Approaches to Fight NCDs in Lebanon

Walid Ammar MD, Ph.D.

2018
Causal links

- Underlying drivers:
  - Globalization
  - Urbanization
  - Population ageing

- Behavioural Risk factors:
  - Tobacco use
  - Unhealthy diet
  - Physical inactivity
  - Harmful use of alcohol

- Metabolic/physiological risk factors:
  - Raised blood pressure
  - Overweight/obesity
  - Hyperglycemia
  - Hyperlipidemia

- NCDs

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Fighting NCDs

Dimensions
Reducing risk factors
Early detection and treatment of NCDs
Secondary and tertiary care (HTA)
Palliative Care

Approaches
Global Health and international instruments
Intersectorial Action
Integration in Primary Health Care
Case management and Continuity of care
Four major groups of noncommunicable diseases

Four major lifestyles related risk factors

<table>
<thead>
<tr>
<th>Noncommunicable diseases</th>
<th>Tobacco use</th>
<th>Unhealthy diets</th>
<th>Physical inactivity</th>
<th>Harmful use of alcohol</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart disease and stroke</td>
<td>✔</td>
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</tr>
<tr>
<td>Diabetes</td>
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</tr>
<tr>
<td>Cancer</td>
<td>✔</td>
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<tr>
<td>Obesity</td>
<td>✔</td>
<td>✔</td>
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<tr>
<td>Hypertension</td>
<td>✔</td>
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</tr>
</tbody>
</table>
## STEPS Survey 2017

<table>
<thead>
<tr>
<th>Risk factors</th>
<th>Lebanese</th>
<th></th>
<th></th>
<th>Syrians</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Males</td>
<td>Females</td>
<td>Total</td>
<td>Males</td>
<td>Females</td>
<td>Total</td>
</tr>
<tr>
<td><strong>Tobacco Use</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Current smokers</td>
<td>47.6%</td>
<td>29.0%</td>
<td>38.0%</td>
<td>54.9%</td>
<td>13.3%</td>
<td>31.3%</td>
</tr>
<tr>
<td><strong>Alcohol Consumption</strong></td>
<td></td>
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</tr>
<tr>
<td>Current drinkers (past 30days)</td>
<td>28.1%</td>
<td>18.9%</td>
<td>23.4%</td>
<td>3.1%</td>
<td>0.9%</td>
<td>1.8%</td>
</tr>
<tr>
<td><strong>Diet</strong></td>
<td></td>
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</tr>
<tr>
<td>&lt;5 servings of F&amp;V per day</td>
<td>76.6%</td>
<td>70.8%</td>
<td>73.4%</td>
<td>92.6%</td>
<td>93.7%</td>
<td>93.2%</td>
</tr>
<tr>
<td>Add salt /salty sauce to their food</td>
<td>23.9%</td>
<td>22.4%</td>
<td>23.1%</td>
<td>18.8%</td>
<td>19.7%</td>
<td>19.3%</td>
</tr>
<tr>
<td><strong>Physical Activity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Insufficient physical activity</td>
<td>60.7%</td>
<td>61.3%</td>
<td>61.0%</td>
<td>51.3%</td>
<td>69.3%</td>
<td>61.7%</td>
</tr>
<tr>
<td><strong>Physical Measurements</strong></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Obese (BMI ≥30 kg/m²)</td>
<td>26.6%</td>
<td>27.5%</td>
<td>27.0%</td>
<td>21.5%</td>
<td>34.3%</td>
<td>28.6%</td>
</tr>
<tr>
<td>Overweight (BMI ≥ 25 kg/m²)</td>
<td>71.3%</td>
<td>58.9%</td>
<td>65.0%</td>
<td>57.8%</td>
<td>66.8%</td>
<td>62.8%</td>
</tr>
</tbody>
</table>
## STEPS Survey 2017

<table>
<thead>
<tr>
<th>Prevalence of NCDs</th>
<th>Lebanese Males</th>
<th>Lebanese Females</th>
<th>Lebanese Total</th>
<th>Syrians Males</th>
<th>Syrians Females</th>
<th>Syrians Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular diseases (CVD)</td>
<td>10.9%</td>
<td>6.1%</td>
<td><strong>8.2%</strong></td>
<td>13.7%</td>
<td>6.2%</td>
<td><strong>9.7%</strong></td>
</tr>
<tr>
<td>Hypertension $\geq 140$ $\geq 90$</td>
<td>38.3%</td>
<td>32.4%</td>
<td><strong>35.3%</strong></td>
<td>39.2%</td>
<td>28.0%</td>
<td><strong>32.8%</strong></td>
</tr>
<tr>
<td>Raised total cholesterol ($\geq 5.0\text{mmol/L or }\geq 190\text{mg/dl}$)</td>
<td>62.8%</td>
<td>67.8%</td>
<td><strong>65.4%</strong></td>
<td>49.5%</td>
<td>48.2%</td>
<td><strong>48.8%</strong></td>
</tr>
<tr>
<td>Diabetes</td>
<td>12.8%</td>
<td>8.3%</td>
<td><strong>10.5%</strong></td>
<td>10.9%</td>
<td>8.3%</td>
<td><strong>9.4%</strong></td>
</tr>
</tbody>
</table>
Reducing Premature Mortality from NCDs

- Implementing cost-effective interventions that reduce risk factors for NCDs will contribute up to two-thirds of the reduction in premature mortality.

- In addition, health systems that respond more effectively and equitably to the health-care needs of people with NCDs can reduce premature mortality by another one-third up to one-half
Reducing risk factors for NCDs

Two Policy directions:
- Strengthen intersectoral action
- Implement cost-effective interventions that reduce risk factors for NCDs (BEST BUYS)

Policy Tools:
- Promote public Awareness on risk factors
- Raise taxes on harmful products
- Enforce legislations to protect people from tobacco smoke
- Inform the consumer (food labelling)
- Restrict access to harmful product (selling time, age limits)
### 'best buys' to reduce risk factors for NCDs

<table>
<thead>
<tr>
<th>Condition</th>
<th>Interventions</th>
</tr>
</thead>
</table>
| **Tobacco use**          | - Raise taxes on tobacco  
                          - Protect people from tobacco smoke  
                          - Warn about the dangers of tobacco  
                          - Enforce bans on tobacco advertising |
| **Alcohol use**          | - Raise taxes on alcohol  
                          - Restrict access to retailed alcohol  
                          - Enforce bans on alcohol advertising |
| **Unhealthy diet & physical inactivity** | - Reduce salt intake in food  
                          - Replace trans fat with polyunsaturated fat  
                          ✪ Promote public awareness about diet and physical activity |
| **Infections**           | ✪ Hepatitis B vaccination                                                     |
Fighting NCDs in Lebanon

The Contribution of the health system:
- Integrate NCDs into primary health care
- Strengthen health systems, particularly health financing, access to medicines, health information, and the health workforce
- Universal Coverage of hospital Care
- Health Technology Assessment
- Promoting Palliative Care
Deaths from NCDs before 60 in the EMR (Percentage of total NCD deaths in 2008)

- Afghanistan
- United Arab Emirates
- Qatar
- Somalia
- Kuwait
- Yemen
- Djibouti
- Bahrain
- Saudi Arabia
- Oman
- Sudan
- Syrian Arab Republic
- Iraq
- Pakistan
- Libyan Arab Jamahiriya
- Egypt
- Jordan
- Morocco
- Iran (Islamic Republic of)
- Lebanon
- Tunisia

Deaths from NCDs before 60 in the EMR

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Objectives

The goal is to sustainably integrate a two-step early detection of diabetes, hypertension, and estimation of total cardiovascular risk.

Target population (pilot, December 2012)

- Age group 40 years and above
- Sample 5355 patients (59% from PHC centers (26), 41% outreach, 2/3 females)

Study design

- Step I (Triage): Questionnaire, Screening (BP, waist circumference, Gluco-test)
- Step II (Final estimation of total C.V.R.)
Figure 13. WHO/ISH risk prediction chart for EMR B. 10-year risk of a fatal or non-fatal cardiovascular event by gender, age, systolic blood pressure, smoking status and presence or absence of diabetes mellitus.

Figure 11. WHO/ISH risk prediction chart for EMR B. 10-year risk of a fatal or non-fatal cardiovascular event by gender, age, systolic blood pressure, total blood cholesterol, smoking status and presence or absence of diabetes mellitus.
Integration of NCD Initiative within PHC

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Percentage of Elevated Blood Sugar Level among Respondents

<table>
<thead>
<tr>
<th></th>
<th>Both Gender (N=5075)</th>
<th>Men (N=1780)</th>
<th>Women (N=3295)</th>
<th>Both Gender (N=248)</th>
<th>Men (N=80)</th>
<th>Women (N=168)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respondents Free from Diabetes</td>
<td>92%</td>
<td>90%</td>
<td>92%</td>
<td>69%</td>
<td>61%</td>
<td>73%</td>
</tr>
<tr>
<td>Respondents Known Diabetic</td>
<td>9%</td>
<td>10%</td>
<td>8%</td>
<td>31%</td>
<td>39%</td>
<td>27%</td>
</tr>
</tbody>
</table>

Both Gender (N=5075)

Men (N=1780)

Women (N=3295)

Both Gender (N=248)

Men (N=80)

Women (N=168)
Percentage of Elevated Blood Pressure among Respondents

- Both Gender (N=4594): 16% Respondents Free from Hypertension, 84% Respondents Known Hypertensive
- Men (N=1618): 22% Respondents Free from Hypertension, 78% Respondents Known Hypertensive
- Women (N=2976): 13% Respondents Free from Hypertension, 88% Respondents Known Hypertensive
- Both Gender (N=733): 48% Respondents Free from Hypertension, 52% Respondents Known Hypertensive
- Men (N=254): 48% Respondents Free from Hypertension, 52% Respondents Known Hypertensive
- Women (N=488): 54% Respondents Free from Hypertension, 46% Respondents Known Hypertensive

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Integration

• Address a group of diseases Diabetes Mellitus, Hypertension and calculation of CVR.
• Involve multidisciplinary team (nurses & doctors; nutritionist & social workers when available).
• Integrate the process, including outreach activities, within the routine daily work of the center.
• Include the NCD screening tool in the medical record.
• Ensure a continuous supply of NCDs essential medicines

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% medications prescribed by condition (MOPH/YMCA)

<table>
<thead>
<tr>
<th>Illness</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANTI DEPRESSANT</td>
<td>0.29%</td>
</tr>
<tr>
<td>ATHMATICS</td>
<td>1.40%</td>
</tr>
<tr>
<td>CARDIOVASCULAR</td>
<td>23.34%</td>
</tr>
<tr>
<td>COAGULATION PROBLEMS</td>
<td>1.17%</td>
</tr>
<tr>
<td>DIABETICS</td>
<td><strong>12.53%</strong></td>
</tr>
<tr>
<td>EPILEPSY</td>
<td>2.31%</td>
</tr>
<tr>
<td>GOUT</td>
<td>2.04%</td>
</tr>
<tr>
<td>HYPERLIPEDEMA</td>
<td>7.93%</td>
</tr>
<tr>
<td>HYPERTENSION</td>
<td>14.90%</td>
</tr>
<tr>
<td>NEUROLEPTIC</td>
<td>1.61%</td>
</tr>
<tr>
<td>OCULAR HYPERTENSION</td>
<td>0.13%</td>
</tr>
<tr>
<td>OSTEOPOROSIS</td>
<td>3.94%</td>
</tr>
<tr>
<td>OTHERS</td>
<td>17.25%</td>
</tr>
<tr>
<td>RUMATHISME</td>
<td>0.30%</td>
</tr>
<tr>
<td>THYROID-PROBLEMS</td>
<td>1.58%</td>
</tr>
<tr>
<td>TRANQUILIZER</td>
<td>0.69%</td>
</tr>
<tr>
<td>ULCER</td>
<td>8.59%</td>
</tr>
</tbody>
</table>
## Distribution of NCD/ diabetic patients by age and condition (MOPH/ YMCA)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Diabetics Patients</th>
<th>Cardio-Vascular &amp; Hypertensive Patients</th>
<th>Hyperlipidemia Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below 25</td>
<td>0.26%</td>
<td>0.25%</td>
<td>0.19%</td>
</tr>
<tr>
<td>25-65</td>
<td>42.19%</td>
<td>35.33%</td>
<td>47.84%</td>
</tr>
<tr>
<td>65-80</td>
<td>38.23%</td>
<td>37.42%</td>
<td>35.61%</td>
</tr>
<tr>
<td>Above 80</td>
<td>19.32%</td>
<td>26.99%</td>
<td>16.37%</td>
</tr>
</tbody>
</table>
Disease Specific Programs: Cancer

Awareness and screening:
- Breast Cancer awareness campaign to promote mammography
- Cancer of the Colon early detection campaign (FIT test)

Early diagnosis and early treatment (PHC)
- Wellness packages depending on age and sex

Treatment
- Chemotherapy
- Surgery
- Radiotherapy

Subsidies to centers of Excellence (CCCL)

Cancer Registry
Globalization & Health

Globalization reduces the role and powers of national governments. International agreements supersede national regulations.

Some international conventions have health-promoting effects, and help advancing “health in all policies” within countries. However, free trade agreements include a wide variety of harmful products and create powerful interest groups which make their regulation by the government very difficult.

Paragraph 4 of the Doha Declaration stipulates that the TRIPS Agreement does not and should not prevent members from taking measures to protect public health and to promote access to medicines for all.
Global Action to Face NCDs

• Why?
36 million people die annually from NCDs, of which 9 million before age of 60. 60% of all global deaths are due to NCDs.

• Consensus Building & Mobilization:
Technical meetings, Intergovernmental meetings, UN meetings of the World Leaders and Civil society mobilization.

• What is the purpose?
Define clear targets, Create commitment, Set indicators to measure achievement and Provide accountability framework.
International treaties and political Declarations by heads of states

- Universal Declaration of Human Rights 1948
- The Rio Political Declaration on Social Determinants of Health 2011
- IHR 2005 include chemical & radiological events of international public health concern

- Commitments made by world leaders to curb premature death from NCDs
- 2011 Moscow Declaration and 3 High-Level Meetings of the UN General Assembly on NCDs (2011, 2014, 2018)
- NCD related targets are included in the 2030 agenda SDGs

By 2030, reduce by one third premature mortality from NCDs

Frameworks for accountability of political leaders to the international community and to their own population.
An International Convention
FCTC 2003

WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL

World Health Organization
Why an International Convention for Tobacco Control?

- Smoking is a common risk factor for leading causes of death, making tobacco the most important killer.

- Tobacco promotion and advertising overwhelm the whole world through telecommunication and satellite broadcasting, making regulation at one country level meaningless.

- The huge smuggling market share and the importance of tobacco taxes for government revenues, necessitate and encourage inter country cooperation.
FCTC: An International Policy Instrument

- For any country, the control of tobacco use is probably the single greatest action that could prevent the greatest burden of disease.
- The FCTC is a binding agreement as it is ratified by MS and enforced by national laws.
- It constitutes an international framework for action enhancing synergies among countries. It is therefore, an effective agreement of the UN that would reduce morbidity and mortality rates saving millions of lives.
The social determinants of health
Health in All Policies (HiAP) is an approach to public policies across sectors that systematically takes into account health, seeks synergies, and avoids harmful health impacts, in order to improve population health and health equity.

The health sector should produce evidence on health equity and impact of policies, and act as a catalyst of health in all policies.
NCD Prevention and Control Plan (2016-2020)

- Developed by the Ministry of Public Health in collaboration with WHO.
- Consultation meetings included participation of academic institutions, private sector, civil society, representatives from other ministries MOE, MOSA, MOET, MOI, MOL,…).
- It guides the efforts of the MoPH, sets targets and identifies stakeholders for policy making and implementation.
NCDs National Plan

Reducing vulnerability to NCD:
- Healthy life style promotion
- Food safety and quality
- Screening/ early detection
- Enabling environment

Optimizing care and prevention:
- Elaboration of and training on clinical guidebooks
- Access to medications and medical interventions
- Palliative care development

Monitoring epidemic progress and trends:
- Routine surveillance( hospital, PHC and ambulatory), causes of death.
- Registries: cancer registry
- Periodical surveys and targeted research
# APPENDIX 2

## SUGGESTED LIST OF PRIORITY INTERVENTIONS UNDER THE LEBANESE NCD-PCP* (2016-2020)

<table>
<thead>
<tr>
<th>LSO</th>
<th>INTERVENTION UNDER LEBANESE STRATEGIC OBJECTIVES (LSO)</th>
<th>EXPECTED OUTCOMES</th>
<th>KEY PARTNERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>LSO1.1</td>
<td>Strengthen institutional capacity within the MOPH to mobilize resources, build partnerships, develop the program, and monitor implementation</td>
<td>Nomination of an NCD Coordinator</td>
<td>MOPH; WHO-CO</td>
</tr>
<tr>
<td>LSO1.2</td>
<td>Hold a second national consensus meeting to endorse the final version of the plan as national policy document</td>
<td>NCD-PCP declared official policy at a Consensus meeting</td>
<td>All concerned stakeholders</td>
</tr>
<tr>
<td>LSO1.3</td>
<td>Create a consultative structure in which relevant government agencies can be co-opted to support parts of NCD prevention and control policies falling under their mandate</td>
<td>&quot;National task Force&quot; created</td>
<td>MOPH-DG</td>
</tr>
<tr>
<td>LSO2.4</td>
<td>Promote &quot;healthy schools&quot; interventions</td>
<td>List of pilot &quot;healthy schools&quot; created</td>
<td>MOPH, MoEd, medical societies, insurance</td>
</tr>
<tr>
<td>LSO2.6</td>
<td>Work with municipalities to promote healthy city/village environments, starting with those where such programs are already in place</td>
<td>New projects selected for implementation with two rural/mountain municipalities</td>
<td>MOPH, insurance, municipalities, local academic centers</td>
</tr>
</tbody>
</table>

*NON COMMUNICABLE DISEASES PREVENTION AND CONTROL PLAN (NCD-PCP) LEBANON 2016 - 2020*
**Examples of needed inter-sectorial action for NCD Prevention and Control in Lebanon**

<table>
<thead>
<tr>
<th>Organizations Intervention</th>
<th>MOPH</th>
<th>MEHE</th>
<th>MOIM</th>
<th>MOET</th>
<th>MOI</th>
<th>MOF</th>
<th>Academia</th>
<th>NGO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduction of Salt Intake</td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Marketing restrictions and fiscal interventions on unhealthy foods</td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Promotion of healthy city/village environments</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
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<tr>
<td>Public awareness on physical activity</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Promotion of &quot;healthy schools&quot; interventions</td>
<td>✓</td>
<td>✓</td>
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<td>✓</td>
</tr>
</tbody>
</table>

MOPH: Ministry of Public Health  
MOIM: Ministry of Interior and Municipalities  
MOI: Ministry of Industry  
MEHE: Ministry of Education and Higher Education  
MOET: Ministry of Economy and Trade  
MOF: Ministry of Finance  

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Social Cost of Alcohol Consumption

Alcohol consumption

- disability
- death

High social cost including car accidents, divorce and murders
Who is involved in harm reduction of alcohol?

- Awareness
- Price increase
- Adolescents
- Limits on availability
  - selling hours
- Bans on advertising
- Consumer protection enforcement

Alcohol
Examples of coordination with the Ministry of Agriculture, Ministry of Industry and the Ministry of Economy

- Breastfeeding
- Micronutrient fortification
- Micronutrient supplementation (iron + folic acid) for pregnant women
- Food labeling: Nutritional facts
- Hydrogenated fat, sugary & salty foods

Regulation framework, enforcement mechanisms and Consumer empowerment
Governments can use fiscal policies to fund health, influence consumer behavior through taxes or address social determinants of health.

Examples?

However, implementation of fiscal measures for the purpose of health policy is often restricted by priorities in other sectors, challenged in the context of trade policies or opposed by ministries of finance, trade and industry.
## Involved Actors in the Substance Use Response

<table>
<thead>
<tr>
<th>ORGANISATION</th>
<th>PREVENTION</th>
<th>TREATMENT</th>
<th>REHABILITATION</th>
<th>SOCIAL RE-INTEGRATION</th>
<th>HARM REDUCTION</th>
<th>SUPPLY REDUCTION</th>
<th>RESEARCH</th>
<th>ADVOCACY</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOPH</td>
<td>✔</td>
<td>✔</td>
<td></td>
<td></td>
<td>✔</td>
<td></td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>MOSA</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td></td>
<td>✔</td>
<td></td>
<td>✔</td>
<td>✔</td>
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<tr>
<td>MEHE</td>
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<tr>
<td>MOJ</td>
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<tr>
<td>MOIM</td>
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DEVELOPMENT PROCESS OF THE “INTER-MINISTERIAL SUBSTANCE USE RESPONSE STRATEGY FOR LEBANON 2016-2021”

- Bilateral stakeholder meetings → National Consultation meeting → Situation Analysis → Drafting
- Revision by ministries ← Experts review ← Ministerial consensus meeting ← National consensus meeting
- Public posting → Launch
Integration of NCD services at the PHC level in collaboration with local and international partners

- The National PHC Network involves MOPH, MOSA, Municipalities and NGOs: prevention, early detection and management of NCDs.

- Chronic Medication Program, managed for the MoPH by YMCA, ensures the provision of NCDs medicines.

- Emergency Primary Healthcare Restoration Project Funded by MDTF through the WB for 3 years (2015-18) to provide wellness packages developed in collaboration with the AUB Family Medicine Department. Includes 2 NCD packages (DM, HTN).
Integrated Service Provision at the local Level
MOPH, MOE, MOSA, MOI

- The Ministry of Public Health, the Ministry of Social Affairs, the Ministry of Education and the Ministry of Interior cooperate with the local and regional authorities for integrating health care, education and social services.

- The Ministry of Interior promotes decentralization and supports the capacity building of Municipalities.

- The Project targets 29 municipalities in Lebanon. It aims to support the development of integrated health territorial plans and delivery of services.
Promote Local Governance in order to improve the socio-economic conditions of the population

- Promote **dialogue among all involved stakeholders at territorial level**: representatives of line ministries and local authorities, directors of Primary Health Care Centers, directors of Social Development Centers and directors of public schools discuss and set up integrated health territorial plans, with the support of local experts.

- Capacity building of municipalities, PHCCs, SDCs and public schools and training of health educators to better inform and instruct students and their families, upgrading of the water and sanitation infrastructure.

- A **referral system** is set up between PHCCs, SDCs, schools and the secondary level of health.
Strategy: Towards an integrated approach of health services

MOIM  MEHE  MoPH  MoSA

Guidelines at National level

Planning & Implementing

Rep. MEHE/ MoPH/MoSA  Municipality/ community

Public Schools  PHCC  SDCs
Challenges for Inter-sectoral Action

- Political will and Legal backing.
- Governance structures and processes for inter-sectoral communication and implementation.
- Institutional readiness, Decentralization and Networking.
- Role of mass media and civil society organizations.
- Conflict of interests (Transparency and Accountability).