Progress reports on selected Regional Committee resolutions:

Regional action plan and targets for prevention and control of noncommunicable diseases (2013–2020) (SEA/RC66/R6)

Noncommunicable diseases (NCDs), such as heart disease and stroke, cancer, diabetes and chronic lung diseases, have emerged as leading causes of death in the South-East Asia Region. The Sixty-sixth Session of the Regional Committee adopted the regional action plan for the period 2013–2020 and endorsed 10 regional targets for the prevention and control of NCDs. Notable progress has been made in the Region with regard to the development of national multisectoral action plans to control NCDs, implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC), improved surveillance and monitoring systems, and introduction of early detection and management of NCDs in primary health-care systems. Key challenges include ineffective enforcement of policies and legislations, inadequate human and financial resources, and limited multisectoral partnerships.

The High-Level Preparatory (HLP) Meeting held in the Regional Office in New Delhi, India, from 14 to 17 July 2014 reviewed the attached document and made the following recommendations:

**Actions by Member States**

1. Cost-effective and affordable multisectoral interventions for the prevention and control of NCDs should be scaled up to achieve the global and regional voluntary targets by 2025.

2. Oral health services should be integrated within NCD programmes and implementation of the Regional Oral Health Strategy accelerated.

**Action by the WHO Regional Office**

1. WHO should continue to facilitate and coordinate the sharing of experiences and best practices, including tracking of progress on key NCD indicators and targets.

The working paper and the HLP recommendations are submitted to the Sixty-seventh Session of the Regional Committee for its consideration.
1. Noncommunicable diseases (NCDs), such as heart disease and stroke, cancer, diabetes and chronic lung diseases, have emerged as leading killers accounting for more than 50% of all deaths in 10 out of 11 SEAR Member States. An important concern is that a significant proportion of these deaths occur prematurely among people who are in their prime years, often family breadwinners and productive citizens. NCDs can be significantly contained by prevention and control of the underlying risk factors, namely, tobacco use, insufficient physical activity, unhealthy diet, and the harmful use of alcohol. The UN High-Level Meeting of 2011 acknowledged NCDs as a health and development threat and called upon Member States to take concrete steps to address them. The Sixty-sixth Session of the Regional Committee adopted the regional action plan for the period 2013–2020 and endorsed 10 regional targets for the prevention and control of NCDs. All Member countries have stepped up efforts to address NCDs and recognize them as a priority. Notable progress has been made in the Region with regard to the development of national multisectoral action plans to control NCDs, implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC), improved surveillance and monitoring systems, and introduction of early detection and management of NCDs in primary health-care systems.

2. Development of national multisectoral policies and action plans: National targets and action plans are being developed in Bhutan, Democratic People’s Republic of Korea, India, Maldives, Nepal, Sri Lanka and Timor-Leste. Other countries are strengthening their existing action plans and setting national targets in line with the global and regional ones. A regional workshop was organized in Kalutara, Sri Lanka, in March 2014 to empower NCD programme managers in developing NCD policies and action plans.

3. Acceleration of efforts to reduce NCD risk factors: Member States are intensifying implementation of the WHO FCTC. Pictorial warnings covering a significant area on tobacco product packages have been implemented in Bangladesh (50%), India (40%), Indonesia (40%), Nepal (75%), Thailand (85%) and Nepal (75%). Bhutan has banned the sale of all forms of tobacco. Thirty Indian states and union territories have banned the production, distribution and sale of gutka (chewable tobacco) and Maharashtra state has banned the production, distribution and sale of all kinds of smokeless tobacco products. To promote a healthy diet, Indonesia has issued a decree to reduce salt, sugar, fat and processed food. Bhutan has developed a national policy and strategy for the period 2013–2020 to reduce the harmful use of alcohol, Thailand has demonstrated a notable reduction in adult per capita consumption of alcohol in some population subgroups through effective policies, legislations and intersectoral actions. To mitigate the impact of air pollution, India has recently set up a national task force on indoor and ambient air pollution.

4. Introduction of NCD prevention and control into primary health-care services: Five countries in the Region have introduced the WHO Package of Essential NCD (PEN) interventions into their primary health-care systems. The PEN initiatives are at the pilot stage in the Democratic People’s Republic of Korea, Indonesia and Myanmar, whereas Bhutan and Sri Lanka
have taken them to a national scale. In 2012, an evaluation of the PEN pilot project in Bhutan showed a significant reduction in cardiovascular risk among affected patients attending primary health-care centres. India has recently taken steps to increase access to essential drugs, including access to medicines for NCDs.

5. **Strengthening surveillance for NCD risk factors:** National capacity was built for surveillance, monitoring and research through regional workshops on the WHO STEPS survey methodology, global school-based health surveys and operations research methods. Since 2011, a fresh round of WHO STEPS surveys has been completed or initiated in six countries (Bhutan, Maldives, Myanmar, Nepal, Sri Lanka and Timor-Leste). The global adult tobacco survey has been completed in Bangladesh, India, Indonesia and Thailand. All countries in the Region, except the Democratic People’s Republic of Korea have carried out global youth tobacco surveys at the national level and repeated these at periodic intervals. In December 2013, the WHO Regional Office for South-East Asia organized a training workshop on the global school-based student health survey.

6. **Integration of oral health into NCD prevention and control:** Recognizing the enormous burden of oral diseases and considering the common risk factors responsible for NCDs and oral diseases, the integration of oral diseases into the NCD context is an important consideration for the Region. A regional oral health strategy has been developed, which will also contribute to reducing the four major NCDs. This strategy aims at facilitating the development of comprehensive oral health-care systems that are fully integrated into general health, education and development policies and are based on primary health-care principles. Five priority action areas and their respective optional indicators have been suggested to guide planning and prioritization at the national level for Member States. The overarching priority for all future oral health planning should be to integrate the activities for prevention and control of oral diseases and NCDs. The other key priorities are addressing oral cancer as a key public health concern and dental caries as a key public health problem; strengthening the oral health workforce in Member States; and promoting oral health through the school setting.

**Challenges and opportunities**

7. Multisectoral collaboration beyond the health sector is vital for NCD control. Mobilizing partnerships with the non-health sectors, and fully operationalizing and sustaining these partnerships remain major challenges.

8. Legislation and fiscal policies to reduce exposure to NCDs are ineffectively enforced. Although 10 out of the 11 countries in the Region have ratified the WHO FCTC, compliance is poor.

9. The limited capacity of the health system for prevention, early detection and management of NCDs is another challenge. More investment is needed to build the capacity of the health system, particularly at the primary-care level.

10. The resources allocated for NCD control are insufficient. Innovative financing mechanisms, such as those used in Thailand, should be explored to generate additional funds.

11. Moving forward, opportunities include building on the universal health coverage movement, facilitating technology transfer among Member States, fostering North–South and South–South cooperation, and using mobile technology and the social media to address NCDs.
The way forward

Actions by Member States

1. Member States should set national targets for the prevention and control of NCDs and develop costed national multisectoral action plans;

2. Cost-effective interventions to reduce exposure to risk factors for NCDs should be scaled up and primary health-care systems strengthened for early detection and management of those affected by NCDs;

3. NCD surveillance and monitoring systems should be strengthened;

4. Innovative financing mechanisms should be developed and implemented and budgetary allocation for tackling NCDs increased;

5. Progress made in the prevention and control of NCDs in 2015 at the national level should be assessed and submitted to the WHO Secretariat for reporting to the Sixty-ninth World Health Assembly in 2016; and

6. Implementation of the regional oral health strategy should be accelerated.

Actions by WHO

1. WHO should assist in building national capacity and provide technical assistance for developing and implementing national multisectoral policies and action plans for the prevention and control of NCDs; and

2. Resource mobilization efforts of Member States for scaling up cost-effective interventions to address NCDs should be supported.