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South-East Asia Network for Noncommunicable Disease Prevention and Control

*Report of the WHO Meeting
Bandos, Maldives, 7-10 November 2005*

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1. Introduction

Noncommunicable diseases (NCDs) are the leading cause of mortality, morbidity and disability in the South-East Asia (SEA) Region of the World Health Organization (WHO). This is largely due to the ongoing socio-demographic transformations combined with technological modernization that have subsequently introduced major changes in the lifestyles of the people. Recognition by the national governments of the huge health and economic costs of these changes is a prerequisite to policy decisions being made on investing in cost-effective interventions and requires major advocacy, evidence generation, capacity building and resource mobilization efforts. The WHO Regional Office in collaboration with Member States is implementing a comprehensive programme based on the Global Strategy for the Prevention and Control of NCDs. The strategy identifies networking as one of the four major areas of international action for surveillance, prevention and control of NCDs. It calls for establishing a global network of regional and national programmes for prevention and control of NCDs in order to facilitate dissemination of information, exchange of experience and support to regional and national initiatives. Regional networks for NCD prevention and control have been established with WHO support in Europe (CINDI), the Americas (CARMEN) and also recently in Africa (NANDI) and the Eastern Mediterranean Region (EMAN). In 2004 the regional networks were also initiated in the Western Pacific Region (MOANA) and SEAR (SEANET-NCD).

2. Objectives of the meeting

2.1 General objective

To strengthen the Region's capacity for prevention and control of NCD through the promotion of regional networking of national NCD networks and programmes.

2.2 Specific objectives

The specific objectives were to:

- (1) Review the progress of national NCD networks and develop the charter and plan of action of the South-East Asian network SEANET – NCD;
- (2) Review availability and implementation of strategies for prevention and control of NCD at national, regional and global levels;
- (3) Develop a consensus and adapt instruments for monitoring progress in preventing and controlling NCD at regional and national levels, and
- (4) Strengthen high-level advocacy and capacity building for development and implementation of NCD prevention and control programmes in the SEA Region.

3. Organization of the meeting

The meeting was inaugurated by Dr Jorge Luna, WHO Representative to Maldives, on behalf of Dr Samlee Plianbangchang, Regional Director, WHO SEA Region. The text of the Regional Director's address is at Annex 1. During the inauguration, Dr Abdul Azeez Yoosuf, Deputy Minister of Health, Maldives, outlined the importance of addressing the emerging epidemic of NCDs in the Region and emphasized the need to formulate comprehensive national policies and programmes based on scientific evidence. The meeting was also addressed by Dr Robert Beaglehole, Director, Chronic Disease and Health Promotion, WHO/HQ, who emphasized the high burden of NCDs at the global and regional level and called for making full use of the existing knowledge and preventive potential.

The meeting was attended by representatives of national NCD networks and programmes from eight countries of SEAR, governmental and nongovernmental organizations and WHO Secretariat from country and regional offices and from headquarters. Annex 2 provides the list of participants and the programme of the meeting is at Annex 3.

The regional launch of the global report "Preventing Chronic Diseases: A vital investment", by His Excellency Mr Ilyas Ibrahim, Minister of Health, Maldives, was held on 8 November 2005 at Male to coincide with the meeting. The function was attended by officials from the Ministry of Health and other ministries, representatives of UN organizations, NGOs, participants of the SEANET-NCD meeting and the media.

4. NCD prevention and control

4.1 Global initiatives

Dr Robert Beaglehole, Director, Department of Chronic Diseases and Health Promotion, WHO/HQ, provided an overview of WHO global initiatives for the integrated prevention and control of NCDs and presented the recently released report "Preventing Chronic Diseases: A vital investment". The report highlighted that nearly 54% (8 million) of all deaths every year are due to chronic diseases. Deaths from chronic diseases are likely to increase by 21% over the next decade. Nearly 80% of chronic disease deaths occurred among poorer countries, thereby limiting socioeconomic development. The major modifiable risk factors for these diseases are common and include tobacco, alcohol, unhealthy diet, physical inactivity, hypertension, raised blood sugar and cholesterol levels and obesity.

The report further highlighted that with existing knowledge, 80% of cases of premature heart disease, stroke and diabetes and 40% of cancer cases can be prevented. The goal proposed by WHO was to reduce death rates from all chronic diseases by 2% per year over existing trends during the next 10 years. In the SEAR context this would mean preventing 8 million deaths, with 5 million of these among people under 70. The report presented a STEPS approach of formulating integrated policies at three levels of existing, increased and accelerated resource allocation. Several country specific examples of success achieved in prevention and control were highlighted in the report and the need for action based on available information stressed. The critical need for leadership, advocacy, capacity strengthening and resource generation was also highlighted.

4.2 Regional initiatives

Dr Jerzy Leowski, Regional Adviser, NCD, SEARO, informed participants that the meeting was a follow-up of recommendations of the Workshop on Networking for Integrated Prevention and Control of Noncommunicable Diseases in SEAR held in New Delhi, India, in 2004, which had recommended the creation of SEANET-NCD. Outlining the impact of NCDs in SEAR, Dr Leowski said that nearly 54% of deaths and 44% of the disease burden in the Region were due to NCDs. He emphasized that the common risk factors and resulting NCDs were affecting overall development in the Region in a significant way due to the large number of premature deaths, the huge burden on public health care systems and considerable expenditure borne by individuals and families.

Dr Leowski informed that the focus of the NCD programme in SEAR was on risk factors, particularly, on reducing tobacco use and promoting a healthy diet and physical activity. It is aimed at strengthening the national capacity for development and implementation of integrated NCD prevention and control approaches, setting-up NCD surveillance and promoting partnerships and networking. The direction of ongoing and future work has been towards supporting development of national NCD policies and strategies, assisting in formulation of action plans on diet and physical activity, further strengthening NCD surveillance and incorporating prevention into the community and health services agenda.

The catalytic role of national networks in the prevention and control of NCD in Indonesia, Maldives, Sri Lanka and Thailand was mentioned briefly. They play an important role in generating political commitment to strengthen NCD surveillance and prevention and provide a forum for multisectoral, multidisciplinary and multilevel coordination. The adoption of the WHO STEPS approach in the SEA Region has been a significant move in strengthening NCD surveillance. The need for developing NCD risk factor and disease databases that was expressed by Member States in the Regional Strategy for NCD Surveillance recently led to regional and national deployment of tools aimed to bring the evidence closer to policy-makers and programme managers. NCD InfoBase teams at the national level were constituted and oriented in InfoBase utilization and maintenance. National NCD InfoBases will continue to evolve depending on the requirements of Member States.

Dr K. Anand of the All India Institute of Medical Sciences, shared his experience in community-based interventions (CBI) for integrated prevention of NCDs implemented in the Region. The ongoing projects in India, Indonesia and Bangladesh along with new programmes in Sri Lanka and Maldives would contribute to the prioritization of health promotion and risk factor reduction approaches, he said. The projects adopted many similar approaches and strategies for NCD prevention. These include community mobilization, IEC campaigns and multisectoral, multilevel and multidisciplinary collaboration. Multiple stakeholders were involved, including local community leaders, local governments, health systems, NGOs, industry, schools etc. Baseline surveys conducted in intervention sites have documented the prevalence and level of major NCD risk factors using the standardized approach promoted by WHO.

4.3 National initiatives

Bhutan

The need to initiate multisectoral and comprehensive programmes for addressing the burden of NCDs has been recognized. Activities under consideration include developing a comprehensive national strategy for NCD surveillance and prevention, strengthening routine data collection systems, deploying NCD InfoBase and conducting NCD risk factor surveys. Notable achievements were made in the area of tobacco control, with Bhutan being the first country to have banned the sale of tobacco products.

India

The national Health Policy was formulated in 2002 when NCD was not a thrust area. The National Commission on Macro-Economics and Health has recently released the 'Burden of Diseases in India Report' where it made a strong case for addressing NCDs. Three vertical programmes related to NCDs in the area of cancer, mental health and blindness already exist in the country. The Draft National Programme on Diabetes and Cardiovascular Diseases (CVD) has been submitted to the Planning Commission and a decentralized Integrated Disease Surveillance Control Programme (IDSP) incorporating NCD risk factor surveillance has recently been launched. Currently, a national network for NCD prevention and control does not exist. Since involvement of all stakeholders is essential for

networking for NCD prevention and control, an inter-ministerial group or task force would be required to push the agenda further.

Indonesia

A National Policy and Strategy for NCD Prevention and Control was developed in 2003 and a network for NCD prevention and control has been formed with various stakeholders as members. The mission of the network is to strengthen and optimize the resources for NCD prevention and control and to synergize all efforts within focused areas of surveillance, health promotion and case management. A large number of information, education and communication (IEC) activities have been conducted in the last few years. The demonstration area for community-based intervention for NCD prevention and control at Depok has gained government recognition and plans are on to launch more such projects. NCD surveillance activities were strengthened and collection of data on NCD risk factor integrated into national level surveys.

Maldives

The recent survey has helped in documenting the prevalence of different NCD risk factors in Male. Hospital-based data on morbidity showed an increasing trend of the NCDs. The NCD programme has been institutionalized in the Department of Public Health. The Health Master Plan identified NCDs such as diabetes, hypertension and heart diseases as the leading causes of morbidity and mortality in Maldives. They were also identified among the top priority health problems in the Sixth Development Plan. There is also a strategy for major NCDs in place for the period 2006-2010 with a goal of reducing the prevalence of risk factors and preventing or delaying the onset of the diseases and their complications. The strategy included strengthening the information base, integrating IEC activities, developing institutional and human resource capacity and improving clinical management. The national network for NCD prevention and control has been integrated into the network for health promotion.

Myanmar

Apart from CVD, diabetes and cancers, snake-bites and accidents were identified as major NCDs in Myanmar. The existing Health Management Information System can serve as a good base for NCD surveillance. Limited

data indicated a high prevalence of many risk factors in urban and rural settings. The ongoing activities related to CVD, diabetes and accident prevention could serve as a framework for a national NCD prevention and control network. Several activities have been conducted for reduction of snake-bites and accidents in the country and distribution of IEC material to communities was carried out regularly.

Nepal

NCDs are getting increasing priority in Nepal. The NCD Prevention and Control Committee was established at the Ministry of Health and the National Policy and Strategy for NCD Prevention and Control was formulated in 2004. The policy had 10 components with several strategies for each of the areas. It focuses on integration of NCD activities into the general health system, promoting private-public-NGO partnerships, encouraging community-based programmes and fostering human resources development. The recently conducted survey in Kathmandu has generated data on NCD risk factors and further surveys were planned in three other districts. Available data indicate that the prevalence of major NCDs is on the rise and more than 60% of the mortality and morbidity in the country is due to major NCDs, injuries and accidents.

Sri Lanka

The national NCD network was formed in order to address the problem by multisectoral approach. The network has identified primary prevention as the most cost effective way to combat the NCD epidemic. Since the health sector alone cannot launch a comprehensive NCD programme, it is necessary to address the key issues through a network involving multiple sectors and various stakeholders. In addition to the health sector, the network included education, sports, agriculture, youth services, consumer affairs and trade. The IEC campaign was launched on various aspects of behavioural risk factors.

Thailand

CVD, cancer and accidents were the three leading causes of death in Thailand. The risk factor data showed a decline in smoking rates though alcohol consumption is on the rise. NCD control in Thailand had a

comprehensive and multi-sectoral approach with strategies focusing on risk reduction and health systems improvement. Major emphasis was placed on surveillance, policy development, advocacy, coordination, system capacity building, programme demonstration and establishing centres of learning.

Programmes in operation included: Comprehensive Tobacco Control Programme, Comprehensive Alcohol Control Programme, nutrition and physical activity programme within the ambit of Empowerment for Health and Exercise for Health. Many national sub-networks in the NCD area were established in Thailand since 1990. They could be divided into three groups: (i) surveillance (National Epidemiological Network, Thai Health Research Foundation, Cardiovascular Epidemiological Study Network, Healthy Thai Network), (ii) disease specific networks (Diabetes Prevention Network, Hypertension, Healthy Heart Network Group), and, (iii) health promotion networks such as Health Promoting Hospital, Health System Quality Improvement Network etc.

5. Promoting multisectoral, multi-level approaches

Dr U Than Sein, Director, Department of Noncommunicable Diseases and Mental Health, WHO/SEARO, drew attention to the inconsistencies of terminology used in the NCD area. He pointed out that NCDs are a group of chronic diseases that include a range of conditions linked by a cluster of common and modifiable risk factors that should be addressed through combined and integrated measures of health promotion, prevention, epidemiological surveillance and treatment. The existing misunderstanding/misconception has to be cleared through awareness programmes. Comprehensive public health action in the areas of education, agriculture, trade, transport, industry, rural and urban development and health insurance are required. Development and implementation of comprehensive policies and strategies, institutional strengthening and enforcement of health enhancing legislative initiatives were vital.

Dr Than Sein said that comprehensive community-based health interventions in a variety of settings like workplaces, schools, hospitals, public parks etc. targeting tobacco control (such as smoke-free settings), alcohol control (no-alcohol days/weeks) and promoting healthy diet (diet of low fat, salt and sugar and high fruit and vegetables content) and physical activity need to be developed. Partnerships are crucial in this process and

generation of core information on disease and risk factor burden should guide the setting of priorities.

During the extensive discussions on terminology that directly followed the presentation as well as at debates during the entire workshop the limitations of using the term 'noncommunicable diseases' were acknowledged. Nonetheless, in the absence of a consensus on alternative terms it was agreed to retain 'noncommunicable disease' for the time being instead of the suggested 'chronic diseases' or 'chronic noncommunicable diseases'. This was justified by the broad acceptability of the term among various group in the Region and the need to avoid confusion.

Dr Udomsil Srisangnam, Vice-Chairman, Governing Board, Thai Health Promotion Foundation, reiterated that health promotion was an effective weapon in the crusade for prevention and control of NCDs. However, experiences in the region have been limited. Recently, Thailand was formulating a public health policy to build a healthy society through a variety of innovative approaches. These included the creation of supportive environment, promoting community actions, strengthening personal skills and reorienting health services. The key elements of the triangle at the core of the effort to formulate public health policies are knowledge, social movement and political leadership. Based on an analysis of data a number of activities such as banning addition of sugar in infant formula, regulating sale, advertisement and consumption of alcohol and tobacco, placing pictorial warnings on cigarette packages and detailed food labelling have been initiated.

Dr G. Gururaj of the National Institute of Mental Health and Neurosciences stressed that NCD prevention and control should be an integrated, coordinated, multisectoral action with inputs and participation from all sections of society. The role of policy-makers and programme managers was pivotal since they were key agents of change through their position in influencing political leadership and by introducing vision and focus and bringing resources to health programmes. In this context Dr Gururaj outlined the recent initiative in the Region on capacity strengthening aimed at enabling and empowering policy-makers and programme managers. The initiative planned to bring to the attention of policy-makers from health and other sectors contributing to health status - such as education, food and agriculture, urban and rural development, revenue and finance, welfare, labour etc. - the available evidence on the

burden and impact of diseases and their proximal and distal determinants, cost-effective public health interventions, methods of developing public health policies and issues related to planning, implementation, monitoring and evaluation of NCD programmes. This would equip policy-makers and programme managers at the national and sub-national levels with updated knowledge and enhanced skills required for introduction of evidence-based public health interventions and facilitate development of new and/or revision of existing national and sub-national policies, strategies and programmes for integrated prevention and control of NCDs using evidence-based public health approaches and tools.

After a plenary presentation, the initiative was discussed at the working group session. Participants were of the unanimous opinion on the need and importance of the programme and felt that this would in a big way add to the ongoing efforts. Several areas requiring further strengthening were identified, including a need to make the modules more generic and country specific and addition of issues related to non-health sectors using local and country specific data etc.

6. Monitoring and evaluating programmes

The most recent global assessment of national capacity for NCD prevention and control was undertaken by WHO in 2000-2001. A global survey towards assessing progress in chronic disease prevention and control was recently designed in order to review further advances made since then and to assist in the ongoing monitoring of NCD programme. It focused on documenting the level of country commitment, capacity and capability and identifying constraints and needs. The survey would examine the current status of national acts, decrees and legislation, existence of national policies, strategies, action plans and programmes, implementation status of the Framework Convention on Tobacco Control (FCTC) and the Global Strategy on Diet, Physical Activity and Health (DPAS), conduct of demonstration projects, access to management services and availability of financial resources for NCD prevention and control.

There is also a need to develop a regional instrument which would facilitate regular assessment of NCD programmes and their impact. In this context the global tool was presented at the plenary session and subsequently discussed in detail by working groups. Several modifications

of the questionnaire were suggested by these groups and discussed again at the plenary session, which adopted the instrument for use in the SEA Region. It was agreed that the survey would be carried out through national NCD focal points by the Ministry of Health. A time frame of three to six months was recommended for conducting the survey in the Region.

The status of work on developing monitoring guidelines for CBI projects in the area of NCD prevention and control was briefly reported to the workshop. It was agreed that the guidelines needed to be specific, simple and flexible. There should be a core group of indicators for use by all projects and a larger optional group which can be used by investigators according to their need, it was stated.

7. Implementing Global Strategy on Diet, Physical Activity and Health

In response to the rising global burden of noncommunicable diseases, the WHO Global Strategy on Diet Physical Activity and Health (DPAS) was adopted by the World Health Assembly in May 2004. DPAS is being implemented through WHO-supported activities at the global, regional and national level.

Dr C. Tukuitonga, Chronic Diseases and Health Promotion (CHP), WHO/HQ, informed that DPAS was implemented at the global level through strengthening leadership and advocacy, mobilizing resources, undertaking normative functions, coordinating collaborative initiatives, evidence generation, sharing information and interaction with civil society and other stakeholders including food and soft drink manufacturers. In support of these functions a number of projects were underway and their products and advice made available to Member States and other stakeholders. These included finalising tools for measuring physical activity, developing guidelines for promoting physical activity, developing a framework for policies on meals and physical activity in schools, promoting fruit and vegetable production and consumption and reducing salt content in processed foods. Guidance on marketing food and drink to children, developing guidelines on public-private partnerships, policy development and monitoring frameworks and working with the Codex Alimentarius Commission were among other initiatives implemented at the global level.

Several activities have been undertaken in all WHO Regions to contribute in the implementation of DPAS. Till recently, very few programmes in the SEA Region promoted healthy practices in diet or physical activity. Notable among these are work site programmes in India, school-based programme for health promotion (HRIDAY-SHAN) and ThaiHealth promotion activities. Efforts are required in the Region and among Member States to strengthen advocacy, capacity building and resource mobilization to develop multisectoral plans and implement evidence-based interventions. Efforts should also be made towards building networks of partners, developing guidelines and tools for specific setting-based approaches and actions for surveillance, monitoring and evaluation. Recently India, Indonesia and Nepal were involved in developing national plans of action for implementing DPAS. Regional inputs to implementation of DPAS are due to be discussed in detail at the WHO SEA Region meeting in 2006.

8. Charter of the regional network

The draft charter of the South-East Asia Network for NCD Prevention and Control (SEANET-NCD) was presented by Dr K.S. Reddy. The charter built on the consensus reached at the previous WHO consultation in March-April 2004 in New Delhi. After the presentation, participants were divided into working groups to deliberate on the charter and suggest modifications. Based on their inputs, the SEANET-NCD Charter was revised. The final draft of the document is at Annex 4.

The group also felt that it was appropriate for WHO/SEARO to approach the Ministers of Health to request expression of intent to join the network and endorse the charter. However, it was suggested that the Health Ministers might need prior sensitization on this issue. Suggestions on the proposed structure of SEANET-NCD and the Technical Advisory Groups and on the draft letter of intent to join the Network were also provided.

9. Conclusions

Participants of the workshop expressed their highest appreciation to the Government of Maldives for hosting the SEANET-NCD meeting and

organizing the regional launch of the global WHO report "Preventing Chronic Diseases: A vital investment". The major conclusion arrived at were:

- (1) There is a growing recognition that NCDs represent a major public health problem in the countries of the Region that requires a comprehensive public health response integrating multisectoral strategies for health promotion and disease prevention.
- (2) Member States have demonstrated high levels of commitment and are making considerable progress in addressing the prevention and control of NCDs. This progress needs to be monitored to guide further public health efforts.
- (3) WHO is providing important technical support for the development of NCD prevention programmes and policies in the Member States of the Region.
- (4) Regional networking of NCD programmes and initiatives is important to share experiences and provide a framework for collaborative action for the prevention and control of NCDs.
- (5) The charter and plan of action of the South-East Asia Network for NCD Prevention and Control (SEANET-NCD) was prepared.
- (6) The Global Strategy on Diet, Physical Activity and Health provides a useful framework for development and implementation of national plans of action in the countries of the Region.
- (7) The WHO report, "Preventing Chronic diseases: A vital investment", is a useful advocacy tool for policy-makers, programme managers and development partners.
- (8) While there is evidence to indicate that NCDs impose economic burden on countries in the Region, there is need to conduct detailed country-level economic studies.
- (9) Demonstration projects on community-based intervention conducted in the Region provide early evidence of its feasibility and need further evaluation of processes and outcomes.

10. Recommendations

10.1 Recommendations for Member States

Member States should:

- (1) Initiate steps to establish national networks for NCD prevention and control and consider joining SEANET-NCD.
- (2) Utilize the recently released WHO report "Preventing Chronic Diseases: A vital investment" to strengthen the advocacy efforts and develop multisectoral policies and strategies for health promotion and integrated prevention and control of NCDs.
- (3) Develop national plans of action for implementation of the Global Strategy on Diet, Physical Activity and Health.
- (4) Develop and implement national policies and programmes for tobacco control utilizing the Framework Convention on Tobacco Control.
- (5) Strengthen programmes for capacity building in the countries among policy-makers and programme managers.
- (6) Monitor the progress of national NCD prevention and control activities.
- (7) Consider initiating/support existing community-based intervention (CBI) projects for NCD prevention.
- (8) Strengthen NCD surveillance systems for generation of representative data on risk factors, morbidity and mortality.
- (9) Consider deployment of NCD InfoBase at national levels, utilize the tool for planning and, based on the experience, suggest measures for its adaptation and modification to suit requirements.

10.2 Recommendations for WHO

WHO should:

- (1) Support establishment of the Regional Network for NCD Prevention and Control in the SEA Region.

- (2) Draft regional framework for NCD prevention and control.
- (3) Continue to provide technical support to strengthen NCD surveillance systems in Member States.
- (4) Continue to provide technical support for further adaptation and modification of InfoBase to suit the requirements of countries.
- (5) Facilitate capacity strengthening for NCD prevention and control among policy-makers and programme managers.
- (6) Develop tools for monitoring national-level efforts for NCD prevention and control and the progress of community-based interventions.
- (7) Facilitate mobilization of resources for NCD activities at all levels within and outside WHO.

Annex 1

ADDRESS BY

**DR SAMLEE PLIANBANGCHANG, REGIONAL DIRECTOR,
WHO, SOUTH-EAST ASIA REGION
(DELIVERED BY DR J.M. LUNA, WHO REPRESENTATIVE, MALDIVES)**

Chronic, noncommunicable diseases (NCDs) are emerging as major public health problems in the South-East Asia Region of WHO. This, in turn, threatens the lives and health of millions of people as well as the economic and social development of Member States. NCDs contribute largely to poverty and are among the key barriers to socio-economic development as well as towards achieving the Millennium Development Goals.

Major NCDs targeted by WHO for integrated prevention and control include cardiovascular diseases, cancers, chronic pulmonary diseases and diabetes. The disease rates from these conditions are accelerating in all socioeconomic strata of society and account for 54% of all deaths and 44% of the disease burden in the South-East Asia Region. Almost half of all chronic, noncommunicable disease deaths occur prematurely.

Large segments of the population in the Region are increasingly exposed to man-made physical and socioeconomic environments that adversely affect health and contribute to the observed epidemics of chronic, noncommunicable diseases. Available evidence points to the pivotal role of a cluster of common, modifiable risk factors. Five of the top 10 global risk factors to health identified by the World Health Report on "Reducing Risks, Promoting Healthy Life" are: obesity, high blood pressure, high cholesterol levels and alcohol and tobacco consumption. All five are major risk factors for NCDs. Recent estimates show that each year at least 1.4 million people die in the SEA Region as a result of raised blood pressure and another 1.1 million each due to tobacco use and raised cholesterol levels. Low fruit and vegetable intake and physical inactivity claim an additional 1.3 million lives every year in the Region.

Evidence from both developed and developing countries indicates that comprehensive health promotion and integrated disease prevention programmes targeting major risk factors can significantly reduce the

incidence of NCDs and decrease overall morbidity and mortality. Multisectoral interventions applying population-based strategies and approaches enhanced by health interventions targeting high-risk individuals proved to be highly effective in improving public health outcomes. When applied in an integrated way at the population, community and individual levels they have potential to prevent at least 80% of major NCDs. We do know enough to act. What we need now in the Region is the development and implementation of sound national policies and integrated preventive strategies. There is also a need for strong leadership and commitment to strengthen capacity for controlling chronic diseases in countries of our Region.

The invisible epidemic of NCDs is progressing inexorably and threatening the economic and social development of low and middle income countries where 80% of all global chronic disease deaths occur. The remarkable feature of the NCD epidemic in the poorer countries is that young and middle-aged adults are increasingly being affected.

Unfortunately, despite awareness about the heavy burden caused by NCDs and the availability of simple, cost-effective approaches to avoid them, the reduction of chronic, noncommunicable diseases is not among the Millennium Development Goals. Thus, the prevention of these largely preventable conditions remains marginal to the mainstream of public health action in countries of the South-East Asia Region.

The Regional Office is taking necessary action to promote the widespread application of collaborative and intersectoral action focused on health promotion and prevention of NCDs. This is sought to be achieved through integrated epidemiological surveillance and population-based interventions on major risk factors. At the same time, equitable and cost-effective management of major NCDs along with optimal utilization of existing capacity of health systems is being promoted.

Scientific evidence shows that inappropriate diet and physical inactivity are among the most powerful determinants of many chronic, noncommunicable diseases. Recognizing this, WHO adopted a Global Strategy on Diet, Physical Activity and Health in 2004 which highlights the importance of taking an integrated approach to reducing chronic diseases. Several WHO Member States in the Region are taking necessary action to

implement the Strategy. The regional plan of action for implementation of the strategy is being developed and will be discussed during this meeting.

The report, "Preventing Chronic Diseases: A vital investment", released recently by WHO is a useful guide to effective and feasible actions that countries can implement immediately. It is an important milestone in fostering advocacy and generating political and public commitment to address the problem. The report says that global action to prevent chronic diseases could save 36 million lives of people who would otherwise be dead by 2015. I am pleased to note that the regional launch of this landmark global report will take place in conjunction with this meeting and that the Honorable Minister of Health, Maldives, will grace this important function. I am sure that the Report will contribute, in a big way, towards raising awareness of the importance of chronic diseases, building high-level commitment for action and increasing confidence that change is both possible and achievable.

WHO is playing an instrumental role in fostering partnerships, coordinating intersectoral collaboration and facilitating the process of national, regional and global networking. A regional network for NCD prevention and control, called SEANET-NCD, was initiated in 2004 in the SEA Region to facilitate the exchange of information and promote the adoption of strategic approaches for NCD control. Networking gives an unprecedented opportunity to move ahead and improve the health of people through effective cooperation between all sectors and stakeholders willing to contribute to reduce the burden of chronic diseases in the Region.

The current meeting of SEANET-NCD aims to coordinate further action in this regard. The charter of the network is to be adopted and an instrument to monitor achievements of national NCD programmes will be developed. Recent regional and national initiatives in prevention and control of chronic, noncommunicable diseases will be reviewed and follow-up action proposed. I am sure that the network will be an effective forum for promoting inter-country collaboration and sharing of experience and expertise. It will facilitate dissemination of information, exchange of experience and support to regional and national initiatives.

The meeting is being held in Maldives, which, though with a relatively small population, has made notable achievements in building a public

health system that effectively addresses the needs related to prevention and control of chronic, noncommunicable diseases. The excellent contributions of colleagues from Maldives and the instrumental support of the Ministry of Health of that country in strengthening the regional NCD programme in general, and in supporting the organization of this important regional meeting in particular, is highly appreciated.

I am confident that the objectives of this important regional meeting will be fully accomplished. I look forward to seeing the further growth of SEANET-NCD and its accomplishments in addressing emerging epidemics of chronic diseases in the Region. Finally, I would like to wish you all success in your endeavours and a pleasant stay in Bandos. Thank you.

Annex 2

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Annex 3

PROGRAMME

Monday, 7 November 2005

- 0900 – 0930 Inaugural Session
- 1000 – 1130 Networking for integrated prevention and control of NCD - Global perspective: Dr R. Beaglehole.
Regional network for integrated prevention and control of NCDs in SEAR: Dr J. Leowski.
- 1130 – 1700 Country presentation of National NCD prevention and control policies, programmes and networks in the countries of SEA Region.

Tuesday, 8 November 2005

- 0900 – 1030 Multisectoral approaches in NCD prevention and control: Dr Than Sein.
Role of health promotion in prevention and control of NCDs: Dr Udomsil Srisangnam.
- 1100 – 1230 Facilitating utilization of NCD data – NCD InfoBase in SEA Region: Dr K. Anand.
WHO tool for monitoring and evaluating NCD prevention and control efforts: Dr C. Tukuitonga.
- 1330 – 1500 Working groups: adapting instrument for monitoring progress in prevention and control of NCDs in SEA Region.
- 1530 -1700 Working groups' report on adapting instrument for monitoring progress in prevention and control of NCDs.
Monitoring and evaluating community-based interventions: Dr K. Anand.
- 2030 – 2300 Regional launch of Global Report "Preventing chronic diseases: A vital investment" followed by dinner at Nasandhura Palace Hotel, Male

Wednesday, 9 November 2005

- 0930 – 1230 Building capacity and commitment for NCD programme development.
Capacity strengthening for prevention and control of chronic diseases: Dr G. Gururaj.
Country reports on strengthening WHO NCD programmes in SEA Region Member countries

- 1330 – 1500 Global Strategy on Diet, Physical Activity and Health,
Implementing the strategy at global level: Dr C. Tukuitonga.
Regional Plan of Action for implementation of Global Strategy on Diet,
Physical Activity and Health in the countries of SEA Region: Dr K.S.
Reddy.
- 1530 – 1700 Working groups: (i) Developing Regional Plan of Action for
implementation of Global Strategy on Diet, Physical Activity and Health,
(ii) Developing regional package of capacity strengthening modules for
prevention and control of NCDs.

Thursday, 10 November 2005

- 0900 – 1000 Plenary – SEANET-NCD Charter and Plan of Action: Dr K.S. Reddy
- 1000 – 1230 Working groups: (i) Developing SEANET-NCD Charter and Plan of Action,
(ii) Process of developing regional strategy for prevention and control of
NCDs.
- 1330 – 1430 Report of working groups.
Adopting SEANET-NCD Charter and Plan of Action.
- 1430 – 1530 Conclusions and Recommendations.
Closing session.

Annex 4

CHARTER OF SOUTH-EAST ASIA NETWORK FOR NONCOMMUNICABLE DISEASE PREVENTION AND CONTROL (SEANET- NCD)

Preamble

Recognizing the

- **reality** that the countries of the South-East Asia Region (SEAR) are experiencing huge health, social and economic burdens imposed on them by noncommunicable diseases (NCDs), as a result of advancing health transition;
- **rapidity** of epidemiological transition which will escalate these burdens over the next two decades, if these NCD epidemics are not effectively countered;
- **results** of early death or severe disability which NCDs inflict upon persons in the productive period of life, with catastrophic consequences for the affected individuals and their families as well as adverse effects on national development;
- **relevance** of risk factors and their socio-economic determinants, which have been identified through global research, to the populations of SEAR nations and the wider applicability of several interventions which are of proven value in reducing the risk of NCDs; and the,
- **role** of a 'life course' approach which emphasizes the need for minimizing the risk of NCDs at each stage of life and the complementarity of a 'population based' approach and 'individual centred' strategies in achieving this.

Responding to the

- Recommendations of the Inter-country Workshop on Networking for Integrated Prevention and Control of NCDs in SEAR (2004);
- World Health Organization's (WHO) report on 'Preventing Chronic Diseases: A vital investment' (2005) which recommends a global goal of reducing the annual death rates due to chronic diseases by 2% over the

next decade (2005-2015), and advocates a stepwise approach to the surveillance, prevention and control of chronic diseases;

- WHO Global Strategy on Diet, Physical Activity and Health (2004);
- WHO Framework Convention on Tobacco Control (2003); and the
- WHO Global Strategy for the Prevention and Control of Noncommunicable Diseases (2000).

And

Resolving to

- **initiate** comprehensive multisectoral policies to effectively prevent and control NCDs in each of the Member States of the SEA Region;
- **implement** community-based programmes for health promotion and disease prevention;
- **integrate** the key elements of such programmes into the design and delivery of all existing and proposed national health and development programmes, wherever feasible;
- **promote** channels for exchange of information and technical resources among SEA Region Member States to facilitate the conceptualization and conduct of programmes for prevention and control of NCDs in each of the Member States;
- **foster partnerships in** developing a regional, intercountry network which will strengthen cooperation between governments, health professionals and civil society organizations of SEA Region Member States and of these groups with WHO and other relevant international organizations,

the Member States of the South-East Asia Region of WHO hereby establish a South-East Asia Network on Prevention and Control of Noncommunicable Diseases (SEANET-NCD)

Goal

To stimulate, strengthen and sustain regional efforts in South-East Asia for reducing the health and economic burden of major NCDs through coordinated and integrated multisectoral programmes of health promotion and disease prevention.

Objectives

General objective

To strengthen regional cooperation among Member States of the South-East Asia Region of WHO for the development and implementation of policies and programmes for the prevention and control of NCDs.

Specific objectives:

- (1) To facilitate and support Member States in establishing national networks for NCD prevention and control;
- (2) To share experience, expertise and other resources related to design, implementation and evaluation of NCD programmes;
- (3) To facilitate the design and conduct of collaborative research on community-based interventions for the prevention and control of NCDs, the results of which will help to develop policies and empower programmes;
- (4) To collaborate in knowledge generation, dissemination and application;
- (5) To assist and support development of national NCD policies and strategies;
- (6) To support capacity building for NCD prevention and control;
- (7) To advocate the need for NCD prevention and control;
- (8) To mobilize resources to support NCD prevention and control; and
- (9) To contribute to the global efforts in NCD prevention and control through collaboration with other networks.

Guiding principles

The Network would be guided by:

- respect for national sovereignty;
- transparency in all undertakings related to network functioning;
- commitment to a consultative approach;
- readiness to extend cooperation to other members, in accordance with each Member; and State's capability and resources.

Activities

The Network would undertake activities, at national and regional levels, for furtherance of the objectives stated in this document. These would include:

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

The plan of action for each of these activities would be developed in accordance with the needs of the specific programmes being undertaken by members of the Network.

Operational procedures

- (1) The Network shall comprise of national networks formalized/endorsed by the Ministry of Health. Members from other ministries having direct or indirect stake in NCD control and prevention activities may be encouraged to be members of the national networks.
- (2) WHO collaborating centres, institutions/organizations recognized nationally and/or internationally in NCD prevention and control activities may apply for the status of Associate Members.
- (3) The network shall be funded by WHO for initiation and coordination, with support from Member States, and by leveraged funding from international financing institutions and donors supporting health programmes and/or health research.
- (4) The network's functioning shall be facilitated by a secretariat located at the WHO Regional Office for South-East Asia (SEARO), with the WHO staff being assisted by other technical experts, as necessary.
- (5) The network shall be governed and guided by a Steering Committee comprising of high-ranking national representatives (high officials) nominated by Ministries of Health. Representatives of WHO would be ex-officio members and would be nominated by the Regional Director of WHO, SEA Region.
- (6) The Steering Committee would establish two subsidiary committees, a Regional Technical Committee (comprising of technical experts nominated by Member States and other invited experts) and a Regional Civil Society Network (comprising of representatives of relevant civil society organizations approved and recommended by Member States or recognized by WHO).
- (7) The Chairs of the Regional Technical Committee and the Regional Civil Society Network would be Special Invitees for the meetings of the Steering Committee of the SEANET.
- (8) All decisions of the Steering Committee would be by consensus.
- (9) At the national level, a Steering Committee would be established to guide the activities undertaken by Member States in accordance with the objectives of this charter. This would comprise of representatives of the Ministry of Health and other relevant ministries whose policies and programmes are linked to the

prevention and control of NCDs. Representatives of WHO country offices, nominated by the WHO Representative to that country, would be ex-officio members of the National Steering Committee. The Secretariat of the National Network would be located at the Ministry of Health in each country.

- (10) The National Steering Committee would establish subsidiary committees as appropriate.
- (11) The Regional Network (SEANET-NCD) would be formally established after Ministries of Health of at least four Member States have communicated their written acceptance of the invitation extended by the Regional Director of WHO to become members of SEANET-NCD and, thereby, agree to subscribe to the articles of this charter.