the Programme as a platform for strengthening the Government of Ethiopia’s response to NCDs. There are other programmes under the African

⁷ Output 6.4 of the UNDAF is enhanced preventive, curative and rehabilitative capacity of health service delivery to address NCDs including injuries/violence, elderly and disabled, with indicators being premature deaths from cancer and cardiovascular disease. The following agencies are identified as being responsible for delivering Output 6.4: WHO, UNFPA, UNICEF, UNAIDS, WFP and ITU.

Development Bank which could also be useful vehicles for driving forward action on NCDs, for example its programme on governance, industrialization and ensuring quality of life – through health, education, sanitation etc. AfDB already aims to promote environmentally conscious development and could be encouraged to ensure health promotion also underpins its development investments.

22. WHO is currently partnering with the FMoH, University of Cape Town and other organizations in the PRIME⁸ and EMERALD⁹ initiatives to deliver mental health programmes in Ethiopia. WHO's mhGAP programme has also been implemented by the FMoH as part of implementation of the national mental health strategy 2012/13-2015/16. WHO has developed proposals to scale up NCD service delivery, through a comprehensive cardiovascular disease programme (Global HEARTS)¹⁰ and a more focused initiative to improve the detection and control of hypertension as an entry point for cardiovascular risk assessment (as part of the US Vital Strategies RESOLVE programme).¹¹

THE RESPONSE OF NATIONAL AND INTERNATIONAL DEVELOPMENT PARTNERS

23. The Joint Mission met with a number of international development partners. International development partners in country understand the impact of NCDs on development but their current mandates and/or priorities mean that there is little attention being placed on supporting Ethiopia on addressing NCDs.

24. A health coordination group meets regularly and in the view of the Joint Mission, the Government of Ethiopia and the UN system will need to invest time and energy to provide the evidence to international development partners on what action they need to take, including incorporating actions on NCDs and mental health in existing programmes in line with commitments made by ministers at the Second High-level Meeting on NCDs in 2014 to include NCDs within HIV/AIDS, TB, sexual and reproductive health (SRH), and maternal and child health (MCH) programming.

25. The Joint Mission met with a small but committed group of national non-governmental and professional organisations and considers this group to have strong potential to work with the Ministry of Health and UN system to advocate greater attention on NCDs. Significant further opportunities exist to work with more diverse non-government and civil society sectors, especially women and youth, to increase prevention of NCDs.

⁸ PRIME is the Programme of Improving Mental Health Care. <http://www.prime.uct.ac.za/prime-home>

⁹ <https://www.emerald-project.eu>

¹⁰ HEARTS is a technical package for cardiovascular disease management in primary health care that includes healthy lifestyles, evidence-based treatment protocols, access to essential medicines and technology, risk-based management, team care and task sharing, and systems for monitoring. <http://apps.who.int/iris/bitstream/10665/252661/1/9789241511377-eng.pdf?uo=1>.

¹¹ Resolve to Save a Million Lives is about Saving 100 Million Lives from Cardiovascular Disease <https://www.resolvetosavelives.org/>



THE UNITED NATIONS COUNTRY TEAM



MEETING OBJECTIVES:

- Introduction of joint UNIATF mission
- Develop a shared understanding of the Global NCD and mental health strategy among the UNCT in Ethiopia
- To define the roles of different UN agencies in the national NCD response
- Integrating NCDs into UNDAF and other development partners' work
- Advocate for the establishment of UN Interagency Task team in Ethiopia for NCDs under the guidance of the UN Resident Coordinator (UNRC) and WHO
- Sustainable financing mechanism for NCDs and mental health

PHOTO 03

Meeting with the United Nations Country Team

Limat conference room
United Nations Resident Coordinator's Office, Congo Building
Addis Ababa, ETHIOPIA
14 November 2017



Meeting with development partners

Limat conference room
United Nations Resident Coordinator's Office,
Congo Building
Addis Ababa, ETHIOPIA
14 November 2017

DEVELOPMENT PARTNERS



MEETING OBJECTIVE:

- The role of development partners supporting the national NCD response as a development agenda





MEETING OBJECTIVES:

- NCDS and development
- Supporting Country Led NCD prevention and control programmes



PHOTO 05 **Meeting with African Development Bank
Country Manager for ETHIOPIA,
Abdul B. Kamara, PhD**

Office of AfDB Country Office - Addis Ababa, ETHIOPIA
15 November 2017



PHOTO 06

Meeting with the social affairs officer of the Social Development Policy Division of the UNECA, Dr Jack Jones ZULU

In the presence of the WHO liaison officer for the AU and UNECA, Dr Innocent NTAGANIRA

Congo Building 5th floor, UNECA Compound - Addis Ababa, ETHIOPIA
15 November 2017



UNITED NATIONS
ECONOMIC
COMMISSION
FOR AFRICA



MEETING OBJECTIVES:

- NCDs and the achievement of the SDGs
- Making the investment case for NCDs.

SITUATION AHEAD OF THE THIRD-HIGH LEVEL MEETING ON NCDs IN 2018

26. The Joint Mission reviewed the WHO Progress Monitor Score card with the Government, UN Country Team and international development partners that was published for Ethiopia earlier in 2017 (Annex 4). To date Ethiopia has fully achieved two of the 19 targets. Eight targets are partially achieved.

PHOTO DOCUMENTATION

MEETING WITH THE MINISTER OF HEALTH, UNCT AND DEVELOPMENT PARTNERS

PHOTO 01:

The joint UNIATF mission team with Dr Akpaka A. KALU, WHO Representative in ETHIOPIA

PHOTO 02:

Briefing with the Minister of Health, Prof. Yifru Berhane, and senior health officials

PHOTO 03:

Meeting with the United Nations Country Team

PHOTO 04:

Meeting with development partners - Spanish Development Cooperation (AECID), Japan Embassy, Embassy of the State of Israel

PHOTO 05:

Meeting with African Development Bank Country Manager for ETHIOPIA – Abdul B. Kamara, PhD

PHOTO 06:

Meeting with the social affairs officer of the Social Development Policy Division (SDPD), United Nations Economic Commission for Africa (ECA) in the presence of the WHO liaison officer for the AU and UNECA

MEETING WITH SECTORAL MINISTRIES AND CSOs

PHOTO 07:

Meeting With the Minister of Cabinet Affairs– H.E. Alemayehu Tegenu

PHOTO 08:

Meeting with the Minister of Finance and Economic Cooperation – H.E. Admasu Nebebe

PHOTO 09:

Meeting with the Minister of Agriculture and Natural Resources – H.E. Eyassu Abraha

PHOTO 10:

Meeting with State Minister of the Transport Minister – H.E. Abdissa Yadeta

PHOTO 11:

Meeting with the Advisor to the Minister of Education – Solomon Shiferaw

PHOTO 12:

Meeting with Minister of Urban Development and Housing – H.E. Dr Ambachew Mekonnen

PHOTO 13:

Meeting with Directors at Ethiopian Broad Casting Authority: Gebru Giorgis, Director of Communication Affairs and Yeshiwork Girma, Director of Advertising

PHOTO 14:

Meeting with Deputy Director General of Food Medicine and Health Care Administration and Control Authority (FMHACA) – Heran Gebra

PHOTO 15:

Meeting with the Ethiopian Civil Society Organizations (CSOs)

DEBRIEFING SESSIONS

PHOTO 16:

Debriefing with the WHO Representative in ETHIOPIA, Dr Akpaka A. KALU

PHOTO 17:

Debriefing with State Minister of FMoH, H.E. Dr Kebede Worku, and senior officials

PHOTO 18:

Debriefing with the United Nations Country Team



PHOTO 07

Meeting With the Minister of Cabinet Affairs, H.E. Alemayehu Tegen

Office of the Prime Minister - Addis Ababa, ETHIOPIA
13 November 2017

OFFICE OF THE
PRIME
MINISTER



MEETING OBJECTIVE:

- Engaging various Minister Offices for multi-sectoral collaboration towards the prevention and control of NCDs

MINISTRY OF
FINANCE AND
ECONOMIC
COOPERATION

PHOTO 08

**Meeting with the State Minister of Finance and
Economic Cooperation, H.E. Admasu Nebebe**

Office of the Minister of Finance and Economic Cooperation - Addis Ababa, ETHIOPIA
15 November 2017



MEETING OBJECTIVES:

- NCD investment and development
- Alternative funding mechanism for NCDs and mental health through price and tax measures (Increased taxation on Alcohol, Tobacco and Khat)
- Controlling illicit trade of tobacco products
- Addis Ababa action agenda of the third international conference of Financing for Development -Increased tobacco taxation as one source of revenue and to decrease tobacco consumption and health care costs

MINISTRY OF AGRICULTURE AND NATURAL RESOURCES

PHOTO 09

Meeting with the Minister of Agriculture and Natural Resources, H.E. Eyassu Abraha

Office of the Minister of Agriculture and Natural Resources
Addis Ababa, ETHIOPIA

14 November 2017



MEETING OBJECTIVE:

- Agricultural and food policies in support of health policies with the context of NCDs





PHOTO 10

Meeting with State Minister of Transport, H.E. Abdissa Yadeta

Office of the Minister of Transport - Addis Ababa, ETHIOPIA
14 November 2017

MEETING OBJECTIVES:

- NCD investment and development
- Implementation of UN Decade of action for road safety
- Road traffic injuries in Ethiopia

MINISTRY OF
TRANSPORT





PHOTO II

Meeting with the Advisor to the Minister of Education, Solomon Shiferaw

Office of the Minister of Education - Addis Ababa, ETHIOPIA
14 November 2017



MEETING OBJECTIVE:

- Health promotion, prevention, and control of NCDs and adolescent mental health in school settings





PHOTO 12

Meeting with Minister of Urban Development and Housing, H.E. Dr Ambachew Mekonnen

Office of the Minister of Urban Development and Housing
Addis Ababa, ETHIOPIA

15 November 2017



MEETING OBJECTIVES:

- NCD and risk factors with respect to rapid urbanization (safer streets, roads and parks, physical inactivity)
- Infrastructure boom and concerns about pollution.



MEETING OBJECTIVES:

- Mass media communication for NCD control and mental health awareness
- Policy on banning of Advertisements (Alcohol, tobacco)



**ETHIOPIAN
BROAD
CASTING
AUTHORITY**



PHOTO 13

**Meeting with Directors of the Ethiopian Broad Casting Authority:
Gebru Giorgis, Director of Communication Affairs and
Yeshiwork Girma, Director of Advertising**

Addis Ababa, ETHIOPIA
15 November 2017



Meeting with Deputy Director General of Food Medicine and Health Care Administration and Control Authority (FMHACA), Heran Gebra

Office of the Director, FMHACA - Addis Ababa, ETHIOPIA
16 November 2017

FOOD MEDICINE
AND HEALTH CARE
ADMINISTRATION
AND CONTROL
AUTHORITY



MEETING OBJECTIVES:

- Ongoing activities towards the Implementation of the FCTC;
- Trend of regulatory activities with regards to food products in line with the prevention and control of NCDS



MEETING OBJECTIVE:

- **Role of civil Society Organizations in the national NCD Response**



PHOTO 15 Meeting with the Ethiopian Civil Society Organizations (CSOs)

WHO Country Office – UNECA Compound, Zambezi Building
Addis Ababa, ETHIOPIA

16 November 2017

RECOMMENDATIONS FOR ACTIONS

27. It is clear that the response to NCDs and mental health in Ethiopia is still in its infancy. The Joint Mission considers that an initial priority has to be ensuring that early diagnosis and treatment of NCDs, mental disorders and injuries are included in the package of basic health services. Without this, Ethiopia will not be able to provide universal health coverage for its population. As part of universal health coverage it is critical that there is a well-functioning comprehensive cervical cancer programme to prevent women dying from what is a preventable disease.

28. It is also important to start demonstrating political commitment and action in order to prevent NCDs and to demonstrate progress ahead of the Third-high Level Meeting on NCDs in 2018. The Joint Mission considers that an initial focus on increasing tobacco taxes in line with global recommendations would demonstrate this. Raising taxes on tobacco will have the benefit of reducing consumption of tobacco and provide a revenue stream for government. The government could be further encouraged to reconsider earmarking this tobacco tax for a Health Promotion Fund, as has successfully occurred in other fast developing countries such as South Africa, Brazil and Thailand. Further revenue measures such as a mobile phone levy could be promoted to further support a Health Promotion Fund.

29. A national NCD coordination mechanism needs to be established as soon as possible in order to develop and implement a national multi-sectoral NCD action plan. This requires Government to extend the life of the current National Strategic Action Plan on NCDs until a multi-sectoral one is developed. The Government should also look to finalize its mental health plan as soon as possible. In order for the Ministry of Health to be a powerful convener for action on NCDs and mental health, it is important that capacity in the ministry of health is built at federal and regional levels.

30. It is also critical that the Government develops a clear plan for financing the country's response to NCDs, mental health and injuries that is aligned with the time frame of the various plans.

31. The areas above together account for three indicators from the WHO Progress Monitor which have been scored as “not achieved”. They will require focused and committed support from the UN system and international development partners.

SCALING UP THE HEALTH SYSTEM RESPONSE

32. The Joint Mission recommends urgent action in the following four areas:

- i. Develop the skills and capacity of health care workers, including health extension workers, in the area of NCDs and mental health. This means getting policies agreed and providing necessary training, ensuring supervision is in place, and scaling up numbers of health workers (including Health Extension Workers). In the first instance needs and costs need to be determined.
- ii. Scale up over the next 24 months the availability of essential diagnostic equipment and treatment for NCDs and mental disorders in primary care settings on existing NCD/mental health specific

programmes/platforms (e.g. the Ministry of Health’s integrating NCDs programme in 36 health centres and 12 hospitals, Global Hearts, RESOLVE, PRIME, WDF diabetes/hypertension project) assessing their impact. Again, needs and costs need to be determined.

- iii. Maximise the impact of government/development assistance programmes/platforms that can strengthen the NCD response (e.g. Global Fund, AfDB Basic Services Transformation Programme, PEPFAR and integration within HIV/AIDS, Communicable Diseases, SRH and MCH) and assess the impact of these.
- iv. Accelerate implementation of the national cervical cancer programme (HPV vaccination programme established and scale up in screening, early detection and treatment).

PREVENTION OF NCDs

33. The Joint Mission recommends urgent action in the following area:

- v. Increase excise taxes on tobacco products to increase prices effectively and make tobacco products less affordable. Additionally, tax structure should be reformed in order to be more effective. Ad valorem taxes tend to be subject to undervaluation of the product by producers in order to pay less taxes, this is specially the case where the tax base is the production price, a value the government cannot determine independently. It is therefore recommended to change the ad valorem base to the retail price (easy to determine by surveying the market) and by introducing a specific tax (amount per quantity produced), which is easy to administer and can guarantee minimum revenues for the government in addition to increasing prices effectively, (by June 2018). This should be announced as part of the Government’s budget in 2018.

(NOTE: the government could be further encouraged to reconsider earmarking this tobacco tax for a Health Promotion Fund, as has successfully occurred in other fast developing countries such as South Africa, Brazil and Thailand. Further revenue measures such as a mobile phone levy could be promoted to further support a Health Promotion Fund.)

- vi. Harness existing community networks of women, youth and households¹² to deliver stronger prevention messaging, behaviour change and uptake of NCD health services within community settings.
- vii. Utilize mass-media to raise community awareness of NCD issues related to lifestyle, nutrition, substance use and urbanization. Provide broadcasting incentives (e.g. free airtime) to develop and disseminate NCD prevention infomercials and infotainment programming.
- viii. Encourage a whole of government, whole of society response to NCD prevention and control, focusing on health promoting urbanization based on SDG 11: Sustainable cities and communities, and Healthy Cities principles – encompassing integrated planning, provision of public space and amenity, safer/shared transport, pollution control, community engagement and promotion of active, healthy lifestyles. Utilize public-private partnerships to engage the private sector in the NCD response, focusing on private sector funding of integrated, “sustainable, healthy cities” development, and support for government social contracting of NGO/CSO-led, community-based NCD prevention initiatives.
- ix. Harness existing efforts of appropriate UN and other development partners in supporting integrated responses to injuries, for example focusing on improved occupational health and safety (ILO),

¹² For example the One-to-Five community network of households

reduced gender based violence (UN Women, UNFPA, WHO), and reduced motor vehicle crashes (UNDP, WHO).

GOVERNANCE: PLANNING AND COORDINATION

34. The Joint Mission recommends:

- x. A programme of raising awareness on NCDs and their risk factors across all ministry of health departments at federal and regional levels, including establishing a regional NCD coordinating team in the regional health bureaus rather than a single focal point for coordinated national NCD response.
- xi. A high-level national summit on NCDs that results in a high-level multi-sectoral coordination committee being established. The mechanism should include government, regional authorities, the UN system, development partners, the private sector and civil society.
- xii. The high-level multi-sectoral coordination committee leads the development of a multi-sectoral NCD strategy that also includes the health sector response. The strategy should: (i) describe the health and other sectoral dimensions of NCD prevention and control; (ii) outline a list of priority NCD conditions and risk factors for action (Annex 5);¹³ and (iii) identify the roles and responsibilities of each sector and partner.
- xiii. Indicators for reduction in salt and trans fats to be included in the draft food and nutrition policy.
- xiv. The multi-sectoral NCD strategy be developed and costed.

FINANCING THE RESPONSE

35. The Joint Mission recommends:

- xv. That based on the costing of the NCD and mental health action plans and an NCD and mental health investment case analysis, a sustainable financing framework is developed for the short and medium-term.
- xvi. That NCDs, mental health and injuries are included as a priority in the Health Sector Transformation Plan and taken up in the Third Growth and Transformation Plan (GTP3). This should include strengthening reporting mechanisms (e.g. through a core set of indicators to report on global targets in the planned national NCD multi-sectoral action plan and the mental health action plan and integrate with facility based & population-based surveys.
- xvii. A World Bank loan that includes NCDs, mental health and injuries is considered by the Government for the next round of IDA and that a plan of action for preparing for this possibility is developed.

¹³These should be a subset of the set of highly cost-effective, feasible and evidence-based interventions described in the Updated (2017) Appendix 3 of the Global Action Plan for the Prevention and Control of NCDs 2013-2020 <http://who.int/ncds/governance/appendix3-update/en/>.



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PHOTO 16

**Debriefing with the WHO Representative in ETHIOPIA,
Dr Akpaka A. KALU**

WHO Country Office – UNECA Compound, Zambezi Building
Addis Ababa, ETHIOPIA
17 November 2017





PHOTO 17

Debriefing with State Minister of FMoH, H.E. Dr Kebede Worku, and senior officials

Office of the Minister of Health - Addis Ababa, ETHIOPIA
17 November 2017



PHOTO 18

Debriefing with the United Nations Country Team (UNCT)

Limat conference room
United Nations Resident Coordinator's Office, Congo Building
Addis Ababa, ETHIOPIA
17 November 2017

UNITED
NATIONS
COUNTRY TEAM



PROVISIONAL PLAN OF ACTION

36. The recommendations above now need to be actioned. The UN system through the UN Country Team with the support of its regional and global offices need to provide catalytic technical support to the Government for the recommendations above, working with the Government and international development partners to identify the required resources. Support from UN agencies and development partners would further be refined once core activities related to NCDs are identified through the mapping exercise. Annex 6 provides a summary of the institutional context analysis to support the table of actions below.

37. In the first instance, the UNDAF Health and Nutrition Result Group should develop a clear plan of support for the Government of Ethiopia on the basis of the recommendations of this report in collaboration with the Government of Ethiopia and donor agencies and that these findings are shared with the donor agencies health group for their support.

S. NO.	RECOMMENDATION	ACTIONS: NEXT STEPS	LEAD UN SYSTEM AGENCY(IES) AND UN SYSTEM PARTNER(S)
	The UNDAF Health and Nutrition Result Group to develop a clear plan of support for the Government of Ethiopia on the basis of the recommendations of this report in collaboration with the Government of Ethiopia and donor agencies and that these findings are shared with the donor agencies health group for their support.	<ul style="list-style-type: none"> ▪ Mapping of existing UN agencies work related to the NCDs. ▪ Review of this report and recommendations with further actions required. ▪ Mobilise further UN interagency Groups as relevant to different aspects of NCD prevention and control. ▪ Plan agreed, resources identified and mobilised. ▪ Annual review. 	<ul style="list-style-type: none"> ▪ UN agencies: UNDAF Health and Nutrition Result Group. ▪ Government agencies: FMoH. ▪ Others: international development partners.
	SCALING UP THE HEALTH SYSTEM RESPONSE		
I	Develop the skills and capacity of health care workers, including health extension workers, in the area of NCDs and mental health. This means getting policies agreed and providing necessary training, ensuring supervision is in place, and scaling up numbers of health workers (including Health Extension Workers). In the first instance needs and costs need to be determined.	<ul style="list-style-type: none"> ▪ Development of a joint FMoH/RHB approach (with timings and costs modelled on experience from FMoH NCD scale up sites) as part of the multi-sectoral NCD plan. ▪ Finalization of the mental health plan. ▪ Development/revision of training materials ▪ Provision of trainings ▪ Both plans costed in collaboration with MoFEC and included in next health budget. Also shared with development partners. 	<ul style="list-style-type: none"> ▪ UN agencies: WHO ▪ Partner UN agencies: to be determined through the mapping exercise (e.g. UNODC on substance use linked to mental health, UNFPA and UNICEF in the development or revision of selected training materials ▪ Government agencies: FMoH, RHB and MoFEC. ▪ Others: one representative of the donor health group.

II	Scale up over the next 24 months the availability of essential diagnostic equipment and treatment for NCDs and mental disorders in primary care building on existing NCD/mental health specific programmes/platforms (e.g. the Ministry of Health's integrating NCDs programme in 36 centre, Global Hearts, RESOLVE, PRIME, WDF diabetes/hypertension project) assessing their impact. Again, needs and costs need to be determined.	<ul style="list-style-type: none"> ▪ Combined with above, with clarity on the roles and responsibilities each agency. 	<ul style="list-style-type: none"> ▪ As above. Plus UNDP, Global Fund and US CDC. ▪ Government agencies: FMOH, RHB and MoFEC. ▪ Others: representatives of the donor health group, e.g. PSI, EDA, CUAMM.
III	Maximise the impact of government/development assistance programmes/platforms that can strengthen the NCD response (e.g. Global Fund, AfDB Basic Services Transformation Programme, PEPFAR and HIV/AIDS, Communicable Diseases, MCH) and assess the impact of them.	<ul style="list-style-type: none"> ▪ WHO staff to allocate time to working with AfDB to determine how to promote NCDs and mental health through BSTP. ▪ WHO consultant to identify opportunities for maximising impact of these programmes and platforms and feed in results into i and ii above. ▪ UNCT to identify all UN development programming relevant to NCD prevention and control (e.g. OHS, GBV, nutrition, urbanisation). Incorporate UN development support holistically within new national NCD strategy. 	<ul style="list-style-type: none"> ▪ UN agencies: WHO to lead UNCT efforts in this area. ▪ Government agencies: FMOH, RHB. ▪ Others: Global Fund, AfDB, PEPFAR and other relevant programmes.
IV	Accelerate implementation of the national cervical cancer programme (HPV vaccination programme established and scale up in screening, early detection and treatment).	<ul style="list-style-type: none"> ▪ Integrate cervical cancer screening within all SRH clinics (e.g. FP, ANC, MCH) with a programme of capacity building among health care workers for early diagnosis and management. ▪ Procure commodities and equipment for cervical cancer screening. ▪ Roll-out human papilloma virus vaccination programme. ▪ Promote condom programming for primary prevention of HIV and other STIs including HPV. 	<ul style="list-style-type: none"> ▪ UN agencies: WHO and UNFPA, UNAIDS. ▪ Government agencies: FMOH, MoE, Office of the First Lady. ▪ Other: GAVI, Women and youth NGOs.
PREVENTION OF NCDs			

V	<p>Increase excise taxes on tobacco products to increase prices effectively and make tobacco products less affordable. Additionally, tax structure should be reformed in order to be more effective. Ad valorem taxes tend to be subject to undervaluation of the product by producers in order to pay less taxes, this is specially the case where the tax base is the production price, a value the government cannot determine independently. It is therefore recommended to change the ad valorem base to the retail price (easy to determine by surveying the market) and by introducing a specific tax (amount per quantity produced), which is easy to administer and can guarantee minimum revenues for the government in addition to increasing prices effectively, (by June 2018). This should be announced as part of the Government's budget in 2018.(Note: the government could be further encouraged to reconsider earmarking this tobacco tax for a Health Promotion Fund, as has successfully occurred in other fast developing countries such as South Africa, Brazil and Thailand. Further revenue measures such as a mobile phone levy could be promoted to further support a Health Promotion Fund.)</p>	<ul style="list-style-type: none"> ▪ Advocacy events with MOFEC council of ministers, parliament office, Attorney General's office, media. ▪ Technical briefings provided. 	<ul style="list-style-type: none"> ▪ UN agencies: UN Resident Coordinator's Office in partnership with UNDAF Result Group on Health and Nutrition, WHO, UNDP and FCTC Convention Secretariat (to provide technical briefings). Plus political support from World Bank and other UN resident agencies. ▪ Government agencies: FMOH, MOFEC, FMHACA. ▪ CSOs. (MWECS, Ethiopian Kidney Association, Ethiopian Diabetic Association, NCD-Consortium)
VI	<p>Harness community networks of women, youth and households to deliver prevention messaging and behaviour change programming within community settings.</p>	<ul style="list-style-type: none"> ▪ Incorporate NCD interventions into existing peer education, drop-in centre, SRH clinics and school-based programmes. ▪ Utilise First Lady's women's empowerment programme to mobilise women's networks on NCDs. ▪ Utilise the One-to-Five household networks to promote healthy lifestyles and NCD prevention and control initiatives. 	<ul style="list-style-type: none"> ▪ UN agencies: UNFPA, UN Women, UNICEF, UNESCO, WHO(?), UNDP(?) ▪ Government agencies: Office of the First Lady, FMOH, Ministry of Women and Children Affairs
VII	<p>Utilise mass-media to raise community awareness of NCD issues related to lifestyle, nutrition, substance use and urbanisation.</p>	<ul style="list-style-type: none"> ▪ Provide broadcasting incentives (e.g. free airtime) for NCD prevention broadcasting. ▪ Develop NCD/mental health/injury infomercials and infotainment series. 	<ul style="list-style-type: none"> ▪ UN agencies: WHO, UNFPA, UN Women ▪ Government agencies: FMHACA, Ethiopian Broadcasting Authority, FMOH ▪ Other: NGOs
VIII	<p>Encourage a whole of government, whole of society response to NCD prevention and control, focusing on health promoting urbanisation based on SDG 11: Sustainable cities and communities, and Healthy Cities principles – encompassing integrated planning, provision of public space and amenity, safer/shared transport, pollution control, community engagement and promotion of active, healthy lifestyles. Utilise public-private partnerships to engage the private sector in the NCD response, focusing on private sector funding of integrated, “sustainable, healthy cities” development, and support for government social contracting of NGO/CSO-led, community-based NCD prevention initiatives.</p>	<ul style="list-style-type: none"> ▪ Develop integrated planning strategy, including for provision of public space and amenity. ▪ Engage private sector for financing of integrated urban development projects (e.g. safer/shared transport, pollution control, communal space/sports venues, social contracting/ community engagement. 	<ul style="list-style-type: none"> ▪ UN agencies: UN Habitat, UNDP, WHO, UNEP ▪ Government agencies: Office of the Prime Minister, Ministry of Urban Development and Housing, FMOH, +++ ▪ Other: NGOs, Private sector

IX	Harness existing efforts of appropriate UN and other development partners in supporting integrated responses to injuries, for example focusing on improved occupational health and safety (ILO), reduced gender based violence (UN Women, UNFPA, WHO), and reduced motor vehicle crashes (UNDP, WHO).	<ul style="list-style-type: none"> ▪ Address occupational injuries within construction/industrial/agricultural/mineral resources sectors. ▪ Address endemic gender-based violence/ violence against women and children, and sexual assault. ▪ Address motor vehicle related morbidity and mortality. 	<ul style="list-style-type: none"> ▪ UN agencies: ILO, WHO, UN Women, UNFPA, UNICEF, UNDP. ▪ Government agencies: MoH, Ministry of Women and Children Affairs, MoE, Office of the First Lady, Ministry of Transport . ▪ Other: NGOs/CSOs.
GOVERNANCE: PLANNING AND COORDINATION			
X	A programme of raising awareness on NCDs and its risk factors across all ministries of health departments at federal and regional levels, including establishing regional NCD coordinating team in the regional health bureaus rather than a single focal point for coordinated national NCD response.	<ul style="list-style-type: none"> ▪ 12 month programme of activities developed and undertaken. 	<ul style="list-style-type: none"> ▪ UN agencies: WHO and World Bank. ▪ Government agencies: FMOH, RHB.
XI	A high-level national summit on NCDs that result in a high-level multi-sectoral coordination committee being established. The mechanism should include government, regional authorities, the UN system, development partners, the private sector and civil society.	<ul style="list-style-type: none"> ▪ Agreement on date and format for a FMOH/WHO co-hosted event asap (ideally by March 2018). ▪ Agreement on outcomes. ▪ Technical and political preparation, including advocacy. ▪ Successful event held leading to establishing multi-sectoral coordination committee and launch of preparatory process for multi-sectoral plan. 	<ul style="list-style-type: none"> ▪ UN agencies: UN Resident Coordinator's Office in partnership with the UNDAF Result Group on Health and Nutrition, WHO, UNDP and World Bank (to provide technical briefings and sector posters¹⁴). Plus political and technical support from other UN resident agencies as required. ▪ Government agencies: FMOH plus Prime Minister's office and all relevant government ministries, RHB. ▪ Others: international and national development partners, including the private sector, with of course the exception of the tobacco industry.
XII	The high-level multi-sectoral coordination committee leads the development of a multi-sectoral NCD strategy that also includes the health sector response. The strategy should: (i) describe the health and other sectoral dimensions of NCD prevention and control; (ii) outline a list of priority NCD conditions and risk factors for action (Annex 5), ¹⁵ and (iii) identify the roles and responsibilities of each sector and partner. ¹⁶	<ul style="list-style-type: none"> ▪ Timeline and process for completing the strategy agreed (ideally the strategy should be agreed by September 2018). ▪ Strategy developed and costed, finalised and launched. 	<ul style="list-style-type: none"> ▪ High-level multi-sectoral coordination committee plus agencies and partners above.
XIII	Indicators for reduction in salt and transfats to	<ul style="list-style-type: none"> ▪ WHO to advocate for the inclusion of 	<ul style="list-style-type: none"> ▪ UN agencies: WHO, FAO.

¹⁴ Set of posters to support sector policy briefs. <http://www.who.int/ncds/un-task-force/policy-briefs/en/>

¹⁵ These should be a subset of the set of highly cost-effective, feasible and evidence-based interventions described in the Updated (2017) Appendix 3 of the Global Action Plan for the Prevention and Control of NCDs 2013-2020 <http://who.int/ncds/governance/appendix3-update/en/>.

¹⁶ The Task Force has published a set of sector briefs to support government ministries and their partners better understand the impact of NCDs on their sector and what action each ministry can take to reduce the burden of NCDs. <http://www.who.int/ncds/un-task-force/policy-briefs/en/>

	be included in the draft food and nutrition policy.	NCD indicators incorporated in the Food and Nutrition policy.	<ul style="list-style-type: none"> Government agencies, FMOH
XIV	The multi-sectoral NCD strategy is costed.	<ul style="list-style-type: none"> As above (ideally by December 2018). 	<ul style="list-style-type: none"> UN agencies: WHO and World Bank. Government agencies: FMOH and RHBS.
	GOVERNANCE: PLANNING AND COORDINATION		
	That based on the costing of the NCD and mental health action plans and an NCD and mental health investment case analysis, a sustainable financing framework is developed for the short and medium-term.	<ul style="list-style-type: none"> Sustainable financing framework is developed (by mid-2019). 	<ul style="list-style-type: none"> UN agencies: WHO and World Bank. Government agencies: FMOH and MoF plus regional counterparts. Others: donor health group.
	That NCDs and mental health is included as a priority in the Health Sector Transformation Plan (HSTP) and taken up in the Third Growth and Transformation Plan (GTP III).	<ul style="list-style-type: none"> Monitoring of PHC pilot sites, documentation of best practices and scale-up of priority actions. NCDs and mental health included as one of the major targets in health sector development plan of GTP III. 	<ul style="list-style-type: none"> UN agencies: WHO.
	A World Bank loan that includes NCDs and mental health is considered by the Government for the next round of IDA and a plan of action for preparing for this possibility is developed.		<ul style="list-style-type: none"> UN agencies: WHO and World Bank.



ANNEXES

ANNEX 1:

TERMS OF REFERENCE FOR THE JOINT MISSION OF THE UNITED NATIONS INTERAGENCY TASK FORCE ON THE PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES TO ETHIOPIA

BACKGROUND AND RATIONALE:

Non-communicable diseases (NCDs) are the leading causes of death globally. In 2015, 3.1 million deaths in the African region were caused by the four major NCDs namely cardiovascular diseases, cancer, chronic respiratory diseases and diabetes. In addition to the four major NCDs, mental illness contributes to disability, suffering and premature death accounting for 13% of the total global burden of disease in 2000—a figure that is expected to rise to 15% by the year 2020. The majority of NCD deaths are largely preventable by addressing the four main risk factors—tobacco use, harmful use of alcohol, unhealthy diet and lack of physical activity. 48% of NCD deaths in low- and middle- income countries are in people below the age of 70 years. The burden of NCDs is further compounded by the rise in road traffic injuries (RTI). The Global status report on road safety 2015, reflecting information from 180 countries, indicates that worldwide the total number of road traffic deaths has plateaued at 1.25 million per year, with the highest road traffic fatality rates in low-income countries. Africa has the highest RTI death rate per population in the world, with pedestrians and other vulnerable road users suffering most. Among young men, RTIs are already the leading cause of premature death after HIV/AIDS.

NCDs and their risk factors have a complex interaction with each other, with infectious diseases, nutritional deficiencies and other communicable conditions. The widespread availability of anti-retroviral treatment has made HIV a chronic disease. People with HIV and AIDS now live longer though they are at higher risk of developing NCDs. In addition, a recent study shows that people living with HIV are more prone to develop cancers than those who are HIV-negative. Women living with HIV are at higher risk of HPV infection and thus at higher risk of cervical cancer. Addressing NCD co-morbidity in people living with HIV is an important issue. NCDs are also related to undernutrition and overweight/obesity. While overweight and obesity, including childhood obesity, are major drivers of the global NCD epidemic. Undernutrition, specifically that of maternal undernutrition, as well as in-utero and infant and young child undernutrition are co-related with the risk of developing nutrition related non-communicable diseases later in life. Additionally, moderate wasting and stunting are potential risk factors for children becoming overweight or obese. Within these populations, and until there is a more definitive evidence base, to avoid increasing the risk of overweight and obesity WHO recommends not to provide formulated supplementary foods on a routine basis to children who are moderately wasted or stunted.

NCDs have also adverse human, social and economic consequences in all countries particularly in low and middle income countries. They act as a barrier to poverty alleviation and sustainable development. Sustainable Development Goals 3 (SDG3) which is on good health and well-being includes several NCD targets: (i) by 2030, reduce by one third premature mortality from NCDs through prevention and treatment and promote mental health and well-being; (ii) strengthening prevention and treatment of substance abuse, including narcotic abuse and harmful use of alcohol and (iii) strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries, as appropriate.

The United Nations Political Declaration on NCDs which was endorsed by Heads of State and Government in September 2011 recognized that NCDs constitute one of the main developmental challenges of the 21st century and called for a “whole of government and a whole of society effort”. The year also marked the beginning of the UN decade of Action for Road Safety 2011-2020 which was declared by the United Nations General Assembly to accelerate action against the burden of RTI.

In order to realize the commitments made in the political declaration, The WHO global NCD action plan 2013-2020 was endorsed at the 66th World Health Assembly. The global action plan provides guidance to member states and development partners on policy options and strategic actions to be taken in order to contribute to progress on nine voluntary global targets to be attained in 2025, including a 25% reduction in premature mortality by 2025.

In July 2014, the second High Level Meeting (HLM) of the United Nations General Assembly was conducted in New York. The high level meeting undertook a comprehensive review and assessment of the progress made since the Political Declaration of 2011. The High Level meeting noted that progress in developing countries had been slow and uneven. The major challenge was lack of capacity to address NCDs. The High Level Meeting adopted the UN Outcome Document 2014 in which member states committed to: (i) set national targets for 2025; (ii) develop multi-sectoral NCD policies and plans to achieve the targets and integrate NCDs into health planning and national development plans; (iii) implement the “best buys” to reduce exposure to the risk factors for NCDs; and (iv) strengthen health systems to respond.

The UN General Assembly will hold its Third High Level Meeting (HLM) on NCDs in 2018 to conduct a comprehensive review of the progress achieved in the implementation of the commitments on NCDs. In preparation for this Third HLM the WHO Director-General will, by the end of 2017, submit a progress report to the UN General Assembly based on 10 progress indicators.

The United Nations Inter-Agency Task Force on the Prevention and Control of NCDs was established by the United Nations Economic and Social Council (ECOSOC) in 2013 to coordinate the contribution of UN Agencies to the prevention and control of NCDs. Terms of reference were agreed in 2014. Since 2014, the Task Force has conducted joint programming missions to around 20 countries, including Kenya, the Democratic Republic of Congo, Mozambique and Zambia. These missions have provided an opportunity for Resident United Nations Country Teams (UNCTs) to support government efforts in integrating NCD prevention and control into national development strategies and plans.

NATIONAL CONTEXT:

Ethiopia faces the double burden of undernutrition and NCDs. In Ethiopia, the four major NCDs, namely cardiovascular diseases, cancer, diabetes and chronic respiratory diseases, are among the leading causes of mortality and are estimated to account for 34% of all deaths. Mental illness is also one of the leading non-communicable diseases in terms of burden. In a predominantly rural Ethiopia, it comprises 11% of the total burden of disease. The burden of RTI is also on the rise in the country. Despite low road network density and vehicle ownership, there is a relatively high road traffic injuries recorded-in the year 2015 about 3% of the population had encountered RTIs.

Mortality from the major NCDs is linked to exposure to risk factors; Tobacco use, harmful use of alcohol, unhealthy diet, physical inactivity and khat use. According to the 2015 STEP survey conducted on NCD risk factors, the prevalence of tobacco use is 4.2% for adults ranging within the age group of 15-69 years, with prevalence of smoking higher in men than in women; 7.3% and 0.4% respectively while 15.8% of the population consumes khat The steps survey also shows that 5.8% of adults ranging in the above age group are characterized as having insufficient physical activity while 97.6% had insufficient fruit consumption. It was also estimated that 16% of the population had raised blood pressure.

The Government of the Federal Democratic Republic of Ethiopia is committed to addressing NCDs and their risk factors. The National Strategic Action Plan (NSAP) for the prevention and control of NCDs 2014-2016 calls for “a collective multi-sectoral response, strategic policy changes, resource mobilization and collaboration among all stakeholders”. The NSAP focuses on the delivery of essential and quality preventive and curative health services which should be integrated within the three tiered healthcare system of the country. The government now plans to review the NSAP and develop a comprehensive integrated national multisectoral NCD Action Plan to ensure “a whole of government and whole of society effort”. The government through the Federal Ministry of health is also piloting and implementing the Mental Health Gap Action program (mhGAP) to integrate mental health into the existing primary health care delivery system. The recent National Nutrition Program (NNP) 2016-2020, which include concrete educational, regulatory and setting-based initiatives to prevent obesity and promote healthy diets and nutrition, in addition to numerous activities to prevent undernutrition in utero and IYC period. The current NNP therefore constitute a significant step forward from the previous NNP 2013-15, which was mainly focused on undernutrition although some measures were foreseen to increase fruit and vegetable consumption.

The joint UNIATF mission to Ethiopia will support the UNCT and other partners in their work with the Government to scale up national efforts to address the prevention and control of NCDs. A key output of the mission will be the review and updating of the National Strategic Action Plan for the prevention and control of NCDs 2014-2016 and recommendations on coordination of NCDs in Ethiopia. As a follow up to the mission, the UNCT will establish a sustainable mechanism for joint work on NCDs (a thematic group on NCDs or equivalent) to ensure that coordinated action on NCDs is taken forward.

OVERALL APPROACH

The mission is intended to support the UNCT and the Government scale up the national multisectoral response to NCDs in line with the WHO Global NCD Action Plan 2013-2020 and relevant regional WHO action plans.

The mission will be carried out in accordance with the terms of reference of the UN Inter-Agency Task Force. A key element of the mission will be to assess the current national response and support from the UN Country Team to the Government of the Federal Democratic Republic of Ethiopia on the prevention and control of NCDs. The mission will also review and assess existing structures for coordination of NCDs prevention and control and other programmes such as nutrition and HIV.

The Joint Mission will hold detailed discussions with the UNCT. The Joint Mission will also aim to meet with the President's office, Government ministries and agencies, parliamentarians, non-State actors. Meetings will also be held with development partners in country. The Joint Mission will also look for opportunities to engage with the media

PURPOSE AND OBJECTIVES OF THE UNIATF MISSION TO ETHIOPIA

The purpose of the Joint UNIATF mission to Ethiopia is to:

1. Strengthen UN capacity and commitment to support the Government of the Federal Democratic Republic of Ethiopia respond to NCDs and NCD-related SDGs;
2. Promote a whole-of-government response to NCDs and NCD-related SDGs;
3. Promote a whole-of-society response to NCDs and NCD-related SDGs;
4. Increase the attention provided by development partners to NCDs and NCD-related SDGs.

The objectives of the Joint Mission are to work with the Government of the Federal Democratic Republic of Ethiopia, the UNCT, non-State actors and development partners to:

1. Review and assess the National Strategic Action Plan (NSAP) for the prevention and control of NCDs, 2014-2016 to determine achievements, challenges and lessons learnt and advise on the development of new national multisectoral NCD Action plan for Ethiopia for the next five years;
2. Assess how NCDs and their determinants have been integrated into wider multisectoral government, UN and development partner policies, plans and programmes, review progress and identify ways to strengthen them;
3. Describe existing coordination mechanism on NCD prevention and control across government, the UN system and development partners and identify ways of strengthening these mechanisms;
4. Map on-going activities by the Government, UN system and development partners to support the NCD response in Ethiopia;
5. Review mechanisms to enhance sustainable financing of the national NCD response, including through fiscal tobacco and alcohol taxes as well as through catalytic support from development partners;
6. Assess opportunities for integrating NCDs into other programmes such as HIV, nutrition and maternal and child health programmes and explore opportunities for strengthening treatment of NCDs within the context of universal health coverage;
7. Establish a roadmap over the next 12 months which will enable significant progress in the national multisectoral response to NCDs.
8. Proposed dates

The mission will take place during 13-17 November 2017

WORKING DOCUMENTS

- National Strategic Action Plan for the prevention and Control of NCDs in Ethiopia 2014-2016
- Country Cooperation Strategy 2016-2020
- United Nations Development Assistance Framework
- Ethiopia STEPS survey 2015
- Tobacco Control directive/legislation/ draft strategic plan
- Mental Health strategic plan 2012/13-2015/16
- Ethiopian Road safety strategy
- Multi-sectoral stakeholder analysis
- Ethiopia Survey 2015; road traffic accident fact sheet.
- United Nations no-smoking policy
- National Nutrition program 2016-2020
- Ethiopian National school health and nutrition strategy
- Food and Nutrition policy Draft
- Global Adult Tobacco survey

ANNEX 2:

MEMBERS OF THE JOINT MISSION

(AGENCIES IN ALPHABETICAL ORDER)

UNDP

Roy Small

*Policy Analyst - HIV, Health and Development Group
New York, USA*

UNFPA

Tim Sladden

*Senior Adviser - Sexual & Reproductive Health Branch
New York, USA*

US Centers for Disease control and Prevention

Christine Ross

*Associate Director of HIV Care and Treatment
Addis Ababa, ETHIOPIA*

WHO

Nicholas Banatvala

*Head of Task Force Secretariat
Geneva, SWITZERLAND*

Neerja Chowdhary

*Department of Mental Health and Substance Abuse
Geneva, SWITZERLAND*

Steven Shongwe

*Acting Director NCDs, WHO Regional Office for Africa
Brazzaville, Republic of CONGO*

Prebo Barango

*Medical Officer, NCDs IST/ESA
Harare, ZIMBABWE*

Fassil Shiferaw

*Disease Prevention & Control Consultant, NCD team
Addis Ababa, ETHIOPIA*

Tseday Zerayacob

*NCD Consultant, NCD team
Addis Ababa, ETHIOPIA*

World Bank

Patrick Lumumba Osewe

*Lead Health Specialist and Global Lead for Public Health
Washington DC, USA*

Yvonne Nkrumah

*Senior Operations Officer
Washington DC, USA*

Julia Mensah

*Operations Officer
Washington DC, USA*

ANNEX 3:

JOINT MISSION PROGRAMME

TIME	MEETING	VENUE	OBJECTIVES
Monday , 13 November 2017			
08:30-09:00	Meeting with WR	WHO Country office, Zambezi Building	Overview of mission objectives and proposed outcomes
09:30-10:30	Security Briefing for the team	WHO Country office, Zambezi Building	Overview of mission objectives and proposed outcomes
10:30-11:30	Briefing with Minister of Health, Senior officials and FMoH NCD team including mental health cluster lead	Ministry of Health	Overview of mission Objectives and proposed outcomes
12:00-13:00	Lunch break		
14:00-15:00	Meeting with the UN Resident Coordinator, UNDP Resident Representative and UN Humanitarian Coordinator	United Nations Resident Coordinator office, Congo Building Limat Conference room	Overview of mission objectives and proposed outcomes
15:30-17:30	Working session with FMoH NCD case team including mental health Focal person	FMoH office	
15:30-16:30	Meeting With the Cabinet Minister	Prime Minister's office	Engaging various Minister offices for multisectoral collaboration towards the prevention and control of NCDs
Tuesday , 14 November 2017			
08:30-09:30	Meeting with UNCT	United Nations Resident Coordinator office, Congo Building	<p>Introduction of joint UNIATF mission</p> <p>Develop a shared understanding of the Global NCD and mental health strategy among the UNCT in Ethiopia</p> <p>To define the roles of different UN agencies in the national NCD response</p>

			Integrating NCDs into UNDAF and other development partners' work Advocate for the establishment of UN Interagency Task team in Ethiopia for NCDs under the guidance of the UN Resident Coordinator (UNRC) and WHO Sustainable financing mechanism for NCDs and mental health
09:30-10:30	Meeting with development partners Afd, Spanish Development Cooperation (AECID), Japan Embassy Embassy of the State Israel	Limat conference room, UNDP	
11:30-12:30	Meeting with state minister of the Transport Minister	Office of the Ministry	NCD investment and development Implementation of UN Decade of action for road safety Road traffic injuries in Ethiopia
11:30-12:30	Meeting with WHO Collaborating Centre for mental health research and capacity building+ WHO mental health focal person		
13:00-14:00	Lunch break		
14:30-15:30	Meeting with the Minister of Agriculture and Natural Resources	Office of the Ministry	Agricultural and food policies in support of health policies with the context of NCDs.
14:30-17:30	Working session with FMOH NCD case team including mental health Focal person	WHO office	Supporting Country Led NCD prevention and control programmes
16:00-17:00	Meeting with the Advisor to the Minister of Education	Office of the Ministry	NCD and development in school context: School health promotion and adolescent mental health
Wednesday 15 November 2017			
09:00-10:00	Meeting With the Social Development Policy Division (SDPD) of the United Nations Economic Commission for Africa	UNECA compound	NCDs and the achievement of the SDGs Making the investment case for NCDs.

10:30-11:30	Meeting with the State Minister of Finance and Economic Cooperation	Office of the Ministry of Finance and Economic Cooperation	<p>NCD investment and development</p> <p>Alternative funding mechanism for NCDs and mental health through price and tax measures. Increased taxation on Alcohol, Tobacco and Khat</p> <p>Illicit trade of tobacco products</p> <p>Addis Ababa action agenda of the third international conference of Financing for Development -Increased tobacco taxation as one source of revenue and to decrease tobacco consumption and health care costs</p>
12:00-13:00	Meeting with Minister of Urban Development and Housing	Office of the Ministry	<p>NCD and risk factors with respect to physical inactivity Safer streets roads and parks</p> <p>Rapid urbanization and NCDs (safer streets, roads and parks, physical inactivity)</p> <p>Infrastructure boom and concerns about pollution.</p>
14:30-15:30	Meeting with Director General of Ethiopian Broad Casting Authority	Ethiopian Broadcasting Authority	<p>Mass media communication for NCD control and mental health awareness</p> <p>Policy on banning of Advertisements (Alcohol, tobacco)</p>
16:00-17:00	Meeting with AfDB	AfDB office	<p>NCDS and development: Supporting Country Led NCD prevention and control programmes</p>
Thursday 16 November 2017			
09:00-10:30	Meeting with CSOs	WHO premises building	CSO engagement towards the prevention and control of NCDs
10:30-11:30	Meeting with Deputy Director General of Food Medicine and Health Care Administration and Control Authority (FMHACA)	FMHACA	<p>Ongoing activities towards the Implementation of the FCTC;</p> <p>Trend of regulatory activities with regards to food products in line with the prevention and control of NCDS</p>
12:30-13:30	Meeting with office of the First lady		Ongoing initiatives of first lady's office towards NCDs (cervical and breast cancer, school feeding programs)

14:00-17:00	Working session with FMOH NCD case team and Health Extension program focal person		
14:30-15:30	Meeting with USAID	USAID office/WHO office	NCDS and development: Supporting Country Led NCD prevention and control programmes
16:00-17:00	Meeting with DFID	DFID office	NCDS and development: Supporting Country Led NCD prevention and control programmes
18:30-19:00	Reception		
Friday 17 November 2017			
09:00-10:00	Debriefing with WR	WHO office	
10:30-11:30	Debriefing with UNCT	Conference room	
14:00-15:30	Debriefing with State Minister of FMOH	FMOH office	

ANNEX 4:

WHO PROGRESS MONITOR SCORECARD, 2017



ETHIOPIA

99 873 000

Total population

39%

Percentage of deaths from NCDs

284 000

Total number of NCD deaths

19%

Risk of premature death from target NCDs

1	National NCD targets	●
2	Mortality data	○
3	Risk factor surveys	●
4	National integrated NCD policy/strategy/action plan	○
5	Tobacco demand-reduction measures:	
a	increased excise taxes and prices	○
b	smoke-free policies	●
c	large graphic health warnings/plain packaging	●
d	bans on advertising, promotion and sponsorship	●
e	mass media campaigns	●
6	Harmful use of alcohol reduction measures:	
a	restrictions on physical availability	●
b	advertising bans or comprehensive restrictions	●
c	increased excise taxes	●
7	Unhealthy diet reduction measures:	
a	salt/sodium policies	○
b	saturated fatty acids and trans-fats policies	○
c	marketing to children restrictions	○
d	marketing of breast-milk substitutes restrictions	○
8	Public education and awareness campaign on physical activity	○
9	Guidelines for management of cancer, CVD, diabetes and CRD	●
10	Drug therapy/counselling to prevent heart attacks and strokes	○

● = fully achieved ● = partially achieved ○ = not achieved

World Health Organization - Noncommunicable Diseases Progress Monitor 2017

ANNEX 5:

EVIDENCE-BASED COST-EFFECTIVE INTERVENTIONS FOR THE PREVENTION AND CONTROL OF NCD¹⁷

TOBACCO USE¹⁸

- Reduce affordability of tobacco products by increasing tobacco excise taxes
- Create by law completely smoke-free environments in all indoor workplaces, public places and public transport
- Warn people of the dangers of tobacco and tobacco smoke through effective health warnings and mass media campaigns
- Ban all forms of tobacco advertising, promotion and sponsorship

HARMFUL USE OF ALCOHOL

- Regulating commercial and public availability of alcohol
- Restricting or banning alcohol advertising and promotions
- Using pricing policies such as excise tax increases on alcoholic beverages

UNHEALTHY DIET

- Reduce salt intake (and adjust the iodine content of iodized salt, when relevant)
- Replace trans fats with unsaturated fats
- Implement public awareness programmes on diet and physical activity

CARDIOVASCULAR DISEASE AND DIABETES

- Drug therapy (including glycaemic control for diabetes mellitus and control of hypertension using a total risk approach) and counselling to individuals who have had a heart attack or stroke and to persons with high risk (\geq 30%) of a fatal and nonfatal cardiovascular event in the next 10 years.
- Acetylsalicylic acid for acute myocardial infarction

CANCER

- Prevention of liver cancer through hepatitis B immunization
- Prevention of cervical cancer through screening (visual inspection with acetic acid [VIA] (or Pap smear (cervical cytology), if very cost-effective), linked with timely treatment of pre-cancerous lesions

CHRONIC RESPIRATORY DISEASE

- Access to improved stoves and cleaner fuels to reduce indoor air pollution
- Cost-effective interventions to prevent occupational lung diseases, e.g. from exposure to silica, asbestos
- Treatment of asthma based on WHO guidelines
- Influenza vaccination for patients with chronic obstructive pulmonary disease

¹⁷ Taken from the WHO NCD Global Action plan 2013-2020 (http://apps.who.int/iris/bitstream/10665/94384/1/9789241506236_eng.pdf?ua=1, pages 66 and 67). The measures listed are recognized as very cost-effective i.e. generate an extra year of healthy life for a cost that falls below the average annual income or gross domestic product per person. In addressing each risk factor, governments should not rely on one single intervention, but should have a comprehensive approach to achieve desired results.

¹⁸ These measures reflect one or more provisions of the WHO Framework Convention on Tobacco Control (WHO FCTC). The measures included are not intended to suggest a prioritization of obligations under the WHO FCTC. Rather, these measures have been proven to be feasible, affordable and cost-effective and are intended to fulfil the criteria for assisting countries to meet the agreed targets as quickly as possible. The WHO FCTC includes a number of other important provisions, including supply-reduction measures and those to support multisectoral actions, which are part of any comprehensive tobacco control programme.

ANNEX 6:

SUMMARY INSTITUTIONAL CONTEXT ANALYSIS

GOVERNMENT SECTORS					
Sector	Political will in multi-sectoral coordination.	Multi-sectoral initiative on NCDs	Specific interest on NCDs	Key Expected contribution on multi-sectoral coordination	Remark
Cabinet office	A council of ministers Office established to coordinate all government sectors activities to be in alignment.	Sectoral ministries Working together including social standing committee of the parliament in decision making in all sectors including health matters.	Health has economic dividend influencing productivity & country economic growth.	<ul style="list-style-type: none"> ▪ Coordinate and lead a diverse Government sectors and effectively leverage the strengths and skills of the sectors according to mutual interest to advance shared goals on NCDs. ▪ Be held accountable for national progress on NCDs. ▪ fulfil obligations under the WHO Framework Convention on Tobacco Control; ▪ Act to ensure no industry interference in government policymaking. 	Highly influential in establishing high level multi-sectoral coordination mechanism for NCDs.
Office of the First Lady	Working with government institutions, civil society, the private sector and media in the implementation of its core programs on social and economic development with particular focus to women & children.	Lead the National cancer control coordinating body.	<ul style="list-style-type: none"> ▪ Cancer control, determined to stop all preventable sufferings and deaths caused by cancer. ▪ Improving society nutrition status towards socio-economic development. ▪ Tackling HIV/AIDs and its sequels including cervical cancer. 	<ul style="list-style-type: none"> ▪ Economic empowerment of women – promoting rural agriculture and access to export markets (opportunity to encourage healthy foods production) ▪ Nutrition: school meals program (breakfast and lunch) in 227 primary schools in Addis Ababa (opportunity to promote good childhood nutrition) ▪ Cancer prevention and control: Co-Chair of National Cancer Control Plan (focus on cervical and breast cancer) opportunity for multi-sectoral platform on NCDs ▪ Education:(opportunity for further NCD messaging in schools) ▪ HIV prevention and control (HIV-NCD links) ▪ Regional and international alliance (opportunity for UNCT and UNIATF partnerships, eg. UNFPA works with the First Lady office. 	<p>Champion in leading national cancer control, and support could ultimately broaden to other NCDs.</p> <p>Highly influential in establishing high level multi-sectoral coordination mechanism for NCDs.</p>

Ministry of Finance & Economic Cooperation	Ministry has working relation with all government sectors on allocating fiscal budget & issue financial regulations.	Member on National tobacco control multi-sectoral coordinating body.	Fiscal policies can generate substantial additional revenue for the government, while improving public health.	<ul style="list-style-type: none"> ▪ Price and tax measures can be used to actively encourage healthier behaviours and consumption of healthier products. ▪ Sustainable financial mechanism for NCDs through “sin-Tax”. 	<ul style="list-style-type: none"> ▪ Industry interference is a major challenge: ministries of finance, tax and revenue must be alert to the myths spread by industry. ▪ Ministries of finance, tax and revenue need to collect robust data to see the impacts of tax and price policies.
Ministry of Transport	Established functional National Road safety council composed of different sectoral ministries.	Working on road safety with all government sectors and on post-crash injury with FMOH.	Well-designed roads, safe vehicles, less automotive accidents and death.	Working on Road safety in line with UN decade of action on road safety.	Highly influential in rules and regulations of road transport issues.
Ministry of Urban development	Showed high level interest to work with FMOH.	XXXX	Promote SDG 11, Infrastructure for healthy living.	Rules & regulations for Healthy walkable & bike-able cities in all regions.	Promoting and following the enforcement of the guiding principle of 60% of all land is allocated for public amenities in cities and towns.
Ministry of Agriculture	Showed high level interest to work with FMOH.	Member of the national nutrition multi-sectoral coordination body.	Healthy and nutritious agricultural products available for home use.	Enabling sustainable agriculture providing people healthy diets that can help prevent NCDs. Monitor food safety.	Major contributor to economic growth; important to align agricultural contributions to growth with those of a healthy, productive society.

<p>Ministry of Education</p>	<p>The ministry has memorandum of understanding with various sectors including ministry of Health.</p>	<p>HIV/AIDs sexual education, and planning to work on NCDs with FMOH.</p>	<p>The education sector has a fundamental responsibility to protect children’s health and well-being.</p>	<ul style="list-style-type: none"> ▪ Health education and Integrating NCD risk factors and major noncommunicable disease problems in their respective curriculum or non-curricular approach at various levels. ▪ Making school premises free from unhealthy diets, tobacco and alcohol. ▪ Promote physical activity in schools. 	<p>Life-long health behaviours are shaped during childhood and adolescence, hence highly influential in making risk reduction behavioural change by integrating risk factor reduction and NCDs health education in school curricula starting at early primary school age.</p>
<p>Ethiopian Broadcasting Agency</p>	<p>Working with different sectors including ministry of health in media campaigns.</p>	<ul style="list-style-type: none"> ▪ Ministry of health have regular air-time through public TV(EBC). ▪ -EBA’s role is to enforce FMHACA restriction directives on public radio and TV (eg Proclamation 759 2012). ▪ No tobacco advertising is allowed and there are some restrictions on alcohol advertising (no liquor adverts). 	<p>Governments and public bodies have an obligation to protect population health and maximize their country’s social and economic development.</p>	<p>Information and communications have exceptional reach to promote good health and help people reduce their risk of dying early from a preventable NCDs.</p>	<ul style="list-style-type: none"> ▪ Highly influential in transmitting health promotion messages and easily reach at community level. ▪ Further restrictions on drug and alcohol in the media. ▪ MoH and NGO infotainment broadcasting should be encouraged and be fee-free. ▪ Identify champions who can broadcast messages

<p>Ministry of Health</p>	<p>Collaboration With ministry of education. With ministry of road transport.</p>	<p>Leading in National Nutrition multi-sectoral coordination. Member of National road safety council with transport ministry on Post-crush injury.</p>	<p>Non-Communicable diseases as development agenda to meet SDGs 3.4 goal.</p>	<p>Setting agenda, Health oriented technical support across sectors.</p>	<p>Highly influential in coordinating and in making and generating evidence.</p>
<p>Food, Medicine and Health Care Administration & Control Authority</p>	<p>As a regulator working with all sectors on health Issues. Very close working relation with federal ministry of Health.</p>	<p>Established National multi-sectoral coordinating body on Tobacco control.</p>	<p>Protecting the public from unsafe and inefficacious modern & traditional medicines, unsafe food, unethical practice, illicit drugs, unhealthy environment and regulate health care delivery.</p>	<ul style="list-style-type: none"> ▪ Introduce specific excise and change base of ad valorem to retail price. ▪ FMHACA can issue Directives to influence ministry of finance to earmarking “sintaxes” like tobacco excise for Health promotion Fund. ▪ Deploy NCD risk factors like tobacco regulations, advertising restrictions, health labelling, taxation. ▪ Making available registered low cost NCD generic drugs. 	<ul style="list-style-type: none"> ▪ Problems exist with law enforcement, e.g. of tobacco and alcohol directives. ▪ Highly influential and authority in regulating and controlling all NCD risk factors.

CIVIC SOCIETY ORGANIZATIONS & DEVELOPMENT AGENCIES

ORGANIZATION / AGENCY	PARTNERSHIP	MULTI-SECTORAL COORDINATION INITIATIVE ON NCDS	SPECIFIC INTEREST ON NCDS	KEY EXPECTED CONTRIBUTION ON MULTI-SECTORAL COORDINATION.	REMARK
NCD lobby Civic Society Organizations	With FMOH, NGOs and development agencies.	Ethiopian civic societies health forum, coordinated by Catholic relief Development Agency (CRDA)	<ul style="list-style-type: none"> Preventing the public from NCD risk factors. Making clients and community voice heard on NCD service delivery. 	<ul style="list-style-type: none"> Develop materials and disseminate information to decision makers; disseminate technical guidance and norms. Ensure an independent voice for accountability. Integrate NCDs into health and social service delivery models and communications with the community. 	<ul style="list-style-type: none"> The “One to Five” community network may be harnessed for prevention messaging. Broader participation and empowerment of women and young people would markedly shift and scale up prevention efforts.
USAID	Working with government on Community-based Health Insurance (CBHI) Programme which has relevance for NCDs.		Implications for women and girls, and for maximizing impacts of CBHI.	<ul style="list-style-type: none"> Encourage NCD action across sectors and to increase consistency across agencies and their respective norms guidelines. Support country actions by promoting knowledge sharing, facilitating networks, and evaluating interventions. 	Untapped potential to support the NCD response in line with existing efforts on related health issues/work.
DFID	DFID has a USD 0.5 billion programme in Ethiopia, with USD110 million health sector strengthening programme. 90% of this goes to government HSS. (There is a pooled fund of USD 200-250 million per year from 10 partners, including WB).	Practical Approach to Care Kit (PACK) initiative: Integrated primary health care guidelines are being produced, including NCD management.	Through Health system strengthening, and new initiative of school health program.	<ul style="list-style-type: none"> Support increasing the evidence base for <ul style="list-style-type: none"> (i) integrating effective NCD prevention, treatment, and monitoring programmes into existing health systems; and (ii) multi-sectoral actions to achieve NCD targets. 	

<p>African Development Bank</p>	<p>Finances six areas of development within its long-term 2013–2022 Strategy:</p> <p>(i) Infrastructure and connectivity;</p> <p>(ii) Human capital development;</p> <p>(iii) Governance;</p> <p>(iv) Energy and power supply;</p> <p>(v) Integration of roads/power/ICT and industrialization;</p> <p>(vi) Improving Quality of Life for Africans – through improved health, education, water, sanitation</p>		<ul style="list-style-type: none"> ▪ AfDB has an overarching principle of “Greening of the economy”. We should encourage another overarching framework of ensuring a “Health promoting economy/economic development” ▪ The impact of NCDs on African economies should be analysed and reported, together with analyses of opportunities for broadening taxation on risk factors – tobacco, alcohol, soda, fast foods, ▪ NCD outcome indicators could be added to existing indicators of health, education, water and sanitation. 		
<p>UNECA and the African Union</p>	<p>Creating African regional opportunities to member states.</p>		<p>Putting NCD agenda on:</p> <p>i. Conference on Sustainable development (May 2018): suggest a session on health promoting economy</p> <p>ii. Pan African Parliament – eg Committee on Education and Culture</p> <p>iii. Health, population and nutrition group (Quarterly government meetings)</p>		

<p>United Nations Country Team</p>	<p>United Nations Development Assistance Framework (UNDAF)</p>	<p>Future possible platform: UNDAF Result group on health and nutrition.</p>	<p>Agreed to map UN agencies and other development partners and their linkages with relevant ministries in the existing coordination platform:-</p> <p>Many agencies have relevant mandates and linkages to NCD prevention and control. It is useful to include/capture all UN agency core work related to NCDs, some of which may not be overly apparent.</p>	<p>Hold the UN System and development partners accountable for providing support on NCD prevention and control based on their area of work.</p>	
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ANNEX 7:

LIST OF TRACER ITEMS

<p>CERVICAL CANCER</p>	<ul style="list-style-type: none"> ▪ Guidelines for cervical cancer prevention and control ▪ Staff trained in cervical cancer prevention and control ▪ Speculum ▪ Acetic acid
<p>CHRONIC RESPIRATORY DISEASES</p>	<ul style="list-style-type: none"> ▪ Guidelines for diagnosis and management of CRD ▪ Staff trained in diagnosis and management of CRD ▪ Stethoscope ▪ Peak flow meter ▪ Spacers for inhalers ▪ Oxygen ▪ Salbutamol inhaler ▪ Beclomethasone inhaler ▪ Prednisolone cap/tabs ▪ Hydrocortisone cap/tabs ▪ Epinephrine injectable
<p>DIABETES</p>	<ul style="list-style-type: none"> ▪ Guidelines for diabetes diagnosis and treatment ▪ Staff trained in diabetes diagnosis and treatment ▪ Blood pressure apparatus ▪ Adult scale ▪ Measuring tape (height board/ stadiometre) ▪ Blood glucose ▪ Urine dipstick- protein ▪ Urine dipstick- ketones ▪ Metformin cap/tab ▪ Glibenclamide cap/tab ▪ Insulin regular injectable ▪ Glucose 50% injectable ▪ Gliclazide tablet or glipizide tablet
<p>CARDIOVASCULAR DISEASES</p>	<ul style="list-style-type: none"> ▪ Guidelines for diagnosis and treatment of chronic cardiovascular conditions ▪ Staff trained in diagnosis and management of chronic cardiovascular conditions ▪ Stethoscope ▪ Blood pressure apparatus ▪ Adult scale ▪ Oxygen ▪ ACE inhibitors (e.g. enalapril) ▪ Hydrochlorothiazide tablet or other thiazide diuretic tablet ▪ Beta blockers (e.g. atenolol) ▪ Calcium channel blockers (e.g. amlodipine) ▪ Aspirin cap/tabs ▪ Metformin cap/tabs

