Second South-East Asia Regional Forum to accelerate NCD prevention and control in the context of SDGs

New Delhi, India, 30 October – 1 November 2019
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Introduction

Seventy per cent of all global deaths, amounting to about 40 million deaths annually, can be attributed to noncommunicable diseases (NCDs). Of these, 40% are premature in nature, affecting people under 70 years of age. Four major NCDs account for an estimated 8.5 million deaths annually in the WHO South-East Asia Region. Hence, in the backdrop of the human suffering caused by NCDs and their impact on the socioeconomic fabric of countries, particularly low- and middle-income countries, the prevention and control of NCDs have been identified as global, regional and national priorities. The countries of the Region also carry a huge burden of mental disorders and the effects of air pollution.

The global commitment to NCD control was reaffirmed in the third high-level meeting of the United Nations General Assembly (UNGA) in September 2018 through the Political Declaration. Fourteen new commitments on NCDs were declared at this meeting. Recognizing the significant impact of mental health and air pollution on the NCD epidemic, the scope of the commitment of Member States was further expanded from the four major NCDs and four main risk factors (referred to as “4 x 4 NCD agenda”) to include commitments to reduce air pollution (ambient and household)
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Second South-East Asia Regional Forum to accelerate prevention and control of NCDs (hereafter, the Forum) has been focusing on promoting the implementation of NCD best buys by key persons, including senior-level policy-makers from strategic sectors. It has provided national change-makers with an opportunity to meet global experts and partners to discuss how to strengthen national capacity in the implementation of the most cost-effective interventions. Eight of the 16 most cost-effective “best buys” interventions are regulatory in nature. The first Forum, held in Bangkok in October 2017, laid stress on best buys in the areas of fiscal policy and front-line health services, together with the management and monitoring of NCDs.

and promote mental health and well-being (the so-called “5 x 5 NCD agenda”). At the regional level, “NCD prevention and control, through multisectoral policies and plans, with focus on ‘best buys’ interventions” were declared one of the Region’s flagship priorities under the leadership of the Regional Director, Dr Poonam Khetrapal Singh, in 2014.

Tackling NCDs, mental health, air pollution and malnutrition requires comprehensive and integrated frameworks, covering interventions targeted both at individuals and the population at large. Policy and regulatory measures are critical components of an NCD prevention and control programme.

While there is an adequate level of clarity on the interventions needed for NCD control, accelerating the implementation of these regulatory measures presents challenges, the most critical factors being limited capacity in and resources for the technical areas. The regulatory measures require going much beyond the boundaries of the health system, and effort and collaboration from multiple sectors. Besides, effective regulations require strong but appropriate legislative content, robust enforcement, meticulous monitoring of compliance and public support.

Arguably, these components are the weakest links in the prevention and control of NCDs in the countries. This is particularly true when taking into account the national capacity to address the commercial determinants of health (CDH), which reflect the interference and practices of private operators who have a conflict of interest with the prevention and control of NCDs. Further, the formulation, legislation and implementation of some of these regulatory measures have to be considered by policy-makers in the context of international trade agreements and mechanisms, including bilateral and multilateral treaties, such as with the World Trade Organization.

The South-East Asia Regional Forum to accelerate prevention and control of NCDs (hereafter, the Forum) has been focusing on promoting the implementation of NCD best buys by key persons, including senior-level policy-makers from strategic sectors. It has provided national change-makers with an opportunity to meet global experts and partners to discuss how to strengthen national capacity in the implementation of the most cost-effective interventions. Eight of the 16 most cost-effective “best buys” interventions are regulatory in nature. The first Forum, held in Bangkok in October 2017, laid stress on best buys in the areas of fiscal policy and front-line health services, together with the management and monitoring of NCDs.
Goals and objectives

The second Forum, held in the context of the Sustainable Development Goals (SDGs), was designed with the objective of accelerating multisectoral response to prevent and control NCDs and their risk factors at the country level through selective cost-effective interventions.

The specific objectives of the meeting were:

- to update knowledge on evidence and technical packages (global public health goods) on cost-effective interventions focusing on regulatory measures and international movements;
- to promote the integration and synchronization of programmes and activities related to mental health and air pollution with national NCD prevention and control programmes (in line with the Declaration of the United Nations General Assembly);
- to enhance Member States’ capacity to implement these interventions (best buys), and to advocate on their accountability.
Participants

The Forum attracted a wide group of participants beyond the health sector, mostly from the Member States of the Region. The participants comprised three parliamentarians, high-level policy-makers, NCD programme managers, other government officials dealing directly with drafting, enforcing and monitoring regulations and legislation related to NCD control, and delegates from the fields of environmental health and mental health. A number of subject champions and specialists from civil society organizations (CSOs), relevant NCD alliances and all three levels of WHO provided resources for or participated in the three-day Forum. The programme of the second Flagship 2 Forum (F2F) is given in Annexure 1, while the list of participants is provided in Annexure 2.
Planning and organization

The Department of Noncommunicable Diseases and Environmental Health organized the meeting in technical collaboration with the Department of Health Systems. The second Forum emphasized regulative best buy interventions related to the risk factors for NCDs, including regulations on advertisement, promotion and sponsorship, and on physical availability and uses of these factors; as well as regulations on products, including labelling and content; and the integration of mental health and well-being and air pollution with the agenda for NCD prevention and control. The three main themes that were discussed during the three days of deliberations were the formulation of policy, implementation of policy and accountability. The technical sessions were introduced following the formal inauguration. The day-wise programme was as follows.
Table 1: Day-wise programme

<table>
<thead>
<tr>
<th>Theme</th>
<th>Technical sessions</th>
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<tbody>
<tr>
<td>Day One</td>
<td>Policy formulation</td>
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<tr>
<td></td>
<td>• Keynote speech: multisectoral response</td>
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<td></td>
<td>• Information session: setting out the background situation and CDH</td>
</tr>
<tr>
<td></td>
<td>• International trade treaties and health policy</td>
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<td></td>
<td>• Challenges to the development of regulative measures</td>
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<td></td>
<td>• Review of gaps and opportunities by country teams</td>
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<tr>
<td>Day Two</td>
<td>Policy implementation</td>
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<td></td>
<td>• Keynote speech: implementation research</td>
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<td></td>
<td>• Integration of mental health and air pollution with the NCD framework</td>
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<tr>
<td></td>
<td>• Promoting implementation and enforcement</td>
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<tr>
<td></td>
<td>• Review of gaps and opportunities by country teams</td>
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<tr>
<td>Day Three</td>
<td>Accountability</td>
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<tr>
<td></td>
<td>• Keynote speech: CDH</td>
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<td></td>
<td>• Update on NCD in WHO General Programme of Work, including country support plans</td>
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<td></td>
<td>• Mobilizing public support</td>
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<td>• Brainstorming and reporting back by countries</td>
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</table>

The Forum engaged each country team in group work to identify country- and context-specific gaps and opportunities to accelerate the implementation of NCD prevention and control in the respective countries. The country action points are given in Table 5.
Summary of discussions and outcomes

Table 2 summarizes the key messages and actions recommended following the technical presentations on Day One.

5.1 Day One

Table 2: Key messages and actions recommended following the technical sessions of Day One

<table>
<thead>
<tr>
<th>Key messages</th>
<th>Recommended actions</th>
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<tbody>
<tr>
<td>• The magnitude of the progressing burden of NCDs is becoming clearer, and</td>
<td>• The countries were requested to implement WHO-recommended packages that can add up</td>
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<td>a set of solutions is available to mitigate them.</td>
<td>to a 35% total reduction in premature deaths from cardiovascular diseases.</td>
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<tr>
<td>• Most countries in the Region may not meet the SDG 3.4 target, but millions</td>
<td>• Countries should consider adequate investment in the NCD best buys infrastructure</td>
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<td>of lives can still be saved.</td>
<td>(such as resources and capacity of responsible agencies), and implementation/enforcement.</td>
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<tr>
<td>• Multisectoral action for NCD control, identified by the UN Interagency Task</td>
<td>• Interagency collaboration at the country level needs further strengthening. Multi-</td>
</tr>
<tr>
<td>Force in 2015, remains a very valid and important strategy.</td>
<td>sectoral coordinating mechanism(s) need to be active.</td>
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<tr>
<td>• The direct and indirect impacts of the commercial determinants of public</td>
<td>• A thorough analysis of the influence of commercial determinants on NCD control will</td>
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<tr>
<td>health are becoming increasingly evident and are important for NCD control.</td>
<td>enable countries to minimize their negative impacts.</td>
</tr>
<tr>
<td>• Though international trade and treaties related to health policy are</td>
<td>• Ministries of Health should constantly analyse the public health impact of global</td>
</tr>
<tr>
<td>complicated and their public health implications are complex, often there is</td>
<td>trade treaties on a country, and liaise with relevant departments to safeguard the</td>
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<tr>
<td>scope for manoeuvring through them for the broader public good.</td>
<td>population from any possible adverse effects and effectively utilize these tools for</td>
</tr>
<tr>
<td></td>
<td>the broader public good.</td>
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Country case studies

The sessions were enriched by short case studies from the countries of the Region, the cases being relevant to each theme of discussion. The following boxes capture their essence.

Box 1: E-cigarette ban in India

PROHIBITION ON E-CIGARETTES..........A JOURNEY

A round-table conference held in 2014 to examine the health impact of e-cigarettes/electronic nicotine delivery systems (ENDS) in India concluded that the use of ENDS/e-cigarettes should be prohibited in the interest of public health. In 2017, a national consultation decided to develop a policy to prohibit these products on the basis of the existing scientific evidence.

In 2018, after considering the scientific evidence available, reports/recommendations of subgroups, orders of various state governments, statutory provisions, judicial orders, global best practices on ENDS/e-cigarettes, etc., the decision was made to impose the ban. Under the ban, it was stipulated that ENDS and e-cigarettes should not be sold (including online), manufactured, distributed, traded, imported and advertised, except for the purpose and in the manner and to the extent as may be approved under the Drugs and Cosmetics Act, 1940 and the Rules made thereunder.

However, the decision was stayed by the High Court stating that these products do not fall within the definition of a “drug”, as defined under Section 3(b) of the Drugs and Cosmetics Act, 1940.

Finally, a separate legislation, which came into effect on 18 September 2019, was enacted to prohibit e-cigarettes and similar devices and heated tobacco products in India.

Box 2: Policy development to ban use of trans-fatty acids in Thailand

Thailand is the first country in the Region to have banned trans-fatty acids. The work on policy development was initiated in 2007, with a thorough situational analysis on the use of trans fats lead by Mahidol University.

In 2015, Thailand launched the Trans Fat-Free Country Project, run by three agencies: the Institute of Nutrition, Mahidol University, Food and Drug Administration (FDA), Agriculture Research Development Agency (a public organization, ARDA).

The project involved the identification of potential sources of trans fat in the market, working with users and relevant stakeholders, and communicating at all levels. It was followed by the FDA’s deadline and notification in the Royal Gazette on 13 July 2018. The Law came into force from 9 January 2019.
Box 3: Imposing ‘tobacco-free films and television’ in India

The Cigarettes and Other Tobacco Products (Prohibition of Advertisement, and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003 prohibits all forms of direct and indirect advertisement, promotion and sponsorship of tobacco. The industry turned to innovative methods of circumventing the ban, and introduced indirect methods of advertising and promoting tobacco, through films, television shows and sports.

The long journey to develop and implement legislation on tobacco-free films and television took several years, and relevant ministries and stakeholders, including the Ministry of Information and Broadcasting, worked closely for this. The rules, which came into effect on 2 October 2012, mandate anti-tobacco messages and disclaimers in films and television shows that have scenes showing smoking and/or tobacco use.

At present, differential regulations govern films and television programmes released before and after the rules came into effect.

The current challenges in the implementation of the rules include enforcing the ban on old movies, dealing with new and emerging technologies, digital media monitoring and implementation.

Box 4: Regulating marketing of beverages for schools in Maldives

Maldives has the highest NCD burden in the Region and there is a high rate of childhood obesity across the country. Earlier, all school-level sports, physical activities and competitions were sponsored by brands of sugary drinks, with no restriction on advertising or sales, and with very low taxes on the drinks.

The Ministry of Health took the initiative to control the situation with a proactive dialogue with the Social Commission of the cabinet. A ban was proposed on the marketing of energy drinks to schools.

In 2017, a policy on banning sugary drinks at educational establishments was framed. It led to a total ban on the stocking, sale and use of energy drinks within the premises and in the vicinity of all educational establishments. The ban was monitored through an online management information system. It was supplemented by new guidelines on food served in school canteens. These guidelines called for the removal of sugary drinks from school canteens.

This had a domino effect, with health facilities and some canteens adopting the same strategy, and media outlets refusing to advertise energy drinks.
Box 5: Food labelling and display in India

India’s Food Safety and Standards Act of 2006, which ensures the provision of safe food, was revised in 2011 by the Food Safety and Standard Authority of India (FSSAI).
At present, the Act comprises two separate regulations: FSS (packaging regulations) and FSS (advertising and claims). A draft has been drawn up for a third regulation, FSS (labelling and display). It was recently opened to the public for comments.
The process of drafting the regulation was initiated in 2015–2016, and drew upon an expert group’s recommendations on the consumption of sugar, fat and salt and their effects on the health of the Indian population.
The draft regulation requires a list of labelling information, including nutritional information on sugars. It also requires specific front-of-pack labelling of food products.

Box 6: Introduction of large graphic health warnings on tobacco packaging in Timor-Leste

Around 49% adults and 23% youth use tobacco in Timor-Leste. To curb the high prevalence of tobacco use, the Government of Timor-Leste introduced pictorial health warnings on tobacco packs in 2016.
The law mandates that packs of tobacco products should carry large pictorial warnings, along with text messages on the harmful effects of tobacco. These should cover 90% of the front and 100% of the back of the pack, making them the largest graphic health warning in the world.
Timor-Leste is now compliant with Article 11 of the WHO Framework Convention on Tobacco Control (FCTC), and is also implementing a critical best buy for tobacco control.

5.2 Day Two

The second day of the Forum was dedicated to discussing the implementation of policies and regulations for restricting the physical availability of, marketing of and measures for package labelling and warning.

The information sessions dealt with the integration of mental health with NCD prevention and control, and the inclusion of the effects of air pollution in the NCD disease burden. The sessions also covered an update on the process of identifying best buys and effective interventions for air pollution, to be considered at the World Health Assembly in 2020.

Table 3 provides the key messages and recommendations emerging from the technical presentations of the second day.
### Table 3: Key messages and actions recommended following technical sessions on Day Two

<table>
<thead>
<tr>
<th>Key messages</th>
<th>Recommended actions</th>
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<tbody>
<tr>
<td>• Restricting the physical availability (commercial availability) of harmful commodities, ranging from a complete ban to limited access and use, is essential for controlling and preventing common NCDs.</td>
<td>• A comprehensive implementation framework, consisting of an enforcement infrastructure, information and education, monitoring of compliance and penalties, is crucial to restrict the physical availability of select commodities.</td>
</tr>
<tr>
<td>• The contributions of the health and nonhealth sectors are equally valuable in ensuring the restriction of these harmful commodities.</td>
<td>• All countries need to be vigilant and must constantly monitor marketing practices related to food, beverages and harmful commodities.</td>
</tr>
<tr>
<td>• Marketing communication strategies, including advertisement, promotion and sponsorship, encourage and influence youth to experiment with tobacco products and initiate regular use. This needs to be addressed immediately.</td>
<td>• It is important for the implementing agencies to educate consumers as well as sellers on the sales restrictions and the associated penalties for noncompliance.</td>
</tr>
<tr>
<td>• Ensuring effective policies and regulations on the marketing of foods, beverages and commodities will enable countries to reduce the risk factors for NCDs.</td>
<td>• All countries in the Region are encouraged to further strengthen the Tobacco Advertisement, Promotion and Sponsorship (TAPS) ban by identifying and plugging the loopholes in the existing laws, and monitoring compliance with the TAPS ban.</td>
</tr>
<tr>
<td>• If processed foods have informative labelling with appropriate warnings, it can help to promote awareness, especially when the trends show an increasing consumption of the food.</td>
<td>• It is necessary to work towards strategic and constructive integration of mental health and well-being and air pollution with NCD prevention and control at all levels. This can be achieved through various steps and formats, including the integration of resources, implementation, service provision, and monitoring and evaluation. It does not always imply the merger of responsible bodies.</td>
</tr>
<tr>
<td>• Mental health requires adequate emphasis and investment in all Member States, either as a standalone programme or as an integral component of the NCD programme, depending on the context of the country.</td>
<td>• It is of critical importance to have integrated mental health programmes at the PHC level. Ideally, mental health programmes need to be integrated with the entire spectrum of the existing programmes on health and disease conditions.</td>
</tr>
<tr>
<td>• The WHO Comprehensive Mental Health Action Plan for 2013–2020 (now extended till 2030) emphasizes the need for the integration of mental health at the primary health centre (PHC) level.</td>
<td>• Acceleration and scaling up of action is needed to achieve regional and national action plan targets on household air pollution.</td>
</tr>
<tr>
<td>• Air pollution contributes approximately 20% of the NCD burden in the Region.</td>
<td>• Enforcement of existing legislation is key to addressing air pollution at source.</td>
</tr>
<tr>
<td>• Three specific SDG targets for which WHO is the custodial agency relate to air pollution (SDG3.9; SDG7.2 and SDG 11.1).</td>
<td>• Enforcement of existing legislation is key to addressing air pollution at source.</td>
</tr>
<tr>
<td>• The prevalence of household air pollution is high, with 63% of households in the Region relying on biomass for cooking.</td>
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Box 7: Implementing tobacco ban in Bhutan

The Tobacco Control Act of 2010 imposes a total ban on tobacco use in Bhutan, making tobacco use a nonbailable offence. It is meant to totally halt the tobacco epidemic in the country. The amended Tobacco Regulation of 2013 elaborates further on the Act.

However, periodic reports have confirmed that tobacco products are available in the country, despite the total ban. It is believed that tobacco and cigarettes are smuggled into the country.

Porous international borders, the fact that law enforcement agencies have limited human resources and the lack of infrastructure to detect illicit imports are hurdles in the implementation of this ban.

Box 8: Introducing minimum legal age requirements for tobacco and alcohol purchase in Sri Lanka

Sri Lanka has passed legislation on the minimum legal age requirements for tobacco and alcohol purchase. The sale of tobacco and alcohol products to those under 21 years of age is prohibited under the National Authority on Tobacco and Alcohol (NATA) Act of 2007, which is being enforced through education, training and publicity via the media.

Those in the public health inspector category of the Health Ministry are trained systematically to function as law enforcement officers dealing with retail shops. This has enabled the Health Ministry to enforce the regulation.

Periodic reports of the Global Youth Tobacco Survey and on-the-spot surveys have reported an overall reduction in the production and sales of cigarettes and their use in public places.
Box 9: Violation of TAPS ban in Myanmar

The Control of Smoking and Consumption of Tobacco Product Law (2006) of Myanmar bans the advertisement, promotion and sponsorship of tobacco. It covers all direct and indirect advertising, pack and product design, promotion, sponsorship, corporate social responsibility activities, product placement and sale through vending machines.

However, the law does not cover display of tobacco products at the point of sale, provision of financial or other support by the tobacco industry to venue operators and payment to retailers.

The major achievements of the tobacco control programme in Myanmar have been the prohibition of tobacco advertisements in all electronic media (television, radio) in 2000, in collaboration with the Ministry of Information; the prohibition of billboards related to tobacco in 2002, in collaboration with city development committees and the Department of Development Affairs; and the prohibition of tobacco advertisements in the print media in 2002, in collaboration with the General Administrative Department.

Box 10: Tobacco advertisement through badminton in Indonesia

Articles 35 and 36 of Indonesia’s tobacco control law ban free samples, discounts, gifts in the form of tobacco products or other products associated with tobacco, and the use of the logos and/or brand names of tobacco products during any event. Further, Article 47 has explicit provisions on tobacco promotion and sponsorship.

However, in 2008, a specific tobacco company that had been historically investing in badminton, introduced badminton scholarship auditions for children of the age of 6–15 years. The auditions were connected to the company’s logo and brand. This was interpreted by the anti-tobacco champions as direct promotion of tobacco. Seven ministries and state institutions were of the view that the company was violating the law and indirectly exploiting the children.

The Indonesia Commission on Child Protection and a few relevant ministries and state departments urged the tobacco company to comply with the national regulation. The company made a public statement on doing away with the badminton auditions. This sparked a controversy in the media, social media and also, within some segments of the Government.

Finally, the company agreed to continue with the auditions without its logo or brand image. Thus, all forms of promotion of the brand were stopped, a big win for tobacco control in Indonesia.
Box 11: Implementing plain packaging of tobacco in Thailand

The tobacco industry uses colourful and attractive packaging to attract new users, especially the youth. Thailand, as a party to the WHO FCTC, is the first country in Asia to adopt measures to introduce plain packaging in line with Articles 11 and 13 of the FCTC, and one of the best buys for tobacco control. The colour combination for plain packaging was selected on the basis of an Australian study in 2012, with the aim of making it the least attractive.

The measure came into effect on 10 September 2019, aiming to achieve a complete transition by 8 December 2019. All retail shops, manufactures and warehouses will be monitored, and will face a fine of up to 40,000 baht for failure to comply.

Box 12: ‘Traffic light colour coding’ for food packages in Sri Lanka

The Ministry of Health, Sri Lanka has introduced a mandatory system of colour coding on processed food packages. This “graphic traffic light colour coding” informs the consumer of the gross nutritional details of a food package, with the objective of combating the increasing burden of NCDs in the country.

The system was first used for carbonated beverages, fruit nectar, juice and ready-to-serve beverages, with the exception of milk products. The colour green applies to beverages low in sugar, while orange and red indicate beverages with medium and high levels of sugar, respectively.

The colour coding of sweetened beverages is expected to discourage the consumption of high-sugar beverages. The system has resulted in a quick reduction in the sugar level of beverages, as well as a 15% drop in the sales of carbonated drinks.

Front-of-package labelling has been introduced for processed food items, with a similar colour coding system which applies to sugar, salt and fats.
Box 13: Introduction of nutrition labelling in Indonesia

Indonesia has introduced mandatory nutrition labelling for packaged foods, with the objective of providing consumers with information on the nutritional properties of such foods at a glance.

The recently proposed front-of-pack nutrition labelling (a “healthier choice” logo), which has a simple, easily viewable and interpretable format, allows consumers to make on-the-spot decisions while shopping. It will be implemented from 2021.

While it provides additional information to consumers to help them make informed, healthier food choices, it is also expected to encourage the industry to reformulate products to make them healthier.

5.3 Day Three

On the third day of the Forum, the participants focused on the accountability of programmes and health systems for NCD control. The role of civil society and the need for it to become an active partner in NCD control were reiterated.

The last session of the day consisted of country presentations highlighting important areas in which work should be initiated.

Table 4 provides the key messages and recommendations from the technical presentations of the day.
Table 4: Key messages and actions recommended following technical sessions of Day Three

<table>
<thead>
<tr>
<th>Key messages</th>
<th>Recommended actions</th>
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<tr>
<td>• While SDG 3.4 is an overarching target for NCD prevention and control, the global NCD monitoring framework provides nine voluntary targets and 25 indicators for monitoring the NCD burden in countries, which must be monitored in each country. The Regional monitoring framework has an additional target related to household air pollution.</td>
<td>• The data and information on NCDs need to be transformed into intelligent resources for a country to ensure evidence-based policy development.</td>
</tr>
<tr>
<td>• A multitude of methods and tools are available for a country to ensure an adequate level of NCD surveillance. Country ownership and capacity, however, are crucial for the success of the programme in the long run. Surveys are essential for monitoring the achievement of the SDG and global NCD targets.</td>
<td>• The global targets may look very ambitious for the countries of the Region, but can be achieved with commitment.</td>
</tr>
<tr>
<td>• The collective contribution of the governments, multisectoral partners, civil society and communities will make it possible to use data and information effectively and efficiently.</td>
<td>• Considering the multifactorial nature of NCDs and their risk factors, a multisectoral oversight and governance mechanism is essential for effective NCD control. Meaningful engagement of civil society organizations needs to be promoted.</td>
</tr>
<tr>
<td>• The national multisectoral coordination committees for NCD control should play an important role. However, in many countries of the Region, these committees are yet to be made fully functional.</td>
<td>• The NCD movement is young and the respective governments need to make an effort to bring NGOs on board to forge alliances involving the community for support. It is important to develop capacity, exchange knowledge, build evidence, campaign for change, and initiating the debate.</td>
</tr>
<tr>
<td>• Good governance is key to effective NCD control in any country.</td>
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<tr>
<td>• The civil society and relevant alliances can help multiple stakeholders to work together in close partnership with governmental institutions to strengthen the already stretched health systems.</td>
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Country case studies

Box 14: Developing a monitoring system for NCDs in Bangladesh

Three types of data collection modalities are being used for NCD surveillance in Bangladesh. These are population-based surveys, administrative data collection systems, such as civil registration and vital statistics and nonconventional methods, such as apps-based reporting on violations and enforcement of tobacco control laws through Facebook.

The information retrieved through these apps are accessed by local enforcement authorities and reported to the National Tobacco Control Centre.

The current challenges include the lack of technical capacity to design and conduct nationally representative surveys, and set up a robust monitoring system. Another problem area is liaison between the Bangladesh Bureau of Statistics and the Ministry of Health and Family Welfare, as well as the National Board of Revenue, for triangulation of data on tobacco, prosecution of tobacco-related offences, and smuggling of tobacco products.

Box 15: NCD surveillance system in Indonesia

Four main approaches have been identified and are being used as part of NCD surveillance in Indonesia. These are the household approach, community-based approach, facility-based approach and population-based approach.

Facility-based reporting consists of routine reporting by health centres and hospitals to obtain real-time data.

The population-based surveys include the national health survey, STEPwise approach to Surveillance (STEPS), health facility surveys (HFS), health professional surveys and global adult tobacco surveys.

Part of the financial resources required for NCD surveillance is budgeted under the NCD control programme. A national health fund for research and development has also been set up in the Ministry of Health to bridge the funding gap.

One of the major monitoring gaps that exist today is the lack of a functioning civil registration system for births and deaths.

A centre for health development studies has been set up, along with a centre for data and web surveillance.
Box 16: Multisectoral NCD action plan in India

Over 60% of the total deaths in India are due to an unhealthy lifestyle and chronic diseases. In the context of the national multisectoral action plan in India, it was mentioned that most actions are focused on the prevention and control of NCDs that are beyond the purview of the health sector.

The key points of focus are regulating advertisements, fiscal measures, raising awareness, reducing the supply of harmful substances, increasing the availability of healthy foods, promoting healthy eating and changes in lifestyle, and reducing air pollution.

Population-based screening for common NCDs, and high tax brackets for selected food and beverage products have also been emphasized.

Box 17: Multisectoral governance mechanism for NCD prevention in Myanmar

The Health Sector Coordination Committee is a multisectoral coordinating body for all public health issues in Myanmar. Its mandate is to guide the Ministry of Health and Sports in strengthening the health sector. The NCD Technical Strategic Group is one of the strategic groups under it. Several NCD units work under this strategic group.

The NCD Strategic Plan (2017–2021) includes high-level advocacy and coordination, and allows for coordination with the police force and General Administrative Department.

The NCD Strategic Group has played a significant role in advocacy in Parliament. This has resulted in the reinvigorated Tobacco Control Committee and the Risk Factor Reduction Task Force, organized by the Ministry of Health and Sports.

The Ministry of Health and Sports acts as the focal ministry overseeing the FDA and various other stakeholders to monitor progress.
Box 18: Building CSO–Government partnerships for joint action in Indonesia

Tackling NCD is the responsibility of the government as well as the civil society. Prior to 2005, a few CSOs were involved in tobacco control programmes, but their activities were irregular.

In 2005, the Indonesia Public Health Association established a working group on tobacco control, as a result of which the country began to receive support from international and regional organizations for strengthening the CSO movement for tobacco control.

In 2006, the Indonesia Tobacco Control Network was established. With donor funding from the Bloomberg Initiative, the CSOs strengthened their activities for tobacco control further.

Initially, there was no official platform for collaboration between the Government and the CSOs. However, as the CSOs became more empowered, advocacy that intensely targeted Parliament and the Government drew the CSOs and the Ministry of Health into a closer relationship.

This resulted in collaboration in framing tobacco control policies and regulations to assist the Ministry to exert public pressure for tobacco control and introduce measures such as pictorial health warnings.

Box 19: Mobilizing public support for NCD prevention and control in Maldives

The “I choose life” campaign for tobacco control was developed in Maldives by NGOs of the youth. It successfully carried out roadshows and increased awareness in schools and through the media. The campaign confirmed that youth leaders have an impact on all people across all walks of life.

The work done by these NGOs highlighted the capabilities of the youth, which would be more impressive still if these organizations were empowered, respected and entrusted with important responsibilities.

The “25 by 25” campaign aimed at promoting physical activity was conducted in partnership with an NGO dealing with fitness. While achieving the objectives of the campaign, the NGO also got much publicity in return – a win-win situation.

The campaign “Exposing the truth about tobacco”, which lead to the use of graphic health warnings, among other things, was supported by a wide range of experts and NGOs working in the social sector. Religious groups too played a leading role in this endeavour.

When engaging with CSOs, it is important to give them appropriate and timely technical information. Further, the information should be of a manageable level. It is equally important to understand their motivation to ensure a win-win situation.
Recommendations

The Forum provided the delegates with an opportunity to deliberate upon a set of general recommendations and country-specific recommendations, to identify areas that need to be addressed on priority.

6.1 General recommendations

The general recommendations that emerged from the meeting fell under three categories: raising a high level of awareness and commitment; strengthening NCD governance; and promoting the implementation of best buys. The detailed recommendations follow.
Raising high level of awareness and commitment

- Member States are encouraged to maximize the potential benefits from global movements on NCD and other related movements, including the 2030 Sustainable Development Agenda, high-level meetings at the UNGA, report of the High-Level Commission on NCDs Prevention and Control, universal health coverage (UHC), primary health care, Codex Alimentarius, and the WHO Thirteenth General Programme of Work. These call for greater integration of mental health and air pollution with the NCD prevention and control agenda. They also stress the need for a framework for close monitoring and time-bound targets for progress in NCD prevention and control.

- Member States can benefit from evolving global policy norms for NCD prevention and control. These include the lessons learned and laws enacted in other countries, global evidence, policy benchmarking, and successes in protecting health interests in international trade.

- Member States need to promote NCD prevention and control as part of a national/joint agenda, in particular, engaging policy-makers beyond the health sector. Economic evidence as well as evidence of cobenefits help in promoting shared responsibility.

Strengthening NCD governance

- Member States need to strengthen engagement with and ownership of sectors beyond health in order to facilitate the multisectoral actions required for NCD prevention and control. It is recommended that the ministries of health further strengthen their roles as coordinator, facilitator and being the central information centre (clearing house) on NCD prevention and control.

- Member States see the need to strengthen the governance infrastructure. This includes: (1) high-level, cross-ministerial coordination and steering mechanisms; (2) designated focal points in each ministry/agency; and (3) a clear framework (roles and responsibility). The Member States should also mobilize human and financial resources, including a dedicated fund for the NCD programme.

- The agenda for NCD prevention and control involves many entities even within a ministry of health, including those responsible for mental health and environmental health, UHC, and health information and planning. There is an urgent need to promote close collaboration and communication within the health sector.

- Member States should promote the “whole-of-society” approach, which includes recognizing and fostering the contributions of local governments, communities, CSOs, consumer groups and local leaders. Many case studies show that focusing on the health and well-being of children and adolescents has proved to be an effective advocacy approach for the prevention and control of NCDs. National and regional alliances on NCD, CSOs related to NCDs (e.g. environment), and academic and professional bodies can raise public awareness, help in advocacy, implementation and monitoring, and promote accountability.
Evidence and information are important for the development and implementation of best buys, and for promoting accountability in NCD prevention and control activities across sectors. NCD prevention and control require a comprehensive set of data, including service registration/administrative information, and information from surveillance systems, monitoring and evaluation research and other small-scale studies. While the quality and validity of information are important, there is an urgent need to promote the use of imperfect data.

The Region has become an emerging market for private operators that benefit from the consumption of harmful and not very healthy commodities. The population, including children and adolescents, is being increasingly exposed to the marketing techniques of NCD-promoting operators, which use practices to circumvent the existing regulations to advance their commercial interests. Evidence also suggests that these economic/commercial operators have a significant influence on the development and implementation of interventions for the prevention and control of NCDs. Other than Article 5.3 of the WHO FCTC, Member States sometimes lack clear policy guidance on how to interact with sectors that have a conflict of interest with NCD prevention and control. The limited capacity to address the CDH, as well as to protect and advance health in international trade mechanisms, necessitates that Member States should collectively develop a modality for managing conflicts of interest, and collectively strengthen cross-sectoral capacity.

Ambient and household air pollution are a major public health challenge in the Region, and it is vulnerable population groups that are affected disproportionately. When reviewing/revising/renewing national NCD action plans, it is necessary to consider the integration of the implications of air pollution, as well as interventions to tackle it, with the agenda for NCD prevention and control. The tools available (such as the Clean Household Energy Solutions Toolkit, which is being utilized in some Member States) could provide an opportunity/entry point to promote an integrated and systematic approach to building clean energy and health action plans. Opportunities for the integration of indicators for air pollution into surveillance systems exist. The World Health Assembly 2020 is expected to discuss effective interventions.

Member States welcomed the idea of integrating mental health conditions with the overall agenda of NCD prevention and control. More work is needed to develop a practical operation model for this purpose. The health system should recognize comorbidities and cobenefits, including the importance of the promotion of mental health as a means of preventing other NCDs. Member States should employ innovative measures, including the use of digital technology, to make mental health services and care more accessible and affordable.
Promoting implementation of best buys

- Member States should explore the possibility of installing/strengthening cost-effective and affordable best buys interventions for the prevention and control of NCDs. However, they should consider these best buys as essential components of a broader policy framework, and not a standalone intervention. Some other interventions, such as regulating the sale of tobacco to minors, promoting health literacy and undertaking public campaigns, may complement the effectiveness of best buys.

- Many good practices exist in the Region with respect to the implementation of best buys interventions, both at the national and subnational levels. Experiences from one country can help to fast track the process in other countries. The good practices should be shared across societies. The lessons learned in areas in which greater progress has been made can benefit other areas of NCD intervention; for example, from tobacco control to alcohol control and the promotion of a healthy diet.

- The consideration of contextual conditions and social feasibility is essential to the formulation and implementation of policy in the Region. An effective approach may be to use consultative/participatory and evidence-based processes, phasing, as well as scaling up of models.

- There is a pressing need for the Member States to strengthen the enforcement of NCD laws and regulations, as well as the implementation of policies. The inability to produce expected results may be attributed to a lack of or inadequate implementation (implementation deficit) caused by a shortage of implementors; by the failure of implementation; or by both.

The evaluation of the effectiveness of interventions on NCD prevention and control should take into account the changing social and demographic context, including dynamic CDH, as well as use the counterfactual scenario approach.

6.2 Country-specific recommendations

Over all three days, the participants were allocated time to work in country teams and to brainstorm about the gaps and challenges being faced by their respective countries in relation to the themes of the NCD Forum, and to identify key action points. These would be introduced/implemented upon their return to their countries. The important country-specific action points identified by the country teams are given in Table 5.
Table 5: Country-specific actions for 2020–2021

<table>
<thead>
<tr>
<th>Country</th>
<th>Actions</th>
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</table>
| Bangladesh| • Advocate to increase direct tobacco tax to make all tobacco products less affordable.  
            • Negotiate for better utilization of the resources collected through the dedicated taxation on NCD risk factor commodities for NCD prevention and control/health promotion.  
            • Introduce food labelling strategies to address those with diets high in salt, sugar and fat.                                                                                                         |
| Bhutan    | • Establish a dedicated secretariat to make the multisectoral approach for NCD control stronger and functional.  
            • Amend the tobacco control act/regulation to make it more comprehensive, so that it includes commodities related to all forms of tobacco, such as betel/areca nuts and smokeless tobacco products.                              |
| India     | • Set up an interministerial committee to harmonize, synergize and implement the actions outlined in the National Multisectoral Action Plan.  
            • Health promotion mechanisms to be established with active participation of all stakeholders (governments, development partners, community, civil society).  
            • Operationalize action plans at the subnational level.                                                                                                                                             |
| Indonesia | • Establish an intergovernmental and CSO task force to further strengthen alcohol and tobacco control.  
            • Develop the National Action Plan 2020–2024 for NCDs.  
            • Initiate work towards eliminating trans fats and introduce a tax on sugar-sweetened beverages.  
            • Increase the size of graphic health warnings on tobacco packs and enforce the ban on all forms of TAPS.  
            • Introduce mechanisms to further enhance the delivery of NCD and mental health services.                                                                                                      |
| Maldives  | • Revision of the Consumer Protection Act and the Food Protection Act is required.  
            • Organize a workshop on food labelling, sugar and beverages.  
            • Increase the tax on tobacco and enforce the TAPS ban.  
            • Continue to implement the mental health policy and strategy.  
            • Further strengthen the coordination between the environment and NCD divisions.                                                                                                                     |
<table>
<thead>
<tr>
<th>Country</th>
<th>Actions</th>
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<tbody>
<tr>
<td>Myanmar</td>
<td>• Strengthen and reinforce the national task force for the reduction of NCD risk factors.</td>
</tr>
<tr>
<td></td>
<td>• Strengthen the multisectoral platform and mechanism, including interministerial collaboration for NCD control.</td>
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<tr>
<td></td>
<td>• Introduce school-based dietary guidelines.</td>
</tr>
<tr>
<td></td>
<td>• Identify the commercial determinants impinging on NCD interventions and develop policies to mitigate their negative effects.</td>
</tr>
<tr>
<td></td>
<td>• Increase tax on tobacco and enforce the TAPS ban.</td>
</tr>
<tr>
<td></td>
<td>• Integrate mental health and air pollution with NCD control.</td>
</tr>
<tr>
<td>Nepal</td>
<td>• Establish a functional high-level committee to oversee NCD control.</td>
</tr>
<tr>
<td></td>
<td>• Further strengthen the data and surveillance on NCDs and their risk factors.</td>
</tr>
<tr>
<td></td>
<td>• Build the capacity of those dealing with NCD control.</td>
</tr>
<tr>
<td></td>
<td>• Identify policy and regulation gaps and bridge them.</td>
</tr>
<tr>
<td></td>
<td>• Increase the tax on tobacco and enforce the TAPS ban.</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>• Strengthen the multisectoral response for NCD control.</td>
</tr>
<tr>
<td></td>
<td>• Introduce action to eliminate transfat in packaged food.</td>
</tr>
<tr>
<td></td>
<td>• Introduce a health warning for alcohol.</td>
</tr>
<tr>
<td></td>
<td>• Introduce strategies to reduce betel nut consumption.</td>
</tr>
<tr>
<td></td>
<td>• Increase tax on tobacco and enforce the TAPS ban.</td>
</tr>
<tr>
<td></td>
<td>• Develop guidelines and conduct training to implement the integration of mental health in primary care.</td>
</tr>
<tr>
<td>Thailand</td>
<td>• Focus on controlling brand stretching in the alcohol industry.</td>
</tr>
<tr>
<td></td>
<td>• Enhance the monitoring of the NCD programme.</td>
</tr>
<tr>
<td></td>
<td>• Strengthen the information and surveillance system for PM 2.5 in air and raise awareness of the effects of air pollution.</td>
</tr>
<tr>
<td></td>
<td>• Sustain gains in tobacco control and prevent the entry of new nicotine and tobacco products.</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>• Enhance alcohol control measures.</td>
</tr>
<tr>
<td></td>
<td>• Further develop capacity and advocacy for NCD and risk factor control.</td>
</tr>
<tr>
<td></td>
<td>• Amend the law on food to include food safety regulation.</td>
</tr>
<tr>
<td></td>
<td>• Strengthen the national multisectoral committee.</td>
</tr>
<tr>
<td></td>
<td>• Increase tax on tobacco and enforce the TAPS ban.</td>
</tr>
</tbody>
</table>
30 October 2019

Inaugural session

- Welcome by Dr Thushara Fernando, Coordinator, Department of Noncommunicable Diseases and Environmental Health, WHO-SEARO
- Address by the Regional Director, WHO South-East Asia Region (to be delivered by Dr Thaksaphon Thamarangsi, Director, Department of Noncommunicable Diseases and Environmental Health, WHO-SEARO)
- Introduction of participants and meeting objectives: Dr Thushara Fernando

Session 1.1: Setting the background
[Session coordinator: Dr Thaksaphon Thamarangsi]

- Recent global developments in NCD prevention and control: Dr Menno Van Hilten, WHO HQ
- ’Best buys’ for NCD prevention and control in the SEA Region: Making multisectoral action plans work: Dr Thaksaphon Thamarangsi
- Role of other sectors in NCD control: Mr Nicholas Banatvala, WHO HQ/Ms Nadia Rasheed, UNDP

Session 1.2: Context for developing and implementing regulatory interventions for prevention and control of NCDs
[Session coordinator: Dr Thaksaphon Thamarangsi & Dr Manisha Shridhar, Ag. Director, Department of Health Systems Development, WHO-SEARO]

- Revisiting and responding to commercial determinants of health on NCDs: Dr Thaksaphon Thamarangsi
- International trade and treaties on health policy: Implications for public health: Dr Manisha Shridhar

Session 1.3: Developing policies for ‘best buys’ restricting physical availability [Session coordinator: Dr Manju Rani, Regional Adviser - NCD Governance, Policy, and Surveillance, WHO-SEARO]

- Overview of best buys under ‘restricting physical availability’ for NCD risk factors: Dr Manju Rani
- Case study(s) in policy development around the Region
  - India: e-cigarette ban
  - Thailand: ban on transfats
Session 1.4: Developing policies for ‘best buys’ marketing regulations  
[Session coordinator: Dr Jagdish Kaur, Regional Adviser, Tobacco Free Initiative, WHO-SEARO]  
- Presentation: Addressing TAPS (tobacco advertising, promotion and sponsorship) in SEA Region: Dr Jagdish Kaur  
- Case study(s) in policy development around the Region  
  - India: Tobacco-free films, Mr Praveen Sinha, WHO Office for India  
  - Maldives: Regulating marketing of beverages for schools

Session 1.5 Developing policies for ‘best buys’ labelling and warning  
[Session Coordinator: Dr Angela De Silva, Regional Adviser – Nutrition for Health and Development, WHO-SEARO]  
- Overview of best buys under ‘package labelling and warning’ for NCD risk factors and its status in SEA Region – Dr Chizuru Nishida, WHO HQ  
- Case study(s) in policy development around the Region  
  - India: Food products and (draft Food Safety and Standards – Labelling and Display) Regulations, 2018: Dr Pradeep Joshi, WHO Country Office for India  
  - Timor-Leste: Graphic health warnings on tobacco packaging

Session 1.6: Country group discussion  
[Session Coordinator: Dr Thaksaphon Thamarangsi]  
- Current situations and capacities in developing country specific regulations by country teams

31 October 2019

Session 2: Implementation of best buys: Dr Thushara Fernando

Session 2.1: Implementing policies for best buys: restricting physical availability [Session coordinator: Dr Manju Rani; Session Moderator: Dr Franco Sassi]  
- Overview of status of implementation of policies on ‘restricting physical availability’ in WHO SEA Region: Dr Manju Rani  
- Case study(s) in policy implementation around the region  
  - Bhutan: Implementing tobacco ban  
  - Sri Lanka: Implementing minimum legal age requirements for tobacco and alcohol

Session 2.2: Implementing policies for best buys: Marketing Regulations  
[Session coordinator: Dr Jagdish Kaur]  
- Implementing TAPS ban in SEA Region: An overview. Dr Kerstin Schotte, WHO HQ  
- case study(s) in policy implementation around the Region  
  - TAPS violation: Myanmar  
  - Djarum Badminton case study: Dr Aries Hamzah, Indonesia
Session 2.3: Implementing legislative/regulatory measures for package labelling and warning
[Session coordinator: Dr Angela De Silva]

- Overview of implementation status of policies on package labelling and warning regulations in the SEA Region: Dr Angela de Silva
- Case study(s) in policy implementation around the region:
  - Implementing plain packaging for tobacco: Thailand
  - Implementing traffic light food labelling: Sri Lanka

Session 2.4: Mental health and NCDs
[Session coordinator: Dr Nazneen Anwar, Regional Adviser-Mental Health, WHO-SEARO]

- Integrating mental health into NCD prevention and control – Why and how: Dr Nazneen Anwar
- Case study(s) for Mental health integration:
  - Mental health in primary health care: Dr Alok Mathur, MoHFW, India
  - Mental health co-morbidities: Dr Yatan Pal Singh, AIIMS, India

Session 2.5: Air pollution and NCDs
[Session Coordinator: Ms Lesley Onyon, Regional Adviser, Occupational and Environmental Health; Session moderator: Dr Sagnik Dey]

- Air pollution, NCD disease burden, and national action plans – An overview: Ms Lesley Onyon
- Effective interventions for air pollution: Ms Natalie Roebell, WHO HQ

Session 2.6 Country group discussions
[Session coordinator: Dr Thaksaphon Thamarangsi]

- Individual group discussion to reflect on current gaps/challenges faced in implementing policies related to the three domains discussed in the forum.
- Presentation of country group discussion

1 November 2019

Session 3.1: Monitoring the implementation and impact of NCD best buys
[Session coordinator: Dr Manju Rani & Mr Mark Landry, Regional Adviser-Health Situation and Trend Assessment, WHO-SEARO]

- Revisiting global monitoring frameworks, targets and indicator
  Dr Thaksaphon Thamarangsi
- Overview of status of systems for monitoring of implementation of policies in WHO SEA Region – Dr Manju Rani
- Case study(s) in monitoring and evaluation around the Region
  - Bangladesh
  - Indonesia
Session 3.2: Promoting accountability and mobilizing public support for NCD prevention and control

[Session Coordinator: Dr Thushara Fernando and Dr Gampo Dorji, Technical Officer-NCD, WHO-SEARO]

- Multisectoral governance and accountability mechanisms in SEA Region: Dr Gampo Dorji
- Multisectoral governance:
  - India
  - Myanmar

Session 3.3: Mobilizing public support for NCD prevention and control

[Session Coordinator: Dr Thushara Fernando and Dr Gampo Dorji]

- Role of civil society and alliances within Member States: Dr Monika Arora, HRIDAY, New Delhi
- Government CSO partnerships:
  - Indonesia
  - Maldives

Group work and presentation

Session 3.4: Country team brainstorm on gaps, opportunities and solutions – to report back what next?

[Session Coordinator: Dr Thushara Fernando]

- Country presentations

Conclusions and recommendations: Dr Thaksaphon Thamarangsi
List of participants

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Second South-East Asia Regional Forum to accelerate NCD prevention and control in the context of SDGs

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Second South-East Asia Regional Forum to accelerate NCD prevention and control in the context of SDGs

New Delhi, India, 30 October – 1 November 2019