WHO Workshop for National Team Orientation on NCD InfoBase in the South-East Asia Region

SEARO, New Delhi, India, 6-9 September 2005

A Report

WHO Project: IR RES HPR 706
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The WHO Workshop for National Team Orientation on NCD InfoBase in the South-East Asia Region, SEARO, New Delhi, India, 6-9 September 2005 was a joint activity of the following WHO programmes:

1. Noncommunicable Diseases, Department of Noncommunicable Diseases and Mental Health (NCD/NMH), WHO SEARO, New Delhi, India
2. Ageing and Health Programme, WHO Centre for Health Development, Kobe, Japan
3. Surveillance for Information and Policy, Department of Chronic Disease and Health Promotion (SIP/CHP), WHO Headquarters, Geneva, Switzerland
1. INTRODUCTION

The burden of chronic, noncommunicable diseases (NCDs) in the WHO South-East Asia Region (SEAR) is now larger than that of infectious diseases. NCDs account for 51% of all deaths and 44% of the disease burden in the Region. Rapid changes in the economic, social and demographic determinants of health as well as adoption of unhealthy lifestyles by large segments of the population are contributing to an increasing chronic disease burden. Therefore, it is important that Member countries in SEAR strengthen their capacity to establish sustainable NCD surveillance mechanisms and develop and implement evidence-based policies and programmes for integrated prevention and control of NCDs.

Most of the NCD burden can be attributed to a few major, measurable and modifiable risk factors. These include tobacco and alcohol consumption, physical inactivity, and unhealthy diets. These risk factors are indicators of future diseases in the population. Due to the lag time between exposure and disease, a window of opportunity is open for policy makers, health professionals and other partners to take preventive action.

The WHO Global InfoBase was established in 2003 and was followed in 2004 by the SEA Regional NCD InfoBase. It is a database on chronic disease risk factors with the following objectives:

- To facilitate the use of risk factor information including patterns and trends to identify information gaps, and
- To facilitate the use of risk factor data in formulating evidence-based health policy and in developing NCD prevention programmes.

The InfoBase currently contains information on tobacco and alcohol consumption, diabetes, low fruit and vegetable intake, physical inactivity, high blood pressure, high cholesterol, and overweight/obesity.

With information on the levels and trends in risk factor exposure of given populations, public health response can be planned and implemented more efficiently. The NCD InfoBase can thus assist policy makers and
programme managers in assessing health status of communities, making comparisons across populations and in monitoring the impact of intervention programmes on population health.

At the WHO workshop on “Establishing Noncommunicable Disease Risk Factor InfoBases in the SEA Region” conducted in November 2004, the need for building strong linkages between NCD information and policy development process was recognized. The workshop recommended the deployment of NCD InfoBase at national level and requested WHO to facilitate this process through appropriate technical assistance. It was realized that country level deployment of the InfoBase has a potential to bring the information closer to policy makers and programme managers, promote ownership of the tool and grant autonomy to modify and manage it to suit country-specific needs. Ten Member countries in the Region are currently supported in deploying the NCD InfoBase at the national level.

In 2005, the Regional office for South–East Asia/WHO Centre for Health Development, Kobe, Japan/Regional Office for the Western Pacific (SEARO/WKC/WPRO) project on “Capacity building, surveillance and intervention on lifestyle-related diseases in transitional and established economies” was initiated. This joint project aims at collecting and analyzing information on NCD risk factors in selected Asian countries at different stages of socioeconomic development. It also intends to enhance country and community capacities and to explore cost-effective community-based interventions for NCD prevention and control. The products and activities planned include (1) development of guidelines for evaluation on community-based intervention for NCD prevention and control; (2) development of capacity-strengthening modules for policy makers and programme managers; and (3) national capacity building and deploying NCD InfoBase. This workshop will contribute to implementation of component (3) under the joint efforts of SEARO and WKC.

2. OBJECTIVES OF THE WORKSHOP

2.1 General Objective

The general purpose of the workshop was to facilitate deployment of the WHO NCD InfoBase in Member States of SEAR.
2.2 Specific Objectives

The specific objectives of the workshop were:

   (1) To demonstrate and discuss with national NCD InfoBase teams the structure and management of the NCD InfoBase;

   (2) To provide hands-on practice for InfoBase staff on data entry, report generation and maintaining their National NCD InfoBase module;

   (3) To identify areas of concern in managing the NCD InfoBase at national level and to propose solutions.

3. ORGANIZATION OF THE WORKSHOP

In 2004-2005, deployment of the NCD InfoBase at regional and national levels in the South-East Asia Region was supported by the inter-country programme of the Regional Office, the Global WHO InfoBase Programme and the WHO Centre for Health Development, Kobe, Japan (WKC). The workshop was a collaborative effort between WHO/SEARO, WHO/HQ and WKC. Financial support for the workshop was provided within the framework of the joint WKC-SEARO project on “Capacity building, surveillance and intervention on lifestyle-related diseases in transitional and established economies”.

The workshop was inaugurated on behalf of the Regional Director, WHO South-East Asia Region, by Dr Than Sein, Director, Department of Non-communicable Diseases and Mental Health. The text of the Regional Director’s address is given in Annex 1. Dr Hiroshi Ueda, Technical Officer, Ageing and Health Programme read out the message of the Director, WKC. The text of the address is given in Annex 2.

The workshop was attended by participants from nine Member countries of the Region. The participants were national NCD InfoBase team members responsible for day-to-day management of the InfoBase and, in particular, for data entry, verification and report generation. The programme of the workshop and the list of participants are given in annexes 3 and 4 respectively. The conduct of the workshop was facilitated by the Secretariat which comprised staff from WHO/SEARO, HQ and WKC. A formal evaluation of the workshop was conducted at its conclusion.
4. GLOBAL AND REGIONAL NCD InfoBase

Dr Hiroshi Ueda apprised the participants of the mission and work of the WKC, which is an integral part of WHO and has been operational since 1996. The objectives of WKC's work include providing evidence-based information for decision-making and promoting the development and implementation of sound public health policy and practice. Ageing and health is one of the priority areas. It includes projects related to prevention and control of NCDs. Special emphasis is placed on health promotion, tobacco control and promoting appropriate diet and physical activity. WKC has ongoing collaborative activities with SEARO and WPRO on different areas of NCD surveillance, prevention and control.

In her presentation, Dr. Kathleen Strong, Team Leader, Surveillance and Information for Policy Unit, WHO HQ highlighted the growing number of global deaths attributable to chronic, noncommunicable diseases. She highlighted the misperceptions which act as barriers for NCD prevention and control initiatives. She pointed out how evidence can be used to fuel public health response to NCDs. The WHO Global InfoBase was introduced to provide transparent, accessible and traceable information on chronic disease risk factors. The InfoBase collects available country level data on NCDs and their risk factors for all Member countries to facilitate their use by different clients.

Dr. Jerzy Leowski, Regional Adviser, Noncommunicable Diseases, SEARO, in his presentation, stressed the need to strengthen the evidence base on NCDs in order to inform public health policy making process and support development of prevention and control programmes. The World Health Report 2002 made a case for “reducing risk and promoting healthy life”. It identified major risk factors for NCDs and set up a list of public health priorities for urgent action. Simple public health interventions appropriate for implementation in developing countries’ settings are well known and their cost-effectiveness was well documented. Member countries, WHO, donor agencies and other developmental partners need to show greater commitment and invest much more resources if the observed growth of NCDs in the Region is to be reverted. Surveillance of NCD risk factors has an essential role to play in guiding policy and effective allocation of health resources. It provides important inputs to development and evaluation of NCD prevention and control programmes.
Dr. Leowski articulated the need for expanding the scope and adjusting the design of the WHO Global NCD InfoBase in order to bring it closer to policy makers and programme managers in Member countries. These two key groups of stakeholders need to be clearly recognized as the primary users of the NCD InfoBase in SEAR. Their needs and concerns need to be well recognized, documented and properly addressed by WHO InfoBase teams in the process of further development of NCD InfoBase.

Dr. K. Anand of the Department of Community Medicine, All India Institute of Medical Sciences, New Delhi, India explained some of the common epidemiological terms used in the InfoBase. He emphasized the need for involving experts with epidemiological and statistical background as essential members of the National InfoBase teams. There is a need to further strengthen the capacity of the National InfoBase teams in this regard. He listed criteria that should be applied in assessing the appropriateness of using available information for NCD programme development purposes. Assessment of validity and representativeness of the results reported in the sources need to include, among others, study setting, scrutiny of sampling design, sample size, measurement methodology, quality control and method of data analysis.

5. **ORIENTATION ON NCD InfoBase**

The participants were provided an overview of the WHO NCD InfoBase. The InfoBase stores information on three levels: the source (bibliographical information on the origin of the data), the survey (methodological details) and the data (disaggregated by age and sex). These were subsequently taken up individually to provide hands-on practice.

5.1 **Workshop Resources**

The participants were each given an installation CD and were asked to install the NCD InfoBase on the individual laptop provided to them. They were also provided the Workshop Reference Manual, Practical Exercise Manual, Sample Paper Booklet and a Glossary of Basic Epidemiological Terms to facilitate the process of orientation during the workshop. The Sample Paper Booklet included studies from SEAR. The workshop was facilitated by the WHO Global and Regional InfoBase team members.
5.2 Source Module

After the overview, the source section of the NCD InfoBase was taken up to guide the participants on how to enter the source data into InfoBase. The purpose and definitions used for each field was explained and discussed. The participants subsequently worked with the Practical Exercise Manual and a Sample Paper Booklet to gain hands-on experience in entering information on source into the InfoBase. The system of coding the sources was presented and discussed.

5.3 Survey Module

Subsequently, the participants were taken to the second level of InfoBase - survey details. The procedure followed here was similar to that of the source. It consisted of an initial guided tour with explanations followed by practical exercise and discussion.

5.4 Data Module

After the participants were familiar in entering information on source and survey, they were introduced to the process of capturing the data itself. There is a separate module (or data entry screen) for each NCD risk factor covered by the InfoBase. Each risk factor module was presented separately, discussed and reviewed in depth and followed again by hands-on practice with entering the data by the participants.

5.5 Data Verification

In order to ensure the correctness of the data entered into the InfoBase, a system of multi-layered approach to the data verification has been built in the InfoBase management procedures. First, the verification is to be done at the country level, then at the regional level and finally, at the global level. The process of data verification was explained and discussed with the participants.

5.6 Report Generation

The national NCD InfoBase teams would need to respond to different requests for information from policy makers, programme managers and other
users. They would therefore need to search the InfoBase for required information and develop skills to present information appropriately. The group was shown how to search for information and how to generate reports using the tool. The Regional and Global InfoBase are now available online and can be accessed on the web at [http://w3.whosea.org/ncd/infobase.htm](http://w3.whosea.org/ncd/infobase.htm) and on [http://infobase.who.int](http://infobase.who.int) respectively.

6. **FEEDBACK FROM PARTICIPANTS**

Throughout the workshop, discussion was generated on the usefulness of the tool, the modifications suggested for incorporation as well as issues of concern in the future. The points raised by the participants can be classified into three broad areas:

1. Areas of concern related to deployment of NCD InfoBase at national level;
2. Suggestions for modification of NCD InfoBase;

6.1 **Areas of Concern Related to Deployment of NCD InfoBase at the National Level**

While the participants appreciated the usefulness of the NCD InfoBase at national level, they also expressed concern over different aspects of deployment which could affect their sustenance and maintenance. These concerns were related to:

- Availability of human resources and, in particular, trained epidemiologists and data entry operators on a continuous basis;
- Availability of training and other technical support on a continuous basis;
- Sustainability of the NCD InfoBase at the national level;
- Major changes or modifications of Global InfoBase and the process of updating of national NCD InfoBases;
Autonomy of national NCD InfoBases for modifications to suit national requirements vis-à-vis synchronization requirements with WHO InfoBase;
Integration with existing Health Management Information Systems in the Member countries.

6.2 Suggestions for Modification of the InfoBase

The participants noted the enormous complexity in building such InfoBases. However, at the national level, these InfoBases might be operated by people with lesser expertise. Suggestions were made to facilitate handling the InfoBase by national teams. These were:

- Making the InfoBase more user-friendly;
- Improving labels for some field names and options;
- Disabling the fields not requiring entry based on entries already done;
- Need to treat national-level surveys and small, ad-hoc surveys separately;
- Pop-up glossary of important terms on the screen;
- Colour coding of different risk factors;
- Addition of in-built validation and logic checks;
- Improving the report generation module to make it more usable and relevant to policy makers and programme managers.

6.3 Suggestions for Future Capacity Building Modality for NCD InfoBase

This workshop was the first where the InfoBase resources such as the Workshop Reference Manual, Practical Exercise Manual, Sample Paper Booklet and Glossary of Basic Epidemiological Terms were used and thus served to pilot test them. These manuals would be used for building capacity in other Regions as well as for further training of national InfoBase teams in SEAR. Therefore, feedback on the process of orientation and resources made available during the workshop was collected from the participants. The opinions were that:
The contents of the presentations and resource materials were largely felt to be appropriate;

The participants felt that the pace of the workshop was a bit fast and a total of five days would be required to provide complete, hands-on practice on NCD InfoBase;

The provision of individual laptops to the participants was appreciated;

Simpler examples may be used for exercises;

Technical support from WHO would be needed for further training of national InfoBase teams.

7. CONCLUSIONS

(1) NCD InfoBase presents the available evidence base that can be used for strengthening NCD prevention and control programmes in countries of the Region.

(2) The capacity for NCD InfoBase management among Member countries has been strengthened and National NCD InfoBase team members gained hands-on practice in data entry.

(3) The areas of concern for sustainable deployment of InfoBase at national level were identified and discussed.

(4) The WHO NCD InfoBase tool can be made more user-friendly by incorporating suggestions made during the workshop.

8. RECOMMENDATIONS

Member countries who have made a commitment to deploy the NCD InfoBase at the national level should:

(1) Finalize an action plan for deployment of the NCD InfoBase;

(2) Initiate steps to appropriately utilize the NCD InfoBase in the evidence-based policy making and programme development process;
(3) Consider customization and/or adaptation of the NCD InfoBase to suit their requirements.

WHO should:

(1) Continue to provide technical support to Member countries for deployment of NCD InfoBases;

(2) Utilize the suggestions provided by the Member countries on improving the NCD InfoBase tool;

(3) Share information on the WHO NCD InfoBase with those SEAR countries that have not yet made a commitment to deploy the NCD InfoBase at national level.
Annex 1

ADDRESS BY
DR SAMLEE PLIANBANGCHANG, REGIONAL DIRECTOR
WHO, SOUTH-EAST ASIA REGION
(Delivered by Dr U Than Sein, Ag. RD SEARO)

Distinguished participants, ladies and gentlemen,

I have the honour to present greetings from Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia Region. As the Regional Director is unable to be present here today, I have the privilege of reading out his address on this occasion. I quote:

Noncommunicable diseases (NCDs) are the leading contributors to overall mortality, morbidity and disability in the South-East Asia Region. Epidemiological data on major NCDs and their common risk factors in the countries of the South-East Asia Region (SEAR) are inadequate in terms of availability, validity, accessibility and utilization. Thus, sustainable NCD surveillance at country level needs to be recognized as an important public health function.

Easily accessible, valid and core information on major NCDs is essential for population health needs assessment, formulating evidence-based public health policies and programmes, appropriate allocation of limited health resources, and for the development and evaluation of public health initiatives and interventions.

Major NCDs targeted by WHO for integrated surveillance, prevention and control include cardiovascular diseases, cancers, chronic pulmonary diseases and diabetes. Available evidence points to the pivotal role of a cluster of common risk factors such as tobacco consumption, unhealthy diet, physical inactivity, hypertension, and high blood concentrations of glucose and cholesterol in these diseases. Information from both developed and developing countries indicates that comprehensive long-term health promotion and integrated disease prevention programmes targeting major risk
factors can significantly reduce the incidence of NCDs and decrease overall morbidity and mortality.

Community-based NCD prevention and control programmes require reliable, country-specific data on NCD risk factors so that priorities can be appropriately set and targeted interventions developed, monitored and evaluated. To most effectively facilitate this process the data must be collected, analysed and used in a regular and systematic way. The WHO NCD InfoBase was developed to specifically respond to these needs.

Recently, a regional NCD InfoBase was deployed at SEARO. In order to strengthen capacity in knowledge sharing and to promote utilization of available NCD data at the country level, some Member States of SEAR are being supported in deploying the NCD InfoBase at the national level. This is in line with the country-focused approach promoted by WHO.

This workshop is a vital part of WHO technical assistance for deploying NCD InfoBase in the countries of our Region. The major objective of the workshop is to demonstrate and discuss with national InfoBase data entry focal points the structure and management of NCD InfoBase and to provide hands-on training and practice on data entry and maintaining national NCD InfoBase modules. The workshop will also contribute in identifying issues that need to be addressed for further development of the NCD InfoBase.

The workshop is a collaborative activity involving many partners including national NCD InfoBase teams constituted by the respective Ministries of Health, WHO SEARO and HQ. I would like to welcome representatives of national InfoBase teams and colleagues from all levels of WHO. It is important to recognize that the WHO Centre for Health Development, Kobe, Japan was instrumental, both technically and in terms of providing funds, to support this important activity. I am pleased to see a representative of the Kobe Centre among the secretariat of this meeting and I look forward to further strengthening of the excellent collaboration between SEARO and WKC in the NCD area.

I am confident that the collective knowledge and commitment of all participants will ensure that the objectives of this important workshop are achieved.
Finally, I would like to wish you all success in your endeavours and a pleasant stay in Delhi, Unquote.

I will, of course, apprise the Regional Director of the outcome of this meeting. I too wish you all success and a comfortable stay in Delhi.

Thank you.
Annex 2

ADDRESS BY
DR WILFRIED KREISEL, DIRECTOR
WHO CENTRE FOR HEALTH DEVELOPMENT, KOBE

It is my great pleasure to deliver a message at this opening session of the "Orientation workshop for National NCD InfoBase Teams" at the WHO Regional Office for South-East Asia.

I would like to convey my sincere thanks to Dr Samlee Plianbangchang, Regional Director, Dr Than Sein, Director, Department of Noncommunicable Diseases and Mental Health, WHO Regional Office for South-East Asia for working together to organize this workshop with the support of Dr Kathleen Strong, Coordinator, Surveillance and Information for Policy (SIP)/Noncommunicable Diseases and Mental Health (NMH), WHO Headquarters and Dr Jerzy Leowski, Regional Adviser, Noncommunicable Diseases, SEARO and other WHO colleagues.

It is also my pleasure to welcome all participants from different Member States in the South-East Asia Region attending this important workshop.

Looking at the global burden of disease from a population health perspective, noncommunicable diseases represent 43% of the burden, a proportion that is expected to increase in future. The incidence and prevalence of noncommunicable diseases such as heart disease, stroke, cancer, and diabetes have been great public health concerns for many years. The issues of independence, quality of life (QOL) and community participation are also special concerns for individual health in all of our societies. Reflecting these concerns, research has already established many noncommunicable disease risk factors, namely tobacco use, alcohol consumption, physical inactivity, low fruit and vegetable intake, overweight/obesity, high blood pressure, high serum cholesterol level and so on. Further risk factors are likely to be identified in the near future.
Monitoring noncommunicable diseases and their risk factors is a crucial issue and challenge in the attainment of individual and population health. Therefore, the development and establishment of standardized surveillance systems for noncommunicable diseases and their maintenance will be key for our current and future health. In addition, synchronized data collection from WHO Member States and the sharing of that data will provide useful and fruitful information not only to the WHO South-East Asia Member States but to all countries around the world that are of concern.

This workshop on the NCD InfoBase will result in an NCD surveillance system that we expect to monitor, prevent, manipulate and control exposure to risk factors and prevent and manage the noncommunicable diseases and risk factors, helping to lessen the financial and social burdens of health care for our communities.

I hope that we will one day soon be able to measure the success of this workshop in the reduction of NCDs and their risk factors, and for that I extend my best wishes to you all.
Annex 3

PROGRAMME

Tuesday: 6 September 2005

0800 – 0830  Registration

0830 – 0900  Inaugural Session:
   • Address by RD/SEARO
   • Address by Director of WHO Kobe Centre
   • Introduction of participants
   • Announcements

M. Rogers
V. Arora

0900 – 1200  WKC mission and work (with particular focus on Ageing and Health including NCD)
   Global NCD InfoBase – An introduction
   NCD InfoBase in SEAR
   Basics epidemiological terms for the InfoBase management
   Hands-on practice on installation/un-installation

H. Ueda
K. Strong
J. Leowski
K. Anand
V. Arora & Team*

1300 – 1630  Guided Tour of InfoBase

D. Lee

Wednesday: 7 September 2005

0900 – 1200  Practice on entering survey information

D. Lee and team*

1300 – 1630  More on entering survey information

D. Lee

NCD risk factors – BMI/overweight/obesity

D. Lee
Practice on entering BMI/overweight/obesity data
D. Lee and team*

NCD risk factors – SBP/raised blood pressure
D. Lee

Practice on entering SBP/raised blood pressure data
D. Lee and team*

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<td>0900 – 1200</td>
<td>NCD risk factors – tobacco</td>
<td>D. Lee</td>
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<tr>
<td>Practice on entering tobacco data</td>
<td>D. Lee and team*</td>
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<td>NCD risk factors – cholesterol/raised lipids</td>
<td>M. Rogers</td>
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<td>Practice on entering cholesterol/raised lipids data</td>
<td>M. Rogers and team*</td>
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<td>NCD risk factors – abstinence of alcohol</td>
<td>D. Lee</td>
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<td>Practice on entering alcohol abstainer data</td>
<td>D. Lee and team*</td>
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<tr>
<td>NCD risk factors – consumption of alcohol</td>
<td>K. Anand</td>
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<td>Practice on entering alcohol data</td>
<td>K. Anand and team*</td>
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| 1300 – 1630              | NCD risk factors – physical inactivity | D. Lee        |
| Practice on entering physical inactivity data | D. Lee and team* |               |
| NCD risk factors – low fruit and vegetable intake | M. Rogers  |               |
| Practice on entering fruit and vegetable intake data | M. Rogers and team* |               |
| NCDs and their risk factors – diabetes | K. Anand |               |
| Practice on entering diabetes data | K. Anand and team* |               |
### Friday: 9 September 2005

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<tr>
<th>Time</th>
<th>Activity</th>
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<tr>
<td>0900 – 1200</td>
<td>Data verification process</td>
<td>D. Lee</td>
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<td>Verifying Source, Survey and Data</td>
<td>D. Lee</td>
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<td>Searching for Information in InfoBase</td>
<td>D. Lee / K. Anand</td>
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<td>Report Generation</td>
<td>D. Lee / V. Arora</td>
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<td>1300 – 1630</td>
<td>InfoBase on the web</td>
<td>V. Arora / D. Lee</td>
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<td>General discussion</td>
<td>All</td>
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<td>Conclusions and recommendations</td>
<td>K. Anand / M. Rogers</td>
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<td>Closing</td>
<td>K. Strong / H. Ueda / J. Leowski</td>
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Annex 4

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