Meeting Report

Second Regional Workshop on Strengthening Leadership and Advocacy for the Prevention and Control of Noncommunicable Diseases (LeAd-NCD)

8–12 December 2014
Saitama, Japan
Participants of the Second Regional Workshop on Strengthening Leadership and Advocacy for the Prevention and Control of Noncommunicable Diseases (LeAd-NCD)

8-11 December 2014
Saitama, Japan
REPORT

SECOND REGIONAL WORKSHOP ON STRENGTHENING LEADERSHIP AND ADVOCACY FOR THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES (LeAd-NCD)

Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

National Institute of Public Health, Saitama, Japan
8–11 December 2014

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NOTE

The views expressed in this report are those of the participants in the 2nd Regional Workshop on Strengthening Leadership and Advocacy for the Prevention and Control of Noncommunicable Diseases (LeAd-NCD) 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 2nd Regional Workshop on Strengthening Leadership and Advocacy for the Prevention and Control of Noncommunicable Diseases (LeAd-NCD) held in Saitama, Japan from 8 to 11 December 2014.
SUMMARY

Noncommunicable disease (NCD) prevention and control requires skills and competencies in multisectoral planning; risk reduction through policy, regulation, and fiscal interventions; health systems strengthening; and surveillance and monitoring. There is a high demand for capacity-building programmes in NCD prevention and control, but the opportunities are very limited. Objective 2 of the Western Pacific Regional Action Plan for the Prevention and Control of Noncommunicable Diseases 2014–2020 calls on WHO to provide technical support in developing and strengthening national multisectoral policies, plans and mechanisms to implement programmes for the prevention and control of NCDs.

Recognizing these issues, the WHO Regional Office for the Western Pacific, along with the National Institute of Public Health, Japan, and experts, developed the Leadership and Advocacy for NCD prevention and control (LeAd-NCD) curriculum. The curriculum was piloted at the first regional workshop in 2013. The Second Regional Workshop on Strengthening LeAd-NCD was held in Saitama, Japan, from 8 to 11 December 2014, with the following objectives:

1) to strengthen the skills and competencies of the participants, with emphasis on leadership and advocacy, for NCD prevention and control;
2) to build capacity of the Ministry of Health in engaging global mechanisms for NCD prevention and control, including the United Nations General Assembly review;
3) to illustrate health service interventions for NCDs in Japan, including the experiences of Health Japan 21; and
4) to identify options and approaches for strengthening multisectoral action for NCD prevention and control.

The workshop prioritized participation of focal points from ministry of health international cooperation and planning units. Through didactic sessions, site visits, interactive learning and group exercises, participants reviewed the status of NCDs in the Western Pacific Region, global and regional developments, case studies of Japan’s experiences in NCD screening and early intervention, and diet, physical activity promotion and NCD surveillance. Participants also systematically conducted stakeholder mapping, audience segmentation and advocacy communication to engage multiple stakeholders in the NCD agenda. It is anticipated that participants will augment ministry of health capacity to engage other stakeholders and non-state actors in global and regional NCD prevention and control initiatives especially the United Nations General Assembly review of NCD prevention and control.

Recommendations

1) The Regional Workshop on Strengthening LeAd-NCD is a suitable model to expand training within countries. Member States should explore the feasibility of adapting the LeAd-NCD model and curriculum for national and subnational capacity building workshops.
2) Capacity-building for NCD leadership and advocacy in non-health sectors is needed. The LeAd-NCD curriculum is a viable platform for this, and future iterations of the workshop should engage critical stakeholders outside of the health sector. Member States can assist by identifying key non-health stakeholders to invite for future workshops.
3) WHO should consider providing technical support to countries to adapt and conduct the LeAd-NCD workshop at subregional, national and subnational levels.
4) WHO should consider developing future LeAd-NCD workshops around evolving themes such as Workers’ Health or mHealth for NCD prevention and control.
CONTENTS

1. INTRODUCTION .................................................................................................................... 7
  1.1 Background ................................................................................................................... 7
  1.2 Objectives ..................................................................................................................... 8
  1.3 Participants ................................................................................................................... 8
  1.4 Organization ................................................................................................................ 8
  1.5 Opening session ......................................................................................................... 8

2. PROCEEDINGS ...................................................................................................................... 9
  2.1 Session 1 – Introduction of NCDs and Country Profiles .............................................. 9
  2.2 Session 2 – Global Coordination Mechanism for NCDs .............................................. 9
  2.3 Session 3 – Japan’s experience in NCD prevention and control ................................ 10
  2.4 Session 4 – NCD surveillance and reporting .............................................................. 11
  2.5 Session 5 – Japan’s case for global health ................................................................. 11
  2.6 Session 6 – Next steps in global coordination mechanism on NCDs ......................... 12
  2.7 Closing session ........................................................................................................... 12
  2.8 Evaluation ................................................................................................................... 12

3. CONCLUSIONS AND RECOMMENDATIONS .................................................................. 12
  3.1 Conclusions ................................................................................................................ 12
  3.2 Recommendations .................................................................................................... 13

ANNEXES:

ANNEX 1: List of temporary advisers, resource persons and secretariat
ANNEX 2: Programme of activities
ANNEX 3: Participant’s workbook
ANNEX 4: Participants’ evaluation results

Key words

Chronic disease – prevention and control / Noncommunicable diseases / Regional health planning/
1. INTRODUCTION

1.1 Background

Noncommunicable diseases (NCDs) are the leading cause of death in the Western Pacific Region. Premature mortality (deaths before 70 years of age) accounts for 50% of deaths due to NCD in low- and middle-income countries (LMICs) of the Region and demonstrates the impact of the NCD epidemic on productivity and development.

The global and regional mandates for NCD prevention and control, especially in fulfilling the commitments made in the 2011 Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases (“Political Declaration”), have identified national capacity as a critical component for strengthening policies and plans in this area.

In 2013, the Regional Committee endorsed the Western Pacific Regional Action Plan for the Prevention and Control of Noncommunicable Diseases 2014-2020. WHO is tasked – under Objective 2 of the plan – to strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of NCDs.

NCD prevention and control requires skills and competencies in multisectoral planning, risk reduction through policy/regulated and fiscal interventions, health system strengthening and surveillance and monitoring. There is a high demand for capacity-building programmes, but there are very limited opportunities and training options.

Since 2005, the WHO Regional Office for the Western Pacific has worked with the National Institute of Public Health (NIPH), Japan, for NCD prevention and control capacity-building. The programme from 2005 to 2009 trained 86 participants from 14 ministries of health. Given the rapid developments in NCD prevention and control at the global and regional levels, in 2012, WHO, NIPH, and experts, developed a five-day capacity building course called the Leadership and Advocacy for NCD prevention and control (LeAD-NCD). The curriculum was piloted at the first regional workshop in 2013.

The first LeAD-NCD programme was held in Saitama, Japan, in December 2013 and provided training to 19 representatives of national institutes of public health and schools of public health from nine countries. As a follow-up to this course, national courses were organized in Cambodia, the Lao Peoples Democratic Republic, the Philippines and Viet Nam.

The Political Declaration increased global momentum and raised NCDs as a health and development issue. A multisectoral action plan for NCD prevention and control has been proposed. Review of the progress in implementing the Political Declaration took place in July 2014. The UN Interagency Task Force on the Prevention and Control of NCDs will provide support for all UN agencies, funds and programmes. A global coordination mechanism for NCDs is also in place.
Given these global developments and processes, it is important that international cooperation units of ministries of health are made aware of NCD prevention and control. Information and additional capacity in this area will help them to engage well with other sectors and also with global processes. Towards this end, the 2nd Regional Workshop on Strengthening Leadership and Advocacy for the Prevention and Control of Noncommunicable Diseases (LeAd-NCD) was held at the National Institute of Public Health, Saitama, Japan, from 8 to 11 December 2014. The four-day workshop prioritized participation of representatives from the international cooperation unit and planning focal points of ministries of health. Their participation will help to engage countries in global processes, especially the United Nations General Assembly review of NCD prevention and control.

1.2 Objectives

1) To strengthen the skills and competencies of the participants, with emphasis on leadership and advocacy, for NCD prevention and control;
2) To build capacity of the Ministry of Health in engaging global mechanisms for NCD prevention and control, including the United Nations General Assembly review;
3) To illustrate health service interventions for NCDs in Japan, including the experiences of Health Japan 21; and
4) To identify options and approaches for strengthening multisectoral action for NCD prevention and control.

1.3 Participants

Twenty (20) participants attended the workshop, representing international cooperation units and NCD focal points of ministries of health in Cambodia, China, Fiji, Guam, Hong Kong SAR (China), the Lao People’s Democratic Republic, Malaysia, Mongolia, Palau, the Philippines, Samoa, Singapore, Solomon Islands, Tonga and Viet Nam. Additionally, 5 observers from Japan and the Republic of Korea also participated. WHO and NIPH staff provided secretariat support. A list of participants is available at Annex 1.

1.4 Organization

The workshop was comprised of six modules:

1) an overview and introduction to NCDs and country NCD status
2) global coordinating mechanisms for NCD prevention and control,
3) Japan’s experience,
4) NCD surveillance and reporting,
5) Japan’s case for global health,
6) next steps in global coordination mechanisms through advocacy and leadership for NCD.

The programme is available at Annex 2, along with the workbook at Annex 3.

1.5 Opening session

Dr Tomofuni Sone provided an overview of the NIPH. Dr Yukio Matsutani welcomed the participants and presented a brief review of the public health situation in Japan. He emphasized the aims of Health Japan 21 (second term), which started in 2013, to reduce health disparities
with prevention of NCDs at its core, using primary prevention supplemented with secondary prevention. This requires strengthening multisectoral coordination mechanisms with a focus on leadership and advocacy for sector-wide programs in NCDs.

Dr Eiji Hinoshita addressed the participants and highlighted the priority for noncommunicable diseases in the Region. He noted that there are less than 400 days to achieve the Millennium Development Goals (MDGs), and a pressing need to revise future health strategies and agree on a global health agenda post 2015 that incorporates the increasing burden of NCDs in developed and developing countries. He highlighted the critical importance of promoting health through social policies, since health is crucial to economic growth that is equitable and sustainable, and NCD prevention and control is pivotal to sustained economic growth.

Dr Hai-Rim Shin presented a summary of the global and regional developments on NCD prevention and control. Following the review of progress in NCDs conducted in July 2013, the United Nations (UN) Interagency Task Force was established to support all UN agencies, so that NCDs are considered in all UN frameworks. WHO, in turn, established the global coordination mechanism to align efforts for sustainable solutions to the NCD epidemic. Engagement with Member States is essential, as national health ministries must be on board with global NCD measures aligned to national efforts. Thus, this year’s LeAd NCD workshop focuses on global mechanisms for NCD prevention and control to expand leadership in this area. WHO remains committed to working with Member States and their NCD focal points and international cooperation focal points within each ministry to achieve the global voluntary targets for NCD prevention and control.

2. PROCEEDINGS

2.1 Session 1 – Introduction of NCDs and Country Profiles

Dr Sonia McCarthy provided a brief introduction to the course schedule and activities. Dr Hai-rim Shin reviewed the status of NCDs in the Western Pacific Region and highlighted the importance of NCDs in the development agenda.

Dr Annette David facilitated a set of learning activities to assist participants to define their workshop expectations, reflect upon their personal journey as professionals in NCDs and assess their country’s NCD situation. Participants presented their country status, issues, actions and resources along the NCD pathway using the “World marketplace” format. Along the NCD pathway, some countries are beginning to note a rise in common modifiable risk factors while others are already expending a significant portion of their health budgets on NCD treatment. All participants reported having a national plan of action/strategy or policy consistent with the Western Pacific Regional Action Plan for the Prevention and Control of Noncommunicable Diseases 2014-2020. Some countries have initiated efforts to integrate NCD efforts and reduce the vertical silo approach. Challenges include limited human resources, inadequate infrastructure and national coordination. However, successes have occurred, with integrated actions such as in Tonga, where surveillance data have shown declines in risk factor prevalence.

2.2 Session 2 – Global Coordination Mechanism for NCDs
Dr Bente Mikkelsen and Dr Nicholas Banatvala, joined the workshop via video conference to introduce the Global Coordination Mechanism and the United Nations (UN) Interagency Task Force on NCD. The task force was established by the Secretary-General in June and placed under the leadership of WHO. The task force coordinates UN and inter-governmental organizations' activities to support the commitments of the 2011 Political Declaration on NCDs, in particular, implementation of the *Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020*. The Task Force’s terms of reference were adopted by the Economical and Social Council (ECOSOC) in 2014. The Task Force emphasizes a whole-of-society and whole-of-government approach to the NCD epidemic, and promotes a unified response to NCDs with multisectoral planning and implementation involving government and non-state actors.

In 2014, the World Health Assembly endorsed the Terms of Reference for the WHO Global Coordination Mechanism (GCM) on NCDs. The GCM is intended to facilitate and enhance coordination of activities, multi-stakeholder engagement and action across sectors at all levels to contribute to the implementation of global action plan. Together with the Task Force, the GCM provides a platform between UN agencies, other stakeholders and non-state actors to streamline efforts to counter the NCD epidemic and attain the 2025 goal of reducing premature NCD mortality by 25%.

Two examples of how the Task Force and the GCM operate are joint country missions and global joint programmes. The joint country missions support governments in promulgating the whole-of-society/whole-of-government approach to NCDs and consist of country visits by a team composed of experts from five key agencies: WHO, United Nations Population Fund, United Nations Children's Fund, World Bank, and United Nations Development Programme (UNDP). The outcome of each visit is a report with actionable recommendations for the country and the UN country team. Global joint programmes are run out of UNDP where agencies come together to develop joint initiatives. One example is mHealth, or mobile health, a unique project between the UN health and telecommunications agencies to use mobile technology to help Member States combat the growing NCD burden. Successful pilots will be scaled-up through a global UN, private sector and government partnership dedicated to providing mobile solutions for NCDs. The partnership cuts across four diseases, multiple sectors and risk factors. Pilot projects are underway in eight low-income countries.

A short film documenting the Joint Mission of the United Nations Interagency Task Force on the Prevention and Control of NCDs (UNIATF) to Kenya was shown. The five-day mission aimed to encourage Kenya to make prevention the cornerstone of the national response to NCDs. The Task Force met with senior Kenya health officials responsible for NCDs, health promotion, community health and tobacco control. The team also briefed the UN Resident Coordinator for Kenya and other UN staff on the mission’s objectives, findings and recommendations. The Task Force also met with representatives of academia and civil society.

Dr Annette David discussed the importance of systematically identifying stakeholders for a multisectoral approach to NCD prevention and control, and developing a stakeholder management strategy based on this process. Participants were guided through an exercise for stakeholder mapping through the influence and interest grid.

2.3 Session 3 – Japan’s experience in NCD prevention and control

Dr Tetsuji Yokoyama provided a summary of the Japanese experience in NCD prevention and control. Prevention of NCDs is increasingly important in the rapidly ageing society of Japan.
In 2000, Ministry of Health, Labour and Welfare of Japan started Health Japan 21 as a 10-year national campaign comprised of goal-oriented health promotion measures, following the first two plans for health promotion that initially focused on health examinations and physical exercise, diet and rest. Its second term started in 2013 with the aim of extending healthy life expectancy and reducing health inequalities. Improvement of individuals' lifestyles and social environment will help achieve the overarching goal of the second term of Health Japan 21.

The mid-term evaluation of Health Japan 21 found that a limited number of objectives were achieved, while the prevalence of obesity and diabetes mellitus increased. Based on the experience, the next phase (2nd term) was developed with specific health examinations and guidance on targeting metabolic syndrome. The second term of Health Japan 21 started in 2013 and will last for the next 10 years.

Final evaluation of the 1st term of Health Japan 21 has been accomplished both at national and local levels. Improvements were noted in 60% of the indicators, with 18% of the indicators reaching their targets. Health Japan 21’s second term aims to extend life expectancy and reduce health disparities through primary and secondary prevention of lifestyle-related diseases, improve and maintain functional ability, establish a social environment where health is protected and supported and improve lifestyles and social environments to enhance health.

2.4 Session 4 – NCD surveillance and reporting

Dr Hai-Rim Shin presented the global monitoring framework, including 25 indicators and nine voluntary global targets for the prevention and control of NCDs, as well as WHO STEPwise approach to surveillance (STEPS). The indicators include morbidity and mortality, risk factor prevalence and health-system response and capacity. Objective 6 of the NCD action plan calls on countries to monitor trends and determinants of NCDs and evaluate progress. Recommended actions for Member States include adopting the global voluntary targets, establishing or strengthening NCD surveillance systems including mortality registration, cancer registries, surveys and health system capacity assessments.

STEPS consists of a questionnaire, and physical and biologic measurements. The standardized instruments and protocols allow countries to add to the core questionnaire and measures depending on local needs. At a minimum, it is recommended that countries conduct the core questionnaire and physical measures every five years. Other data sources to track progress in the 25 NCD indicators were listed and identified; these include vital registries, cancer registries, the Global School Health Survey (GSHS), the Global Adult Tobacco Survey (GATS), the Global Youth Tobacco Survey (GYTS), the Service Availability and Readiness Survey (SARA), food frequency survey, and NCD capacity survey. Countries will be required to provide data at the World Health Assembly in 2015, 2020 and 2025 based on changes from their 2010 baseline (estimates using 2008 data).

Dr Warrick Kim introduced the WHO risk factor assessment tools utilized in the STEPS. Participants conducted an NCD risk factor survey using the shortened WHO STEPS tool, to experience what WHO STEPS respondents undergo.

2.5 Session 5 – Japan’s case for global health

Participants visited the National Center for Global Health and Medicine and the National Institute of Health and Nutrition. The National Center for Global Health is founded on a long history of international aid by Japan to developing countries. The centre was established in 1993
as the International Medical Center of Japan, and renamed in 2010. Its mission is to improve the health and welfare of people in Japan and around the world through health-care service provision, research, education and international cooperation. The centre's faculty explained the role and contribution of the institution to global health, its role in diabetes prevention and control in Japan, and specific health check-ups for NCDs.

The National Institute of Health and Nutrition is a long-standing institution in Japan, first established as the Nutrition Institute under the Ministry of Home Affairs in 1920. It was transferred to the Ministry of Health, Labour and Welfare in 1938 and became an incorporated administrative agency in 2001. The institute conducts the annual National Health and Nutrition Survey and uses the data to develop nutrition and physical activity recommendations as well as food service and food safety standards. Dr Hidemi Takimoto discussed data on recent changes in dietary intake patterns, obesity prevalence and global comparisons. Dr Motohiko Miyachi provided the background for establishing Japanese physical activity guidelines using the “+10” message. Participants toured the facility’s human calorimetric chamber.

2.6 Session 6 – Next steps in global coordination mechanism on NCDs

Dr Annette David presented an overview of the elements of effective NCD advocacy. This presentation was followed by a set of activities that included target audience identification and development of key benefits and messages. Participants shared their advocacy products through a “Global Marketplace” activity and role-plays to get the critical feedback on developing advocacy messages.

2.7 Closing session

Dr Hai-Rim Shin closed the workshop by thanking participants for their active involvement and acknowledging the support of the Government of Japan and the partnership of the NIPH. Participants received Certificates of Attendance. All participants said that the workshop exceeded their expectations. There is unanimous support for expanding this workshop to include more countries, particularly in the Pacific, and to extending the invitation to participants outside the health sector. Some for the future themes suggested for this training curriculum included Workers’ Health and mHealth.

2.8 Evaluation

An evaluation of the workshop was conducted using an online structured questionnaire and a scale of 1–10 (with 10 being the highest score) to indicate participants’ impression and success of the workshop (Annex 4).

3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

Leadership and advocacy are key elements in attaining progress in NCD prevention and control. The Second Regional Workshop on Strengthening LeAd-NCD met its objectives, and the participants obtained the necessary information and skills to further enhance leadership and advocacy for multisectoral action in NCD prevention and control in their countries. Scaling-up the LeAd-NCD curriculum at subregional, national and subnational levels will augment efforts to...
align national NCD initiatives with the Regional and Global NCD Action Plans, complementing the work of the WHO Global Coordination Mechanism and the UN Interagency Task Force.

3.2 Recommendations

1) The Regional Workshop on Strengthening LeAd-NCD is a suitable model to expand training within countries. Member States should explore the feasibility of adapting the LeAd-NCD model and curriculum for national and subnational capacity building workshops.

2) Capacity-building for NCD leadership and advocacy in non-health sectors is needed. The LeAd-NCD curriculum is a viable platform for this, and future iterations of the workshop should engage critical stakeholders outside of the health sector. Member States can assist by identifying key non-health stakeholders to invite for future workshops.

3) WHO should consider providing technical support to countries to adapt and conduct the LeAd-NCD workshop at subregional, national and subnational levels.

4) WHO should consider developing future LeAd-NCD workshops around evolving themes such as Workers’ Health or mHealth for NCD prevention and control.
PROGRAMME OF ACTIVITIES

Monday, 8 December 2014

09:00-09:30 Registration

09:30-10:00 Welcome address
Dr Yukio Matsutani
President
National Institute of Public Health, Japan

Dr Eiji Hinoshita
Director
Office of International Cooperation
Ministry of Health, Labour, and Welfare, Japan

Opening address
Dr Hai-Rim Shin
Coordinator
Noncommunicable Diseases and Health Promotion
WHO Regional Office for the Western Pacific

Group Photo

10:00-10:30 Coffee break

(1) Introduction of NCDs & Country profiles

10:30-11:00 Self-introduction

Introduction of Course
Dr Sonia McCarthy
Technical Officer
Noncommunicable Diseases and Health Promotion
WHO Regional Office for the Western Pacific

11:00-12:00 Overview of NCDs: Importance of NCDs in the development agenda
Dr Hai-Rim Shin

12:00-12:30 Q & A

12:30-13:30 Lunch break

13:30-15:00 Group work (1):
Where am I in my NCD journey? (Personal reflection)
Facilitator:
Dr Annette David
Senior Partner
Health Partners, LLC
15:00-15:30  
*Coffee break*

15:30-17:00  
**Group work (2):**  
Where is my country in the NCD epidemic? (Country situational analysis)  
Facilitator:  
**Dr Annette David**

**Presentations from Group work (2) for Market Place**

17:30-  
**Welcome Reception**

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**Tuesday, 9 December 2014**

09:00-09:10  
Recap

(2) Global Coordination Mechanism on NCDs

09:10-09:50  
**Global Coordination Mechanism / UNIATF/UNGA**  
(Video presentation)  
**Dr Bente Mikkelsen**  
Head a.i. of the Secretariat for The Global Coordination Mechanism and Interagency Task Force (GCM)  
Office of the Assistant Director-General Noncommunicable Diseases and Mental Health, World Health Organization, Headquarters

**Dr Nicholas Banatvala**  
Senior Adviser  
Office of the Assistant Director-General Noncommunicable Diseases and Mental Health, World Health Organization, Headquarters

09:50-10:00  
Short film of the UNIATF mission to Kenya

10:00-10:30  
*Coffee break*

10:30-11:30  
**Group work (3):**  
Who are my critical stakeholders in coordinating for NCD prevention and control? (Multisectoral stakeholder mapping)  
Facilitator:  
**Dr Annette David**

(3) Japan’s experience

11:30-12:30  
What is "Health Japan 21"  
**Dr Tetsuji Yokoyama**  
Department Director  
Department of Health Promotion  
NIPH, Japan

Q & A

12:30-13:30  
*Lunch break*

13:30-14:30  
**Presentations from Group work (3)**  
Facilitator:  
**Dr Annette David**

(4) NCD Surveillance & Reporting

14:30-15:00  
Measurement and reporting of NCD voluntary  
**Dr Hai-Rim Shin**
global targets

15:00-15:30 Coffee break

15:30-17:00 Exercise for mini STEPs survey Facilitator:
Dr Sonia McCarthy
Dr Warrick Junsuk Kim
Volunteer, NCD, WHO/WPRO

Wednesday, 10 December 2014

(5) Japan’s Case for Global Health

09:30-12:30 Field visit to National Center for Global Health and Medicine (NCGM) Coordinator for Field Visit:
Prof Tomofumi Sone
Director, Department of International Health and Collaboration, NIPH, Japan

12:30-14:00 Lunch break

14:00-16:00 Field visit to National Institute of Health and Nutrition (NIHN) Dr Hiroko Miura
Director, Department of International Health and Cooperation, NIPH, Japan

Thursday, 11 December 2014

09:00-09:10 Recap

09:10-09:20 Results of mini STEPs survey Dr Warrick Junsuk Kim

09:20-10:00 Feedback on Group work (3) from HQ Dr Sonia McCarthy

10:00-10:30 Coffee break

(6) Next Steps in Global Coordination Mechanism on NCDs

10:30-12:30 Group work (4):
How do I advocate to the critical stakeholders in my country to support multisectoral action for NCD? (Advocacy in action) Facilitator:
Dr Annette David

12:30-13:30 Lunch break

13:30-15:00 Presentations from Group work (4) Facilitator:
Dr Annette David

15:00-15:30 Coffee break

15:30-16:00 Closing
PROVISIONAL LIST OF PARTICIPANTS, TEMPORARY ADVISERS, REPRESENTATIVES/OBSERVERS AND SECRETARIAT

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LAO PEOPLE’S DEMOCRATIC REPUBLIC

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2nd WHO Regional Workshop on Strengthening Leadership and Advocacy for the Prevention and Control of Noncommunicable Diseases (LeAd-NCD)

National Institute of Public Health, Saitama, Japan
8-11 December 2014

Participant's Workbook

World Health Organization
Regional Office for the Western Pacific
Manila, Philippines

National Institute of Public Health
Ministry of Health, Labour and Welfare
Saitama, Japan
Disclaimer

This Workbook is a dynamic training document - an evolving work-in-progress that is designed to be used flexibly for group discussion and individual reflection. At this stage, the Workbook is not an official publication of WHO-WPRO.
INTRODUCTION.............................................................................................................................................1

TIMETABLE....................................................................................................................................................2

DAY 1: INTRODUCTION OF NCDs & COUNTRY PROFILE.................................................................................3

ACTIVITY 1.1: Where am I in our NCD journey?..............................................................................................3

ACTIVITY 1.2: Where is my country in the NCD epidemic?..............................................................................4

DAY 2: GLOBAL COORDINATION MECHANISMS ON NCDs..............................................................6

ACTIVITY 2.1: Who are my critical stakeholders in coordinating for NCD prevention and control? ......6

ACTIVITY 2.2: Participants’ Health Survey.........................................................................................................9

DAY 3: JAPAN’S CASE FOR GLOBAL HEALTH (FIELD VISIT).................................................................10

ACTIVITY 3.1: Field visit to National Center for Global Health and Medicine (NCGM).........................10

ACTIVITY 3.2: Field visit to National Institute of Health and Nutrition (NIHN)...........................................11

DAY 4: NEXT STEPS IN GLOBAL COORDINATING MECHANISM ON NCDs...............................12

ACTIVITY 4.1: How do I advocate to the critical stakeholders in my country to support multisectoral action for NCD?.........................................................................................................................12

ANNEX 1. Participant’s Health Survey Questionnaire

   Know and Manage your Risk

   WHO/ISH Risk Prediction Charts
INTRODUCTION

Noncommunicable diseases (NCDs)—including the four major NCDs: cancer, diabetes, cardiovascular disease, and chronic respiratory disease—are the leading cause of death in the Western Pacific Region. In the Region’s low- and middle-income countries, premature mortality (deaths before 70 years of age) due to NCDs account for 50% of deaths and demonstrate the impact of the NCD epidemic on productivity and development.

At the national level, NCD prevention and control requires skills and competencies across a wide range of areas, such as multisectoral planning, risk reduction through policy, legal and fiscal interventions, health systems strengthening, and surveillance and monitoring.

Global and regional mandates have identified national capacity as a critical component to reducing NCDs. Following the 2011 Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Noncommunicable Diseases, countries are committed to strengthening sustainable capacities. The UN Interagency Task Force on the Prevention and Control of NCDs will provide support for all UN agencies, funds and programmes. A WHO Global Coordination Mechanism for NCDs (GCM/NCD) has also been established. In the WHO Western Pacific Regional Action Plan for the Prevention and Control of Noncommunicable Diseases (2014-2020), Objective 2 (to strengthen national capacity, leadership and governance) recommends WHO to provide technical support in developing plans and strengthening mechanisms for NCD prevention and control.

Since 2005, WHO Regional Office for the Western Pacific and the National Institute of Public Health have collaborated to assist countries in capacity-building for NCD prevention and control. In 2013, a five-day capacity-building course called Leadership and Advocacy for NCD (LeAd-NCD) was developed and first held in Saitama, Japan, in December of that year. The workshop, attended by 19 representatives of national institutes of public health and schools of public health from nine countries, aimed to assist stakeholders of diverse backgrounds in systematically applying leadership and advocacy strategies for the reinforcement of existing national capacity to effectively counter the NCD epidemic. As follow-up, national courses were organized in Cambodia, the Lao People’s Democratic Republic, the Philippines and Viet Nam.

Based on the experiences derived from the first workshop, this second workshop will prioritize participation of representatives from the international cooperation units and selected planning focal points of ministries of health. Participation will help to strengthen the skills and competencies of the participants, with emphasis on leadership and advocacy; to build capacities in ministries of health in engaging global mechanisms, such as the United Nations General Assembly review and WHO GCM/NCD; and to identify options and approaches for strengthening multisectoral action for NCD prevention and control.
<table>
<thead>
<tr>
<th>Time</th>
<th>MONDAY 8 December</th>
<th>TUESDAY 9 December</th>
<th>WEDNESDAY 10 December</th>
<th>THURSDAY 11 December</th>
</tr>
</thead>
<tbody>
<tr>
<td>09:00 - 09:30</td>
<td>Registration</td>
<td>Recap</td>
<td>Recap</td>
<td>Results of mini STEPs survey</td>
</tr>
<tr>
<td>09:30 - 10:00</td>
<td>Welcome address</td>
<td>Global Coordination Mechanism / UNIATF / UNGA (Video presentation)</td>
<td>Short film on the UNIATF mission to Kenya</td>
<td>Field visit to National Center for Global Health and Medicine (NCGM)</td>
</tr>
<tr>
<td>10:00 - 10:30</td>
<td>Coffee Break</td>
<td>Coffee Break</td>
<td></td>
<td>Coffee Break</td>
</tr>
<tr>
<td>10:30 - 11:00</td>
<td>Self- introduction</td>
<td>Group work (3): Who are my critical stakeholders in coordinating for NCD prevention and control? (Multisectoral stakeholder mapping)</td>
<td></td>
<td>Group work (4): How do I advocate to the critical stakeholders in my country to support multisectoral action for NCD? (Advocacy in action)</td>
</tr>
<tr>
<td>11:00 - 11:30</td>
<td>Overview of NCD: Importance of NCDs in the development agenda</td>
<td>What is &quot;Health Japan 21&quot;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:30 - 12:00</td>
<td>Q &amp; A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:00 - 12:30</td>
<td>Lunch Break</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13:30 - 14:00</td>
<td>Group work (1): Where am I in my NCD journey? (Personal reflection)</td>
<td>Presentations from Group work (3)</td>
<td>14:00 - 16:00 Field visit to National Institute of Health and Nutrition (NIHN)</td>
<td>Presentations from Group work (4)</td>
</tr>
<tr>
<td>14:30 - 15:00</td>
<td>Lunch Break</td>
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<tr>
<td>15:00 - 15:30</td>
<td>Coffee Break</td>
<td></td>
<td></td>
<td>Coffee Break</td>
</tr>
<tr>
<td>15:30 - 17:00</td>
<td>Group work (2): Where is my country in the NCD epidemic? (Country situational analysis)</td>
<td>Exercise for mini STEPs survey</td>
<td></td>
<td>Closing</td>
</tr>
<tr>
<td>17:30</td>
<td>Welcome reception</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
DAY 1: INTRODUCTION OF NCDs & COUNTRY PROFILE

ACTIVITY 1.1: Where am I in our NCD journey?

ACTIVITY: Sharing journeys and expectations

OBJECTIVES:
• To get to know each other better;
• To establish workshop expectations; and
• To reflect upon your personal journey in the prevention and control of NCDs.

INSTRUCTIONS:
Look at all the photos that are displayed and select the one that best captures where you are in your NCD journey. How does this reflect your expectations from this workshop?

Share your reflections with the group.

List down your expectations from this workshop.

1.

2.

3.
ACTIVITY 1.2: Where is my country in the NCD epidemic?

ACTIVITY: Assessing my country’s current situation in relation to NCD

BACKGROUND:
Underlying determinants of health, such as globalization, urbanization, population ageing and social determinants, contribute to countries’ health status and can give rise to environments that promote unhealthy lifestyles (e.g. tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol). These common risk factors underlie NCD. Unchecked, they give rise to intermediate risk factors such as raised blood pressure, raised blood glucose, unhealthy lipid profile, obesity and impaired lung function. In turn, the intermediate risk factors predispose individuals to the “fatal four” diseases – cardiovascular disease (heart disease and stroke), cancer, chronic respiratory disease and diabetes.

Actions and resources are needed along the entire pathway to counter the NCD epidemic, but countries need to know where to concentrate their efforts, given competing priorities and resource and capacity limitations.

OBJECTIVES:
- To assess my country’s status in relation to the NCD causation pathway; and,
- To learn about the country situation of other participants.

INSTRUCTIONS:
1. Think about your country/community’s situation in relation to the underlying determinants, common modifiable risk factors, intermediate risk factors and diseases in the NCD risk continuum.

2. In the graphic below, note down key information or observations about each stage in the continuum.
   a. Underlying determinants:
      i. How old is your population?
      ii. How globalized is your society?
      iii. How urbanized is your population?
      iv. What are the key social determinants that actively affect health in your country?
   b. Modifiable risk factors: Indicate the population prevalence for poor nutrition, physical inactivity, current tobacco consumption and harmful alcohol use.
   c. Intermediate risk factors: Indicate the population prevalence for high blood pressure, elevated blood sugar, raised cholesterol levels and overweight/obesity in your population. Do you have cost data for these? If so, indicate the cost for each condition.
   d. Indicate which of the fatal four NCD are in the top 10 causes of mortality in your country, and their rank. Do you have mortality data for these NCDs? If available, indicate the disease prevalence of each NCD. Do you have cost data for these? If so, how much do NCDs cost your country at present?

3. What actions (strategic plans, policies, legislation, programs, etc.) exist in your country to address each stage of the NCD causation pathway?

4. What resources (financial, infrastructure and human capacity) are presently allocated in your country for each stage of the NCD causation pathway?

5. Where along the continuum is your country most burdened by NCD? Where along the continuum is action greatest? Least? Where along the continuum are resources greatest? Least?
6. This assessment requires current data; do you have sufficient data to make the assessment?
7. What stands out in your assessment? Which stage in the NCD risk continuum is most prominent? Which actions are directly within the control of the health sector? Which actions require the involvement of other sectors?

Where is my country in the NCD epidemic?

COUNTRY: ___________________________

<table>
<thead>
<tr>
<th>Underlying Determinants</th>
<th>Common modifiable risk factors</th>
<th>Intermediate risk factors</th>
<th>Diseases</th>
</tr>
</thead>
</table>

ISSUES:

ACTION:

RESOURCES:
ACTIVITY 2.1: Who are my critical stakeholders in coordinating for NCD prevention and control?

ACTIVITY: Mapping my country’s NCD stakeholders for developing / implementing multisectoral action plan on NCD prevention and control

BACKGROUND:
Change for NCD prevention and control doesn’t happen in a vacuum. Effective leaders understand the importance of identifying their stakeholder audiences and developing a communication objective and strategic approach for each audience, to engage them in the process of multisectoral action to meet the NCD global targets at the country level. In addition, NCD messages highlighting key benefits, support points and desired action responses need to be tailored for specific stakeholder audiences, to bring them on board for national coordination of multisectoral action for NCD.

OBJECTIVES:
- To identify potential stakeholders for multisectoral action for NCD
- To assess where each stakeholder is located on an influence-interest grid
- To assess the coordination mechanism of stakeholders including all UN agencies, donors, and NGOs

INSTRUCTIONS:
1. Identify all the stakeholder audiences you need to reach to achieve national coordination for multisectoral action for NCD. You can refer to your country situation assessment to assist you in listing these stakeholders.

2. Situate each stakeholder group on the influence – interest grid below. This grid attempts to gauge each audience’s standing with regards to their ability to influence the process of national coordination for NCD action as well as their interest in NCD. Ideally, your primary audience should be in the upper outer right hand quadrant of the grid—-that is, highly influential and highly interested in multisectoral NCD action. Sometimes, however, your critical audience may be highly influential but not highly interested; this is where advocacy is especially vital—how do you convince highly influential but uninterested stakeholders to gain interest in coordinated national NCD action?

3. Based on the grid results, select one key stakeholder audience/group.

4. Choose a representative member of the key audience and create a socio-demographic profile for this person (This person could be a member of the community, a policy-maker, a decision-maker, a sectoral head or a partner. What does this person consider of value? What are the motivations of this person?).

5. Develop a profile of this individual and note this down in a short descriptive paragraph.
   a. What is the primary audience’s socio-demographic profile?
   b. How is this person best contacted?
   c. Who does this person listen to?
   d. Who and what can influence this target?
   e. What is this person’s position on the “best buy”?
STAKEHOLDER MAP: INFLUENCE – INTEREST GRID

INFLUENCE (Ability to make change happen)

Powerful influence

INTEREST IN THE ISSUE

Highly interested and supportive

Disinterested and possibly opposed

Weak influence

Socio-demographic profile of a representative member of the key stakeholder audience
6. Think about your country’s current situation regarding cooperate with international stakeholders including all UN agencies, donors, and NGOs and answer the following questions.

   a. In your country, how is government working with the UN system and Non-State Actors to meet the objectives and targets set out in the Global Action Plan?

   b. Identify three strengths and three weaknesses with regards the partnership between government and its partners.

   c. Identify a series of next steps to enhance the way that government can work ever more strategically, effectively and transparently with the UN system and Non-State Actors?

   d. What support would be most helpful from WHO in enhancing the way that government works with the UN system and Non-State Actors?
ACTIVITY 2.2: Participants' Health Survey

BACKGROUND:

Prevalence information on NCD risk factors is essential to NCD prevention and control. This is often obtained through population-based surveys. The data from these surveys provide powerful evidence to drive policy formulation, programme development, and to monitor progress.

The information that individuals provide when completing NCD risk factor surveys can also be used for a personalized assessment of NCD risk.

This activity will familiarize you with the process of undergoing a risk factor survey. The data you provide will enable you to estimate your personal risk and assist you in devising a behavior modification plan for better health.

OBJECTIVES:

1. To learn about NCD risk factor assessment using a simplified WHO tool;
2. To obtain information on your health status; and
3. To design a behavior modification plan to reduce your NCD risk based on the results.

INSTRUCTIONS:

1. Each participant will be given a printed questionnaire (Annex 1) and a tool for assessment of cardiovascular risk (Annex 2 & 3). Please note that this is an anonymous survey and hence personal identification is not needed.
2. Select a partner from a different country. Working as a pair, administer the tool to each other.
3. For each question, encircle the number corresponding to your partner’s response. For open ended questions, enter the information provided.
4. Submit the completed tools once finished.

Privacy Policy: Individual information on the demonstration will be treated as highly sensitive information and no personal identifiers will be included in the response forms.
DAY 3: JAPAN’S CASE FOR GLOBAL HEALTH (FIELD VISIT)

ACTIVITY 3.1: Field visit to National Center for Global Health and Medicine (NCGM)
ACTIVITY 3.2: Field visit to National Institute of Health and Nutrition (NIHN)
DAY 4: NEXT STEPS IN GLOBAL COORDINATING MECHANISM ON NCDs

ACTIVITY 4.1: How do I advocate to the critical stakeholders in my country to support multisectoral action for NCD?

ACTIVITY: Developing key benefits and messages

INSTRUCTIONS:
1. Using the table below, identify your key stakeholder audience.
2. Identify the key benefits of NCD prevention and control to the key stakeholder audience, framing your message to address the “What’s in it for me?” angle.
3. What are your communication objectives?
   - Awareness?
   - Understanding?
   - Acceptance?
   - Action?
   - Sustained actions?
4. Develop your key messages to the selected stakeholder audience. Pick one of your most exciting/interesting/relevant data facts on NCDs from the NCD surveillance data in your country. Make the numbers “tell a story.” How can you use this fact to move your selected audience?
5. What are the effective channels of communication for the stakeholder audience?
6. How will you know if you are successful in communicating your key message? What indicators will you use? These should reflect whether the desired action response was achieved or not.
7. Using your “Key Benefits and Message” table, create an actual advocacy piece/material for your selected stakeholder audience. Be creative. Make it compelling, convincing and captivating. Each country group will present their advocacy material to all the other participants. You can use computer-aided graphics and audio-visual aids. No limit on creativity.
8. After all groups have presented, participants will each be given 10,000 Yen in play money. Every participant must decide which advocacy material was the most effective in generating support for multisectoral NCD action by “investing” their pretend money. The country group with the most money wins.
### KEY BENEFITS AND MESSAGES TABLE

**COUNTRY:**

<table>
<thead>
<tr>
<th>Selected Stakeholder Audience:</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Communication objective</th>
<th>Key benefits (“What’s in it for me?”)</th>
<th>Key message</th>
<th>Channel of communication</th>
<th>Indicator for success</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Demographic Information

<table>
<thead>
<tr>
<th>Code</th>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1</td>
<td>Sex</td>
<td>Male 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Female 2</td>
</tr>
<tr>
<td>C2</td>
<td>How old are you?</td>
<td>Years</td>
</tr>
<tr>
<td>C3</td>
<td>In total, how many years have you spent at school and in full-time study</td>
<td>Years</td>
</tr>
<tr>
<td></td>
<td>(excluding pre-school)?</td>
<td></td>
</tr>
<tr>
<td>C4</td>
<td>What is your marital status?</td>
<td>Never married 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Currently married 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Separated 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Divorced 4</td>
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<tr>
<td></td>
<td></td>
<td>Widowed 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cohabitating 6</td>
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## Step 1  Behavioural Measurements

### Tobacco Use

<table>
<thead>
<tr>
<th>Code</th>
<th>Question</th>
<th>Response</th>
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</thead>
<tbody>
<tr>
<td>T1</td>
<td>Do you currently smoke any tobacco products, such as cigarettes, cigars</td>
<td>Yes 1</td>
</tr>
<tr>
<td></td>
<td>or pipes?</td>
<td>No (If No, go to A1) 2</td>
</tr>
<tr>
<td>T2</td>
<td>Do you currently smoke tobacco products daily?</td>
<td>Yes 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No 2</td>
</tr>
<tr>
<td>T3</td>
<td>How old were you when you first started smoking?</td>
<td>Age (years)</td>
</tr>
<tr>
<td>T4</td>
<td>During the past 12 months, have you tried to stop smoking?</td>
<td>Yes 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No 2</td>
</tr>
<tr>
<td>Code</td>
<td>Question</td>
<td>Response</td>
</tr>
<tr>
<td>------</td>
<td>--------------------------------------------------------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td></td>
<td>Tobacco Use (cont.)</td>
<td></td>
</tr>
<tr>
<td>T5</td>
<td>In the last 30 days, <strong>how often</strong> did you see any &quot;advertisements or signs promoting&quot; tobacco products?</td>
<td>Daily</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Almost daily</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sometimes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rarely</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Never</td>
</tr>
<tr>
<td></td>
<td>Alcohol Consumption</td>
<td></td>
</tr>
<tr>
<td>A1</td>
<td>During the past 12 months, <strong>how frequently</strong> have you had at least one standard alcoholic drink?</td>
<td>Daily</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5-6 days per week</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3-4 days per week</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1-2 days per week</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1-3 days per month</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Less than once a month</td>
</tr>
<tr>
<td>A2</td>
<td>Have you consumed any alcohol within the <strong>past 30 days</strong>?</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No (If No, go to D1)</td>
</tr>
<tr>
<td>A3</td>
<td>During the past 30 days, how many times did you have six or more standard drinks in a single drinking occasion?</td>
<td>Number</td>
</tr>
<tr>
<td>A4</td>
<td>In the last 30 days, <strong>how often</strong> did you see any alcohol advertisements?</td>
<td>Daily</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Almost daily</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sometimes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rarely</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Never</td>
</tr>
<tr>
<td></td>
<td>Diet</td>
<td></td>
</tr>
<tr>
<td>D1</td>
<td>In a typical week, on how many <strong>days</strong> do you eat <strong>fruit</strong>?</td>
<td>Number of days</td>
</tr>
<tr>
<td>D2</td>
<td>How many <strong>servings of fruit</strong> do you eat on one of those <strong>days</strong>?</td>
<td>Number of servings</td>
</tr>
<tr>
<td>D3</td>
<td>In a typical week, on how many <strong>days</strong> do you eat <strong>vegetables</strong>?</td>
<td>Number of days</td>
</tr>
<tr>
<td>D4</td>
<td>How many <strong>servings of vegetables</strong> do you eat on one of those <strong>days</strong>?</td>
<td>Number of servings</td>
</tr>
<tr>
<td>Code</td>
<td>Question</td>
<td>Response</td>
</tr>
<tr>
<td>------</td>
<td>--------------------------------------------------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Physical activity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P1</td>
<td>In a typical week, how many days you do moderate-intensity activities as part of your work?</td>
<td>Number of days</td>
</tr>
<tr>
<td>P2</td>
<td>How much time do you spend doing moderate-intensity activities on a typical day? (referring to activities including work, travel, or recreations that require moderate physical effort and cause small increases in breathing or heart rate)</td>
<td>Hours : minutes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>hrs</td>
</tr>
<tr>
<td>History of Raised Blood Pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>H1</td>
<td>Have you ever had your blood pressure measured by a doctor or other health worker?</td>
<td>Yes 1</td>
</tr>
<tr>
<td>H2</td>
<td>Have you ever been told by a doctor or other health worker that you have raised blood pressure or hypertension in the past 12 months?</td>
<td>Yes 1</td>
</tr>
<tr>
<td>H3</td>
<td>In the past two weeks, have you taken any drugs (medication) for raised blood pressure prescribed by a doctor or other health worker?</td>
<td>Yes 1</td>
</tr>
<tr>
<td>History of Diabetes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>H4</td>
<td>Have you ever had your blood sugar measured by a doctor or other health worker?</td>
<td>Yes 1</td>
</tr>
<tr>
<td>H5</td>
<td>Have you ever been told by a doctor or other health worker that you have raised blood sugar or diabetes in the past 12 months?</td>
<td>Yes 1</td>
</tr>
<tr>
<td>H6</td>
<td>In the past two weeks, have you taken any drugs (medication) for diabetes prescribed by a doctor or other health worker?</td>
<td>Yes 1</td>
</tr>
<tr>
<td>History of Raised Total Cholesterol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>H7</td>
<td>Have you ever had your cholesterol (fat levels in your blood) measured by a doctor or other health worker?</td>
<td>Yes 1</td>
</tr>
<tr>
<td>H8</td>
<td>Have you ever been told by a doctor or other health worker that you have raised cholesterol in the past 12 months?</td>
<td>Yes 1</td>
</tr>
<tr>
<td>H9</td>
<td>In the past two weeks, have you taken any oral treatment (medication) for raised total cholesterol prescribed by a doctor or other health worker?</td>
<td>Yes 1</td>
</tr>
<tr>
<td>Code</td>
<td>Question</td>
<td>Response</td>
</tr>
<tr>
<td>------</td>
<td>--------------------------------------------------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td><strong>History of Cardiovascular diseases</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H10</td>
<td>Have you ever had a heart attack or chest pain from heart disease (angina) or a stroke (cerebrovascular accident or incident)?</td>
<td>Yes 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No 2</td>
</tr>
<tr>
<td>H11</td>
<td>Are you currently taking aspirin regularly to prevent or treat heart disease?</td>
<td>Yes 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No 2</td>
</tr>
<tr>
<td>H12</td>
<td>Are you currently taking statins (Lovastatin/Simvastatin/Atorvastatin or any other statin) regularly to prevent or treat heart disease?</td>
<td>Yes 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No 2</td>
</tr>
<tr>
<td><strong>Lifestyle Advice</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>During the past three years, has a doctor or other health worker advised you to do any of the following?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>H13a</td>
<td>Quit using tobacco or don’t start</td>
<td>Yes 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No 2</td>
</tr>
<tr>
<td>H13b</td>
<td>Reduce salt in your diet</td>
<td>Yes 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No 2</td>
</tr>
<tr>
<td>H13c</td>
<td>Eat at least five servings of fruit and/or vegetables each day</td>
<td>Yes 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No 2</td>
</tr>
<tr>
<td>H13d</td>
<td>Reduce fat in your diet</td>
<td>Yes 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No 2</td>
</tr>
<tr>
<td>H13e</td>
<td>Start or do more physical activity</td>
<td>Yes 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No 2</td>
</tr>
<tr>
<td>H13f</td>
<td>Maintain a healthy body weight or lose weight</td>
<td>Yes 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No 2</td>
</tr>
<tr>
<td><strong>Cervical cancer screening (for women only)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CX1</td>
<td>Have you ever had a screening test for cervical cancer, using Visual Inspection with Acetic Acid/vinegar (VIA) or, pap smear and Human Papillomavirus (HPV) test?</td>
<td>Yes 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Don’t know 77</td>
</tr>
</tbody>
</table>
## Step 2  Physical Measurements

<table>
<thead>
<tr>
<th>Code</th>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Blood pressure</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M1a</td>
<td>Reading 1</td>
<td></td>
</tr>
<tr>
<td>M1b</td>
<td>Systolic (mmHg)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Diastolic (mmHg)</td>
<td></td>
</tr>
<tr>
<td>M2a</td>
<td>Reading 2</td>
<td></td>
</tr>
<tr>
<td>M2b</td>
<td>Systolic (mmHg)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Diastolic (mmHg)</td>
<td></td>
</tr>
<tr>
<td>M3a</td>
<td>Reading 3</td>
<td></td>
</tr>
<tr>
<td>M3b</td>
<td>Systolic (mmHg)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Diastolic (mmHg)</td>
<td></td>
</tr>
<tr>
<td><strong>Height and Weight</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M4</td>
<td>Height</td>
<td>In Centimetres (cm)</td>
</tr>
<tr>
<td>M5</td>
<td>Weight</td>
<td>In Kilograms (kg)</td>
</tr>
<tr>
<td><strong>Waist</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M7</td>
<td>Waist circumference</td>
<td>In Centimetres (cm)</td>
</tr>
</tbody>
</table>
ANNEX 2: KNOW AND MANAGE YOUR RISK

BACKGROUND:

The WHO/ISH risk prediction charts (Annex 3) indicate 10-year risk of a fatal or nonfatal major cardiovascular event (myocardial infarction or stroke), according to age, sex, blood pressure, smoking status, total blood cholesterol and presence or absence of diabetes mellitus for 14 WHO epidemiological sub-regions. There are two sets of charts. One set (14 charts) can be used in settings where blood cholesterol can be measured. The other set (14 charts) is for settings in which blood cholesterol cannot be measured. Both sets are available in colour and shades of black on a compact disc. The charts can only be used in countries of the specific WHO epidemiological sub-region.

The charts provide approximate estimates of cardiovascular disease (CVD) risk in people who do not have established coronary heart disease, stroke or other atherosclerotic disease. They are useful as tools to help identify those at high cardiovascular risk, and to motivate patients to change behaviour and, when appropriate, to take antihypertensive, lipid-lowering drugs and aspirin.

OBJECTIVE:

1. To determine my 10-year cardiovascular risk using the WHO/ISH risk prediction charts.

INSTRUCTIONS:

1. Be ready with the following information
   - Presence or absence of diabetes
   - Gender
   - Smoker or non-smoker
   - Age
   - Systolic blood pressure (SBP)
   - Total blood cholesterol (if in mg/dl divide by 38 to convert to mmol/l) (IF NOT AVAILABLE USE RELEVANT CHARTS)

2. Note what is the category of your country
   - Western Pacific - A: Australia*, Brunei Darussalam, Japan, New Zealand*, Singapore
   - Western Pacific - B: Cambodia, China, Cook Islands, Democratic People’s Republic of Korea, Fiji, Kiribati, Lao People’s Democratic Republic, Malaysia, Marshall Islands, Micronesia(Federated States of), Mongolia, Nauru, Niue, Palau, Papua New Guinea, Philippines, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu, Viet Nam

3. Identify which figure to use

<table>
<thead>
<tr>
<th>Blood cholesterol information</th>
<th>Available</th>
<th>Not available</th>
</tr>
</thead>
<tbody>
<tr>
<td>WPR A</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>WPR B</td>
<td>2</td>
<td>4</td>
</tr>
</tbody>
</table>
4. USING THE CHART

<table>
<thead>
<tr>
<th>Step</th>
<th>Instructions</th>
<th>The colour of the cell indicates the 10-year risk of combined myocardial infarction and stroke risk (fatal and non-fatal)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td>Select the appropriate chart depending on the presence or absence of diabetes</td>
<td></td>
</tr>
<tr>
<td>Step 2</td>
<td>Select male or female tables</td>
<td></td>
</tr>
<tr>
<td>Step 3</td>
<td>Select smoker or non-smoker boxes</td>
<td></td>
</tr>
<tr>
<td>Step 4</td>
<td>Select age group box (if age is 50-59 years select 50, if 60-69 years select 60 etc)</td>
<td></td>
</tr>
<tr>
<td>Step 5</td>
<td>Within this box find the nearest cell where the individuals systolic blood pressure (mm Hg) and total blood cholesterol level (mmol/l) cross.</td>
<td></td>
</tr>
</tbody>
</table>

Your 10-year cardiovascular risk:

__________________________

After identifying your risk, please see Annex 3 for the recommended individual interventions for each level of risk.
ANNEX 3. WHO/ISH risk prediction charts

Western Pacific

WHO sub-regions WPR A, WPR B

Charts in colour for use in settings where total blood cholesterol can be measured

Figure 1. WHO/ISH risk prediction chart for WPR A

Figure 2. WHO/ISH risk prediction chart for WPR B

Charts in colour for use in settings where total blood cholesterol cannot be measured

Figure 3. WHO/ISH risk prediction chart for WPR A

Figure 4. WHO/ISH risk prediction chart for WPR B
Figure 1. WHO/ISH risk prediction chart for WPR A. 10-year risk of a fatal or non-fatal cardiovascular event by gender, age, systolic blood pressure, total blood cholesterol, smoking status and presence or absence of diabetes mellitus.

### WPR A People with Diabetes Mellitus

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Male</th>
<th>Smoker</th>
<th>Female</th>
<th>Smoker</th>
</tr>
</thead>
<tbody>
<tr>
<td>70</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SBP (mm Hg)</th>
<th>180</th>
<th>160</th>
<th>140</th>
<th>120</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cholesterol (mmol/l)</td>
<td>4 5 6 7 8</td>
<td>4 5 6 7 8</td>
<td>4 5 6 7 8</td>
<td>4 5 6 7 8</td>
</tr>
</tbody>
</table>

### WPR A People without Diabetes Mellitus

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Male</th>
<th>Smoker</th>
<th>Female</th>
<th>Smoker</th>
</tr>
</thead>
<tbody>
<tr>
<td>70</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SBP (mm Hg)</th>
<th>180</th>
<th>160</th>
<th>140</th>
<th>120</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cholesterol (mmol/l)</td>
<td>4 5 6 7 8</td>
<td>4 5 6 7 8</td>
<td>4 5 6 7 8</td>
<td>4 5 6 7 8</td>
</tr>
</tbody>
</table>

This chart can only be used for Australia, Brunei Darussalam, Japan, New Zealand, and Singapore (sub-region A), in settings where blood cholesterol can be measured.
Figure 2. WHO/ISH risk prediction chart for WPR B. 10-year risk of a fatal or non-fatal cardiovascular event by gender, age, systolic blood pressure, total blood cholesterol, smoking status and presence or absence of diabetes mellitus.

This chart can only be used for Cambodia, China, Cook Islands, Republic of Korea, Fiji, Kiribati, Lao People’s Democratic Republic, Malaysia, Marshall Islands, Micronesia (Federated States of), Mongolia, Nauru, Niue, Palau, Papua New Guinea, Philippines, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu, and Viet Nam (sub-region B), in settings where blood cholesterol can be measured.
Figure 3. WHO/ISH risk prediction chart for WPR A. 10-year risk of a fatal or non-fatal cardiovascular event by gender, age, systolic blood pressure, smoking status and presence or absence of diabetes mellitus.

This chart can only be used for Australia, Brunei Darussalam, Japan, New Zealand, and Singapore (sub-region A), in settings where blood cholesterol can be measured.
**Figure 4. WHO/ISH risk prediction chart for WPR B.** 10-year risk of a fatal or non-fatal cardiovascular event by gender, age, systolic blood pressure, smoking status and presence or absence of diabetes mellitus.

<table>
<thead>
<tr>
<th>Risk Level</th>
<th>&lt;10%</th>
<th>10% to &lt;20%</th>
<th>20% to &lt;30%</th>
<th>30% to &lt;40%</th>
<th>≥40%</th>
</tr>
</thead>
</table>

**WPR B People with Diabetes Mellitus**

| Age (years) | Male | | | | |
|-------------|------| | | | |
| 70          | Non-smoker | Smoker | | | |
| 60          | Non-smoker | Smoker | | | |
| 50          | Non-smoker | Smoker | | | |
| 40          | Non-smoker | Smoker | | | |

**SBP (mm Hg)**

| 180 | 160 | 140 | 120 |

**WPR B People without Diabetes Mellitus**

| Age (years) | Male | | | | |
|-------------|------| | | | |
| 70          | Non-smoker | smoker | | | |
| 60          | Non-smoker | smoker | | | |
| 50          | Non-smoker | smoker | | | |
| 40          | Non-smoker | smoker | | | |

**SBP (mm Hg)**

| 180 | 160 | 140 | 120 |

This chart can only be used for Cambodia, China, Cook Islands, Republic of Korea, Fiji, Kiribati, Lao People’s Democratic Republic, Malaysia, Marshall Islands, Micronesia (Federated States of), Mongolia, Nauru, Niue, Palau, Papua New Guinea, Philippines, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu, and Viet Nam (sub-region B), in settings where blood cholesterol can be measured.
Prevention of CVD in people with CVD risk factors (according to individual total risk*)

**Risk < 10%**
- Individuals in this category are at low risk. Low risk does not mean “no” risk.
- Conservative management focusing on lifestyle interventions is suggested.
- Monitor risk profile every 6–12 months.

**Risk 10%-20%**
- Individuals in this category are at moderate risk of fatal or non-fatal vascular events.
- Monitor risk profile every 3–6 months.

**Risk 20% to <30%**
- Individuals in this category are at high risk of fatal or non-fatal vascular events.
- Monitor risk profile every 3–6 months.

**Risk > 30%**
- Individuals in this category are at very high risk of fatal or non-fatal vascular events.
- Monitor risk profile every 3–6 months.

---

**SMOKING CESSION**
- All nonsmokers should be encouraged not to start smoking.
- All smokers should be strongly encouraged to quit smoking by a health professional and supported in their efforts to do so.
- It is suggested that those who use other forms of tobacco be advised to stop.

**DIETARY CHANGES**
- All individuals should be strongly encouraged to reduce total fat and saturated fat intake.
- Total fat intake should be reduced to about 30% of calories, saturated fat to less than 10% of calories, trans-fatty acids intake should be reduced as much as possible or eliminated and most dietary fat should be polyunsaturated (up to 10% of calories) or monounsaturated (10–15% of calories).
- All individuals should be strongly encouraged to reduce daily salt intake by at least one third and, if possible, to <5 g or <90 mmol per day.
- All individuals should be encouraged to eat at least 400 g a day of a range of fruits and vegetables as well as whole grains and pulses.

**PHYSICAL ACTIVITY**
- All individuals should be strongly encouraged to take at least 30 minutes of moderate physical activity (e.g. brisk walking) a day, through leisure time, daily tasks and work-related physical activity.

**WEIGHT CONTROL**
- All individuals who are overweight or obese should be encouraged to lose weight through a combination of a reduced-energy diet (dietary advice) and increased physical activity.

**ALCOHOL INTAKE**
- Individuals who take more than 3 units of alcohol per day should be advised to reduce alcohol consumption.

---

**ANTIHYPERTENSIVE DRUGS**
- All individuals with blood pressure at or above 160/100 mmHg, or lesser degree of raised blood pressure with target organ damage, should have drug treatment and specific lifestyle advice to lower their blood pressure and risk of cardiovascular disease.
- All individuals with blood pressure below 160/100 mmHg, or with no target organ damage need to be managed according to the cardiovascular risk (10 year risk of cardiovascular event <10%, 10 to <20%, 20 to <30%, ≥30%)

**LIPID-LOWERING DRUGS (STATINS)**
- All individuals with total cholesterol at or above 8 mmol/l (320 mg/dl) should be advised to follow a lipid-lowering diet and given a statin to lower the risk of cardiovascular disease.

**HYPOGLYCAEMIC DRUGS**
- Individuals with persistent fasting blood glucose >6 mmol/l despite diet control should be given metformin.

**DRUGS THAT ARE NOT RECOMMENDED**
- Hormone replacement, vitamins B, C, E and folic acid supplements are not recommended for reduction of cardiovascular risk.

---

**Individuals with persistent blood pressure ≥140/90 mmHg** should continue lifestyle strategies to lower blood pressure and have their blood pressure and total cardiovascular risk reassessed every 2–5 years depending on clinical circumstances and resource availability.
- Should be advised to follow a lipid-lowering diet.

---

**Individuals with persistent blood pressure ≥140/90 mmHg** should continue lifestyle strategies to lower blood pressure and have their blood pressure and total cardiovascular risk reassessed annually depending on clinical circumstances and resource availability.
- Should be advised to follow a lipid-lowering diet.

---

Nicotine replacement therapy and/or nortriptyline or amfebutamone (bupropion) should be offered to motivated smokers who fail to quit with counselling.

---

Individuals with persistent blood pressure ≥140/90 mmHg who are unable to lower blood pressure through lifestyle strategies with professional assistance within 4–6 months should be considered for one of the following drugs to reduce blood pressure and risk of cardiovascular disease: thiazide-like diuretic, ACE inhibitor, calcium channel blocker, beta-blocker.
- A low-dose thiazide-like diuretic, ACE inhibitor or calcium channel blocker is recommended as first-line therapy.
- Adults >40 years with persistently high serum cholesterol (>5.0 mmol/l) and/or LDL cholesterol >3.0 mmol/l, despite a lipid-lowering diet, should be given a statin.

---

Nicotine replacement therapy and/or nortriptyline or amfebutamone (bupropion) should be offered to motivated smokers who fail to quit with counselling.

---

Individuals with persistent blood pressure ≥130/80 mmHg who are given one of the following drugs to reduce blood pressure and risk of cardiovascular disease: thiazide-like diuretic, ACE inhibitor, calcium channel blocker, beta-blocker.
- A low-dose thiazide-like diuretic, ACE inhibitor or calcium channel blocker is recommended as first-line therapy.
- Individuals in this risk category should be advised to follow a lipid-lowering diet and given a statin.

---

Serum cholesterol should be reduced to less than 5.0 mmol/l (LDL cholesterol to below 3.0 mmol/l) or by 25% (30% for LDL cholesterol), whichever is greater.

---

*Excluding people with established coronary artery disease, cerebrovascular disease and peripheral vascular disease.*

The workshop was attended by 20 participants representing the international cooperation unit and planning focal points of ministries of health from 15 countries, 4 WHO secretariat members, 1 facilitator, and 2 temporary advisors. The 4-day programme was evaluated using a questionnaire where participants gave scores on a scale of 1-10 (10 being the highest, 1 being the lowest) for organization and for the technical sessions. The distribution of the scores is provided below. More than 70% of the participants gave the rating of 9 and 10 for technical sessions.

QUESTIONNAIRE 1 – Organization and logistics

<table>
<thead>
<tr>
<th></th>
<th>10</th>
<th>9</th>
<th>8</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>The participation in this meeting was</td>
<td>50%</td>
<td>32%</td>
<td>9%</td>
<td>9%</td>
</tr>
<tr>
<td>The facilitation in this meeting was</td>
<td>64%</td>
<td>18%</td>
<td>14%</td>
<td>4%</td>
</tr>
<tr>
<td>The leadership in this meeting was</td>
<td>59%</td>
<td>23%</td>
<td>9%</td>
<td>9%</td>
</tr>
<tr>
<td>Travel arrangements for the meeting was</td>
<td>29%</td>
<td>29%</td>
<td>14%</td>
<td>14%</td>
</tr>
<tr>
<td>Facilities of this meeting was</td>
<td>43%</td>
<td>29%</td>
<td>24%</td>
<td>4%</td>
</tr>
<tr>
<td>Accommodation for this meeting was</td>
<td>29%</td>
<td>19%</td>
<td>19%</td>
<td>19%</td>
</tr>
<tr>
<td>Meals of this meeting were</td>
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<td>The overall impression of this meeting was</td>
<td>52%</td>
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QUESTIONNAIRE 2 – Technical sessions

**Session 1: Introduction of NCDs & Country profiles**

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<tr>
<td>a. to understand the objectives of the session</td>
<td>47%</td>
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<td>b. to exchange views and information in the discussions</td>
<td>44%</td>
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**Session 2: Global Coordination Mechanism on NCDs**

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<td>b. to exchange views and information in the discussions</td>
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**Session 3: Japan’s experience**

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**Session 4: NCD Surveillance & Reporting**

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Session 5: Japan’s Case for Global Health
a. to understand the objectives of the session 40% 30% 20% 10%
b. to exchange views and information in the discussions 40% 25% 25% 5%

Session 6: Next Steps in Global Coordination Mechanism on NCDs
a. to understand the objectives of the session 45% 30% 10% 15%
b. to exchange views and information in the discussions 40% 35% 10% 15%

QUESTIONNAIRE 3 – Activities

How useful were the following activities in helping you achieve your expectation?

**Group work (1): Where am I in my NCD journey? (Personal reflection)**

59% 23% 18% 0%

**Group work (2): Where is my country in the NCD epidemic? (Country situational analysis)**

56% 19% 25% 0%

**Group work (3): Who are my critical stakeholders in coordinating for NCD prevention and control? (Multisectoral stakeholder mapping)**

61% 28% 11% 0%

**Group work (4): How do I advocate to the critical stakeholders in my country to support multisectoral action for NCD? (Advocacy in action)**

59% 18% 23% 0%

**Exercise for mini STEPs survey**

47% 29% 6% 12%

**Field visit to National Center for Global Health and Medicine (NCGM)**

39% 22% 17% 11%

**Field visit to National Institute of Health and Nutrition (NIHN)**

41% 29% 29% 6%