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Establishment of a South-East Asia Regional Network for Noncommunicable Disease Surveillance

*Report of an Intercountry Workshop
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1. INTRODUCTION

1.1 Background

Chronic diseases and injuries are the leading causes of death in all but a few parts of the world, affecting all societies: rich and poor, developed and developing. According to the World Health Report 2002, globally, noncommunicable diseases (NCDs) account for almost 58.5% of deaths and for 45.9% of the global burden of disease. By 2020, it is estimated that they would be responsible for 73% of the global deaths and 60% of the global burden of disease. In the next 20 years, the leading five causes of disease burden will be ischaemic heart disease, unipolar major depression, road traffic injuries, cerebrovascular diseases, and chronic obstructive lung disease.

Eighty-five percent of the global burden of NCDs is borne by the low and middle income countries. The situation in developing and newly industrialised countries is expected to worsen rapidly. Over the next 30 years the burden of disease from NCDs is expected to rise by 60%. In comparison, the increase in developed countries is expected to be less than 10%.

The Member Countries of WHO's South-East Asia Region are going through an epidemiological transition. NCDs including cancers, cardiovascular diseases and diabetes mellitus are assuming alarming proportions, accounting for 49.7% of deaths and 42.2% of the disease burden in 2001. This is due to the demographic and socioeconomic transformation that occurred in recent decades and resulted in profound lifestyle changes including unhealthy consumption patterns, prevalent tobacco use, alcohol abuse and sedentary habits without adequate physical activity.

1.2 Key Issues

Need for NCD surveillance

Reduction of morbidity and premature mortality due to NCDs is attainable. It requires vigorous action at all levels - primary prevention to treatment and

rehabilitation as well as involvement of multiple sectors. Interventions applied during the advanced stages of the diseases usually have a limited impact and are less cost-effective. Therefore, prevention is a more feasible option for low-resource countries.

Four major groups of NCDs – cancers, cardiovascular diseases (CVDs), diabetes mellitus and chronic lung diseases, are linked by a cluster of common risk factors that are lifestyle-related. These are unhealthy diet, tobacco use, excessive alcohol consumption and physical inactivity. Action to prevent NCDs should, therefore, focus on controlling these risk factors in an integrated manner.

At an intercountry consultation held in WHO/SEARO, New Delhi in August 2000, it was concluded that the information available on major NCDs was largely inadequate. There is dearth of reliable NCD morbidity and mortality data in most Member Countries. Available information is mostly institution-based and does not reflect the real extent of the problem.

In spite of the growing evidence of a rapid increase in NCDs, they are not regarded as a public health priority in SEAR Member Countries. As such, there is inadequate political commitment given to the prevention and control of NCDs. Clinical management of NCDs in most Member Countries of the Region is also inadequate. Clearly, NCDs need more attention by the policy-makers, health authorities and community leaders.

In order to monitor the current situation as well as the ongoing trends in disease burden and to evaluate the cost-effectiveness of preventive programmes, it is essential to develop a mechanism for the systematic collection of core, standardized data. This can be achieved only by instituting surveillance mechanisms in the countries. Since there are effective surveillance mechanisms for many communicable diseases in the countries, lessons can be learned from them and the possibility of integrating NCD surveillance with the existing surveillance systems considered.

Integrated disease surveillance

Surveillance has long been recognized as “information for action”. In the area of public health it means “action for the prevention and control of diseases”. Often, the term surveillance is used for disease surveillance only. In fact, it can be applied more widely to include information on risk factors, causes of

diseases, environment etc. which is known as public health surveillance rather than merely disease surveillance. NCD control programmes consider risk factor surveillance as the most important component of overall surveillance.

There are different levels of integration of surveillance programmes in different countries. While some countries have one surveillance system to cover many diseases, others may have different surveillance systems for different disease control programmes. Integrated disease surveillance (IDS) could be defined as an integration of various surveillance activities with similar functions nature and common public services in one system.

There are many advantages of IDS. It is cost saving and cost effective, sustainable, provides comprehensive information on health status, and is easy to access and use for policy decisions.

However, IDS also has the following limitations:

- The different nature of diseases (acute/chronic) and diagnostic methodology may require different approaches;
- Increased level of integration may reduce the detail and reliability of information; and
- Surveillance data are used for different purposes.

The level of integration in a given situation should therefore be carefully considered. Integration of communicable disease surveillance and NCD surveillance may still not be appropriate at this stage in some Member Countries. Therefore, at present, it is proposed to focus on integrating NCD risk factor surveillance into national surveillance systems.

1.3 Initiatives by WHO

WHO attaches high importance to integrated approaches for prevention and control of major NCDs. Two landmark resolutions of the World Health Assembly adopted in 1985 (WHA38.30) and in 1989 (WHA42.35) highlighted the importance of promoting the prevention of cardiovascular diseases as an example for other NCDs. The need for strengthening NCD control programmes as part of national health development was highlighted during the 50th Session of the Regional Committee for South-East Asia held in September 1997.

In 1998, the World Health Assembly adopted resolution WHA 51.18, endorsing the framework for the integrated prevention and control of NCDs. The 53rd World Health Assembly in 2000, outlined the Global Strategy for the Prevention and Control of NCDs (WHA 53.14). The key components include: (i) surveillance as an essential tool to quantify and track epidemics of NCDs and their determinants; (ii) preventive activities to reduce the burden of premature mortality and disability; and (iii) supporting health care innovations and health sector management.

In 2002, the 55th World Health Assembly urged Member States to collaborate with WHO in developing a global strategy on diet, physical activity and health for the prevention and control of noncommunicable diseases, based on evidence and best practices. Special emphasis was placed on health promotion and reduction of common risks of chronic NCDs through public health action and integration of preventive measures in the functions of health services.

So far, only some countries in the South-East Asia Region have included NCD among the national priorities in health development, and have national programmes for selected chronic diseases. Even fewer countries have endeavored to implement integrated NCD prevention and control programmes. Lack of reliable data on major NCDs hampers advocacy and development efforts in national NCD control activities.

Recognizing the importance of setting up a simple, inexpensive, reliable and sustainable system of NCD surveillance in SEAR, WHO facilitated the initiation of national NCD surveillance networks in six Member Countries, viz., Bangladesh, India, Indonesia, Nepal, Sri Lanka and Thailand. National workshops held in these countries evolved a consensus on the need to develop a strategy and plan of action for sustainable surveillance of major NCDs and their risk factors. The Member Countries have also embarked upon assessment of national capacity and identified requirements for regional collaboration.

At an intercountry consultation convened in Yangon in August 2002, the regional strategic plan for integrated disease surveillance for South-East Asia was drafted. The Consultation recognized the growing problem of NCDs in the Region, and recommended integrating NCD surveillance with the national health information systems.

The WHO Global NCD Risk Factor Surveillance Project was launched with the aim to provide standardized materials and tools for collection of risk-specific health data which predict the major chronic diseases. The STEPwise approach to surveillance of NCD risk factors offers a simple and flexible approach. Demonstration projects to evaluate the feasibility of implementing the STEPwise approach have been completed in some countries. Indonesia has already incorporated the STEPwise approach successfully at the national level.

2. OBJECTIVES

The general objective of the workshop was to strengthen national capacity for sustainable surveillance of NCDs and their risk factors through the development of a regional network. The specific objectives were:

- (1) To establish a South-East Asia Regional NCD Surveillance Network based on the experience of existing national NCD surveillance networks, and
- (2) To finalize the draft regional NCD surveillance strategy.

3. NONCOMMUNICABLE DISEASE SURVEILLANCE IN SEAR COUNTRIES

All countries in the Region have initiated steps for NCD Surveillance with Bangladesh, India, Indonesia, Nepal, Sri Lanka, Thailand already having a network in place. Brief reports on the current status of NCD surveillance in the countries are presented below:

3.1 Bangladesh

NCDs are an important cause of disease burden, morbidity and mortality. At least 25% of the deaths in primary and secondary government health facilities are caused by these diseases. Presently, Bangladesh does not have a community-based public health programme for NCDs. Only hospital-based information is available and there too, record keeping needs improvement. The major constraints being faced are lack of advocacy, lack of logistic and other facilities for initiation of surveillance on NCDs, as well as difficulties in generating resources for the newer initiatives. The Cancer Institute launched a cancer registry and mass awareness campaigns since mid-nineties. Recently,

Bangladesh Institute of Research and Rehabilitation in Diabetes, Endocrine and Metabolic Disorders (BIRDEM) has initiated a surveillance for diabetes mellitus and other NCDs.

NCD surveillance, networking, and consequent intervention and control measures need to be undertaken on an immediate, medium and long-term basis. Immediate measures could be declaration of government's commitment for NCD control and establishment of national level committees. In the medium term, national-level surveillance activities can be started in phases. This should also include capacity building measures, introduction of relevant legislation, and communication programmes aimed at behavioural change. Based on the experience gained, an integrated control programme can be started in the long term. For surveillance, one can start with improving the routine reporting by institutions and then move on to community based Behavioural Risk Factor Surveys.

While WHO would need to continue providing technical support and reinforcing advocacy efforts, the Government needs to formulate policies and initiate action in this regard.

3.2 Bhutan

Based on available information, about 25% of the morbidity and 50% of the mortality are related to NCDs with an increasing trend. NCDs are a component of Public Health and Development (PHD) since the 7th Five Year Plan. NCDs are receiving added attention. Major activities related to NCD surveillance include, setting up a referral system within and outside the country, starting NCD clinics, cervical cancer screening and health education activities. There are, however constraints of human resources and institutional capacity for management of these diseases. With NCDs getting increased attention, efforts are on to augment the existing infrastructure for their control. The country needs assistance in terms of capacity building, technical support and advocacy efforts to generate more resources for NCDs.

3.3 India

WHO estimates that 50.5% of the deaths in India in 2000 were due to NCDs. These are likely to increase to 66% by 2020. Several NCD-related programmes are being implemented, especially on cancer and diabetes mellitus. Data on mortality and morbidity are being collected through several sources including surveillance activities. For cancer, the information is mainly

from registries while large surveys provide information on CVD morbidity. Periodic surveys like the National Sample Survey and the National Family Health Survey also provide information related to risk factors. Regular surveillance for NCDs does not exist. The difficulties include lack of political will and commitment due to a perceived low priority, made worse by lack of data.

With support from and based on WHO's recommendations, various activities for NCD risk factor surveillance have been initiated. A workshop on NCD surveillance held in New Delhi in December 2001, developed a national consensus on the need for NCD surveillance and discussed various issues and strategies.

SEARO initiated a pilot study on NCD surveillance in a small rural population near Delhi during 1999-2000. The Indian Council of Medical Research (ICMR) is initiating a five centre – based programme on NCD surveillance, which aims to develop modules and identify strategies for implementing NCD risk factor surveillance in the country. Due to wide regional variations in geographical, socio-economic, nutritional and behavioral factors, it is expected that more than one module or strategy will need to be evolved. The STEPwise approach will be adapted for this programme.

The Government of India is in the process of setting up an integrated disease surveillance programme including NCDs. An appropriate strategy is being evolved. The experience gained during the ICMR risk-factor surveys will be used to implement and integrate this with the national programme for sustainability. A greater recognition of and priority to noncommunicable disease and risk factor surveillance needs to be provided, with adequate financial support. Greater advocacy is expected to facilitate achievement of these aims.

3.4 Indonesia

Based on the National Household Health Surveys, there appears to be an increasing trend of NCD-related deaths, which accounted for about 45% of all deaths in 1995. Ischemic heart disease, cancer and stroke were identified as the three priority diseases.

A workshop was held by the National Institute of Health Research and Development (NIHRD) in October 2001, attended by participants from various institutions, for the formation of an NCD surveillance network in the country. NCD and injury surveillance is carried out by many players through a

variety of methods, i.e. periodic surveys, longitudinal studies, disease registry, and routine reporting system. Each has its advantages and disadvantages in terms of quality of data, sustainability, cost etc. The constraints identified were standardization, validity, coverage, utilization and sustainable funding. Since there is no special unit at the MOH which coordinates NCD surveillance activities, NIHRD will function as a facilitator of the network. The main objectives of the network are to bring different stakeholders together for NCD surveillance, control, advocacy and research, and to strengthen and develop capacity building for NCD surveillance, through sharing of resources, expertise, experience and information. Recommendations made at the workshop for the improvement of the nodal point and the network will be proposed for inclusion in the National Strategic Plan for NCD control which is under formulation. The details of the activities of the network are available at its web site <http://ncd.litbang.depkes.go.id>.

NCD control is a part of the Healthy Indonesia 2010 agenda and is included in the National Development Programme Law No. 25 Year 2000 (Propenas). Also, NCD risk factor and verbal autopsy surveillance is being integrated with the Indonesia Health Surveys in terms of sampling frame and questionnaires. WHO is providing support for this integration. To cope with the era of decentralization and autonomy, NIHRD has been initiating the development of District Health Surveys (Surkesda).

3.5 Maldives

Cardiovascular diseases predominate the morbidity and mortality pattern and are the most frequent cause of all deaths in the major tertiary hospital in the country. They are estimated to account for more than 20% of all mortality in Maldives. Thalassaemia is also an NCD of significance. The Government's health policy has specifically addressed the issue of NCDs. The health sector is being geared to focus its programme on preventive issues through health promotion and education to reduce cardiovascular diseases. These are in the initial stages and it will take some time before the impact can be perceived. Information on risk factors is crucial for successful implementation and monitoring of the policy goals and objectives. An initial NCD risk factor survey has been planned, and the Focal Point identified.

3.6 Myanmar

Common NCDs identified are CVDs, diabetes mellitus and chronic respiratory diseases. The CVD and cancer control projects have been in existence since

1982. The project on the prevention and control of diabetes became operational during the 1996-2001 National Health Plan. The current data on NCDs and their risk factors is from hospital reports and some research surveys. At present, diseases under national surveillance include all infectious diseases except snakebites. There is a need to develop a community-based NCD surveillance and control programme, advocacy for integrated surveillance, and regional networking for sharing of information. WHO's support is vital for these activities.

3.7 Nepal

It is estimated that 42.1% of the deaths are caused by NCDs. The common NCDs identified are cardiovascular diseases, chronic obstructive pulmonary disease, cancer, diabetes mellitus, peptic ulcer diseases, and mental disorders. Important risk factors identified include tobacco consumption, sedentary life style and faulty food habits.

Surveys held recently on NCDs and their risk factors have highlighted the magnitude of the problem. However, surveillance at the national level is needed. In this context, a national workshop was held in October 2002 to initiate the NCD surveillance network. The country has a good Health Management Information System and the need to integrate NCD surveillance into the existing HMIS has been accepted as an important step for the initiation of NCD control.

His Majesty's Government is strongly committed to the prevention and control of NCDs. To identify the issues related to NCDs and their risk factors, a Focal Point has been established in the Ministry of Health. The 10th Five year plan has given top priority to NCDs along with disaster management.

At the Ministry level a steering committee for CVD has been formed consisting of various stakeholders and headed by the Secretary, Ministry of Health to co-ordinate the activities. A national cancer registry programme is to be launched. The National Health Research Council has taken up NCDs as a priority area for research. WHO support is required for advocacy, developing guidelines and for sharing regional experiences.

3.8 Sri Lanka

The increasing trend in NCDs is reflected by the higher numbers of hospitalization attributed to NCDs. The priority diseases are CVD, diabetes mellitus, suicides and injuries. Data on mortality reveal that 15.8% of deaths are solely due to CVDs. Also, the economic burden of NCDs is greater than the communicable diseases as the medical and surgical treatment of these conditions is extremely expensive. If the current rapid increase of NCDs is left unchecked, it will have significant social, economic and health consequences. Therefore, it is extremely important to establish a network for NCD surveillance in order to assess the exact magnitude of the problem and to plan for comprehensive preventive activities.

The constraints identified are improper recording of deaths, inadequate co-ordination for sharing information, non-coverage of private sector health care, and no data on risk factors. Except for the risk factor survey, other issues are being dealt with in a phased manner. Also, the NCD risk factor questionnaire with the core data set has been pre-tested for the appropriateness of the instrument in the local context.

3.9 Thailand

NCDs are recognized as a major cause of morbidity and mortality. The country initiated integrated control of NCDs in 1993. Currently, Thailand is focusing on improving the quality of data and starting a comprehensive disease surveillance system. The information of risk factors for NCDs as adapted from WHO's STEPwise NCD risk factor surveillance framework is being integrated into the National Health Examination Survey III. This survey, which will provide country data along with other epidemiological data, is now in the preparatory stage. An official focal point for comprehensive (holistic) NCD Surveillance, "NCD Information Centre" has been established in the Bureau of Noncommunicable Disease Control under the Department of Disease Control, Ministry of Public Health. The future strategy on NCD surveillance includes involvement of all stakeholders, sharing information and capacity building. WHO's continued support is required for these activities.

3.10 Status of NCD Risk Factor Surveillance in SEAR Countries

It is increasingly recognized that establishing surveillance of common risk factors for major NCDs in the Region is both a worthy and feasible aim for WHO and Member Countries. NCD risk factor surveillance will provide vital inputs into the regional health information systems and assist countries in

health planning. Therefore, Member Countries are currently supported in adapting the STEPwise approach – a framework of NCD risk factor surveillance developed by WHO. The table on page 11 compiles information on the current status of NCD risk factor surveillance in selected SEAR countries.

4 ESTABLISHING A REGIONAL NETWORK FOR NCD SURVEILLANCE IN SEAR

4.1 Rationale

The proposed establishment of the Regional Network for Noncommunicable Disease (NCD) Surveillance in WHO SEAR is regarded as an important stage in the process of strengthening the NCD control programme. The network would provide a mechanism for exchange of information and coordination of implementation of various surveillance activities. So far, Member Countries have adopted different approaches to collection of data on NCDs that have not yet achieved the standards required for a sustainable surveillance programme. Large variations exist between countries in the methods adopted and definitions used making intercountry comparisons difficult. Presently, countries are reporting, albeit in a patchy manner, information on some of the risk factors, i.e. tobacco use, on morbidity and on mortality. This information is neither complete nor comparable. Better collaboration between countries can enhance regular reporting and facilitate sharing of information in the Region.

Table. Status of NCD Risk Factor Surveillance in Selected SEAR Member Countries

Area	Bhutan	India	Indonesia	Maldives	Myanmar	Nepal	Sri Lanka	Thailand
Commitment at country level to address NCD prevention	Committed/Health Minister on a walk for 560 km	Yes	Yes	Yes	NCDs identified as a problem	1 st 5 year plan-NCD as priority	High priority, high level of commitment	NCD control programme since 1987
Country plan of action 2002-2005	Programmes ongoing/vertical programmes	In the planning stage	2000-2010 (IHS)	5 year NCD control plan	National health plan 1996-2001	NHRC has taken up NCD	To be developed in 2003	Strategic plan 1997-2006 Medium plan 2002-2006
National planning/coordinating committee	-	-	Yes, National Strategic planning group	Yes-for NCD activities	NCD control/CD control 82 Vertical programmes	Oral health/cancer/CVD programmes	Committee on NCD	Bureau of NCD Control
NCD Focal Point	Yet to be established	Yes	Yes	Yes	National Health Committee '90	Yes	Yes	Yes
Status of NCD risk factor surveillance (general)	Mental Health Surveillance	Industrial Population Surveillance Project (10 sites), Integrated Disease Surveillance Project (WB funded-NCD Risk as a possibility)	SURKESNAS (linkages among IHS, IDHS, NSES) and other national surveys	National level surveys on tobacco use in 1997 and 2001	Reporting system for 3 NCD in HMIS Smoking/BMI/ Obesity etc. identified through small surveys	Ad hoc surveys Research studies Studies in special groups	Tobacco under periodic surveillance	Health Survey Centre, Comprehensive NCD Surveillance System, Behavioral Risk Factor Surveillance System being considered.
NCD Surveillance Focal Point	No	Yes	Yes	Yes	No	Yes	Yes	2 focal points with-in NCD control
Technical advisory committee	No	Yes/being modified	Yes	No	No	No	Sub committee on NCD surveillance	Coordinating agency proposed
Status of STEPS risk factors surveillance	Planning to initiate STEPS	STEPS planned	Yes-Indonesian adaptation done	STEPS planned	National consultation to be initiated for STEPS	Will be initiated soon	Pre testing in 5 PHM	Adopted STEPS for risk factor surveillance (NHES) assurance/networking
STEPS survey proposal	Proposal will be developed with further consultation	5 site pilot study	Yes	Submitted to SEARO	Will be submitted	Submitted to WHO/WR to be revised	Proposal to be submitted to SEARO	Developed
Sampling (age groups, size)	-	Urban/Rural: 20-69 yrs 7500 x 5	2000	20-69 (young smokers) 2000	25-64 yrs, sample size - 2000	25-64 years sample size 2000	2000	National sampling frame 15-84 yrs, 10,000 +
Components of Surveys (STEP 1, 2, 3)	-	Step 1, 2, 3 core + expanded	STEPS 1, 2 and 3	Up to STEP 2	STEPS 1 and 2	STEPS 1 and 2	STEPS 1 and 2	Expanded Core Module
Basic STEPS surveillance sites	-	10 Sites	2 sites - Depok and Purwatejo	1 site	1 STEPS site can be supported from WHO	1 site	5 sites (test sites)	6 sites + Urban/Rural tested the questionnaire
Budget	-	Available (WHO country budget)	RB and HQ budget of WHO	Needs consultations	-	-	-	-
Time line	-	Start Jan 2003	2001-2003	2003	Feb 2003-Feb 2004	2003	2003	June 2002 - end of 2003
Assistance required	-	Yes-equipment/training	-	Funds	Funds needed for the quality assurance, \$15,000 for one test site	\$15,000	\$15,000	Funds needed for quality assurance and training

The WHO Intercountry Consultation of Principal Investigators of Surveillance of Major Noncommunicable Diseases held in New Delhi in August 2000 urged WHO to assist Member Countries in developing/strengthening national systems for NCD surveillance and recommended development of a regional network for NCD surveillance. As a follow-up, SEARO supported the development of national NCD surveillance networks in 6 countries, viz., Bangladesh, India, Indonesia, Nepal, Thailand, and Sri Lanka. Linking up these national networks into a collective system is a step towards implementation of a regional approach for sustainable collection of core, standardized data to optimize decision making in combating emerging epidemics of NCDs in the Region. It should be recognized that strong partnerships, multi-sectoral efforts, cooperation and commitment by Member Countries would be required for the development of a sustainable regional network for surveillance of NCDs.

4.2 Objective and Areas of Regional Networking

The participants of the workshop extensively reviewed the working paper and agreed on the following objective and areas of networking and other issues related to the establishment of the Regional Network of NCD surveillance:

Objective

To facilitate intercountry collaboration in SEAR so as to enhance regional capacity to conduct NCD surveillance and appropriate utilization of information.

Areas of networking

- Development of regional consensus on strategy, objectives, scope and methods for sustainable NCD surveillance.
- Implementation of the Regional Strategy for NCD surveillance.
- Establishment of standardized mechanisms for strengthening of surveillance systems of major NCDs and their risk factors in Member Countries.
- Facilitating intercountry cooperation in order to enhance technical expertise and encourage sharing of information.
- Conducting periodical assessment of regional and national capacity for NCD surveillance.

- Strengthening regional capacity for NCD surveillance through promoting human resource development and mobilization and sharing of resources.
- Facilitating a coordinated approach by providing/adapting standard methodology and tools for systematic collection of core NCD data.
- Contributing to development of regional database on major NCDs and their risk factors.
- Establishing appropriate communication channels between the Member Countries.
- Promoting action-oriented strategies and advocacy for prevention and control of major NCDs in the Region.

4.3 Members of the Network

Members of the network would be National Networks for NCD Surveillance (represented by National Focal Points identified by National Health Authorities) in:

- (1) Bangladesh
- (2) India
- (3) Indonesia
- (4) Nepal
- (5) Thailand
- (6) Sri Lanka
- (7) Any other SEAR Member Country willing to join the network
- (8) WHO/SEARO

4.4 Mechanisms of Networking

- (1) *Regular meetings of the Regional Network.* The Member Countries should endeavour to meet in any country by rotation to facilitate exchange of information and experiences through convening a Regional Network Workshop.
- (2) *Capacity building and strengthening of infrastructure to undertake surveillance activities.* The network should provide Member Countries a platform through which they can have access to technical assistance, provision of standardized tools and methods, and training.

- (3) *Regular communication (e-mail, fax, teleconference, etc.)*. Advances in computer and communications technology have resulted in lower costs, higher speed and improved efficiency in any organisation's work. All WHO offices in the Region have well developed information systems. Considering the need for constant interaction and updating, use of integrated systems would facilitate communication.
- (4) *Regional NCD database*. The availability of internet facilities would enhance the accessibility of technical and statistical data bases to Member Countries, and external partners.
- (5) *Regional website*. The Network can communicate more efficiently and effectively through internet facilities. A web site would enhance access of Member Countries to information available at national points, and keep them updated on the latest developments and results.

4.5 National Coordinators/Focal Points

National coordinators/focal points are responsible for developing national networks of NCD surveillance. This would be through active collaboration and partnership with national health information systems and other stakeholders involved in collection, management and dissemination of epidemiological data related to NCDs and their risk factors.

For NCD surveillance, National Focal Points (NFPs) have been identified by WHO/SEARO in close collaboration with national health authorities in six Member Countries. These Focal Points act as national coordinators, and contribute to the development of implementation models of NCD surveillance. They play a crucial role in establishing links with research institutions, in order to provide appropriate inputs, knowledge and support.

In particular, the roles of the National Focal Points are:

- (1) *Developing evidence-based national consensus on NCD surveillance*. The focal points will collate available epidemiological evidence on NCDs, and initiate national discussion/debate on NCD surveillance.
- (2) *Identifying and mobilizing institutions and other agencies in initiating comprehensive NCD surveillance at national level*. The focal points, in collaboration with the national health authorities,

will identify and involve all major stakeholders for developing the national NCD surveillance strategic plan.

- (3) *Adopting standardized tools and methodologies for NCD surveillance.* Initially, the WHO STEPwise approach for NCD risk factor surveillance will be adapted at national/sub-national levels. Adoption of the tool will enable building a common approach in the Region and thus achieve data comparability.
- (4) *Integrating NCD surveillance into the existing national health information system.* An integrated, systematic approach aimed at sustainable collection of core data on NCDs and their risk factors at the national level is of prime concern. The NFPs will provide inputs for setting mechanisms for implementation of the integrated NCD surveillance. Integration of the NCD surveillance into the national health information system will enable sustainability of NCD surveillance activities.
- (5) *Development of a national database on major NCDs and their risk factors.* The NFPs advise on developing a data base which can be integrated into the national health information system. A database will be useful to policy makers, planners, researchers and could be used for advocacy.

4.6 Role of WHO/SEARO

By networking, WHO can facilitate speedy exchange of information between national authorities, institutions and international organizations, foster institutional linkages on research and training and between national health programmes; promote transfer of technology among the centres and disseminate information, especially on newly developed methods for the surveillance, prevention and control of noncommunicable diseases. The role of WHO/SEARO is:

- (1) *To initiate a Regional NCD Surveillance Network.* This would create a mechanism for sharing information within and between countries and enabling comparison over time and across locations. These will be helpful in formulating more effective strategies. Thus, development of a Regional Network for NCD Surveillance will be a vital step in the prevention and control of NCDs in the Region.

- (2) *To support Member Countries in strengthening their capabilities in surveillance of NCDs and their risk factors.* Adoption of standardized methods of NCD surveillance would be supported in order to achieve a uniform and sustainable approach.
- (3) *To augment development of a regional infobase on NCDs.* Scientifically sound database on NCDs will be an easily accessible source of information that will contribute to the planning, monitoring and evaluation of interventions. It will also be an important component of regional technical support to Member Countries.

5. REGIONAL STRATEGY FOR NCD SURVEILLANCE

For the first time, Member Countries in SEAR decided to formulate a strategy on surveillance for NCDs. Inputs from national workshops on establishing NCD surveillance networks in six Member Countries and involvement of selected experts resulted in the development of a draft document that was extensively discussed and revised by the participants of the workshop. The process involved formation of working groups to discuss in detail the working papers submitted by SEARO, presentation of reports of working groups, plenary discussions and adoption of the draft strategy. The strategy decided upon by the participants of the workshop is presented below:

5.1 Guiding Principles for NCD Surveillance Strategy Development in SEAR

- Advocacy for policy for surveillance, prevention and control of NCDs.
- Strengthening evidence for NCD programme development and implementation.
- Identification of major NCDs such as cardiovascular diseases, cancer, chronic pulmonary diseases, and diabetes mellitus. Conditions including thalassaemia and mental illnesses may be considered depending on the country priorities and resources available.
- Identification of major NCD risk factors such as tobacco and alcohol use, physical inactivity, unhealthy diet, obesity, and elevated blood pressure. Considerations that guide the inclusion of these risk factors include the significance of the risk factors for public health, i.e. nature and severity of morbidity, mortality and disability associated

with these; the cost of collecting valid data; the availability and strength of the evidence on effectiveness of prevention; and, the ability to measure the risk factor burden uniformly.

- Formulating a strategic framework for NCD surveillance with initial focus on risk factors.
- NCD surveillance system to be incorporated with the national health information system.
- Building regional partnership for developing functional networks.

5.2 Mission Statement

To strengthen the evidence base for developing, implementing and evaluating integrated NCD prevention and control programmes in Member Countries.

5.3 Goal

To enhance the capacity of Member Countries to conduct NCD surveillance in order to:

- map the emerging epidemic of NCDs and their risk factors including their social, economic, behavioral, and demographic determinants;
- guide policy measures aimed at developing a supportive environment for the prevention and control of NCDs; and
- evaluate effects of NCD prevention and control programmes.

5.4 Objectives

- To support Member Countries in the development of a strategic plan for NCD surveillance.
- To strengthen the capacity of Member Countries in the implementation of NCD surveillance at the national level.
- To improve availability, accessibility and validity of core information on major NCDs and their risk factors at national and regional levels.
- To promote development and utilization of standardized tools and methods to facilitate tracking time trends and making intercountry comparisons.

- To augment the capacity of Member Countries in data management and encourage the utilization of information.
- To promote intercountry collaboration in developing national NCD surveillance systems and facilitate sharing of information between Member Countries

5.5 Targets and Strategies

Target 1: Regional strategy for NCD surveillance to be developed in SEAR by 2003

Strategies

- (1) Identify National Focal Points for NCD surveillance.
- (2) Establish national consensus on NCD surveillance through consultations/ workshops.
- (3) Draft Regional Strategy for NCD surveillance through a consensus from an intercountry workshop.
- (4) Circulate the draft regional strategy document to Member Countries for comments and suggestions.
- (5) Finalize the draft strategy.

Target 2: Regional and national networks of NCD surveillance to be established in SEAR and selected Member Countries by 2002–2003

Strategies

- (1) Assist in developing and implementing the regional strategy for NCD surveillance.
- (2) Set up a coordinating mechanism to implement NCD surveillance activities at the national level.
- (3) Strengthen the capacity of WHO collaborating centres to support NCD surveillance.
- (4) Develop and support mechanisms for intercountry collaboration including support to Member Countries to undertake exchange of information and experiences.
- (5) Enhance the implementation of NCD surveillance activities through capacity building.

- (6) Create partnerships between national and international bodies responsible for implementation of NCD surveillance.

Target 3: National strategic plans for NCD surveillance to be developed in at least six Member Countries by 2005

Strategies

- (1) Develop a framework for NCD surveillance at the country level with WHO technical assistance.
- (2) Identify and agree upon the NCDs and risk factors to be included in the national surveillance programme.
- (3) Identify resources to be made available for NCD surveillance at country level (financial, infrastructure, human resources).
- (4) Obtain endorsement of the National Strategic Plans for NCD Surveillance by Ministers of Health of the Member Countries.

Target 4: Collection of standardized data on NCD risk factors to be initiated at national/sub-national levels using WHO's STEPwise approach in at least eight Member Countries by 2005

Strategies

- (1) Adapt WHO's STEPwise approach to conduct surveillance of NCD risk factors.
- (2) Identify culturally-relevant questions for collection of expanded and optional information on selected risk factors which are common to the Region and are relevant to the country.
- (3) Develop technical material and tools and impart training to facilitate collection of data.
- (4) Strengthen capacity through state-of-art technology for data recording, analysis and dissemination.
- (5) Set up appropriate implementation mechanisms at regional and national levels.

Target 5: NCD surveillance to be incorporated into existing health information systems in at least six Member Countries by 2007

Strategies

- (1) Assess the existing national disease surveillance system for incorporating NCD surveillance.
- (2) Evolve a sustainable and comprehensive NCD surveillance system.
- (3) Incorporate the NCD surveillance system into the national health information system.

Target 6: Capacity of Member Countries for developing of NCD surveillance system to be enhanced (2002–2010)

Strategies

- (1) Strengthen technical expertise and infrastructure for undertaking NCD surveillance.
- (2) Establish regional and national mechanisms for training in NCD epidemiology, especially for analysis of data and management of information utilizing existing mechanisms e.g. WHO fellowships.
- (3) Support regional and national training and workshops.
- (4) Strengthen capacity to use information technology to process, transmit and disseminate health information.
- (5) Promote the use of surveillance information through relevant partnerships with international agencies and the private sector.
- (6) Provide expertise and assistance in policy development, implementation and evaluation of programmes.
- (7) Mobilize resources to ensure sustainability of the surveillance system.

Target 7: Collection of core data on mortality and morbidity of priority NCDs to be strengthened (2002–2010)

Strategies

- (1) Strengthen existing death registration systems.
- (2) Support existing surveillance systems for cancer, injuries, etc.
- (3) Integrate data collection systems of existing vertical NCD programmes.

Target 8: Sustainable data-bases for NCDs and their risk factors at regional and country levels to be established (2002–2010)

Strategies

- (1) Assist Member Countries in capacity building for data storage, retrieval, analysis, interpretation and application into policy making; including utilization of information technology.
- (2) Develop guidelines for reporting on core NCD surveillance indicators.
- (3) Develop a data base for major NCDs and their risk factors.
- (4) Develop mechanisms for updating the NCD data base regularly.
- (5) Develop a mechanism for sharing information.

Target 9: Quality assurance system to be made available at the country level (2002–2010)

Strategies

- (1) Promote development, testing and utilization of standard **methods** of data collection.
- (2) Promote use of standard **definitions**.
- (3) Promote use of standard **reporting** system.
- (4) Establish independent **evaluation** mechanism to ensure quality control.

5.6 Role of Key Partners

Role of WHO

- Assist in advocacy for action on developing an NCD surveillance system.
- Provide strategic support and technical assistance for setting up NCD surveillance system.
- Foster partnerships for developing NCD surveillance.
- Draft regional strategy for NCD surveillance.

- Develop and test standardized methods and tools for conducting NCD surveillance activities.
- Prepare evidence-based guidelines and operating manuals for NCD surveillance.
- Facilitate development of NCD surveillance networks at global, regional, and national levels for dissemination and exchange of information.
- Strengthen regional and national capacity for development, implementation and evaluation of NCD surveillance programmes.
- Set up quality assurance mechanisms for NCD surveillance.
- Mobilize resources to support NCD surveillance activities.

Role of Member Countries

- Contribute to the development and endorsement of the Regional Strategy for NCD Surveillance.
- Develop National Strategic Plans for NCD Surveillance.
- Establish a NCD Surveillance Network.
- Allocate appropriate resources for NCD surveillance.
- Enhance infrastructure and promote capacity building to undertake surveillance activities.
- Support and facilitate networking of stakeholders involved in collection of core information on NCDs.
- Encourage a coordinated approach for implementation of NCD surveillance.
- Create mechanisms for incorporating NCD surveillance into the national health information system.
- Generate national information base on major NCDs and their risk factors.
- Utilize surveillance information for policy-making, implementing evidence-based interventions and evaluation of NCD prevention and control programmes.
- Promote research on NCD surveillance.
- Share NCD surveillance data with other Member Countries and international organizations.

6. CALL FOR ACTION ON STRENGTHENING PREVENTION OF NCDS IN SEAR

The participants of the workshop unanimously adopted the following call for action on strengthening prevention of noncommunicable diseases in the South–East Asia Region:

“We, the participants of the Intercountry Workshop on Establishment of a South–East Asia Regional Network for Noncommunicable Disease Surveillance held in Colombo, Sri Lanka on 8–10 October 2002 taking into consideration the current advanced stage of epidemiological transition affecting our Member Countries with a resultant increase in the burden of noncommunicable diseases, which have multiple risk factors that are preventable through cost–effective interventions:

- **call upon Governments for urgent action** to strengthen activities aimed at minimizing the burden of noncommunicable diseases through developing/strengthening integrated NCD prevention strategies;
- **call upon international organizations and Governments** to initiate and operationalize programmes, enhance national capacity and make optimal use of available resources to assess, prevent and control rising epidemics of noncommunicable diseases in the Member Countries of SEAR; and
- **urge Governments and WHO SEARO** to establish national and regional networks of NCD prevention and control in order to more effectively address national and international dimensions and challenges including advocacy, resource mobilization, capacity building, programme implementation and evaluation.”

7. CONCLUSIONS

The participants of the workshop concluded as follows:

- (1) The epidemiological transition occurring in the Region stretches the limited resources of the health systems of Member Countries and results in major developmental implications that need to be urgently addressed by appropriate action of governments and international organizations aimed at strengthening surveillance,

prevention and control of major noncommunicable diseases (NCDs).

- (2) Despite sustained efforts of the Member Countries, the availability, accessibility and validity of information on NCDs is largely inadequate to provide effective means for advocacy, planning and evaluation of the population impact of NCD prevention and control programmes.
- (3) Major NCDs such as cardiovascular diseases, cancers, chronic pulmonary diseases, and diabetes mellitus as well as their common, modifiable risk factors including tobacco and alcohol use, physical inactivity, unhealthy diet, obesity, and elevated blood pressure were identified as priorities for surveillance. In addition, other conditions such as thalassaemia and mental illnesses may be considered, depending on the country priorities and resources available.
- (4) The considerable achievements made recently in the Region in creating a conducive environment and developing mechanisms for strengthening of NCD surveillance were noted with satisfaction.

8. RECOMMENDATIONS

The following recommendations were adopted:

8.1 For Member Countries

- To develop respective national strategic plans for NCD surveillance within the framework of the regional strategy
- To enhance infrastructure, promote capacity building and allocate appropriate resources for NCD surveillance
- To incorporate NCD surveillance into national health information systems with the initial focus on NCD risk factor surveillance
- To adapt standardized tools and methods including the STEPwise approach to NCD risk factor surveillance in order to ensure comparability of data between countries, and allowing assessment of temporal trends

- To encourage a coordinated approach for implementation of NCD surveillance and to facilitate and support networking of stakeholders involved in collection of core information on NCDs
- To generate a national information base on major NCDs and their risk factors
- To utilize NCD surveillance information for advocacy, policy making, implementing evidence-based interventions and determining population impact of health promotion and NCD prevention programmes
- To effectively share NCD surveillance information with other countries and international organizations
- To promote research on NCD surveillance

8.2 For WHO

- To finalize the draft regional strategy for NCD surveillance in close consultation with Member Countries
- To submit the finalized draft of the regional strategy for NCD surveillance for consideration by the WHO Regional Committee for South-East Asia
- To develop a regional plan of action for implementation of NCD surveillance with the initial focus on NCD risk factor surveillance
- To provide strategic support and technical assistance, including training, to Member Countries for setting up national NCD surveillance system
- To strengthen regional and national capacity for development, implementation and evaluation of NCD surveillance programmes
- To facilitate and support activities of regional and national NCD surveillance networks
- To develop and test standardized methods and tools for conducting NCD surveillance
- To prepare evidence-based guidelines and operating manuals for NCD surveillance
- To set up quality assurance mechanisms for NCD surveillance
- To mobilize resources to support NCD surveillance activities

- To strengthen capacity of WHO collaborating centres in supporting NCD surveillance
- To generate and sustain a regional information base on major NCDs and their risk factors
- To utilize opportunities created by the regional NCD surveillance network initiated in SEAR to strengthen NCD prevention programmes in the Member Countries

Annex 1

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Annex 2

TEXT OF INAUGURAL ADDRESS BY DR UTON MUCHTAR RAFEI, REGIONAL DIRECTOR, WHO SOUTH-EAST ASIA REGION

Noncommunicable diseases pose an important and growing public health challenge in developing countries. In fact, they are the leading cause of death in the South–East Asia Region of WHO. According to the World Health Report 2001, noncommunicable diseases account for 51 per cent of deaths and 44 per cent of the disease burden in the Region. In addition to high infant and child morbidity and mortality, epidemics of malaria, diarrhoeal diseases, endemic tuberculosis and other communicable diseases, the national health systems are challenged by rising trends in mortality, morbidity and disability due to chronic degenerative diseases and injuries. Thus, the Member Countries face the double burden of communicable and noncommunicable diseases.

The Global WHO Strategy for Prevention and Control of Noncommunicable Diseases has identified major chronic disorders like cardiovascular diseases, cancers, chronic respiratory disease and diabetes mellitus for an integrated surveillance, community–based prevention and primary health care–based cost–effective management. The strategy targets powerful but modifiable lifestyle–related risk factors like tobacco and alcohol consumption, physical inactivity, poor diet and nutrition, obesity and high blood pressure.

Health policy should be planned on the basis of valid and internally consistent epidemiological evidence. Therefore, surveillance of noncommunicable diseases is vital to public health policy–making. Information about the incidence and prevalence of diseases is useful for advocacy, priority–setting and fund allocation. These data are also essential for monitoring attainment of goals and targets, and in guiding technical strategies and responses.

In most Member Countries, data is available through hospital records only, which often reflect numerous methodological inadequacies and problems related to poor coverage. Information gathering on disease mortality and morbidity is vital for a targeted approach to noncommunicable diseases

prevention in the Region. Population-based surveillance of major noncommunicable diseases, using appropriate tools like death registration systems, verbal autopsy, disease registries and periodical cross-sectional surveys would be immensely useful for health planning and policy-making in Member Countries. These approaches require long-term capacity-building and considerable investments.

On the other hand, effective public health approaches to disease control need to identify and prevent exposure to risk factors. Therefore, it is important to track risk factors through a well-established surveillance mechanism. The surveillance for risk factors not only provides a forewarning of impending noncommunicable disease epidemics, but also makes available a base for planning and evaluating the national prevention and control programmes. An important contribution of such surveillance activities will be to support health promotion and noncommunicable diseases prevention programmes to promote lifestyle changes, encourage modification of unhealthy consumption patterns and assist in amending national health policies to facilitate these changes.

The recently proposed STEPwise approach provides a reliable global tool to assist Member Countries in collecting standardized information on noncommunicable diseases risk factors. WHO has, with the support of collaborating centres and other apex research institutions, developed an instrument that offers flexible and feasible methodology to assist Member Countries in collecting useful information on a continuing basis. This approach has been tested in the Region and national capacities to implement the methodology strengthened accordingly.

Very little information is available from most countries on the time trends of noncommunicable diseases. The WHO South-East Asia Regional Office has initiated a series of activities aimed at developing an affordable and manageable system of noncommunicable diseases surveillance in the Region. A recently published document "Noncommunicable Diseases in South East Asia – A Profile" is aimed at assisting Member Countries in developing sustainable database for noncommunicable diseases and their risk factors.

Another important step has been the support extended to six Member Countries in initiating partner-based networks for the development of reliable and sustainable national noncommunicable diseases surveillance systems. Workshops held in Bangladesh, India, Indonesia, Nepal, Sri Lanka and

Thailand have attempted to evolve consensus on the objectives, strategy, scope and methods to be adopted at the national level.

A recently drafted strategic plan for integrated disease surveillance for the WHO South–East Asia Region targets noncommunicable diseases risk factor surveillance for early integration into national health information systems.

Through this workshop, it is planned to set up a functional mechanism to establish sustainable linkages between national networks of noncommunicable diseases surveillance in the Region. The other major expected outcome of this workshop is to develop a regional strategy on noncommunicable disease surveillance. Both the objectives are important and, in effect, complementary. They will contribute to strengthen the evidence base for developing, implementing and evaluating noncommunicable diseases prevention and control programmes in Member Countries. In this context, the workshop marks an important phase in the establishment of a comprehensive and reliable regional surveillance system for major noncommunicable diseases.

I wish this workshop every success and hope you will have a pleasant stay in Colombo.

Thank you.

Annex 3

PROGRAMME

Tuesday, 8 October 2002

- 0815–0830 hours Registration of participants
- 0830–0900 hours Inaugural Session
- 0930–1200 hours
- Plenary Session
 - Objectives of the Workshop, Dr J. Leowski, RA–NCS
 - Presentations
 - NCD Surveillance – Global challenges by Dr R. Bonita
 - NCD Surveillance Programme in SEAR by Dr J. Leowski
 - Integrated Disease Surveillance by Dr S. Ramaboot
 - Regional Strategic Plan for Integrated Disease Surveillance by Dr M.V.H. Gunaratne
 - Population based data on risk factors– a tool for planning and evaluation of integrated primary prevention strategies by Dr C. Varghese
- 1300–1430 hours Reports of NCD Surveillance Networks from Bangladesh, Indonesia and Nepal – by respective national focal points.
- 1445–1615 hours Reports of NCD Surveillance Networks from Sri Lanka, Thailand and India – by respective national focal points.
- 1615–1730 hours NCD surveillance status and needs in Bhutan, Maldives and Myanmar

Wednesday, 9 October 2002

- 0830–0930 hours Introduction to the Group Work on:
- Developing regional strategy for NCD surveillance and
 - Establishing regional network for NCD surveillance
- 0945–1230 hours Group Work

1400–1500 hours Plenary Session on Reports of working groups on planning for Regional Network for NCD surveillance

1515–1630 hours Group Work

Thursday, 10 October 2002

0800–0845 hours Plenary Session on Reports of working groups on adopting draft regional strategy for NCD surveillance.

0845–0915 hours Status of implementation of NCD risk factor surveillance in the Region

0930–1130 hours Short presentations of country reports of India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka and Thailand followed by plenary discussions.

1130–1300 hours Draft recommendations of the Workshop

1400–15.00 hours Closing of the Workshop