Joint Mission of the United Nations Interagency Task Force on the Prevention and Control of Noncommunicable Diseases

Sri Lanka

5–9 October 2015
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Executive Summary

A Joint Mission of the United Nations Interagency Task Force on the Prevention and Control of Noncommunicable Diseases (NCDs) to Sri Lanka was held between 5 and 9 October 2015. Eleven United Nations system agencies participated.

The focus of the Joint Mission was Sri Lanka’s response to NCDs – particularly cardiovascular diseases, cancers, diabetes and chronic respiratory diseases. Together they account for about 70% of deaths in the country and the probability of dying prematurely from NCDs is 18%. Most premature deaths are linked to exposure to risk factors, namely tobacco use, unhealthy diet, physical inactivity and the harmful use of alcohol. The remaining premature deaths are linked to weak health systems that do not respond effectively and equitably to the health-care needs of people with NCDs. The focus of the mission was on these premature deaths, and how they can be prevented by implementing a set of simple, effective and affordable solutions in Sri Lanka.

The Joint Mission reviewed action across the UN system and government in Sri Lanka in scaling up national efforts to prevent and control NCDs and the response of non-government stakeholders. The Joint Mission reviewed progress in Sri Lanka towards the four time-bound commitments that Member States agreed at the 2014 High-level review in New York, against the 18 targets that Member States will report on in 2017 ahead of the Third High-level Meeting in 2018.

Overall there is some action across the UN system, however, there is an opportunity to coordinate this more effectively. Progress was noted in a number of NCD policy and programming areas at national level and some were identified as needing immediate attention.

The Joint Mission identified a series of challenges that if tackled successfully would ensure the achievement of: (i) Sri Lanka’s national multisectoral NCD targets; (ii) the Third High-level NCD Meeting in New York in 2018; (iii) the 2025 voluntary global NCD targets; and (iv) the 2030 Sustainable Development Goals.

The Joint Mission made a series of recommendations in the following five areas. They are: (i) governance, coordination and accountability; (ii) surveillance; (iii) focusing attention on costing, coordinating, implementing and monitoring a set of most cost-effective interventions; (iv) training and capacity building; and (v) raising awareness among the public.

Sri Lanka has over many years demonstrated outstanding progress in maternal and child health by working across government and with non-government partners. It has every opportunity now to do the same in preventing premature mortality from NCDs and showing its progress at the 2016 WHO Regional Committee meeting for the South East Asia that will be hosted in Sri Lanka.
The Joint Mission


2. The context, Terms of Reference, list of participants and the programme of the Joint Mission are provided in Annexes 1-4. The Joint Mission is grateful to the President of Sri Lanka, the Speaker of the Parliament, the Minister of Health, Nutrition and Indigenous Medicine (MoH) and staff from the Ministry as well as other government ministers and ministries that met with the Mission. The Mission also expresses its gratitude to NGOs, professional bodies, academic institutions, private sector entities and other stakeholders who participated in discussions during the week.

3. Key findings, challenges and recommendations are described below, followed by broader observations of the Joint Mission.

Key Findings and Challenges

4. In terms of meeting the four time-bound commitments that Member States agreed at the 2014 High-level review in New York, the Joint Mission considers that Sri Lanka’s progress can be summarised as follows:

<table>
<thead>
<tr>
<th>By 2015, develop national multisectoral policies and plans.</th>
<th>The national multisectoral plan is on track and expected to be completed by the end of 2015. A number of multisectoral policies need to be developed.</th>
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<tr>
<td>By 2015, set national targets.</td>
<td>Completed.</td>
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<td>By 2016, reduce risk factors for NCDs through the implementation of interventions building on the guidance set out in Appendix 3 of the WHO Global NCD Action Plan 2013-2020.</td>
<td>Progress in some areas, but significant attention required to meet this target by 2016.</td>
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<td>By 2016, strengthen health systems through people-centred primary health care and universal health coverage, building on the guidance set out in Appendix 3 of the WHO Global NCD Action Plan 2013-2020.</td>
<td>While this was not reviewed in detail, the Joint Mission believes that additional action is required to meet this target by 2016.</td>
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5. In 2017 Member States will be invited to provide data for WHO to report in 2018 to the Third High-level Meeting on progress in the above four areas through 18 specific targets. Based on the WHO NCD Progress Monitor 2015 and observations during the mission, the Joint Mission considers progress in Sri Lanka is as follows:

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<tr>
<th></th>
<th>National NCD targets and indicators</th>
<th>Fully achieved</th>
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<tbody>
<tr>
<td>2</td>
<td>Mortality data</td>
<td>Partially achieved</td>
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<td>3</td>
<td>Risk factor surveys</td>
<td>Partially achieved</td>
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<td>4</td>
<td>National multisectoral action plan</td>
<td>Partially achieved</td>
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<td>5</td>
<td>Tobacco demand-reduction measures</td>
<td>Partially achieved</td>
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<td></td>
<td>a. Taxation</td>
<td>Partially achieved</td>
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<td></td>
<td>b. Smoke-free policies</td>
<td>Partially achieved</td>
</tr>
<tr>
<td></td>
<td>c. Health warnings</td>
<td>Fully achieved</td>
</tr>
<tr>
<td></td>
<td>d. Advertising bans</td>
<td>Partially achieved</td>
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<tr>
<td>6</td>
<td>Harmful use of alcohol reduction measures</td>
<td>Partially achieved</td>
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<tr>
<td></td>
<td>a. Availability regulations</td>
<td>Partially achieved</td>
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<tr>
<td></td>
<td>b. Advertising and promotion bans</td>
<td>Partially achieved</td>
</tr>
<tr>
<td></td>
<td>c. Pricing policies</td>
<td>Fully achieved</td>
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<td>7</td>
<td>Unhealthy diet reduction measures</td>
<td>Not achieved</td>
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<tr>
<td></td>
<td>a. Salt/sodium policies</td>
<td>Not achieved</td>
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<tr>
<td></td>
<td>b. Saturated fatty acids and trans-fats policies</td>
<td>Not achieved</td>
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<td></td>
<td>c. Marketing to children restrictions</td>
<td>Not achieved</td>
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<td></td>
<td>d. Marketing of breast-milk substitutes restrictions</td>
<td>Fully achieved</td>
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<td>8</td>
<td>Public awareness on diet and/or physical activity</td>
<td>Partially achieved</td>
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<td>9</td>
<td>Guidelines for the management of major NCDs</td>
<td>Partially achieved</td>
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<td>10</td>
<td>Drug therapy/counselling for high risk persons</td>
<td>Partially achieved</td>
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6. Other key findings of the Joint Mission were:

- NCDs are recognised as a health and development priority across government although the full investment case is still not sufficiently established;

- There is high-level support, including from the President and Prime Minister and Ministry of National Policies and Economic Affairs;

- There are examples of cross government multisectoral action (e.g. Presidential Tobacco, Alcohol and Drug Monitoring Unit, the National Authority on Tobacco and Alcohol (NATA), the Presidential Task Force to eradicate malnutrition, and most recently the Presidential Task Force on Chronic Kidney Disease Prevention) and ministries taking individual action on NCDs;

- An advanced draft of a multisectoral national NCD action plan with targets is in place, but needs further prioritisation, with priorities being costed, and even greater ownership across government and among non-governmental partners.

- Institutional arrangements for responding to NCDs in the MoH are in place but greater capacity is required, in particular for collaboration and coordination across the MoH and coordination across other Ministries and sectors government and other development partners;

- A stronger culture of results-based management is required to help deliver actions;
• A more robust system for monitoring of results and for evaluation of appropriate interventions and actions are required.

• The UNDAF includes NCDs, but a multisectoral approach for tackling NCD risk factors has not yet been institutionalised and collaboration across UN agencies is insufficient.

• Strong professional organizations and academia exist, with eagerness to contribute, yet remain insufficiently utilized and coordinated;

• The NGOs sector for NCDs can be strengthened and better organized;

• The food and beverage industry has not to date recognized its responsibility for improving public health and appropriate incentives / directions from the regulators (Ministries of Finance, Industry and Commerce Affairs, and National Polices and Economic Affairs) are not in place;

• The MOH has initiated large scale up of establishing Healthy Life Style Centres with more than 700 such centres across the country providing risk factor prevention and early detection services;

7. Taking into account the above, the Joint Mission considers that an effective response to NCDs requires responding to five key challenges, and that if tackled successfully would ensure the achievement of: Sri Lanka’s national multisectoral NCD targets, the 18 process indicators for the Third High-level Meeting set out in Paragraph 4 above, the 2025 voluntary global NCD targets, and eventually the Sustainable Development Goals. The five challenges are to:

i. Prioritise action – with a focus of the most cost-effective, feasible, evidence-based interventions at the primary care level: the so called “best buys” – See Annex 5.

ii. Scale up a truly whole-of-government, whole-of-society and whole-of-UN approach.

iii. Enhance coordination and accountability.

iv. Engage strategically with industry to encourage a more responsible approach to the marketing of food and beverage.

v. Massively increase public awareness about NCDs, their risk factors, solutions available and demand for the right regulatory, legislative, fiscal and policy measures.

8. Sri Lanka has over many years demonstrated outstanding progress in maternal and child health by working across government and with non-government partners. There is a big opportunity now to show to the world that Sri Lanka can do the same in preventing premature mortality from NCDs.

**Recommendations for Action**

**A. Governance, coordination and accountability**

9. The Joint Mission **recommends** that by the end of the first quarter of 2016:
• A high level coordination mechanism is established to ensure that the multisectoral action plan is delivered and that progress is regularly shared in a transparent way;
• The Joint Donor Group includes NCDs into the newly formed CKD group;
• The MoH coordinates finalisation of the national plan (including costing), in full consultation with all partners, and puts in place a robust implementation and monitoring plan that can be overseen by the high level mechanism. The plan should specifically include implementation and monitoring of required changes in the policies by non-health Ministries;
• The Ministry of National Policies and Economic Affairs supports the above process and the monitoring of the plan in order to ensure that all relevant sectors are accountable for progress;
• The MoH sets up the proposed NCD Bureau and that it incorporates all relevant directorates and units that address NCD Prevention and Control;
• The MoH integrates NCDs into its National Health Performance Framework and the next National Health Master Plan that it is developing;
• The MoH establishes separate multisectoral working groups for areas where insufficient action is putting national targets at risk;
• NCDs are integrated into the work of provincial and district development committees.
• A Sri Lankan NCD Alliance is established to enable Government to coordinate non-state actors;
• The UN establishes a forum for the key agencies that have a role to play in NCDs to provide collaborative technical assistance to the Government in the priority areas that the Government will need to report in the Third High-level Meeting. In the first instance this group should support Government to finalise and cost the action plan, and ensure the UNDAF mid-term review considers the recommendations of the Joint Mission;

B. Surveillance

10. The Joint Mission recommends that the 2014 STEPS report is fully analysed and that a full report is issued and widely disseminated before the end of 2015. The Joint Mission recommends that the MoH should identify the necessary support from UN and academic partners as well as professional organizations.

C. Costing, coordinating, implement and monitoring a small set of priorities

11. The Joint Mission recommends that the Government (including NATA), the UN System and other development partners focus on costing, implementing and monitoring progress in a small number of international accepted cost-effective and feasible interventions (best-buys) in order to maximise the impact of NCD investment over the next two years. The Joint Mission also recommends that the case for investing in NCDs in undertaken.

For tobacco control this means implementing the recommendations of the 2014 Sri Lanka Framework Convention on Tobacco Control (FCTC) assessment mission but in particular focusing on:
• Expanding tobacco taxation coverage to all tobacco, including smokeless tobacco and electronic nicotine delivery system;
• Simplifying taxation system by addressing taxation anomalies across types of tobacco products, and regularly adjusting tax rate according to economic situation, and strengthening taxation enforcement;
• Revising the tobacco control legislation to enable full enforcement of smoke-free environments in all indoor workplaces, public places and public transport;
• Revising the Tobacco Control Legislation to ban point-of-sale advertising and increasing the size of pictorial health warnings and use of plain packaging.

In addition the Joint Mission recommends that Sri Lanka ratifies the WHO FCTC Protocol to Eliminate Illicit Trade in Tobacco Products as soon as possible.³

For the **reduction of use of alcohol**⁴ this means

• Strengthening regulation to reduce the public availability of alcohol;
• Legislating to restrict or ban alcohol advertising and promotion, including sponsorship and point of sale marketing;
• Developing, implementing and enforcing more robust pricing policy interventions

For **diet and physical activity** this means:

• Working with industry and food producers to: (i) reduce salt in processed and manufactured food; and (ii) develop user-friendly front of package labelling for food and beverages focusing on energy, sugar, salt and fat composition;
• Legislating to replace trans fats with unsaturated fats;
• Legislating procedures (including pricing policies and taxation) to discourage use of high sugar, high fat, high salt content food items and processed food products;
• Legislating to increase restrictions on marketing to children;
• Promoting public awareness through mass public campaigns (including school-based education) to increase awareness of a healthy diet (e.g. the need to reduce added salt to food and reduce intake of sugar and fat, and the need for regular physical activity).

For the **management of cardiovascular diseases and diabetes** this means:

• Setting up an MoH led Steering Group that includes other relevant stakeholders (including patient representatives) that reports to the high-level coordination mechanism on: (i) ensuring primary health care centres are delivering glycaemic and BP control (using a total risk approach) to individuals who have had a heart attack or stroke and to those at high risk (≥30%) of a fatal and nonfatal cardiovascular event in the next 10 years; and (ii) ensuring every person in Sri Lanka receives aspirin for an acute heart myocardial infarction (heart attack)-again both are best buys.

**D. Training and capacity building**

12. The Joint Mission **recommends** that the MoH and Ministry of National Policies and Economic Affairs works with a small group of UN partners, health and other professional organisations, postgraduate and undergraduate institutions and other relevant stakeholders to develop, cost and resource the implementation of a 3-year training capacity building programme aimed at senior and junior health and non-health professionals that focuses on multisectoral action for the prevention and control of NCDs.

**E. Awareness raising among the public**

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³ The Joint Mission welcomed the multisectoral workshop planned for 13-14 October 2015 where Ministries of Health, Nutrition and Indigenous Medicine, Finance, and Justice will participate.

⁴ While the WHO Global NCD Action Plan 2013-2020 calls for a reduction in the harmful use of alcohol, Sri Lanka’s national policy is for a reduction in alcohol use.
13. The Joint Mission recommends that as part of the NCD action plan, relevant government ministries and agencies work with selected partners (e.g. UN agencies, professional bodies, the media) to develop and implement a 2-year costed plan to increase public awareness on NCDs, their modifiable risk factors and ways that individuals and communities can prevent premature NCD mortality and to increase the demand for government to have effective regulatory, legislative, fiscal and policy measures in place.

14. The Joint Mission also recommends that the partners agree amongst themselves and with other donors a package of funding to deliver this programme. In order to mobilise resources, the Joint Mission recommends that the Government establishes a fund for this purpose with revenue obtained, for example, from the tobacco and alcohol taxes.

**Wider Observations of the Joint Mission**

**National response**

15. In 2010 Sri Lanka published the National Policy and Strategic Framework for Prevention and Control of Chronic NCDs. An advanced draft of a National Multisectoral Action Plan for NCD Prevention and Control 2016-2020 has been prepared by the Ministry of Health, Nutrition and Indigenous Medicine (MoH) in collaboration with a number of other government ministries. National NCD targets have been developed and are aligned with global and regional NCD action plans. The Joint Mission welcomed the draft action plan but noted that key actions within were not yet prioritised on the most cost-effective, feasible and evidence-based actions (there are over 200 actions at the moment) and that it was not yet costed. In addition, while some ministries and non-government agencies are aware of the Action Plan, many are not.

16. NCDs are included in the 2012-2017 National Health Development Plan and the 2007-2016 Health Master Plan. The national developmental framework includes NCDs. Sri Lanka adopted the WHO Framework Convention on Tobacco Control in 2004 and there have been a number of successes in tobacco control. A national policy on controlling the harmful use of alcohol is being finalised. Tobacco and alcohol control activities are coordinated by the National Authority on Tobacco and Alcohol (NATA) which was established in 2006. A National Policy and Strategic Framework on Cancer Prevention and Control also exists.

17. There is clear political commitment for NCDs at Presidential level. During the mission, the State Minister for Planning, Policy and Economic Affairs also offered his support to assist in coordinating the finalisation, implementation and monitoring of the action plan. Since 2015, the government has encouraged: (i) a shift away from centralised power and decision-making under the Executive Presidency with an opportunity to de-politicise institutions and governance; (ii) improved prospects for rule of law, minority rights and post-war reconciliation; and (iii) greater space for civil society engagement. The parliamentary elections of August 2015 provided an opportunity for greater stability amongst politicians and senior policy makers for implementing NCD policies and plans. It was clear that the recent political changes have had a positive impact on implementing NCD action.

18. A number of other ministries described activities being undertaken for the prevention and control of NCDs (see Box below –in alphabetical order). In many cases the impact of these initiatives and interventions is yet to be determined.

| **Ministry of Agriculture:** Strong links exist with the Nutrition Coordination Division of the MoH and many |
programs including awareness and promotion of home gardening are happening through this ministry. Strong presence at implementation level that could be utilised for promoting healthy lifestyles and especially promoting healthy diet.

**Ministry of Budhasasana**: As 80% of Sri Lankan’s are Buddhists, the clergy has initiated a program for their devotees to look at a healthy diet and a traditional “dahath wattiya” without tobacco and arachenut. Physical activity is also being promoted among the clergy. Devotees are also encouraged to review the content of the food given to priests in order to safeguard them from NCDs.

**Ministry of Women and Child Affairs**: The Nutrition Coordination Division has been working closely with the pre-schools to educate the teachers, parents and children to promote healthy diets.

**Ministry of Education**: There are departments available for nutrition and sports and circulars have been issued for healthy school canteens and regular exercises. The school curriculum includes health, with inputs related to NCD prevention, however, health is only a compulsory subject up to grade 9, after which it becomes optional. The President has recently issued a directive that health become a compulsory subject post grade 9.

**Ministry of Finance**: The budgetary framework includes NCD prevention and control with a pledge for an increased allocation for health in the upcoming budget. Dialogues regarding the suboptimal tobacco taxation were initiated and a paper is being prepared by the National Authority on Tobacco and Alcohol (NATA) on the taxation methodology which is to be presented to ministry.

**Ministry of Megapolis and Western Development**: This has now taken forward the Urban Development Authority initiative and will encourage the development of an increase in walking spaces in the cities in the Western province.

**Ministry of Sports**: Sports policy has NCD prevention as the key objective and an extensive program is to be initiated by strengthening the sports club at the Grama Niladhari Division level, which is the lowest level administrative area of the country (total approximately 13,000 Clubs), as well as construction of sports facilities in each district to encourage physical activity.

**National Youth Services Council**: A Memorandum of Understanding exists between the National Youth Services Council and the MoH to mobilise youth for NCD prevention. A strong structure exists at implementation level that could be utilised to deliver life style modification interventions to the community through the youth.

19. While the above demonstrate action in different sectors, there remain opportunities for more effective coordination of action and evaluation of impact across all of government. In summary, although there was no formal coordination mechanism for NCDs across government or with partners, the Joint Mission welcomes ongoing discussions for a high-level National NCD Taskforce. The Joint Mission was however impressed with mechanisms that Sri Lanka has in place for cross-government multisectoral action in a number of related areas, e.g. the Presidential Tobacco, Alcohol and Drug Task Force, the National Authority on Tobacco and Alcohol (NATA), the Presidential Task Force to eradicate malnutrition, and most recently the Presidential Task Force on Chronic Kidney Disease Prevention. The Joint Mission considers that this experience is valuable when it comes to identifying a mechanism for driving forward NCDs at the highest political level.

20. The Joint Mission was updated on ongoing work to finalise analysis of the 2014 STEPS survey. The last STEPS survey was done in 2007. The Joint Mission was concerned about the capacity within the MoH to produce a detailed report by the end of the year. A Global School Health Survey was last conducted in 2008. A Global Youth Tobacco Survey and a Global Health Professional Survey are being conducted at the moment.
21. The Joint Mission heard of progress being made across the country to scale up NCDs in primary care, in particular through the approach set out in the WHO Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Health Care in Low-Resource Settings. There are currently over 700 functional healthy lifestyle centres mostly at primary care level with further scale up supported by the World Bank. Although there were no robust data on the quality of services provided in primary care, the Joint Mission was made aware of facilities that lacked essential NCD medicines. Efforts are ongoing to improve the health system to ensure that 16 essential NCD drugs are available in primary care and this has increased from 2% in 2012 to 40% in 2014.5

22. Overall, the Joint Mission considered that the key challenge for NCDs in Sri Lanka is to prioritise action. This means focusing on a few priority fiscal, legislative and programmatic actions, and a greater focus on accountability. Overall, monitoring and evaluating did not seem to be well established across the NCD programme. In this context plans for an NCD Bureau under a Deputy Director-General will ensure greater leadership for NCDs and more effective working across the MoH, and collaboration with other parts of government and non-government stakeholders.

UN response

23. NCDs are included in the 2013-2017 UN Development Assistance Framework (UNDAF). This includes commitment to “the development and implementation of programmes for NCDs like CVD, diabetes, cancers and chronic respiratory diseases.”6 NCDs are included in 3 of the results framework indicators.7 The World Bank’s Country Partnership Strategy 2013 to 2016 includes NCDs.

24. A number of the resident agencies are directly or indirectly involved in activities that contribute to the prevention and control of NCDs (see Box below – in alphabetical order).

| ILO: | tackles NCDs by working with the National Institute of Occupational Safety and Health under Ministry of Labour and Trade Unions Relations. |
| IOM: | supports government response to the health needs of migrants which includes NCDs. |
| UNDP: | addresses socioeconomic determinants and consequences of NCDs within its existing initiatives for inclusive, equitable and sustainable development. UNDP, for example, contributes to reducing risk factors for chronic respiratory disease and cancer through projects on sustainable energy and low-emission growth. |
| UNESCO: | supports the Ministry of Education and the MoH through the Associated Schools Project, which include encouraging healthy eating habits. |
| UNFPA: | supports the MoH in well women clinic programme which includes breast and cervical cancer screening, provides support to the management of CVD in women, and has contributed to the recent youth health survey that includes information on NCDs. |
| UNICEF: | provides support for the Presidential Task Force and government in the implementation of the Multi-sectoral Nutrition Action Plan including support to “no increase of overweight children under five years from |

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5 2014 Results Report submitted to the World Bank, March 31, 2015

6 The UNDAF says that “concerted efforts are needed to address the increase in NCDs like obesity, hypertension, diabetes and malignancies and ensure access to services for population segments that are at particular risk and vulnerable.” Outcome 2.1 is “strengthened provision of, access to and demand for equitable and quality social services delivery and enhanced capacity of national institutions for evidence-based policy development.” UN agencies focus particularly on supporting interventions aimed at promoting health, food and nutrition security, education, water and sanitation, housing, social protection as well as management reforms and improvements in data and information systems.

7 (i) number of GN divisions/communities with NCD screening program; (ii) percentage of 26 districts with medical officer NCD; and (iii) identification of a separate budget category for NCD prevention.
2012 figures”.

**WFP**: supports government in improving maternal and child nutrition – important in the prevention of NCDs in later life.

**WHO**: has over many years provided considerable support to the Government on a range of policies and programmes in the areas of NCDs, with a particular emphasis on primary care, surveillance, prevention and palliative care. WHO has also provided support to a number of the health-related cross-government task forces.

**The World Bank**: has been supporting a 5-year US $200 million health sector loan since 2013. In addition, the Bank has carried out a public health expenditure analysis, a private health sector assessment, an estate sector multi-sectoral nutrition assessment and an NCD policy and actions analysis. Ongoing activities include a comprehensive urban health and service delivery assessment and a health care pathways and out-of-pocket expenditures (for NCDs) analysis. For NCDs, the focus is on primary care and health systems development.

25. Although there have been significant activities in the area of NCDs from a number of resident agencies, there has been insufficient coordination of these actions and collaboration between the agencies to maximise impact. A mid-term review of the UNDAF is ongoing and provides an opportunity to review future joint work in NCDs and assess whether the current NCD indicators are the most appropriate ones.

**Civil society response**

26. The Joint Mission was impressed with the range of academic institutions, professional organizations and NGOs (including faith-based organisations) that have interest and commitment to support the Government drive forward the NCD agenda. The Joint Mission witnessed concern among a number of these organisations that Government was not maximising the fiscal and legislative opportunities to tackle NCDs. The Joint Mission considered that there are opportunities to harness these partners to play a more important role to support the national multisectoral action plan. At present, however, there seems little in the way of efforts to coordinate action within the sector itself or by government. Indeed, there was a specific request from civil society for government to develop a forum to bring these partners together to scale up a coherent response.

27. The Joint Mission found that there were considerably greater opportunities for a number of academic and professional bodies to support government in the collection and analysis of data (e.g. STEPS), in service delivery, monitoring and evaluating national response, and applied research. With regards to faith-based organisations, the Ministry of Buddhasasna can provide innovative examples of engaging the community on NCDs.

**Private sector response**

28. The Joint Mission met with two groups: (i) private health care providers including the pharmaceutical and medical technology industry; and (ii) the food and beverage industry. With regards to the former, there was a deep understanding of the impact of NCDs and the desire to provide support to the preventive as well as the curative aspects of NCDs – although as with all countries there remains the need to ensure that primary care is the focus of NCD action as opposed to the more lucrative investment associated with secondary and tertiary care. As with all providers, it is important that the private sector focuses on evidence-based interventions.

29. The Joint Mission was particularly concerned with the approach being taken by the food and beverage industry. Discussions suggested that while this sector recognised the issues of NCDs in Sri Lanka, there was little if any acknowledgement of impact of the industry on NCDs or the responsibilities of the industry to encourage a healthier Sri Lanka.
International donor community

30. There are around 14 international donors in Sri Lanka. Despite this a relatively small number participated in a meeting with the Joint Mission suggesting that the rationale for investing in the NCD agenda in Sri Lanka has not yet been fully developed. However among those agencies that the Joint Mission met (USAID, JICA, KOICA), there was significant interest in expanding NCD action – and in particular, interest in expanding the donor group on CKD to be a broader NCD group and interest in providing support to finalising the action plan and its costing.

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Annex 1. Context and Background of the Joint Mission

1. The UN Interagency Taskforce on the Prevention and Control of NCDs (UNIATF) was formed by the United Nations Economic and Social Council (ECOSOC) in 2013. In 2014, ECOSOC approved the UNIATF’s terms of reference. As part of this, a Division of Tasks and Responsibilities was adopted by UN agencies, funds and programmes to support implementing the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases, 2013-2020. Activities identified in the UNIATF’s 2014-15 work-plan include a series of joint missions to selected countries to support governments and UNCTs scale up their response to NCDs. The mission to Sri Lanka was the ninth of these joint missions. Previous missions include Belarus, Kenya, India, Tonga, Barbados, Jordan, Democratic Republic of Congo and Mongolia. The need for UNCTs to prioritize the provision of support to governments around NCDs has been set out in two joint letters from the UNDP Administrator and the Director-General of WHO to UN Resident Coordinators and UN Country Teams in 2012 and 2014.

Sri Lanka faces a growing burden of NCDs that cause premature mortality and disability

2. Sri Lanka is on track for achieving most of the Millennium Development Goal targets. The government’s commitment to health and education is commendable and the country has an extensive network of public health units and hospitals spread across the island. Hospitals in general are well staffed and equipped to meet the growing curative health demands of the community. Significant achievements have been made in nearly eradicating/eliminating vaccine preventable diseases such as leprosy, malaria, Japanese encephalitis, congenital syphilis, neonatal tetanus, lymphatic and filariasis, but diseases such as dengue and some of the neglected tropical diseases continue to be a threat (WHO CCS, 2014).

3. Sri Lanka has made outstanding progress in the control of communicable diseases and virtually eliminating vaccine preventable diseases. Maternal and child health indicators are good. NCDs are now the leading causes of mortality, morbidity, and disability and are now having a major impact on health service resources and premature deaths, and illness from NCDs are having a significant socioeconomic impact on the country. Globalisation, urbanisation and lifestyle changes are key factors behind this epidemiological transition (NCD Policy 2009).

4. In 2014, NCDs – particularly cardiovascular diseases, cancers, diabetes and chronic respiratory diseases – accounted for about 70% of deaths in the country. The probability of premature deaths (dying between ages 30 and 70 years) from these 4 main NCDs is 18%. In 2008, raised blood pressure in males was 30.5% and in females 26.2%. In 2011, the percentage of tobacco smokers was 31% in males and less than 1% in females, and the total alcohol per capita consumption (in litres of pure alcohol) in 2010 was 7.3 in males and 0.3 in females. Obesity rate in 2008 was 2.6% in males and 7.4% in females (WHO NCD Country Profiles, 2014).

5. An NCD Policy and Strategic Framework are in place together with the medium-term operational plan. An advanced draft of a multisectoral NCD action plan is in place. Districts plans and policies are coordinated at the central level (WHO CCS 2014).

6. Sri Lanka was the first country in the Region to ratify the WHO Framework Convention on Tobacco Control (FCTC): the National Authority on Tobacco and Alcohol Act No 27 of 2006 has been implemented. The government has made significant progress in curbing tobacco use by banning smoking in public spaces, increasing the tax levied on cigarettes and implementing other measures. (WHO CCS, 2014.) An FCTC needs assessment mission was carried out in 2014.

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7. The National Health Master Plan 2007-2016 highlights NCDs, recognising that a significant proportion of the NCD burden is preventable if evidence-based policies are in place and relevant programmes are implemented.

At the regional level NCDs are accorded a high priority

8. All SEAR countries recognize NCDs as a priority and have stepped up their efforts to combat NCDs since 2011. The Twenty-ninth and Thirty-first Meetings of Health Ministers and the Sixtieth, Sixty-third, Sixty-fifth and Sixty-sixth Sessions of the WHO Regional Committee all resulted in ministerial declarations and Regional Committee resolutions on NCDs, including a regional action plan for the period 2013–2020. They also endorsed 10 regional targets for the prevention and control of NCDs. These regional targets are aligned with the global voluntary targets but include an additional regional target on reducing household air pollution. Further the Sixty-eighth Session of Regional Committee, in 2015, endorsed two NCD-related resolutions, Dili Declaration on Tobacco Control and Cancer Prevention and Control: the Way Forward.

9. WHO provides leadership for combating NCDs at the regional and country levels with a commitment to drive forward multisectoral action in line with relevant global and regional resolutions and declarations. Containment of the NCD burden is one of the seven SEA Regional Flagship Programmes, with agreed specific deliverables, timelines and budget.

At the global level there are clear frameworks to guide national action

10. The 2011 Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of NCDs called upon UN agencies and key international organizations to work together in a coordinated manner to support national efforts to prevent and control NCDs and mitigate their impacts. The WHO Global Action Plan for the Prevention and Control of NCDs, 2013-2020 also highlights the role of the UN system in supporting Member States and highlights cost-effective and very cost-effective interventions for the prevention and control of NCDs (Annex 5) in five key areas: (i) tobacco control; (ii) harmful use of alcohol; (iii) unhealthy diet; (iv) physical inactivity; and (v) household air pollution. These interventions save lives. They also save individuals, communities and government money in both the short and long term. They are all evidence-based, high impact, cost effective, affordable and feasible to implement.

Acting alone, ministries of health are limited to remedial action and treating the sick – a whole-of-government approach is required for the societal causes of NCDs to be addressed

11. Although these interventions are simple to execute, a number require political commitment and coordinated action across government. Acting alone, ministries of health are limited to remedial action, treating the sick; a whole-of-government approach is required for the societal causes of NCDs to be addressed. In parallel, a whole-of-UN approach must support a comprehensive national response. In addition, strategic engagement with civil society, academia, professional bodies and selected private entities are also important when it comes to tackling NCDs.

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9 Paragraph 51 of the Political Declaration "calls upon WHO, as the lead UN specialized agency for health, and all other relevant UN system agencies, funds and programmes, the international financial institutions, development banks and other key international organizations to work together in a coordinated manner to support national efforts to prevent and control NCDs and mitigate their impacts". http://www.who.int/nmh/events/un_ncd_summit2011/political_declaration_en.pdf?ua=1

10 http://apps.who.int/iris/bitstream/10665/94384/1/9789241506236_eng.pdf?ua=1
12. In July 2014, WHO Member States undertook a comprehensive review and assessment on the prevention and control of NCDs and progress since the 2011 Political Declaration on NCDs.11 Key national commitments agreed at that meeting include: (i) setting national targets for NCDs for 2025; (ii) developing national multisectoral policies and plans to achieve the targets; (iii) considering establishing a national multisectoral mechanism for engaging policy coherence and mutual accountability of different spheres of policy-making that have a bearing on NCDs; (iv) reducing NCD risk factors by implementing interventions identified in the WHO NCD Global Action Plan, 2013-2020. The full set of national commitments is set out in Annex 6.


Background and rationale

Over 14 million people die each year from NCDs prematurely (aged 30 to 70 years), 85 per cent of whom live in developing countries. Up to two thirds of these deaths are linked to exposure to risk factors - namely, tobacco use, unhealthy diet and physical inactivity, and the harmful use of alcohol – with the remaining third linked to weak health systems that do not respond effectively and equitably to the health-care needs of people with NCDs. Most of these premature deaths from NCDs can be prevented by implementing a set of simple, effective and affordable solutions that could be tailored to each country’s needs.

In September 2011, Heads of State and Government adopted the Political Declaration on NCDs at the High-level Meeting of the General Assembly and called upon WHO, as the lead UN specialized agency for health, all other UN system agencies and international financial institutions to work together in a coordinated manner to support national efforts to prevent and control NCDs and mitigate their impact.

Member States have committed to take action by: (i) developing national targets and indicators based on national situations; (ii) developing, allocating and implementing budgets for national multi-sectoral NCD policies and plans; (iii) prioritizing the implementation of cost-effective and affordable interventions; and (iv) strengthening national surveillance systems for NCDs and measuring results.

In order to realize the commitments made in the 2011 Political Declaration, WHO developed the Global NCD Action Plan 2013-2020 that was endorsed by the World Health Assembly in May 2013. The global action plan comprises a set of actions which, when performed collectively by Member States, international partners and the WHO, will help to achieve a global target of a 25% reduction in premature mortality from NCDs by 2025.

The Global NCD Action Plan calls on United Nations Country Teams (UNCTs) to provide technical support to countries in strengthening nationwide actions for the prevention and control of NCDs. In particular, the Global Action Plan calls on WHO and other UN Agencies to mobilize the UNCTs to strengthen the links among NCDs, universal health coverage (UHC) and sustainable development, integrating them into the United Nations Development Assistance Framework’s (UNDAF’s) design processes and implementation.

The need for a coherent UN System response to scale up technical assistance in support of national efforts to address NCDs in line with the Global NCD Action Plan gave rise to formation of the United Nations Interagency Task Force (UNIATF) on the Prevention and Control of NCDs. The UNIATF, which the UN Secretary-General established in July 2013 and placed under the leadership of the WHO, has started to provide support to national efforts to respond to the NCD problem. The Task Force has completed its missions in the East European country of Belarus, Kenya in East Africa, India in Asia, Barbados in Americas, Tonga in Polynesia, Mongolia in Western Pacific and Jordan in Middle East. Subsequent missions to priority countries are planned to take place in the second part of 2015.

Review of developments four years into the implementation of the 2011 Political Declaration on NCDs revealed that much had been achieved at the global level, namely the endorsement by the World Health Assembly of a Global Action Plan for the Prevention and Control of NCDs 2013-2020.
and the adoption of a comprehensive global monitoring framework; establishment of the UNIATF and of a Global Coordination Mechanism on NCDs. However, despite some clear improvements, overall progress at the country level has remained insufficient and uneven. Despite the increase of national multisectoral plans and NCD units in many countries, a large number of developing countries still lack the capacity to move from commitment to action.

The current UNDAF in Sri Lanka 2013-2017 is focused on significant acceleration of human development. The four pillars and outcomes of the framework have been identified under the overall goal of “Sustainable and inclusive economic growth with equitable access to quality social services, strengthened human capabilities and reconciliation for lasting peace”.

Of the four pillars, Pillar 2 titled ‘Disparity Reduction, Equitable and Quality Social Services’ specify the assistance pledged by the UN towards health services in the country. More specifically the UNDAF indicates that the UN agencies shall focus particularly on supporting interventions aimed at promoting health, food and nutrition security, education, water and sanitation, housing, social protection as well as management reforms and improvements in data and information systems. Coordination and monitoring of actions of the UN Country Team related to each Pillar of the framework is through specific thematic working group established for this purpose.

In Sri Lanka, the burden of NCDs has been on the rise in the past two decades. At present NCDs are the leading causes of mortality, morbidity, and disability. The Government hospital statistics indicate that in the year 2012, 75% of all deaths in Sri Lanka were due to NCDs. The probability of dying between ages 30 and 70 years from the 4 main NCDs (cardiovascular disease, cancer, diabetes mellitus, and chronic respiratory disease) was 18%.

NCD prevention and control activities of the Government of the Sri Lanka are guided by two important strategic plans. Firstly, The National Policy and Strategic Framework for Prevention and Control of Chronic NCDs 2010, which outlines nine key strategies for the prevention and control of cardiovascular diseases, diabetes, chronic respiratory disease and chronic renal diseases. The other is the National Policy and Strategic Framework on Cancer Prevention and Control which outlines seven key strategies pertaining to cancer. The National Multi-sectoral Action Plan for NCD Prevention and 2013-2020 is being finalized by the MoH. Sri Lanka adopted the WHO Framework Convention on Tobacco Control in 2004 and the tobacco and alcohol control activities are coordinated by the National Authority on Tobacco and Alcohol (NATA) which was established in 2006/07.

The focal point for the NCD prevention and control Programme of MoH is the NCD Unit. A separate directorate exists for Cancer with its own director and staff. The preventive and control activities are delivered through the district level Medical Officers NCD (MOO/NCD) under the administrative guidance of Regional Directors of Health Services. The programme is evaluated by the National NCD Steering Committee and the National Advisory Body for Non-Communicable Diseases.

The planned Joint Mission of the UNIATF will help to scale up and accelerate the gains realized through effective partnership between the WHO County Office for Sri Lanka and different line ministries of the Government of Sri Lanka in laying the foundation for a national multisectoral response to NCDs. It will also provide impetus to UN agencies and international development partners to work together in a coordinated manner to support national efforts to prevent and control NCDs and attain national targets. By hosting a Task Force Mission, the UNCT in Sri Lanka agrees to follow up action by putting in place a thematic group on NCDs or an equivalent mechanism to ensure that coordination action on NCDs is able to be taken forward by the UNCT.
The core team of the mission, led by WHO, will comprise of participants from Headquarters, Regional and Country Offices from WHO, UNDP, UNICEF and a number of other Task Force Members that are still to confirm their participation.

At the country level, the mission is coordinated by the WHO Office for Sri Lanka in close collaboration with WHO SEARO, the MoH and the Office of the UN Resident Coordinator in Sri Lanka.

**Overall approach**

The joint UNIATF mission is intended to enhance the support of UN agencies, individually and through the UN Country Team, to the Government of Sri Lanka to scale up the National Multi-sectoral Response to NCDs, in line with the National Multi-sectoral Action Plan for NCD Prevention 2013-2020 as well as the WHO Regional and Global NCD Action Plan 2013-2020.

The mission will be carried out in line with the terms of reference of the UN Interagency Task Force. A key element of the mission will be to assess the state of national response to the challenge of NCDs in Sri Lanka, including exploring the role and potential of country and regional UN agencies and whole-of-government and whole-of-society approaches in the implementation of the national NCD agenda. In advance of the mission the UNCT will consider options for a mechanism to take forward NCDs within the UNCT and the preferred approach will be shared with the Task Force during the mission.

Based on the recommendations of the UN High-level Meeting held in September 2011, the focus of the mission will be on cardiovascular diseases, diabetes, chronic respiratory disease and cancers. Major areas of primary NCD intervention in Sri Lanka, including tobacco control activities, use of alcohol, promoting physical activities and healthy diet and on-going the secondary and tertiary preventive NCD interventions will be highlighted during the mission.

**Purpose and objectives of the mission**

The purpose of the joint UNIATF Mission to Sri Lanka will be to support UN agencies, the UN Country Team and the UNDAF Pillar 2 working group (social services) to:

- understand the relevance of NCDs to their individual human development efforts in the country and support implementation;
- integrate NCDs and their determinants into their bilateral plans with the GoSL and jointly review progress in implementation of bilateral plans;
- establish a functional mechanism to coordinate support by UNCT/UNDAF Pillar 2 working group (social services) to the GoSL efforts to address NCDs;
- Highlight the plans for a national multisectoral response to NCDs and how the UNCT can support it;
- draw lessons from ongoing efforts by WHO and other UN agencies working with the GoSL in the area of NCD prevention and control, including implementation of the FCTC in Sri Lanka, in order to inform other countries and beyond.

**Specific objectives for the joint mission are to support the GoSL by the following:**

- Map ongoing bilateral and multi-sectoral processes to support the government in their efforts to address NCDs within the context of National multisectoral Action Plan on NCDs and the country cooperation strategies of respective UN agencies. The Joint Mission will facilitate:
- Contributions of key UN agencies and development banks, individually or collectively through the UNCT/UNDAF Pillar 2 working group (social services), to implement the national multisectoral responses to NCDs;
- Engagement of the UNCT/UNDAF Pillar 2 working group (social services) in joint review of the National Multisectoral Action Plan.

- Advocate for effective multisectoral response and increased multisectoral investments for NCDs at the country level. The Joint Mission will:
  - Highlight approaches for effective coordination of national multisectoral responses to NCDs;
  - Identify barriers to effective coordination of the national multisectoral responses to NCDs and provide relevant recommendations;
  - Assess the NCD investment priorities in Sri Lanka and develop a recourse mobilization tool “NCD investment requirements in Sri Lanka”, which will show at a glance for potential donors which priorities require immediate investments in Sri Lanka to maintain national NCD response;
  - Identify possibilities for domestic finance for NCDs and support needed by Government from WHO, other UN agencies, the World Bank and international partners;
  - Advocate for health policies across government line ministries and help drive the health impact assessment initiatives underway in the country.

- Establish a costed roadmap with contributions from government and international partners over the next 12 months which will result in significant progress in ongoing national efforts contributing to the multisectoral responses to NCDs:
  - Finalizing, dissemination and implementation of the national multisectoral action plan with the necessary costing and financial elements;
  - Designing of the monitoring, evaluation and surveillance framework of the national multisectoral action plan.
Annex 3. Members of the Joint Mission
( agencies and individuals in alphabetical order)

ILO
Indra TUDAWE  Senior Programme Officer, Sri Lanka

IOM
Sharika PERIS  Head of Migration Health, Sri Lanka

UNAIDS
Dayanath RANATUNGA  Country Manager, Sri Lanka

UNDP
Kazuyuki UJI  Policy Specialist, HIV and Health, Bangkok

UNESCO
Himali JINADASA  Country Focal Point, Cluster Office, New Delhi

UNFPA
Jayan ABEYWICKREMA  National Programme Analyst, Sri Lanka

UNICEF
Renuka JAYATISSA  Nutrition Specialist, Sri Lanka

UNV
Sveva PETTORINO  Programme Officer, Sri Lanka

WORLD BANK
Kumari Vinodhmani NAVARATNE  Senior Health Specialist, Sri Lanka
Owen SMITH  Senior Economist, Sri Lanka

WFP
Saman KALUPAHANA  Programme & Policy Officer, Nutrition, Sri Lanka

WHO COUNTRY OFFICE
Jacob KUMARESAN  WHO Representative, Sri Lanka
Lanka DISSANAYAKE  National Programme Officer, Sri Lanka
Nalika GUNAWARDENA  Consultant, WHO Sri Lanka

WHO REGIONAL OFFICE
Thaksaphon (Mek) THAMARANGSI  Director, NCDs and Environmental Health, SEARO

WHO HQ
Nick BANATVALA  Senior Adviser, NCDs & Mental Health Cluster, WHO Geneva
Alexey KULIKOV  External Relations Officer, UN NCD Task Force, WHO Geneva
# Annex 4. Joint Mission Programme

## Monday, 5 October 2015 (Day 1)

<table>
<thead>
<tr>
<th>Time</th>
<th>Meeting</th>
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</thead>
<tbody>
<tr>
<td>9.00 – 12.00</td>
<td>Meeting of the UNIATF team members</td>
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<tr>
<td></td>
<td>Meeting with the Secretary of Health, Government of Sri Lanka</td>
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<tr>
<td>12.30-15.30</td>
<td>Meeting with DGHS, relevant DDGs, other senior officials and relevant Directors of the MoH</td>
</tr>
<tr>
<td>16.00 – 17.00</td>
<td>Wrap up session</td>
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## Tuesday, 6 October 2015 (Day 2)

<table>
<thead>
<tr>
<th>Time</th>
<th>Meeting</th>
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<tbody>
<tr>
<td>9.00-9.30</td>
<td>Meeting with Dept. of National Planning</td>
</tr>
<tr>
<td>10.00-10.30</td>
<td>Meeting with Ministry of Sports</td>
</tr>
<tr>
<td>11.00-11.30</td>
<td>Meeting with Ministry of National Policies and Economic Affairs</td>
</tr>
<tr>
<td>11.50-12.20</td>
<td>Meeting with Ministry of City Planning and Water Supply</td>
</tr>
<tr>
<td>13.30-14.00</td>
<td>Meeting with Ministry of Education</td>
</tr>
<tr>
<td>14.00-14.30</td>
<td>Meeting with Ministry of Buddhasasana</td>
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<tr>
<td>14.30-15.00</td>
<td>Meeting with National Youth Services Council</td>
</tr>
<tr>
<td>15.00-15.30</td>
<td>Meeting with Ministry of Agriculture</td>
</tr>
<tr>
<td>15.00-16.00</td>
<td>Meeting with Food Processing Industries</td>
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<tr>
<td>17.00 – 18.00</td>
<td>Wrap up session</td>
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## Wednesday, 7 October 2015 (Day 3)

<table>
<thead>
<tr>
<th>Time</th>
<th>Meeting</th>
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<tbody>
<tr>
<td>8.30-9.00</td>
<td>Meeting with UN Resident Coordinator</td>
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<tr>
<td>9.00-10.00</td>
<td>Meeting with UN Country Team</td>
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<tr>
<td>10.30-11.30</td>
<td>Dialogue with private health sector (private hospital representatives), Chamber of Commerce</td>
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<tr>
<td>11.30-13.00</td>
<td>Stakeholder forum with NGOs, Civil Society Organizations</td>
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<tr>
<td>13.00-14.00</td>
<td>Lunch</td>
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<tr>
<td>14.30-15.30</td>
<td>Dialogue with development partners</td>
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<tr>
<td>15.30-16.30</td>
<td>Wrap up meeting</td>
</tr>
<tr>
<td>18.30-20.30</td>
<td>Dinner Reception</td>
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## Thursday, 8 October 2015 (Day 4)

<table>
<thead>
<tr>
<th>Time</th>
<th>Meeting</th>
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<tbody>
<tr>
<td>8.00-11.00</td>
<td>Field trip (demo of school exercise programme- Sri Jayawardeneepura Balika MV, Nawala; Healthy Life Style Centre- Primary Medical Care Unit, Pannipitiya; Visit to a School Project – Royal College , Colombo)</td>
</tr>
<tr>
<td>11.00-12.00</td>
<td>Meeting with the HE President of Sri Lanka</td>
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<tr>
<td>12.00-13.00</td>
<td>Lunch</td>
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<tr>
<td>13.00 – 15.00</td>
<td>Meeting with MoH officials regarding NCD Investment Requirements</td>
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<tr>
<td>15.00 – 16.30</td>
<td>Drafting of preliminary outcomes and the recommendation by the members of the Mission</td>
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<tr>
<td>16.30 – 17.30</td>
<td>Visit to the Good Market- Battaramulla</td>
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## Friday, 9 October 2015 (Day 5)

<table>
<thead>
<tr>
<th>Time</th>
<th>Meeting</th>
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<tbody>
<tr>
<td>9.00-10.30</td>
<td>Drafting of preliminary outcomes and the recommendation by the members of the Mission</td>
</tr>
<tr>
<td>10.30-1130</td>
<td>Concluding meeting with the RC (members of the Joint Mission And UNCT)</td>
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<tr>
<td>11.30-13.30</td>
<td>Concluding meeting with MoH</td>
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<tr>
<td>13.30-14.00</td>
<td>Lunch</td>
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<tr>
<td>14.00-15.00</td>
<td>Concluding joint press briefing with Resident Coordinator</td>
</tr>
<tr>
<td>18.30-20.00</td>
<td>Speaker’s Dinner Reception with Cabinet Ministers and Secretaries</td>
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Annex 5. Evidence-based cost-effective interventions for the prevention and control of NCDs

Tobacco use

- Reduce affordability of tobacco products by increasing tobacco excise taxes
- Create by law completely smoke-free environments in all indoor workplaces, public places and public transport
- Warn people of the dangers of tobacco and tobacco smoke through effective health warnings and mass media campaigns
- Ban all forms of tobacco advertising, promotion and sponsorship

Harmful use of alcohol

- Regulating commercial and public availability of alcohol
- Restricting or banning alcohol advertising and promotions
- Using pricing policies such as excise tax increases on alcoholic beverages

Unhealthy diet

- Reduce salt intake (and adjust the iodine content of iodized salt, when relevant)
- Replace trans fats with unsaturated fats
- Implement public awareness programmes on diet and physical activity

Cardiovascular disease and diabetes

- Drug therapy (including glycaemic control for diabetes mellitus and control of hypertension using a total risk approach) and counselling to individuals who have had a heart attack or stroke and to persons with high risk (≥ 30%) of a fatal and nonfatal cardiovascular event in the next 10 years
- Acetylsalicylic acid for acute myocardial infarction

Cancer

- Prevention of liver cancer through hepatitis B immunization
- Prevention of cervical cancer through screening (visual inspection with acetic acid [VIA] (or Pap smear (cervical cytology), if very cost-effective), linked with timely treatment of pre-cancerous lesions

12 Taken from the WHO NCD Global Action plan 2013-2020 (http://apps.who.int/iris/bitstream/10665/94384/1/9789241506236_eng.pdf?ua=1, pages 66 and 67). The measures listed are recognized as very cost-effective i.e. generate an extra year of healthy life for a cost that falls below the average annual income or gross domestic product per person. In addressing each risk factor, governments should not rely on one single intervention, but should have a comprehensive approach to achieve desired results.

13 These measures reflect one or more provisions of the WHO Framework Convention on Tobacco Control (WHO FCTC). The measures included are not intended to suggest a prioritization of obligations under the WHO FCTC. Rather, these measures have been proven to be feasible, affordable and cost-effective and are intended to fulfil the criteria for assisting countries to meet the agreed targets as quickly as possible. The WHO FCTC includes a number of other important provisions, including supply-reduction measures and those to support multisectoral actions, which are part of any comprehensive tobacco control programme.

(a) Enhance governance:

(i) By 2015, consider setting national targets for 2025 and process indicators based on national situations, taking into account the nine voluntary global targets for non-communicable diseases, building on guidance provided by the World Health Organization, to focus on efforts to address the impacts of non-communicable diseases and to assess the progress made in the prevention and control of non-communicable diseases and their risk factors and determinants;

(ii) By 2015, consider developing or strengthening national multisectoral policies and plans to achieve these national targets by 2025, taking into account the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020;

(iii) Continue to develop, strengthen and implement, as appropriate, multisectoral public policies and action plans to promote health education and health literacy, with a particular focus on populations with low health awareness and/or literacy;

(iv) Raise awareness about the national public health burden caused by non-communicable diseases and the relationship between non-communicable diseases, poverty, and social and economic development;

(v) Integrate non-communicable diseases into health planning and national development plans and policies, including the United Nations Development Assistance Framework design processes and implementation;

(vi) Consider establishing, as appropriate to the respective national context, a national multisectoral mechanism, such as a high-level commission, agency or task force for engagement, policy coherence and mutual accountability of different spheres of policy making that have a bearing on non-communicable diseases, in order to implement health-in-all-policies and whole-of-government and whole-of-society approaches, and to monitor and act on the determinants of non-communicable diseases, including social and environmental determinants;

(vii) Enhance the capacity, mechanisms and mandates, as appropriate, of relevant authorities in facilitating and ensuring action across government sectors;

(viii) Strengthen the capacity of Ministries of Health to exercise a strategic leadership and coordination role in policy development that engages all stakeholders across government, non-governmental organizations, civil society and the private sector, ensuring that non-communicable disease issues receive an appropriate, coordinated, comprehensive and integrated response;

(ix) Align international cooperation on non-communicable diseases with national non-communicable diseases plans, in order to strengthen aid effectiveness and the development impact of external resources in support of non-communicable diseases;
(x) Develop and implement national policies and plans, as relevant, with financial and human resources allocated particularly to addressing non-communicable diseases, in which social determinants are included.

(b) By 2016, as appropriate, reduce risk factors for non-communicable diseases and underlying social determinants through implementation of interventions and policy options to create health-promoting environments, building on guidance provided by Appendix 3 of the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020.

(c) By 2016, as appropriate, strengthen and orient health systems to address the prevention and control of non-communicable diseases and the underlying social determinants through people-centered primary health care and universal health coverage throughout the lifecycle, building on guidance provided by Appendix 3 of the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020.

(d) Consider the possible linkages between non-communicable diseases and some communicable diseases, such as HIV/AIDS, call for the integration, as appropriate, of responses to HIV/AIDS and non-communicable diseases, and in this regard call for attention to be given to people living with HIV/AIDS, especially in countries with a high prevalence of HIV/AIDS, in accordance with national priorities.

(e) Continue to promote the inclusion of non-communicable disease prevention and control within programs for sexual and reproductive health and maternal and child health, especially at the primary health-care level, as well as communicable disease programs, such as TB, as appropriate.

(f) Consider the synergies between major non-communicable diseases and other conditions as described in Appendix 1 of the WHO Global Action Plan for the Prevention and Control of Non-Communicable Diseases 2013-2020 in order to develop a comprehensive response for the prevention and control of non-communicable diseases that also recognizes the conditions in which people live and work.

(g) Monitor the trends and determinants of non-communicable diseases and evaluate progress in their prevention and control:

   (i) Assess progress towards attaining the voluntary global targets and report on the results using the established indicators in the Global Monitoring Framework, according to the agreed timelines, and use results from surveillance of the twenty five indicators and nine voluntary targets and other data sources to inform and guide policy and programming, aiming to maximize the impact of interventions and investments on non-communicable disease outcomes;

   (ii) Contribute information on trends in non-communicable diseases to the World Health Organization, according to the agreed timelines on progress made in the implementation of national action plans and on the effectiveness of national policies and strategies, coordinating country reporting with global analyses;

   (iii) Develop or strengthen, as appropriate, surveillance systems to track social disparities in non-communicable diseases and their risk factors as a first step to addressing inequalities, and pursue and promote gender-based approaches for the prevention and control of non-communicable diseases founded on data disaggregated by sex and age and disabilities, in an effort to address the critical differences in the risks of morbidity and mortality from non-communicable diseases for women and men.
(h) Continue to strengthen international cooperation in support of national, regional and global plans for the prevention and control of non-communicable diseases, inter alia, through the exchange of best practices in the areas of health promotion, legislation, regulation and health systems strengthening, training of health personnel, development of appropriate health-care infrastructure and diagnostics, and by promoting the development and dissemination of appropriate, affordable and sustainable transfer of technology on mutually agreed terms for the production of affordable, safe, effective and quality medicines and vaccines, while recognizing the leading role of the World Health Organization as the primary specialized agency for health in that regard.

31. Continue to strengthen international cooperation through North-South, South-South and triangular cooperation, in the prevention and control of non-communicable diseases to promote at the national, regional and international levels an enabling environment to facilitate healthy lifestyles and choices, bearing in mind that South-South cooperation is not a substitute for, but rather a complement to, North-South cooperation.

32. Continue to explore the provision of adequate, predictable and sustained resources, through domestic, bilateral, regional and multilateral channels, including traditional and voluntary innovative financing mechanisms.