Strengthening Partnerships for Integrated Prevention and Control of Noncommunicable Diseases: The SEANET-NCD Meeting

Report of the Meeting
Chandigarh, India, 15–19 June 2009
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1. Introduction

Chronic noncommunicable diseases (NCDs) such as cardiovascular diseases, cancer, chronic respiratory diseases and diabetes cause 54% deaths, a significant amount of disabilities, and huge socioeconomic losses in countries of the South-East Asia (SEA) Region of the World Health Organization (WHO). NCDs are caused by a set of common risk factors such as tobacco and alcohol consumption, physical inactivity and unhealthy diet (high in salt, sugar and fat and low in fruits and vegetables) that can be modified with existing knowledge through cost-effective interventions. Morbidity and mortality caused by NCDs are increasing across all social and economic strata of population. In the SEA Region, NCDs occur earlier in comparison to more developed countries. Premature deaths in the productive phase of life pose a serious challenge to societies and their economies. There is a need to strengthen advocacy on, facilitate partnerships and apply multisectoral approaches for the prevention and control of NCDs in the Region.

The South-East Asia Regional Network for Prevention and Control of NCDs (SEANET-NCD) provides a platform for involving multiple partners (public stakeholders from within and outside the health sector, civil society and the private sector) in discussing and enhancing coordinated action to address the public health challenge of NCDs. The network was initiated in 2004 to facilitate dissemination of information and exchange of experience and to promote the adoption of strategic approaches for NCD control. Biennial meetings of SEANET-NCD were held in the Maldives in 2005 and in Thailand in 2007. The SEANET-NCD in 2005 meeting reviewed the progress of national NCD networks and developed the charter and plan of action of the network. The meeting in 2007 reviewed the progress in the prevention and control of NCDs in the Region and the status of oral health programmes, and provided inputs for the development of regional and global plans of action for an integrated prevention and control of NCDs for 2008–13.

The Regional Framework for Prevention and Control of NCDs was endorsed in 2007 through the SEA RC60 Resolution. This resolution requested WHO to provide technical assistance and mobilize the necessary resources for developing the capacity to implement national policies, strategies and programmes for integrated prevention and control of NCDs,
and to facilitate and coordinate international support of development partners.

The current efforts of SEANET-NCD focus on identifying and involving key partners from the public and private sectors (both health and non-health) and civil society groups in order to mobilize the required resources and to implement in a coordinated way, public health-oriented actions as agreed in the global and regional NCD action plans.

2. Objectives of the meeting

The general objective of the meeting was to strengthen partnerships in formulating and implementing national policies, strategies and programmes for integrated prevention and control of NCDs. The following are the specific objectives of the meeting:

(1) To review the progress in implementing the Resolution of the 60th Session of the Regional Committee for SEA on scaling up prevention and control of NCDs and the role of SEANET-NCD in this process;

(2) To explore/identify opportunities for strengthening partnerships for prevention and control of NCDs in the SEA Region;

(3) To present and discuss a draft instrument for monitoring and evaluating national NCD prevention and control programmes/efforts; and

(4) To review and comment on a draft global set of recommendations on the marketing of food and non-alcoholic beverages to children.

3. Organization of the meeting

The meeting was organized by the NCD Programme of the WHO SEA Regional Office with active support of the WHO Country Office, India, and the Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh, India. It was inaugurated by Dr. Poonam Khetrapal Singh, Deputy Regional Director, WHO SEA Region, on behalf of the Regional Director, Dr. Samlee Plianbangchang. (The text of the Regional Director’s message is given in Annex 1.) During the opening session, His Excellency, The Governor of Haryana, Sh. A.R. Kidwai welcomed the participants and
outlined various NCD initiatives of the government at the state level. Dr. R.K. Shrivastava, Director General, Directorate-General of Health Services, Ministry of Health, Government of India, was elected chair for the meeting. Dr. Thida Hla, Assistant Director (Medical Care), Department of Health, Myanmar, and Dr. S.K. Jindal, Professor and Head, Department of Pulmonary Medicine, PGIMER, India, were elected co-chairpersons. Dr. Anand Krishnan, Associate Professor, Centre for Community Medicine, All India Institute of Medical Sciences, India, along with Dr. P.W.C. Panapitiya of Sri Lanka and Dr. Wangchuk Dukpa of Bhutan were elected rapporteurs.

The meeting was attended by national representatives of nine countries of the SEA Region, national and international partners, WHO temporary advisers and WHO staff from country and regional offices and from WHO Headquarters (WHO HQ). (A full list of the participants is available in Annex 2.)

In addition to the plenary presentation by country representatives and temporary advisers, the meeting had two panel discussions and four working group sessions. The panel discussions were on role of WHO Collaborating Centres in addressing NCD public health and research agenda and on future directions in NCD surveillance. The working groups deliberated on: (i) adoption of a regional NCD capacity assessment tool; (ii) research priorities in NCDs; (iii) recommendations on the marketing of food and non-alcoholic beverages to children, and (iv) conclusions and recommendations of the meeting. In addition, a field trip was conducted to showcase the host Institution (PGIMER) and its health promotion and NCD prevention initiatives implemented in collaboration with local partners.

4. **Progress in NCD prevention and control**

4.1 **Regional and global update**

Dr. J. Leowski, Regional Adviser, NCD, SEA Regional Office, presented the regional perspective. He noted the accelerated epidemiological transmission in the Region and brought to the attention of the meeting that, according to WHO projections, deaths from infectious diseases in the Region would decrease by 16% while those from NCDs would increase by 21% in the period 2006–15. Standardized data on the major risk factors for
NCDs are now available from most countries in the Region. He emphasized the need to look at the underlying socioeconomic, cultural, political and environmental determinants of NCDs and their risk factors. He explained the Regional Framework for Prevention and Control of NCDs, which was endorsed by the 60th Session of the Regional Committee. The resolution SEA/RC60/R4 listed the priorities for Member States and requested the Regional Director to provide technical assistance in mobilizing resources and facilitating and coordinating international support for development partners. Analysis of the results of two surveys of national capacity conducted in the Region in 2001 and 2006 have demonstrated varying degrees of progress in different areas of NCD prevention and control. He emphasized that the formulation of national NCD policies, strategies, and action plans has been a boost for enhancing partnerships and ensuring multistakeholder involvement in scaling up integrated prevention and control of NCDs.

Dr. G. Xuereb of WHO HQ presented the global initiatives in NCD prevention and control. Using global data on mortality and the macroeconomic impact of NCDs, he made a strong case for investing in NCD prevention and control. He delineated the major global WHO initiatives since 2000 when the global strategy for prevention and control of NCDs was formulated. These include the Framework Convention on Tobacco Control (FCTC), Global Strategy on Diet, Physical Activity and Health (DPAS) and a Global NCD Action Plan. A Global NCD Partners Council has been set up to support implementation of the NCD action plan by catalyzing intersectoral and multilevel response and by collective advocacy and resource mobilization with a focus on country-level implementation. Dr. Xuereb also informed about the development of tools and protocols for management of NCDs through primary health care systems. Data collection is currently underway to prepare a global report on NCDs to be presented to the World Health Assembly in 2010.

4.2 National updates

Bangladesh is passing through an epidemiological transition. Ten of the top twenty causes of death are due to NCDs. Tobacco consumption, including chewing, is responsible for the large burden. A Strategic Plan for Surveillance and Prevention of NCDs in Bangladesh (2007–10) was approved by the government in 2006. The goal is to reduce the burden of
NCDs, including injury, mental health and blindness. The strategy includes surveillance, health promotion, prevention, and health system strengthening. This initiative is supported by the National Strategic Plan of Action for tobacco control (2007–10) and the National Cancer Control Strategy and Plan of Action (2009–15). The Bangladesh Network for NCDs Surveillance and Prevention (BanNet) has been formed as a forum for collaboration among government and other stakeholders, including non-governmental organizations (NGOs) and institutions. The Alliance for Community-based Surveillance of NCDs (ACS) includes health facilities where surveillance is being done. The challenges identified are: (i) inadequate human resource capacity; (ii) quality control; (iii) maintenance of records; and (iv) lack of standardized tools.

In Bhutan, a Lifestyle Related Disease Programme (LSRDP) has started functioning since late 2008. The programme aims at reducing morbidity and premature mortality due to NCDs through an integrated and multistakeholder approach. The strategy includes strengthening research and surveillance, enhancing partnerships, health promotion and strengthening health systems. A national policy on NCDs is being drafted. A survey on diabetes and other risk factors has been recently completed. The tobacco bill is likely to be endorsed in the forthcoming Assembly. A Package of Essential NCD Interventions (PEN) has been piloted in two districts. The challenges identified are: (i) setting up of surveillance systems; (ii) instituting mechanisms for coordination between different sectors; and (iii) lack of resources.

India is addressing NCDs through different national programmes (cancer, tobacco, mental health, deafness, blindness, geriatrics, and so on). In 2008, the pilot phase of the National Programme for Prevention and Control of Diabetes, Cardiovascular Diseases and Stroke (NPDCS) was launched in ten districts with an outlay of US$ 1 million. Seven states have conducted state-wise risk factor surveys. The strategies under NPDCS include opportunistic and targeted screening, health promotion, training of health personnel, infrastructure strengthening, intersectoral convergence, and research. A multi-layered implementation structure has been envisaged. The National Cancer Control Programme has been revamped with higher financial allocation. India has strong and comprehensive tobacco control legislation in place. In order to further prioritize NCDs, the programme would be integrated with the National Rural Health Mission – the flagship programme of the Government of India that focuses on the strengthening of
health systems. An inter-ministerial group is being formed to support intersectoral action. India has sufficient technical capacity and can play a critical role in strengthening capacity and networking in the SEA Region.

**Indonesia** has a strong surveillance system. The country has generated provincial-level information on NCDs and their risk factors and used it for effective advocacy. A National NCD Policy and Strategy was formulated in 2003. The general principles of the policy include community participation, multidisciplinary and multisectoral collaboration, and a life-course approach. It addresses the need for adopting legislative measures and takes into account the decentralized administrative system of the country. The strategy includes surveillance, health promotion through information communication and education (IEC) activities, risk factor control and early detection and management of NCDs. It has identified the roles of stakeholders such as different ministries in the government as well as other national and international partners such as WHO, World Diabetes Foundation (WDF), International Union against Cancer (UICC), Bloomberg Initiative, and so on. The challenges identified include: (i) low priority given to NCDs at the national and provincial levels; (ii) weak leadership in setting up intersectoral coordination; (iii) lack of managerial skills at the provincial level; and (iv) imbalance between the curative, preventive and health promotion approaches. The country has not yet ratified FCTC. Demonstration projects of community-based NCD interventions initiated in multiple sites have given promising early results.

The national NCD Strategic Plan of the **Maldives** has set out the objectives, strategies, and actions for 2008–10. The plan focuses on developing evidence-base guidelines, networking, capacity building, and health financing. Effecting change through formulation and implementation of policies, legislation and regulations has also been identified as a priority. Promoting healthy behaviour and creating a healthy environment is emphasized and coordination mechanisms have been suggested. The challenges in implementing NCD prevention and control activities are: (i) limited human resources; (ii) inadequate government funding; (iii) lack of adequate capacity for monitoring and quality control; (iv) difficulties in adoption of standard treatment guidelines and weak referral mechanisms in health services; (v) limited number of NGOs working in NCD prevention; (vi) and inadequate networking among stakeholders. There is active collaboration with the Ministry of Economic Development and Trade with regard to tobacco control. The Ministry of Education has conducted anti-
tobacco workshops, school-based awareness programmes on junk food and promotion of physical activity. Meetings of the Health Promotion Network bring together stakeholders twice a year. The decentralization of government services and local monitoring efforts has important implications for NCD prevention and control efforts. The role of WHO and other international partners is crucial for programme implementation and capacity building.

In Myanmar, there is no national policy/strategy/plan for integrated prevention and control of NCDs. However, there are disease-specific programmes in place that are largely curative and hospital-based. These include, among others, programmes for diabetes, cardiovascular diseases, cancer, snakebite, deafness, and the elderly. The main challenges are the lack of a separate department for NCDs, no financial allocation for staff, weak coordination between health and non-health stakeholders, and low political commitment to NCDs. The Ministry of Education has been implementing school health programmes and IEC activities supported by the Ministry of Information and NGOs. Myanmar has a National Strategic Plan on Diet and Physical Activity (2008–12) in place. A national-level NCD risk factor survey is in progress. Plans were underway to formulate a national policy and plan for integrated prevention and control of NCDs and establish a central committee for coordination and integration of NCD prevention and control.

Nepal has progressed from conducting a single city NCD risk factor survey in 2003 to a national-level survey in 2007–08. It has also initiated cancer registry. FCTC has been signed but is yet to be ratified by Parliament. The National Health Information Education and Communication Centre coordinates all IEC activities, including those for tobacco control. A draft national policy for comprehensive and integrated prevention and control of NCDs and their risk factors has been formulated. The policy, with its focus on prevention, needs to be further discussed with stakeholders and finalized. The strategies include scaling up surveillance, involving other sectors, and strengthening the capacity of the health system to address NCDs. The plan of action includes a list of indicators for monitoring. The major challenges identified are: (i) political instability; (ii) low priority given to NCDs; (iii) no government budget allocation; and (iv) inadequate human resource capacity. The finalization and endorsement of the NCD policy, strategy and action plan is likely to take place in the near future. With the technical and financial support of WHO and other
international partners, it plans to roll out an NCD prevention and control programme.

**Sri Lanka** has already documented the high health burden of NCDs. A national policy and strategic plan for NCD prevention and control is being formulated. The emphasis is on population-based prevention and provision of evidence-based acute and long-term care for people with NCDs. The key strategies are community empowerment, human resource development, strengthening of health information systems, monitoring and evaluation, introduction of sustainable financing mechanisms and integration of NCD prevention into policies across all government ministries, departments and private-sector organizations. District-level operational plans are also being developed. Multiple activities are being conducted in collaboration with different partners, such as the NCD Prevention Project with the Japan International Cooperation Agency (JICA), piloting PEN with WHO, the National Authority on Tobacco and Alcohol (NATA) with Bloomberg Initiative, diabetes prevention project with the World Diabetes Foundation (WDF), and quality improvement in clinical care with the World Bank (WB). The tobacco legislation is being made more stringent and comprehensive. Intra-ministerial as well as inter-ministerial groups oversee coordination between the different partners. The challenges identified may be grouped as: (i) systemic (poor infrastructure for surveillance, lack of standard protocols, tools and guidelines, lack of quality control and monitoring mechanisms); (ii) human resource-related (capacity at the national level, vacant posts at different levels, lack of definition of job responsibilities for different levels of workers); and (iii) financial (lack of funds at the district level and for social marketing campaigns). Details of the pilot implementation of the PEN project in Badulla district were shared with the participants of the meeting.

The national disease surveillance system has identified NCDs, injuries and mental disorders as the major contributors to the diseases burden in **Thailand**. Continuous increase in NCDs such as stroke, ischemic heart diseases, depression, alcohol dependence and road traffic accidents have been observed. Major NCDs such as cardiovascular diseases, diabetes, hypertension and cancer are being targeted for integrated prevention and control under the draft Thailand Healthy Lifestyle Strategic Plan (2007–16). Major emphasis has been placed on surveillance, policy development, advocacy, intersectoral collaboration, system capacity building, programme demonstration and establishing centres of learning. Many national NCD-
related programmes are in operation. These include, among others, the Comprehensive Tobacco Control Programme; the Comprehensive Alcohol Control Programme; and the Proactive Nutrition, Physical Activity and Obesity Programme. These programmes emphasize the application of public health and primary health care-based approaches that require community participation and effective multisectoral collaboration. The government has demonstrated a strong commitment to the control of tobacco and alcohol consumption by legislation, particularly in the area of advertisements. A healthy settings approach, including healthy cities, villages, districts, workplaces, school, and markets have been implemented. Community-based intervention for NCD prevention and control is in the process of implementation with the support of 76 Provincial Health Offices. The major challenges include: (i) effective reduction of risky behaviour (smoking and alcohol consumption); (ii) increasing lifelong regular exercise; (iii) healthy diet; and (iv) establishing effective collaborations and partnerships with non-health sectors.

5. Demonstration of local NCD projects

The participants visited PGIMER, the institution organizing and conducting the meeting. They were welcomed by its Director, Dr. K.K. Talwar. Presentations by the Departments of Endocrinology, Neurology, Radiotherapy, and Pulmonary Medicine and the School of Public Health showcased a wide range of clinical, research, and public health programmes implemented by the Institution. Dr. S.K. Jindal, Head of the WHO Collaborating Centre for Research and Capacity Building in Chronic Respiratory Diseases, presented the major collaborative activities including those related to capacity building and networking. Subsequently, the participants were divided into four groups which visited the NCD-related programmes being implemented in school and industry settings, and those implemented by the Urban Health Training Centre and an NGO.

School: The participants were briefed about the components of intervention for NCD control in the school setting by the school’s health programme officer. The health promoting schools project—an initiative of the School of Public Health, PGIMER, and the Chandigarh School Health Programme—was presented, together with its components such as healthy food, lifestyle modification and health diary. The participants discussed the
objectivity of the intervention in the school setting. The sustainability of the intervention was identified as a challenge.

Industry: The Vice President of the organization briefed the participants about its healthy workplace initiative. Success stories such as stopping alcohol and tobacco consumption and introducing healthy food at the canteen, were shared. The contents of the NCD intervention package in the industrial setting and the initial challenges faced in terms of production loss were discussed. The key to success was in convincing the management that promoting the health of the workers would ultimately result in gains in terms of increased credibility in the eyes of its employees. The participants visited the health check-up corner and the canteen at the workplace. Replication of the intervention package at other industrial sites was also discussed.

Health facility: The participants were briefed about the functions of the health centre and its hypertension clinic. Home-based screening and referral to the centre for management of cases was also discussed. Issues regarding dispensing of medicines to the patients, patient compliance and follow-up were discussed. The facilities needed for diagnosis and follow-up investigations, and issues related to keeping and using patient records were discussed with the team members.

NGO: Three NGOs were represented – one working in the area of promoting healthy diet and the other two in promoting physical activity. Initiatives such as organization of cycle rallies, long walks around Sukhna Lake, and promoting physical activity based tourism with various partners in the city were discussed. The issues brought up in discussion included funding of activities, their sustainability, and also the need for their evaluation.

6. Capacity assessment in prevention and control of NCDs

Dr. R. Kumar, Head, School of Public Health, PGIMER, Chandigarh, explained the theoretical framework for monitoring and evaluation of NCD prevention and control programmes. He listed the steps in establishing monitoring and evaluation systems and stressed on the need to allocate sufficient resources for this purpose. He discussed data collection
requirements for monitoring and evaluation with a focus on input, process, output, outcome, and impact indicators. The importance of applying both qualitative and quantitative approaches in evaluation was emphasized.

Dr. Chaisri S. of the Department of Diseases Control, Ministry of Public Health, Thailand, shared her perspective on the role of monitoring and evaluation in national NCD programme planning and implementation. She plotted the temporal trends of various NCDs in the context of information on the timelines for implementing various interventions and programmes in Thailand since 1995. She stressed that the choice of appropriate performance indicators would help in identifying the interventions that work and explained that the Thai Monitoring and Evaluation Plan (2009–11) has been formulated on the basis of past national experiences.

Dr. M. Engelgau, Senior Public Health Specialist with the World Bank, presented the Bank’s experience in NCD capacity assessment. He noted that there was, so far, limited experience in the South Asia Region in addressing critical NCD-related issues, including policy development, regulatory action, quality assurance, and so on. The WB document “Public policy and the challenge of chronic NCDs” proposed the policy options, and outlined the need and role of the public and private sectors. The Bank was working in the NCD area in four countries of the SEA Region – Bangladesh, India, the Maldives and Sri Lanka. It was also preparing a “South Asia regional policy note for NCDs”. The note would present the regional NCD burden and capacity, present a policy framework, and outline the Bank’s role. The national capacity assessment tool for NCDs proposed by WB was derived from the manual, USAID’s health systems assessment approach – a how to manual. The key areas for assessment were governance, health financing, health service delivery, human resources, pharmaceuticals, and health information systems. The process of data collection and compilation is in progress and will be completed in late 2009.

Ms. L. Riley, Team Leader, Surveillance, WHO HQ, presented the global initiatives on assessing progress in NCD prevention and control. The WHO Global Plan of Action required monitoring of NCDs and their risk factors and determinants (epidemiological monitoring), evaluating the effectiveness and impact of interventions, and assessing progress at the country level (country capacity assessment). A report in this regard has to be submitted to the World Health Assembly in 2010 and 2013. For
epidemiological monitoring, a common set of indicators is being finalized and the data will be drawn from existing sources. The country capacity assessment exercise will build on the experiences gained from the previous two surveys in 2000/2001 and 2005/2006 and a new tool is being developed. The results from these two surveys had highlighted the progress as well as gaps in the capacity of the countries in addressing NCDs. The core module of the 2009 country capacity assessment tool will cover questions on public health infrastructure, health information systems and surveillance, health promotion and social determinants, and health system and partnerships. The tool will also serve as a resource for countries to periodically monitor their own progress.

Dr. K. Anand took the participants through the details of the proposed new WHO country capacity assessment tool. The participants were divided into working groups to discuss the proposed tool and suggest the required modifications. On completion of the working group sessions, reports were presented to the plenary. The results of the deliberations of the working groups on the proposed tool for country capacity assessment may be summarized as follows:

- The tool is appropriate for monitoring the progress in capacity assessment at the global level. However, at the national level this may not be adequate.
- More than one unit/department could be responsible for NCDs. This could be separate for treatment and control (hospitals) and for surveillance and prevention (public health).
- Many countries in the Region have a decentralized system and therefore filling this form at the national level could be difficult.
- Allocation of resources in health systems (for equipment/drugs, and so on) varies by its level so the tool should allow their appropriate break down.
- As chronic respiratory disease is one of the major NCDs, it should be appropriately reflected in the tool. Currently, it is not mentioned in those sections of the tool that deal with disease registries, availability of drugs (bronchodilator), and equipment (spirometre).
Questions on the social determinants of NCDs are vague (non-specific) and therefore the information collected would be of limited value and utility.

Currently, the tool does not include assessment of human resource capacity (the participants felt that this is a very important area).

Use of the term “integrated” could cause confusion. If two diseases, for example, are covered under a single programme (cardiovascular diseases and diabetes), is it integrated? If the budget for NCD surveillance is a part of the integrated surveillance, then how does one deal with reporting on such integration?

In financing, the role of extra budgetary support and insurance coverage for NCDs may also be addressed.

Specific suggestions on re-sequencing, wording, options, and so on were also provided.

7. Economic determinants and impact of NCDs

Dr. M. Engelgau of WB presented the economic determinants of NCDs. He drew the attention of the group to the poverty-NCD cycle. While the concept of socioeconomic determinants of diseases has been well established for centuries, its measurement and assessment issues pose a great challenge. The interventions required to reduce inequity are complex and extend beyond the health domain. WHO, in its 2008 report on the Commission on Social Determinants of Health, recommended that there was a need to improve the daily living conditions and tackle the inequitable distribution of power, money and resources. It also made a call to measure and comprehend the problem and to assess the impact of action aimed to reduce socio-economic inequities. While displaying the Preston curve on the empirical relationship between countries’ life expectancy and their real per capita income for 2000, he pointed out that populations of the SEA Region were reaching the point where the incremental gain in life expectancy for gain in GDP would flatten. Beyond this point, lifestyle interventions rather than economic gains would determine further improvements in the duration of life and in well-being. With the use of data from India he demonstrated how, due to catastrophic spending, NCDs
drive people into poverty. This poses a major challenge to countries of the SEA Region where low public spending on health and poor social support systems lead to high out-of-pocket expenditure on health. Addressing economic and social determinants would require a broad perspective and a true cross-sector approach.

Dr. D. Prabhakaran, Executive Director, Centre for Chronic Disease Control, New Delhi, India, presented the results of a study coordinated by the Initiative for Cardiovascular Health Research that assessed the economic impact of cardiovascular diseases in five low and mid-income countries – China, India, Russia, Brazil, and South Africa. While in the developed countries deaths due to cardiovascular diseases occur in age group of 75 years and above, people in developing countries die of such diseases at a younger age. A five-year increase in life expectancy was associated with 0.3 to 0.5% higher annual GDP. He also presented the preliminary results of a microeconomic study from India on the impact of cardiovascular diseases on the economic well-being of households. He reiterated that measures to address NCDs should rest on a three-legged stool – clinical management, population-based efforts, and macroeconomic policies.

8. Research and surveillance in NCDs

8.1 Regional priorities in NCD research

Dr. J. Leowski introduced the research priorities in NCDs for the South-East Asia Region. While acknowledging wide areas of persisting information gaps, he focused on research priorities related to the practical application of existing evidence and on those addressing health inequities. The proposed research priorities were categorized according to the main components of the Regional Framework for Prevention and Control of NCDs. These are: (i) epidemiological assessment; (ii) awareness generation and advocacy; (iii) policy and programme development; (iv) capacity strengthening; (v) resource mobilization and infrastructure development; (vi) multisectoral and multilevel action; (vii) and health sector intervention. He also proposed further areas for priority research such as conducting cohort studies, foetal life influences, cultural and ethnic factors, participatory research methods, self-care and care-giver models for NCD management, and so on. He urged that Member States and developmental partners should invest more in addressing the grossly under-funded NCD research agenda.
The participants were then divided into working groups and asked to review the working paper on NCD research priorities. The following suggestions/comments emerged from the working group deliberations:

- The focus should be on operational and translational research as there is a large know–do gap.
- The proposed list of NCD research priorities was agreed upon in principle, with some additions and suggested reordering.
- A preface on the burden of NCDs in the SEA Region might be added to put the issues in the specific context.
- Research related to the social determinants of health, health inequities, and economic impact of NCDs required high priority.
- Some new areas for research were suggested such as studies on migration, role of micronutrients, role of non-physician health workers, and evaluation of policy and legislative interventions.

8.2 Role of WHO Collaborating Centres in addressing the research agenda

The panel discussion was chaired by Dr. S.K. Jindal, Head of the WHO Collaborating Centre in Research and Capacity Building in Chronic Respiratory Diseases, PGIMER, India. The participants were heads of other NCD-related WHO collaborating centres and centres of expertise in the Region: Dr. V. Mohan, Dr. V. Vishwanathan and Dr. K. Anand from India and Dr. H. Mahtab from Bangladesh.

The panellists shared information on the work undertaken at their centres. They opined that collaborating centres have an important role in contributing toward implementation of the WHO NCD Action Plan and in particular in achieving its objectives related to research and capacity strengthening. In conformity with the terms of reference, WHO collaborating centres also have their individual research agenda. They implement research projects in areas of their specific expertise and form interest groups to undertake collaborative research addressing the overall health/NCD agenda. WHO collaborating centres should be more proactive in filling the knowledge gaps regarding the local, national and regional burden of NCDs and their risk factors as well as the impact of cultural and
socioeconomic factors and global market forces on NCDs. They also have an important role in conducting operational research, and in developing and assessing guidelines for the management, prevention and control of NCDs at the primary and secondary levels of care.

The technical expertise of a multidisciplinary faculty and research and training infrastructure place WHO collaborating centres as leaders in fostering multisectoral and multidisciplinary collaborations, establishing national and regional networks, building capacity, strengthening advocacy, and generating awareness. The networks of WHO collaborating centres and centres of expertise can facilitate inter-institutional dialogue and collaboration for research by sharing information and other resources and contribute towards the development of evidence-based policies, strategies, and programmes for integrated prevention and control of NCDs.

8.3 Future direction in NCD surveillance

The panel discussion on future direction in NCD surveillance was moderated by Dr. K. Anand. At his agenda-setting introductory presentation, Dr. Anand outlined the NCD surveillance and information needs at five levels: mortality, morbidity, risk factors, health systems and non-health determinants. While risk factors and non-health determinants were essential for planning and evaluating prevention programmes, information on disease levels and patterns as well as on different aspects of health systems were critical for health care planning. In the SEA Region, mortality and morbidity surveillance is weak. Information on health systems and non-health determinants is not collected or compiled systematically. The focus in the last decade has been primarily on risk factor surveillance. However, only limited progress has been made in this regard as many of these surveys have been sub-national, one-time, and externally funded. Only Indonesia and Thailand have moved into a surveillance mode by completing repeated rounds of national surveys. Dr. Anand shared his concerns regarding the direction in global NCD surveillance which was based on a variety of surveys focused often on individual risk factors, largely externally funded, and implemented without an overall framework and adequate focus on national needs. The information collected through the surveillance system needs to be used at the national level to direct policies and programmes.
Ms. L. Riley, in her discussion, listed the challenges facing global surveillance systems. Dr. V. Mohan focused on the use of information technology in strengthening NCD surveillance. Dr. D. Prabhakaran highlighted the need for quality control, pointing to the need to re-look at the content of risk factors included in regional NCD surveillance and called for checking the applicability of global surveillance tools in the regional context. He also emphasized the need to focus on social determinants to strengthen advocacy. The participants from Member States reiterated the need for establishing a comprehensive surveillance framework and requested assistance in developing appropriate, locally relevant tools. They pointed to the operational challenges facing national surveillance systems in terms of lack of resources (funds and human capacity), geographical barriers, and so on.

9. **Strengthening partnerships for prevention and control of NCDs**

In keeping with its theme, the meeting was attended by national and international partner organizations and agencies working in the area of NCDs. The proceedings of the major NCD meetings held in the recent past where informed including the Diabetes Summit, SEA Region, organized by the World Diabetes Foundation and the Aga Khan Development Network Meeting on Preparing Communities: Chronic Diseases in Low and Middle Income Countries of Africa and Asia. There was also a short report on the WHO India-World Economic Forum Meeting on Employee Wellness.

International partners such as WB and WDF support a number of research, capacity building, and health system strengthening projects in Member States of the SEA Region. The representative of UICC informed about their recent focus on diet and obesity-related cancers and described the activities for awareness generation. Mr. S.N. Chaturvedi of Consumer International focused his report on how member organizations were dealing with the marketing of foods, especially to children. Dr. Samiei of the International Atomic Energy Agency’s (IAEA) Programme of Action for Cancer Therapy (PACT) informed their intention to place cancer on the global health agenda and improving cancer survival in the developing countries. He explained the programme’s efforts in supporting comprehensive cancer control globally and in the Region.
A national partner organization, SOLID Nepal, focused on lobbying and advocacy, training, and research to generate evidence and improve networking. Helpage India, represented by Dr. O. George, made a special case for the elderly as a disadvantaged group affected by NCDs. Dr. S. Talukder of Eminence, Bangladesh, shared his organization’s experience in introducing NCD prevention and advocacy approaches in community, slum and workplace settings. Dr. K. Rao of Public Health Foundation, India (PHFI), listed the various initiatives taken in the area of NCDs. These include capacity building, advocacy, awareness generation, program evaluation, and so on.

At the general discussion, representatives of Member States, invited experts, and partners appreciated the role of SEANET-NCD in providing a platform for sharing experiences and expertise. It was hoped that this would lead to further strengthening of collaborative work and cross-country capacity enhancement.

10. Marketing of food and non-alcoholic beverages to children

Dr. K. Vithaya of Chulalongkorn University, Thailand, summarized the outcome of the Ad-hoc Expert Group Meeting on Marketing of Foods and Non-alcoholic Beverages to Children held in Geneva in December 2008. The mandate for this work came from the resolutions of the World Health Assembly (WHA 60.23) and the Global Strategy on Diet, Physical Activity and Health. Dr. Vithaya presented evidence of the role of marketing in shaping food choices among children and shared the Thai experience in dealing with this issue. Ms. S. Randby, Technical Officer, WHO HQ, introduced the draft recommendations of the expert group and apprised participants about the ongoing consultations to finalize the recommendations. The participants split into smaller groups and reviewed the working paper submitted by the secretariat. Several background documents were shared to facilitate the group discussion. The reports of working groups were structured around the following key issues:

Policies to reduce the impact of marketing of foods to children that are high in fats, sugar and salt

Bangladesh, Bhutan, India, Myanmar and Sri Lanka have no specific policies in place in the area of marketing of foods to children, while
Indonesia and Nepal already have some policy in this regard. Thailand has a specific policy related to NCDs and food marketing to children. There is also a regulation for television broadcasting stations on the use of certain marketing techniques and timing of advertising. In the Maldives, there are guidelines in place for importers and traders on marketing of breast-milk substitutes. There is a screening mechanism for all food and beverage advertisements. There are also some industry association-based voluntary codes in the Region though with little control over their implementation.

**Using concepts of "exposure" and "power" in policy development**

The working groups found that both power and exposure are equally important concepts in addressing the issue of marketing. These are also relevant for developing tools to control the impact of marketing. It was felt that it might be more difficult to quantify, assess and influence the power of marketing. Attention should be given to policies and regulations that create synergies in addressing the issue of marketing to children, such as those related to trade and environment and to agricultural product standards. Mandating producers of foods high in fats, salt and sugar to fund an appropriate authority aimed at running healthy food advertisement was proposed as an option for achieving a counterbalancing effect. All communication channels (audio-video, print, the Internet and any other emerging media) should be addressed in the policy. The need to set up appropriate mechanisms to deal with cross-border issues in advertising was also emphasized.

**Forms of regulation**

All existing options should be considered in the process of policy development and a comprehensive approach should be applied in developing regulations. Self-regulations and statutory regulations might be applied successively or simultaneously. In the opinion of the group representing NGOs and other agencies, self-regulation equalled no regulation. In order to be enforced a regulation must be clear and be accompanied by specific sanctions.

**Roles and responsibilities of stakeholders in policy development and implementation**

Policy development is a complex process. It should involve the major stakeholders, including NGOs and the private sector. Governments should
lead this process. The role of governments is also to establish a legal and regulatory framework, set up enforcement mechanisms, allocate resources, and conduct monitoring and evaluation. International collaboration should be stimulated to deal with cross-border marketing and harmonization of standards. The private sector should support the governments in implementing the national policy and share responsibility in improving children’s health by self-regulation and voluntary initiatives. The group representing NGOs and other agencies made a point that the private sector had a financial stake in opposing regulatory initiatives and minimizing actions that would limit their commercial activity. NGOs have a responsibility to educate consumers, empower the community, and also to work on capacity building and research.

Roles and responsibilities of stakeholders in monitoring and evaluating national policies

The groups agreed that governments and their agencies should take the lead role and that the private sector and NGOs should support monitoring and evaluation of the policies. Some participants suggested the formation of an independent expert group for this purpose and which would be funded by governments. NGOs should play the role of a “watch dog” and ensure that standards are maintained. Consumers should also be involved in monitoring and evaluation. Governments should develop quantifiable indicators and work out timelines for measuring the outcomes and impact of the policies.

Other issues

The working groups identified the following challenges: (i) the need for more regional evidence on the effects of marketing on food-related behaviour; (ii) dealing with informal marketing techniques, such as verbal communication and distribution of free food samples; (iii) addressing strategies focused on reaching children through marketing to parents; (iv) ensuring stronger engagement of NGOs in policy development and the implementation process; (v) weak regulatory systems that can be exploited by industry and special interest groups; (vi) existing trade policy conflicts in the Region, and (vii) the need to focus on the supply side in addition to the demand side. It was also felt that applying a human rights approach would farther strengthen the proposed set of recommendations. Introducing taxing of certain unhealthy food products to compensate the costs of NCD
treatment was suggested. Since governments cannot effectively counteract industry efforts to market unhealthy foods by promoting healthy foods, effective “counter measures” such as introducing obligatory disclaimers on unhealthy food products and positive nutritional advertisements might be considered.

11. Conclusions

Participants of the meeting of the South-East Asia Network for Noncommunicable Disease Prevention and Control (SEANET-NCD) on strengthening partnerships for integrated prevention and control of NCDs arrived at the following conclusions:

(1) Member States of the WHO South-East Asia (SEA) Region are scaling up their response to NCDs in terms of developing and strengthening national policies, plans and programmes.

(2) Participants of the meeting recognized the role of SEANET-NCD as a platform for sharing experiences in NCD prevention and control.

(3) It is important to monitor the progress in prevention and control of NCDs at national and regional levels.

(4) The tool developed by WHO for assessing national capacity for prevention and control of NCDs was discussed. It was suggested that the tool be made more comprehensive by including health workforce-related issues.

(5) After reviewing the draft document on regional research priorities in NCDs, participants of the workshop agreed that the focus should be on translational/operational aspects and on estimation of epidemiological and economic burden.

(6) WHO collaborating centres have a significant role to play in implementing WHO public health and research agenda related to prevention and control of NCDs.

(7) The need for development of a comprehensive NCD surveillance framework including its five components (mortality, morbidity, risk factors, health system and non-health determinants) was recognized.
(8) Participants of the meeting identified technical (availability of standard tools, workforce’s capability and quality control) and operational (resources, infrastructure) challenges that were hindering the progress in developing comprehensive NCD surveillance systems.

(9) The existing regional evidence on the economic impact and consequences of NCDs is inadequate to support effective high-level advocacy.

(10) The need for effective partnerships to generate more resources for prevention and control of NCDs and to focus on the social-economic determinants of NCDs was recognized.

(11) The working paper on development of recommendations on the marketing of food and non-alcoholic beverages to children was reviewed and suggestions provided.

**Recommendations for Member States**

It was recommended that Member States should:

(1) Intensify efforts aimed at implementation of the Regional Committee Resolution on Scaling up Prevention and Control of NCDs (SEA/RC60/R4) with special focus on advocacy strengthening and capacity building.

(2) Conduct systematic assessment of national capacity for prevention and control of NCDs.

(3) Develop and support implementation of the national NCD research agenda with particular focus on generation of evidence on socio-economic determinants and economic consequences of NCDs.

(4) Set up sustainable mechanisms for conducting systematic NCD surveillance.

(5) Facilitate networking and build partnerships (among health and various non-health public and private sectors, civil society groups, developmental partners and other stakeholders) and strengthen intra-sectoral coordination for prevention and control of major NCDs.

(6) Take appropriate action to reduce the health impact of marketing of food and non-alcoholic beverages to children.

(7) Advocate the inclusion of NCDs in the Millennium Development Goals.
Recommendations for WHO

It was recommended that WHO should:

(1) Conduct a regional survey of national capacity for prevention and control of NCDs and report its results to the sixty-third session of the WHO Regional Committee for South-East Asia.

(2) Use the inputs of this workshop in revising the working paper on research priorities in NCDs (to be submitted to the SEA Advisory Committee on Health Research) and contribute towards its implementation.

(3) Provide technical support in setting up NCD surveillance, monitoring and evaluation systems in Member States including guidance on development of a comprehensive framework for such systems.

(4) Assist Member States in developing and implementing appropriate approaches aimed to reduce the health impact of marketing of food and non-alcoholic beverages to children.

(5) Support and coordinate efforts aimed at strengthening partnerships and intercountry networks for integrated surveillance, prevention and control of NCDs in the SEA Region.

(6) Establish technical working groups and designate WHO collaborating centres with special focus on the neglected areas of NCDs.

Recommendations for partners

Partners should:

(1) Contribute to identifying and addressing the socio-economic determinants and consequences of NCDs.

(2) Strengthen concerted advocacy for prioritization of integrated prevention and control of NCDs within the regional and national developmental agendas.

(3) Contribute to implementation and monitoring of the regional NCD research agenda.

(4) Support action aimed at reducing the health impact of marketing of food and non-alcoholic beverages to children.

(5) Support efforts in mobilizing resources for the prevention and control of NCDs.
Annex 1

Message from Dr. Samlee Plianbangchang, Regional Director, WHO South-East Asia Region

(Read out by Dr Poonam Khetrapal Singh, Deputy Regional Director, WHO South-East Asia Region)

Distinguished participants, ladies and gentlemen,

Chronic noncommunicable diseases (NCDs) such as heart diseases, stroke, cancer, chronic respiratory diseases and diabetes cause 54% of the deaths, a significant amount of disabilities, and huge socioeconomic losses in countries of the South-East Asia (SEA) Region. They are caused by a set of common risk factors, such as tobacco and alcohol consumption, physical inactivity, and an unhealthy diet high in salt, sugar and fat and low in fruits and vegetables. Such factors can be modified with existing knowledge through cost-effective policies and programmes.

The rise in NCD-related mortality, morbidity and disability observed in the countries of the Region is the result of an increase in the prevalence of major risk factors and inadequate access to effective preventive and curative interventions. The health and socioeconomic consequences of NCDs will increase further and faster in future. Total deaths from NCDs are projected to grow by 21% over the next 10 years in this Region. According to WHO projections, almost half of the estimated 89 million NCD-related deaths that are likely to occur in the SEA Region over the next 10 years will be premature.

The dominant feature of the epidemics of NCDs in the Region is that young and middle-aged adults are increasingly being affected. People in these countries tend to contract disease at younger ages, suffer longer and die sooner than people in high-income countries. This premature morbidity and mortality in the most productive phase of life is posing a serious challenge to societies and to their economies. In next 10 years, India alone will lose an estimated US$ 237 billion as a result of heart diseases, stroke and diabetes, partly as a result of reduced economic productivity. Thus, NCDs are a major impediment to further socioeconomic development in the Region.
Available knowledge on simple health promotion and preventive measures could be used effectively to address the threats posed by NCDs. Policy interventions to change the physical and socioeconomic environment, when implemented with comprehensive health promotion and integrated disease prevention programmes, could significantly reduce the incidence of NCDs and decrease overall morbidity and mortality.

Member States of the Region have achieved notable progress in implementing integrated prevention and control of NCDs. Recent regional initiatives have helped in improving the availability and use of NCD data, in particular information on major NCD risk factors. Demonstration projects using community-based interventions for prevention and control of NCDs were implemented with WHO support in several countries and have provided evidence on the feasibility and appropriateness of such approaches.

The capacity of Member States to scale up public health response to the accelerated epidemiological transition observed in the Region has been improved through NCD capacity strengthening activities that target policymakers and programme managers. With WHO technical support, several countries including Bhutan, DPR Korea, India, Indonesia, Myanmar and Maldives achieved progress in formulating and implementing their national NCD policies, plans and programmes. Partnerships with stakeholders within and outside health sector have been strengthened.

The Framework for Prevention and Control of NCDs formulated in the Region in 2006 offers a flexible and practical approach to assist governments in balancing diverse needs and priorities while implementing evidence-based programmes.

There is a growing commitment by Member States to applying efficient public health approaches for prevention and control of NCDs. As socioeconomic, cultural, political and other determinants of NCDs reside largely outside the domain of health systems, action to prevent these diseases requires integrated approaches that involve other governmental sectors as well as stakeholders from the private sector and civil society. While the concept of multisectoral collaboration for integrated prevention and control of NCDs is broadly accepted in the Region, establishment of sustainable collaborative platforms, legal and structural frameworks and strengthening of partners’ capacity to address NCD-related health objectives remain important challenges.
Networking of NCD programmes and activities is an appropriate approach. It promotes intercountry collaboration, facilitates the sharing of experience and expertise, and provides a platform for involving multiple partners in coordinated action to tackle the growing public health challenge of NCDs.

The regional network of national programmes for prevention and control of NCDs (SEANET-NCD) was initiated in 2004 to facilitate dissemination of information and promote the adoption of strategic approaches for NCD control. The biennial meetings of SEANET-NCD were held in Maldives in 2005 and in Thailand in 2007. The 2005 meeting reviewed the progress of national NCD networks and developed the charter and plan of action of SEANET-NCD. The 2007 meeting reviewed the progress in prevention and control of NCDs in the Region, reviewed the status of oral health programmes, and provided inputs towards development of a regional and global plan of action for integrated prevention and control of NCDs for 2008-2013.

The current efforts of SEANET-NCD focus on identifying and involving key government partners, civil society groups and the private sector to mobilize resources and to implement a coordinated, public health agenda for prevention and control of NCDs. The network is an important advocacy platform for strengthening multisectoral, multidisciplinary and multilevel efforts for prevention and control of NCDs in the SEA Region and to facilitate international support of development partners for national policies, plans and programmes.

This meeting of SEANET-NCD has several important objectives. It will review the progress achieved by the national NCD programmes and partners in implementing the resolution of the Sixtieth Regional Committee for South-East Asia on scaling up prevention and control of NCDs and the role of the regional NCD network in this process.

It will explore opportunities for strengthening partnerships for prevention and control of NCDs in the Region and consider an instrument for monitoring and evaluation of national NCD prevention and control programmes which Member States can use to collect standardized information on national capacity to prevent NCDs.

Furthermore, the meeting will contribute to the regional debate on research priorities in NCDs to be held at the Thirty-first Session of the
WHO South-East Asia Advisory Committee on Health Research in July 2009. The thrust of the debate is to build awareness of the need to generate and use scientific evidence for prevention and control of chronic diseases.

The meeting will also serve as a regional platform to develop a regional perspective on a draft set of global recommendations on the marketing of food and non-alcoholic beverages to children currently under development by WHO.

The important contribution of the Postgraduate Institute of Medical Education and Research, Chandigarh in supporting the organization of this regional WHO meeting is highly appreciated. There is a long record of excellent achievements of the Institute in setting and supporting NCD prevention initiatives at local, national and regional levels. Lessons learnt in implementing some of them, including the Chandigarh Healthy Heart Action Project, will be shared with participants of this meeting during the field trip arranged by the institute.

I trust that this meeting of SEANET-NCD will achieve its objectives and will contribute to strengthening partnerships in formulating and implementing policies and programmes for integrated prevention and control of NCDs. I look forward to seeing the further development of the SEANET-NCD. Finally, I would like to wish you all success in your deliberations and a pleasant stay in Chandigarh.

Thank you.
Annex 2

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Strengthening Partnerships for Integrated Prevention and Control of Non-communicable Diseases

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The SEA Regional Network for Prevention and Control of Noncommunicable Diseases (SEANET-NCD) that in Chandigarh, India, in June 2009 to strengthen partnerships in formulating and implementing national policies, strategies and programmes for integrated prevention and control of NCDs. The Postgraduate Institute of Medical Education and Research (PGIMER), Chandigarh, which is a WHO Collaborating Centre on Research and Capacity Building in Chronic Respiratory Diseases, provided support. The meeting reviewed (i) the progress made in the implementation of the resolution of the Sixtieth Session of the WHO Regional Committee for South-East Asia on scaling up prevention and control of NCDs; (ii) a draft instrument for monitoring and evaluation of national NCD prevention and control programmes; and (iii) a draft set of recommendations on the marketing of food and nonalcoholic beverages to children. In addition, the regional NCD research agenda was discussed. Participants from nine Member States attended the meeting. In addition, heads of WHO Collaborating Centres in the area of NCDs, and WHO staff from headquarters, the Regional Office, and country offices also attended. The participating global, regional and national partner agencies and organizations indicated their commitment to tackle NCDs by strengthening collaborative work. The meeting recommended that the Member States should advocate inclusion of NCDs in the Millennium Development Goals, strengthen partnerships, and mobilize required resources to tackle NCDs and implement the regional NCD research agenda.