Consultation on the draft Western Pacific Regional Action Plan for NCD Prevention and Control (2014–2018)

06–08 March 2013
Manila, Philippines
Participants of the Consultation on the draft Western Pacific Regional Action Plan for NCD Prevention and Control (2014–2018)
Manila (Philippines), 06–08 March 2013
REPORT

CONSULTATION ON THE DRAFT WESTERN PACIFIC REGIONAL ACTION PLAN FOR NCD PREVENTION AND CONTROL (2014–2018)

Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

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6–8 March 2013

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NOTE

The views expressed in this report are those of the participants in the Consultation on the Draft Western Pacific Regional Action Plan for NCD Prevention and Control (2014–2018) and do not necessarily reflect the policies of the Organization.

This report has been prepared for the World Health Organization Regional Office for the Western Pacific for the use of governments from Member States in the Region and for those who participated in the Consultation on the Draft Western Pacific Regional Action Plan for NCD Prevention and Control (2014–2018) held at Manila, Philippines, from 6 to 8 March 2013.
SUMMARY

Noncommunicable diseases (NCDs) are the leading cause of death in the Western Pacific Region, accounting for more than 80% of deaths. In most of the Region's low- and middle-income countries, half of all deaths from NCDs occur before age 70. There is an increasing awareness of the problem and the need for urgent action by all sectors. In the Western Pacific Region, the Regional Committee resolution WPR/RC62.R2 on expanding and intensifying NCD prevention and control urged Member States to fulfil urgently the commitments made in the political declaration and requested the Regional Director to develop, by 2013, in consultation with Member States and in collaboration with partners and stakeholders, a regional action plan for 2014–2018.

Recognizing the priorities, a Consultation on the Draft Western Pacific Regional Action Plan for NCD Prevention and Control (2014–2018) was conducted from 6 to 8 March 2013 in Manila, the Philippines to present and discuss the content of the draft plan with Member States, with the following objectives:

1. to review the progress of implementation of the Western Pacific Regional Action Plan for Noncommunicable Diseases;
2. to identify barriers and opportunities in the implementation of the current regional action plan; and

The three-day consultation comprised plenary presentations and panel discussions on the minimum set of actions for NCD prevention and control, a review of the draft regional action plan, and identification of priority areas for action. The consultation resulted in recommendations to revise the draft Western Pacific Regional Action Plan for the Prevention and Control of NCD (2014–2018) and also identified the support needed for implementing the actions.
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Keywords
Chronic disease-prevention and control / Health policy / Primary health care / Regional health planning
1. INTRODUCTION

1.1 Background

Noncommunicable diseases (NCDs) are the leading cause of death in the Western Pacific Region, accounting for more than 80% of deaths. In most of the Region's low- and middle-income countries, half of all deaths from NCDs occur before age 70. There is an increasing awareness of the problem and the need for urgent action by all sectors. In the Western Pacific Region, the Regional Committee resolution WPR/RC62.2 on expanding and intensifying NCD prevention and control urged Member States to fulfil urgently the commitments made in the political declaration and requested the Regional Director to develop, by 2013, in consultation with Member States and in collaboration with partners and stakeholders, a regional action plan for 2014–2018.

A review of the current situation identified the progress, limitations and areas for further work. Many countries have challenges in prioritizing interventions due to complex and competing demands. Policies for NCD risk reduction are in place, but implementation requires engagement and strong commitment from other sectors such as finance, trade and education. Health systems are already overburdened and strengthening and reorientation is needed. Comprehensive surveillance and monitoring for NCD prevention and control is a priority to monitor the progress. There are insufficient financial investments in NCD prevention and control.

Recognizing these areas for further action, the Western Pacific Regional Action Plan for NCD Prevention and Control (2014–2018) was drafted to provide strategic guidance to Member States, WHO and partners to reduce premature morbidity and mortality from NCDs. The draft regional plan takes into account the Global NCD Action Plan, which provides strategic guidance for the period 2013–2020 and incorporates the global monitoring framework, including indicators and a set of voluntary global targets for the prevention and control of NCDs as well as a minimum set of evidence-based and cost-effective interventions (“best buys”).

A Consultation on the Draft Western Pacific Regional Action Plan for NCD Prevention and Control (2014–2018) was held in Manila, the Philippines from 6 to 8 March 2013 to discuss the content of the draft plan with Member States.

1.2 Objectives

(1) To review the progress of implementation of the Western Pacific Regional Action Plan for Noncommunicable Diseases.

(2) To identify barriers and opportunities in the implementation of the current regional action plan.

(3) To discuss and finalize the draft Western Pacific Regional Action Plan for NCD Prevention and Control (2014–2018).
1.3 Participants

The workshop was attended by 29 senior officers from government agencies responsible for NCD prevention and health systems strengthening in Brunei Darussalam, Cambodia, Cook Islands, China, Fiji, Hong Kong (China), Japan, the Lao People’s Democratic Republic, Malaysia, the Federated States of Micronesia, Mongolia, New Zealand, Palau, the Philippines, the Republic of Korea, Samoa, Singapore, Solomon Islands and Viet Nam. Staff members from the Division of Building Healthy Communities and Populations and from the Division of Health Sector Development of WHO Regional Office for the Western Pacific provided secretariat support for the consultation. A list of participants, temporary advisers, resource persons and Secretariat members are given in Annex 1.

1.4 Organization

The workshop comprised six plenary sessions in addition to the opening and closing sessions. The first two sessions, which set the scene of the consultation, focused on the global and regional mandates for NCD prevention and control as well as health systems strengthening. The remaining sessions included a review of the draft regional action plan for NCD prevention and control and panel discussions on the establishment of a minimum set of actions, which included the NCD “best buys” and country experiences. A full outline of the programme is provided in Annex 2.

1.5 Opening session

Dr Hai-Rim Shin, Team Leader, Noncommunicable Diseases and Health Promotion, WHO Regional Office for the Western Pacific, delivered the opening address on behalf of Dr Shin Young-soo, WHO Regional Director for the Western Pacific.

Dr Marc Jacobs (New Zealand), Ms Roana Kerevakacau Silatolu (Cook Islands) and Dr Hiu-Yeung Jacqueline Choi (Hong Kong [China] were elected as Chairperson, Vice-Chairperson and Rapporteur, respectively, for the consultation.

2. PROCEEDINGS

2.1 Session 1 – Global and regional mandates

Dr Hai-Rim Shin presented the global and regional mandates for the prevention and control of NCDs, including early mandates introduced in 2000 and the most recent mandates that resulted in the development of the draft Western Pacific Regional Action Plan for the Prevention and Control of NCD (2014–2018).

Dr Cherian Varghese, Senior Medical Officer, Noncommunicable Diseases, WHO Regional Office for the Western Pacific, followed with a presentation on the current situation, challenges and opportunities in NCD prevention and control in the Region. Dr Varghese noted the current capacity of countries in terms of infrastructure, policies and legislation and data availability. The main challenges of NCD prevention and control include globalization, urbanization, market pressures and ageing population. The opportunities for advancing the prevention and control of NCDs through the minimum set of actions (“best buys”) and the Package of Essential NCD (PEN) interventions were also presented.
2.2 **Session 2 – NCDs and health systems strengthening**

Mr Sjoerd Postma, Team Leader, Health Services Development, WHO Regional Office for the Western Pacific, highlighted the need for integrated NCD service delivery. The presentation highlighted entry points and areas where service delivery and NCD-specific interventions could be strengthened such as service delivery (including hospitals), governance, health care financing, human resources for health, essential medicines and health technologies, information systems, research and social dimensions, equity, gender and rights.


Dr Varghese presented the scope and details of the draft Western Pacific Regional Action Plan for NCD Prevention and Control (2014–2018) and suggested an approach for the review process.

2.4 **Session 4 – Panel discussions on a minimum set of actions (“best buys”)**

The panel discussions highlighted good practices from the Region and helped in identifying challenges and opportunities to advance them. The panel discussions included country presentations (Annex 3) on specific themes outlined in Table 1.

<table>
<thead>
<tr>
<th>Themes</th>
<th>Country or area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular diseases and diabetes management</td>
<td>Malaysia, New Zealand, the Philippines, Samoa and Viet Nam</td>
</tr>
<tr>
<td>Cancer control</td>
<td>China, Fiji, Republic of Korea</td>
</tr>
<tr>
<td>Tobacco control</td>
<td>Brunei Darussalam, Cambodia, the Lao People's Democratic Republic and Solomon Islands</td>
</tr>
<tr>
<td>Reducing harm from alcohol</td>
<td>Hong Kong (China), Mongolia</td>
</tr>
<tr>
<td>Diet and physical activity</td>
<td>Cook Islands, Federated States of Micronesia, Japan, Palau, Singapore</td>
</tr>
</tbody>
</table>

2.5 **Session 5 – Review of draft Western Pacific Regional Action Plan for the Prevention and Control of NCD (2014–2018)**

Countries and areas were assigned to five groups listed below to review and discuss the draft regional action plan:

- **Group 1**: Cook Islands, Federated States of Micronesia, Samoa, Palau, Solomon Islands, Fiji
- **Group 2**: Cambodia, Lao People’s Democratic Republic, Viet Nam
- **Group 3**: Brunei Darussalam, Malaysia, Singapore
Group 4: Hong Kong (China), Japan, New Zealand, Republic of Korea

Group 5: China, Mongolia, Philippines.

The groups suggested the following general comments on the draft regional action plan as well as several detailed comments and suggestions that are listed in the recommendations section.

1. The draft Western Pacific Regional Action Plan for the Prevention and Control of NCD (2014–2018) is an important document for guiding the actions of Member States, WHO and partners in the Region.


3. The regional action plan should reflect the regional context and challenges, should highlight the crisis of NCDs in the Pacific and should consider the best practices from the Region.

4. The structure of the regional action plan should follow the global action plan to provide the widest range of interventions and options available.

5. Monitoring of the regional action plan should be well aligned to the global action plan to avoid double reporting by countries. Countries should have their own benchmarks.

6. The regional and global action plans are broad guidelines that Member States will use as needed for their national priorities and programmes.

2.6 Session 6 – Priority areas for action

In this session, the groups set out to identify the most appropriate structure for the regional action plan to be well aligned with the global action plan. The groups suggested different options for aligning the two plans, including having the same set of objectives. They also suggested presenting the regional and global action plans together to provide the full range of options available, and aligning the monitoring aspects of the two action plans to reduce double reporting.

In order to be consistent, the time frame of the regional action plan could be changed to 2014–2020 to match that of the global action plan (2013–2020). Outcomes of this session are presented in Annex 4.

2.7 Closing session

Dr Han Tieru, Director, Division of Programme Management, WHO Regional Office for the Western Pacific, and Dr Susan Mercado, Director, Division of Building Healthy Communities and Population, WHO Regional Office for the Western Pacific, attended the closing session. Dr Han delivered the closing remarks and acknowledged the significant contributions of the participants and the temporary advisers in the review of the draft regional action plan for the prevention and control of NCDs. Dr Han also highlighted the progress made so far and the need for prioritized actions to address the burden of NCDs.
The Chairperson thanked and acknowledged everyone’s active participation, which helped in arriving at recommendations and suggestions to revise the draft Western Pacific Regional Action Plan for the Prevention and Control of NCD (2014–2020).

3. CONCLUSIONS

3.1 Conclusions

The objectives of the Consultation on the Draft Western Pacific Regional Action Plan for NCD Prevention and Control (2014–2018) were met, and the meeting successfully engendered an exchange of experience and expertise among Member States, WHO and resource people. It was agreed that the duration of the regional action plan could be 2014–2020 if there was a mid-term review to allow space for new evidence and action.

3.2 Recommendations

The consultation participants put forth recommendations for revising the key actions of the regional action plan as follows:

In the section on actions for Member States, the following can be considered:

(1) National commitment is needed to strengthen multisectoral actions for NCD prevention and control.

(2) A “whole-of-government” approach with health in all policies is needed to promote multisectoral action.

(3) Economic arguments should be developed to support policy development.

(4) Taxation and fiscal interventions should be supported for risk reduction and for raising resources.

(5) Trade is an important sector influencing availability of healthy and unhealthy products. More engagement is needed with the trade sector.

(6) The creation of enabling environments should be supported through settings-based approaches such as Healthy Cities and Healthy Islands.

(7) The role of primary and secondary health care and referral systems should be strengthened to prevent, control and manage NCDs.

(8) The concept of continuum of care should be emphasized in addition to primary health care.

(9) A national mechanism should be developed or strengthened to coordinate surveillance and use data for action at local and national levels for NCD prevention and control.

(10) A stronger tobacco reduction goal should be considered.
In the section on actions for WHO, the following can be considered:

(1) Support the development of economic arguments.
(2) Consider the development of standards on salt, sugar and fat intake.
(3) Facilitate dialogue at the international level with relevant stakeholders including trade and food industry.
(4) Strengthen research capacity at the national level to increase the evidence base and promote innovation.
(5) Accelerate the sharing of lessons (information) and experiences between Member States.
(6) Develop toolkits for Member States to strengthen NCD monitoring and surveillance.
(7) Update the STEPwise approach to surveillance (STEPS) tool to ensure that indicators proposed in the global monitoring framework can be adequately monitored.
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ANNEX 2

PROGRAMME OF ACTIVITIES

Wednesday, 6 March 2013

08:30-09:00 Registration

09:00-09:30 Welcome remarks

Dr Hai-Rim Shin
Team Leader
Noncommunicable Diseases
and Health Promotion (NHP)
WHO Regional Office for the Western Pacific

(1) Opening address

(Self-introduction of participants,
election of Chairperson and Vice-Chairperson)

09:30-10:00 Group photo and coffee

10:00-10:20 (2) Global and Regional mandate

Dr Hai-Rim Shin

10:20-10:50 Current situation, challenges and opportunities

Dr Cherian Varghese
Senior Medical Officer (NCD), NHP
WHO Regional Office for the Western Pacific

10:50-11:00 Discussion

11:00-11:30 (3) Noncommunicable Diseases (NCD)
and health system strengthening

Mr Sjoerd Postma
Team Leader
Health Services Development
WHO Regional Office for the Western Pacific

11:30-12:00 Discussion

12:00-13:30 Lunch break

13:30-13:45 (4) Draft Regional Action Plan for NCD Prevention
and Control in the Western Pacific
(2014-2018)

Dr Cherian Varghese

(5) Panel discussion on a minimum
set of actions ("best buys")

Dr Francisca Cuevas
Medical Emergency Relief
International, Philippines

Dr Ma Jixiang
Chinese Centre for Disease Control
and Prevention

13:45-15:30 Cardiovascular diseases and diabetes management
(Malaysia, New Zealand,
Philippines, Samoa, Viet Nam)

15:30-16:00 Mobility break

16:00-17:00 Cancer control
(China, Fiji, Republic of Korea)

Dr Hai-Rim Shin

18:00-20:00 Welcome reception
Thursday, 7 March 2013

08:30-09:30  Tobacco control  
(Brunei Darussalam, Cambodia,  
the Lao People’s Democratic Republic,  
Solomon Islands)  
Reducing harm from alcohol  
(Hong Kong (China), Mongolia)  

09:30-10:00  Mobility break  

10:00-11:30  Diet and physical activity  
(Cook Islands, Federated States of Micronesia,  
Japan, Palau, Singapore)  

11:30-12:00  Path forward for multisectoral action  

12:00-13:30  Lunch break  

13:30-15:00  Group work 1  
(6) Review of Draft Regional Action Plan for NCD  
Prevention and Control in the Western Pacific  
(2014-2018)  

15:00-15:30  Mobility break  
15:30-17:00  Group work continued  

Friday, 8 March 2013

08:30-10:00  Feedback from groups and discussion  
Chairperson  

10:00-10:30  Mobility break  

10:30-12:00  Group work 2  
(7) Priority areas for action  

12:00-13:00  Lunch break  

13:00-14:30  Group presentations and discussion  
Chairperson  

14:30-15:00  Presentation of revised RAP  
Dr Cherian Varghese  

15:00-15:30  (8) Closing  
Dr Han Tieru  
Director, Programme Management  
WHO Regional Office for the Western Pacific  

15:30  Coffee/tea
Panel discussion on ‘best buys’
CVD and Diabetes Management

Name of country: MALAYSIA
Presenter: Dr Zulhizzam Abdullah

1. Current status of NCD prevention and control
National Strategic Plan for Non-Communicable Diseases (NSP-NCD) 2010-2014

• Presented and approved by the Cabinet on 17 December 2010.
• Provides the framework for strengthening NCD prevention & control program in Malaysia
• Adopts the “whole-of-government” and “whole-of-society approach”
• Uses diabetes and obesity as the entry point and targets

Main TOR of Cabinet Committee: To determine policies that creates a living environment which supports positive behavioural changes of the population towards healthy eating and active living

Seven Strategies:
1. Prevention and Promotion
2. Clinical Management
3. Increasing Patient Compliance
4. Action with NGOs, Professional Bodies & Other Stakeholders
5. Monitoring, Research and Surveillance
6. Capacity Building
7. Policy and Regulatory interventions

2. Current programme on CVD and Diabetes Management

Patient empowerment
• Multidisciplinary care team in health clinics
Patient resource centres
Clinical information systems
Quality improvement programs
Clinical practice guidelines
Practice training for paramedics

3. Outcome and key messages
Current issues for Malaysia:
• Increasing number of patients with NCDs and increasing demands & expectations of the public are putting a severe strain on the public health sector;
  – On-going efforts for a national healthcare transformation to maintain universal healthcare coverage, and to bridge the gap between the public and private healthcare sector.
• The need for a timely, accurate and actionable information on the adequacy of healthcare financing and on the performance of the health systems;
  – Escalating cost of medication and related clinical investigation
  – Meaningful indicators of the quality of care.

Panel discussion on ‘best buys’
CVD and Diabetes Management

New Zealand
Mark Jacobs
Director of Public Health
Ministry of Health NZ

1. Current status of NCD prevention and control

• No overall national NCD strategy, but some strategic priorities agreed at highest level (eg “smokefree by 2025”)• Various relevant legislative frameworks (eg tobacco control)
• Broader health policy frameworks support NCD prevention and management (eg universal access to primary care, free secondary care, PHARMAC, accountability arrangements)
• Need for multisectoral action acknowledged, but active engagement beyond health patchy (best re tobacco, local government planning eg for recreational space, education)
• Strong focus on health targets and public reporting, as key component of accountability arrangements in health sector
• Significant improvements achieved in some areas, but not yet in others
2. Current programme on CVD and Diabetes Management

- Services are provided in multiple settings
- Universal access to subsidised primary care
- Universal access to free secondary care
- Funding for services/support via NGOs
- Support for self care, eg information and advice
- Medications heavily subsidised (and total family costs per year capped) via PHARMAC
- CVD and diabetes management targets included in small list of publicly reported health sector targets, and sector organisations held accountable for achievement

National Health Targets

- Shorter stays in emergency departments
- Improved access to elective surgery
- Shorter waits for cancer treatment
- Increased immunisation
- Better help for smokers to quit
- More heart and diabetes checks
• More heart and diabetes checks

The target: This target is 90 percent of the eligible population will have had their cardiovascular risk assessed in the last five years to be achieved in stages by July 2014. The current stage is to achieve 75 percent by July 2013.

Results summary: The national quarter one result for the More heart and diabetes check target is 52.2 percent, an increase of 3.4 percent on last quarter. Eighteen DHBs have improved their performance, but no DHBs have yet met the target of 75 percent.

PHO Performance Programme

• The areas they report on are:
  – breast cancer screening coverage
  – cervical cancer screening coverage
  – ischaemic cardiovascular disease detection
  – cardiovascular risk assessment
  – diabetes detection
  – diabetes follow-up after detection
  – 65 years + influenza vaccinations
  – age-appropriate vaccinations for two year olds
  – smoking status recorded
  – smoking brief advice and cessation support.

3. Outcome and key messages

Key learnings from NZ experience include
• Remove cost barriers for screening and care (primary and secondary care, pharmaceuticals)
• Ensure services are accessible
• Identification and effective management of CVD risk factors (hypertension, hypercholesterolaemia) in primary care is fundamental
• High-level political commitment is key
• Supportive legislative frameworks
• Explicit NCD targets as part of accountability frameworks, and give them “teeth” (public reporting, ramifications of success/failure)
• Effective monitoring and public reporting of risk factors and outcomes
• Provide accessible information for different audiences
• Look for and address health inequalities in NCD
  • (tobacco, tobacco, tobacco)
Panel discussion on ‘best buys’
CVD and Diabetes Management

PHILIPPINES

CARMELA N. GRANADA, MD, DPAFP
National Program Manager
Diabetes Mellitus and Cardiovascular Diseases

Top Ten Cause of Mortality

<table>
<thead>
<tr>
<th>Cause</th>
<th>Total</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Diseases of the heart</td>
<td>70,861</td>
<td>84.8</td>
</tr>
<tr>
<td>2. Diseases of the vascular system</td>
<td>51,680</td>
<td>61.8</td>
</tr>
<tr>
<td>3. Malignant Neoplasms</td>
<td>40,524</td>
<td>48.9</td>
</tr>
<tr>
<td>4. Accidents</td>
<td>34,483</td>
<td>41.3</td>
</tr>
<tr>
<td>5. Pneumonia</td>
<td>32,098</td>
<td>38.4</td>
</tr>
<tr>
<td>6. Tuberculosis</td>
<td>26,770</td>
<td>31.0</td>
</tr>
<tr>
<td>7. Unclassified</td>
<td>21,278</td>
<td>25.5</td>
</tr>
<tr>
<td>8. Chronic lower respiratory diseases</td>
<td>18,975</td>
<td>22.7</td>
</tr>
<tr>
<td>9. Diabetes mellitus</td>
<td>16,552</td>
<td>19.8</td>
</tr>
<tr>
<td>10. Conditions originating from the perinatal period</td>
<td>13,180</td>
<td>15.8</td>
</tr>
</tbody>
</table>

Prevalence of hypertension, hyperglycemia, dyslipidemia & overweight
1998, 2003 and 2008 Philippine NNS, FNRI

<table>
<thead>
<tr>
<th>Risk factors</th>
<th>1998</th>
<th>2003</th>
<th>2008</th>
<th>Basis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension</td>
<td>21.0</td>
<td>22.5</td>
<td>25.3</td>
<td></td>
</tr>
<tr>
<td>Hypoglycemia</td>
<td>0.3</td>
<td>0.5</td>
<td>0.5</td>
<td></td>
</tr>
<tr>
<td>Total cholesterol</td>
<td>4.4</td>
<td>5.8</td>
<td>10.2</td>
<td></td>
</tr>
<tr>
<td>LDL-c</td>
<td>5.4</td>
<td>7.7</td>
<td>11.0</td>
<td></td>
</tr>
<tr>
<td>HDL-c</td>
<td>76.6</td>
<td>54.2</td>
<td>64.1</td>
<td></td>
</tr>
<tr>
<td>BMI (Overweight)</td>
<td>20.3</td>
<td>24.0</td>
<td>26.6</td>
<td></td>
</tr>
</tbody>
</table>

Current national NCD policy/plan

- NCDs are a priority (together with MDGs and Emerging Diseases) under the Kalusugang Pangkalagahan (Universal Health Care) of the DOH/Government
- The National Policy on Strengthening the Prevention and Control of Chronic Lifestyle Related Non-Communicable Diseases (DOH AO No. 2011-0003)
- Sin Tax Law enacted in 2012

Action Framework for the Prevention and Control of Chronic Lifestyle-Related Non-Communicable Diseases, Philippines

1. Environmental Interventions
2. Lifestyle Interventions
3. Clinical Interventions, Palliation and Rehabilitation
4. Advocacy
5. Research, Surveillance, Monitoring, and Evaluation
6. Networking and Coalition-Building
7. Health Systems Strengthening

Multi-sectoral Action

- The Philippine Coalition for the Prevention and Control of NCDs (PCPCNCD) composed of 44 members coming from Government, NGOs, Academe and Professional Societies
- Multi-Sectoral Strategy to Address the Inequities in Non-Communicable Diseases is being developed by DOH, in collaboration with Philippine Institute for Development Studies (PIDS)
**Current initiatives on CVD and diabetes management**

**Service delivery and Coverage / Referral**
- Implementation of Philippine PEN in primary health care covers NCD risk assessment, NCD screening, CVD risk prediction, and NCD management and referral
- Essential NCD medicines procured by local government units: Complete Treatment Pack (COMPACK) medicines for hypertension, diabetes, and hyperlipidemia are provided free for the poor and marginalized
- Higher-level NCD care available in hospitals – government and private

**Financial protection**
- Outpatient Benefit Package under Philhealth Primary Care Benefit 1 (PCB1) Package includes NCD preventive services and screening/diagnostic examinations (includes visual inspection with acetic acid, regular BP measurements, periodic clinical breast examinations, counselling for lifestyle modification and smoking cessation, body measurements, blood glucose determination, etc)
- Philhealth outpatient medicines package for hypertension and diabetes being piloted for potential national implementation in 2014
- Inpatient case rates cover some NCDs including hypertension and stroke
- Case Type Z Benefit Package (Catastrophic) available for breast cancer (St. 1-3a), Childhood Leukemia (ALL), and Prostate Cancer requiring Prostatectomy

**Outcomes and lessons learned**
- Philippine PEN can enhance access to essential NCD care and should continue to be scaled up; monitoring implementation should be done.
- NCD indicators should be regularly collected to guide implementation and planning.
- Health financing/Philhealth is an important driver for access and availability of essential NCD care
- Developing multisectoral plan/actions to address the NCD risk factors is important.
Demographic

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population</td>
<td>187,820</td>
<td>180,741</td>
</tr>
<tr>
<td>Upolu</td>
<td>143,418</td>
<td>137,599</td>
</tr>
<tr>
<td>Savaii</td>
<td>44,402</td>
<td>43,142</td>
</tr>
<tr>
<td>Crude Birth rate</td>
<td>30.4/1000 persons</td>
<td>27.3/1000 persons</td>
</tr>
<tr>
<td>Average Life Expectancies</td>
<td>74.2</td>
<td>73.2</td>
</tr>
<tr>
<td>Females</td>
<td>75.6</td>
<td>74.2</td>
</tr>
<tr>
<td>Males</td>
<td>72.7</td>
<td>71.5</td>
</tr>
<tr>
<td>Crude Death rate</td>
<td>4.4/1000 persons</td>
<td>4.4/1000 persons</td>
</tr>
<tr>
<td>Infant Mortality (age - 0)</td>
<td>15.6/100 persons</td>
<td>20.2/1000 persons</td>
</tr>
<tr>
<td>Mortality at age 1-4</td>
<td>3.4/1000 persons</td>
<td>4.5/1000 persons</td>
</tr>
<tr>
<td>Under five Mortality rate</td>
<td>19.4/1000 persons</td>
<td>24.7/1000 persons</td>
</tr>
</tbody>
</table>

1. Current status of NCD prevention and control
   Tobacco Legislation 2008
   Health Sector Plan 2008-2018
   NCD Policy 2010-2015
   Tobacco Control Policy
   Medicine Policy
   Monitoring and Evaluation Manual
   Standards – School Nutrition Standards
   School Canteen Standards
   Physical Activity etc.

2. Current programme on CVD and Diabetes Management
   • Samoa Parliamentary Advocacy Group for Healthy Living – school nutrition and fruit tree planting
   • WinLA
   • Work Place Physical Activity Competitions
   • NCD Week
   • Contract of GP’s/Individuals – SWAp, Sam-Aust. Program
   • PEN Implementation – Nurse Auxilliary
   • Community Physical Activity Programs
   • Community Nutritional Garden Program
   • STEPS Survey

2. Outcome and key messages
   • Political Mobilization and Commitment
   • Multi-Sector Mobilization
   • Reduction in some NCD indicators
   • Community empowerment and mobilization
   • National Health Foundation Bill
   • Health Can NOT Survive the NCD Tsunami without other sectors.
   • NOT Easy.
Panel discussion on ‘best buys’
CVD and Diabetes Management

Name of country: Vietnam
Presenter:
Vuong Anh Duong,
Nguyen Thi Bich Thuan

2. Current programme on CVD and Diabetes Management

NCD program: started 2002.
The year 2008: Decision of Prime Minister to ratify again as the national prioritized program of diseases management: Hypertension and Diabetes:
– Increase percentages of people in the community awareness of diabetes/hypertension and its risk factors;
– To reduce incidence rate of diabetes/hypertension;
– Developing, implementing, maintaining management model;
– 50% detected diabetes/hypertension be treated and managed following the Guideline of MOH

2. Outcome and key messages

- Achievements: Surveillance System; Health education and promotion; Community based Integrated model; Treatment management model. Almost objectives have been achieved (hypertension).
- Weakness: Some objectives have not been measured (people’s awareness…); limited policies; insufficient integration among dif sector; NCD network available mostly in high level only; Health promotion not be performed in those areas uncovered by NCD programs.
- Developing/ Maintaining/ Strengthening NCD management Model; Funding mobilization for NCD prevention & control Program/ Support for detected patients to maintain treatment (not only for those with social health insurance).
Panel discussion on ‘best buys’
Cancer Control

Name of country: China
Presenter: Ma jixiang

1. Current status of NCD prevention and control
• Current national NCD policy/plan

2. Current Programme on Cancer Control
• Multisectoral action
  1. Healthy cities or Regional healthy campaign
  2. Demonstrational Sites for Integrated NCD Prevention and Control
  3. Healthy Lifestyles for All Initiative
  4. MOH-Shandong Salt Reduction and Hypertension Control Program

2. Current Programme on Cancer Control
• High-risk prevention and control
  Healthy Lifestyles for All Initiative
    Smoke-free legislations
• Cancer registration
  Cancer registration scheme

2. Early detection and early treatment
  Screening Projects allocated by central finance, including:
  1. Screening esophageal, stomach, liver, colorectal, nasopharyngeal, Lung cancer in high-risk areas
  2. Screening cervical and breast cancer for age 35-59 women in rural areas
  3. Liver, esophageal and stomach cancer screening in Hualhe river region

Healthy Lifestyles for All Initiative
In 2007, Bureau of Disease Control of MOH, National Patriotic Health Campaign Committee Office, China CDC Co-sponsored

Subject: Healthy life, Happy Chinese
Target: Risk factors intervention
Measures: Balanced diet and active moving
  Controlling oil and limit salt
  Healthy in body weight

Healthy Lane
Oil Pot
Salt Spoon
Waist Foot
**Tobacco control compliance**

- Commitment from government in Harbin, Chong Qiong, Nan Chang, Lan Zhou, Tian Jin, Shen Yang, Shen Zhen and other cities on
  - Local legislation on tobacco free public and green development according to FCTC.

**Improving the cancer Information System**

In 2004, National Cancer Registration Center was founded and Cancer Information Monitoring network was built.

- 195 Cancer registries
- 31 provinces
- 190 millions population covered
- 14% of the national population

**Cancer early diagnosis and treatment**

- 2006: built the early diagnosis and treatment demonstration bases
- 2006: included in the Central Fiscal Transfer Payment Programs
- 2006-2011: covered 123 counties in 30 provinces (Districts/Cities), totally screened more than 1.5 million people, found 7019 cases with pre cancer and cancer lesions, including 5669 early cases, the early diagnosis rate was 77.4%.
- Urban area: Pancreas Breast Cancer
- 2008-2018: totally screened 673,911 people and found 481 cancer patients.

**Distribution of cancer screening in high risk areas**

- 7 Cancers Covered 123 counties/Districts in 30 provinces
- Oesophageal cancer: 73 in 27 provinces
- Colorectal cancer: 46 in 15 provinces
- Liver cancer: 45 in 9 provinces
- Nasopharyngeal cancer: 4 in 3 provinces
- Prostate Cancer: 2 in 2 provinces
- Lung cancer: 8 in 2 provinces
- Huaihe Region: 16 in 1 province

**Distribution of Cancer Screening in Huaihe River Region**

(16 counties/districts)

**Next Steps**

1. Implement the action plan of NCD Prevention and Control
2. Formulate the Special Action Plan of Cancer Prevention and Control
3. Introduce relevant policies Promote multi-functional cooperation
4. Fully play the role of National Cancer Center and China CDC
1. Current status of NCD prevention and control

- NCD SP 2010-2014 – MOH + MSP
  "From womb to tomb with a double edged sword"
- Fiji NCD STEPS 2011 to inform mid term review of NCD SP
- Reduce prevalence of common risk factors by 5% in 2014
- Reduce prevalence of intermediate risk factors by 5%
- Reduce prevalence of major NCDs by 5%
- Improve PHC management by 80%
- Improve secondary and tertiary management by 80%

Panel discussion on ‘best buys’
Cancer Control

Name of country: FIJI
Presenter: Dr Isimeli Tukana

2. Current Programme on Cancer Control

- Reduce prevalence of cancer in Fiji by 5%
- Pap smear, VIA, BSE, MRI, mammography
- Custom built Oncology Unit to provide oncology services
- Quality improvement of cancer registration

2. Outcomes and key messages

- Improve PHC for prevention and early detection
- Improve management – chemotherapy, radiotherapy, palliative care
- Improve quality of cancer registry

Panel discussion on ‘best buys’
Cancer Control

Name of country: KOREA(Republic of)
Presenter: Hye kyung Park

1. Current status of NCD prevention and control

- Implementing the 2nd National CVD, Stroke, Diabetes prevention and management plan (2011-2015)
  - Implementing community-based program of hypertension/diabetes patient registration, regularly medication, education, promoting behavioral change.
  - Regional CVD/stroke center designation in large hospital for emergency care and rehabilitation.
- Setting up Surveillance system
  - Mortality registration: Death certificates issued by doctor-90%
  - Measuring risk factors: Korea National Health and Nutrition Survey, Community Health Survey, Students health behavior survey, every year by KCDC
- Enforcement of tobacco-free environment, reduce salt and trans-fat campaign by media, Mass media campaign for reducing alcohol, policy of scale-up healthy city, Cancer Control Act (2003), etc
2. Current Program on Cancer Control

<table>
<thead>
<tr>
<th>Year</th>
<th>Program Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1980</td>
<td>National Cancer Registration Program</td>
</tr>
<tr>
<td>1986</td>
<td>National R&amp;D Program for cancer control</td>
</tr>
<tr>
<td>1996</td>
<td>National R&amp;D Program for cancer control</td>
</tr>
<tr>
<td>1999</td>
<td>National Cancer Screening program</td>
</tr>
<tr>
<td>2002</td>
<td>National Cancer Screening program</td>
</tr>
<tr>
<td>2004</td>
<td>National Reference Center Support Program</td>
</tr>
<tr>
<td>2005</td>
<td>National Cancer Information Center</td>
</tr>
</tbody>
</table>

3. Outcomes and Key Messages

- **Outcome:**
  - 5yr survival rate (all cancer): 41.2% (93-95), 44.0% (96-00), 53.7% (01-05), 62.0% (05-09)

- **Medical Care: Cancer Patient Financial Aid Program**
  - **Financial support to the lower income group**
    - Medicaid
    - Participants of NCSP
    - Under age 18
  - **Provide 30-70% of out of pocket medical expenditure**

- **Palliative Care: Development of Care Program**
  - Supporting hospice care facilities
  - Designation of hospice organization with the standardized criteria
  - Financial support on designated hospice organization (2005-)
  - Home-based care program
  - Education program for health care providers

- **Early Detection: Screening Guideline of NCSP**

<table>
<thead>
<tr>
<th>Cancer</th>
<th>Target Population</th>
<th>Frequency</th>
<th>Test or Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stomach</td>
<td>40 &amp; over</td>
<td>Every 2 years</td>
<td>Endoscopy or UGI</td>
</tr>
<tr>
<td>Liver</td>
<td>40 &amp; over</td>
<td>Every 6 months</td>
<td>Sonogram &amp; AFP</td>
</tr>
<tr>
<td>Colorectal</td>
<td>50 &amp; over</td>
<td>Every year</td>
<td>FOBT → Colonoscopy or Barium enema</td>
</tr>
<tr>
<td>Breast</td>
<td>40 &amp; over</td>
<td>Every 2 years</td>
<td>Mammography &amp; CBE</td>
</tr>
<tr>
<td>Cervix</td>
<td>30 &amp; over (women)</td>
<td>Every 2 years</td>
<td>Pap smear</td>
</tr>
</tbody>
</table>

* 40 & over with HBsAg positive or anti-HCV positive or liver cirrhosis
Panel discussion on ‘best buys’

Tobacco Control

Country: Brunei Darussalam
Dr Norhayati Kassim
Ministry of Health
Thursday, 7 March 2013

1. Current status of NCD prevention and control

- High level commitment for NCD prevention & control, particularly, tobacco control
- MoH’s National Strategy Vision 2035, where one of the 5 main thrusts is on the promotion of healthy lifestyles
- Health Promotion Blueprint 2011 - 2015
- National Committee on Health Promotion, chaired by Minister of Health
- MoH NCD Committee
- National NCD plan currently in progress; in-country consultation with stakeholders from MoH & other sectors held in Nov 2012, resulting in a multi-sectoral framework of actions for NCD

Article 11: Packaging and Labelling

2. Current Programme on Tobacco Control

- Prohibition of:
  - Any form of advertisements
  - Any form of promotion including tobacco products as prizes, gifts
  - Any form of sponsorship
  - Vending machines
  - Individual stick sales

- Price increased by 249% - 300%
- Tax is now increased by 62% – 83% of price (was 30 – 40%)
- Public places (28 specified) & public service vehicles
- Recent amendments - recreational parks, markets, hawker stalls, airport (100% smoke-free); no smoking within a distance of 6m from building
- 7 pictorial health warnings in circulation
  - Must be 75% front & 75% back (as of Sept 2012)

3. Outcomes and key messages:

- Prevalence of smokers (~17%, 2nd NHANSS 2011); [no. of importers & retailers
- Good multi-sectoral collaboration required – National Tobacco Control Committee
- Strong backing from State Mufti Dept – haram fatwa
- Challenges:
  - Enforcement – illicit trade;
  - Manpower
Panel discussion on ‘best buys’

Tobacco control
CAMBODIA

Presenter: THACH VAROEUN
Deputy director
NCD prevention & control
Department of Preventive Medicine
MOH

1. Current status of NCD prevention and control

- NCD strategy/Policy
  - 2007-2011 (Steps 2010): 1/10 respondent having 3-5 risks factors
  - 2013-2020 finalized (waiting for costing & approval)
    - Alcohol policy 2013-2017 being developed
    - Ban on Alcohol use in schools (MoEYS)
    - Draft Tobacco Control Law is under review at the Council of Ministers and Ministry of Justice before submitting to the National Assembly
  - National Strategic Plan on Tobacco Education and Reduction 2011-2015
    - Cancer policy being developed

- Multisectoral action
  - Sub Decree: IMC for education & reduction of Tobacco use: 12 ministries
  - School health program (mainly with MoEYS)
  - Healthy city (with municipal Governor of Phnom Penh)

- Targets and Indicators
  - Percentage of Diabetics & HBP people receiving treatment at public health facilities
  - Women screening for cervical cancer
  - Hepatitis B vaccination for babies within 24 hours

2. Current Programme on Tobacco Control

- Smoke-free policies
  - 14 government ministries issued smoke-free workplace circulars and implementation
  - Ban on smoking in workplaces, health facilities, schools and universities, Buddhist temples.

- Taxation
  - Establishment of Working Group on Tobacco Tax (Ministry of Economy and Finance, 2011)

- Ban on advertisements
  - Sub-Decree on the measures for banning of Tobacco Product Advertising issued on 24 February 2011 and came into force on 24 August 2011

- Cessation services
  - Sub-Decree on Printing of Health Warning on Cigarette Packages issued on 20 October 2009 and came into force on 20 July 2010.
  - Raising awareness of harmful of tobacco use
  - Training of trainers on counselling skill to support quit smoking (43 trainings with 1118 participants)

3. Outcomes and key messages

- Smoking prevalence decreased (NATS 2011)
  - in 2006 48% to in 2011 42.5%
  - 83.1% smoking is seriously harmful to health (Yes 12.3%)

- Social behavior changed with regards to Tobacco use
  - Weddings, Monk, Meeting...

- Internal regulation
  - (aircond Bus, some restaurants...)

- Challenge
  - Law/regulation?
  - Tobacco Quit counseling service limited
  - Protection from exposure to tobacco smoke, limited smoke free zone
  - 55.2% exposed to ETS: Home 41.1%, WORK PLACE: 36.4% (STEPs 2010)
  - 80% support banning indoor smoking (NATS 2011)
  - 81% believe increasing tax and price can reduce tobacco demand (NATS 2011)

Current status of NCD prevention and control

- Existing Policies toward NCD:
  - Tobacco Control Policy
  - Mental Health Policy (Developed)
  - NCDs Policy (Ongoing)
  - Project on “Access to NCDs essential medicines” (PEN)

Tobacco control
Name of country: Lao PDR
Presenter: Snong THONGSNA.MD, MMedSc, FAsCC
Activities toward NCDs

- Tobacco smoking campaigns
- Tobacco Smoking Impacts study
- NCDs risk factors survey:
  - Lao Step Survey
- STG of NCDs
- Multisectoral Action Initiative
  - Healthy city proposal

Target reduction of NCDs risk factors by 2020

<table>
<thead>
<tr>
<th>NCDs Risk Factors</th>
<th>Target reduction(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2010</td>
</tr>
<tr>
<td>1 Percentage of untreated hypertension</td>
<td>83.0%</td>
</tr>
<tr>
<td>2 Percentage of under standardized consumption of vegetable and fruit</td>
<td>38.0%</td>
</tr>
<tr>
<td>3 Percentage of daily smoking</td>
<td>19%</td>
</tr>
<tr>
<td>4 Percentage of people with less exercise</td>
<td>14.2%</td>
</tr>
<tr>
<td>5 Percentage of people drink</td>
<td>10.6%</td>
</tr>
<tr>
<td>6 Percentage of people with obesity</td>
<td>5.8%</td>
</tr>
</tbody>
</table>

Current smoking prevalence of ASEAN countries

<table>
<thead>
<tr>
<th>Country</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brunei</td>
<td>12%</td>
<td>6%</td>
<td>7%</td>
</tr>
<tr>
<td>Cambodia</td>
<td>16%</td>
<td>6%</td>
<td>5%</td>
</tr>
<tr>
<td>Indonesia</td>
<td>20%</td>
<td>10%</td>
<td>8%</td>
</tr>
<tr>
<td>Lao PDR</td>
<td>20%</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>Malaysia</td>
<td>24%</td>
<td>12%</td>
<td>13%</td>
</tr>
<tr>
<td>Myanmar</td>
<td>18%</td>
<td>9%</td>
<td>13%</td>
</tr>
<tr>
<td>Philippines</td>
<td>12%</td>
<td>6%</td>
<td>9%</td>
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<tr>
<td>Singapore</td>
<td>14%</td>
<td>7%</td>
<td>11%</td>
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<tr>
<td>Thailand</td>
<td>14%</td>
<td>7%</td>
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<tr>
<td>Vietnam</td>
<td>12%</td>
<td>6%</td>
<td>6%</td>
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Tobacco Tax in ASEAN countries, 2011

Current Programme on Tobacco Control in Laos

- Tobacco control law since 2009
- Campaigns raising public awareness for dangers of tobacco use
- Restricting and banning smoking in public areas
- Enforcement of banning on tobacco advertising, promotion and sponsorship
- Increasing Tax for tobacco production and import

Tobacco control Outcomes

- Achievement on policy implementation:
  - Increase public awareness on dangers of tobacco use through mass media...
  - Ban on sales to minors
  - Restricted advertising and sponsorship
  - Restricted smoking in government and private facilities
  - Restricted smoking in health care facilities
  - Ban on smoking in buses, domestic and international air flights
  - Set up Tobacco control fund
key messages

- Challenges:
  - NCDs Policy Implementation
  - Law enforcement
  - High tobacco use in Ethnic minority
  - Low tax impose

Current status on NCD prevention program

- NCD policy – working on it
- Health Education Policy - review
- National Strategy 2012 – 2015 (Role delineation)
- Tobacco ACT 2010
- Tobacco Regulation - final stage
- Tobacco school policy
- Alcohol policy
- Betel nut policy – to start soon
- Healthy diet standards for schools - working on it
- Work place physical activity inter ministries sports
- Walk for life program
- Life style Centre (gym) for MOH
- Implementation of Complete Health Improvement program (CHIP)
- Healthy Islands villages

CSR – A deceptive and canning tool

Every other form of advertisement and promotion has drop drastically

CSR – A deceptive and canning tool

national Parliament
Support
Political Parties

SICHE
Sponsor students
Sponsor Beautification

Tobacco Use in the Solomon Islands

<table>
<thead>
<tr>
<th></th>
<th>Overall</th>
<th>Men</th>
<th>Women</th>
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<tbody>
<tr>
<td>Current smoker</td>
<td>41.4%</td>
<td>56.1%</td>
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<tr>
<td>26.1%</td>
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<tr>
<td>Daily Tobacco Smoker</td>
<td>29.7%</td>
<td>43.4%</td>
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<td>15.3%</td>
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</table>

Data Source: WHO NCD STEPS Survey, 2009
Current Program on Tobacco Control

- 31st May 2013 – Tobacco Act & Regulation will be implemented
- Continues Nation wide campaign on Tobacco Act
- Establishment Tobacco focal point
- Engaged Lawyer in MOH
- Implementation of PEN
- Formulation and drafting of SoloHealth Foundation Act.
- Pictorial graphics on Tobacco package
- Ban on Advertisements
- Taxation - MOU with Finance (2.5%) - to cancel it & increase tax
- Cessation workshop – Quite fine

Initiatives to enforce Art 5:3

- Identify key stake holders and partners
- Sensitize all government institutions and line ministries
- Empower government’s commitment on FCTC & Art 5:3
- Develop uniform knowledge and the deceptive scheme of the industry.
- Involve former Prime Ministers and other key leaders
- Registered to Ministry of Finance to terminate MOU

Out come & lessons learned

2004 ratified FCTC
2005 enters into force FCTC
2010 Act was gazette, enforced 2012
FCTC Assessment in 2012

2012 – Bloomberg initiative Art 5:3
Regulation as Nth Act Chamber
Cessation Workshop 2013
**Panel discussion on ‘best buys’**

**Reducing harm from alcohol**

Name of country: Hong Kong
Presenter: Dr Jacqueline Choi

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**2. Current Programme on Reducing harm from alcohol**

- Recent legislation of random alcohol breath tests and introduction of 3-tier penalty system with a sliding scale (Police)
- For spirits with >30% alcohol by volume (ABV), the duty is 100% (Financial Services and the Treasury Bureau)
- Restrictions on advertising alcoholic beverages to young people are applied on TV and radio programmes (Office of the Communications Authority)
- The authority of a liquor licence does not permit any person under the age of 18 years to drink any intoxicating liquor on any licensed premises (Liquor Licensing Board)
- Working with academia to develop drinking advice to raise public awareness of alcohol-related harm and guidelines for proper screening and brief interventions to identify and manage at-risk drinkers (Department of Health)
- Alcohol is accorded higher priority in health research (Research Secretariat of Food and Health Bureau)
- Community actions, e.g. “Stay Sober, Stay Free” project by TWGHs (NGO)

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**3. Outcomes and key messages**

- Lessons learned:
  - The Government create a supportive environment for people to make the right choices for themselves and their families
  - The importance of partnership between all the relevant stakeholders (especially non-health sector)
  - The importance of advocacy and comprehensive surveillance to create basis for lobbying supportive policies, e.g. imposing age restrictions on off-premise sales and raising alcohol taxes, etc.

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**Mongolia case on ‘best buys’**

**Reducing harm from alcohol**

Presenter: Khishgee M, MOH
Ulziisaikhan D, MOH
2. Current Programme on Reducing harm from alcohol

Policies
- **Concept of National Security of Mongolia, Article IX**
  - Security of the Population and its Gene Pool 51.3: “Consider as a priority task the prevention of in breeding, alcoholism and drug addiction which would negatively affect the Mongol gene pool…”

- **Law on Anti-Alcoholism** (1994, 2000, 2003, 2009) regulates alcohol production, trade, serving and consumption. New draft with comprehensive articles mainly focusing on alcohol prevention and control has been proposed and it is under discussion for approval (2013).
- More than 30 laws and number of regulations, standards, government and local authority resolutions, decrees, and Minister’s orders regulate alcohol related issues

**Taxation**
- **Tax/price regulations** – excise tax increased twice (2012)
- 1% of alcohol excise tax into the Health Promotion Foundation and another 1% alcohol excise tax into Alcohol fund to support alcohol abuse prevention and control activities

**Ban on advertisement**
- Prohibited any intentional action to support drinking of young people, children and students
- Prohibited promotional and sponsorship activities to support public and sport and cultural activities
- Prohibited advertisement of alcohol use such as putting pictures in goods and clothes
- Prohibited promotional sales and lucky draws
  - But, all kind of media (TV/radio/newspaper) marketing for alcohols which concentration is less than 18% is permitted (2009 revision).
  - New draft law proposed to ban totally all kind of alcohol marketing (2013, under discussion)

**Restriction of sales**
- **Age-based availability restrictions:**
  - Minimum legal drinking age is 21 years
  - Minimum legal age for serving alcoholic beverages in on-premise establishments is 18 years
- **Temporary restrictions on the availability of alcohol:**
  - Setting days and hours of retail sales and service – prohibit sales of alcohol on 1st and 20th day of each month
- **Spatial restrictions on the availability of alcohol:**
  - Reduce density of alcohol outlets - setting the number and location of on-premise and off-premise alcohol outlets
  - Ban serving and use of alcohol in public places (i.e. train) and at special events (any government event and some holidays)
- Requires **special licensing/permit** for the production, sale, and serving of alcohol
- Prohibits alcohol selling and serving to intoxicated people and requiring police to assist them to reach safe places or family
Brief intervention in primary health care

Outcomes

• Number of current special licenses for alcohol production has been decreased by 60%
• Special licenses for alcohol, beer and spirits production have not been issued to new entities
• The excise taxes for alcohol production has increased twice
• Enabling legal environment has been created, although enforcement and monitoring is inadequate

Outcomes cont’d

- Nationwide awareness raising campaign was initiated on alcohol drinking, alcohol related harms and enforcement of the implementation of the existing laws/regulations
- A national network of 80 governmental and non-governmental organizations was established
- At the same time, development of a new law on alcohol control have been drafted for endorsement by the Government of Mongolia

Lessons learned

- To develop strategies to ensure long-term sustainability of the leadership initiative
- To institutionalize national efforts against alcoholism including the establishment of a main organization that is responsible for follow up development and implementation of the national and sub national strategies against alcohol
- There is need to be strong enforcement and monitoring system
- A national network of governmental and non-governmental organizations was important to increase of target population awareness
Salt Reduction Programmes

- Preliminary Salt Survey – 2011
- Workshop with Food Vendors;
- Development and delivery of nutrition course for caterers by Hospitality Training Institute;
- Community training on reading labels;
- Supermarket inspections;
- Media, Educational Materials
- STEPS Survey – February 2013
### Salt Reduction Evaluation

<table>
<thead>
<tr>
<th>SUCCESS</th>
<th>CHALLENGES</th>
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<tbody>
<tr>
<td>GOOD COLLABORATION WITH STAKEHOLDERS - GOVT, PRIVATE &amp; PUBLIC SECTORS, DONOR AGENCIES &amp; NGOs.</td>
<td>LEGAL FRAMEWORKS</td>
</tr>
<tr>
<td>IMPLEMENTATION OF PEN PROJECT</td>
<td>LIMITED RESOURCES – HUMAN, CAPITAL</td>
</tr>
<tr>
<td>GLOBAL &amp; REGIONAL FRAMEWORKS TO GUIDE NATIONAL HEALTH PLANS – NCDs</td>
<td>CHANGE IN MINDSET – POPULATION (INCLUDING HEALTH PROFESSIONALS)</td>
</tr>
</tbody>
</table>

### NCD in the Federated States of Micronesia

Joanes J. Sarofalpy  
Department of Health and Social Affairs, FSM National Government

### FSM Profile and Locations

- **Population**: 116,061 (2010 estimate)  
- **Annual growth rate**: 1.3%  
- **Birth rate**: 16/1,000  
- **Death rate**: 6/1,000  
- **Life expectancy**: 68.29 yrs  
- **Infant mortality rate**: 20/1,000  
- **HIV-positive rate**: 3.9  
- **Inaccessible areas**: 80%  

### Current NCD Policy/Plan

- Healthy Islands  
- Healthy Island Lifestyle  
- NCD Emergency Declaration – PIHOA 2010  
- National Strategic Plan for the Prevention and Control of Non-Communicable Diseases in the Federated States of Micronesia 2013-2017

### NCD 3 Main Goals

1. Tertiary Prevention – decreasing the NCD impact by improving survivorship services  
2. Secondary Prevention – decreasing the NCD impact by improving the healthcare diagnosing and treatment capability and capacity  
3. Primary Prevention – decreasing the NCD impact by reducing the RISK FACTORS

### Risk Factors

- Tobacco Use  
- Betelnut Use  
- Alcohol Use  
- Nutrition Use  
- Cancer  
- Hypertension  
- Diabetes  
- Physical Inactivity
Risk Factors

- Physical inactivity
- Encourage workplace physical activities
- Encourage local around the island fun-runs
- Work with Agriculture agencies on small gardening activities
- Encourage the disallowance of processed food in local communities feasts and gatherings
- Develop policies to establish physical activity-friendly environments, such as walking tracks, sports facilities and workplace fitness programs

Salt intakes and Death rate due to NCDs in Japan

Outcomes and Learned lessons

1. A mean values of salt intake was decreased since 1950s, which may lead to reduction of death rate due to cerebrovascular disease (i.e. stroke).
2. Health professionals and health volunteers have been working in communities and workplaces to improve lifestyle and health status (e.g. salt intake reduction).
3. Government has been supporting these health professionals through the 1st-4th terms of National Health Promotion Movement and other measures.
4. Health Japan 21 (the second term) includes multisectral approach with target setting, which aims to reduce a mean value of salt intake toward 8 gram in 2022.
5. In Japan, measures for salt intake reduction is conducted as public awareness without regulation for the reduction.

Current status of NCD prevention and control

Palau NCD Data

- 55% of Annual MDH budget spend on NCD and its related issue (not include personal expense and time missed work)
- 8 out of 10 deaths caused by NCD or its complication.
- 63% of Medical referral is due to NCD and its related issues
- Tobacco use among school children is the highest in the Region (YTS)
- 33% of our school children are either overweight or obese

Executive Order No. 295 declares a state of health emergency and appropriate response is required.

Establishment of National NCD Emergency Committee
Guiding Principles

- Acknowledging that NCD is a national problem that requires a whole of government and whole of society response
- The National Emergency Committee and the NEDC is therefore activated to address the situation.
- National stakeholders target to foster a culture of healthy lifestyle in response to NCD and its effects.
- All stakeholders (national, state and community groups) have been identified and are required to develop and implement programs to address the identified risk factors, particularly tobacco use, alcohol abuse, physical activity and obesity and nutrition. Load and support agencies are identified and assigned specific roles. (Refer to Annex 1.)
- The National effort to reduce or eliminate the impacts of NCD is a long term response (10-15 years) requiring the use of NIMS as the standard means of responding to the threat.
- Each agency designated in this Plan are required to prepare their action plans and develop NCD programs and to implement them.

Goals and Objectives

- Prevent and control occurrence of NCD in the ROP
- Improve governance regarding NCD
- Strengthen public health systems to combat NCD
- Re-enforce existing awareness and education programs at the national, state and community level, including schools and the vulnerable population.
- Coordination and collaboration between government and non-government agencies, civil societies, and community groups in the prevention and control of NCD
- Source regional and international assistance to support the effort on NCD reduction.
- Sustain national and community NCD programs and activities for the longer-term.

(7) Key focus areas and committee members

1. Governance: Improve legislation/policies and enforcement
   - Ministry of Justice – Lead Agency
   - Ministry of Health
   - Ministry of Finance
   - MPIC

2. Media Public Education and Awareness
   - Media Lead Agency
   - PMIC
   - Kofi-based Organizations
   - Community Coalitions (IAA, OMU, TPC and COA)
   - PMIC
   - Press Secretary/Preside Office

3. Diet and Nutrition: Promotion of Food Security and Climate Change
   - Ministry of Agriculture – Lead Agency
   - Bureau of Marine Resources – CS Lead Agency
   - MoF
   - MoCA
   - IFIF
   - NGOs
   - MPIC

4. Promote physical activities
   - PMIC-Lead Agency
   - MoF
   - MoL
   - MoC
   - Sports Associations

Challenges

- Changing Administration
- To many competing priorities
- Insufficient Financial Support
- No comprehensive NCD Surveillance System
- Still no salt reduction project
- NCD STEPS survey not complete
- Detailed work-plan for National NCD Strategic Plan not complete.

Lesson Learned

- Challenges working with other agencies and organization
- Involve partners at the early stage to ensure buy-in.
- Ensure that all partners are given opportunity to voice their ideas.

Cont ...
Next Steps

• Complete STEPS survey
• Complete detailed work-plan for the 7 key focus areas.
• Implement the National NCD Strategic Plan

Current Status of NCD Prevention and Control

Whole-of-Government approach
Public – private – people partnership

Life cycle approach in preventive care
Creation of a health-promoting environment
Ground-up movement for health
Private sector

Prevalence of risk factors - diabetes mellitus, hypertension, obesity, smoking, regular alcohol consumption, binge drinking, regular exercise, and regular physical exercise

Multi-pronged Approach to Improving the Nutrition of Our Population

Formulation of dietary guidelines & standards
Collaboration with the food industry to create a healthy food supply
Settings based programmes to create supportive local nutrition environments

Dietary & Nutrition surveillance to support evidence based practice
Policy & Legislation
Education & empowerment of individuals to make healthier food choices

KEY TARGETS & INDICATORS
• Increase proportion of 3–6 year olds aged 3–6 years who:
  • eat at least 2 servings of fruit per day,
  • eat at least 2 servings of vegetables per day.
• Prevalence of obesity.

Promoting Healthy Diets

Legislation
• Legislation measures to limit trans-fat levels in fats & oils products & mandatory labeling of trans-fat levels on packaging of fats & oils products

Promoting Healthier Food Supply
• Healthier Choice Symbol Labelling
• HIFEST FOOD Programme

Creating Supportive Environments
• School & Home Reverse Ethics Based Programme: • Healthy Eating in Childcare Centres, Healthy Meals in Childcare Centres, Healthy Eating in Schools, Health Promoting School Centres, Healthy Caterers, Let’s Drink Water Campaign, UNICEF Award
• Workplace Nutrition Programme
• Baby-Friendly Hospital Initiative
• Healthy Hawker, Food Court & Cafeteria Programme
• The Healthy Shopper Programme

Education & Developing Personal Skills
• National Healthy Lifestyle Campaigns
• Whole-grain Campaigns
• Healthier Child, Brighter Future Campaign

Outcomes of Programmes
• Programmes that promoting results, for example:
  • The consumption rate of healthier food products carrying the Healthier Choice Symbol (HCS) has increased from 29% in 2002 to 40% in 2006.
  • Significant increase in number of reduced-sugar drinks bearing the HCS from 19 beverages in 2006 to 35 beverages in 2012.
  • Implementation of the Healthier Hawker Programme showed a 10-30% increase in sales of wholegrains foods and reported 20% increase in business among participating hawkers.
• By 2012, close to 90% of schools in Singapore have achieved the Healthy Eating in Schools Award.

Key Findings of our National Nutrition Survey 2012
• Compared to the previous survey in 2004, there was a higher consumption of wholegrains and increased use of healthier oils among Singaporeans.
• However, energy, fat and saturated fat intake among Singaporeans increased from 2004.

Future Developments
• Continuing efforts to improve the nutritional status of our population.
• Our government is reviewing the need to strengthen standards for advertising of food and beverage products high in fat, sugar or salt to children.
• Healthy snacks in schools.
<table>
<thead>
<tr>
<th>Structure of the Action Plan</th>
<th>Time frame</th>
<th>Key priority actions</th>
<th>Needed in implementation</th>
<th>Appropriate targets for the countries in the group</th>
</tr>
</thead>
</table>
| GROUP 1: Pacific Island Countries | Option 4  
(Bottoms up or upside down approach document) | 2020 - Provided there is mid term review to allow for space for new evidence  
- For example if X succeeds in reducing a risk, there is opportunity to add into plan | Key action 3 & 2  
"Economic Argument in Govt"  
Key action 4  
"Taxation for HP settings"  
Key action 1  
"recognise existing NCD PHC action other than PEN"  
Key action 1  
"improve current STEPS turnaround time and add…" | - Well structured economic arguments for country;  
- Development of standards on Salt, Sugar & Fats for revenue generating outcomes  
- Tax to support enabling environments;  
- Engage with local govts;  
- Improve STEPs turnaround results | From the set of nine voluntary global targets – Inclusion of Sugar identify the target areas – Trade & Settings  
Target values – N/A  
Additional targets  
Use the 25 indicators to develop additional targets if needed |
| GROUP 2: Cambodia, the Lao People’s Democratic Republic, Viet Nam | Option 3 | 2014-2018 | Develop or strengthen national multisectoral policies and plans for NCD prevention and control.  
- Reduce salt intake, Replace trans-fat with polyunsaturated fat, Promote public awareness about diet  
WHO Set of recommendations on the marketing of foods and non-alcoholic beverages to children. Promote physical activity (mass media)  
- Restrict access to retailed alcohol, Enforce bans on alcohol advertising, Raise taxes on alcohol  
- Protect people from tobacco smoke, Warn about the dangers of tobacco, Enforce bans on tobacco advertising, Raise taxes on tobacco  
- Adapt and incorporate a package of essential interventions for NCD (PEN) into primary health care, including appropriate referrals as part of universal health coverage ‘Referral system’ which consists of referral and return referral and feedback  
- Strengthen the role of hospitals and hospital referral systems in overall efforts to prevent and control NCD. (Strengthen referral services and secondary care)  
Conduct periodic surveys to measure population levels of risk factors in adults and children at least once in 5 years.  
Develop or strengthen a national mechanism to coordinate surveillance and use data for action at local and national levels for NCD prevention and control. | National Commitment  
(MSA)  
Full support – TA and financial  
Stakeholders/International Partners – Full support - TA and financial | Target value by 2018  
Mortality and morbidity-10%  
Alcohol - 1%  
Physical inactivity - 2%  
Salt - 10%  
Tobacco - 10%  
Hypertension - 5-10%  
Drugs and medicines - 50%  
Technology - 80% |
| GROUP 3: Brunei Darussalam, Malaysia, Singapore | Option 3 | 2014-2018 | Develop and/or enhance multi-sectoral action for NCD  
- RAP and GAP are broad guidelines  
Not intended to be prescriptive  
A guide to the endpoint  
Member states retain flexibility in their programmes and priorities  
- APE  
- Flexible | Key action 1  
"Promote healthy behaviours and to reduce risk factors for NCD by scaling up effective interventions through health-promoting environments, as well as through policy and regulatory interventions.  
- Promoting healthy diet and physical activity  
- Create enabling environments through settings-based approaches (NB: Member states already guided by FCTC for tobacco control)"  
Key action 3  
"Strengthen the role of primary and secondary healthcare and referral systems in overall efforts to prevent, control and manage NCD"  
Key action 4  
"Develop or strengthen a national mechanism to coordinate surveillance and use data for action at local and national levels for NCD prevention and control.  
- Strengthen mortality registration to obtain data on premature mortality from NCD  
- Assess health system capacity and national response to NCD periodically."  
Political commitment  
WOG + HiAP  
Manpower and technical capability  
Empowerment of the population and stakeholders | To provide technical advice and assistance  
To facilitate dialogues at the international level with relevant stakeholders e.g. food industry for reformulation  
Mortality and morbidity  
Risk factors: physical inactivity, salt, tobacco use, hypertension, diabetes and obesity |
<table>
<thead>
<tr>
<th>Structure of the Action Plan</th>
<th>Key priority actions</th>
<th>Time frame</th>
<th>Objective 1</th>
<th>Objective 2</th>
<th>Objective 3</th>
<th>Objective 4</th>
<th>Needed in implementation</th>
<th>WHO</th>
<th>Appropriate targets for the countries in the group</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GROUP 4: Hong Kong (China), Japan, New Zealand, and Republic of Korea</strong></td>
<td></td>
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<td>Concept of continuum of care including 2nd and 3rd level of care has to be emphasized in addition to primary health care. Prevention action can be done in secondary care.</td>
<td>Morbidity data – complete set of primary health data, assessment of burden of disease (prevalence of chronic disease like DM, HT) needs to be emphasized in addition to mortality statistics.</td>
<td>Technical support, identify good examples to share among countries, work closely with international partners and agencies. International partners: sharing of information and experience among countries.</td>
<td>Stronger tobacco reduction goal? Tool kits for member state for countries to understand the measurement, and the concern is resource on doing measurement. Political and technical problems. Consider WHO holds training workshop teaching statistical/epidemiological skills. Be cautious compatibility between existing data collection methods and future use methods.</td>
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<td>All nine targets are appropriate for the countries in the group</td>
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<td></td>
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<td>2014-2020</td>
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<tr>
<td><strong>GROUP 5: China, Mongolia, the Philippines</strong></td>
<td>Countries should develop their own benchmarks</td>
<td>2014-2020</td>
<td>GAP objectives priorities</td>
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