The Joint programming mission of the United Nations Interagency Task Force (UNIATF) on the Prevention and Control of Noncommunicable Diseases was set up by the Secretary-General of the United Nations in July 2013 under the leadership of the WHO to step up technical assistance in support of national efforts to control NCDs in line with the Global Action Plan.

The UNIATF mission to Oman, was led by Dr. Prof Oleg Chestnov, the Assistant Director General of WHO for NCD, and his team consisted of members representing the related UN agencies like FAO, UNDP, UNFPA, UNICEF, and WHO, visited Oman between 10-12 April 2016, with the objective of assessing the work already carried out by the Ministry of health(MOH) in Oman along with the relevant stakeholders in the prevention and control of NCDs, and to advocate to non-health sectors about the burden of NCDs and the importance of this coordination, as well as to establish a functional mechanism to coordinate support by the UN agencies to accelerate the implementation of National multi-sectoral action plan for the prevention and control of NCDs;

The Joint Mission was able to take note of the progress achieved by MOH in developing the National NCDs Policy and
the draft action plan on NCDs with its focus on unhealthy diet, physical inactivity and tobacco use. It was also able to see the good examples of NCD prevention and management being undertaken in primary health care, like the disease specific guidelines, salt reduction in bread, and the tobacco control measures that are in-line with WHO recommendations.

At the same time the Joint Mission through its meetings, with the Council of Ministers of Oman (Cabinet) under the chairmanship of His Highness Sayyid Fahd bin Mahmoud Al Said, the Deputy Prime Minister, the Parliament of Oman (Majlis Daula and Majlis Shura), the National Committee on NCDs, the NGOs, the academic institutions, private sectors representatives and other stakeholders, was able to highlight to them, the importance of tackling the NCDs in Oman at this stage. It was also able acquaint them with the set of highly cost-effective and feasible interventions for tackling NCDs, like for example raising taxes on tobacco products and foods that are high in salt, sugar and some fats, which if implemented would result in dramatic reductions in NCDs over a fairly short period of time.

The Mission has given recommendations to the Sultanate about a small number of actions to be taken in four priority areas of governance; prevention and reduction of NCD risk factors; surveillance, monitoring and evaluation and healthcare, so as to be able to scale up and accelerate the gains already realized in implementing a national multisectoral response to the NCD epidemic, through its partnership with the WHO County Office, the UN agencies, the different ministries of the Government of Oman, along with the NGOs and the private sector.

It has also recommended implementing, the “one WHO integrated support initiative”, and the “establishment of a thematic group” to help provide impetus to UN agencies to work together in a coordinated manner to support national efforts to prevent and control NCDs and attain national targets.

**National committee for Non-Communicable Diseases -Dr. Ahmed Al-Busaidi**

In 2016, the national committee for NCD reached a very remarkable milestone. During this year the committee managed to finalize the national NCD policy that was reviewed by WHO experts. Then, this policy was presented to and approved by the cabinet in January 2016.

Further to this, in order to formulate the National Multi-sectorial action plan for this policy, 8 teams have been formed of which 4 teams are for the four diseases, (namely
Cardiovascular, Diabetes, Cancer and Chronic respiratory diseases) and 3 teams are for the three associated risk factors (namely Unhealthy diet, Physical inactivity and use of Tobacco) and one team was fully dedicated for Health Education about NCDs. These teams have conducted several meetings and have come up with very comprehensive action plans for each of the above diseases and risk factors.

Subsequent to this, the teams have presented their work to the members of the national committee for feedback and revision, and as a result the National Multi-sectorial action plan for the prevention and control of NCDs is in its final stage and will be launched soon.

To ensure its smooth implementation, the committee will conduct an annual forum for NCD where the achievements and challenges will be presented to all stakeholders. This National NCD policy and action plan is expected to be pivotal in the prevention and control of the NCDs in Oman and this is going to be reflected clearly by the decrease in prevalence, morbidity and mortality of NCDs in the country.

We are looking forward to the cooperation of all the concerned stakeholders, the different related Ministries, different sectors at the MOH headquarters, as well as at the level of all the Governorates in the implementation of the National NCD action plan.

THE CHRONIC DISEASE SELF MANAGEMENT PROGRAM IN OMAN

Worldwide chronic diseases especially now account for 68% of the world’s 56 million annual deaths, and 46% of the global burden of disease (WHO GHO 2012). Chronic diseases also account for two-thirds of all health care costs and 95% of health care costs for older people can be attributed to chronic diseases. In Oman as Globally, chronic diseases are responsible for the majority of morbidity & mortality and high proportion of the healthcare costs. The traditional medical model of caring for people with chronic conditions, like cardiovascular diseases (heart-disease and stroke), cancer, diabetes, asthma, is found to be expensive and often ineffective. Therefore addressing chronic conditions requires new strategies to delay health deterioration, improve function. There is evidence that chronic care can be better managed through a Chronic Care Model of Wagner. This reality introduces a new chronic disease paradigm: the patient-professional partnership,
involving collaborative care for self-care and self-management of their illness as well as self-management education and support.

Self-management can prevent and control chronic disease, and patients themselves are central to doing both through self-monitoring and medicine adherence, management, along with the adoption and maintenance of health-promoting behaviors. Evidence-based practices, including the 5A’s, the CDSMS and MI, Action planning, coaching, and teach back, are Tools for providing self-management support. Health care providers have a responsibility to support patients in self-management. Chronic disease self-management (CDSM) programs are education and behavioral interventions that support patients’ active management of their condition in their daily life. There is strong evidence that chronic disease self-management (CDSM) programs improve health outcomes for patients with various chronic conditions. Studies show that CDSM Programs reduce HbA1C levels in diabetic patients, improve systolic and diastolic blood pressure in hypertensive patients and reduce the number of attacks in asthma patients as well as save costs.

Due to the above reasons MOH has started the chronic diseases self-management program which was launched on the 7th of September 2016 in a meeting with the NCD Section Heads of all governorates.

The activities till now include a Workshop held on 12th of May 2016 to introduce the concept to PHC doctors and nurses. Provision of the blood glucose monitor and strips for patients with diabetes who are on insulin, Blood pressure apparatus for patients with hypertension, and peak flow meters for asthma patients, at a concessional rate in collaboration with various pharmacies and pharmaceutical distributors to encourage home monitoring of blood glucose, blood pressure, Peak Flow by the relevant patients, and provision of free peak flow meters for Asthma patients as per criteria.

In the Second phase MOH is seeking from private sector, to increase the concession on instruments for - for Provision of these instruments free of charge to citizens who are dependent on the Ministry of social development for support.

Providing “patient booklets” to the patients monitoring and writing down their readings of their blood glucose, blood pressure and peak flow regularly, as well as bring them to the doctor at the PHC center for regular review.

Provision of BP apparatus—2 numbers for Health centers with >100 patients/day attendance, and 1 no BP apparatus for HC with <100 attendance.

Development of national policy/guidelines and a national action plan for integration of self-care in PHC for which a WHO consultant mission will
be visiting Oman from the 5th- 
9th of February

DIABETES

**Electronic diabetes register**

For the diabetes program, an electronic diabetic register has been successfully launched in most health Centers in all governorate of PHC using Al-Shifa 3+ system. In addition the training program for diabetic foot nurses for improving control of the diabetes and reducing and treating complications like diabetic foot ulcers, has been started in collaboration with the Bowsher polyclinic. It is planned that these nurses upon completion of their training, will then start diabetic foot clinics in their health centers in the governorates. Simultaneously in collaboration with the DGMS the DNCD department has made provision to supply all the required equipment and tools.

**Diabetes foot care**

In 2009 training of 15 surgeons on diabetic foot ulcer management by international trainers was conducted. In addition training on diabetic foot wound & ulcer dressing was delivered to 11 surgical ward nurses from 11 regional hospitals. Till end of 2016 around 102 nurses have been trained on foot management.

Then in 2010, a specialized surgical foot clinic started functioning at Khoula hospital. Till end of 2013, there are around twenty five diabetic foot clinics in Ministry of health institutions, five of which, are run by seven podiatrists and the rest by diabetic foot nurses. In order to improve the health care professional skills on diabetic foot examination and identification of foot problems, the first standard operating procedure manual was published in 2009. At present there are 20 diabetologists and 72 diabetic educators and 8 podiatrists forming the existing diabetic foot care teams in the MoH for diabetic patients. In this year 36 nurses were trained in diabetes educator course for 2 months in the diabetes and endocrine center. total of 108 diabetes educator have been trained till the end of 2016.
HYPERTENSION

Hypertension register

Hypertension is considered as a leading modifiable cause of cardiovascular disease worldwide and in Oman. Its prevalence increased from 27% in 1995 to 33% in 2000 to 40.3% in 2008. Therefore, the program for hypertension control was initiated in the early 1990s. The first manual for hypertension management in the primary health care along with the standard operating procedure was issued in 1996.

The department of non-communicable diseases has recently issued and distributed the National Hypertension Register as a step to improve the disease surveillance. This is considered the first edition since the program has started.

The aim of this register is to gather statistics on the newly diagnosed or newly registered cases of hypertension in the primary health care centers. In addition it provides information on the risk factors for the disease, presence or absence of certain complications at the time of registration and the grade of hypertension at diagnosis.

CHRONIC RESPIRATORY DISEASES

Paving the path for chest clinics in Primary health care

The year 2016 brought with it new achievements in the efforts to integrate the management of asthma in primary health care. Asthma clinics in the governorates have been slowly equipped with new tools, medications and devices, such as, Combination medications (of different doses and medications) in 3 different devices, turbuhalers, discus and Metered dose inhalers, Leukotriene inhibitors have also been introduced to primary health care in 3 doses and for different age groups.

In an effort to improve patient compliance and adherence to medication and management, the chronic respiratory disease program assisted the department of health education in developing three health educational material. Asthma clinic registers and asthma patient follow up booklets had also been distributed to all asthma clinics in the country.

The number of asthma clinics in the regions now stands at 138 clinics in all 11 governorates.
The department of Non communicable diseases continues to work on other aspects of the integration of asthma management in primary care such as working with the Quality control center in developing asthma clinic audit checklists, going on field visits to monitor the running of the asthma clinics and working with the department of statistics on developing the monthly statistical report.

However, at the department we have always remained vivid to the possibility of expanding the asthma clinics to include the most common chest diseases. Most importantly to raise awareness amongst health care workers to be vigilant and not miss the diagnosis of other common chest diseases e.g. COPD and Obstructive sleep apnea. Since 2015 the chronic respiratory disease program has organized a spirometry attachment with Royal hospital. This attachment runs for a week and a total of 50 nurses and doctors from polyclinics diagnosed correctly, the department continues to assist in helping to provide all polyclinics with spirometry machines.

Through a gradual yet stable process and efforts, we hope that in the near future we, in primary health care will be more and more confident in guiding and managing patients with chronic lung diseases.
CANCER

Oman National Cancer registry

Cancer, a devastating disease both physically and psychologically, is a major burden of non-communicable diseases globally. In Oman over the past few years, it remains the third leading cause of in-patient mortality and with more than one thousand new cases are diagnosed every year indicating its increasing burden on health system resources.

The Oman National Cancer Registry is publishing its report on the incidence of cancer in Oman annually and last report publish was for 2012. In addition to providing information on the number of cancer cases in the country by age and sex and their distribution in the regions, it describes some details about the common cancers in Oman. Currently we are in process of finalizing data collection and starting analysis and hope the report of 2013 will be ready for printing by end of the year.

The registry feels there are some challenges in term of low notification by the physicians despite the Ministerial decree issued in January 2001 making cancer notification mandatory. To overcome this obstacle, we managed to introduce the cancer registry form in Al-shiffa system and conducted a piolet a trial in Sohar hospital for E notification to observe any challenges or issues that might be facing by the notifying doctor.

Moreover, with regard data analysis, currently we are using CanReg-4 software program that was supplied by the International Agency for Research on Cancer (IARC). To improve our data analysis with advance technology and upgrade to CanReg5, a mission initiated by WHO and achieved in the period 6-10 November. The objective of the mission to ensure a smooth transition from CanReg 4 to CanReg5, as well to train cancer registrar on CanReg5 software. The mission was successful.

DISABILITY :

The new organization chart of ministry of health Ministerial Decree No. 67/2015 issued on June 7, 2015 showed that, the disability section under directorate of primary health care, department of non-communicable diseases Terms of reference of the section are as follows:

Develop a program and policies dealing with persons with disabilities in primary health level and the referral system to secondary AND tertiary level.

Prepare and follow up the implementation of the necessary plans to provide health care to people with disabilities.
Follow-up of health services provided to people with disabilities in governorates on the primary health care level.

Do field studies and research necessary for the development of health services provided to people with disabilities in coordination with the departments concerned.

Cooperation with other sectors to develop the services provided to people with disabilities.

Prepare and provide the necessary training for the forces of human labor primary health care centres in terms of care for people with disabilities in coordination with the departments concerned.

Any other tasks assigned by section within its competence.

**EYE CARE**

The programme for the prevention of blindness was established in 1982 and reorganized in the 4th Five-Year plan in 99 as “Eye Health Care.” Since 1996, eye health care services and strategies continued as a component of the programme” Control of Identified Specific Diseases”.

In The Eighth Five Year Plan (2011–2015), the Domain of Eye Health was incorporated in vision three “alleviation of risks threatening the public health.

In 2012 world health organization, announced that, Oman was verified as having “no public health problem of trachoma”. In 2015, there were 79,819 outpatient visits as new episodes of eye problems. Out of these 2,187(2.7%) cases were referred as urgent cases to secondary/tertiary eye care and 17,004 (21.3%) cases were referred as non-urgent cases.

**EAR CARE**

Hearing Loss was identified as a priority health problem in “5th & 6th Five-year plans of Ministry of Health, The ‘National Survey for Deafness and Common Ear Diseases in Oman’ conducted in 996-97, showed that the prevalence of hearing loss was 5.5% and a large portion of it was either curable or preventable.

During late 1999, the eye and ear health care were clubbed together under Directorate General of Health Affairs as per the model of World Health Organization.in 2015 the eye and ear care program clubbed together under directorate of primary health care, department of non-communicable diseases, section of disability programs. The preventive, curative and rehabilitative initiatives were introduced in all MOH institutions and ongoing school screening activities were further strengthened. To evaluate the ongoing ear care activities,
the data was incorporated in health information system in the year 2000.
In the Eighth Five Year Plan (2011 – 2015), The Domain of Ear Health was incorporated in vision three “Alleviation of Risks Threatening the Public Health”. In the ninth five year plan (2016-2020) the primary Ear care is included.

The statistics of Ear health care for School Children (Grade One) for academic year 2014/2015. It shows that the total number of student screened were 42,112 with a coverage of 94.0% of the target students. Ear diseases diagnosed and reported at primary health care facilities Of MOH. It also shows the role of primary ear care in early detection of serious ear conditions leading to hearing disability and their referral pattern for further care by ENT Specialists. Acute Otitis Media (AOM) constituted 14.4 % of new out-patient cases.

MENTAL HEALTH

Mental health is now recognized as being extremely important to growth, development and learning. Mental wellbeing protects the body from the impact of life’s stresses and traumatic events, and enables the adoption of healthy lifestyles and the management of long term illness. One in four people in the world will be affected by mental or neurological disorders at some point in their lives. Around 450 million people currently suffer from such conditions, placing mental disorders among the leading causes of

According to annual statistics in Oman, Mental Health Morbidity in Psychiatric Clinics at MOH Institutions during 2015 was 12,081 and around 98,912 was the Total Visits in Psychiatric Clinics at MOH Institutions according to Health Regions during 2015. Seeing that the number is increasing, it is important to focus on providing mental health services in Primary health care (PHC) setting. Integrating mental health services - into PHC is one of the WHO's most fundamental health care recommendations (WHO, 2001). The integration involves diagnosing and treating people with mental disorders; putting in place strategies to prevent mental disorders and ensuring that primary health care workers are able to apply key psychosocial and
behavioural skills, for example, interviewing, counselling and interpersonal skills, in their day to day work in order to improve overall health outcomes in primary health care (WHO, 1990).

Ministry of health in Oman places importance on promoting the mental health services. Further to this, the mental health section at non-communicable disease department-MOH is working on important projects that are under MOH supervision some of which are for example working on improving the mental health skills in the human resources etc.

The Joint program review mission program (JPRM) has aimed at enhancing the child and adolescent mental health services in Oman through the following activities:

1. Coordinating with Mother and Child health department & Sultan Qaboos University and launched the National Autism early screening services using The Omanized modified M-CHAT questionnaire. (The National ASD workshop using M-CHAT was conducted on 5th September 2016).
2. Collaborating with school health department & prepared the school mental health protocol for early screening & intervention. (in process)
3. Collaborated with Primary health care and Al Masarra hospital to prepare the Child & Adolescent mental health guidelines to help the general health practitioners working at primary health care in performing the initial assessment & referring the cases accordingly to the specialized hospitals (in process).
4. Working on the Psychiatry proxy medication prescription at PHC. (in process)
5. Established the psychology committee aiming to enhance the psychologist professional career. (in process).
6. Also, one educational material was produced coinciding with the World Autism day

Special points of interest:
- Mental illness is nothing to be ashamed of, but stigma & bias shame us all.
- To be healthy as a whole, mental health plays a role
CHRONIC KIDNEY DISEASE

Chronic kidney disease includes conditions that damage the kidneys and decrease their ability to keep the person healthy. If kidney disease gets worse, wastes can build to high levels in your blood and make the person sick and he or she may develop complications like high blood pressure, anemia (low blood count), weak bones, poor nutritional health and nerve damage. Also, kidney disease increases the risk of having heart and blood vessel disease. These problems may happen slowly over a long period of time. Chronic kidney disease may be caused by diabetes, high blood pressure and other disorders. Early detection and treatment can often keep chronic kidney disease from getting worse. When kidney disease progresses, it may eventually lead to kidney failure, which requires dialysis or a kidney transplant to maintain life.

Facts About Chronic Kidney Disease (CKD)

- Early detection can help prevent the progression of kidney disease to kidney failure.
- Heart disease is the major cause of death for all people with CKD.
- Glomerular filtration rate (GFR) is the best estimate of kidney function.
- Hypertension causes CKD and CKD causes hypertension.
- Persistent proteinuria (protein in the urine) means CKD is present.
- High risk groups include those with diabetes, hypertension and family history of kidney failure.
- Two simple tests can detect CKD: blood pressure, urine albumin and serum creatinine.

In the MOH the Department of Non-Communicable diseases takes care of kidney diseases prevention and peritoneal dialysis. Regarding this, the department did many field visit to some governorates in order to improve peritoneal dialysis services such as Ibri hospital, Sultan Qaboos hospital and Rustaq hospital. Furthermore, for prevention of kidney diseases, the department organized an Awareness campaign that covered all the governorates for six months.
OUR NEWS

Continuing Professional Development (CPD) Activities - Conferences Workshops and Trainings held in 2016.

Chronic Respiratory Diseases

The chronic respiratory disease program organized three workshops in Collaboration with Oman Respiratory Society in 2016.

A workshop on the management of asthma in primary health care was conducted on 24th of September 2016 in Crowne Plaza Hotel, Muscat. 50 physicians in Muscat participated in this workshop and it was sponsored by GlaxoSmithKline. The workshop was broadcasted live to 30 participants in halls in Salalah and Dhofar. It was also broadcasted online to 68 physicians who watched the workshop and participated online from home. Speakers included 4 chest physicians’ pulmonologists from Royal Hospital and Sultan Qaboos University Hospital.

A workshop on the management of Chronic Obstructive pulmonary Disease (COPD) was also conducted on 10th of December. This was again broadcasted online and was attended by many from home.
Another workshop on the management of COPD was conducted in Sohar and attended by 40 participants. This workshop was sponsored by Boehringer-ingelheim and Dr Nassir Al Busaidi, president of the Oman Respiratory Society was the main speaker.

Disability

A Workshop was held on 26th and 27th October 2016 for Training of the Health Educator from Al-Dhakhlia governorate regarding updates on common eye & ear diseases and disability. Objective of training activities was that by the end of the workshop the 70 participants were updated and had the latest scientific knowledge regarding disability and eye & ear diseases and also had learned how to use of health education material to promote eye and ear health care and help disabled patients.

Autism

A workshop was held on Autism Spectrum Disorder and Importance of Early Detection in Oman at the Womens association in Qurum on the 8th of May 2016. About 36 participants from various governorates attended it. The aim was to improve the health educator communication & counseling skills for the patients visiting primary health care also increase community awareness of screening & early detection & intervention for any autistic case.

Side meeting between Dr.Said Al Lamki & Prof. Eric on the National strategic plan for Autism Spectrum Disorder (ASD) of the importance of screening & early detection & intervention for any autistic case.
Another workshop was held on “The National screening (M-Chat) for Autism Spectrum Disorder (ASD)” in Sultan Qaboos University (College of Medicine) on the 18th of July 2016. About 50 participants from the mental health and family and community health department attended the workshop. The workshop aim was to teach the participants to identify children who are in need of an attentive, more thorough developmental diagnostics i.e. children with difficulties in development, including diagnostics aimed at identifying the symptoms of autism.

Chronic Kidney Disease

Training program for Peritoneal dialysis:
Peritoneal dialysis is one option for renal replacement therapy and it is consider as the first option for most of kidney failure's patients. As the peritoneal dialysis program is the responsibility of Non-Communicable diseases department, the department arranged the training attachment for nephrology doctor and nurses from other governorates like Dhofar, Ibri and Rustaq hospital in 2016. This training attachment will be continue in 2017 in order to cover all regional hospitals who started PD service. This program aims to increase the knowledge and the clinical practice to the health care professionals who are working in renal units and who will responsible to improve the PD service in their governorates. The attachment was with cooperation of Royal Hospital and Nizwa hospital.
Cancer : Can Reg 5 Training program

* WHO-EMRO Technical mission to Oman to support the national cancer registry, 6-10 October 2016 was performed by GICR CanReg expert Dr Cankut Yakut.
- The aim of this mission was migration of data from CanReg4 to CanReg5 and CanReg5 training.

Chronic Disease self-management program

A Workshop held on 12th of May 2016 to introduce the concept of self-management of chronic diseases to PHC doctors and nurses. About 70 doctors and nurses attended the program. The aim of workshop was to introduce the participants to the chronic care paradigm and concept of self-management and its importance to tackle chronic diseases. To help the participants develop effective patient-centered skills for engagement and communication with patients, increase their competence in supporting patients to self-manage their specific and multiple chronic condition/s and also have skills to support behavior change by patients (and care givers).

National NCD Review Workshop and Forum for NCD initiatives

A workshop was held on the 14th of December 2016 for about 7- participant doctors from the Governorates which included the Directors of primary Health Care, NCD section heads, and Focal points for the Diabetes Hypertension and asthma in the Governorates. The aim was to update the participant’s regarding Diabetes & Hypertension, National Screening program, chronic kidney diseases program, disability, mental health, chronic respiratory diseases program, cancer registry and eye & ear programs, the stepwise survey for NCDs and self-management of chronic diseases program. To find out the control rate of the NCDs in various Governorates and get feedback regarding
implementation of the WHO ISH Risk prediction charts and the self-management of chronic diseases program and thereby to find gaps in the PHC system which are hindering the achievement of the control rates for NCDs, with a view to rectifying the same.

Another objective was to get to know the progress in the implementation of the previously presented

different successful NCD prevention and control Initiatives by various governorates and any challenges the in implementation and also to share with all participants any new successful NCD prevention and control initiatives being conducted by the Governorates, so that such new and successful and good initiatives can be replicated in the other Governorates.

OTHER EVENTS


World Diabetes Day

The World Diabetes Day is celebrated on the 14th of November every year. The theme for the year 2016 was (Eyes on Diabetes). The campaign focused on early screening for type 2 diabetes to modify its course and reduce the risk of complications. The department has produced an educational poster and some leaflets in collaboration with the department of health education. In addition, various Governorates have conducted campaigns and community activities.
World Asthma Day

On the 6th of May, 2016 the department of non-communicable diseases through the chronic respiratory disease program, brought together the Oman Respiratory Society and asthma clinic focal points in the governorates, mainly South Batinah, Muscat, Dakhliya and North Batinah, to help in celebrating world asthma day and to raise community awareness. An open day was arranged in Muscat Grand Mall and nurses, respiratory therapists, PHC doctors and consultants from SQUH and Royal hospital all helped in educating the crowds.
Word hearing day 2016

The theme for World Hearing Day was ‘Childhood hearing loss: act now, here is how!’ This drew attention to the fact that the majority of causes which lead to hearing loss in children can be prevented through public health measures. Further, those who have hearing loss can benefit greatly from early identification and suitable, timely interventions. A big celebration been done in AL Nahda hospital and all the governorates
World sight day 2016

World Sight Day is an annual day of awareness held on the second Thursday of October, to focus global attention on blindness and vision. It is on 13 October 2016, all the governorate celebrated this day and concentrated on health education regarding eye diseases. The video of the WSD celebrations can be viewed on the link below.

https://www.youtube.com/watch?v=rVLm1pn6XrY

Also on this day every year we conduct a symposium with an Update on eye diseases. In 2016 we a symposium was conducted in Al-Dhakhlia governorate. The theme was "Challenges and Troubleshooting in Ophthalmology Practice"

South Batinah Governorate Hospital awarded best Hospital eye clinic

A Health Education Exhibition was held in Nizwa Hospital for 1 week on world sight day. School children, community people and patients visited this workshop.
Exhibition on Autism Spectrum disorders  Awareness

World Kidney Day

Awareness campaign for prevention of kidney diseases: The Non-communicable diseases department organized a national awareness campaign for prevention of kidney diseases started from 18 March till 15 November 2016 in all governorates. This campaign aimed to increase public awareness regards kidney disease's risk factors and how to prevent it. In collaboration with the Directorate general of Primary health care the campaign was launched in Qurum Natural Park to coincide with the celebrations for the World Kidney Day on
March 10 2016 and then was continued in all Governorates by having a station in each governorate.; the campaign was able to reach most of the segments of the society by establishing events in public places and lectures in the colleges. Finally, a closing ceremony was held to honor the participants and companies to contribute in the success of the campaign under the patronage of His Excellency Dr. Ahmed bin Mohammed al-Saidi, Minister of Health.
UPDATE YOUR KNOWLEDGE

EUROPEAN CODE AGAINST CANCER

12 ways to reduce your cancer risk

1. Do not smoke. Do not use any form of tobacco.

2. Make your home smoke free. Support smoke-free policies in your workplace.

3. Take action to be a healthy body weight.

4. Be physically active in everyday life. Limit the time you spend sitting.

5. Have a healthy diet:
   - Eat plenty of whole grains, pulses, vegetables and fruits.
   - Limit high-calorie foods (foods high in sugar or fat) and avoid sugary drinks.
   - Avoid processed meat; limit red meat and foods high in salt.

6. If you drink alcohol of any type, limit your intake. Not drinking alcohol is better for cancer prevention.


8. In the workplace, protect yourself against cancer-causing substances by following health and safety instructions.

9. Find out if you are exposed to radiation from naturally high radon levels in your home. Take action to reduce high radon levels.

10. For women:
    - Breastfeeding reduces cancer risk. If you can, breastfeed your baby.
    - Hormone replacement therapy (HRT) increases the risk of certain cancers.
    - Limit use of HRT.

11. Ensure your children take part in vaccination programmes for:
    - Hepatitis B (for newborns)
    - Human papillomavirus (HPV) (for girls).

12. Take part in organized cancer screening programmes for:
    - Bowel cancer (men and women)
    - Breast cancer (women)
    - Cervical cancer (women).

The European Code Against Cancer focuses on actions that individual citizens can take to help prevent cancer. Successful cancer prevention requires these individual actions to be supported by governmental policies and actions.

Find out more about the European Code Against Cancer at:


This project is co-financed by the European Union and coordinated by the specialized cancer agency of the World Health Organization, the International Agency for Research on Cancer.
NEW WHO MONITORING TOOL TRACKS COUNTRY ACTION ON RESPONDING TO NCDS

The World Health Organization’s new Non-communicable Disease Progress Monitor tracks the extent to which 194 countries are implementing their commitments to develop national responses to the global burden of NCDs. The Monitor provides a snapshot of some of the achievements and challenges faced by both developed and developing countries as they strive to reach globally agreed targets to combat cancer, diabetes, and heart and lung disease.

It uses the 10 indicators and their sub-indicators on which WHO will base its report on progress at the 2018 High-level Meeting on NCDs at the UN General Assembly. The Monitor covers a range of critical issues, from the setting of overall NCD reduction targets, to strong measures to reduce tobacco consumption, harmful use of alcohol, unhealthy diets and physical inactivity, along with measures to strengthen treatment and care for people with NCDs.

Two countries score 14 out of a total of 18 fully achieved measures (Brazil and Costa Rica). 6 other countries that have made major strides. However, a significant number of countries show very poor achievement of these progress indicators, with 14 countries not achieving a single progress indicator and a further 20 countries only achieving one of the indicators. This all underscores the need for all countries to scale up actions in order to make real and sustained investments in the most promising and proven interventions for NCD prevention and control.

The potential to address the huge impact...
For any comments /suggestions /contributions regarding this Newsletter please contact:

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