Networking for Integrated Prevention and Control of Noncommunicable Diseases in the SEA Region

Report of an Intercountry Workshop
New Delhi, India, 30 March - 2 April 2004

WHO Project: ICP NCD 003

World Health Organization
Regional Office for South-East Asia
New Delhi
July 2004
CONTENTS

1. BACKGROUND ..................................................................................................1

2. OBJECTIVES ........................................................................................................2

3. INAUGURAL SESSION ........................................................................................2

4. GLOBAL, REGIONAL AND NATIONAL INITIATIVES ON NCDs.........................3

5. NCD SURVEILLANCE IN THE SEA REGION ...........................................................9

6. COMMUNITY-BASED NCD PREVENTION PROJECTS IN THE SEA REGION .................................................................10

7. NCD PREVENTION AND CONTROL NETWORKS ............................................12
   7.1 The Global Forum and Networks for NCD Prevention and Control in other WHO Regions ....................................................12
   7.2 National Networks for Prevention and Control of NCDs in the SEA Region ........................................................................13
   7.3 Establishing a Regional NCD Prevention Network ........................................................................................................15

8. CONCLUSIONS AND RECOMMENDATIONS ..................................................17
   8.1 Conclusions ......................................................................................................17
   8.2 Recommendations ............................................................................................18

Annexes

1. List of Participants ..............................................................................................20

2. Programme ...........................................................................................................23
1. BACKGROUND

Noncommunicable diseases (NCDs) are becoming the leading cause of mortality, morbidity and disability in the South-East Asia Region (SEAR) of WHO. The observed increase in NCDs has not resulted in the adoption of appropriate public health measures to contain the problem.

The NCD programme in the SEA Region is based on the WHO Global Strategy for the Prevention and Control of NCDs. The Global Strategy identifies networking as one of the four areas of international action on surveillance, prevention and control of NCDs. It calls for establishing a global network of national and regional programmes for prevention and control of NCDs in order to facilitate dissemination of information, exchange of experience, and support to regional and national initiatives. Regional networks for NCD prevention and control have been established with WHO support in Europe (CINDI), Americas (CARMEN) and recently in Africa (NANDI) and the Easter Mediterranean Region (EMAN). The Global Forum, initiated by WHO headquarters, links the regional networks.

The workshop was a follow-up of the action initiated by the Regional Office aimed at supporting the development of national networks for NCD prevention and control in four countries of the Region. Indonesia, Maldives, Sri Lanka and Thailand have been targeted for early establishment of national networks. The following were the criteria for selecting the countries:

1. advanced stage of epidemiological transition
2. existing national capacity, and
3. commitment of the Ministry of Health (MoH) to upgrade NCD prevention and control programme.

The workshop aimed to initiate a regional network for prevention and control of NCDs among the above-mentioned countries. It was expected that other countries from the Region would ultimately join the network.
2. **OBJECTIVES**

The general objective of the workshop was to promote regional cooperation in strengthening integrated prevention and control of major NCDs.

The following were the specific objectives:

1. To share experience in implementing NCD programme at regional and national levels;
2. To review the progress of national networks for NCD prevention and control in the Region; and
3. To identify a mechanism for establishing a regional network for NCD prevention and control in the Region.

3. **INAUGURAL SESSION**

Dr Poonam Khetrapal Singh, Deputy Regional Director, WHO/SEARO welcomed the participants and delivered the inaugural address on behalf of the Regional Director.

In his address, the Regional Director expressed concern that NCDs were emerging as a major public health problem in the Region. This threatened economic and social development as well as the lives and health of millions of people. As NCDs were either preventable or amenable to effective intervention, implementation of strong health promotion and disease prevention policies, strategies and programmes could positively modify observed epidemiological trends.

WHO was promoting widespread application of public health measures to strengthen collaborative and intersectoral action focused on health promotion and prevention of NCDs. This was sought to be achieved through integrated epidemiological surveillance and population-based interventions on major risk factors including tobacco consumption, unhealthy diets and physical inactivity. At the same time, equitable and cost-effective management of major NCDs with optimal utilization of existing capacity of health systems should be promoted.
WHO was playing an instrumental role in fostering partnerships and facilitating the process of national, regional and global networking. The Organization was providing technical assistance in developing and coordinating national health promotion and NCD prevention policies, strategies and programmes. In this context, the workshop aimed to strengthen the capacity and commitment of the countries of the Region in identifying appropriate mechanisms and resources for planning, implementation, monitoring, evaluation and coordination of NCD programmes.

Dr C. Le Galès-Camus (Assistant Director-General, WHO/HQ) congratulated the SEA Regional Office for having initiated progressive steps towards promoting NCD surveillance, prevention and control in the countries of the Region. She said that the workshop provided an opportunity for the countries to share information on the current situation and enabled the countries to review national mechanisms, policies and strategies to better address NCD challenges. WHO could facilitate this process and link it to the global agenda.

4. GLOBAL, REGIONAL AND NATIONAL INITIATIVES ON NCDs

In her presentation, Dr C. Le Galès-Camus (HQ), highlighted the role of NCDs in shaping the future of global health and pointed out that the global health agenda of today should focus on these. She said that NCDs were a growing public health threat that required new initiatives. The World Health Report 2003 addressed the issue of the neglected global epidemic of NCDs. The global burden of NCDs was well documented. More than half of the total mortality worldwide was attributed to NCDs. Younger age groups were increasingly affected. Developing countries faced the double burden of diseases. In many of them, the number of deaths due to NCDs already outnumbered those due to communicable diseases. While the causes of the emerging epidemic of NCDs were well known and effective interventions established, there was a huge gap between knowledge and action. Many chronic diseases had common risk factors. Seven of the top ten leading health risk factors were specific to cardiovascular and other chronic diseases. While the global environment was changing, the levels of various NCD risk factors were increasing. Projections from India and other developing countries
predicted worsening of NCD epidemics in the next decade. The management of people suffering from diseases such as diabetes mellitus and hypertension would impose enormous financial burden.

There was an urgent need to reduce risks to health at population and individual levels. A population-based approach was the appropriate intervention that could bring about a major positive change in NCD outcomes in a short time. The application of a balanced primary prevention approach targeting entire populations as well as individuals at high risk coupled with secondary prevention measures, sustained policy action, and strengthening of national institutions to implement and evaluate risk reduction programmes were among the strategies recommended by WHO in addressing the NCD challenge.

The guiding principle highlighted in the World Health Report 2003 was to build on existing health care systems and integrate NCD prevention and control efforts. Surveillance was a useful tool for guiding towards emerging epidemics, and for monitoring and evaluation. The WHO STEPS approach to surveillance and the Global NCD InfoBase were facilitating the collection and utilization of core NCD information. Health promotion activities should focus at children and high risk vulnerable population. A stepwise approach for the prevention and control of NCDs would need to be evolved by countries according to national needs, goals, targets and availability of resources.

Dr A. Waxman (Project Manager (NMH) WHO/HQ) reported on the process of development of the Global Strategy on Diet, Physical Activity and Health. She pointed out that major shifts were occurring in both diet and physical activity patterns globally. In diet, these were in energy density of food, use of caloric sweeteners, increase in animal source of fat and reduction in fruit and vegetable intake. Due to a shift in occupations to the service sector, changes in modes of transportation and in leisure time activity pattern, the average energy expenditure was decreasing.

To address the growing challenge of NCDs, the World Health Assembly (WHA) requested the Director-General of WHO to develop a Global Strategy on Diet, Physical Activity and Health. The strategy has been evolved in three phases. The first (preparatory) phase was followed by a consultation process involving Member States, civil society, private sector and UN agencies. Six
regional meetings were also held. In the third phase, the strategy was drafted by a reference group of independent international experts. The document was further revised based on comments and inputs received from the WHO Executive Board and Member States.

The two foundations on which the strategy was based was the risk factor approach to NCD prevention and multisectoral action. The strategy suggested limiting the intake of sugars, fats and salt in foods, and increasing the consumption of fruits and vegetables. During its development, many complex issues such as role of individuals and their responsibility in choosing a healthy diet and being physically active, persisting challenge of under-nutrition, implications and potential impact of the strategy for other sectors, including agriculture and industry, were addressed in the context of existing evidence.

The main recommendation was to develop national dietary and physical activity policies, provide accurate and balanced information to consumers, and address issues related to marketing and pricing policies. The strategy provided a non-prescriptive and non-binding range of policy options to promote healthier diets and physical activity. The strategy would be presented to the Fifty-seventh World Health Assembly for approval.

Dr J. Leowski (NCD/SEARO) gave an overview of the regional NCD programme. He pointed out that while all the countries of the Region were categorized as developing countries, they were all in an advanced stage of epidemiological transition. According to the WHO estimates for 2002, 50% of all deaths and 42% of the disease burden measured in disability-adjusted life years (DALY) lost in the SEA Region were attributed to NCDs. Among the important risk factors for NCDs, high arterial blood pressure and tobacco use were most prominent and contributed to an estimated 10 and 8% respectively of all deaths occurring in the Region. Another important risk factor for NCDs that did not attract adequate attention was indoor air pollution caused by extensive use of biofuel for cooking and heating purposes.

Although NCDs were clearly assuming increasingly high proportions and becoming the leading causes of mortality, morbidity and disability, the situation did not entail appropriate public health response in the Region. This was reflected in the limited resource allocation and inadequate commitment of the governments in identifying and addressing priorities related to prevention and control of major NCDs.
The important regional NCD initiatives of recent years included the launching of a Regional NCD Surveillance Network and adoption of the Regional Strategy for NCD Surveillance. Eight countries of the Region were supported in conducting standardized NCD risk factor surveys. Another recent development in the area of NCD surveillance was the initiation of chronic diseases’ risk factor infobase.

Three pilot projects on integrated community-based prevention of NCD were initiated in Bangladesh, India and Indonesia in 2000 and were currently in the demonstration phase. New interventions were planned in Maldives and Sri Lanka. Long-term sustainability of community-based intervention projects and appropriate monitoring and evaluation were matters of serious concern.

Dr. Sawat Ramaboot, Chief, NMH/SEARO, focused on the role of health promotion in NCD prevention. He emphasized the importance of the risk factor and life course approaches. He stressed the importance of applying the principles of health promotion in public health policy development, creation of supportive environments, community action, developing personal skills and in health services delivery. Efforts were needed at all levels as they supported and reinforced each other. “Healthy settings” approach provided a unique opportunity to integrate multiple levels. It provided the organizational framework of infrastructure required for health promotion. Healthy settings offered practical opportunities for the creation of diverse networks to implement comprehensive development strategies through intersectoral collaboration. Examples of healthy settings include healthy cities, villages, districts, workplaces, schools, markets etc.

Dr. K.S. Reddy, (All India Institute of Medical Sciences (AIIMS), New Delhi, India) elaborated on the developing countries’ perspective in shaping integrated approaches for prevention of NCDs. In order to develop appropriate responses, countries needed to assess the current situation and acknowledge the rapidity of the health and epidemiological transition process. Understanding of the relevance of the risk factor approach to NCD prevention is an important prerequisite of sound policy development.

Dr Reddy apprised the participants of the principles of continuous risk, population-wide risk, multiplicative risk and comprehensive (absolute) risk as applicable to NCD prevention. The integrated NCD prevention programme needs to adopt a life-course approach and combine population-based and individual, high-risk strategy. Prevention and control of NCDs should be
founded on the principles of an enabling environment, empowered community and energetic profession. Appropriate public health policies are needed to provide an enabling environment whereas educational interventions would be required to modify health beliefs and behaviours of communities and individuals.

At the same time, secondary prevention should not be neglected as effective and affordable interventions are available which can benefit a large number of individuals. While planning the organization of health services, the goal should be to shift the centre of gravity of chronic care delivery progressively towards the base of the health care pyramid. This can be achieved by strengthening the capacity for care by self, family, community, and the paramedic and by encouraging evidence-based practice at primary health care level and a rational referral follow-up system.

Dr Khalilur Rahman (TFI/SEARO) informed the participants of the progress in the adoption of the Framework Convention for Tobacco Control (FCTC). As of now, eight countries of the Region have signed FCTC while two of them have ratified it. FCTC is the guiding principle for the Region’s anti-tobacco activities. WHO is assisting the countries in building capacity for developing and implementing comprehensive tobacco control guidelines and national legislation. Currently, the focus is on establishing an effective infrastructure, communication strategies, and operational research. Overall, there is a high commitment from countries. The future directions are to facilitate sharing of technical expertise, strengthen WHO collaborating centres, intensify resource mobilization efforts and build external partnerships.

Dr K.K. Talwar (Postgraduate Institute of Medical Education and Research, Chandigarh, India) outlined the challenges in the management of chronic diseases at the primary health care level in the SEA Region. Many countries do not have appropriate technical guidelines. Primary health care is provided by para-professionals and clinical skills, and investigative and treatment facilities are minimal. Member States may need to strengthen their health care system for effective implementation of chronic disease management guidelines. There is also a need for good referral channels. The possibility of using mobile services to support primary health care providers in terms of diagnostic and treatment facilities should be considered. There is a need to evolve a consensus on minimum standard of services (clinical skill, and diagnostic and treatment facilities) to be provided at each level.
The participants made a detailed presentation on the current status of NCD programme implementation in their countries at a plenary session. The salient points of national presentations are summarized in the Table. The activities being carried out in the countries reflect a multi-pronged approach to address the challenge of NCDs. The initial focus is on generating a critical mass of evidence for action. Towards this countries are conducting standardized NCD risk factor surveys. Plans are afoot to integrate NCD risk factor surveillance with national health information systems. NCDs are already being considered as national health priority in some countries. At least five countries in the Region reflected NCDs in the national health policies. The progress in controlling NCD epidemics in the SEA Region is hampered by limited capacity and capability. National NCD programmes, wherever initiated, are often vertical and disease-specific rather than integrated. The approaches applied are often clinical and health sector oriented whereas NCD prevention and control may require targeting communities and involving multiple sectors. There are also serious human and financial resource constraints.

**Table**: Salient Points of NCD programmes in the SEA Region

<table>
<thead>
<tr>
<th>Country</th>
<th>NCD in NHP</th>
<th>NCD Focal Point at MoH</th>
<th>Main data sources</th>
<th>Status of standard RF surveys</th>
<th>Plan for integrated surveillance</th>
<th>Demonstration projects on CBI</th>
<th>National prevention network</th>
<th>National programmes</th>
</tr>
</thead>
<tbody>
<tr>
<td>BAN</td>
<td>Yes</td>
<td>Present</td>
<td>None</td>
<td>Hospital, SNS</td>
<td>Completed</td>
<td>Present</td>
<td>Present</td>
<td>No</td>
</tr>
<tr>
<td>BHU</td>
<td>No</td>
<td>None</td>
<td>Present</td>
<td>Hospital, Planned</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>IND</td>
<td>No</td>
<td>Present</td>
<td>Present</td>
<td>National survey, Registries</td>
<td>Completed</td>
<td>Present</td>
<td>Present</td>
<td>No</td>
</tr>
<tr>
<td>INO</td>
<td>Yes</td>
<td>Present</td>
<td>Present</td>
<td>National survey, Registries</td>
<td>Completed</td>
<td>Present</td>
<td>Present</td>
<td>Cancer, CVD</td>
</tr>
<tr>
<td>MAV</td>
<td>Yes</td>
<td>Present</td>
<td>Present</td>
<td>Hospital, Planned</td>
<td>Present, Planned</td>
<td>Present</td>
<td>Integrated NCD, thalassaemia</td>
<td></td>
</tr>
<tr>
<td>MMR</td>
<td>No</td>
<td>None</td>
<td>Present</td>
<td>Hospital, SNS</td>
<td>Under way</td>
<td>Present</td>
<td>None</td>
<td>Cancer, CVD, DM</td>
</tr>
<tr>
<td>NEP</td>
<td>No</td>
<td>Present</td>
<td>Present</td>
<td>Hospital, SNS</td>
<td>Completed</td>
<td>None</td>
<td>None</td>
<td>Cancer, CVD</td>
</tr>
<tr>
<td>SRL</td>
<td>Yes</td>
<td>Present</td>
<td>Present</td>
<td>Hospital, SNS</td>
<td>Completed</td>
<td>Present</td>
<td>Planned</td>
<td>Present, DM, Cancer</td>
</tr>
<tr>
<td>THA</td>
<td>Yes</td>
<td>Present</td>
<td>Present</td>
<td>National survey, Registries</td>
<td>Under way</td>
<td>Present</td>
<td>Present</td>
<td>Cancer, CVD, DM, integrated NCD, thalassaemia</td>
</tr>
</tbody>
</table>

Abbreviations used: CBI – Community-based intervention; CVD – Cardiovascular diseases; DM – Diabetes mellitus; Hosp. – Hospital data; NHP – National Health Plan; MoH – Ministry of Health; NS - national survey; RF – risk factor; SNS - sub national survey
5. **NCD SURVEILLANCE IN THE SEA REGION**

Dr J. Leowski (NCD/SEARO) reviewed NCD surveillance approaches covering four broad areas, namely; risk factors, diseases, deaths and health services. The information could be obtained from census, surveys, disease registries, sentinel sites, cohorts and from records of health institutions. Surveillance provides important information for advocacy and for planning, monitoring and evaluating health programmes.

NCD surveillance initiatives that have been taken in the last few years in the Region include the publication of the NCD profile, establishing regional NCD InfoBase, adoption of a standardized approach to NCD risk factor surveillance, and initiation of regional NCD surveillance network. The network, established in 2002, focused on facilitating collaboration between countries and promotion of appropriate use of available information. A regional strategy for NCD Surveillance, adopted in 2003, aimed at supporting countries in developing national strategic plans of action for sustainable collection of core NCD information. Standardized NCD risk factor surveys are being conducted in over 27 sites in eight countries. These have been supported by the establishment of a Regional Statistical Support Group (RSSG) and a Regional Pool of Equipment. WHO would assist countries in establishing national NCD info bases.

Dr K. Anand, (All India Institute of Medical Sciences, New Delhi, India), and Mr Vishal Arora, Data Entry Focal Point, SEARO, introduced the Regional NCD InfoBase. While the Global InfoBase tool focused on most recent nationally representative data for the purpose of intercountry comparison, it was realized that there are many other useful sources of information in the Region that may need to be displayed in the Regional InfoBase. It was decided that the format developed by WHO headquarters could be adapted by the Regional InfoBase. Accordingly, a user manual was developed and regional staff was trained in establishing and maintaining the InfoBase. With active support from NCD Surveillance Focal Points in Member States, relevant data sources were identified and retrieved. The Regional InfoBase currently has 156 data sources and is being continuously updated. The paucity of data related to diet and physical activity was highlighted. The need to make the InfoBase responsive to regional and country needs was emphasized. The issues related to deployment of NCD infobases at the national level such as identification of focal points, training and technical support were discussed.
Dr Bela Shah, (Indian Council of Medical Research, New Delhi, India) presented an overview of the utilization of NCD surveillance data. She stressed the need for surveillance to support evidence-based decision-making process, to guide resource allocation and for prioritization of health agenda and audit of data use. Conventionally, NCD surveillance data have been obtained from disease registries, records of vital events, population surveys, laboratories, and through service delivery and administrative systems. To be effective, surveillance must move beyond data collection to its interpretation and to action.

Approaches to enhancing the use of surveillance data were described. Public health professionals, policy-makers, programme managers, health practitioners, community leaders, media, researchers and students are among principal users of surveillance data. Primarily surveillance is for providing baseline measurements and for monitoring trends and variations between population groups. Surveillance is essential in policy development process, for needs assessment, environmental scanning, strategic planning, and monitoring of health status. It can be put to use for increasing public awareness, education and training of professionals, strengthening and empowering of communities, and for advocacy. Monitoring and evaluation of programmes, development of knowledge and health research are some of the other useful applications of surveillance.

With globalization, unhealthy lifestyles and consequently NCDs, are communicated and transferred across countries. While global NCD surveillance is an achievable long-term goal, regional and national surveillance systems and methods may need to vary in different parts of the world. Health interview and questionnaires would be different for different settings. Also, there are different needs related to surveillance of health status, diseases, functional capacity, biological and behavioural risk factors and health services.

6. COMMUNITY-BASED NCD PREVENTION PROJECTS IN THE SEA REGION

Currently, demonstration projects are under way in selected locations in Bangladesh, India and Indonesia. In all the three sites, a pilot phase was completed. The collective experience was reviewed at the intercountry consultation. It was recommended that intervention should be continued as long-term demonstration projects. All the three sites use the standard WHO
approach to NCD risk factor surveillance as the baseline for impact evaluation.

**Bangladesh**

The urban Dhaka community-based intervention project for NCD risk factor control aims to sensitize and encourage different stakeholders in Mohammadpur, to evolve a model of involvement of the community in planning, implementing, monitoring and evaluating NCD prevention activities. A workshop was held in August 2003 with the participation of governmental organizations (GOs), nongovernmental organizations (NGOs) and civil society of the project area. The objectives were: (1) to inform the participants regarding the present situation of major NCDs and possible preventive measures; and (2) to develop a community action plan in order to control major NCD. A Coordination Committee has been formed. It reviewed the progress made and planned further activities. A series of meetings were held to transact issues related to the development of measurable indicators for the implementation of project activities. Although there are noticeable achievements in the implementation of the project, there are also some problems. In particular, failure to adequately motivate some stakeholders such as religious leaders, school teachers, political leaders and professional groups (e.g., local practitioners) is of concern.

**India**

This demonstration project is being conducted in urban Ballabgarh, about 35 km away from New Delhi. The population covered is around 150,000. The goal of the project is to empower the community to take over NCD prevention and control as part of the routine activity. This is being done in four phases: (1) identification and sensitization of stakeholders, (2) evolving a feasible model based on discussion among stakeholders, (3) implementation of the model, and (4) evaluation of both the process and the impact of the intervention. A baseline survey of NCD risk factors has been completed in December 2003. It will serve as a baseline for assessing the impact. A citizens’ initiative called “Friends of City” has been formed with the aim of making the city healthy. Based on the request of community members, cleanliness and environment issues have also been identified as a priority area for intervention. A series of meetings have been held with all stakeholders and the sensitization process has been completed. The roles of each stakeholder and possible barriers have been identified. The present focus is on preparing necessary background papers, manuals and materials for use by stakeholders.
It is proposed that the intervention be evaluated after a minimum two years as the process of involving stakeholders takes time and behavioural change is a lengthy process.

**Indonesia**

The site for the demonstration project in Indonesia is Abadi Jaya, Depok. A control area was selected. Stakeholders such as local government, health care providers and community leaders have been identified. NCD prevention has been incorporated in the local policy and local annual development plan (REPERTADA). A separate budget was allocated for the NCD control programme. A Working Group of Healthy Depok (FKDS) has been formed and its Coordinator (principal investigator of the project) identified. The group would coordinate different activities. Necessary training materials for different stakeholders have been prepared. Posbindu PTM, an integrated health post for monitoring and controlling NCD risk factors was established to identify and treat individuals with high risk for NCDs. The post is supported by Yandu PTM, which provides integrated health services. The services for NCD patients are kept at an affordable fee and are provided by a medical specialist and a dietician.

7. **NCD PREVENTION AND CONTROL NETWORKS**

7.1 **The Global Forum and Networks for NCD Prevention and Control in other WHO Regions**

Dr G. Galea, (NCD/WPRO) apprised the participants of the Global Forum and Regional Networks for NCD Prevention and Control. The Regional Network in Europe (CINDI) and in Americas (CARMEN) proved their importance in integrating and coordinating NCD prevention efforts at regional and national levels. Linkages with healthy setting initiatives were established and community-based demonstration projects initiated. The networks contributed to the formulation of regional and national NCD policies and strategies and resource mobilization efforts and advocated for the development of the infrastructure for NCD prevention and control. The networks adopt common surveillance and evaluation approaches and protocols.

Dr Galea informed of the NCD activities in the Western Pacific Region. Fast growth of NCDs had already been documented and clear urban to rural
transition was observed in the Region. Changes in physical activity patterns and traditional food habits have resulted in the growing problem of diabetes and obesity including childhood obesity. In response, a Plan of Action for the Western Pacific Declaration of Diabetes and Tonga Commitment to Promote Healthy Life-Style and Supportive Environment have been launched. Selected countries were supported in developing national NCD plans. The WHO STEPwise surveillance programme has been implemented in several countries. The WHO NCD programme in the Western Pacific Region focuses on advocacy, developing protocols for surveillance, technical support and networking. The WPR NCD Prevention Network is planning to hold its first meeting in 2004. There is a growing commitment to strengthen bi-regional (Western Pacific and South-East Asia) NCD prevention networking. Such collaboration would create formidable opportunities to address present and future challenges of NCD prevention and control in the context of progressing globalization.

7.2. National Networks for Prevention and Control of NCDs in the SEA Region

**Indonesia**

In Indonesia, the NCD Prevention and Control Network was launched in August 2003 by the Honorable Health Minister. The network is based on active collaboration of multiple partners including the Ministry of Health, professional organizations, NGOs, educational institutions and the private sector. The main objective of the Network is to improve access to information and to facilitate collaboration of all stakeholders in the government and community in addressing the growing health burden of NCDs. The organizational structure of the network involves a coordinating team and five sub-networks which encompass surveillance, smoking problems, nutrition, physical activity, and management of NCDs. Each sub-network has defined responsibilities, functions and specific activities assigned. At present, the Centre for Health Promotion, Ministry of Health, has been identified as a coordinating institution and as a secretariat for the network.

**Maldives**

In Maldives, sustained NCD prevention efforts have resulted in noteworthy achievements, as seen in the case of tobacco control. Coordinating mechanisms at the national level include the establishment of Health Promotion Network 2000, national database and registers for NCDs and
introduction of standard management protocol for cardiovascular diseases and diabetes. The NCD Prevention and Control Network aims to integrate and strengthen national efforts to reduce the burden of NCDs. Some of the strategies for NCD prevention included in the National Health Promotion Plan of Action 2000-2004 are empowerment of specific community groups for health action including fostering a healthy settings approach including health promoting schools, hospitals and workplace, and enhancing intersectoral collaboration and NGOs’ involvement in health education and health promotion programmes. A Demonstration Project on Community Based Intervention for Integrated Prevention of NCDs is also planned. Advocacy for health directed at policy-makers, professionals, public figures, service providers and the general public, development and promotion of legislative and fiscal measures to reinforce promotion of healthy lifestyles are among the proposed activities.

Sri Lanka

NCDs are on the increase in Sri Lanka. Keeping in view that NCD prevention goes beyond the mandate of the Ministry of Health, a collaborative action was considered necessary. The National Network for NCD Prevention and Control was established in January 2004, with the NCD Unit at the Ministry of Health as the focal point. A multisectoral approach with the focus on prevention of major NCDs was initiated. The objectives of the network are to build partnership with relevant stakeholders outside the health sector, to promote collaborative action, and to identify major strategies for primary prevention of major NCDs. The network includes members from the fields of NCDs, nutrition, mental health, health education bureau, family health bureau, provincial health authorities, education, sports, agriculture, youth services, consumer affairs, mass communication, University of Galle, and many NGOs. The strategy evolved covers tobacco control, physical inactivity, and unhealthy diet. Priority NCDs include heart diseases, stroke, hypertension, diabetes, and cancer. The network aims at addressing tobacco use through launching of mass media awareness, advocacy for policy-makers, strengthen school component, promote smoke-free societies, empower community, and formulate a mechanism for the implementation of FCTC. To address unhealthy diet, strategies were developed to promote the consumption of vegetables, fruits and traditional food, encouraging a healthy diet programme at schools and conducting mass media awareness. Awareness programmes with special emphasis on schools and youth were attempted to address physical inactivity. The network facilitated intersectoral coordination. Already, positive behavioural change among children can be observed.
Thailand

The NCD Prevention Network in Thailand promotes a comprehensive approach involving health information, health promotion campaign, NCD prevention and care initiatives, health research, and legislation. The Health Information Network provides disease-specific information through the Bureau of Policy and Strategy, Bureau of Epidemiology and the National Cancer Institute. Behavioural risk factor surveillance is implemented through the Bureau of NCD and the National Statistics Organization. Vital statistical data are provided by the National Statistics Organization, Ministry of Interior, NESDB and HSRI.

Diabetes, cardiovascular diseases, cancer, chronic lung diseases, drug addiction and mental disorders are prioritized for prevention and control. Prevention of NCDs focuses on physical inactivity, unhealthy diets, stress and environmental risk factors. Tobacco and alcohol consumption control are the other major targets for NCD prevention. Development of legislation against tobacco and alcohol consumption and for food safety was initiated. The Ministry of Public Health has identified five categories of settings for targeting under the Healthy Thailand 2004 Campaign. These include health clubs, markets, child care centres and health promoting schools and hospitals. It is planned to cover 70% of the Thai population over 40 years with screening for diabetes and hypertension.

7.3 Establishing a Regional NCD Prevention Network

Establishment of a network for prevention of NCDs in the SEA Region was addressed at group discussions. The deliberations focused also on sustaining networking activities. The participants welcomed the idea of networking and felt that at this stage the Regional Office should take the primary responsibility for establishing and providing secretarial support to the regional network. A two-tiered structure of higher level policy-makers and technical experts supported by the WHO secretariat was proposed as managerial framework. The use of information technology for information sharing was stressed. It was agreed that the network should target cardiovascular diseases, cancer, chronic obstructive pulmonary disease and diabetes for integrated prevention and control. These are the priority NCDs that share common modifiable risk factors.
The goal of the regional network should be to stimulate, strengthen and sustain regional efforts in South-East Asia for reducing the health and economic burden of major NCDs through coordinated and integrated multisectoral programmes of health promotion and disease prevention. The following objectives of the regional network were proposed: (1) to facilitate and support Member States to develop national networks for NCD prevention and control; (2) to share experience, expertise and other resources related to design, implementation and evaluation of NCD prevention and control programmes; (3) to collaborate in knowledge generation, dissemination and application; (4) to advocate the need for NCD prevention and control; (5) to assist and support Member States to develop NCD policies and strategies; (6) to support capacity building for NCD prevention and control; (7) to mobilize resources to support NCD prevention and control programmes; and (8) to contribute to the global efforts in NCD prevention and control through collaboration with other regional networks.

It was agreed that the networking should cover the following areas: (1) information sharing, (2) capacity building, (3) advocacy, (4) policy development, (5) development of guidelines for NCD-related activities and (6) research. The network will communicate and interact with countries through electronic media, website and newsletter, and holding workshops, seminars, working group meetings etc. Exchange of experts and monitoring the progress of activities will also facilitate group interface. Collaborative research will be promoted.

The proposed activities of the network include: (1) holding advocacy meetings with policy makers at country and regional levels; (2) regular meetings of national network focal points and dissemination of reports for follow-up action; (3) assisting the national authorities to develop policies and produce guidelines for health promotion, surveillance as well as prevention and management of NCDs; (4) developing an inventory of experts, institutions/organizations involved in areas of NCD prevention and control; (5) facilitating interaction among experts/institutions and policy-makers; (6) strengthening surveillance system for major NCDs and their risk factors; (7) strengthening health promotion activities; (8) developing technical guidelines; (9) conducting trainings; (10) identifying and holding meetings with donors for resource mobilization; (11) setting up mechanisms for monitoring progress of national networks; (12) promoting collaborative research; (13) assisting countries to develop a healthy public policy and legislation related to NCD prevention and control; (14) contributing to healthy settings initiatives; and (15) supporting community-based interventions.
The national networks for NCD prevention and control may be formalized/endorsed by the Ministry of Health of the Member State. Institutions/organizations recognized nationally and internationally in NCD prevention and control activities should form part of this network.

8. CONCLUSIONS AND RECOMMENDATIONS

8.1 Conclusions

The meeting recognized:

(1) The need for urgent initiation and effective implementation of integrated multi-sectoral actions, both at policy as well as programme levels, which will empower the populations of the countries of the Region to promote, preserve and protect their health over the life span.

(2) The bidirectional linkages between poverty and NCDs, with poor among countries and within countries becoming increasingly vulnerable to NCDs and premature death and disability due to NCDs contributing to poverty at individual, family and national levels.

(3) That common risk factors (such as unhealthy diets, physical inactivity, tobacco consumption, and alcohol use) link major NCDs (such as cardiovascular diseases, cancer, diabetes and chronic obstructive pulmonary disease).

(4) The need to combine population-based and individual-focused approaches in a comprehensive community-oriented strategy for prevention and control of NCDs.

(5) The success, in other regions, of community-based NCD prevention and control programmes, which combine the key elements of health promotion, creation of enabling environments, healthy settings approach and cost-effective risk reduction strategies.

(6) That programmes aimed at prevention and control of NCDs have to be well integrated rather than function as vertical programmes.
(7) That the SEA Region has evolved a regional strategy for NCD surveillance which countries of the Region need to address and implement through national strategic plans.

(8) The experience that is being gathered in several countries from demonstration projects for community-based NCD prevention and control programmes.

8.2 Recommendations

The meeting recommended:

(1) The creation of a Regional Network, i.e. “South-East Asia Network for NCD Prevention and Control (SEANET-NCD),” to stimulate, strengthen and sustain regional efforts in South-East Asia for reducing the health and economic burden of major NCDs through coordinated and integrated multisectoral programmes of health promotion and disease prevention.

(2) That this network provide mechanisms for collaboration in information sharing, capacity building, research, advocacy, policy development, and development of guidelines for NCD-related activities.

(3) That the network comprise national networks formalized/endorsed by the Ministry of Health. Members from other ministries having direct or indirect stake in NCD control and prevention activities may be encouraged to be members of the national network.

(4) That WHO collaborating centres, institutions/organizations recognized nationally and/or internationally in NCD prevention and control activities may apply for the status of Associate Members.

(5) That the Network be funded by WHO for initiation and co-ordination, with support from Member States, and by leveraged funding from international financing institutions and donors supporting health programmes and/or health research.

(6) That the network be governed and guided by a steering committee comprising of high-ranking national representatives (high officials nominated by ministers of health).
(7) That the regional network’s functioning be coordinated by a board of directors of national networks for NCD prevention and control.

(8) That the board of directors establish regional technical advisory groups composed of country nominees and invited experts.

(9) That the network’s functioning be facilitated by a secretariat located at the WHO Regional Office, with the WHO staff being assisted by other technical experts, as necessary.

(10) That the network be formally established after ministries of health of at least three countries, which have established or intend to establish national networks of NCD prevention and control, submit letters of intent to the Regional Director.

(11) That the charter of the network be finalized during its first meeting to be organized by the Secretariat in 2005.

(12) That the Member States of the Region establish national networks which will help to design, implement and evaluate national programmes for NCD prevention and control.

(13) That ministries of health of participating countries nominate a Director of the national network who will develop and adopt coordination mechanisms for linking institutions and agencies actively involved in NCD prevention and control activities.

(14) That all countries of the SEA Region sign and ratify FCTC to provide impetus to NCD prevention and control in the Region.

(15) That national programmes be initiated for the promotion of healthy dietary practices and increase in physical activity.

(16) That a global strategy on diet and physical activity be evolved and adopted.

(17) That programmes also be implemented for reducing in-door and out-door air pollution.

(18) That activities for NCD prevention and control be speedily integrated into primary health care programmes in the countries.
Annex 1

LIST OF PARTICIPANTS

Bangladesh
Dr Md Moazzem Hossain
Director
MIS (In-charge)
Directorate General of Health Services
Mohakhali
Dhaka

Bhutan
Dr Bakta Raj Giri
Medical Specialist
JDWNR Hospital
Thimphu

India
Dr Sudhir Gupta
Chief Medical Officer (NCD)
Directorate General of Health Services
Ministry of Health and Family Welfare
Nirman Bhavan
New Delhi

Indonesia
Dr Suryo Purhananto
Head
Sub Directorate for Education and Research Hospitals
Directorate General of Medical Services
Jakarta

Maldives
Mr Ubaidulla Thaufeeq
Senior Pharmaceutical Officer
Department of Public Health
Ministry of Health
Male

Myanmar
Dr Khin May San
Professor/Head
Cardiac Medical Unit
Yangon General Hospital
Yangon

Nepal
Dr Nirakar Man Shrestha
Chief Specialist
Ministry of Health
HMG of Nepal
Kathmandu

Sri Lanka
Dr (Mrs) T.L.C. Somatunga
Director/NCD
Ministry of Health, Nutrition and Welfare
385 Deans Road
Colombo 10
Dr C. de Silva
Consultant Community Physician
Family Health Bureau
231 De Saram Place
Colombo 10
Dr Shelton Perera
Acting Director
Teaching Hospital
Karapitiya, Galle
Thailand
Dr Apichart Mekmasin
Director
Bureau of Noncommunicable Diseases
Department of Disease Control
Ministry of Public Health
Bangkok

Dr Samarn Futrakul
Head of Research and Human Resources Development
Department of Disease Control
Ministry of Public Health
Bangkok

Dr Nanta Auamkul
Technical Adviser
Department of Health
Ministry of Public Health
Bangkok

Temporary Advisers
Prof. Mahmudur Rahman, Ph.D
Professor and Head
Department of Epidemiology
National Institute of Preventive and Social Medicine (NIPSOM)
Mohakhali
Dhaka

Dr K.K. Talwar
Director
Department of Cardiology
Post Graduate Institute of Medical Education and Research
Chandigarh

Dr Bela Shah
Senior Deputy Director-General
Indian Council of Medical Research
Ansari Nagar
New Delhi

Prof. K. S. Reddy
Department of Cardiology
All India Institute of Medical Sciences
Ansari Nagar
New Delhi

Dr K. Anand
Associate Professor
Department of Community Medicine
All India Institute of Medical Sciences
Ansari Nagar
New Delhi

Dr Suhardi
Health Researcher
Center for Disease Control Research and Development
NIHRD
Ministry of Health
Jakarta
Indonesia

WHO HEADQUARTERS
Dr Catherine Le Gales-Camus
ADG/NMH

WHO/WPRO
Dr Gauden Galea
RA NCD

WHO SEARO
Dr Poonam Khetrapal Singh
Deputy Regional Director

Dr A. Sattar Yoosuf
Director
Sustainable Development and Healthy Environment

Dr N. Kumara Rai
Director
Communicable Diseases

Dr Than Sein
Director
Health Systems Development
Dr Monir Islam  
Director  
Family and Community Health  

COUNTRY OFFICES  
Dr M. Mostafa Zaman  
C/o WR Bangladesh  
Dhaka  
Bangladesh  

Dr Cherian Varghese  
C/o WR India  
New Delhi  

Dr Paramita Sudharto  
C/o WR India  
New Delhi  

Dr Stephanus Indradjaya  
C/o WR Indonesia  
Jakarta  
Indonesia  

Dr Ohn Kyaw  
C/o WR Maldives  
Male  
Maldives  

Dr Thushara Fernando  
C/o WR Sri Lanka  
Colombo  
Sri Lanka  

Mr Narintr Tim  
C/o WR Thailand  
Bangkok  
Thailand  

WHO SECRETARIAT  
Dr Sawat Ramaboot  
NMH  

Dr Jerzy Leowski  
NCD  

Dr Khalilur Rahman  
TFI  

Dr Rukhsana Haidar  
NHD  

Dr Gabrielle Ross  
GWH  

Ms Jyotsna Chikersal  
ISM  

Mr G.B. Pillai  
Secretary  
NCD
Annex 2

PROGRAMME

Tuesday, 30 March 2004
0900-0930 hrs  Registration
0930-1015 hrs  Inaugural Session
1030-1700 hrs  Plenary Session
   - Addressing Global NCD Challenges – Dr C. Le Galès-Camus
   - NCD Programme in WHO SEAR – Dr J. Leowski
   - Health Promotion and NCD Prevention – Dr S. Ramaboot
   - Integrated Prevention and Control of NCD in Developing Countries – Dr K. S. Reddy
   - Country Presentations on Prevention and Control of NCD

Wednesday, 31 March 2004
0900-1230 hrs  Plenary Session
   - Country Presentations on Prevention and Control of NCD
   - Global Strategy on Diet, Physical Activity and Health – Ms A. Waxman
   - Framework Convention on Tobacco Control Process in SEAR – Dr K. Rahman

1330-1645 hrs  Plenary Session
   - Global Forum and Regional Networks for NCD Prevention and Control – Dr G. Galea
   - Reports on Activities of National Networks for Prevention and Control of NCD in Indonesia, Maldives, Sri Lanka and Thailand.
   - Introduction to Working Groups

Thursday, 1 April 2004
0900-1230 hrs  Working Groups – Establishing Network for NCD Prevention and Control in the SEA Region

1330-1600 hrs  Plenary Session
   - NCD Surveillance in SEAR – Dr J. Leowski
   - Regional and National NCD Risk Factor Infobase – Dr K. Anand
   - Utilization of Surveillance Data – Dr Bela Shah

1600-1700 hrs  Reports of Working Groups
Friday, 21 April 2004

0900-1030 hrs Plenary Session
- Progress in Community-based Prevention Projects:
  Bangladesh – Dr M. Rahman / Dr M. Zaman
  India – Dr K. Anand / Dr C. Varghese
  Indonesia – Dr Suhardi/Dr S. Indradjaya
  Maldives, Sri Lanka
- Challenges in management of NCD at PHC level in
  SEAR – Dr K.K. Talwar

1100-1230 hrs Network for NCD Prevention and Control in SEA Region – future plans

1230 hrs Conclusions and recommendations