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REGIONAL COMMITTEE DOCUMENT

# Follow-up action on pending issues and selected Regional Committee resolutions/decisions of the last three years:

# Scaling up prevention and control of chronic noncommunicable diseases in the South-East Asia Region (SEA/RC60/R4)

WHO's action in the area of prevention and control of noncommunicable diseases (NCDs) in the South-East Asia (SEA) Region is guided by the Regional Framework for Prevention and Control of NCDs. The Framework was formulated in close collaboration with Member States and endorsed by the health secretaries of Member States of the Region at their Eleventh Meeting in 2006. The WHO Regional Committee for South-East Asia, vide its resolution on Scaling up Prevention and Control of Chronic Noncommunicable Disease (NCDs) in the South-East Asia Region (SEA/RC60/R4), further deliberated upon and endorsed the Regional Framework and requested the Regional Director to report to the Sixty-third Session of the Regional Committee in 2010 on the progress achieved in its implementation.

The Regional Framework aims at facilitating the process of developing, updating and implementing national policies, plans and programmes for integrated prevention and control of major NCDs including cardiovascular diseases, cancer, chronic pulmonary diseases and diabetes. It is based on public health principles and on national, regional and global consensus on policy and technical actions for prevention and control of NCDs and their primary risk factors.

The working paper reflects on the health and socio-economic impact of NCDs in the Region. It reports on actions taken by Member States and by the WHO Secretariat, since the adoption of the Framework, to scale up prevention and control of NCDs.

The High-Level Preparatory (HLP) Meeting held in the Regional Office in New Delhi from 28 June to 1 July 2010 reviewed the working paper and made the following recommendations:

**Actions by Member States**

(1) Prevention and control of NCDs should be accorded high priority in national health and developmental programmes.

(2) The NCD prevention and control efforts should be integrated within and beyond the health sector to address the risk factors and also the socio-economic determinants of NCDs.

**Actions by WHO-SEARO**

(1) Technical support should be provided to address public health priorities related to NCDs.

(2) Strategies should be formulated to address health inequalities in prevention and control of NCDs.

(3) Regional inputs should be harmonized with the requirements of the high-level UN General Assembly Meeting on NCDs (planned for September 2011).

The working paper and the HLP meeting recommendations based on it are submitted to the Sixty-third Session of the Regional Committee for its consideration.

# Introduction

1. Noncommunicable diseases (NCDs) of chronic character including cardiovascular disease, diabetes, cancers and chronic lung diseases account for an estimated 54% of the 14.7 million annual deaths and more than half of the total disease burden occurring in the South-East Asia (SEA) Region of WHO.

2. The burden of NCDs in the Region continues to grow in an accelerated pace in both urban and rural settings. According to WHO projections there will be a 21% increase in the number of deaths caused by these conditions over the 10-year period up to 2015. The increasing burden of NCDs is the outcome of three main processes: (i) ongoing demographic change, (ii) acquisition of unhealthy behaviours by growing segments of socio-economically disadvantaged urban and rural dwellers, and (iii) the failure of health systems to protect the health of the people and deliver basic health services in an equitable way.

3. In addition to its vast impact on the health status of individuals and on national health systems, the growing burden of NCDs has also serious macro- and micro-economic implications. The World Economic Forum has estimated that, at the global level, the pandemic of NCDs is one of the most serious 'global risks' to development in terms of likelihood and severity (comparable to global financial crisis). The World Bank estimates that 4 to 10% of the potential Gross Domestic Product is foregone in India every year due to NCDs. The non-inclusion of NCD control in the MDGs plays a part in the continuing exclusion of this important public health priority from the global framework and goals for investment in international development.

4. NCDs impose a large economic burden on individuals and families. They often are the major cause of poverty at individual and household level, drawing them into a downward spiral of worsening health and poverty.

5. NCDs can no longer be considered as diseases of affluence. Contrary to long-held beliefs, the poor are now extensively and disproportionately exposed to the health-harming impacts of man-made socioeconomic, psychosocial, cultural, political and physical environments. The poor have less freedom and power to make right, health-enhancing behavioural choices. Major health-damaging behaviours such as tobacco use, harmful use of alcohol, inadequate consumption of fruits and vegetables and preferential use of less expensive (thus more affordable) foods rich in saturated and partially hydrogenated fats and salt have become increasingly common among the disadvantaged, vulnerable and marginalized groups of people in the SEA Region.

6. If not appropriately addressed, the currently observed reversal in socio-economic gradient in NCD risk factors (i.e. preferential growth in prevalence and intensity of major NCD risk factors among poorer and less educated segments of population) will be translated soon to further increase health inequalities in terms of NCD-related mortality, morbidity and disability.

7. A large share of the burden of NCDs occurs in populations of productive age. It is estimated that the majority (up to 80%) of premature deaths from NCDs (deaths occurring below the age of 70 years) could be prevented by tackling major risk factors i.e. poor diet, tobacco use

and lack of physical activity and their socioeconomic determinants at population, community and individual levels.

8. There is strong evidence that a significant reduction in NCDs can be achieved. Effective, efficient, workable, low-cost public health solutions to the NCD problem in developing countries are known but largely are underutilized. Member States of the SEA Region are in the process of strengthening their public health response to ongoing epidemics of NCDs.

## Regional Framework

9. The work in the NCD area in the SEA Region of WHO is guided by the Regional NCD Framework. The Framework is based on national and regional consensus on policy and technical actions for prevention and control of NCDs and their primary risk factors. It proposes the policy development framework and provides technical inputs for consideration in the process of developing national policies, plans and programmes. The Framework builds on the Global Strategy for the Prevention and Control of NCDs (2000) and contributes to the implementation of the 2008-2013 Action Plan for the Global Strategy.

10. The Framework provides a step-wise construction that offers a flexible and practical approach taking into consideration available resources and local needs. Three planning steps proposed by the Framework include: (1) estimating population needs and advocating for action; (2) formulating and adopting policy, and (3) identifying the policy implementation process. The Framework also reaffirms WHO's commitment to provide technical support and facilitate national capacity building, resource mobilization and the development of tools, norms and standards.

11. The main strategy targets major modifiable NCD risk factors. This strategy is pursued through risk factor surveillance and integrated population-based interventions. The strategic direction of WHO programme development is to move towards a well-defined package of interventions, which is based on primary prevention through health promotion and disease prevention. These interventions must be integrated operationally into the general health systems.

12. The health secretaries of Member States of the Region, at their 11th Meeting held in 2006, reviewed the Regional Framework and reiterated the need to strengthen the regional epidemiological surveillance and population-based public health interventions that make optimum use of existing health-care systems and target the common risk factors and determinants of major NCDs.

13. The WHO Regional Committee for South-East Asia, vide its resolution on Scaling up Prevention and Control of Chronic Noncommunicable Disease (NCDs) in the South-East Asia Region (SEA/RC60/R4) further endorsed the Regional Framework. The Regional Action Plan for implementation of the Framework was formulated in 2007.

14. In May 2010, the UN General Assembly adopted a resolution recognizing NCDs as a global development and health issue. It decided to convene a meeting on NCDs, with the participation of heads of state and government, in September 2011. It was also decided to hold consultations

on the scope, modalities, format and organization of the high-level meeting. The resolution requested the Secretary-General to submit a repot to the General Assembly at its Fifty-sixth session on the global status of NCDs, with a particular focus on the developmental challenges faced by developing countries.

## Progress in implementing the NCD framework

15. In the spirit of the recommendations of the Regional Committee resolution on Scaling up Prevention and Control of Chronic NCDs and in line with the Regional Framework for Prevention and Control of NCDs the major focus of the regional NCD programme has been to provide technical assistance to Member States. This has been mainly in developing the capacity and capability to assess the current risk profile and to formulate, implement and evaluate NCD policies, plans and programmes.

16. Technical support in gathering of core evidence essential for planning and evaluation of NCD programmes that has contributed to the successful adaptation of WHO NCD surveillance tools (STEPS and InfoBase) has been an important priority of the regional NCD programme.

17. Member States were supported in conducting NCD surveillance activities thus helping to strengthen the national capacity to collect, manage and use relevant data. The regional evidence on NCDs has been improved in this process. NCD risk factor surveys that applied WHO STEPwise approach in Bangladesh, Bhutan, DPR Korea, India, Maldives, Myanmar and Nepal and Sri Lanka have received support at various stages including planning, implementation, data analysis and results dissemination. First-ever nationally representative and standardized datasets on major NCD risk factors emerged in Bangladesh, Myanmar, Nepal and Sri Lanka. Technical support was also provided for establishing national NCD data bases.

18. To stimulate a debate on future directions and priorities a working paper on "Challenges and Opportunities for NCD Surveillance in the SEA Region of WHO" was prepared and discussed at the regional meeting. The debate has contributed towards strengthening of regional and national NCD surveillance systems. As a follow up, the Regional Office developed a set of indicators for reporting core NCD mortality, morbidity and risk factors data and conducted a regional data collection exercise that resulted in updating a regional NCD profile. The exercise indicates persisting large gaps in availability/ accessibility of population based data on NCDs and nearly total absence of information on temporal trends in NCD mortality, morbidity and risk factors.

19. Capacity of Member States to scale up public health response to the accelerated epidemiological transition observed in the Region was improved through NCD capacity strengthening activities that targeted policy makers and NCD programme managers. The SEA regional package of NCD capacity strengthening materials has been developed, systematically updated, expanded and extensively used at national workshops conducted with WHO assistance in Bangladesh, Bhutan, DPR Korea, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka and Thailand.

20. To further support national efforts in formulating and implementing comprehensive NCD policies, plans and programmes the Regional Office has developed a comprehensive set of materials to train managers and facilitators of national and sub-national NCD capacity strengthening programmes. Subsequently, WHO conducted a training for the NCD programme workforce from nine Member States on planning and conducting NCD capacity strengthening activities.

21. With WHO technical assistence and guidance significant progress in formulating, implementing and evaluating national NCD policies, action plans and programmes was noted in Bangladesh, Bhutan, DPR Korea, India, Indonesia, Maldives, Myanmar Nepal, and Sri Lanka. Other countries are in various stages of formulating national policies and strategies for prevention and control of NCDs. In this process collaboration with multiple public sector groups outside health and civil society groups has been strengthened. The ministries of health of Bangladesh, Bhutan, Indonesia, Maldives and Sri Lanka made important structural adjustments, strengthening technical units or departments at national level to coordinate NCD programmes.

22. The regional framework and guidance for implementation of the WHO global strategy on diet, physical activity and health (DPAS) was reviewed and finalized at an intercountry consultation held in Myanmar in October 2006. Subsequently, national DPAS action plans were formulated in Indonesia, Myanmar, Nepal, and Sri Lanka. In 2009 the Regional Office facilitated a regional debate on the recommendations on marketing of food and non-alcoholic beverages to children that provided important inputs towards global recommendations in this regard.

23. The growing commitment and capacity of Member States of the SEA Region towards scaling-up the integrated prevention and control of NCDs has been documented in standardized national NCD capacity surveys undertaken by the Regional Office on three occasions: in 2001, 2006 and again in 2010. The comparative analysis of the surveys' results track the progress achieved in the Region between 2001 and 2010. By and large, the repeat surveys revealed an increase in capacity and demonstrated that all countries have made some progress in developing different components of NCD prevention and control. The presence of NCD units within the ministries of health and funding of NCD programmes through regular government budget has become universal. More countries have developed NCD policies, plans and programmes. Progress was also evident in the area of tobacco control. However, there has been limited progress in establishing a regular surveillance system for NCDs and their risk factors as well as in development of guidelines for management of all NCDs and their risk factors. The use of legislation as a strategy has been largely restricted to tobacco and to some extent alcohol. It is yet to be explored in the Region in the areas of healthy diet and physical activity.

24. Community-based intervention projects have been implemented with WHO support in Bangladesh, India, Indonesia, Sri Lanka and Thailand. These projects furnished evidence on the feasibility and appropriateness of applying population-based approaches for integrated prevention and control of NCDs in developing countries. The Regional Office has developed guidelines for monitoring and evaluation of such projects.

25. In response to the demand for technical and policy guidance on strengthening prevention and management of NCDs at the primary health care level, WHO has developed a package of essential NCD interventions (PEN) consisting of sets of protocols designed for non-physicians and

for medical doctors and a packet of tools facilitating their application. Bhutan, Maldives and Sri Lanka have been supported in implementing the package. For this purpose the package was introduced at national training workshops. Subsequently the feasibility of a broad application of the package has been pilot-tested in select districts of Bhutan and Sri Lanka.

26. Efforts have been made to strengthen partnerships with the stakeholders within and outside the health sector and to mobilize resources through regional (SEANET-NCD) and national NCD networks. The Regional Office continued to provide secretariat support to SEANET-NCD. Biennial meetings of the network organized by the Regional Office in 2007 in Phuket, Thailand and in 2009 in Chandigarh, India provided an opportunity to strengthen advocacy for applying multisectoral approaches for prevention and control of NCDs and contributed to development of the regional NCD action plan. Progress in the implementation of the Regional Committee resolution on scaling up prevention and control of NCDs adopted in 2007 was reviewed, national experiences shared and inputs towards establishing monitoring mechanisms have been provided.

27. Activities of national networks for NCD prevention and control have been maintained in Bangladesh, Indonesia, Maldives, and Thailand. New NCD networks have been established in India and Sri Lanka. Three institutions involved in NCD control (two in India and one in Thailand) joined the network of regional WHO collaborating centres and the process of designation of three futher centres has been advanced.

28. Collaboration has been intensified with partners including the World Bank (WB) and World Diabetes Foundation (WDF). The Diabetes Summit for SEA Region organized in collaboration with the WDF, WB, the SEA Regional Office and the International Diabetes Federation in November 2008 addressed the urgent need for prevention and control of diabetes and related NCDs and resulted in the widely publicized Chennai Call for Action.

29. Researchers from Member States of the Region furnished important evidence for NCD prevention and control through participating in a number of large-scale international collaborative projects such as a cervical cancer screening and prevention projects, poly-pill project, and assessment of cause of death project. In July 2009 the SEA Advisory Committee on Health Research deliberated on the research priorities in NCDs. The thrust was to strengthen advocacy for and build awareness on the need to generate and use scientific evidence for prevention and control of NCDs. A consensus on the regional NCD research agenda was also developed.

## Future challenges and opportunities

30. NCDs present a growing health and developmental challenge to the Region. Also, there is mounting evidence on the progressive socioeconomic divide in terms of exposure to NCD-causing factors and in access to basic health services by people at risk and those with established NCDs. The rise of NCDs in the Region presents an ominous warning and an important challenge to public health that merits a major shift in policy attention.

31. In this situation intensified efforts should be made by Member States, WHO, developmental partners and donors to build on and implement workable, low-cost solutions to the NCD problem and to recognize the urgent need to invest in the prevention and control of NCDs. The persisting gap in allocation of human and financial resources needs to be bridged. These are in fact excellent investments that should be recognized as an imperative for further economic and health development of the Region.

32. There is a growing commitment by Member States to apply efficient public health approaches for prevention and control of NCDs. Intensified efforts are needed to enhance the capacity of the health workforce and partners outside the health sector to implement public health-oriented NCD prevention and control programmes. As socio-economic, cultural, political and other determinants of NCDs reside largely outside the domain of health systems the action to prevent these diseases requires application of integrated approaches that involve other than health sectors as well as stakeholders from the private sector and civil society. It is postulated that the health sector takes a lead in establishing coordinating mechanisms, setting coordinating bodies and institutions, empowering the partners and establishing channels for sharing and using information.

33. While the concept of multisectoral collaboration for integrated prevention and control of NCDs is broadly accepted in the Region, establishment of sustainable collaborative platforms, legal and structural frames and partners' capability enhancing mechanisms in addressing NCD-related health objectives remain an important challenge.