Report of the Regional Consultation on Multisectoral Policies for Prevention and Control of Noncommunicable Diseases in the South-East Asia Region

Bengaluru, India, 18–20 August 2014
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### Acronyms and abbreviations

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<th>Acronym</th>
<th>Description</th>
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<tr>
<td>CDC</td>
<td>US Centers for Disease Control and Prevention</td>
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<tr>
<td>COPTA</td>
<td>Cigarettes and Other Tobacco Products Act, 2003</td>
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<tr>
<td>CVD</td>
<td>cardiovascular disease</td>
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<tr>
<td>DALY</td>
<td>disability-adjusted life year</td>
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<td>FCTC</td>
<td>WHO Framework Convention on Tobacco Control</td>
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<tr>
<td>GIS</td>
<td>geographic information system</td>
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<tr>
<td>ISH</td>
<td>International Society of Hypertension</td>
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<tr>
<td>IT</td>
<td>information technology</td>
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<tr>
<td>ITU</td>
<td>International Telecommunication Union</td>
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<tr>
<td>LMIC</td>
<td>low- and middle-income countries</td>
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<tr>
<td>MCH</td>
<td>maternal and child health</td>
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<tr>
<td>MDG</td>
<td>Millennium Development Goal</td>
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<tr>
<td>m-health</td>
<td>mobile health</td>
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<tr>
<td>NCD</td>
<td>noncommunicable disease</td>
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<tr>
<td>NGO</td>
<td>nongovernmental organization</td>
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<td>PEN</td>
<td>WHO Package of Essential Noncommunicable disease interventions</td>
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<td>SDG</td>
<td>Sustainable Development Goal</td>
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<tr>
<td>SHS</td>
<td>secondhand smoke</td>
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<tr>
<td>TAPS</td>
<td>tobacco advertising, promotion and sponsorship</td>
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<tr>
<td>TB</td>
<td>tuberculosis</td>
</tr>
<tr>
<td>TQS</td>
<td>Tobacco Questions in Surveys</td>
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<td>UN</td>
<td>United Nations</td>
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<tr>
<td>UNICEF ROSA</td>
<td>United Nations Children’s Fund Regional Office for South Asia</td>
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<tr>
<td>UNIATF</td>
<td>United Nations Interagency Task Force</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Noncommunicable diseases (NCDs) are currently the leading cause of preventable death and disability worldwide, accounting for two out of every three deaths. In 2012, NCDs were responsible for 68% of global deaths (38 million); 75% of these deaths occurred in low- and middle-income countries (LMICs). In 2012, there were 8.5 million NCD-related deaths in the South-East Asia Region.

Over the past decade, deaths due to NCDs have increased by 27% in the Region. In 10 out of 11 Member States of the Region, NCDs account for over half of all deaths. Notably, unlike in developed countries, most of the deaths in the Region occur at younger ages, with devastating health, economic and social implications. Nearly half of all deaths from NCDs in the Region are in the age group of 30–70 years.

NCDs and their risk factors have been increasing rapidly in LMICs, including in the South-East Asia Region. In addition to mortality, NCDs are also a leading cause of disability. In 2012, NCDs accounted for 55% of disability-adjusted life years (DALYs) lost worldwide.

NCDs not only have a bearing on health but also on societal development, as they impact individuals, families, societies and nations. Most individuals suffering from NCDs in the South-East Asia Region incur out-of-pocket expenses to meet health-care costs, and often have to resort to distress financing and catastrophic expenditure, leading to impoverishment.

Recognizing the growing burden of NCDs worldwide as a public health challenge, the United Nations convened a High-level Meeting on NCDs in 2011. The Political Declaration of this meeting puts prevention as the cornerstone of the global response to combat this global problem, and commits to and mandates multisectoral actions by nations through a “whole-of-society” and “whole-of-government” approach to counter NCDs,
and to achieve the goal of 25% reduction in premature NCD-associated mortality by 2025.

As a follow up to the UN Political Declaration, in September 2013, the 66th Regional Committee of the WHO South-East Asia Region adopted the regional action plan and ten regional targets for prevention and control of NCDs. Achieving these global and regional targets will require multi-sectoral collaboration and development of cohesive and comprehensive national policies, strategies and programmes at the country level.

To promote and catalyse national multisectoral partnerships and actions for prevention and control of NCDs and to achieve the global and regional NCD targets, the WHO Regional Office for South-East Asia convened a Regional Consultation on Multisectoral Policies for Prevention and Control of Noncommunicable Diseases (NCDs) during 18-20 August 2014, in Bengaluru, India. The consultation was attended by 99 participants represented by delegates from the 11 Member States of the Region; NGOs; partners including UN agencies, Centers for Disease Control and Prevention, and WHO staff from HQ, country offices and the regional office. The purpose of the meeting was to provide a forum to share best practices from within the Region and around the world and to discuss multisectoral policies for reducing tobacco use, promoting healthy nutrition, driving innovations in NCD prevention and care and fostering an enabling environment for reducing the burden of NCDs.
Objectives of the meeting

General

To promote multisectoral actions and “health in all policies” for the prevention and control of NCDs in the South-East Asia Region

Specific

- To discuss the critical need for multisectoral actions and “health in all policies” approach for addressing NCDs
- To deliberate upon modalities for advancing multisectoral actions for “health in all policies” based on global and regional best practices
- To identify and agree upon key actions and milestones for the achievement of global and regional NCD targets.

To meet these objectives, the programme of the meeting was organized into an opening session, four thematic plenaries, group work and a partners’ roundtable.
Inaugural session
Dr Poonam Khetrapal Singh, WHO Regional Director for South-East Asia, welcomed the delegates to the meeting and highlighted the extent of the health and economic implications of NCDs for the South-East Asia Region. Dr Singh indicated that the Region, which is home to 26% of the world’s population and a third of its poor, is disproportionately affected by NCDs. She mentioned the macroeconomic burden of NCDs in LMICs, which will lose US$ 7 trillion over the period 2011–2025, considerably undermining societal progress and development by impoverishing individuals and draining economies. Thus, NCDs require to be addressed urgently and it is therefore of vital importance to alleviate poverty in the Region.

Dr Singh underlined the role of upstream determinants of NCDs such as globalization, unplanned urbanization, and unfair trade and marketing practices, which drive unhealthy lifestyles in the population, leading to increased consumption of tobacco, alcohol, and diets high in salt, sugar and fat. These behavioural risk factors and associated biological risk factors (such as obesity, raised levels of blood pressure, blood sugar and blood cholesterol) coupled with low awareness are fuelling the rise of NCDs and placing a huge burden on resource-constrained health systems of countries in the South-East Asia Region.

Dr Singh underscored the need for wide-scale implementation of proven, cost-effective interventions, also referred to as “best buys” to prevent and control NCDs. For this to happen, actions are needed by all government ministries, including health, finance, transport, sports, education, agriculture, food safety, among others. Government efforts must be supported and supplemented by all other relevant stakeholders in society, including individuals and families, the media, corporates, nongovernmental organizations (NGOs), community organizations, academia, donor agencies and the private sector, where appropriate.
Highlighting the achievements of Member States in the Region, Dr Singh illustrated selected examples of increased coverage of pictorial warnings on tobacco products, ranging from 40% to 85% in Bangladesh, Indonesia, Nepal and Thailand; the ban on the production, distribution and sale of gutka or chewable tobacco in 30 Indian states and Union Territories; reduction in adult per capita consumption of alcohol in some population subgroups through implementation of best buys such as restriction of availability of alcohol, increased taxation and restriction on advertising; and scale up of NCD interventions within the primary health-care system in Bhutan and Sri Lanka.

Dr Singh urged Member States and international partners to integrate NCDs into the national development agenda and to establish national multisectoral policies, strategies and action plans for the prevention and control of NCDs. She emphasized the need for the political leadership of Member States to give full commitment to favourably influence policies not only in the health sector but also in the domains of trade, agriculture, food, taxation, education, urban development and other sectors through a holistic “health-in-all-policies” approach. (For the full text of Dr Singh’s speech, please see Annex 1.)

Mr Anshu Prakash, Joint Secretary, Department of Health and Family Welfare, Government of India indicated that effective prevention and control of NCDs through multisectoral action in the South-East Asia Region will accelerate reduction in the overall global burden and help to achieve the envisaged global goal and targets. Mr Prakash highlighted the challenges to NCD prevention and control, such as limited financial and human resources, lack of institutional capacity, and lack of proper infrastructure and medications.
He also spoke about challenges in the area of multisectoral collaboration. Multisectoral collaboration is key to NCD prevention and control but not easy to achieve due to the multiplicity of actors. He illustrated with examples the need for tapping into existing synergies between the health and other sectors such as the sports sector, where promoting health and fitness is a common agenda. Similarly, raising taxes on tobacco and alcohol would promote public health and also increase revenues for the Finance Ministry. Another example of public health action without undermining the interest of another sector is integrating NCDs into the school syllabus. He felt that the role of the media was paramount and the need for the government to work with the NGOs was critical.

Mr Prakash reaffirmed India’s commitment to NCD control and indicated the Government’s plan to create a knowledge hub on NCDs, which may help to guide prevention and control efforts in India as well as in the Region.

A video film on ongoing multisectoral collaboration for the prevention and control of NCDs in the Region was shown to the delegates, followed by a group photo. The video showcased multisectoral collaboration for preventing key risk factors; namely, physical inactivity, tobacco use, unhealthy diet, and harmful use of alcohol in four countries of the Region (Bhutan, India, Sri Lanka and Thailand).

**Opening plenary:**

**Multisectoral collaboration for prevention and control of NCDs**

The opening plenary was chaired by Dr Poonam Khetrapal Singh, WHO Regional Director for the South-East Asia Region. In her introductory remarks, she reiterated that NCDs are complex and multifaceted. These diseases are not caused by a single disease agent but driven by powerful forces, including market forces and the negative aspects of globalization and urbanization, which are rapidly altering the lifestyles of our populations. Therefore, NCDs are not just a health issue—they constitute political, trade and economic issues. Tackling NCDs requires multisectoral approaches and multisectoral policies, which was the theme of the meeting.

Sir George Alleyne, Director (Emeritus), WHO Regional Office for the Americas, gave a talk on sectoral cooperation in the prevention and control of NCDs. He gave an overview of the multisectoral/intersectoral nature of NCDs, and the sectors that could be involved. He specified the need to prioritize and select a few sectors to make quick progress, depending on the country context and priorities, and also focused on the clear distinction between multisectoral and intersectoral action, with the former largely a “whole-of-government” approach and the latter largely a “whole-of-society”
Four major NCDs and their common risk factors

- Cardiovascular disease
- Chronic respiratory disease
- Cancer
- Diabetes

Common risk factors:
- Increased weight, blood pressure, blood sugar, cholesterol
- Tobacco use
- Unhealthy diets
- Physical inactivity
- Harmful use of alcohol
- Urbanization
- Globalization
- Trade and marketing
- Population ageing
- Socioeconomic factors
Sir George described the magnitude of NCDs, their causes and consequences, the need, nature and tools for sectoral cooperation as well as the possible role of WHO in promoting sectoral cooperation. He underlined the need to concurrently address the HEAD (evidence/burden), HEART (human aspects) and POCKET (economics/financial risk protection), as was done in the effort to combat HIV/AIDS, as presently NCD control efforts do not seem to focus on the HEART (human aspects).

Sir George stated that sectoral cooperation was fundamental to executing the commitments in the Political Declaration and to prevent and control NCDs. He dwelt on the respective roles of different stakeholders, such as the government, private sector, civil society organizations and how they could be leveraged to contribute to sectoral efforts to control NCDs in different country contexts. Sir George emphasized the need for WHO to provide technical cooperation in promoting health as a development issue, as well as in assisting countries to develop the tools necessary to facilitate interaction among different sectors/ministries of the government for developing national NCD action plans, devising impact assessment strategies and obtaining data on the national expenditure on NCDs.

Professor K. Srinath Reddy, President, Public Health Foundation of India spoke on mainstreaming health in all public policies for reducing the escalating burden of NCDs. The talk highlighted the scope of proven public health interventions and emphasized the importance and power of policy interventions. These help to create an enabling environment to
catalyse behavioural changes in the population for risk reduction, as well as to ensure the maintenance and sustainability of these changes. He also noted the need for a coherent policy response and emphasized the role of the health ministry in sensitizing other ministries to initiate multisectoral action. Professor Reddy described the top global risk factors of DALYs lost, and underlined the contribution of the diet and physical inactivity cluster, which is responsible for the largest percentage of DALYs lost. He reflected on the various health systems challenges and the possible strategies to overcome these, including task-sharing and -shifting of NCD care to non-physician health workers. He presented global evidence on the effectiveness of downshifting NCD care, and emphasized the issue of improving access to essential NCD drugs, especially generic drugs and fixed-dose combinations. Professor Reddy also cited the global experiences with regard to the effectiveness of various polices pertaining to tobacco control (including MPOWER), alcohol control and diet, and also on how ensuring the success of these policies requires the engagement of multiple sectors beyond the health sector.

Professor Reddy highlighted the principal barriers to ensuring effective multisectoral action, such as a lack of awareness, lack of interest, tendency of various sectors to protect their domains, financial constraints and a lack of effective coordination mechanisms. He described the need to institutionalize multisectoral mechanisms, and mobilize political will for initiating action. He also explained the need for shared ownership, joint accountability, public recognition of the roles of various sectors/stakeholders and the requirement for undertaking health impact assessments of all public policies.

The opening plenary set the scene for a vibrant discussion on engaging multiple sectors in the prevention and control of NCDs. The discussions highlighted the role of effective change agents and need for sharing knowledge and best practices for behaviour change and risk reduction at the population level, as well as the required change in the mind set of those at the leadership/political level. The role of WHO in sensitizing the political leadership in World Health Assembly/Regional Committee meetings was also discussed.

**Thematic plenary 1: Marching towards a tobacco-free world**

The first thematic plenary on “Marching towards a tobacco-free world” was chaired by Dr Palitha Abeykoon, Chairman, National Authority on Tobacco and Alcohol, Sri Lanka.

Dr Douglas Bettcher, Director, Prevention of Noncommunicable Diseases Department, WHO headquarters spoke on the global burden of tobacco
Estimated percentage of deaths, by cause, South-East Asia Region, 2012

and the priority cost-effective interventions available to stem the rising burden of tobacco-related morbidity and mortality. He emphasized the large burden of tobacco use in the South-East Asia Region, including that from smokeless forms, which are predominant in many countries of the Region. Dr Bettcher also spoke about the disproportionate impact of tobacco use on the younger and productive age groups in terms of disease and death. He mentioned the role of the WHO Framework Convention on Tobacco Control (FCTC) and its core provisions in advancing tobacco control in the Region, including a status report on implementation. He also discussed the need for scaling up implementation of the MPOWER package and related costs.

Dr Samira Asma, Chief, Global Tobacco Control, Centers for Disease Control and Prevention, USA spoke about the global best practices in the tobacco control policy. While discussing the MPOWER approach, she stressed the importance of effective monitoring mechanisms, as what gets measured gets done. Comprehensive laws, including those for tobacco taxes, tobacco packaging, 100% smoke-free environments, and mass media campaigns were identified as global best practices. She highlighted select examples of countries implementing these best practices and experiencing a reduction in tobacco use. These included (a) Brazil, where strong and effective multisectoral policies are in place as well as a National Commission for Tobacco Control, which includes 16 ministries and secretariats; (b) Australia, where a decline in smoking followed implementation of effective tobacco control measures that included plain packaging; (c) Uruguay, where a decline in tobacco consumption followed the implementation of comprehensive advertisement bans, 1005 smoke-free laws, high tobacco taxes and large pictorial health warnings (up to 80% of tobacco packets); (e) France, where tobacco taxes were tripled, tobacco consumption halved and the government revenue doubled; and (f) the Philippines, where “sin tax” funds are funding universal health coverage.

Professor Prakit Vathesatogkit, Chair of ThaiNCDNet, highlighted the success achieved in the tobacco control arena in Thailand, as well as the key milestones in the process, which began with the banning of tobacco advertisements in 1989. The genesis of setting up the Thai Health Promotion Fund in the late 1990s and the establishment of the Health Promotion Fund Act, 2001 were underlined as key milestones that have ensured sustainable funding not only for tobacco-related health promotion, but also helped other NCD risk reduction endeavours. This has led to a decline in smoking prevalence during 1989–2004. The Ministry of Health’s new regulation of 2013 requires health warnings to cover 85%of both surfaces of cigarette packs. The related litigation against this was discussed, which has been upheld by the court and will be implemented in 2014. He also underlined the need for harmonizing tobacco taxes on different products, indexing taxes to inflation rates, strengthening the tax administration system and curbing illicit trade in tobacco products. As a result of tobacco control
efforts, the prevalence of smoking has declined among men, millions have been protected from exposure to secondhand smoke (SHS) and revenue accrued to the exchequer has increased manifold, such that it can now be used to support both NCD control and universal health coverage.

Dr Mohammed Shaukat, Deputy Director General (NCD), Ministry of Health and Family Welfare, Government of India spoke about the current status of tobacco control in India. He highlighted the increasing burden of tobacco use and associated mortality, particularly in the productive younger age groups. Dr Shaukat discussed the history behind the enactment of the Cigarettes and Other Tobacco Products Act (COTPA) in 2003, which preceded the signing of the FCTC by India, as well the subsequent initiation and current status of the National Tobacco Control Programme. He also provided details of the implementation of each article of the WHO FCTC and underlined the successes that India has achieved.

During the discussion following the talks, the need was emphasized for addressing the use of smokeless tobacco in the Region and the importance of reaching out to the underserved rural populations, who use tobacco extensively. Similarly, the need to mainstream and integrate tobacco control with other health programmes such as the tuberculosis (TB) control programme, and maternal and child health (MCH) programme was discussed.

Thematic plenary 2:
Promoting healthy nutrition to prevent NCDs

The Chair of the session, Dr Nata Menabde, WHO Representative to India, welcomed the participants and panel members. She mentioned that a life-course approach should be used to address NCDs, as they not only affect adults but also children and young adults. Good nutrition needs societal interventions. Therefore, involvement of non-health stakeholders is essential, including communities and the food industry.

Ms Genevive Howse, Adjunct Professor, La Trobe University, Australia spoke on the best practices in public health legislations and policies. She emphasized the importance of regulatory approaches in advancing NCD control. An assessment of the current legislations relevant to NCDs is a necessary first step in moving forward to leverage law as a public health-enabling tool. The mere presence of legislation and law will not suffice but the key focus should be on effective enforcement. For initiating a legislative process for NCD prevention policies, she suggested that the Ministry of Health should play the stewardship role, along with promotion of an intersectoral approach that includes civil society. She discussed possible areas of legislative interventions, such as the taxation and regulation of tobacco, as well as the food and beverage industry.
Dr Lijing Yan, Deputy Director, The George Institute for Global Health, China discussed the role of salt reduction as a “best buy” intervention for NCD control in the South-East Asia Region. Although the recommended salt intake in adults is less than 5 g per day, it is much higher in most countries of the Region. Reducing salt intake reduces blood pressure levels and ultimately leads to a reduction in associated cardiovascular disease. Dr Yan shared the experience from developed countries, where salt reduction has been achieved along with the attendant benefits in terms of lowered blood pressure and reduction in cardiovascular disease (CVD). The ongoing salt reduction research initiatives in China, which are examining the role of salt substitution, innovative customized health education and engagement with the industry, may provide some insights to drive similar efforts in the Region. Dr Yan also discussed the recent controversies around the appropriate level of salt intake, and the methodological limitations of studies that have indicated higher permissible levels of salt intake. Multisectoral engagement was identified to be a key success factor in driving salt reduction efforts, based on the available experiences and evidence.

Professor Hasbullah Thabrany, Professor, Center for Health Economics and Policy, Indonesia spoke about the Indonesian initiative for promoting healthy nutrition. Nearly 71% of deaths in Indonesia are due to NCDs and, according to a national health survey, 77% people consume excess salt, 50% consume sweets and 40% consume fatty foods. To change the food consumption pattern, regulation of food labelling was introduced in Indonesia in 2013. As per this regulation, there is an obligation to strengthen information on the sugar, salt and fat content on food labels, along with health messages. Materials under the purview of this regulation include processed and fast
food. The messages include statements such as: “Consumption of sugar more than 54 grams, sodium more than 2000 milligrams, or total fat more than 67 grams per person per day are a risk for hypertension, stroke, diabetes and heart attack.” Thus far, advocacy materials and guidelines have been developed, and a study on diet has been done. There has been extensive multisectoral collaboration for implementing this regulation. Challenges to implementation include impacting the community’s mind set, countering the opposition of the food industry and inadequate funding.

The ensuing discussions highlighted the need to engage with the food industry without any conflicts of interest, as well as for implementing multiple strategies to promote healthy context-specific diets. Additionally, the need to address the use and consumption of trans-fats along with other dietary risk factors was highlighted.

**Thematic plenary 3:**
**Driving innovations in NCD prevention and care**

Professor K. Srinath Reddy chaired the session on “Driving innovations in NCD prevention and care”.

Dr Tandin Dorji, Chief Programme Officer, Noncommunicable Division, Ministry of Health, Bhutan spoke on the efforts to address human resource challenges in the delivery of NCD services against the backdrop of an increasing burden of NCDs in Bhutan. A good referral system with basic health units and village health workers has been established, along with the pilot-testing and subsequent adoption of the WHO Package of Essential Noncommunicable (PEN) disease interventions at the primary health centre level in two districts. The health workers have been trained to screen, treat (prescribe basic drugs), follow up and refer NCD cases. The health worker is identified as the NCD focal point for each district. WHO protocols for physicians and non-physicians, International Society of Hypertension (ISH) risk charts, a glucometer with strips, automated blood pressure apparatus, height and weight scales, and measuring tapes are some of the essentials provided in these districts. Training for medical officers and hospital staff is planned this year. Preliminary analysis of the patients who attended these clinics indicates a high burden of hypertension, diabetes, overweight, smoking, drinking and risk of developing CVDs. However, with medications as per the WHO PEN protocol, there was a decline in the burden of cardiovascular risk. Regular follow up of patients with hypertension and diabetes also helped reduce the risk, indicating the likely impact of the WHO PEN interventions in improving blood pressure control and reducing associated cardiovascular risk.
Professor D. Prabhakaran, Executive Director, Centre for Chronic Disease Control, India talked about innovations in NCD service delivery in India. He emphasized the need for health systems strengthening for improving NCD care through - task-shifting and task-sharing using frontline health-care workers, use of affordable technology, enhancing the capacity of human resources, structured health promotion approaches, and integrating traditional approaches like yoga for cardiac rehabilitation.

The rising demands placed on resource-constrained health systems in the Region requires an emphasis on prevention rather than curative care, leveraging the success of task-shifting experiences for other diseases and supplementation of these efforts with m-health technologies. Dr Prabhakaran described the example of a community-based research project in Solan, India where the efficiency of frontline health workers empowered with information technology (IT) and smart phones helped to reduce NCD risk factors and improve hypertension management. There was an appreciable decline in the blood pressure and fasting blood sugar levels over the study period of one year. Another example he highlighted was that of DISHA, a multicentre study that aims to promote consumption of a balanced diet, reduce salt intake, reduce tobacco and alcohol consumption, and increase physical activity using structured health promotion approaches. Dr Prabhakaran also underlined the need to build and regularly upgrade the capacity of available health professionals to improve NCD care.

Dr V.T.S.K. Siriwardane, Director, Noncommunicable Disease, Ministry of Health, Sri Lanka spoke about the increasing the availability of essential NCD drugs in Sri Lanka. He emphasized the role of strong political commitment and how it translates into effective policy and practice. Dr Siriwardane highlighted various aspects pertaining to the availability of essential medicines in Sri Lanka, such as how NCD drugs were included in the essential drugs list, the process and timelines that were followed, available drugs at different levels of health care, cost incurred by the government and patients, support of other organizations, challenges and lessons learnt in improving the access to NCD drugs, as well as the current coverage and future plans. The key steps taken by the government included the following: supporting prevention of NCDs by strengthening policy; implementing a cost-effective NCD screening programme for the community with special emphasis on CVD; facilitating provision of optimal NCD care by strengthening the health system; providing integrated and appropriate curative, preventive, rehabilitative and palliative services at each level of service; empowering the community to adopt healthy lifestyles; enhancing human resource development to facilitate NCD prevention and care; strengthening the national health information system by including disease and risk factor surveillance; promoting research and incorporating the findings into initiatives for the prevention and control of NCDs; ensuring sustainable financing mechanisms to support cost-effective health interventions for the preventive and curative sectors; and prioritizing
Cost of inaction versus cost of action

Cost of lost productivity and health-care costs

Cost of implementing proven cost-effective interventions

Cost of inaction—US$ 500 billion per year

Cost of action—US$ 11.4 billion per year

and integrating prevention and control of NCDs into policies across all government ministries and private sector organizations.

Dr Vinayak Prasad, Project Manager, Prevention of Noncommunicable Diseases Department, WHO headquarters spoke about using mobile technology for the prevention and treatment of NCDs. Dr Prasad discussed WHO’s global flagship initiative “Be Healthy Be Mobile” to enable various m-health interventions for NCDs and their scale up worldwide. This is a unique initiative as, for the first time, WHO has been able to adopt a multisectoral partnership structure with the help of the International Telecommunication Union (ITU). The programme can therefore simultaneously engage in-country partners, government organizations and also the private sector. The initiative is focused on reducing NCDs through prevention, treatment and policy enforcement, and uses the WHO’s accredited content, including researched and scientifically proven mobile solutions.

The first of the eight champion countries to join this initiative was Costa Rica. In 2013, Costa Rica launched the world’s first national mobile tobacco cessation programme. The next country to join was Senegal, which has decided to focus on diabetes for effective management of the illness as well as to educate and train health-care workers. Zambia plans to adopt this initiative in the next two years for a national cervical cancer programme to ensure that young women attend screenings. The United Kingdom and Norway are also interested in mobile wellness and mobile ageing programmes, which will encourage their citizens to improve their diet and lifestyle, as well as provide mobile solutions for an increasingly elderly population. For each disease, the WHO/ITU programme will develop guidelines for scientifically proven mobile solutions to help with the different diseases and their risk factors. The planned interventions include m-Cessation, m-Diabetes, m-Wellness, m-Cervical Cancer, m-Hypertension, and m-Alcohol. These programmes are unique as they adopt a multisectoral partnership structure and engage in-country partners and governments to maximize success. For country implementation, initial engagement includes advocacy and profiling of the initiative, followed by framing of the programme after acquiring the necessary commitment from the government, and implementation thereafter.

During the discussion, the ability of the drug procurement system in Sri Lanka to provide low-cost drugs was discussed. The use of mobile technology for tobacco cessation in the Maldives and for reproductive and child health issues in Bihar, India were mentioned as exemplars of the application of m-health technologies. The session reflected on the innovations under way in different countries of the South-East Asia Region, and provided a platform for experience-sharing among countries.
**Thematic plenary 4:**
**Fostering a multisectoral environment to achieve NCD targets**

In this session chaired by Sir George Alleyene, Dr Lyn James, Director, Epidemiology and Disease Control Division, Ministry of Health, Singapore shared the experience of health promotion initiatives in Singapore to address NCDs and make healthy choice the default choice. Dr James highlighted the shift from mere awareness campaigns to actually focusing on changing behaviours and the environment through creation of an enabling ecosystem for healthy lifestyles. The target group included both the young and the old, as a life-course approach was adopted. Singapore’s health-promoting ecosystem encompasses a range of amenities, including residential, educational/child care, consumer, recreational/sports and community amenities. There is a high degree of integration and coordination with various partners across the government, in the community and in the private sector. Dr James emphasized the need to provide a business case to partners (by creation of win-win situations) for long-term sustainability. Singapore has developed a healthy living master plan that targets schools, communities and workplaces, and provides the road map on how to make healthy choice the default choice.

Professor Pekka Jousilahti, Research Professor, National Institute for Health and Welfare, Finland discussed the renowned Finnish experience of having health in all policies. Professor Jousilahti vividly described the scenario in Finland in the early 1970s, when it had the highest rates of CVD in the world, along with the genesis of the North Karelia Project. This emerged out of public pressure and addressed a critical community need, as many individuals were dying young and in the prime of youth in Karelia. The project was based on the premise that prevention is the only sustainable public health approach and population-based interventions bring about the largest impact as opposed to an approach targeting only high-risk groups. Professor Jousilahti explained the key interventions of the project as well as the extensive multisectoral action and development of policies and programmes to comprehensively address NCDs. Community-based interventions of the project targeted risks such as smoking, nutrition, physical inactivity as well as better clinical management of NCDs. These led to a significant reduction in risk factors and CVD mortality. Age-adjusted CVD mortality among men aged 35–64 years declined by 84% in North Karelia and 82% in all of Finland during 1969–2011. The average life expectancy at birth also increased from under 60 years in 1945 to about 80 years in 2005. The lessons learnt in fostering multisectoral actions were also highlighted and this experience continues to provide guidance to the rest of the world in NCD prevention and control efforts.

During the discussions, a question was raised on how the experiences of incorporating health in all policies in relatively small nations such as Singapore and Finland can be applicable to larger nations such as those in the South-East Asia Region.
Following the plenary sessions, the participants were divided into four thematic groups; each group included government representatives from Member States, NGOs and academia, and experts in the subject. Participants discussed current best practices in the area, challenges, strategies for scaling up, research priorities and monitoring indicators, and made recommendations for Member States and WHO.

**Group 1: Marching towards a tobacco-free world**

Chair: Dr Douglas Bettcher, Director, Prevention of Noncommunicable Diseases Department, WHO headquarters

The group discussed tobacco control strategies that are working well in the Region as well as those that are not working so well, the major gaps in implementation of proven policies, ways to build on existing best practices, challenges and opportunities for intercountry cooperation and, finally, the recommendations for the Member States and the WHO.

Strategies found to be working well included dedicated funding for tobacco control activities (e.g. in India and Thailand), comprehensive laws, pictorial warnings, smoke-free laws, bans on tobacco advertising, promotion and sponsorship (TAPS) and advocacy efforts. Suboptimal enforcement of tobacco control laws and inadequate monitoring (e.g. limited country-specific tobacco-attributable morbidity and mortality data) as well as low levels of taxation were found to be the weak points. In addition, lack of dedicated human resources for tobacco control, absence of control over illicit trade, limited product-testing facilities, lack of alternatives for tobacco farmers and far-from-ideal levels of multisectoral action were also identified to be major impediments.
The group identified industry interference, conflicts with other sectors (e.g. agriculture, finance and trade) when driving multisectoral action, and corruption in enforcing tobacco control and tax collection as other major obstacles.

Integration of tobacco control with other relevant health programmes, such as TB and MCH programmes, as well as promoting cessation through other NCD programmes on diabetes and CVD were underscored as possible ways to build on existing best practices in the Region. Joint training of health professionals in tobacco control, sharing of best practices and guidelines, and sharing of evidence for conducting litigations were identified as possible avenues for intercountry cooperation to advance tobacco control in the Region.

**Recommendations for Member States**

1. Develop comprehensive tax policies in line with the WHO FCTC Article 6 guidelines and WHO technical documents.

2. All countries in the South-East Asia Region should aim to implement and enforce large pictorial warnings (covering at least 75% of the packet) on all tobacco products, complete TAPS bans, including ban of point-of-sale display of tobacco products, and complete bans on smoking in all public places, with no provision for designated smoking areas.

3. All countries should collate data and publish reports on interference by the tobacco industry and work towards developing a code of
conduct/administrative/administrative orders/laws in line with guidelines for implementation of Article 5.3 of the WHO FCTC.

4. All Parties to the WHO FCTC should form committees with representation from key stakeholders/committees/departments/committees/areas ministries such as health, finance, commerce and industry to move forward the process of ratification/accession of the illicit trade protocol.

5. All countries should provide adequate and sustainable funding to support the tobacco control programme and full implementation of the WHO FCTC at the earliest.

6. Take urgent steps to incorporate the global NCD target on reduction in prevalence of tobacco use into a national action plan (30% reduction).

7. Integrate tobacco control measures into TB and MCH programmes in all countries of the Region.

8. Integrate standard Tobacco Questions for Surveys (TQS) in all ongoing health surveys in the Region to ensure regular tracking of the NCD target for reducing tobacco use.

**Recommendations for WHO**

1. Organize regional multisectoral awareness workshops to advance the process of Parties to the WHO FCTC becoming Parties to the FCTC Illicit Trade Protocol.

2. Develop a compendium of tobacco control guidelines, tools, public awareness campaigns and materials, as well as pictorial warnings in English on the website of the WHO Regional Office for South-East Asia.

3. Facilitate and coordinate between countries of the Region for hosting training programmes on tobacco control.

4. Facilitate multisectoral technical cooperation and coordinate with Member States on tobacco taxation, development and enforcement of legislation, including litigation support, to defend the laws.

5. Provide support and technical assistance to farmers in Member States to develop feasible options for alternative crops and livelihoods.

**Group 2: Promoting healthy nutrition for prevention and control of NCDs**

Chair: Dr Sudha Balakrishnan, Health Specialist, UNICEF, India

The group discussed best practices, opportunities and options for promoting healthy nutrition through the lifespan in the South-East Asia Region and identified major challenges to scaling up multisectoral policies. It also discussed
“Best Buys”
for Prevention and Control of Noncommunicable Diseases

Tobacco use
✓ Raise taxes on tobacco.
✓ Protect people from tobacco smoke by implementing smoke-free policies.
✓ Warn people about the dangers of tobacco use.
✓ Enforce bans on tobacco advertising, promotion and sponsorship.

Harmful use of alcohol
✓ Raise taxes on alcohol.
✓ Restrict access to retailed alcohol.
✓ Enforce bans on alcohol advertising.

Unhealthy diet and physical inactivity
✓ Reduce salt intake.
✓ Replace trans-fats with polyunsaturated fats.
✓ Promote public awareness about diet and physical activity through the mass media.

Cardiovascular disease (CVD) and diabetes
✓ Provide counselling and multidrug therapy (including blood sugar control for diabetes mellitus) for people with medium–high risk of developing heart attack and stroke (including those who have established CVD).
✓ Treat heart attacks (myocardial infarction) with aspirin.

Cancer
✓ Provide immunization for Hepatitis B beginning at birth to prevent liver cancer.
✓ Screen and treat pre-cancerous lesions to prevent cervical cancer.
strategies that are working well in the Region as well as those that are not working so well, the major gaps in implementation of proven policies, ways to build on existing best practices, challenges to and opportunities for intercountry cooperation, and recommendations for Member States and the WHO.

The group identified the presence of several policies that are multisectoral in nature but at present do not include NCDs. Some countries are currently reviewing these policies with the aim of incorporating NCD issues. Food safety regulations are in place in most countries but their remit is limited to addressing hygiene and adulteration issues. Similarly, school meal programmes and policies around these are there in many counties of the Region along with nutrition guidelines. However, the focus is mostly on addressing malnutrition and achieving food security. In light of these facts, the group suggested a review of existing initiatives on nutrition, including the provision of subsidies to farmers, to develop policies in consonance with NCD prevention and control. Key interventions that were suggested included behaviour change communication with consistent messaging, regulation of the food industry through legislation, setting of food nutrient standards and disseminating them to the food industry, building the capacity of the food industry to comply with these standards, and regulating advertising of unhealthy foods. With regard to reducing salt intake, the group underlined the need for effective context-specific consumer education, as most salt in the Region is added while cooking or at the table, and consumer-friendly food labelling to identify processed/packaged foods with a high salt content. The major barriers to promoting healthy nutrition include difficulty
in defining unhealthy foods for subjecting these to taxation, issues relating to affordability and availability, fragmented production enterprises, limited laboratory testing facilities, low public awareness, aggressive marketing of unhealthy foods and weak multisectoral response. The group members also highlighted the gaps in surveillance and monitoring of NCD-related nutrition indicators and limited data on salt intake in most countries of the Region.

**Recommendations for Member States**

1. Align approaches to address food security concerns with NCD prevention approaches.
2. Develop or review national nutrition policies/legislations/programmes/plans in different sectors in the context of NCDs.
3. Establish multisectoral mechanisms for policy formulation and implementation.
4. Address issues related to the availability and affordability of fruits and vegetables and other healthy food choices through a multipronged approach.
5. Effectively address marketing by the food industry, especially that aimed at children.
6. Identify an agency/organization for conducting monitoring and surveillance of nutrition related indicators integrated with other NCDs

**Recommendations for WHO**

1. Develop a legislation tool kit to provide guidance to countries.
2. Build capacity on nutrition-related issues – expert group, knowledge-sharing platforms.
3. Support Member countries in developing food- and nutrition-related standards, guidelines and tools.
4. Develop standard tools for nutrition surveillance and assist Member countries in implementing these.

**Group 3: Driving innovations in NCD prevention and care**

Chair: Dr Jacob Kumaresan, Executive Director, WHO Office at the United Nations in New York

The group discussed innovations in chronic care in the South-East Asia Region, the opportunities and options for leveraging technology and innovations to improve health outcomes, and scale up NCD-related prevention
and health-care services. m-health was identified as an exemplar of good innovation, which can potentially contribute to improving NCD care. The need to adapt m-health tools developed by WHO in collaboration with the ITU was emphasized. Models of task-sharing and -shifting of NCD care to non-physician health-care workers that are being tested in the Region and elsewhere were discussed as possible options to consider for scale up, based on the evidence that emerges on their effectiveness in improving outcomes. The group also identified the paucity of resources for initiating screening programmes, inadequate updating of management guidelines, as well as the lack of adequate data to evaluate health system indicators pertaining to the delivery of NCD services as the major challenges.

**Recommendation for Member States**

1. Expand NCD services according to the local context, e.g. household doctor services, NCD focal points in islands, clinics in villages.
2. Promote physical activity through innovative gaming technology.
3. Mainstream health promotion through other sectors, e.g. Ministry of Youth Affairs.
4. Integrate NCDs into national plans.
5. Explore avenues for task-shifting/task-sharing.
6. Improve the surveillance system.
   - Use tablets/phones for real-time data gathering.
   - Use geographical information systems (GIS) to identify community hotspots of chronic diseases and evaluate the impact of health policies.
7. Use the social media for health promotion.
10. Allocate a dedicated budget for operational research on innovations in NCD prevention.
11. Promote the development and use of fixed-dose combination drugs (use of a polypill for reducing CVD).
12. Improve drug availability and distribution (e-drug facilities).
13. Improve access to services: virtual polyclinic.

**Recommendations for WHO**

1. Develop the capacity of Member States in developing and implementing a framework for m-health.
2. Provide technical support to Member States for developing disease-specific registries for the Region.
3. Widely disseminate the tools developed by ITU and WHO to countries.
4. Develop monitoring and evaluation guidelines for impact assessments of technology tools.

**Group 4: Fostering a multisectoral environment to achieve NCD targets**

Chair: Mr Lam Dorji, Finance Secretary, Ministry of Finance, Bhutan

The group discussed the enabling and non-enabling factors for advancing multisectoral policies to foster healthy lifestyles to prevent and control NCDs, the possible steps to make the policy-making process responsive to NCD concerns, accomplishing cross-sectoral work at different levels, the role of civil society and NGOs, and ways to measure cross-sectoral success. The need for political commitment at the highest level of the government was identified as a key enabling factor, along with the provision of local evidence on the impact of diverse non-health sectors and their policies on NCDs. Sensitization of various governmental stakeholders, prioritization and integration of NCDs into the national planning agenda, and highlighting the benefits of NCD prevention on economies and national development were suggestions to address the barriers to promoting multisectoral action on NCDs. The group also underlined the need for establishing an NCD coordinating body at the highest level of the government with subnational steering committees to engage diverse sectors for an aligned policy response. To accomplish cross-sectoral work at different levels, the suggestions included engaging with planning bodies to ensure policy coherence, developing a
framework for health impact assessment of all public policies, and involving other sectors in policy dialogues on equal terms, highlighting mutual benefits. Involving NGOs, civil society and local public representatives in the above-mentioned steering committees and in research and planning efforts pertaining to delivery of NCD services, as well as in public education and advocacy, were some strategies that were proposed. Assessment of the impact of the cross-sectoral work was proposed in terms of resource mobilization for NCDs, and synergy of different policies in enabling NCD prevention, through a review of joint indicators between relevant ministries and reduction in health disparities.

**Recommendations for Member States**

1. Coordinate resource mobilization for NCD prevention and control.
2. Develop capacity for taking multisectoral action on NCDs.

**Recommendations for WHO**

1. Assist countries in analysing the gaps between NCD burden and action.
2. Facilitate the development and analysis of cross-sectoral policies on NCDs at the national level.
3. Support the development of a framework for monitoring multisectoral action on NCDs.
NCDs in the post-2015 development goals
Dr Jacob Kumaresan provided an overarching perspective on NCDs in the post-2015 developmental agenda and in light of the Sustainable Development Goals (SDGs). He described the history of establishing the Millennium Development Goals (MDGs) and the Rio+20 conference, which agreed to develop a set of SDGs that are balanced in the social, environmental and economic dimensions of development. Dr Kumaresan highlighted the premise that health is an indicator of development, both human and economic. He also mentioned that the inclusion of NCDs in the Rio+20 outcome document was a result of the UN High-level Meeting in 2011. The key messages emanating from the post-2015 developmental reports were discussed. These included the principle of universality so that no one is left behind; sustainable social agenda vis-à-vis social, economic and environmental action; harnessing the private sector; ensuring peaceful and healthy communities, and the need of global partnerships to address inequalities. The Third SDG, which aims to ensure healthy lives and promote well-being for all at all ages, includes the objective of reducing by one third premature death from NCDs through prevention and treatment, and promotion of mental health and well-being. Dr Kumaresan discussed the next steps in the SDG adoption process, which includes debates by Member States on contentious issues, negotiation of the text and finally the adoption of SDGs in September 2015.
Partners Roundtable: Working together to scale up multisectoral policies and cost-effective interventions for prevention and control of NCDs in the South-East Asia Region
Moderator: Dr Roderico Ofrin, Acting Director, Department of Sustainable Development and Health Environments, WHO Regional Office for South-East Asia

The discussion centred on how each agency/sector can help to scale up NCDs actions in their respective countries.

Mr Lam Dorji indicated that Gross National Happiness is more important than Gross National Product, and action towards NCD prevention and control is as fundamental as wealth creation for Bhutan. The proposed 200% tax increases on tobacco and alcohol products are not just to collect revenue but primarily to control the growing use of these substances. He exemplified this as an example of the aforementioned approach to prioritize national happiness and health over wealth. Another major issue is the import of over US$ 40 million worth of junk food every year. Actions are being planned to control the intrusion of junk foods and their marketing to children. Mr Dorji underlined the need for the health and finance ministries to work together to address common NCD risk factors and help reduce the burden of NCDs.

Dr Abdul Ehsan Md Mohiuddin Osmani, Joint Chief, Planning Division, Ministry of Planning, Bangladesh indicated that the planning commission is closely working with other non-health sectors to include NCDs in their agenda, and also requesting other sectors to undertake projects that are helpful for NCD control. He mentioned the possibility of engaging the National Economic Council, headed by Prime Minister, which is the highest political authority for consideration of development activities, to advocate for NCDs. Dr Osmani underlined the need to develop simple messages on the relation and impact of NCDs on national gross domestic product (GDP) to sensitize NEC members and other relevant stakeholders. NCDs are now included in the national planning agenda of Bangladesh, and the framework of the planning document has several checklists on indicators...
such as climate, gender, among others; other sectors have to provide developmental inputs on these while reporting to the planning commission. The potential inclusion of NCDs in the checklist could be a useful platform for sensitizing other sectors on NCDs.

Dr Samira Asma spoke about the role of the US Centers for Disease Control and Prevention (CDC) in promoting global health issues, including infectious diseases and humanitarian-related issues in 60 countries anchored on four functional pillars – epidemiology and surveillance, environmental change, health systems strengthening, and community programme for clinical care. The “Million Hearts Initiative” is a community-based initiative that aims to prevent 1 million deaths across the world. It targets reduction in the intake of salt and tobacco, and reduction of hypertension to prevent NCD deaths. Dr Asma also mentioned CDC’s support for salt reduction initiatives in China and Thailand. CDC has developed tool kits and resource materials under Field Epidemiology Training Program projects and mentorship, which includes NCD components. CDC has trained around 3000 graduates from 60 countries through its on-the-job training programme for responding to country-specific epidemiological threats.

Ms Shobha John, NCD Alliance Representative, spoke about the mandate and work of the Alliance. The Alliance supports advocacy efforts and has developed an online tool kit that showcases good practices, drawing from global experiences to help guide national advocacy and action. In terms of service delivery, the NCD Alliance provides services throughout the continuum of care where gaps exist. The common services provided are patient support, education and training. In India, preliminary assessments have been made to mainstream NCDs into Indian developmental programmes
and to review policies that have an impact on NCDs. The statement of the NDC Alliance is provided in Annex 4.

Dr Douglas James Noble, Regional Health Adviser, United Nations Children’s Fund Regional Office for South Asia (UNICEF ROSA), Nepal, indicated that so far UNICEF has not been much involved in NCDs but the United Nations Interagency Task Force on the prevention and control of NCDs (UNIATF) would provide a good opportunity to be involved in NCDs. UNICEF was previously involved briefly in tobacco control programmes. UNICEF can potentially share its experience of multisectoral engagement for NCDs. UNICEF has worked with different ministries for the HIV/AIDS programme, and water, sanitation and hygiene (WASH)- and immunization-related programmes for several years. Given UNICEF’s extensive experience in working with child-related issues and factors that affect their environment, it could provide support in addressing physical inactivity, substance abuse and junk food, which are common among children. Behaviour change communication and social mobilization are other areas where UNICEF has expertise and can provide support in tackling NCDs. UNICEF has goodwill ambassadors for different programmes; these can be explored to conduct health promotion for NCDs. UNICEF is also preparing a chapter on NCDs to be included in the UNICEF countries agenda.

Dr Anand Krishnan, Head, WHO Collaborating Centre for Capacity Building and Research in Community-based NCD Prevention and Control, All India Institute of Medical Sciences, India indicated that operational research for NCDs has not been extensively done compared to other common diseases such as HIV/AIDS and TB. Academia can be a useful stakeholder for governments in conducting operational research and pilot surveys for generating evidence for action.

Capacity building of the non-health sectors is a potentially unexplored area where the proficiency of academia can be utilized. Prime national academic institutes can play a vital role in capacity building on NCDs of other national/subnational institutes. Involvement of the private sector is another unexplored area and academia can possibly help governments in bridging these gaps through their technical and institutional credibility.

Monitoring and evaluation is another key strength of academia and they can contribute to conducting population-based NCD risk factor surveys and independent evaluations of current ongoing NCD programmes and activities. Academia can also help the government in conducting health impact assessments of relevant policies of the non-health sectors – a necessary step for driving multisectoral action.
Targets for Prevention and Control of Noncommunicable Diseases in the South-East Asia Region

- **Premature mortality from NCDs**: 25% relative reduction in risk of premature mortality from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases

- **Tobacco**: 30% relative reduction in the prevalence of current tobacco use in persons aged 15+ years

- **Physical inactivity**: 10% relative reduction in the prevalence of insufficient physical activity

- **Alcohol**: 10% relative reduction in the harmful use of alcohol

- **Salt/sodium**: 30% relative reduction in the mean population intake of salt/sodium

- **Raised blood pressure**: 25% relative reduction in the prevalence of raised blood pressure

- **Diabetes and obesity**: Halt the rise in the prevalence of diabetes and obesity

- **Essential medicines and technologies to treat major NCDs**: 80% availability of affordable basic technologies and essential medicines, including generics, required to treat major NCDs in both public and private facilities

- **Drug therapy to prevent heart attack and stroke**: 50% eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attack and stroke

- **Household air pollution**: 50% relative reduction in the proportion of households using solid fuels as a primary source of energy for cooking
Report of the Regional Consultation on Multisectoral Policies for Prevention and Control of Noncommunicable Diseases in the South-East Asia Region
Conclusions and Recommendations
In conclusions, the participants reaffirmed that the high and rising health and economic burden of NCDs in the Region warrants a strong and comprehensive response from Member States, and societal and development partners. Acknowledging the ongoing national initiatives to fight NCDs, participants at the meeting emphasized the need to build on current successes and to further intensify efforts to achieve the agreed global and regional voluntary targets for NCD prevention and control. The participants reiterated that prevention must be the cornerstone of the response to NCDs and agreed that the biggest gains would come from wide-scale implementation of evidence-based multisectoral policies and interventions through a whole-of-government and whole-of-society collaboration. The participants also underscored the need for strong political commitment at the highest level and sustained financial support for realizing the vision of a South-East Asia Region free of the avoidable burden of NCDs.

In addition to specific recommendations for reducing tobacco use, promoting healthy nutrition, driving innovations in NCD prevention and fostering an enabling environment for reducing the NCD burden, the participants formulated the following overarching recommendations for Member States and WHO for reducing premature mortality from NCDs.

**Recommendations for Member States**

1. Prioritize NCDs in the national development plans and integrate NCDs into the national planning agency’s agenda.

2. Develop/strengthen national multisectoral policies and action plans by 2015 with participation of all relevant stakeholders, and ensuring that monitoring and accountability frameworks are an integral part of these plans.
3. Institutionalize multisectoral coordinating mechanisms for policy development and implementation at the national and subnational levels.

4. Develop and review existing national policies, legislations and plans in relevant sectors from the perspective of NCDs, and undertake health impact assessments of relevant public policies with inputs from other ministries.

5. Scale up and accelerate the implementation of proven strategies (best buys) for reducing behavioural risk factors—tobacco use, unhealthy diets, harmful use of alcohol and physical inactivity—including in key settings such as communities, schools and workplaces.

6. Develop, test and implement locally appropriate innovative strategies and interventions for reducing risk factors and increasing access to healthcare services, including access to essential medicines and basic diagnostic technologies.

7. Engage and involve the public and private health sectors, through pre-service and in-service medical, nursing and paramedical education, to enhance the competencies of relevant staff to prevent and control NCDs.

8. Provide sufficient and sustained funding for health promotion and multisectoral actions.

**Recommendations for WHO and development partners**

1. Continue to promote NCDs as a development agenda and strengthen advocacy for adoption of proven multisectoral policies.

2. Sensitize policy-makers and programme managers and build their capacity in NCD prevention and control.

3. Support Member States in setting up and operationalizing national multisectoral mechanisms.

4. Provide guidance to facilitate the implementation of multisectoral actions, including the development of tool kits for legislation, taxation and governance.

5. Support the development of frameworks for monitoring multisectoral actions at the country level, including through building human resource capacity.

6. Facilitate the exchange good practices and experiences among Member States.

7. Support Member States in undertaking research for wide-scale implementation of multisectoral policies, including by providing assistance to conduct health impact assessments.

8. Support and coordinate resource mobilization for NCD prevention and control.
Closing session
The regional meeting provided a forum to share best practices from within the Region and around the world, and discuss multisectoral policies for reducing tobacco use, promoting healthy nutrition, driving innovations in NCD prevention and care, and fostering an enabling environment for reducing the burden of NCDs. Dr Renu Garg, Regional Adviser, Noncommunicable Diseases, WHO Regional Office for South-East Asia thanked the participants for their practical recommendations and assured WHO’s support to Member States in implementing the recommendations of the meeting.

Dr Roderico Ofrin thanked everyone for their active participation and for making the meeting a success, and reaffirmed that WHO would continue to support Member States and provide a platform for strengthening multisectoral actions for the prevention and control of NCDs. The challenge of NCDs is surmountable—and together we can win the battle against NCDs to ensure a better future for the people of the South-East Asia Region.
 Annex 1
Address by Dr Poonam Khetrapal Singh,
WHO Regional Director for South-East Asia

Distinguished participants, colleagues, ladies and gentlemen,

It is with great pleasure that I welcome you all to this regional consultation on multisectoral policies for prevention and control of noncommunicable diseases or NCDs in the South-East Asia Region.

It is estimated that in 2012, NCDs such as cardiovascular diseases, cancers, diabetes and chronic respiratory diseases resulted in 38 million deaths, worldwide. In the WHO South-East Asia Region, which is home to 26% of the world’s population and a third of its poor, NCDs cause an estimated 8.5 million deaths each year. What is even more worrying is that half of all deaths from NCDs in this Region are considered premature as they are in the age group of 30–70 years.

In the past decade, the number of deaths due to NCDs in the Region has increased by 27%, compared to the global average increase of 19%. The problem is only going to get bigger because of the ongoing epidemiological and demographic transition that is leading to increased lifespan and ageing populations. In addition to the health burden, the social and economic burden of premature deaths from NCDs is also huge.

A recent study estimates the macroeconomic burden of NCDs in low- and middle-income countries at US$ 7 trillion for the period 2011–2025. For individuals and families, especially the poor, the impact of NCDs is often catastrophic. Long-term health-care expenditure pushes families into poverty. In addition, poverty exposes people to risk factors and diseases. Unless NCDs are addressed urgently, this cycle of NCD–poverty–risk exposure will continue to spiral upwards. Containing NCDs is therefore of vital importance to alleviate poverty in our Region.

Distinguished participants,

Although the health sector bears the brunt of NCDs, it has very little control over their underlying determinants, which are embedded in the social, economic and cultural milieu of the society. Globalization, unplanned urbanization, unfair trade and marketing practices are driving unhealthy lifestyle choices in the population, such as sedentary lifestyles, consumption of tobacco and alcohol, and diets high in salt, sugar and fat. These behavioural risk factors and associated conditions such as obesity and raised levels of blood pressure, blood sugar and cholesterol are fuelling NCDs and posing a huge burden on our health systems.
The good news is that NCDs can be prevented by proven, cost-effective interventions, also referred to as “best buys”. Some examples of “best buy” interventions for NCD prevention and control include raising taxation on tobacco and alcohol products, reducing salt consumption, eliminating trans-fats in the food supply chain, promoting physical activity, and detecting and treating NCDs at an early stage. These “best buys” are affordable—their implementation costs very little, as against the staggering costs of treating advanced stages of NCDs.

Wide-scale implementation of “best buys” requires action by all government ministries, including health, finance, transport, sports, education, agriculture, food safety, among others. Government efforts must be supported and supplemented by all relevant stakeholders in society, including individuals and families, the media, corporates, nongovernmental agencies, community organizations, academia, donor agencies and the private sector, where appropriate.

Ladies and gentlemen,

At the international level, the UN General Assembly held a special High-level Meeting on NCDs in September 2011 in New York. This meeting adopted a Political Declaration that urged Member States and international partners to integrate NCDs into the national development agenda and to establish national multisectoral policies, strategies and action plans for prevention and control of NCDs. Just last month, the UN General Assembly took stock of the progress in prevention of NCDs and reiterated the importance of multisectoral mechanisms and a “health-in-all-policies” approach to address NCDs.

At the Regional and country levels, Member States are stepping up efforts to address NCDs. A sustained high-level advocacy has been carried out for NCDs at forums such as the Twenty-ninth and Thirty-first meeting of Health Ministers, and the Sixtieth, Sixty-third, Sixty-fifth and Sixty-sixth sessions of the Regional Committee for South-East Asia. These high-level meetings resulted in the adoption of ministerial declarations and Regional Committee resolutions on NCDs, which reflect the high commitment by Member States to address NCDs.

To facilitate exchange of best practices, regional consultative meetings have been organized in Jakarta, Myanmar and New Delhi. In addition, we have convened a number of expert group meetings to deliberate on context-specific strategies for salt reduction, tobacco control and reducing the harmful use of alcohol. With support from WHO and partners, national capacity for surveillance in Member countries has been consistently enhanced.

There are notable examples of implementation of “best buy” interventions in our Region. To mention a few,
Bangladesh, Indonesia, Nepal and Thailand have achieved increased coverage of pictorial warnings on tobacco products ranging from 40% to 85%.

The ban on the production, distribution and sale of gutka or chewable tobacco in 30 Indian states and Union Territories and the recent increase in tobacco taxation announced by the Government of India are bold steps in the fight against tobacco.

Thailand has demonstrated a notable reduction in adult per capita consumption of alcohol in some population subgroups through implementation of best buys such as restriction on the availability of alcohol, increased taxation and restriction on advertising.

To promote a healthy diet, Indonesia has enacted a decree to reduce salt, sugar, fat and processed food. Some steps have been initiated for salt reduction in the Region and there is increasing awareness about the dangers of trans-fat. This is one of the areas where our Region is looking to learn from successful practices in other countries such as Finland, the UK and USA.

The South-East Asia Region can be proud of a robust primary health-care system that is effectively dealing with communicable diseases and maternal and child health issues. Interventions for NCDs are now being integrated within the primary health-care systems of several countries, including Sri Lanka, Bhutan and Myanmar. This has helped in improving access to early detection and management of NCDs, improved health outcomes and reduced overall costs.

Last year, the Sixty-sixth Session of the Regional Committee unanimously approved the regional action plan for the period 2013–2020, providing a clear vision and endorsing 10 voluntary targets for the prevention and control of NCDs. With WHO support and multistakeholder participation, Member States are now setting national targets and developing and costing national multisectoral action plans to combat NCDs.

Ladies and gentlemen,

Our Region has made important beginnings in the fight against NCDs but much remains to be done.

The health and economic challenges of NCDs are daunting. Realizing the vision of a world and a South-East Asia Region free of the avoidable burden of NCDs will need full commitment from the top leadership of countries. Going forward, we can achieve our goals and targets for prevention and control of NCDs only by working together to favourably influence policies not only in the health sector but also in the domains of trade, agriculture, food, taxation, education, urban development and other sectors through a holistic “health-in-all-policies” approach. This regional consultation is an
opportunity to deliberate upon how we can together mount a multisectoral and coordinated response across sectors to arrest the rising epidemic of NCDs.

Before I close, I would like to take this opportunity to place on record our sincere thanks to the Government of India for hosting this regional consultation. I also want to thank all the Member States, partner agencies and experts for their participation.

I wish you a fruitful deliberation and a pleasant stay in Bengaluru.

Thank you.
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Report of the Regional Consultation on Multisectoral Policies for Prevention and Control of Noncommunicable Diseases in the South-East Asia Region

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# Annex 3

## Programme

**Day – 1, Monday 18 August 2014**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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| 0900–1000 | **Inaugural session:**  
- Welcome and Inaugural address: Dr Poonam Khetrapal Singh, Regional Director for South-East Asia, WHO  
- Address on behalf of the MOH, Government of India: Mr Anshu Prakash, Joint Secretary, Ministry of Health, Government of India  
- Appointment of office bearers  
- Video on multisectoral collaborations for prevention and control of NCDs in South-East Asia Region  
- Group photograph |
| 1030–1230 | **Opening plenary: Multisectoral collaboration for prevention and control of NCDs**  
**Chair:** Dr Poonam Khetrapal Singh, Regional Director, WHO Regional Office for South-East Asia  
- Sectoral cooperation in the prevention and control of noncommunicable diseases: Sir George Alleyne, Director (Emeritus), WHO Regional Office for the Americas  
- Discussion  
- Mainstreaming health in all public policies for reducing the burden of non-communicable diseases: Professor K. Srinath Reddy, President, Public Health Foundation of India  
- Discussion |
| 1330–1530 | **Thematic plenary 1: Marching towards a tobacco-free world**  
**Chair:** Dr Palitha Abeykoon, Chairman, National Authority on Tobacco and Alcohol, Sri Lanka  
- Global burden of tobacco and cost-effective interventions for tobacco control: Dr Douglas Bettcher, Department of Prevention of Noncommunicable Disease, WHO headquarters  
- Global best practices in tobacco control: Dr Samira Asma, Global Tobacco Control Programme, Centers for Disease Control and Prevention, USA  
- Success stories in tobacco control from Thailand: Professor Prakit Vathesa-togkit, ThaiNCDNet, Thailand  
- Tobacco control in India—achievements and remaining challenges: Dr Mohammed Shawkat, Ministry of Health, India  
- Discussion |
| 1600–1730 | **Thematic plenary 2: Promoting healthy nutrition to prevent NCDs**  
**Chair:** Dr Nata Menabde, WHO Representative to India  
- Best practices in public health legislation and policy for promoting healthy diets: Ms Genevieve Howse, La Trobe University, Australia  
- Salt reduction strategies in China: Professor Lijing L. Yan, The George Institute of Public Health, China  
- Initiatives for promoting healthy nutrition in Indonesia: Dr Lily Banona Rivai, Ministry of Health, Republic of Indonesia  
- Discussion |
DAY – 2, Tuesday 19 August 2014

0900–1100

Thematic plenary 3: Driving innovations in NCD prevention and care
Chair: Professor K. Srinath Reddy, President, Public Health Foundation of India
- Addressing human resource challenges for delivery of NCD services in Bhutan: Mr Tandin Dorji, Ministry of Health, Bhutan
- Innovative NCD service delivery experiences from India: Dr D. Prabhakaran, Centre for Chronic Disease Control, WHO Collaborating Centre for NCDs, New Delhi
- Increasing the availability of essential NCD drugs in Sri Lanka: Dr V.T.S.K. Siriwardane, Ministry of Health, Sri Lanka
- Using mobile technology for prevention and treatment of NCDs: Dr Vinayak Mohan Prasad, Prevention of Noncommunicable Diseases, WHO headquarters

Discussion

1130–1300

Thematic plenary 4: Fostering a multisectoral environment to achieve NCD targets
Chair: Sir George Alleyne, Director (Emeritus), WHO Regional Office for the Americas
- Making the healthy choice, the default choice – experience from Singapore: Dr Lyn James, MOH, Singapore
- Health in all policies—how was it achieved in Finland?: Dr Pekka Jousilahti, National Institute for Health and Welfare, Finland

Discussion

1400–1530

Group work:
Group 1: Marching towards a tobacco-free world
Group 2: Promoting healthy nutrition for prevention and control of NCDs
Group 3: Driving innovations in NCD prevention and care
Group 4: Fostering a multisectoral environment to achieve NCD targets

1600–1730
Group work (continued)

0830–1030

Chairs:
1. Mr Bishnu Prasad Nepal, Joint Secretary, National Planning Commission, Nepal and
2. Dr G. Gururaj, Professor & Head, Department of Epidemiology, National Institute of Mental Health and Neuro Sciences, Bengaluru
- Presentation by Group 1: Marching towards a tobacco-free world
  Discussion
- Presentation by Group 2: Promoting healthy nutrition for prevention and control of NCDs
  Discussion
- Presentation by Group 3: Driving innovations in NCD prevention and care
  Discussion
- Presentation by Group 4: Fostering a multisectoral environment to achieve NCD targets
  Discussion
**Chair:** Dr Roderico Ofrin, Acting Director, Department of Sustainable Development & Healthy Environments, WHO Regional Office for South-East Asia

- NCDs in the post-2015 development agenda: Dr Jacob Kumaresan, WHO Office in the UN
  Discussion

**Partners Roundtable: Working together to scale up multisectoral policies and cost-effective interventions for prevention and control of NCDs in the South-East Asia Region**

- Mr Lam Dorji, Ministry of Finance, Bhutan
- Dr Samira Asma, Centers for Disease Control and Prevention, USA
- Ms Shobha John, NCD Alliance Representative
- Dr Douglas James Noble, UNICEF ROSA, Nepal
- Dr Anand Krishnan, AIIMS, WHO Collaborating Centre, India
  Discussion

**Concluding session:**

- Conclusions and Recommendations
- Next steps
- Vote of thanks
  Closing
Annex 4
NCD alliance statement

Thank you for the opportunity to deliver this statement on behalf of the NCD Alliance and over 2000 civil society organisations working collectively to transform the fight against noncommunicable diseases (NCDs).

The global policy landscape

Over the past five years, NCDs have been elevated onto national and global health and development agendas. Through a series of political commitments – including the landmark 2011 UN Political Declaration on NCD Prevention and Control, the 2025 global NCD targets, and the 2013–2020 WHO Global NCD Action Plan – it is clear that the world’s governments now recognise NCDs as an urgent global problem and have taken responsibility to act.

There are three common threads that underpin all of the global NCD policies that are of relevance to this WHO SEARO consultation:

1. **NCDs impact on socio-economic development and are a major challenge to sustainable human development in the 21st century;**

2. **Sectoral cooperation** is fundamental and essential for NCD prevention and control. The mantra was, and remains, NCDs are everyone’s business. No one sector can solve the epidemic alone:
   - “*Multisectoral action*” – referred to 15 times in the 2011 UN Political Declaration;
   - “*Multisectoral approaches*” – including health-in-all policies and whole-of-government (13 different government sectors referenced)
   - “*Whole of society approach*” – important role for civil society and private sector (4 specific roles)

3. **Partnerships and mechanisms** at global, regional and national levels are required to facilitate sectoral cooperation on NCDs, including to engage non-health actors.

The role of civil society in the NCD response

All major political commitments on NCDs reinforce the important role of civil society as an imperative to achieving progress in NCDs. Indeed, a vibrant and strong civil society movement capable of delivering its three primary roles – advocacy, the direct provision of NCD services, and acting as a watchdog – is a fundamental strategy to reach the global target of a 25% reduction in premature mortality from NCDs by 2025.

Allow me to expand upon the three primary roles of CSO some more, and I will draw upon some examples of the work of the NCD Alliance and others to illustrate these roles:
Advocacy: Advocacy at the global, regional and local levels to stimulate public and political awareness and interest in NCDs and to galvanize government action on NCDs. It was the advocacy of the NCD Alliance, together with many other civil society organisations, that was instrumental in bringing about the 2011 UN High-Level Meeting, as well as securing a comprehensive NCD framework that is responsive to the needs of people at risk and affected by NCDs.

In addition, given the impacts on development, the NCD Alliance has made advocating for the inclusion of NCDs in the post-2015 framework a cornerstone of our campaign activity. We recognize that the effectiveness of advocacy by civil society is enhanced by some common template that all organizations could use to both educate on the global priorities and covering the way forward to building partnerships with other likeminded groups. To this end, the NCD Alliance has produced an online Advocacy toolkit expressly for this purpose – the toolkit includes guidance on building alliances, influencing and monitoring policies, and holding governments accountable.

Service delivery: CSOs have been involved in providing direct NCD services for generations, in both prevention and treatment. There are hundreds of NGOs of varying sizes involved in these activities, ranging from health promotion, to tackling childhood obesity, to patient empowerment, to the care of the diabetic foot, to palliative hospice care for NCDs. CSOs also provide technical support for Government action. For instance, HealthBridge, an NGO active in South East Asia recently examined the scope to mainstream NCDs in India’s development programmes. The research is informing diverse sectors in the country to identify areas of convergence in NCD prevention and control.

Accountability: The observance and tracking of commitments is one of the critical watchdog, or accountability, roles played by CSOs, both directed towards government commitments and other stakeholders, including the private sector. This watchdog function has been proven successful in areas like tobacco control, where shadow reporting serves to monitor the implementation of tobacco control measures in countries, while looking across sectors and monitoring for undue influence on the part of tobacco industry. Looking ahead, we realize all sectors and actors can benefit from this type of monitoring but for NCDs more broadly. We have started this accountability process by producing an NCD-specific benchmarking tool, which when completed with the full participation of governments and civil society, provides a status report of how countries are acting on NCDs, where civil society is engaged, and where the gaps are in plans and activities. This tool has been successfully piloted in three geographies so far-the Caribbean region, South Africa, and Brazil. We would seek to develop this activity in the SEARO region in the near future.
These roles are facilitated by capacity building and forming strategic alliances, which the NCD Alliance is taking forward at both global and country levels now. We are now coordinating a growing network of national and regional NCD alliances. Today the network includes 26 national NCD alliances and four regional NCD alliances, spanning all WHO regions. In just 2-3 years, local and regional alliances have embarked on many successful initiatives, ranging from advocacy with governments, providing education and patient support, and awareness-raising. Twinning initiatives are also now emerging between alliances in high-income countries and low-income countries. For example the Danish NCD Alliance worked with organisations in Uganda to form the Uganda NCD Alliance (UNCDA), and now working with NCD alliances in Tanzania, Zanzibar, Kenya and Rwanda. This sort of model could be particularly beneficial to those organizations or countries in SEARO where capacity is very limited.

Our challenges today are numerous. We are compelled now to think of the NCD challenge not in terms of solitary activity, but in how we can make common cause to overcome the barriers in operationalizing whole-of-government and whole-of-society responses. We have a mandate to work together, including with the private sector, but in a thoughtful way that continues to keep our public health and development objectives at the forefront of our activities.

I thank you for the opportunity to share our experiences and insights with you today, and offer the NCD Alliance and our many regional partners as willing collaborators going forward.

20 August 2014, Bengaluru.
Noncommunicable diseases (NCDs) are currently the leading cause of preventable death and disability worldwide and in the South-East Asia Region. As the origins of NCDs lie outside the health arena, tackling NCDs requires multisectoral co-operation cutting across several sectors. To promote and catalyse national multisectoral partnerships and actions for prevention and control of NCDs, the WHO Regional Office for South-East Asia convened a Regional Consultation on Multisectoral Policies for Prevention and Control of Noncommunicable Diseases (NCDs) during 18–20 August 2014, in Bengaluru, India. The consultation was attended by 99 participants represented by delegates from the 11 Member States of the Region; NGOs; partners including UN agencies, Centers for Disease Control and Prevention, and WHO staff from HQ, country offices and the regional office. The purpose of the meeting was to provide a forum to share best practices from within the Region and around the world and to discuss multisectoral policies for reducing tobacco use, promoting healthy nutrition, driving innovations in NCD prevention and care and fostering an enabling environment for reducing the burden of NCDs. This report presents the technical deliberations and recommendations of the participants of the regional meeting.