

Progress in prevention and control of noncommunicable diseases in the WHO South-East Asia Region

Report for UN General Assembly Review on Non-communicable Diseases

Introduction

1. As mandated by the Political Declaration of the High-Level Meeting of the UN General Assembly on the Prevention and Control of Non-communicable Diseases (NCDs)¹, a comprehensive NCD Review will be held on 10–11 July 2014 at the UN Headquarters. The NCD Review is likely to be attended by Member States, UN agencies and nongovernmental organizations. The purpose of the Review is to: (i) assess the progress achieved since 2011 in realizing the commitments included in the UN Political Declaration on NCDs, and (ii) agree on a “call to action” to accelerate action at country level, including precise short-term and measurable commitments from governments to be implemented within the next 2–4 years.
2. This report summarizes the burden of NCDs in the South-East Asia Region (SEAR); highlights progress made since 2011; identifies key challenges and lists time-bound actions needed to address NCDs from governments and international partners. It has been prepared with inputs from SEAR Member States and may be considered as a contribution from the Region for the UN NCD Review.

Burden of NCDs and risk factors in SEAR

3. Noncommunicable diseases, such as heart disease and stroke, cancer, diabetes and chronic lung diseases, have emerged as leading killers, causing more than half of all deaths in SEAR. What is of particular concern is that a significant proportion of these deaths occur prematurely among people who are in their prime years, often family breadwinners and productive citizens. Of the 8.4 million deaths from NCDs in the Region each year, 4.2 million (50%) occur in the age group 30–70 years. NCDs are more than just a health issue. NCDs impede economic growth by adversely affecting labor supply and productivity. NCDs diminish household earnings and hinder a family’s ability to provide for and educate children. They also cause impoverishment at the household level due to high-out-of pocket expenditure and inadequate social and health insurance. The economic burden of the four major NCDs in India during 2012–2030 is estimated to be US\$ 3.9 trillion². In Thailand, the economic burden of NCDs in 2006 due to harmful use of alcohol was 2% of the gross domestic product³.
4. Underlying risk factors for NCDs are common in the Region. One third of adults have raised blood pressure and one in 10 has diabetes. Tobacco use, both in the smoking and smokeless forms, is responsible for over a million deaths each year. The average intake of salt per person per day is about twice the recommended levels. Eighty per cent of the population does not consume sufficient vegetables and fruits daily. Overweight and obesity are emerging problems, particularly among urban populations due to unregulated marketing of foods high in sugar, fat and salt and lack of enabling environment for physical activity.

¹ Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases <http://daccess-ods.un.org/TMP/3761451.54237747.html>

² David E. Bloom, Elizabeth T. Cafiero, Mark E. McGovern, Klaus Prettner, Anderson Stanciole, Jonathan Weiss, Samuel Bakkila, Larry Rosenberg August 2013. PGDA Working Paper No. 107. <http://www.hsph.harvard.edu/pgda/working.htm>

³ Thavorncharoensap M et al. The economic costs of alcohol consumption in Thailand, 2006. BMC Public Health, 2010, 10:323.

Progress in prevention and control of NCDs in SEAR since 2011

5. **Declarations of commitment by Member States of SEAR:** Ministerial declarations and Regional Committee resolutions on NCDs have been adopted in recent years that reflect high commitment from Member States for prevention and control of NCDs^{4, 5, 6}. All the countries of SEAR recognize NCDs as a priority agenda and have stepped up efforts since 2011 to address them. The Government of Sri Lanka, for example, declared 2013 as the “Year for Prevention and Control of Noncommunicable Diseases” and increased the budgetary allocation for NCDs. There is now a designated unit or focal person for prevention and control of NCDs at the central level in all the countries.
6. **Development of regional targets and action plan:** The Sixty-sixth Session of the Regional Committee unanimously approved the regional action plan for the period 2013–2020 and endorsed 10 regional targets for the prevention and control of NCDs⁷. In addition to the nine global voluntary targets, SEAR has adopted an additional target of reducing household air pollution (50% reduction in households using solid fuels as a primary source for cooking). The regional action plan focuses on four strategic areas: (i) advocacy and partnerships; (ii) reducing exposure to risk factors; (iii) strengthening health systems; and (iv) strengthening surveillance, monitoring and research.
7. **Progress in development of national multisectoral policies and action plans:** A regional workshop was organized in Kalutara, Sri Lanka, in March 2014 to empower NCD programme managers in developing NCD policies and action plans. With multi-stakeholder participation, national targets and action plans are being developed in six countries (Bhutan, India, Maldives, Nepal, Sri Lanka and Timor-Leste). Other countries are strengthening their existing action plans and setting national targets in line with the global and regional ones.
8. **Acceleration of efforts to reduce NCD risk factors:** Member States are intensifying implementation of the WHO Framework Convention for Tobacco Control (FCTC). Pictorial warnings covering a significant area on tobacco product packages have been implemented in Bangladesh (50%), India (40%), Indonesia (40%) and Thailand (55%). Recently, Nepal introduced graphic warnings covering 75% of all tobacco product packages. Indonesia adopted a tobacco regulation in 2012. Many countries have enacted legislations on smoke-free public places. Bhutan has banned sale of all forms of tobacco and 26 Indian states have banned the production, distribution and sale of *gutka* (chewable tobacco). To develop culturally appropriate salt reduction strategies, an expert group meeting was convened in New Delhi, India, in 2012, which triggered initiatives for salt reduction programmes in Member States. To promote healthy diet, Indonesia has enacted a decree to reduce salt, sugar, fat and processed food. To reduce harmful use of alcohol, Bhutan has developed a national policy and strategy for the period 2013–2020. Thailand has demonstrated a notable reduction in many population subgroups and halted the rise in the adult per capita consumption of alcohol through effective policies, legislations and intersectoral actions. To mitigate the impact of air pollution, India has recently set up a national task force on indoor and ambient air pollution.
9. **Introduction of NCD prevention and control into primary health care services:** To increase access to early diagnosis and treatment of NCDs, five countries in SEAR have introduced the WHO

⁴ Available at http://www.searo.who.int/about/governing_bodies/regional_committee/65/rc65_r5.pdf

⁵ Available at <http://www.searo.who.int/mediacentre/events/governance/rc/66/r6.pdf>

⁶ Available at http://www.searo.who.int/entity/cardiovascular_diseases/new-delhi-declaration-on-high-blood-pressure.pdf?ua=1

⁷ Available at http://www.searo.who.int/entity/noncommunicable_diseases/documents/sea_ncd_89/en/

Package of Essential NCD (PEN) intervention package into their primary health care systems. The PEN initiatives are at the pilot stage in the Democratic People's Republic of Korea, Indonesia and Myanmar, whereas, Bhutan and Sri Lanka have taken it to national scale. In 2012, an evaluation of the PEN pilot project in Bhutan showed a significant reduction in cardiovascular risk among affected patients attending primary health care centres. India has recently taken steps to increase access to essential drugs, including access to NCD medicines.

10. **Strengthening surveillance for NCD risk factors:** National capacity was built for surveillance, monitoring and research through regional workshops on the WHO STEPS survey methodology, the global school-based health surveys and operations research methods. Since 2011, a fresh round of STEPS survey has been completed or initiated in six countries (Bhutan, Maldives, Myanmar, Nepal, Sri Lanka and Timor-Leste). The global adult tobacco survey was completed in Thailand and Indonesia. Bangladesh, Bhutan, Nepal, Sri Lanka and Timor-Leste have carried out global youth tobacco surveys.
11. **Integration of oral health into NCD prevention and control:** Recognizing the enormous burden of oral diseases and considering the common risk factors responsible for NCDs and oral diseases, the integration of oral diseases into the NCD context is an important priority area for SEAR. A regional oral health strategy was developed in 2013 that will also contribute to reducing the four major NCDs⁸.

Challenges, lessons and opportunities

12. Despite notable progress, important challenges need to be overcome to further scale up and sustain an effective response to the NCDs epidemic in SEAR. Multisectoral collaborations beyond the health sector are vital for mounting an effective response to the NCD epidemic. However, mobilising partnerships with non-health sectors and fully operationalizing and sustaining these partnerships remains a major challenge.
13. Legislation and fiscal policies to reduce exposure to NCDs are insufficient or weakly enforced. Although 10 out of 11 countries have ratified the WHO FCTC, compliance with legislations is low. Interference by industry players associated with tobacco, alcohol, non-alcoholic beverages and unhealthy food is persistent and needs to be countered effectively.
14. Limited capacity of the health system for prevention, early detection and management of NCDs is another challenge. More investment is needed to build the capacity of the health system, particularly at the primary care level. Standardized diagnostic and treatment protocols, trained health manpower and availability of essential NCD drugs are needed at all levels of the health care system.
15. Several countries in SEAR continue to face a double disease burden, that of communicable and noncommunicable diseases. The available resources allocated to the health sector are insufficient to meet the dual disease burden. Overall funding for NCD programmes is disproportionately lower than that required to scale up programmes to bring about necessary health impacts. Innovative financing mechanisms, such as those used in Thailand, should be explored in other Member States for generating funds for NCD prevention and control.
16. Moving forward, additional opportunities include building on the universal health coverage

Available at ⁸http://www.searo.who.int/entity/noncommunicable_diseases/documents/sea_ncd_90/en/

movement, facilitating technology transfer among Member States, fostering North–South and South–South cooperation and using mobile technology and social media to address NCDs.

Actions Required

17. Actions by Member States

- a. To develop by 2015, national targets for prevention and control of NCDs based on national situations and taking into account the agreed voluntary global and regional targets;
- b. To prepare by 2015, costed national multisectoral action plans to attain national targets for prevention and control of NCDs, taking into account the WHO global and regional action plans;
- c. To implement, as part of a national multisectoral plan, cost-effective interventions to reduce exposure to risk factors for NCDs and enable health systems to respond (as listed in Appendix 3 of the global action plan)⁹;
- d. To strengthen NCD surveillance systems based on the WHO framework and develop national indicators taking into account the 25 indicators endorsed by the World Health Assembly;
- e. To integrate NCDs into national development plans and the United Nations Development Framework;
- f. To prioritize NCDs in the post-2015 development agenda by inclusion of a specific goal/target on reducing burden of NCDs and their risk factors;
- g. To develop and implement innovative financing mechanisms and increase budgetary allocation for tackling NCDs; and
- h. To assess national progress made in the prevention and control of NCDs in 2015 and report progress to the WHO Secretariat for reporting to the World Health Assembly in 2016.

18. Actions by WHO and development partners:

- a. To build national capacity and provide technical assistance for developing and implementing national multisectoral policies and action plans for prevention and control of NCDs;
- b. To develop, by May 2015, with the full participation of Member States, and in consultation with UN organizations, through the WHO governing bodies, a country framework for action to engage with sectors beyond health in the prevention and control of NCDs;
- c. To provide normative guidance to Member States on engaging with non-state actors including selected private sector entities, while avoiding conflict of interest;
- d. To support countries in resource mobilization for scaling-up cost-effective interventions to address NCDs;
- e. To work in a co-ordinated manner to support national efforts to prevent and control non-communicable diseases and mitigate their impacts.

19. Action by UN: To undertake in collaboration with Member States, WHO, other agencies and stakeholders, with participation from Heads of State or their representatives, a review in 2016 or 2017 to assess progress in realizing commitments made for addressing NCDs.

⁹ Available at <http://www.who.int/nmh/publications/ncd-action-plan/en/>