Strategic Objective 3: To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries and visual impairment

REGIONAL PLANNING BRIEF

1. Major work of WHO for this SO in the region (RO and countries) during 2008-2009:

   **Tobacco Free Initiative (TFI)**
   - Regional training on cessation for health workers is part of the 2008-2009 workplan. Due to lack of funds, its implementation is delayed. Funds are expected in the second tranche of CVC funds.
   - Support was provided to Member States for translation of tobacco control manual for schools in local languages. Teachers were trained on the basics of cessation.
   - Under the MPOWER Policy Package, development of standard manuals and modules on tobacco cessation, development and strengthening of national strategy on cessation activities and expansion of community cessation services in the countries were discussed with Member States.

   **Noncommunicable Diseases (NCDs)**
   - Bhutan, DPR Korea, India, Indonesia, Myanmar and Maldives made notable progress in formulating and implementing their national policies, plans and programmes for integrated prevention and control of NCDs.
   - Partnerships with stakeholders, both within and outside the health sector, were strengthened in the Region.
   - A meeting of the Regional (SEA) Network for Prevention and Control of NCDs (SEANET-NCD) to be held in Chandigarh, India in June 2009 will provide an opportunity to strengthen advocacy for applying multisectoral approaches for prevention and control of NCDs.
   - Bhutan and Sri Lanka were supported in assessing the feasibility of implementing the WHO package of essential NCD interventions on prevention and control of NCDs at the primary health care.
   - The SEA Oral Health Strategy has been formulated to address the challenges of inadequate preventive and curative health services, oral diseases such as dental caries, periodontal diseases, tooth loss and oral cancer.

   **Mental Health and Substance Abuse (MHS)**
   - Strengthened the primary health care systems in Bhutan, India, Nepal, Sri Lanka and Timor-Leste to deliver essential mental health services.
   - Provided technical support for implementing mental health and psychosocial support to disaster-affected communities (in Bangladesh, India, Indonesia, Myanmar, Sri Lanka and Thailand).
• Technical programmes for the promotion of adolescent well-being implemented in India, Maldives, Myanmar, Sri Lanka and Thailand.
• Suicide prevention programmes at the community level through pesticide control implemented in Bangladesh, India Sri Lanka and Thailand.
• A new approach developed using the concept of primordial prevention to prevent risk factors for mental illness from appearing in the community.
• A large non-sectoral meeting with participants from all Member States is planned in October 2009 on promotion of mental well-being through public health strategies.

Health Promotion and Education (HPE)
• Case studies on the implementation of the Health Promoting School Concept were conducted in ten SEAR countries. A regional profile is being compiled to highlight key successes and opportunities for strengthening school health promotion activities.
• Global school health survey (GSHS) data analysis and report writing workshop was conducted by WHO and Centers for Disease Control and Prevention (CDC), USA.
• Developed two-short training courses in Health Promotion for both health and non-health professionals. Bhutan, India and Timor Leste have delivered the 5-day workshop and NIPSOM, Bangladesh has adopted the short certificate course into its curriculum.
• Technical support provided to Maldives to host national workshop on water, sanitation and hygiene and brought together Ministry of Health; Ministry of Education and Water Department. As follow up to this workshop, Maldives has developed guidelines for water, sanitation and hygiene promotion in schools. The guidelines have been shared with other SEAR countries for adoption by them in their country plans.

Disability, Injury Prevention and Rehabilitation (DPR)
• Established and strengthened capacity of injury units in the ministries of health and public health professionals in injury policy and programme intervention.
• Established and strengthened Injury Surveillance and Emergency Medical Services (EMS) systems in all countries.
• Child injury prevention was supported with information, advocacy, and intervention with regard to road safety and drowning.
• Developed regional framework for early detection and prevention of avoidable blindness and deafness including improving rehabilitative services in the health facilities and community.
• The Rights of People with Disabilities were advocated and actions implemented to increase accessibility to WHO and MOH premises, employment, information and to be well included WHO technical programs.
• Developed report on the status of road safety at the regional and national level; updated profiles of injury surveillance system, situation of child injury prevention, VISION 2020 and disabilities.

2. Scope of work and major results planned for 2010-2011

Tobacco Free Initiative (TFI)
• National Training workshop for health professionals (Health workers, nurses, medical doctors, dentists, pharmacists) on tobacco cessation.
• Development of standard manuals and modules on tobacco cessation for health professionals (Health workers, nurses, medical doctors, dentists, pharmacist).
• Technical support for expansion of community cessation services in the countries through district / sub-district tobacco control programme.
Noncommunicable Diseases (NCD)
- Revision of the Regional NCD capacity strengthening materials to address non-health sector stakeholders.
- Technical assistance in development and implementation of national NCD policies, plans and programmes.
- Biennial meeting of the regional network (SEANET-NCD).
- Developing regional NCD report on progress in strengthening national capacity for NCD prevention and control.
- Support to select countries in implementing WHO package of essential NCD interventions (PEN) at PHC level.

Mental Health and Substance Abuse (MHS)
- All the activities initiated in the 2008-2009 biennium will continue in 2010-2011 and will be scaled-up in the countries already participating and remaining countries will be included.
- The primary health care system will be strengthened in all the Member States to deliver care for psychosis and depression which are the causes for high morbidity in communities.
- Programmes on community-based rehabilitation for the intellectually impaired will be expanded to include six Member States.
- Programmes on promotion of mental well-being will be developed and tested in three additional countries, i.e., Myanmar, Bhutan and Indonesia. Currently, these programmes are under test in India, Sri Lanka and Thailand.

Health Promotion and Education (HPE)
- To focus on health promotion policy development, programme implementation, monitoring and evaluation across settings and population groups and disease-specific issues.
- Generate and document the evidence regarding the effectiveness of health promotion interventions in various settings or population groups or disease-specific issues.

Disability, Injury Prevention and Rehabilitation (DPR)
- Multisectoral collaboration in Road traffic injury prevention initiated/enhanced.
- Establish and strengthen injury surveillance and information system for report generation and dissemination.
- Strengthen national capacity in injury epidemiology, prevention, care and rehabilitation, epidemiology of ear health and community care, blindness and community eye health, and community-based rehabilitation.
- Increased ability of health and social system in disability prevention and rehabilitation (institutional and community).
- Enhance intervention for road safety in selected countries.
- Formulate population-approach strategy in violence prevention.

3. Regional Expected Results (RERs) with indicators, baselines and targets (attached)
4. Budget information for the Strategic Objective for Country Offices (CO) and the Regional Office (RO) (in USD thousands)

<table>
<thead>
<tr>
<th>SO Component</th>
<th>PB 2008-2009</th>
<th></th>
<th>PB 2010-2011</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Country offices</td>
<td>Regional office</td>
<td>CO</td>
<td>RO</td>
</tr>
<tr>
<td></td>
<td>Planned</td>
<td>Resources*</td>
<td>Planned</td>
<td>Resources*</td>
</tr>
<tr>
<td>Advocacy to increase support to tackle noncommunicable diseases, mental disorders, violence, injuries, disabilities and visual impairment</td>
<td>2,980</td>
<td>1,309</td>
<td>579</td>
<td>609</td>
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<tr>
<td>Support to implement policies and strategies to reduce noncommunicable diseases, mental disorders, violence, injuries, disabilities and visual impairment</td>
<td>3,967</td>
<td>2,099</td>
<td>1,327</td>
<td>925</td>
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<tr>
<td>Improve capacity to collect, analyse and use data on noncommunicable diseases, mental disorders, violence, injuries, disabilities and visual impairment</td>
<td>902</td>
<td>387</td>
<td>790</td>
<td>437</td>
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<tr>
<td>Evidence on the cost-effectiveness of interventions to tackle noncommunicable diseases, mental disorders, violence, injuries, disabilities and visual impairment</td>
<td>1,565</td>
<td>1,415</td>
<td>278</td>
<td>267</td>
</tr>
<tr>
<td>Support for multisectoral, population-wide programmes to promote mental health and prevent mental and behavioural disorders, violence, injuries, hearing and visual impairment</td>
<td>1,763</td>
<td>939</td>
<td>80</td>
<td>50</td>
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<tr>
<td>Support to improve health and social systems to prevent and manage chronic noncommunicable diseases, mental disorders, violence, injuries, disabilities and visual impairment</td>
<td>379</td>
<td>254</td>
<td>746</td>
<td>737</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>11,565</strong></td>
<td><strong>6,404</strong></td>
<td><strong>3,800</strong></td>
<td><strong>3,025</strong></td>
</tr>
</tbody>
</table>

*Resources as of May 15, 2009
South-East Asia Regional Expected Results for Regional PB 2010-2011

Strategic Objective 3: To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries.

<table>
<thead>
<tr>
<th>Organization-wide Expected Result</th>
<th>Regional Expected Results</th>
<th>Indicator</th>
<th>Baseline</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Advocacy and support provided to increase political, financial and technical commitment in Member States in order to tackle chronic noncommunicable conditions, mental and behavioural disorders, violence, injuries and disabilities together with visual impairment, including blindness.</td>
<td>1. Increased political, financial and technical commitment of Member States for preventing and controlling chronic noncommunicable conditions; mental, neurological and behavioural disorders, violence, injuries and disabilities</td>
<td>Number of targeted countries whose health ministries have a unit for injuries and violence prevention, and disability.</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Number of countries implementing national NCD capacity strengthening project</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Number of countries mainstreaming health promotion across sectors</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Number of countries with a mental health unit in the Ministry of Health</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. Guidance and support provided to Member States for the development and implementation of policies, strategies and regulations in respect of chronic noncommunicable conditions, mental and neurological disorders, violence, injuries and disabilities together with visual impairment, including blindness</td>
<td>1. Policies, plans and strategies for chronic noncommunicable diseases, mental, neurological and behavioural disorders, violence, injuries and disabilities developed, modified or implemented by Member States.</td>
<td>Number of countries having National policies and plans to deal with road traffic and other injuries and disabilities</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Number of countries implementing national NCD action plan</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Organization-wide Expected Result</td>
<td>Regional Expected Results</td>
<td>Indicator</td>
<td>Baseline</td>
<td>Target</td>
</tr>
<tr>
<td>----------------------------------</td>
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</tr>
<tr>
<td>3. Improvements made in Member States’ capacity to collect, analyse, disseminate and use data on the magnitude, causes and consequences of chronic noncommunicable conditions, mental and neurological disorders, violence, injuries and disabilities together with visual impairment, including blindness.</td>
<td>1. Data collected, disseminated and used for planning, monitoring and assessing the magnitude, causes and consequences of chronic noncommunicable diseases, mental, neurological and behavioural disorders, violence, injuries and disabilities.</td>
<td>Number of countries supported in strengthening surveillance and related information systems including monitoring and assessing impact of national programmes for prevention and control of violence, injuries and disabilities.</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Number of countries that collected data on national capacity to prevent and control NCDs using revised WHO tool</td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Number of countries conducting socio-behavioural studies to address population and disease-specific issues</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Organization-wide Expected Result</td>
<td>Regional Expected Results</td>
<td>Indicator</td>
<td>Baseline</td>
<td>Target</td>
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</tr>
<tr>
<td>Improved evidence compiled by WHO on the cost-effectiveness of interventions to tackle chronic noncommunicable conditions, mental and neurological and substance-use disorders, violence, injuries and disabilities together with visual impairment, including blindness</td>
<td>Improved evidence on the cost of major problems and cost-effective interventions to address chronic noncommunicable conditions, mental, neurological and behavioural disorders, substance abuse, violence, injuries and disabilities disseminated to countries for implementing in countries.</td>
<td>Availability of evidence on the cost of major injury/disability problems and effectiveness of interventions for the management of injury, violence and disabilities in countries</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cost-effective public health intervention for prevention of major NCDs developed</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Number of countries implementing cost-effective interventions for delivering essential mental health service integrated with the primary health care system</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Guidance and support provided to Member States for the preparation and implementation of multisectoral, population-wide programmes to promote mental health and to prevent mental and behavioural disorders, violence and injuries, together with hearing and visual impairment, including blindness.</td>
<td>Multisectoral and population-wide programmes to prevent mental, neurological and behavioural disorders (including promotion of mental well being), violence, injuries and disabilities together with hearing and visual impairment, including blindness developed and implemented.</td>
<td>Number of countries supported in implementing multisectoral population-wide program to prevent violence, injuries and/or disabilities</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Organization-wide Expected Result</td>
<td>Regional Expected Results</td>
<td>Indicator</td>
<td>Baseline</td>
<td>Target</td>
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<td>----------------------------------</td>
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</tr>
<tr>
<td>6. Guidance and support provided to Member States to improve the ability of their health and social systems to prevent and manage chronic noncommunicable conditions, mental and behavioural disorders, violence, injuries and disabilities together with visual impairment, including blindness.</td>
<td>1. National health systems in collaboration with other sectors, strengthened to prevent and manage chronic non-communicable conditions, mental, neurological and behavioural disorders (including rehabilitation of intellectually challenged), violence, injuries, disabilities and tobacco dependence.</td>
<td>Number of countries supported to strengthening the National Health and Social System to prevent and manage violence, injury and disability</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Number of countries using WHO package of essential NCD interventions</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Number of countries implementing intersectoral programmes for the community-based rehabilitation of the intellectually challenged persons</td>
<td>6 (partly implementing)</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Number of countries with facilities for tobacco cessation services</td>
<td>6</td>
<td>11</td>
</tr>
</tbody>
</table>

Number of countries developing intersectoral strategies for the promotion of mental well-being in the community

Number of countries with multisectoral interventions using Health Promotion

Number of countries supported to strengthening the National Health and Social System to prevent and manage violence, injury and disability

Number of countries using WHO package of essential NCD interventions

Number of countries implementing intersectoral programmes for the community-based rehabilitation of the intellectually challenged persons

Number of countries with facilities for tobacco cessation services
Country Planning Brief: Bangladesh (SO-03)

1. Major work of WHO for this SO in country during 2008-2009:

   **Noncommunicable diseases**
   - The Bangladesh Network for NCD Surveillance (BanNet) strengthened. Surveillance reports for 2008 are under preparation and data for 2009 report is being collected. @009 report will be published immediately after getting reports for Dec 2009. NCD InfoBase establishment at the website of the DGHS is underway. Data from ongoing NCD risk factor survey will be incorporated into the infobase.
   - National Cancer Control Strategy and Plan of Action 2009-2015 published. Cancer registry reports both from community and medical college hospitals are being generated. 2009 report will be published.
   - Demonstration projects at urban sites and one workplace for NCD prevention are ongoing. Reports for dissemination of the results and experience of this first ever initiative.
   - Manual for training of doctors from primary care is under preparation. It will be tested and published to train doctors from PHC.
   - A surveillance for rheumatic heart disease has been established in six sentinel upazila.

   **Mental health, injuries and Blindness**
   - Draft of the mental health has been prepared and it has been submitted to MOHFW for enactment and repealing of the Lunacy Act 1912.
   - Mechanism to integrate mental health into primary care has been developed and tested. Document on this has been under review. Formal approval from the MOHFW will be needed.
   - Primary eye care model is in one upazila being tested.
   - Survey proposal on burden of disability under review by WHO RRC. Health manpower from one district has been trained in injury prevention and trauma care. Improvement of EMS is under process in Dhaka Medical College Hospital and Manikganj district hospital.

2. Scope of work and major results planned for 2010-2011 (by SO component):

   **Noncommunicable diseases and oral health**
   - Generation of evidences from hospitals and communities for a policy shift on NCDs and oral health.

   **Mental health, injuries and Blindness**
   - Development of models on population-based programmes to prevent disabilities due to injuries, mental disorders, and hearing and visual impairments supported.

3. How the scope and results are related to the Country Cooperation Strategy:

   **Noncommunicable diseases and oral health**
   - BAN CCS Strategic Action 3.2

   **Mental health, injuries and Blindness**
   - BAN CCS Strategic Action 3.3
4. **Budget information for the Strategic Objective (in USD thousands)**

<table>
<thead>
<tr>
<th>SO Component</th>
<th>PB 2008-2009</th>
<th>PB 2010-2011</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AC</td>
<td>VC planned</td>
</tr>
<tr>
<td>Advocacy to increase support to tackle noncommunicable diseases, mental disorders, violence, injuries, disabilities and visual impairment</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Support to implement policies and strategies to reduce noncommunicable diseases, mental disorders, violence, injuries, disabilities and visual impairment</td>
<td>648</td>
<td>200</td>
</tr>
<tr>
<td>Improve capacity to collect, analyse and use data on noncommunicable diseases, mental disorders, violence, injuries, disabilities and visual impairment</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Evidence on the cost-effectiveness of interventions to tackle noncommunicable diseases, mental disorders, violence, injuries, disabilities and visual impairment</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Support for multisectoral, population-wide programmes to promote mental health and prevent mental and behavioural disorders, violence, injuries, hearing and visual impairment</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Support to improve health and social systems to prevent and manage chronic noncommunicable diseases, mental disorders, violence, injuries, disabilities and visual impairment</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>648 200</td>
<td>0 542 378</td>
</tr>
</tbody>
</table>

**Breakdown by programmes**

<table>
<thead>
<tr>
<th></th>
<th>PB 2008-2009</th>
<th>PB 2010-2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCD and oral health</td>
<td>235 90</td>
<td>0 200</td>
</tr>
<tr>
<td>Injury prevention, primary eye care, mental health</td>
<td>315 110</td>
<td>0 200</td>
</tr>
<tr>
<td>TOTAL</td>
<td>648 200</td>
<td>0 542 378</td>
</tr>
</tbody>
</table>

*Available as of 15 May 2009*
5. Possible VC funding through new or continuing projects: (Site the name of the donor and project if available or note donors where there is possible funding.  Amount of funding)

Noncommunicable diseases and oral health
- Potential VC funding may be mobilized for NCD prevention from Milinda-Gates Foundation

Injury prevention
- Potential VC funding may be mobilized for injury prevention Bloomberg Philanthropies

6. Staff requirements for 2010-2011 (short and long-term)

- **NCD and oral health** – Long-term National Professional Officer and temporary National Professional Officer

- **Injury prevention, primary eye care, mental health** – temporary National Professional Officer
Country Planning Brief: Bhutan (SO-03)

1. Major work of WHO for this SO in country during 2008-2009:
   - Mental Health curriculum for Royal Institute of Health Sciences revised and printed. Mass advocacy on road safety and injury prevention carried out in the schools in Thimphu.
   - Ear and Audiology screening camps for general publics of Mongar District Conducted. Mobile eye camps conducted in far-flung areas of Laya, Lingshi and Gasa. Standard Operating Procedures for Ophthalmic Department developed and printed.
   - Capacity developed in the area of oral health and dentistry.

2. Scope of work and major results planned for 2010-2011.
   To provide policy and technical support in:
   - advocacy to increase political commitment to tackle chronic non-communicable conditions
   - improving the capacity for NCD info-base
   - population-wide programme to prevent mental and behavioral disorder, violence through multi-sectoral approach
   - Preventive and curative aspects of cancer diseases burden.

3. How the scope and results are related to the Country Cooperation Strategy:
   Strategic Priority #05
   - Help reducing the Burden of Diseases through key interventions focusing on Health Promotion and risk factors with a multi-sector approach.
   - No communicable diseases prevention, care and support, emphasizing health promotion and behaviour changes, and support for mental health
4. **Budget information for the Strategic Objective (in USD thousands)**

<table>
<thead>
<tr>
<th>SO Component</th>
<th>PB 2008-2009</th>
<th>PB 2010-2011</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AC</td>
<td>VC planned</td>
</tr>
<tr>
<td>Advocacy to increase support to tackle noncommunicable diseases, mental disorders, violence, injuries, disabilities and visual impairment</td>
<td>39</td>
<td>40</td>
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<tr>
<td>Support to implement policies and strategies to reduce noncommunicable diseases, mental disorders, violence, injuries, disabilities and visual impairment</td>
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<tr>
<td>Improve capacity to collect, analyse and use data on noncommunicable diseases, mental disorders, violence, injuries, disabilities and visual impairment</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Evidence on the cost-effectiveness of interventions to tackle noncommunicable diseases, mental disorders, violence, injuries, disabilities and visual impairment</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Support for multisectoral, population-wide programmes to promote mental health and prevent mental and behavioural disorders, violence, injuries, hearing and visual impairment</td>
<td>75</td>
<td>24</td>
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<tr>
<td>Support to improve health and social systems to prevent and manage chronic noncommunicable diseases, mental disorders, violence, injuries, disabilities and visual impairment</td>
<td>10</td>
<td>60</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>148</td>
<td>129</td>
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**Breakdown by programmes**

<table>
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<tr>
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<th>PB 2010-2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBR</td>
<td>30</td>
<td>28.50</td>
</tr>
<tr>
<td>Mental Health</td>
<td>33</td>
<td>31.35</td>
</tr>
<tr>
<td>LSRD</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>Primary Eye Care</td>
<td>75</td>
<td>71.25</td>
</tr>
<tr>
<td>Dental</td>
<td>10</td>
<td>9.50</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>148</td>
<td>135</td>
</tr>
</tbody>
</table>

*Available as of 15 May 2009
5. **Possible VC funding through new or continuing projects:**
   None

6. **Staff requirements for 2010-2011 (short and long-term):**
   None
Country Planning Brief: DPR Korea (SO-03)

1. Major work of WHO for this SO in country during 2008-2009:
   
   **NCD Prevention and Control**
   - The management and treatment of the major NCDs including cardiovascular diseases improved at national level
   - The capacity and capability to collect, analyze and utilize core information on major NCD and their risk factors improved at national level
   - The project for the strengthening of the massive health activity for prevention and control of diabetes mellitus initiated
   - Rehabilitation health services on chronic diseases and disabilities improved.
   
   **Emergency, trauma care and injury prevention**
   - The strategic plan for the strengthening emergency and trauma care in the country developed and the project initiated.
   - National injury prevention and control program strengthened
   
   **Mental Health**
   - Prevention and management of the mental disorders improved in two provinces

2. Scope of work and major results planned for 2010-2011 (by SO component):
   
   **NCD Prevention and Control**
   - High burden of major non communicable diseases reduced and rehabilitation health services for chronic diseases and disabilities strengthened.
   - Integrated prevention and control of NCDs through multi-sectoral, multi level and multi partners approaches including strengthening RF surveillance, early detection and management and community based public health interventions strengthened
   - Further expansion of prevention and control activities of Diabetes across country
   - Strengthen rehabilitation services including centers for improved quality of care
   
   **Emergency, trauma care and injury prevention**
   - National injury prevention policies, programs and technical capacity strengthened
   - Initiation of injury surveillance system
   - Operationalization of Strategic plan including resource mobilization
   
   **Mental Health**
   - Increased technical capacity for mental health services and neurological care at national, provincial and county levels
   - Development of community mental health programs

3. How the scope and results are related to the Country Cooperation Strategy: (Site the reference in the CCS, usually in the Strategic Agenda section)
   
   - Strategic priority 4: Addressing the risk factors leading to increased prevalence of non-communicable diseases (NCD)
4. **Budget information for the Strategic Objective (in USD thousands)**

<table>
<thead>
<tr>
<th>SO Component</th>
<th>PB 2008-2009</th>
<th>PB 2010-2011</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AC</td>
<td>VC planned</td>
</tr>
<tr>
<td>Advocacy to increase support to tackle noncommunicable diseases, mental disorders, violence, injuries, disabilities and visual impairment</td>
<td>245</td>
<td>121</td>
</tr>
<tr>
<td>Support to implement policies and strategies to reduce noncommunicable diseases, mental disorders, violence, injuries, disabilities and visual impairment</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td>488</td>
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</tbody>
</table>

*Available as of 15 May 2009

5. **Possible VC funding through new or continuing projects:**
   - World Diabetes Foundation, US$ 200,000
   - International Diabetes Foundation
   - Bloomberg initiative
6. **Staff requirements for 2010-2011 (short and long-term):**

- National Professional Officer
- Medical Officer-Shared responsibilities with other SOs
- Technical Consultants
Country Planning Brief: India (SO-03)

1. Major work of WHO in country during 2008-2009:

Cancer
- Technical support provided to implementation and evaluation of the National Cancer Control programme of India
  - Development of guidelines and modules developed [Palliative care manual (1), Manual for health workers (1)]
  - Human resource support provided for cancer control
  - National level coordination, review and monitoring workshops (5)
  - Pilot programme for community based intervention on cancer control (1)

Control of Blindness
- Technical support provided to the blindness control cell at Directorate General of Health Services, Ministry of Health & Family Welfare, GOI under National Program for Control of Blindness (NPCB)
- Development of IEC on ocular emergency and diabetic retinopathy
- Supported regional level workshops for sensitizing various stakeholders working in the area of NPCB regarding the new initiatives under XI five year plan
- Supported review of Sentinel Service Units under the NPCB

Control of Deafness
- Developing standardized lectures for training at all levels of manpower for the National Program for Prevention & Control of Deafness (NPPCD)
- Development of model of school screening program for detection of ear & hearing related diseases in school going children
- Development of resource kit for community level health workers for prevention and early detection of ear & hearing problems for NPPCD
- Development of evidence base for “Impact of rubella as a cause of congenital deafness in India”
- Development of content for website to be utilized as information resource on various aspects of hearing loss
- Identifying issues and development of strategies for human resource in deafness prevention, management and rehabilitation
- Supported expert committee meeting for development of guidelines regarding infant hearing screening in India

Mental Health
- Technical support provided at the National Mental Health Cell at Directorate General of Health Services, Ministry of Health & family welfare, Government of India
- Awareness generation in the area of mental health problems, identification of problems in community settings on the occasion of World Mental Health Day 2008 & would be supported for year 2009 as well.
- Resource material developed for providing psychosocial support during disasters
- Psychosocial support provided to the victims of Koshi flood at Bihar
- Activity supported on development of a book on mental hospitals in India
- Supported National meeting of State Nodal Officers of National Mental Health Program (NMHP) and heads of mental health institutions.
• Workshop supported for developing list of essential medicine for the District Mental health Program
• Supported activity on factors affecting compliance in patients suffering from mental disorders

Injuries and disabilities
• Injury surveillance sustained at pilot sites and disability rehabilitation initiatives strengthened
• Technical support to community based rehabilitation and provisions for the disabled (2 sites)
• Development of guidelines and modules developed (3)
• Injury surveillance sustained with additional inputs for timely reporting and dissemination (retrospective data collection 1)

Oral health
• Study to frame policy guidelines for Oral Health Promotion and interventions for handicapped
• Oral Health promotion through healthy dietary practices in school children
• Development of Training Manual and relevant IEC material for health workers
• Studying the utility of Mobile Dental Van for the basic oral treatment of rural population
• Oral Health Promotion through integration of oral health into general health
• Supported workshops on the important issues related to common risk factor for NCD, its relation to oral health and oral health rehabilitation

2. Scope of work and major results planned for 2010-2011

Cancer
• Support Community based models/ operational research at primary health care level
• Strengthen selected RCCs to act as resource center and build capacity of health care providers (MOs/ Nurses) in cancer care
• Support development of community based palliative care programmes at 2 sites
• Support regional review meetings to monitor the progress NCCP
• Development of operational manual and standard treatment protocols
• Provide human resource support (2 Consultants and 2 DEOs) for supporting the NCCP
• Support development of network among RCCs/ institutions working in cancer Care.

Control of Blindness
• Human resources and technical support for activity implementation under National Programme for Control of Blindness
• District Blindness Control Programmes supported for emerging issues in blindness control Trachoma, Corneal injuries, refractive errors, Glaucoma
• Developing model for community ophthalmology
• Review, monitoring and evaluation of NPCB

Control of Deafness
• Resource kit for deafness prevention, posters, wall charts etc.
• Network development among the resource centers working in the area of hearing impairment & prevention of deafness
• Human resources and technical support for activity implementation under National Programme for Prevention & Control of Deafness
• National level coordination, review and monitoring (National Program for Prevention & Control of Deafness)

Mental Health
• Support provided for implementation and evaluation of the National Mental Health Programme
• Development of mental health promotion modules including school, work place, community and counselling (possible collaboration with AYUSH for traditional resource available & ancient Indian wisdom)
• State level workshops for NMHP/Awareness generation on World Mental Health Day
• Technical support for Mental Health Cell at MOHFW through
  - temporary professionals & activity implementation at states for NMHP
• National level coordination, review, monitoring & evaluation of NMHP

Injuries and disabilities
• Support Establishment of Injury Surveillance System in selected centers (2 centers one in south and one in northern region)
• Support national and regional workshop to sensitize national programme managers for multisectoral approach for RTI prevention
• Support development of National guidelines for pre hospital trauma care
• Support capacity building activities in pre hospital trauma care for health care providers and volunteers
• Support operational research on CBR programmes

Oral health
• Technical support provided to implementation, guideline development, monitoring and evaluation of the proposed National Oral Health Program (NOHP) of India
• Developing evidence base for natural & traditional ways of oral hygiene maintenance (Collaboration with AYUSH)
• Developing a model for district oral health promotion
• Development of Resource Kit on oral health promotion for Medical Doctors & AYUSH Practitioners
• Workshops for formulation of guidelines & promotion of oral health as relevant to National Oral Health Program
• Providing Technical Support & activity implementation to states under National Oral Health Program

3. How the scope and results are related to the Country Cooperation Strategy:

Cancer
• The CCS focuses mainly on development of networking of cancer centers and for cancer registries. The ongoing NCCP will be strengthened in areas of prevention, early detection and palliative care.

Control of blindness
• Technical guidance and support thus provided from the WCO, would help in advocacy, supplement to the NPCB and bringing down level of preventable blindness in this country.
Control of deafness
- As per WHO estimates in India, there are approximately 63 million people, who are suffering from significant auditory impairment; which places the estimated prevalence at 6.3% in Indian population. As per NSSO survey, currently there are 291 persons per one lakh population who are suffering from severe to profound hearing loss of which a large percentage is children between the ages of 0 to 14 years. There are enough evidences to show that hearing impairment is preventable through well integrated and comprehensive interventions. WCO would assist in providing technical support in the areas of human resource development & implementation of NPPCD.

Mental health
- Mental disorders are a common form of disability and it has been estimated that in the year 2001, 67 million people with major mental disorders & 20.5 million with common mental disorders required services, which have been documented in the (Burden of Disease in India, background papers, National Commission on macroeconomics & health, GOI, 2005). The support provided for the ongoing NMHP would be essential for better implementation & evaluation of the program.

Oral health
- Oral health, an important component of NCD is emerging as a major public health problem in India, due to high morbidity and shares common risk factor with other NCD’s. India is in the process of launching a National Oral Health Program, which has already been approved by Planning Commission of India as a centrally sponsored program under the new initiatives for the XI five year plan. Technical support in this area from the WCO would provide an impetus to the proposed national program.

Injuries and disabilities
- Injury prevention is an important public health problem in India. WCO should support the MOHFW in areas of road traffic injury, generation of valid country level data in these aspects.
4. **Budget information for the Strategic Objective (in USD thousands)**

<table>
<thead>
<tr>
<th>SO Component</th>
<th>PB 2008-2009</th>
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</table>

*Available as of 15 May 2009*
5. Possible VC funding through new or continuing projects:

6. Staff requirements for 2010-2011 (short and long-term)
   - Noncommunicable disease (2) – National Professional Officer
   - Cancer – National Professional Officer
   - Surveillance – National Professional Officer
   - Mental health – National Professional Officer
Country Planning Brief: Indonesia (SO-03)

1. Major work of WHO for this SO in country during 2008-2009:
   
   **Noncommunicable disease prevention and control**
   - Develop surveillance system for NCD
   - Strengthen Vision 2020
   - Develop hearing and prevention of deafness programme

   **Disability and injuries**
   - Prevent and reduce disease, disability and premature death from chronic non-communicable conditions, mental disorders, violence and injuries.

   **Mental health**
   - Strengthen mental health system, district mental health programme and community mental health nursing training
   - Strengthen mental health surveillance
   - Strengthen community-based mental health intervention

2. Scope of work and major results planned for 2010-2011 (by SO component):
   
   **Noncommunicable disease prevention and control**
   - Strengthen NCD control programme
   - Develop surveillance system for NCD
   - Strengthen Vision 2020
   - Develop hearing and prevention of deafness programme

   **Disability and injuries**
   - Support the development and implementation of national strategic programme to address disabilities, injury prevention and rehabilitation.

   **Mental health**
   - Strengthen mental health system, district mental health programme and community mental health nursing training
   - Strengthen mental health surveillance
   - Supporting the integration of mental health into primary care and community-based mental health intervention

3. How the scope and results are related to the Country Cooperation Strategy:
   
   - Advocate the importance of addressing the increasing national burden of non-communicable diseases and the key role of prevention
   - Support monitoring of the prevalence of non-communicable diseases and related risk factors
   - Support the development and implementation of national strategies to address disabilities, especially blindness
   - Advocate the importance of addressing the increasing national burden of non-communicable diseases and the key role of prevention
   - Support the development and implementation of national strategies to address disabilities.
   - Promote the prevention of, and response to, injuries and accidents
• Strengthen the development and implementation of community-based mental health programmes
• Strengthen the development and implementation of community-based mental health programmes

4. Budget information for the Strategic Objective (in USD thousands)

<table>
<thead>
<tr>
<th>SO Component</th>
<th>PB 2008-2009</th>
<th>PB 2010-2011</th>
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*Available as of 15 May 2009
5. **Possible VC funding through new or continuing projects:**
   - Disabilities, injury prevention and rehabilitation programme are incorporated into the DRR Programme for Health Sector Indonesia. Concept paper and donor proposals were sent to (22) donors. Aus Aid is in the process of reviewing the proposal for period 1 July 2009 – 30 June 2013

6. **Staff requirements for 2010-2011 (short and long-term):**
   - Noncommunicable disease – National Professional Officer
   - Tobacco Free Initiative – National Professional Officer
   - Disabilities and Injuries – National Professional Officer
   - National short-term consultants
   - International short-term consultants
1. **Major work of WHO for this SO in country during 2008-2009:**

   **Noncommunicable diseases**
   - Intersectoral meeting conducted to operationalise NCD strategic plan
   - Nationals trained in the area of NCDs
   - Conducted awareness programmes for communities on prevention and control of NCDs
   - Supported NCD component of the Demographic Health Survey 2009
   - Screening for toxoplasmosis chorioretinitis to be conducted by end of 2009, in one atoll to learn the prevalence of toxoplasma chorioretinitis and magnitude of the problem for further action
   - Assessment to be conducted to determine the impact of community-based interventions on NCD risk factors by end of 2009
   - Nationals to be trained on early detection of hearing and vision impairment by end of 2009

   **Violence, injuries and disabilities**
   - Nationals trained in injury prevention, control and surveillance
   - Injury prevention and control plan of action to be reviewed

   **Mental health and substance abuse**
   - Staff trained in mental health
   - Nationals trained in identification and management of common behavioural and learning problems
   - Situation analysis on suicide among Maldivian population to be conducted by end of 2009

2. **Scope of work and major results planned for 2010-2011 (by SO component):**

   **Noncommunicable diseases**
   - Strengthen capacity to implement policy / plan of action for NCDs
   - Implementation of policy and action plans for prevention and control of NCDs
   - Strengthen surveillance and analysis of the disease burden for noncommunicable diseases including key risk factors – inclusion in SIDAS
   - Enhance Health and social systems capacity for implementation of public health programmes to prevent hearing and visual impairment including blindness (implementation of Vision 2020)
   - Conduct research studies to generate evidence for magnitude of NCD problems
   - Assess national capacity for prevention and control of NCDs using standardized WHO tool
   - Support implementation of WHO package of essential NCD interventions at PHC

   **Violence, injuries and disabilities**
   - Strengthen capacity to implement policy / plan of action for violence and injuries
   - Implementation of policy and action plans for prevention and control of violence and injuries
   - Develop, implement and assess intersectoral interventions for injury prevention and occupational health
   - Strengthen injury surveillance and generate reports
   - Support assessment of changes in injury burden following the newly legislated law

   **Mental health and substance abuse**:
   - Strengthen capacity to implement policy / plan of action for mental health and substance abuse
• Implementation of policy and action plans for prevention and control of mental disorders and substance abuse
• Implementation of appropriate community mental health programmes
• Strengthen surveillance and analysis of the disease burden for mental health including key risk factors – inclusion in SIDAS

3. **How the scope and results are related to the Country Cooperation Strategy:**

   **Priority areas:**
   1. Strengthening health systems
   2. Integrated communicable disease surveillance and control
   3. Noncommunicable diseases, mental health and health promotion
   4. Emergency preparedness and response
4. **Budget information for the Strategic Objective (in USD thousands)**

<table>
<thead>
<tr>
<th>SO Component</th>
<th>PB 2008-2009</th>
<th></th>
<th>PB 2010-2011</th>
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<td>VC planned</td>
<td>VC actual*</td>
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<td>Support to improve health and social systems to prevent and manage chronic noncommunicable diseases, mental disorders, violence, injuries, disabilities and visual impairment</td>
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*Available as of 15 May 2009

5. **Possible VC funding through new or continuing projects:**
   - None

6. **Staff requirements for 2010-2011 (short and long-term):**
   - Temporary International Professionals (6 months)
Country Planning Brief: Myanmar (SO-03)

1. Major work of WHO in country during 2008-2009:
   - Enhancing institutional and technical capacity for surveillance, prevention and control of risk factors, early detection and management of cancer, diabetes, CVD and snakebite
   - Developing capacity for implementing community based programmes in mental health
   - Support in reduction of disability due to visual and hearing impairment through prevention of avoidable causes and improved rehabilitation services
   - Providing technical and logistic support to national injury prevention, management and surveillance programme for on going capacity building activities for key stakeholders, including health care providers and communities.

2. Scope of work and major results planned for 2010-2011:
   - Advocacy and support for chronic non communicable conditions, mental and behavioural disorders, violence, injuries and disabilities (OWER 1).
     - To support implementation of National Strategies for prevention and control of non communicable diseases including mental health, at the central level and later to State/Division and township level through community based approaches in a phased manner.
     - Continue to support national injury prevention programme and community based rehabilitation for injury prevention and surveillance, capacity building for pre-hospital trauma care and expansion of community based rehabilitation programme
   - Guidance and programme support to prevent mental and behavioural disorders, violence and injuries, together with hearing and visual impairment, including blindness (OWER 5).
     - To strengthen NCD surveillance and implement multi-sectoral, population wide interventions/programmes.
   - Guidance and support for health and social systems to prevent and manage chronic noncommunicable conditions, mental and behavioural disorders, violence, injuries and disabilities (OWER6).
     - To support capacity building and effective awareness programmes in coordination with local partners for prevention and control of blindness, deafness and snake bite with emphasis for the rural areas.
     - Continue to support national injury prevention programme and community based rehabilitation for injury prevention and surveillance, capacity building for pre-hospital trauma care and expansion of community based rehabilitation programme

3. How the scope and results are related to the Country Cooperation Strategy:
   - It has been mentioned in the Country Cooperation Strategy that non communicable diseases such as diabetes, cardiovascular diseases (including hypertension) and cancers are emerging as important health problems as a result of various risk factors and that snakebites are a major health problem, although it is difficult to estimate their exact number. Mental Illness and avoidable blindness are also emerging health issues. Official statistics show that injuries stand first among the leading reported cause of mortality and third among the causes of mortality in Myanmar.
   - In view of this the Country cooperation Strategy has outlined the following area as one of the priority areas:-
Reduce excess burden of disease

- Under this priority area - WHO will advocate for and support a public health or population based approach to the prevention of NCDs including cardiovascular diseases and diabetes. Prevention through population wide risk factor modification has been demonstrated to be highly cost effective and is the only realistic option for NCD control in countries with limited financial resources

4. Budget information for the Strategic Objective (in USD thousands)

<table>
<thead>
<tr>
<th>SO Component</th>
<th>PB 2008-2009</th>
<th>PB 2010-2011</th>
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</thead>
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<tr>
<td></td>
<td>AC</td>
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<td>Advocacy to increase support to tackle noncommunicable diseases, mental disorders, violence, injuries, disabilities and visual impairment</td>
<td>226</td>
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<td>Support to implement policies and strategies to reduce noncommunicable diseases, mental disorders, violence, injuries, disabilities and visual impairment</td>
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<td>Improve capacity to collect, analyse and use data on noncommunicable diseases, mental disorders, violence, injuries, disabilities and visual impairment</td>
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<tr>
<td>Evidence on the cost-effectiveness of interventions to tackle noncommunicable diseases, mental disorders, violence, injuries, disabilities and visual impairment</td>
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<td>Support for multisectoral, population-wide programmes to promote mental health and prevent mental and behavioural disorders, violence, injuries, hearing and visual impairment</td>
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<td>Support to improve health and social systems to prevent and manage chronic noncommunicable diseases, mental disorders, violence, injuries, disabilities and visual impairment</td>
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<td>TOTAL</td>
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<td>219</td>
</tr>
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*Available as of 15 May 2009
5. Possible VC funding through new or continuing projects
   • From CBM-Christian Blind mission for mental health and deafness programme

6. Staff requirements for 2010-2011 (short and long-term)
   • Staff requirements covered under other SOs.
Country Planning Brief: Nepal (SO-03)

1. Major work of WHO for this SO in country during 2008-2009:
   - Capacity building of primary health care workers on chronic non-communicable conditions, mental and behavioral disorders, violence, injuries and disabilities
   - Development of learning materials and guideline on training of trainers on community mental health
   - Finalization of draft national policy and strategy to control NCD
   - Community awareness on oral health and mental health improved.

2. Scope of work and major results planned for 2010-2011:
   - To support revision and implementation of National policies and strategies to control chronic non-communicable conditions, mental and behavioral disorders, violence, injuries and disabilities.
   - Support capacity building on integrated diseases surveillance for chronic non-communicable conditions, mental and behavioral disorders, violence, injuries and disabilities
   - To support preparation and implementation of national strategies to control chronic non-communicable conditions, mental and behavioral disorders, violence, injuries and disabilities
   - To support multisectoral and civil society involvement in prevention and management of chronic non-communicable conditions, mental and behavioral disorders, violence, injuries and disabilities.

3. How the scope and results are related to the Country Cooperation Strategy:
   - Provide support for the development of integrated disease surveillance (IDS) and NCD risk factors surveillance systems including unhealthy lifestyles
   - Support implementation of the national policies and strategic plans for NCDs by developing community based approaches for healthy lifestyles and promoting community involvement, and facilitate the review and revision of legislation pertaining to mental health
   - Develop mechanisms for broad-based partnerships and a surveillance systems for tobacco control in line with FCTC
   - Support for the development of recording and reporting systems on violence, injuries and disabilities and advocate for adequate cross-government policy responses
4. **Budget information for the Strategic Objective (in USD thousands)**

<table>
<thead>
<tr>
<th>SO Component</th>
<th>PB 2008-2009</th>
<th>PB 2010-2011</th>
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</tbody>
</table>

*Available as of 15 May 2009*
5. **Possible VC funding through new or continuing projects:**
   - UNDP
   - UNICEF
   - UNFPA
   - USAID
   - Apex Body member partners (NGO's & INGO's)

6. **Staff requirements for 2010-2011 (short and long-term):**
   - PHA, NPO, two support staff and driver (together with SO10 & 11)
   - NPO for blindness and deafness programme including violence, injuries and disabilities. (together with SO 6 & 9)
   - One support staff (for blindness and deafness)
Country Planning Brief: Sri Lanka (SO-03)

1. Major work of WHO for this SO in country during 2008-2009:
   - The broad objective was to prevent and reduce disease, disability and premature death from chronic non-communicable conditions, mental disorders, violence and injuries. Work has commenced with the following counterparts in areas of Non Communicable Diseases, Violence & Injury Prevention, Elderly, Disability, Mental Health and Health Promotion
     - Ministry of Health – Central & District level
     - Non Governmental organizations supporting the NATA eg: Temperance Youth Organization; Sri Lanka Federation of Temperance Organizations
     - Sri Lanka Red Cross Society / International Federation of Red Cross and Red Crescent Societies
     - National Institute of Mental Health
     - SriLankan College of Psychiatrist
     - Health Education Bureau

2. Scope of work and major results planned for 2010-2011 (by SO component):
   - Advocacy and support provided to increase political, financial and technical commitment in Member States in order to tackle chronic non-communicable conditions, mental and behavioural disorders, violence, injuries and disabilities
   - Guidance and support provided to Member States for the development and implementation of policies, strategies and regulations in respect of chronic non-communicable conditions, mental and behavioural disorders, violence, injuries and disabilities
   - Improvements made in Member States' capacity to collect, analyse, disseminate and use data on the magnitude, causes and consequences of chronic non-communicable conditions, mental and behavioural disorders, violence, injuries and disabilities.
   - Improved evidence compiled by WHO on the cost-effectiveness of interventions to tackle chronic non-communicable conditions, mental and behavioural disorders, violence, injuries and disabilities.
   - Guidance and support provided to Member States for the preparation and implementation of multi-sectoral, population-wide programmes to prevent mental and behavioural disorders, violence and injuries, together with hearing and visual impairment, including blindness
   - Guidance and support provided to Member States to improve the ability of their health and social systems to prevent and manage chronic non-communicable conditions, mental and behavioural disorders, violence, injuries and disabilities.

3. How the scope and results are related to the Country Cooperation Strategy:
   - Support prevention and control of major NCDs and related priorities (Cardiovascular Disease, Cancer, Diabetes, Psychosocial and Mental health, Alcohol and substance abuse, Violence and injuries particularly road traffic and occupational accidents)
   - Reduce the treatment gap of major NCDs and Mental Illness.
   - Promote integrated and cost effective approaches for prevention and management of the major NCDs and mental illnesses
   - Support surveillance of NCD risk factors and their determinants
### 4. Budget information for the Strategic Objective (in USD thousands)

<table>
<thead>
<tr>
<th>SO Component</th>
<th>PB 2008-2009</th>
<th>PB 2010-2011</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AC</td>
<td>VC planned</td>
</tr>
<tr>
<td>Advocacy to increase support to tackle noncommunicable diseases, mental disorders, violence, injuries, disabilities and visual impairment</td>
<td>81</td>
<td>327</td>
</tr>
<tr>
<td>Support to implement policies and strategies to reduce noncommunicable diseases, mental disorders, violence, injuries, disabilities and visual impairment</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Improve capacity to collect, analyse and use data on noncommunicable diseases, mental disorders, violence, injuries, disabilities and visual impairment</td>
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<td>65</td>
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<tr>
<td>Evidence on the cost-effectiveness of interventions to tackle noncommunicable diseases, mental disorders, violence, injuries, disabilities and visual impairment</td>
<td>18</td>
<td>181</td>
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<tr>
<td>Support for multisectoral, population-wide programmes to promote mental health and prevent mental and behavioural disorders, violence, injuries, hearing and visual impairment</td>
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<tr>
<td>Support to improve health and social systems to prevent and manage chronic noncommunicable diseases, mental disorders, violence, injuries, disabilities and visual impairment</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td>170</td>
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</table>

*Available as of 15 May 2009*
5. **Possible VC funding through new or continuing projects:**
   - Polish Embassy
   - World Bank
   - World Vision-Australia
   - Finland Government
   - Irish Government
   - Norwegian Government
   - Other donors supporting the National research effort on CKDu

6. **Staff requirements for 2010-2011 (short and long-term):**
   - LTS - National Professional Officer – (NCD -NO C) 01
   - Short-term staff may be recruited as and when required.
   - National Programme Officer - NCD
   - National Programme Officer – Mental Health
   - National Consultant – Trauma, Injuries and violence
   - National Consultant – Mental Health
   - Field Programme Manager – Chronic Kidney Disease
Country Planning Brief: Thailand (SO-03)

1. Major work of WHO for this SO in country during 2008-2009:
   - Advocacy activities among political leaders and high-level decision makers on chronic diseases problems and preventive measures
   - Formulation core capacity and strategies in non-communicable diseases prevention in Thailand
   - Workshop on Assessment of exposure to carcinogens in occupational cancer
   - Strengthening of NCD programmes network in Thailand.
   - Situation analysis of child drowning surveillance in Thailand
   - Survival Swimming Curriculum for Children in Thailand (A3)
   - The evaluation of data utilization of the prevalence of selected cardiovascular disease risk factors and the preventive health practices among Thai population, 2005
   - Child Death Deliberation (CDD) as the tool for initiating multidisciplinary injury prevention.
   - Empowerment of communities through local administrative organizations to develop a safe community programme focusing on violence and injury prevention/control
   - Violence and Injury Prevention: Capacity Building on TEACH - VIP among THAIPHEIN
   - The Project Evaluation of Health Coping Under Unrest in Deep Southern Thailand; Songkhla Province B.E. 2551-2552

2. Scope of work and major results planned for 2010-2011 (by SO component):
   **General noncommunicable diseases**
   - Sustainable national mechanisms for multisectoral collaboration in addressing NCDs (including establishment/ sustaining national network for prevention and control of NCDs)
   - NCD capacity activities strengthened
   - Effective information management system of basic information on NCDs and their risk factors
   - Support sharing information on prevention and control of NCDs between Member countries of SEAR

   **Injuries**
   - International exchange experience of child MC helmet
   - Injury Surveillance system development and management
   - National report on violence and health
   - Health promoting hospital for road safety
   - Research and policy to reduce the burden of motorcycle related injuries.
   - "Prevention and Control of Injury -A handbook for developing Undergraduate Medical Curriculum" Pediatric Task Force for Injury Prevention and Royal College of Pediatrics, including the Medical Council of Thailand

   **Disabilities**
   - Formulation of the draft action plan of blindness prevention (EB doc 2009) in country plan.
   - Prepare activity (seminar, national multisectoral workshop) on the new CBR guideline.
   - Research in CBR and prosthetic and orthotics

   **Mental Health**
   - Model development for community MH services
   - International training in community MH
3. **How the scope and results are related to the Country Cooperation Strategy:**
   - The scope and results stated in 2. respond to the CCS 2008-2011 (Thailand):
   - ‘2. To integrate measures to reduce the risks of non-communicable diseases (NCDs), injuries and mental illnesses.’

4. **Budget information for the Strategic Objective (in USD thousands)**

<table>
<thead>
<tr>
<th>SO Component</th>
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<tr>
<td></td>
<td>AC</td>
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<tr>
<td>Advocacy to increase support to tackle noncommunicable diseases, mental disorders, violence, injuries, disabilities and visual impairment</td>
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<td>70</td>
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<td>Support to implement policies and strategies to reduce noncommunicable diseases, mental disorders, violence, injuries, disabilities and visual impairment</td>
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<td>Improve capacity to collect, analyse and use data on noncommunicable diseases, mental disorders, violence, injuries, disabilities and visual impairment</td>
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<td>Evidence on the cost-effectiveness of interventions to tackle noncommunicable diseases, mental disorders, violence, injuries, disabilities and visual impairment</td>
<td>20</td>
<td>30</td>
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<td>Support for multisectoral, population-wide programmes to promote mental health and prevent mental and behavioural disorders, violence, injuries, hearing and visual impairment</td>
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<td>55</td>
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<tr>
<td>Support to improve health and social systems to prevent and manage chronic noncommunicable diseases, mental disorders, violence, injuries, disabilities and visual impairment</td>
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<td>20</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
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<td>2,297</td>
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</table>

*Available as of 15 May 2009*
5. Possible VC funding through new or continuing projects:

6. Staff requirements for 2010-2011 (short and long-term):
Country Planning Brief: Timor-Leste (SO-03)

1. Major work of WHO for this SO in country during 2008-2009:

- **Chronic diseases:** WHO provided capacity building for the national staff to attend training on chronic diseases which mainly incorporate into health promotion and health education programme. A prevalence study on cardiovascular and diabetes will be completed towards the end of 2009 to provide some useful information for better targeted interventions.

- **Injury and Disability:** WHO Timor-Leste facilitated in the global survey on road safety programme. Final report has been completed and sent to SEARO for compilation. WHO supported the Ministry of Health and partners to raise awareness on road safety targeting school children and communities in rural areas.

- **WHO continue to advocate and raise awareness on importance of integrating the mental health services within the primary health care.** Refresher training on mental health programme was provided to the mental health nurse coordinator in 13 districts. Four out of eight Manual on mental health promotion have been adapted to the national language "Tetum". This will be used to provide ToT to 15 mental health nurse coordinator in all 13 districts. These trainers will then train the nurses in all community health centres and the hospitals. IEC materials have also been printed and distributed during to raise awareness on mental health problems.

2. Scope of work and major results planned for 2010-2011 (by SO component):

**Chronic diseases**

- Policies and strategies for chronic non communicable diseases, mental health developed, revised and implemented
- Training provided to health staff on areas of chronic non communicable diseases
- Assess national capacity for prevention and control of NCDs using standardized WHO tool (will be sent by SEARO in 2009)
- Support collection of basic information on NCDs and their risk factors
- Assess feasibility of implementing WHO package of essential NCD interventions (PEN) at PHC

**Injury**

- Policies and strategies for injury and disability developed and implemented
- Training the health staff on prevention and management of injury.
- Follow up action on recommendations of Bloomberg Report on Status of Road Traffic Injury

**Disabilities**

- New CBR guideline updated
- Situation analysis on disabilities and rehabilitation reviewed and updated.

**Mental Health**

- National strategies for mental health is revised
- Training of health staff on mental health conducted
3. **How the scope and results are related to the Country Cooperation Strategy:**

- In the TLS CCS (2009-2013), non-communicable diseases are not explicitly stated, except for Mental Health is part of Strategy Priority 1 (Health Policy and System) under “Other Focus”.

4. **Budget information for the Strategic Objective (in USD thousands)**

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<td>Support to implement policies and strategies to reduce noncommunicable diseases, mental disorders, violence, injuries, disabilities and visual impairment</td>
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<td>Improve capacity to collect, analyse and use data on noncommunicable diseases, mental disorders, violence, injuries, disabilities and visual impairment</td>
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<td>Evidence on the cost-effectiveness of interventions to tackle noncommunicable diseases, mental disorders, violence, injuries, disabilities and visual impairment</td>
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</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>27</td>
<td>153</td>
</tr>
</tbody>
</table>
5. **Possible VC funding through new or continuing projects:**
   - In Timor-Leste, there are only a few donors who support the non communicable diseases programme: Ausaid and the New Zealand on ophthalmology and oral health. However, the funds were mostly channelled through the international and national NGOs and the Ministry of Health. Resource mobilization in this area is ineffective. In 2008-2009, WHO TLs received a small amount of budget that were supported by specific programme from WHO SEARO and HQ, i.e. for Global survey on road safety (USD500.00), and survey on alcohol and substance abuse (USD500.00).

6. **Staff requirements for 2010-2011 (short and long-term):**
   - Core staff: One NPO will be recruited for SO3, SO6 and SO6 (gender)
   - Non core staff: Nil.