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

Saitama, Japan
1-4 September 2015
Participants to the 3rd Regional Workshop on Strengthening Leadership and Advocacy for the Prevention and Control of Noncommunicable Diseases (LeAd-NCD)
1-4 September 2015, Saitama, Japan
REPORT

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

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NOTE

The views expressed in this report are those of the participants of the Third 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 conveners.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for Member States in the Region and for those who participated in the Third Regional Workshop on Strengthening Leadership and Advocacy for the Prevention and Control of Noncommunicable Diseases (LeAd-NCD) in Saitama, Japan from 1 to 4 September 2015.
SUMMARY

Workers represent half of the world’s population and are the major contributors to economic and social development. The growing burden of noncommunicable diseases (NCDs) has a detrimental impact on the mental, physical health and productivity of workers (both informal and formal). This results in limited work performance and employment potential, and negatively affects economic development. The prevention and control of NCDs is essential to improve the well-being of workers and to sustain economic progress.

The 2011 Political Declaration of the High-level Meeting of the General Assembly on Prevention and Control of Non-communicable Diseases called for the promotion and creation of “an enabling environment for healthy behaviours among workers.” Correspondingly, Objective 3 of the WHO Western Pacific Regional Action Plan for the Prevention and Control of Noncommunicable Diseases (2014-2020) is to reduce modifiable risk factors for NCDs and underlying social determinants through the creation of health-promoting environments.

Recognizing these issues, the WHO Regional Office for the Western Pacific, along with the National Institute of Public Health, Saitama, Japan, selected “Workers’ Health” as the theme for the 3rd Regional Workshop on Strengthening Leadership and Advocacy for NCD prevention and control (LeAd-NCD). The workshop was held at the National Institute of Public Health, Saitama, Japan, from 1 to 4 September 2015, with the following objectives:

(1) to strengthen skills and competencies in the area of NCD prevention and control, with an emphasis on leadership and advocacy for workers' health;

(2) to highlight the negative impact of NCDs on workers' health, and economic and social development; and

(3) to identify challenges and opportunities for strengthening NCD prevention and control in relation to workers’ health.

The four-day workshop comprised didactic sessions, covering the overview of NCD prevention and control in the Western Pacific, a report of the Regional Mapping of Workers’ Health programs in the Western Pacific, NCD prevention and control and healthy workers, a collaborative study on the prevention of lifestyle-related diseases among workers, and country experiences in promoting the health of the workforce. These sessions were complemented with a site visit and skills-building group work and participatory exercises on self and country assessments, stakeholder mapping, risk evaluation, occupational health surveys, identifying entry points for NCD prevention and control for workers and advocacy for action on workers’ health. The LeAd-NCD programme can be adapted and used in countries for national and subnational capacity-building in NCD prevention and control for workers’ health.

Leadership and advocacy are key elements in attaining progress in NCD prevention and control. The 3rd LeAd-NCD, with a focus on Workers’ Health, 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 for workers’ health in their countries. The “Saitama model” - combining didactic lectures, interactive learning exercises, facilitated group work, experiential learning and site visits is an effective vehicle for imparting the necessary mind-set and tools and transforming participants into potential champions and catalysts for action against NCDs. Scaling-up the LeAd-NCD curriculum at subregional, national and subnational levels will augment efforts to align national NCD initiatives with the Regional Workers’ Health framework, and could contribute to achieving the objectives and targets of the Regional and Global NCD Action Plans.
Recommendations for Member States:

(1) The Regional Workshop on Strengthening Leadership and Advocacy for the Prevention and Control of NCDs (LeAd-NCD) is a suitable model to expand training within countries. Member States could explore the feasibility of adapting the LeAd-NCD model and curriculum for national and subnational workshops – to build capacity, catalyse support for workers’ health and mobilize country stakeholders in its operationalization.

(2) Capacity building for NCD leadership and advocacy in non-health sectors is needed for workers’ health and for NCD prevention and control in general. The LeAd-NCD curriculum is a viable platform for promoting this and future iterations of the capacity-building workshop should expand the participants’ list to other critical stakeholders outside of the health sector. Having a thematic focus facilitates the involvement of different stakeholders. Member States can assist by identifying key non-health stakeholders who should be invited for future training workshops, based on specific workshop themes. In relation to workers’ health, Member States should encourage and facilitate cross-sectoral collaboration between the Ministries of Health and Labour, and other relevant stakeholders.

Recommendations for WHO:

(1) WHO should continue to provide technical support to countries for adapting and conducting the LeAd-NCD workshop at subregional, national and subnational levels. For example, Mongolia will be conducting a national joint Ministry of Health and Ministry of Labour NCD workshop; WHO support will be crucial for this country-level capacity building initiative.

(2) The LeAd-NCD curriculum is amenable to addressing a variety of themes and areas of work. WHO should consider developing future LeAd-NCD workshops around evolving themes such as childhood obesity.
CONTENTS

1. INTRODUCTION

1.1 Meeting organization ........................................................................................................... 6
1.2 Meeting objectives ............................................................................................................... 6

2. PROCEEDINGS

2.1 Introduction and Overview of NCDs .................................................................................... 8
2.2 NCDs and Worker's Health: An Integrated Approach for the Western Pacific Region ........ 9
2.3 Regional Experiences .......................................................................................................... 10
2.4 Creating Healthy Workers for NCD Prevention and Control ............................................. 11
2.5 Example of NCD Prevention and Worker's Health ............................................................... 12
2.6 Next Steps for NCD Prevention and Control and Worker's Health ............................... 12
2.7 Closing Session ................................................................................................................. 13
2.8 Evaluation ......................................................................................................................... 13

3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions ....................................................................................................................... 13
3.2 Recommendations ............................................................................................................. 13
  3.2.1 Recommendations for Member States ........................................................................ 13
  3.2.2 Recommendations for WHO ...................................................................................... 14

ANNEXES
Annex 1 List of participants
Annex 2 Meeting programme
Annex 3 Third LeAd-NCD Workbook
Annex 4 Evaluation Results

Keywords: Chronic diseases – prevention and control / Health personnel – education / Health promotion / Leadership / Noncommunicable diseases /
1. INTRODUCTION

1.1 Meeting organization

Healthy economies require healthy workers. Noncommunicable diseases (NCDs) are the leading cause of death among the working population 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.

Since 2005, the WHO Regional Office for the Western Pacific has worked with the National Institute of Public Health (NIPH), Saitama, Japan, for capacity building for NCD prevention and control. With increasing global recognition of the critical importance of NCDs, in 2012, WHO, along with the NIPH, Saitama, Japan, and experts, developed an updated course for NCD prevention and control called the Leadership and Advocacy for NCD prevention and control (LeAd-NCD). The course aims to equip participants with the skills and mind set to champion and promote NCD prevention and control in their countries. Each year, a distinct thematic focus guides the selection of participants.

Workers represent half of the world’s population and are the major contributors to economic and social development. The growing burden of noncommunicable diseases (NCDs) has a detrimental impact on the mental, physical health and productivity of workers (both informal and formal). This results in limited work performance and employment potential, and negatively affects economic development.

The prevention and control of NCDs is essential to improve the well-being of workers. The growing burden of NCDs is already affecting workers’ performance in the Western Pacific, with rising medical costs and adverse impacts on work efficiency and economic productivity. For instance, preliminary results of the 2010 Integrated Health Screening and Health Promotion (IHSHP) Programme for Civil Service Employees in Brunei Darussalam confirmed that more than 1 in 3 (38%) workers had at least one health risk factor that placed them at increased risk of developing chronic lifestyle-related diseases, with more than 60% of them being either overweight or obese (Kassim N, 2013). In the Philippines, hypertension was the second most frequently reported medical condition by workers; majority of the cases were non-occupational in origin (Cucueco T, oral presentation, 2013). Australia’s Institute of Health and Welfare in 2010 reported that an overwhelming majority (96%) of working age Australians had one or more NCD risk factors, three-quarters (75%) reported more than one risk factor, with 44% reporting three or more. Workers with risk factors exhibited significant differences in labour force participation rates compared with those with no risk factors (Australian Institute of Health and Welfare, 2010). Overweight and obese workers were more likely to miss work; obesity was associated with an excess 4.25 million days lost from the workplace in 2001 (Australian Safety and Compensation Council, 2008). A separate study on the Australian workforce concluded; “…the healthiest Australian employees are almost three times more productive than their unhealthy colleagues” (Medibank Private, 2005), highlighting the significant impact of non-occupational health conditions on work performance.

The 2011 Political Declaration of the High-level Meeting of the General Assembly on Prevention and Control of Noncommunicable Diseases called for the promotion and creation of “an enabling environment for healthy behaviours among workers.” Correspondingly, Objective 3 of the WHO Western Pacific Regional Action Plan for the Prevention and Control of Noncommunicable Diseases (2014-2020) is to reduce modifiable risk factors for NCDs and underlying social determinants through the creation of health-promoting environments.

In response, the WHO Western Pacific Regional Office has been developing a framework for workers’ health that encompasses traditional occupational health and safety programmes as well as general wellness promotion and disease prevention and control programmes. Building on this framework, WHO and NIPH selected “Workers’ health” as the theme for the 2015 Regional Workshop on Strengthening
Leadership and Advocacy for NCD prevention and control (LeAd-NCD). Participation has been expanded beyond the Ministry of Health to include representatives from other Ministries that oversee workers’ health, such as the Ministry of Labour or its equivalent. The workshop is intended to strengthen the skills and competencies of the participants, with emphasis on leadership and advocacy for workers’ health; to build institutional capacities in engaging stakeholders invested in workers’ health; and in identifying approaches and entry points for strengthening multisectoral action for NCD prevention and control for workers.

1.2 Meeting objectives

The objectives of the meeting were:

(1) to strengthen skills and competencies in the area of NCD prevention and control, with an emphasis on leadership and advocacy for workers’ health;

(2) to highlight the negative impact of NCDs on workers' health, economic and social development; and,

(3) to identify challenges and opportunities for strengthening NCD prevention and control in relation to workers’ health.

1.3 Participants

The workshop was attended by 22 representatives responsible for workers’ health from the Ministry of Health and the Ministry of Labour or its equivalent in Cambodia, Fiji, Guam, the Lao People’s Democratic Republic, Malaysia, Mongolia, the Philippines, Samoa, Solomon Islands, Tonga and Viet Nam. Two observers from the Korea Occupational Safety and Health Agency, Republic of Korea also participated. Staff members from the WHO Regional Office for the Western Pacific and the NIPH provided secretariat support. A list of participants, temporary advisers, resource persons and secretariat members is found in Annex 1.

1.4 Organization

The workshop was comprised of six modules, in addition to the opening and closing sessions. Modules were designed to address the various aspects of prevention and control of NCDs for workers, and contained a mix of didactic sessions, participatory group work, experiential learning opportunities and a site visit. The six modules included: (1) an introduction and overview to NCDs, (2) NCDs and Workers’ Health: An integrated approach for the Western Pacific Region, (3) Regional experiences, (4) Creating healthy workers for NCD prevention and control, (5) Example of NCD prevention and workers’ health (site visit) and (6) next steps for NCD prevention and control and workers’ health. A full outline of the programme is provided in Annex 2. A workbook was also developed to support the sessions and to guide the group work and skill-building activities (Annex 3).

1.5 Opening session

Before the formal opening ceremony, Dr. Tomofumi Sone provided an overview of the history of the National Institute of Public Health, Japan, to acquaint participants with the host institute. NIPH is a WHO Collaborating Centre, and has hosted the Japan-WHO International Visitors Programme on Noncommunicable Disease Prevention and Control from 2005 to 2008 and the Regional Workshop on NCD prevention and control since 2013. NIPH also has an extensive network of public health training and research collaborators with major research institutes in the Asia-Pacific Region.

Dr Yukio Matsutani, President of the National Institute of Public Health (NIPH), Japan, welcomed the participants and presented a brief review of the public health situation in Japan. He emphasized that NCDs are the leading cause of death globally. In Japan, the basic goals of the second term of the Health Japan 21,
which started in 2013, are the extension of life health expectancy, decreasing health disparities and others; thus, NCD prevention and control are crucial to meet these goals. Providing knowledge and skills and the promotion of research in NCD prevention and control through a partnership with WHO has been ongoing since 2005. Multisectoral cooperation is critical, particularly when addressing workers’ health and NCDs.

Mr Hiroyuki Yamaya, Director of the Office of International Cooperation, Ministry of Health, Labour and Welfare, Japan, also welcomed the participants and highlighted the priority for NCDs in the Region. The increasing disease burden attributable to NCD is a global development challenge, especially in the Region. The negative impact on the economy propelled global commitment to address the issue and reduce costs from NCDs. Japan’s ageing society is vulnerable to the rising NCD burden. As a result, the Japanese government has endeavoured to address NCDs, yet more work is needed to reduce social risks and costs and increase people’s health and wellness. The impact of good infrastructure and good practices in the workplace on workers’ health is significant and should be pursued.

Dr Hai-Rim Shin, Coordinator, Noncommunicable Diseases and Health Promotion, WHO Regional Office for the Western Pacific, expressed appreciation to the Ministry of Health, Labour and Welfare of Japan for their continued support in the capacity building programme for NCD prevention and control in the Western Pacific. She emphasised that the NCD mortality burden is preventable in half of the cases. In 2012, the LeAd-NCD curriculum was developed to build capacity in NCD prevention and control. Since the first Regional workshop, national LeAd-NCD workshops have been adapted from this curriculum and conducted in Cambodia, Malaysia, the Philippines and Viet Nam. Workers are a critical population to target for NCD prevention and control. Dr Shin informed participants that the workshop would focus on valuable learning to use strategic interventions for workers’ health for NCD prevention and control. She challenged participants to use leadership and advocacy innovatively through multisectoral collaboration between Ministries of Health and Labour.

2. PROCEEDINGS

2.1 Session 1 – Introduction and Overview of NCDs

Dr Sonia McCarthy provided a brief introduction to the course schedule and activities.

Dr Hai-Rim Shin reviewed the current status of NCDs in the Western Pacific Region and highlighted the importance of NCDs in the development agenda for the countries within the region.

The Global Plan of Action on Workers’ Health 2008-2017, endorsed by the Sixtieth World Health Assembly in 2007, highlighted the importance of addressing “all aspects of workers’ health, including primary prevention of occupational hazards, protection and promotion of health at work, employment conditions, and a better response from health systems to workers’ health.” The Millennium Development Goals represent a strong acknowledgement of the central role of healthy people in development. The 2011 United Nations High-level Meeting of the General Assembly on Prevention and Control of NCDs expanded the scope of health in development to encompass NCDs. The political statement from that pivotal event highlighted the importance of supporting workers’ health, calling for the private sector to “promote and create an enabling environment for healthy behaviours among workers, including by establishing tobacco-free workplaces and safe and healthy working environments.” Correspondingly, the WHO Western Pacific Regional Action Plan for the Prevention and Control of NCDs (2014-2020) calls on WHO to develop guidance “for engagement with the labour sector to promote the health of workers.” Moreover, the United Nations reaffirmed health’s central role in the post-2015 development agenda by specifying that inclusive economic development requires strategies that “prioritize productivity-enhancing investments including health and education of all people.”

These mandates demand an innovative approach to integrated health focused on working people, with benefits for the workers themselves, their employers and ultimately, their governments. Occupational safety
and health services remain essential; however, they are no longer sufficient to guarantee overall health for workers. The growing burden of NCDs is already affecting workers’ performance, with rising costs and adverse impacts on work efficiency and economic productivity. Both work-related factors and health factors beyond the workplace affect work performance and productivity. Emerging evidence supports expanding workers’ health initiatives to encompass not just traditional occupational health and safety, and work-related hazard reduction but also health promotion, healthy lifestyles and non-occupational disease prevention. An integrated approach is needed that focuses on safeguarding and enhancing the health of working people.

2.2 Session 2 – NCDs and Workers’ Health: An Integrated Approach for the Western Pacific Region

Dr Ken Takahashi, Professor of Environmental Epidemiology at the University of Occupational and Environmental Health, Japan - a WHO Collaborating Centre for Occupational Health – shared the results of the Regional mapping of workers’ health programs in the Western Pacific. The desk review of existing literature and survey findings indicate that several models exist to support the move towards a comprehensive approach to workers’ health. The most progressive involves enactment of national policies and legislation that combine or augment traditional occupational safety and health (OSH) policies with health promotion, NCD prevention and control, and mental health. An alternative approach at the national level involves the use of multisectoral mechanisms to coordinate various streams of work related to workers’ health. A third model comprises national policies and/or strategies for health promotion, NCD prevention and control, and mental health established separately from OSH policies, with implementation specifically targeting the workplace or workers. A fourth model utilizes subnational or institutional policies and programmes that integrate health promotion, NCD prevention and control and mental health with traditional OSH concerns.

Countries within the Western Pacific Region are invested in protecting the health of workers, and several have begun to expand occupational health and safety programs to incorporate health promotion, NCD prevention and psychosocial well-being. For some countries, the OSH infrastructure still needs to focus on conventional occupational hazards. The operational approaches vary across the Region, reflecting the diversity of Member States’ readiness and capacity to address the health of their workforce in a holistic and integrated manner.

This study documented that not all countries are at the same stage of readiness for the shift towards an integrated approach to workers’ health; an assessment of country readiness will help to pinpoint which Member States require greater support and capacity building. Countries should strengthen Basic Occupational Health Services (BOHS) and expand traditional occupational safety and health approaches to incorporate NCD prevention and control, health promotion and mental health. Multisectoral partnerships and cross-sectoral coordination of policies and programs will accelerate integration.

In the afternoon, Dr Annette David, Health Partners, LLC, Guam, facilitated a set of learning activities to assist participants in defining their workshop expectations, reflecting upon their personal journey as professionals working for NCD prevention and control and workers’ health, and assessing their country’s situation in relation to NCDs and workers’ health. Participants were paired as country teams. Using the LeAd-NCD workbook exercises, they completed a rapid assessment of their current country status, issues, actions, resources and gaps along the NCD pathway, using workers’ health as the focus. Countries are in different stages along the NCD continuum; some only just beginning to note the rise in common modifiable risk factors while others already are expending a significant portion of their health budgets on the treatment of established disease. A number have initiated efforts to integrate their NCD efforts targeting workers; however, these usually occur within well-defined work settings. Workers in the informal economy were frequently identified as a “gap.” Limited human capacity, inadequate infrastructure and national coordination remain challenges. For some participants, this was the first opportunity to meet their Labour counterparts, highlighting cross-sectoral collaboration as another gap. Despite these, innovative practices are occurring; for example, the Philippines has a proactive national policy and infrastructure to protect the health and well-being of its overseas works, using bilateral agreements with the destination countries.
2.3 Session 3 – Regional experiences

Dr Tetsuji Yokoyama, Director of the Department of Health Promotion at NIPH, provided a summary of the Japanese experience in NCD prevention and control. Prevention of noncommunicable diseases is increasingly important in the rapidly ageing society of Japan. In 2000, the Ministry of Health, Labour and Welfare of Japan launched ‘Health Japan 21’ – 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 ‘Health Japan 21’.

Dr Yokoyama indicated that in the mid-term evaluation of Health Japan 21, a limited number of objectives were achieved, while the prevalence of obesity and diabetes mellitus increased. Based on the experience, the next phase (second 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 first 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 for extending life expectancy and reducing health disparities through primary and secondary prevention of lifestyle-related diseases (NCD prevention), improvement and maintenance of functional ability, establishment of a social environment where health is protected and supported and improvement in lifestyles and social environments to enhance health.

Dr Ken Takahashi spoke about workers’ health in Japan. Workers are the engines of society. The “health of workers” is a general term that embraces both traditional OSH and the more recent integrated concept of workers’ health. In Japan, early in the 20th century, the primary concerns for workers’ health involved infectious diseases and pneumoconiosis. During Japan’s high-growth period, pneumoconiosis, intoxication and eventually occupational cancer were the foci for workers’ health. During the slow growth area, mental health increased in importance, together with new challenges, such as metabolic syndrome and NCDs.

The Ministry of Labour was the sole authoritative body to administer/oversee occupational health until it merged with the Ministry of Health in 2001 to become the Ministry of Health, Labour and Welfare (MHLW). The merger of the two ministries was advantageous because it promoted a perspective that balanced health and labour issues for occupational health. Japan’s Industrial Safety and Health Law focuses on three management areas: (1) health, (2) work (hours of work, work structure, etc.) and (3) environment (physical and other hazards).

Metabolic syndrome screening among Japanese workers is based on the Health Promotion Law coordinated with the General Health Exam mandated by Industrial Safety and Health law. It exemplifies the coordination of a population-based law with an occupational health law. Another example is the prevention of occupational cancer, which typifies the conventional OSH activity interlaced by various regulations and inspections. Japan has thus embraced the notion of workers’ health into occupational health within a regulatory, prescriptive framework.

Mr Young Soo Yu, Senior Manager of the Occupational Health Team, Korea Occupational Safety and Health Agency (KOSHA), shared Korea’s experience in workers’ health. Korea established KOSHA in 1987 for research, training and provision of OSH services. In 2014, 7678 workers were diagnosed with occupational disease; of these, 1732 were diseases caused directly by work and 5946 were work-related, primarily musculoskeletal or cerebrovascular in nature.
KOSHA’s strategy for workers’ health is based on the size of enterprise:

- Large workplaces with over 300 workers: KOSHA motivates companies through certification and best practice awards of workers’ health promotion strategies;
- Medium workplaces with 50-300 workers: KOSHA provides financial and technical assistance programmes; chosen businesses submit a business plan, carry out activities of health promotion for workers annually, up to 500 businesses are funded with an annual budget of about $800,000;
- Small workplaces with less than 50 workers: These small workplaces are the main target of KOSHA’s health promotion and protection activities through (1) visiting support programme and (2) Workers’ Health Center

The Workers’ Health Center is a new form of public OH service provided by the KOSHA and Ministry to ensure that employees in small businesses have access to OH and HP services. The Centers offer five broad classes of services: (1) OH services, (2) environment counselling by industrial hygienists, (3) examination and counselling for musculoskeletal injury prevention by ergonomist and physical therapist, (4) psychological counselling to address job stress and (5) cardiovascular prevention and risk assessment. From the initial three centres established in 2011, the service has grown to 20 locations in 2015. Evaluation demonstrates a positive impact on increased adoption of healthier lifestyles and improvement in workers’ health; cost benefit ratio studies demonstrate it to be a “very economical” model for prevention of occupational disease. KOSHA plans to expand the Workers’ Health Center model to 35 regions by 2018, thereby ensuring workers of small sized businesses have access to health services parallel to services provided by large companies.

2.4 Session 4 – Creating Healthy Workers for NCD Prevention and Control

Dr Annette David introduced the Regional work being undertaken in workers’ health. Sustainable development is intrinsically linked to the quality of a country’s human capital. Thus investments in workers’ health, encompassing traditional occupational health and safety programmes as well as general wellness promotion and disease prevention and control programmes, are fundamental to enhance productivity and to fuel economic progress.

This demands an innovative approach to integrated health focused on working people, with benefits for the workers themselves, their employers and ultimately, their governments. In line with the Western Pacific initiative of putting people at the centre of care, this approach transitions holistic health care from a settings-based focus to a target population focuses. It provides an alternative model for comprehensive health that upholds and values a country’s most vital resource: its workforce.

Both work-related factors and health factors beyond the workplace affect work performance and productivity. Emerging evidence supports expanding workers’ health initiatives to encompass not just traditional occupational health and safety, and work-related hazard reduction but also health promotion, healthy lifestyles and non-occupational disease prevention. The challenge is how to operationalize such an integrated approach focused on safeguarding and enhancing the health of working people. Several existing examples from within the Region were reviewed, to illustrate that integration is possible across the diverse socio-economic and political contexts of the Western Pacific.

An integrated approach to workers’ health requires engagement of the various stakeholders across sectors and even within the health sector itself. Dr David discussed the importance of systematically identifying the various stakeholders needed for a multisectoral approach to NCD prevention and control for workers’ health, 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.
Drs Sonia McCarthy and Warrick Junsuk Kim reviewed the modified NCD mini-STEPs survey and examples of occupational health questionnaires from Korea and Japan.

Dr Kim, Medical Officer for NCDs, introduced the WHO risk factor assessment tools utilized in the STEPwise (STEPS) survey. Participants conducted an NCD risk factor survey using a shortened WHO STEPS tool to assess their personal NCD risk. They also went through the process of data entry for the survey.

2.5 Session 5 – Example of NCD Prevention and Workers’ Health

Dr Tetsuya Mizoue, Director, Department of Epidemiology and Prevention, NIPH, shared the results of the Japanese multi-center collaborative study for the prevention of lifestyle-related disease among workers (J-ECOH Study). Using data from the mandated health check-up from nine companies, extracted from over 80,000 records, the study created a profile of the NCD risk factor prevalence and related disease risk among Japanese workers.

The participants proceeded to a site visit at Azbil Corporation, one of the companies that participated in the J-ECOH Study. Dr Teppei Imai, Azbil Chief Occupational Physician, and Ms Nuriko Futagi, Occupational Health Nurse, provided briefings on the various levels of NCD prevention being undertaken at the company for its workers. A facility tour was conducted to familiarize the participants with the working conditions at the company worksite and to showcase the facilities provided by the company for its workers.

2.6 Session 6 – Next steps for NCD Prevention and Control and Workers’ Health

Dr Warrick Junsuk Kim presented the results of the mini-STEPs survey conducted among the participants, noting that NCD risks exist even among the health professionals. He challenged participants to work on improving their health and NCD risk factor profiles while pursuing workers’ health initiatives back in their countries.

Dr Annette David facilitated a session where participants reflected upon their own risks as workers, and creatively brainstormed on strategies to improve workers’ health within their spheres of influence. This was followed by an overview of the elements of effective NCD advocacy. Advocacy requires creative framing of the issue of workers’ health that takes into consideration the target audience, what they value, what media they are tuned to and what will move them to action. The presentation was followed by a set of learning activities that included target audience identification and development of key benefits and messages. Participants shared their advocacy products through a “Global Marketplace” activity. This exercise helped participants to reflect and develop effective advocacy messages and products to garner support for workers’ health.

The final plenary addressed next steps for NCD prevention and control within the frame of workers’ health. The feedback across countries shared common features:

- **Policy** – Existing policies need to expand beyond traditional OSH interventions and encompass lifestyle-related risks and health promotion.

- **Programmes** – Simple interventions, such as incorporating standing desks and “walk to work” strategies, are already being initiated in several countries. Starting with ourselves to embody the “change begins with me” approach is a feasible way to catalyse and operationalize the new framework for workers’ health.

- **People** – Workers’ health should involve not just the workers and employers, but should include families and other stakeholders in the community, such as faith-based groups and civil society, who have an impact on the health behaviour of workers.
Partnerships – Multisectoral collaboration is critical. Acknowledging the multisectoral nature of workers’ health, we need to facilitate and strengthen multisectoral and cross-programme partnerships (functional partnerships) using a variety of strategies.

Passion – Leadership to drive change for healthier workers is fundamental. Leadership development for workers’ health must be addressed through capacity building efforts such as LeAd-NCD.

2.7 Closing session

Dr Sone closed the 3rd LeAd-NCD workshop by thanking WHO for their collaboration and acknowledging the active involvement of participants. In her closing remarks, Dr Hai-Rim Shin echoed these comments, thanking participants for their dynamic engagement and contributions throughout the workshop. Dr Shin acknowledged the support of the Ministry of Health, Labour and Welfare of the Government of Japan and the collaboration and partnership of the National Institute of Public Health, Saitama, Japan. Participants received their Certificates of Attendance and were given the opportunity to express their thoughts and insights about the workshop. The feedback was overwhelmingly positive, with all participants stating that their workshop expectations were met and exceeded. There is unanimous support for expanding this workshop to include more countries, particularly in the Pacific and to extending further the invitation to participants outside the health sector. A suggested future theme for this training curriculum is childhood obesity, in partnership with the Department of Education. Dr Shin indicated that the Regional Office is keen to partner with Ministries of Health that wish to adopt this training curriculum for national and subnational capacity building; several participants indicated interest in pursuing this further.

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’ impressions 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 for workers’ health. The 3rd Regional Workshop on Strengthening Leadership and Advocacy for the Prevention and Control of NCDs (LeAd-NCD) met its objectives. Participants obtained the necessary information and skills to further enhance leadership and advocacy for NCD prevention and control in relation to workers’ health in their countries. The “Saitama model” – combining didactic lectures, interactive learning exercises, facilitated group work, experiential learning and site visits – is an effective vehicle for imparting the necessary mindset and tools and transforming participants into potential champions and catalysts for action against NCDs. Scaling-up the LeAd-NCD curriculum at subregional, national and subnational levels will augment efforts to align national NCD initiatives with the regional work on workers’ health, and could contribute to achieving the objectives and targets of the Regional and Global NCD Action Plans.

3.2 Recommendations

3.2.1 Recommendations for Member States

(1) The Regional Workshop on Strengthening Leadership and Advocacy for the Prevention and Control of NCDs (LeAd-NCD) is a suitable model to expand training within countries. Member States could explore the feasibility of adapting the LeAd-NCD model and curriculum for national and subnational workshops – to build capacity, catalyse support for workers’ health and mobilize country stakeholders in its operationalization.
Capacity building for NCD leadership and advocacy in non-health sectors is needed for workers’ health and for NCD prevention and control in general. The LeAd-NCD curriculum is a viable platform for promoting this and future iterations of the capacity-building workshop should expand the participants’ list to other critical stakeholders outside of the health sector. Having a thematic focus facilitates the involvement of different stakeholders. Member States can assist by identifying key non-health stakeholders who should be invited for future training workshops, based on specific workshop themes. In relation to workers’ health, Member States should encourage and facilitate cross-sectoral collaboration between the Ministries of Health and Labour, and other relevant stakeholders.

### 3.2.2 Recommendations for WHO

1. WHO should continue to provide technical support to countries for adapting and conducting the LeAd-NCD workshop at subregional, national and subnational levels. For example, Mongolia will be conducting a national joint Ministry of Health and Ministry of Labour NCD workshop; WHO support will be crucial for this country-level capacity building initiative.

2. The LeAd-NCD curriculum is amenable to addressing a variety of themes and areas of work. WHO should consider developing future LeAd-NCD workshops around evolving themes such as childhood obesity.
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THIRD REGIONAL WORKSHOP ON STRENGTHENING LEADERSHIP AND ADVOCACY FOR THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES (LeAd-NCD)
National Institute of Public Health, Saitama, Japan
1 to 4 September 2015

PROGRAMME OF ACTIVITIES

Tuesday, 1 September 2015

09:00-09:30 Registration

09:30-10:00 Welcome address

Dr Yukio Matsutani
President
National Institute of Public Health, Japan

Mr Hiroyuki Yamaya
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 and Overview of NCDs

10:30-10:45 Self-introduction

Introduction of Course

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

10:45-11:15 Overview of NCD Prevention and Control in the Western Pacific Region

Dr Hai-Rim Shin

(2) NCDs and Workers' Health: An Integrated Approach for the Western Pacific Region

11:15-11:45 Regional Mapping of Workers' Health Programs in the Western Pacific Region: A report of the desk study

Professor Ken Takahashi
Professor
University of Occupational and Environmental Health, Japan

11:45-12:00 Q&A
12:00-13:30  
**Lunch break**

13:30-15:00  
**Group work (1):**  
Where am I on 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 its response to NCDs, with a focus on workers?  
Facilitator:  
**Dr Annette David**

Presentations from Group work (2)

17:30-19:30  
**Welcome Reception**

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**Wednesday, 2 September 2015**

09:00-09:15  
Recap

(3) Regional Experiences

09:15-09:45  
What is "Health Japan 21"?  
**Dr Tetsuji Yokoyama**  
Director, Department of Health Promotion, NIPH, Japan

09:45-10:15  
Japan's experience in promoting the health of its workers  
**Professor Ken Takahashi**

10:15-10:45  
Korea’s experience in promoting the health of its workers  
**Mr Young Su Yu**  
Senior Manager  
Occupational Health Team, Occupational Safety and Health Agency, Korea

10:45-11:15  
**Coffee break**

(4) Creating Healthy Workers for NCD Prevention and Control

11:15-12:00  
From Healthy Settings to Healthy Populations: Healthy workers and NCD prevention and control  
**Dr Annette M. David**

12:00-13:30  
**Lunch break**

13:30-15:00  
**Group work (3):**  
Who are my critical stakeholders in coordinating NCD prevention and control for workers? (Multisectoral stakeholder mapping)  
Facilitator:  
**Dr Annette David**

15:00-15:30  
**Coffee break**

15:30-17:00  
Modified NCD mini-STEPs Survey  
Example Occupational Health Questionnaires from Japan and Korea  
Facilitators:  
**Dr Sonia McCarthy**  
Dr Warrick Junsuk Kim  
Medical Officer, NCDs  
WHO Regional Office for the Western Pacific
Thursday, 3 September 2015

(5) Example of NCD Prevention and Workers' Health

9:00-10:00  A multi-center collaborative study for the prevention of lifestyle-related disease among workers (J-ECOH study)  
                        Dr Tetsuya Mizoue  
                        Director, Department of Epidemiology and Prevention, Clinical Research Center, NCGM, Japan

10:00-16:30  Field Visit: Azbile Corporation, Shonan Factory  
                        4-1-1 Omagari, Samukawa-cho, Koza-gun, Kanagawa-ken, Japan 253-0113  
                        Lunch: Ebina Service Area of Tomei Expressway  
                        Coordinators for Field Visit:  
                        Dr Tomofumi Sone  
                        Director for Planning and Coordination, NIPH, Japan  
                        Dr Hiroko Miura  
                        Director, Department of International Health and Cooperation, NIPH, Japan

Friday, 4 September 2015

09:00-09:10  Recap

09:10-09:30  Results of modified mini-STEPs survey  
                        Dr Warrick Junsuk Kim

(6) Next Steps for NCD Prevention and Control and Workers' Health

09:30-10:10  Group work (4)  
                        Personal reflections: How can I improve the current approach for NCD control and prevention in my workplace?  
                        Facilitator:  
                        Dr Annette M. David

10:10-10:30  Coffee break

10:30-12:00  Presentations from Group work (4)  
                        Facilitator:  
                        Dr Annette David

12:00-13:30  Lunch break

13:30-14:30  Group work (5)  
                        How do I advocate to the critical stakeholders in my country to support NCD prevention and control for workers? (Marketplace Activity)  
                        Facilitator:  
                        Dr Annette David

14.30-15:00  Plenary Session: Next Steps for NCD Prevention and Control and Workers' Health

15:00-15:30  Coffee break

15:30-16:00  Closing  
                        Dr Tomofumi Sone  
                        Dr Hai-Rim Shin
Third Regional Workshop on Strengthening Leadership and Advocacy for the Prevention and Control of Noncommunicable Diseases (LeAd-NCD)

National Institute of Public Health, Saitama, Japan
1-4 September 2015

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 for flexibility during group discussion sessions and individual reflection. At this stage, the Workbook is not an official publication of WHO-WPRO.
Table of Contents

INTRODUCTION .......................................................................................................................... 5
TIMETABLE .................................................................................................................................. 7
DAY 1: INTRODUCTION AND OVERVIEW OF NCDs ................................................................. 8
  Group work 1: Where am I on my NCD prevention and control journey? ....... 8
  Group work 2: Where is my country in its response to NCDs, with a focus on
  workers? ................................................................................................................................. 9
DAY 2: NCDs and workers’ health – An integrated approach to NCDs .......... 11
  Group work 3: Who are my critical stakeholders in coordinating NCD
  prevention and control for workers? (Multisectoral stakeholder mapping) 11
  Exercise for Health Check-up and mini STEPs survey – Focus on workers. 14
Day 3: Field Visit Notes ............................................................................................................. 15
Day 4: Next steps for NCD prevention and control and Workers’ Health .... 16
  Group work 4: Developing an approach for NCD prevention and control and
  workers’ health ....................................................................................................................... 16
  Group work 5: How do I advocate to the critical stakeholders in my country
  to support NCD prevention and control for workers? (Advocacy in action) 18
REFERENCES: ............................................................................................................................ 19
ANNEXES ..................................................................................................................................... 20
  ANNEX 1: Modified STEPs survey ........................................................................................... 20
  ANNEX 2: Examples of Workers and Workplace Survey Questionnaires .......... 25
  ANNEX 3: WHO/ISH risk prediction charts - Knowing your cardiovascular
  risk ............................................................................................................................................ 31
  ANNEX 4: WHO/ISH risk prediction charts ......................................................................... 32
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. 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. Furthermore, Objective 3 (To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through the creation of health-promoting environments) calls on WHO to “develop guidance for engagement with the labour sector on health promotion in the workplace and workers health.”

Since 2005, the WHO Regional Office for the Western Pacific and the National Institute of Public Health, Japan, 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. Subsequently, national courses were organized in Cambodia, the Lao People’s Democratic Republic, Malaysia, the Philippines and Viet Nam. The 2nd LeAd-NCD Regional Workshop was held in 2014, with a focus on strengthening multisectoral action for NCD prevention and control through a global coordination mechanism for NCDs.

In the meantime, WHO has been developing a framework for workers’ health, because of the fundamental role of healthy workers for sustainable development. The growing burden of NCDs is already affecting workers’ performance in the Western Pacific, with rising costs and adverse impacts on work efficiency and economic productivity. For instance, preliminary results of the 2010 Integrated Health Screening and Health Promotion (IHSHP) Programme for Civil Service Employees in Brunei Darussalam confirmed that more than 1 in 3 (38%) workers had at least one health risk factor that placed them at increased risk of developing chronic lifestyle-related diseases, with more than 60% of them being either...
overweight or obese (Kassim N, 2013). In the Philippines, hypertension was the second most frequently reported medical condition by workers; majority of the cases were non-occupational in origin (Cucueco T, oral presentation, 2013). Australia’s Institute of Health and Welfare in 2010 reported that an overwhelming majority (96%) of working age Australians had one or more NCD risk factors, three-quarters (75%) reported more than one risk factor, with 44% reporting three or more. Workers with risk factors exhibited significant differences in labour force participation rates compared with those with no risk factors (Australian Institute of Health and Welfare, 2010). Overweight and obese workers were more likely to miss work; obesity was associated with an excess 4.25 million days lost from the workplace in 2001 (Australian Safety and Compensation Council, 2008). A separate study on the Australian workforce concluded; “...the healthiest Australian employees are almost three times more productive than their unhealthy colleagues” (Medibank Private, 2005), highlighting the significant impact of non-occupational health conditions on work performance.

The framework for workers’ health encompasses traditional occupational health and safety programmes as well as general wellness promotion and disease prevention and control programmes. The 3rd LeAd-NCD Regional Workshop is anchored on this framework of workers’ health. Participation has been expanded to include representatives from Ministries that oversee workers’ health, from the Ministry of Health to the Ministry of Labour or its equivalent. The workshop is intended to strengthen the skills and competencies of the participants, with emphasis on leadership and advocacy; to build institutional capacities in engaging stakeholders invested in workers’ health; and in identifying approaches and entry points for strengthening multisectoral action for NCD prevention and control for workers.
## TIMETABLE

<table>
<thead>
<tr>
<th>Time</th>
<th>TUESDAY 1 September</th>
<th>WEDNESDAY 2 September</th>
<th>THURSDAY 3 September</th>
<th>FRIDAY 4 September</th>
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<tbody>
<tr>
<td>09:00 - 09:30</td>
<td>Registration</td>
<td>Recap</td>
<td>A multi-center collaborative study for the prevention of lifestyle-related disease among workers (J-ECOH study)</td>
<td>Recap Results of mini STEPs survey</td>
</tr>
<tr>
<td>09:30 - 10:00</td>
<td>Welcome address Opening address Group Photo</td>
<td>What is &quot;Health Japan 21&quot;?</td>
<td>Group work (4) Personal reflections: How can I improve the current approach for NCD control and prevention in my workplace?</td>
<td>Group work (4)</td>
</tr>
<tr>
<td>10:00 - 10:30</td>
<td>Mobility Break</td>
<td>Korea's experience in promoting the health of its workers</td>
<td>Field Visit: Azbile Corporation, Shonan Factory 4-1-1 Omagari, Samukawa-cho, Koza-gun, Kanagawa-ken, Japan 253-0113</td>
<td>Mobility Break</td>
</tr>
<tr>
<td>10:30 - 10:45</td>
<td>Self- introduction Introduction of course</td>
<td>Mobility Break</td>
<td>Lunch: Ebina Service Area of Tomei Expressway</td>
<td>Presentations from Group work (4)</td>
</tr>
<tr>
<td>10:45 - 11:15</td>
<td>Overview of NCD Prevention and Control in the Western Pacific Region</td>
<td>Mobility Break</td>
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<tr>
<td>11:15 - 12:00</td>
<td>Regional Mapping of Workers' Health Programs in the Western Pacific Region: A report of the desk study</td>
<td>From Healthy Settings to Healthy Populations: Healthy workers and NCD prevention and control</td>
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<td>12:00 - 13:30</td>
<td>Lunch Break</td>
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<td>Lunch Break</td>
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<tr>
<td>13:30 - 14:30</td>
<td>Group work (1): Where am I in my NCD journey? (personal reflection)</td>
<td>Group work (3): Who are my critical stakeholders in coordinating NCD prevention and control for workers? (Multisectoral stakeholder mapping)</td>
<td>Group work (5) How do I advocate to the critical stakeholders in my country to support NCD prevention and control for workers? (Marketplace Activity)</td>
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<tr>
<td>14:30 - 15:00</td>
<td>Mobility Break</td>
<td>Mobility Break</td>
<td>Plenary Session: Next Steps for NCD Prevention and Control and Workers' Health</td>
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<td>Mobility Break</td>
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<td>15:30 - 17:00</td>
<td>Group work (2): Where is my country in its response to NCDs, with a focus on workers? Presentations from Group work (2)</td>
<td>Modified NCD mini-STEPs Survey &amp; Example Occupational Health Questionnaires from Japan and Korea</td>
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<td>Closing</td>
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<tr>
<td>17:30 -</td>
<td>Welcome reception</td>
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</table>
DAY 1: INTRODUCTION AND OVERVIEW OF NCDs

Group work 1: Where am I on my NCD prevention and control journey?

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.

What do I expect to achieve in this workshop?

INSTRUCTIONS: List down 3 things that you expect to achieve in this workshop. (We will review these at the end of the workshop.)

1. 

2. 

3. 

Where am I on my NCD prevention and control journey? (Personal reflection)

INSTRUCTIONS:

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

Share your reflections with the group.

KEY QUESTIONS:

Where am I on my NCD prevention and control journey?

What do I expect from the workshop?
Group work 2: Where is my country in its response to NCDs, with a focus on workers?

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 profiles, 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.

OBJECTIVES:
- To assess my country’s status in relation to the NCD causation pathway with a specific focus on workers; 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, as they apply to workers.

2. In the graphic below, note down key information or observations about each stage in the continuum.
   a. Underlying determinants:
      i. Who are your workers?
      ii. How old is your worker population?
      iii. How globalized is your society?
      iv. How urbanized is your population?
      v. What are the key social determinants that actively affect health for workers in your country?
   b. Modifiable risk factors: What is the situation in relation to poor nutrition, physical inactivity, current tobacco consumption and harmful alcohol use for workers?
   c. Intermediate risk factors: What is the magnitude of high blood pressure, elevated blood sugar, raised cholesterol levels and overweight/obesity in your worker population?
   d. Diseases: Which NCDs affect workers the most in your country?

3. What are the issues, actions, resources and gaps along the continuum that affect your country’s workers?

4. This assessment requires current data; do you have sufficient data to make the assessment? What stands out in your assessment? Which stage in the NCD risk continuum is most prominent?
Where is my country in its response to NCDs, with a special focus on workers?

ISSUES:

ACTIONS:

RESOURCES:

GAPS:

WORKERS
DAY 2: NCDs and workers’ health – An integrated approach to NCDs

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

INTRODUCTION:

Change for NCD prevention and control for workers doesn’t happen in a vacuum. Effective leaders understand the importance of identifying their target audience/s and developing a communication objective and strategic approach for each audience, to engage them in the process of change. In addition, messages highlighting key benefits, support points and desired action responses need to be tailored for specific stakeholder audiences, for greatest impact.

These are particularly critical in NCD prevention and control, where behavioral changes at a population level are required together with cultural change. Moreover, focusing on workers brings in a new set of stakeholders that need to be considered in the stakeholder map.

OBJECTIVES:

- To identify potential stakeholders for NCD prevention and control for workers
- To assess where each stakeholder is located on the influence-interest grid.

INSTRUCTIONS:

1. Identify all the stakeholders you need to reach for NCD prevention and control for workers. You can refer to your country situation assessment from Group work 2, 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 change as well as their interest in NCD prevention and control for workers. Ideally, your primary audience should be in the upper outer right hand quadrant of the grid—that is, highly influential and highly interested in workers’ health. 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 supporting NCD prevention and control for workers?

3. Based on the grid results, select one key stakeholder audience.
4. Choose a representative member of the key stakeholder 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.
   - What is the primary audience’s socio-demographic profile?
   - How is this person best contacted? Who controls access to this person?
   - Who does this person listen to?
   - Who and what can influence this target?
   - What is this person’s position on promoting NCD prevention and control for workers?
   - What will move this person to support a NCD prevention and control programme for workers?
INFLUENCE – INTEREST GRID

INFLUENCE (Ability to make change happen)

Powerful influence

INTEREST IN THE ISSUE

Opposed to the issue

Highly interested and supportive

Weak influence

Socio-demographic profile of a representative member of the target audience
Exercise for Health Check-up and mini STEPs survey – Focus on workers

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:
- To learn about NCD risk factor assessment using a simplified WHO tool;
- To obtain information on your health status; and
- 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 & 2) and a tool for assessment of cardiovascular risk (Annex 3 & 4). 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: Field Visit Notes
Day 4: Next steps for NCD prevention and control and Workers' Health

Group work 4: Developing an approach for NCD prevention and control and workers' health

BACKGROUND:
One of the most influential leaders in the twentieth century, Mahatma Gandhi, proclaimed: “If we could change ourselves, the tendencies in the world would also change. As a man changes his own nature, so does the attitude of the world change towards him.... we need not wait to see what others do.” In other words, change needs to begin with ourselves. Utilizing this principle, let’s reflect upon our own situation as workers and envision how we can start a process to incorporate NCD prevention and control for ourselves and our co-workers, using a modified version of the occupational health triangle that puts the worker in the center.

OBJECTIVES:
- To reflect upon NCD risks from our own personal perspective as a worker using a modified version of the occupational health triangle;
- To identify entry points and opportunities for NCD prevention and control for ourselves and our co-workers within our own work situation; and,
- To use our insights in designing a strategic approach to foster and promote NCD prevention and control for workers in our workplace.

INSTRUCTIONS:
1. Think about yourself as a worker. What are the factors that increase your risk for NCD from (a) your work; (b) your work environment and (c) your lifestyle? Using the modified occupational health triangle, identify as many of these factors as possible.

2. Knowing the risks helps us to recognize potential entry points for interventions. What intervention entry points are possible in your situation as a worker for incorporating NCD prevention and control strategies? Interventions include (a) policy interventions; (b) programme interventions and (c) interventions that change the environment to shape behavior.

3. Identify the actions required for NCD prevention and control as part of an overall healthy workers programme.
What are your risks for NCDs as a worker?

What actions can be taken to incorporate NCD prevention and control and address the NCD risks for you and your co-workers?

<table>
<thead>
<tr>
<th></th>
<th>Risks from work</th>
<th>Risks from work environment</th>
<th>Risks from lifestyle</th>
</tr>
</thead>
<tbody>
<tr>
<td>POLICY interventions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PROGRAMME interventions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ENVIRONMENTAL interventions</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Group work 5: How do I advocate to the critical stakeholders in my country to support NCD prevention and control for workers? (Advocacy in action)

INSTRUCTIONS:
1. Review your stakeholder map and key stakeholder audience from Day 2, and your personal reflections for improving NCD prevention and control for workers in your work situation. Who do you need to convince to implement your proposed interventions?

2. Develop your key messages to the selected stakeholder audience. Pick the most exciting/interesting/relevant facts on NCDs and their impact on workers from the NCD surveillance data in your country and from your country assessment from Day 1. Make the information “tell a story.” How can use these messages to move your selected audience towards supporting NCD prevention and control for workers? What medium/media will you use?

Now that you have your target audience and key messages, you are ready to compete in the NCD prevention and control marketplace.

3. Scenario: Your selected advocacy audience is coming to an NCD Marketplace. You and the other country teams will be competing for their NCD investment dollars. Each country team is considered an advocacy team.

4. Using the results from the previous exercises, create an advocacy strategy to promote your program to your NCD audience, who are the NCD buyers or investors.

5. Country teams have a total of 5 minutes to complete their advocacy pitch to the team of NCD buyers/investors. You can use any audio-visual means of communication to get your advocacy message across clearly and compellingly.

6. NCD buyers/investors have a fixed amount of money to invest in the best workers' health programme that catches their interest.

7. At the end of all the teams’ advocacy presentations, buyers will individually decide which team they will invest their money on. The buyers will individually affix their investment dollars to the team that they have selected.

Criteria for buyers:
   a. Which advocacy message caught your attention?
   b. Which advocacy message presented compelling evidence for urgent action?
   c. Which advocacy message convinced you that investment would result in significant gains?
   d. Which advocacy message would you invest money on?

8. Once the investment decisions are all in, come back together as a plenary group and discuss the results. What advocacy strategies were effective in getting buyers to invest? Which strategies were less effective? What are the practical take-home lessons on advocacy from this exercise?
REFERENCES:


### 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 (excluding pre-school)?</td>
<td>Years</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>
</tr>
<tr>
<td></td>
<td></td>
<td>Widowed 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cohabitating 6</td>
</tr>
</tbody>
</table>

### Step 1  Behavioural Measurements

#### Tobacco Use

<table>
<thead>
<tr>
<th>Code</th>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1</td>
<td>Do you currently smoke any tobacco products, such as cigarettes, cigars or pipes?</td>
<td>Yes 1</td>
</tr>
<tr>
<td></td>
<td></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><strong>Tobacco Use (cont.)</strong></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><strong>Alcohol Consumption</strong></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, <strong>how many times</strong> 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><strong>Diet</strong></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</strong> of <strong>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</strong> of <strong>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>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>
</tbody>
</table>

### History of Raised Blood Pressure

| H1   | Have you ever had your blood pressure measured by a doctor or other health worker?                     | Yes                       |
|      |                                                                                                       | No (If no go to H4)       |
| H2   | 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? | Yes                       |
|      |                                                                                                       | No (If no go to H4)       |
| H3   | In the past two weeks, have you taken any drugs (medication) for raised blood pressure prescribed by a doctor or other health worker? | Yes                       |
|      |                                                                                                       | No                        |

### History of Diabetes

| H4   | Have you ever had your blood sugar measured by a doctor or other health worker?                       | Yes                       |
|      |                                                                                                       | No (If no go to H7)       |
| H5   | 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? | Yes                       |
|      |                                                                                                       | No (If no go to H7)       |
| H6   | In the past two weeks, have you taken any drugs (medication) for raised blood pressure prescribed by a doctor or other health worker? | Yes                       |
|      |                                                                                                       | No                        |

### History of Raised Total Cholesterol

<p>| H7   | Have you ever had your cholesterol (fat levels in your blood) measured by a doctor or other health worker? | Yes                       |
|      |                                                                                                       | No (If no go to H10)      |
| H8   | Have you ever been told by a doctor or other health worker that you have raised cholesterol in the past 12 months? | Yes                       |
|      |                                                                                                       | No (If no go to H10)      |
| H9   | In the past two weeks, have you taken any oral treatment (medication) for raised total cholesterol prescribed by a doctor or other health worker? | Yes                       |
|      |                                                                                                       | No                        |</p>
<table>
<thead>
<tr>
<th>Code</th>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
</table>
| H10  | Have you ever had a heart attack or chest pain from heart disease (angina) or a stroke (cerebrovascular accident or incident)? | Yes: 1   
No: 2   |
| H11  | Are you currently taking aspirin regularly to prevent or treat heart disease?  | Yes: 1   
No: 2   |
| H12  | Are you currently taking statins (Lovastatin/Simvastatin/Atorvastatin or any other statin) regularly to prevent or treat heart disease? | Yes: 1   
No: 2   |

**Lifestyle Advice**

During the past three years, has a doctor or other health worker advised you to do any of the following?

<table>
<thead>
<tr>
<th>Code</th>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
</table>
| H13a | Quit using tobacco or don’t start                 | Yes: 1   
No: 2   |
| H13b | Reduce salt in your diet                           | Yes: 1   
No: 2   |
| H13c | Eat at least five servings of fruit and/or vegetables each day | Yes: 1   
No: 2   |
| H13d | Reduce fat in your diet                            | Yes: 1   
No: 2   |
| H13e | Start or do more physical activity                 | Yes: 1   
No: 2   |
| H13f | Maintain a healthy body weight or lose weight      | Yes: 1   
No: 2   |

**Cervical cancer screening (for women only)**

<table>
<thead>
<tr>
<th>Code</th>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
</table>
| CX1  | 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? | Yes: 1   
No: 2   
Don’t know: 77 |
## Step 2  Physical Measurements

<table>
<thead>
<tr>
<th>Code</th>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Blood pressure</strong></td>
<td></td>
</tr>
<tr>
<td>M1a</td>
<td>Reading 1</td>
<td></td>
</tr>
<tr>
<td>M1b</td>
<td></td>
<td>Systolic (mmHg)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Diastolic (mmHg)</td>
</tr>
<tr>
<td>M2a</td>
<td>Reading 2</td>
<td></td>
</tr>
<tr>
<td>M2b</td>
<td></td>
<td>Systolic (mmHg)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Diastolic (mmHg)</td>
</tr>
<tr>
<td>M3a</td>
<td>Reading 3</td>
<td></td>
</tr>
<tr>
<td>M3b</td>
<td></td>
<td>Systolic (mmHg)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Diastolic (mmHg)</td>
</tr>
<tr>
<td></td>
<td><strong>Height and Weight</strong></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></td>
<td><strong>Waist</strong></td>
<td></td>
</tr>
<tr>
<td>M7</td>
<td>Waist circumference</td>
<td>In Centimetres (cm)</td>
</tr>
</tbody>
</table>
Special Health Examination Questionnaire in Republic of Korea
(Source: Korean Industrial Health Association, downloadable at http://www.kiha21.or.kr/Page.cic?cmd=pagenject&pid=01_04)

Company: ___________________________________________________________

Name: ________________________________________________________________

* Please indicate any symptoms you have experienced during the last 6 months.

<table>
<thead>
<tr>
<th>Body Part</th>
<th>Symptom</th>
<th>Intensity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>High</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Medium</td>
</tr>
<tr>
<td></td>
<td></td>
<td>None</td>
</tr>
<tr>
<td>General</td>
<td>I have lost my appetite and lost weight.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>I feel exhausted.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>I can feel a lump (lumps) in my body.</td>
<td></td>
</tr>
<tr>
<td>Skin</td>
<td>I have an itching feeling or inflammation on my skin.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>I have a rash on my skin.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>I have seen some changes in my hair, fingernails, or toenails.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>My skin is rough and cracked.</td>
<td></td>
</tr>
<tr>
<td>Eye</td>
<td>My eyes feel irritated and well up with tears often</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>My sight is worse than before.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>My eyes are bloodshot or hurt.</td>
<td></td>
</tr>
<tr>
<td>Ear</td>
<td>I cannot hear clearly.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>I hear a ringing sound.</td>
<td></td>
</tr>
<tr>
<td>Nose</td>
<td>My nose often bleeds.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>I have a runny or stuffy nose.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>I cannot smell so well.</td>
<td></td>
</tr>
<tr>
<td>Mouth</td>
<td>My gums bleed or are sore.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>I cannot taste food so well.</td>
<td></td>
</tr>
<tr>
<td>Digestive System</td>
<td>My stomach has had a stinging pain.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>My mouth tastes like metal.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>I am constipated</td>
<td></td>
</tr>
<tr>
<td>Cardiovascular /</td>
<td>My heart pounds while working.</td>
<td></td>
</tr>
<tr>
<td>Respiratory System</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>I cough and am short of breath while working.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>I feel pressure on my chest.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>I have phlegm or cough when I wake up.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>I cough when I go back to work after a holiday.</td>
<td></td>
</tr>
<tr>
<td>Spine / Limbs</td>
<td>My arms, legs, or shoulders ache.</td>
<td></td>
</tr>
<tr>
<td>---------------------------</td>
<td>----------------------------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>My hands or feet tremble or feel weak.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>My hands or feet feel numb.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>My fingers become white when cold.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>My waist aches.</td>
<td></td>
</tr>
<tr>
<td>Mental Health / Nervous System</td>
<td>My head aches.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>I feel dizzy.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>I have become more forgetful.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>I am anxious and restless.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>My head feels numb or I feel as though I am drunk.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>I find it hard to concentrate.</td>
<td></td>
</tr>
<tr>
<td>Urinary / Reproductive System</td>
<td>I find it hard to urinate.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>My body swells up easily.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>I am suffering from irregular menstruation.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>I have experienced a miscarriage.</td>
<td></td>
</tr>
</tbody>
</table>

Please specify other symptoms, if any.

* Have you ever experienced a health problem (physical problem) at work? □ Yes □ No

* Do you think your problem is related to the materials you handle at work? □ Yes □ No

Doctor's Comment
Stress Check Test in Japan
(Source: Japan Stress Check Association, http://jsca.co.jp/english)

Background

- About 60% of workers have intense stress, according to the Survey on State of Employees' Health by the Ministry of Health, Labor and Welfare.
- 30% of those who commit suicide are workers according to Metropolitan Police Department records.
- The number of patients with mood disorders has risen 2.5-fold in the past 12 years according to a patient survey.
- The percentage of companies pursuing mental health care was 47.2% in 2011. The goal is to have 100% of companies address mental health care by 2020.

The Ministry of Health, Labor and Welfare proposes the following 9 questions as a tool to check workers' stress-related symptoms and conditions accurately and easily.

Over the past month, how often did you experience the below listed symptoms? For each symptom, please tick one answer that seems most applicable to your condition.

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Almost none</th>
<th>Sometimes</th>
<th>Often</th>
<th>Almost Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Extremely exhausted</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Tired</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Feel sluggish</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Feel strained</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Feel anxious</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Feel restless</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Feel gloomy / depressed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Everything feels like a chore / feels bothersome</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Feel under the weather</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Age: (Mandatory)
- 19 ≤ 19
- 20-29
- 30-39
- 40-49
- 50-59
- 60-69
- ≥ 70

Sex: (Mandatory)
- Male
- Female

Name 1: ___________________________ Email 1: ___________________________
Name 2: ___________________________ Email 2: ___________________________

* Please answer to all the questions.
Mandatory Annual Mental Health Examination

1. Partial revision of the Industrial Safety and Health Law (Occupational Safety and Health Act) has passed the Diet on 19th June, 2014.
2. Japan Stress Check Association provides you a free mental health examination (commonly referred to as "mandatory stress check test") to non-Japanese speakers.

System for Checking Stress

1. Employers will be required by law to enforce examinations by doctors / public health nurses to grasp the degree of metal burden / load carried by workers.
2. Companies will need to implement face-to-face guidance sessions with a doctor at the request of workers whose examination results have already been made known to them. After receiving the doctor's opinion on the face-to-face guidance session results, appropriate measures such as changing tasks, shortening working hours must be taken, if needed.
3. Companies with 50 or more employees will be required to follow the law, companies with 49 employees or below will be obliged to make an effort to follow the law.

Pointers

1. Companies may use their own questionnaire. The Ministry of Health, Labor and Welfare has proposed "9 questions". Neither questionnaire does not have enough scientific basis.
2. **In terms of protecting privacy, answers to questions will only be made known to the employee himself or herself. Examination results can not be given to the company without the employee’s consent.**
3. For companies with an occupational health physician (company doctor), their participation in the face-to-face guidance sessions is desirable.

Problems Pointed out by Specialists

1. Among those judged to have high stress levels based on the stress check test, many do not actually have poor mental health so it may be inefficient to deal with these cases.
2. The stress check test only gauges personal stress symptoms and one’s poor condition which makes it difficult to turn these results into primary prevention measures (proactive measures) such as improving workplace conditions.
Survey on Companies' Practice on Employees' Health and Well-being in Japan – Short version

1. Do you have a communication system that employees can show their interests and needs regarding the health promotion program?  
   ① Intranet or SNS that employee can write on  
   ② A constant questionnaire  
   ③ Constant report via managers  
   ④ Constant meeting with health committee

2. Does your company give financial support for employees whose check-up results showed that he/she needs detailed examination?  
   ① All expense  
   ② Partial support  
   ③ No support

3. What percentage of employees who needed detailed examination actually visits hospitals to have further examination?  
   □□ %

4. What kind of health educations does your company provide the employees/ by what media?  
   4-1. Types  
   ① Cancer prevention  
   ② Infectious disease prevention (e.g.: influenza)  
   ③ Healthy diet  
   ④ Physical activity  
   ⑤ Alcohol  
   ⑥ Smoking cessation  
   ⑦ Mental health  
   ⑧ Overworking  
   4-2. Media  
   ① Seminar by occupational physician  
   ② Seminar by occupational nurse  
   ③ Seminar by secretariat (non-healthcare provider)  
   ④ Seminar by external specialists  
   ⑤ Informing through leaflet, mail, website

5. To what extent is your workplace smoke-free?  
   ① Completely smoke-free  
   ② Completely separated smoking areas (an enclosed or outside smoking room)  
   ③ There are smoking rooms in workplace that is not adequately ventilated  
   ④ Timed free-smoking (smoking areas at only certain time of the day)  
   ⑤ None
6. In your canteen, which of the following is done?
   ① Calories and sodium content is written on the menu
   ② Provide health promoting menus
   ③ Financial aid for health promoting menus (those menus are affordable than the others)
   ④ Others: ________________________

7. What kind of physical exercise promotion is provided at your workplace?
   ① Provides corporate rates for external sport clubs/ gyms
   ② There is a sport club/ gym inside the workplace
   ③ Clubs/ teams of employers that promotes physical activity
   ④ Workplace exercise (e.g.: radio gymnastic exercise)
   ⑤ Promotion of walking (distribution of pedometer, commendations, etc.)
   ⑥ Sports event (walking, team sports) held by the workplace
   ⑦ Distribution/ financial aid for sports device such as sportswear and running shoes
   ⑧ Others: ________________________

8. Do you provide worker-specific health promoting activities?

8-1. How are the targets chosen?
   ① According to check-up results
   ② Answers to questionnaire such as unhealthy diet and physical inactivity
   ③ Age and sex
   ④ According to overtime workload
   ⑤ Provided for workers who desired to participate in the activity
   ⑥ According to information provided by managers

8-2. What are the programs?
   ① Constant information provision through non-human media (booklet / mail)
   ② Constant information provision through seminars / individual meeting
   ③ Guidance on healthy diet, content modified individually
      -how is it provided? (circle one or more) Phone or mail / individual meeting / group work
   ④ Guidance on physical activity, content modified individually
      -how is it provided? (circle one or more) Phone or mail / individual meeting / group work
   ⑤ Guidance on smoking, content modified individually
      -how is it provided? (circle one or more) Phone or mail / individual meeting / group work
   ⑥ Guidance on alcohol consumption, content modified individually
      -how is it provided? (circle one or more) Phone or mail / individual meeting / group work
   ⑦ Financial aid to improve unhealthy lifestyle
   ⑧ Provision of health-promoting information for employee families
ANNEX 3: WHO/ISH risk prediction charts - Knowing your cardiovascular risk

BACKGROUND:
The WHO/ISH risk prediction charts (Annex 4) 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>
</tr>
</thead>
<tbody>
<tr>
<td>Available</td>
</tr>
<tr>
<td>WPR</td>
</tr>
<tr>
<td>A</td>
</tr>
<tr>
<td>B</td>
</tr>
</tbody>
</table>
ANNEX 4: 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 25.** WHO/ISH risk prediction chart for WPR A

**Figure 26.** WHO/ISH risk prediction chart for WPR B

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

**Figure 27.** WHO/ISH risk prediction chart for WPR A

**Figure 28.** WHO/ISH risk prediction chart for WPR B
Figure 25. 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.

This chart can only be used for countries of the WHO Region of Western Pacific, sub-region A, in settings where blood cholesterol can be measured (Australia, Brunei Darussalam, Japan, New Zealand, Singapore)
Figure 26. 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 countries of the WHO Region of Western Pacific, sub-region B, in settings where blood cholesterol can be measured (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).
Figure 27. 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 countries of the WHO Region of Western Pacific, sub-region A, in settings where blood cholesterol CANNOT be measured (Australia, Brunei Darussalam, Japan, New Zealand, Singapore).
Figure 28. 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.

This chart can only be used for countries of the WHO Region of Western Pacific, sub-region B, in settings where blood cholesterol CANNOT be measured (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).
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.

**SMOKING CESSATION**
- 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.

**ANTHYPERTENSIVE DRUGS**
- All individuals with 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.

**Risk 10%-20%**
- Individuals in this category are at moderate risk of fatal or non-fatal vascular events.
- Monitor risk profile every 6–12 months.

**SMOKING CESSATION**
- 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).
- Adults should be encouraged to reduce daily salt intake by at least one third and, if possible, to 6g or <9g per day.
- Adults 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.

**ANTHYPERTENSIVE DRUGS**
- All individuals with blood pressure ≥140/90 mmHg, or with no 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, should 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 ≥5.0 mmol/L and/or LDL cholesterol ≥3.0 mmol/L despite a low-fat diet and lipid-lowering drugs should be given a statin.

**Risk 20% to <30%**
- Individuals in this category are at high risk of fatal or non-fatal vascular events.
- Monitor risk profile every 3–8 months.

**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.

**HYPOLYCAEMIC DRUGS**
- Individuals with persistent fasting blood glucose ≥6 mmol/L despite diet control should be given metformin.

**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.

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

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

**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.

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

3rd Regional Workshop on Strengthening Leadership and Advocacy for the Prevention and Control of Noncommunicable Diseases (LeAd-NCD)

National Institute of Public Health, Saitama, Japan, 1 to 4 September 2015

EVALUATION

The workshop was attended by 22 representatives responsible for workers’ health from the Ministry of Health and the Ministry of Labour or its equivalent from 11 countries, 5 WHO Secretariat members, 4 resource person / temporary advisor and 2 observers. 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.

### QUESTIONNAIRE 1 – Overall impression

<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>52%</td>
<td>8%</td>
<td>36%</td>
<td>0%</td>
</tr>
<tr>
<td>The facilitation in this meeting was</td>
<td>52%</td>
<td>24%</td>
<td>16%</td>
<td>4%</td>
</tr>
<tr>
<td>The leadership in this meeting was</td>
<td>56%</td>
<td>20%</td>
<td>16%</td>
<td>4%</td>
</tr>
<tr>
<td>Travel arrangements for the meeting was</td>
<td>40%</td>
<td>20%</td>
<td>8%</td>
<td>24%</td>
</tr>
<tr>
<td>Facilities of this meeting was</td>
<td>36%</td>
<td>28%</td>
<td>24%</td>
<td>8%</td>
</tr>
<tr>
<td>Accommodation for this meeting was</td>
<td>24%</td>
<td>20%</td>
<td>28%</td>
<td>12%</td>
</tr>
<tr>
<td>Meals of this meeting were</td>
<td>12%</td>
<td>28%</td>
<td>36%</td>
<td>12%</td>
</tr>
<tr>
<td>The overall impression of this meeting was</td>
<td>36%</td>
<td>36%</td>
<td>24%</td>
<td>0%</td>
</tr>
</tbody>
</table>

### QUESTIONNAIRE 2 – What have you achieved?

#### Session 1: Introduction and overview of NCDs

<table>
<thead>
<tr>
<th></th>
<th>10</th>
<th>9</th>
<th>8</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. to understand the objectives of the session</td>
<td>39%</td>
<td>48%</td>
<td>4%</td>
<td>9%</td>
</tr>
<tr>
<td>b. to exchange views and information in the discussions</td>
<td>32%</td>
<td>41%</td>
<td>13%</td>
<td>9%</td>
</tr>
</tbody>
</table>

#### Session 2: NCDs and Workers’ Health: An Integrated Approach for the Western Pacific Region

<table>
<thead>
<tr>
<th></th>
<th>10</th>
<th>9</th>
<th>8</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. to understand the objectives of the session</td>
<td>22%</td>
<td>43%</td>
<td>26%</td>
<td>9%</td>
</tr>
<tr>
<td>b. to exchange views and information in the discussions</td>
<td>26%</td>
<td>39%</td>
<td>22%</td>
<td>9%</td>
</tr>
</tbody>
</table>

#### Session 3: Regional Experience

<table>
<thead>
<tr>
<th></th>
<th>10</th>
<th>9</th>
<th>8</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. to understand the objectives of the session</td>
<td>26%</td>
<td>39%</td>
<td>22%</td>
<td>13%</td>
</tr>
<tr>
<td>b. to exchange views and information in the discussions</td>
<td>30%</td>
<td>39%</td>
<td>17%</td>
<td>9%</td>
</tr>
</tbody>
</table>

#### Session 4: Creating Healthy Workers for NCD Prevention and Control

<table>
<thead>
<tr>
<th></th>
<th>10</th>
<th>9</th>
<th>8</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. to understand the objectives of the session</td>
<td>41%</td>
<td>32%</td>
<td>18%</td>
<td>5%</td>
</tr>
<tr>
<td>b. to exchange views and information in the discussions</td>
<td>36%</td>
<td>32%</td>
<td>18%</td>
<td>14%</td>
</tr>
</tbody>
</table>
**Session 5: Example of NCD Prevention and Workers' Health**

a. to understand the objectives of the session  
27% 41% 27% 5%

b. to exchange views and information in the discussions  
33% 33% 24% 5%

**Session 6: Next Steps for NCD Prevention and Control and Workers' Health**

a. to understand the objectives of the session  
27% 41% 23% 5%

b. to exchange views and information in the discussions  
36% 27% 23% 9%

**QUESTIONNAIRE 3 – Groupworks and activities**

<table>
<thead>
<tr>
<th>Activity</th>
<th>10</th>
<th>9</th>
<th>8</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where am I on my NCD journey? (Personal reflection)</td>
<td>30%</td>
<td>39%</td>
<td>30%</td>
<td>0%</td>
</tr>
<tr>
<td>Where is my country in its response to NCDs, with a focus on workers?</td>
<td>35%</td>
<td>35%</td>
<td>30%</td>
<td>0%</td>
</tr>
<tr>
<td>Who are my critical stakeholders in coordinating NCD prevention and</td>
<td>44%</td>
<td>26%</td>
<td>30%</td>
<td>0%</td>
</tr>
<tr>
<td>control for workers? (Multisectoral stakeholder mapping)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal reflections: How can I improve the current approach for NCD</td>
<td>32%</td>
<td>41%</td>
<td>27%</td>
<td>0%</td>
</tr>
<tr>
<td>control and prevention in my workplace?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exercise for mini STEPs survey and occupational health questionnaires</td>
<td>32%</td>
<td>27%</td>
<td>32%</td>
<td>0%</td>
</tr>
<tr>
<td>Field visit to Azbil Corporation, Shonan Factory</td>
<td>23%</td>
<td>23%</td>
<td>32%</td>
<td>18%</td>
</tr>
</tbody>
</table>