Report of
Regional Workshop on Capacity Building for Noncommunicable Disease Programme Management

Paro, Bhutan, 23-27 November, 2015
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1. Introduction

Non-communicable diseases (NCDs) are among the major health and development challenges of the 21st century, in terms of both the human suffering they cause and the harm they inflict on the socioeconomic fabric of countries. Acknowledging this, in September 2011, Heads of State and Government agreed on a bold set of commitments to respond to this challenge including setting national targets, developing multisectoral national policies and plans and implementing cost-effective interventions or “best buys” for the prevention and control of noncommunicable diseases.

To strengthen national capacity in NCD programme management and support the development and implementation of policies, plans and programmes for prevention and control of NCDs, the WHO Regional Office for South-East Asia organized a Regional Workshop in Paro, Bhutan from 23 to 27 November 2015. The meeting was attended by approximately 50 participants representing all eleven countries of SEA region. The list of participants is annexed.

2. Objectives

The objectives of the workshop are:

a. To provide updated information on the global and regional NCD burden, policies, strategies and action plan;
b. To facilitate sharing of best practices for prevention and control of NCDs; and
c. To develop a roadmap for scaling up implementation of “NCD best buys” at the country level.

3. Proceedings of the Workshop

The five day programme started with opening remarks from WR-Bhutan and Dr. Thaksaphon Thamarangsi, Director, Department of Noncommunicable Diseases and Environmental Health, WHO SEARO. Dr. Renu Garg, Regional Advisor,
Noncommunicable Diseases, WHO-SEARO laid down the objectives and ground rules of the workshop. The detailed schedule of the workshop is attached in annexure 2.

The programme started with a leadership seminar focusing on building skills in leadership, persuasion and negotiation for prevention and control of NCD’s across the region. The discussions and learnings which took place were primarily focused on how each participant can best lead, persuade and negotiate in the environment in which they work. At the end of the day global and regional NCD burden and priorities for action were presented to the participants.

The second day focused on population-based interventions addressing NCD risk factors where the participants were oriented to various strategies for prevention of tobacco use, alcohol use and promotion of healthy diet and physical activities. Participants also worked in groups on a case study on a priority population based intervention for a country and presented their findings in a plenary. Country experiences on implementing population-based interventions for reducing NCD risk factors were shared by Thailand, Nepal, Bangladesh.

The third day focused on priority health systems interventions and best buys on screening and treatment of cardiovascular disease and common cancers. Participants also measured their 10-year cardiovascular disease risk for a fatal and non-fatal event using WHO/ISH risk prediction chart during the session. Challenges and opportunities in each country regarding NCD surveillance were discussed. Participants were divided into three groups to work on a hypothetical country scenario on priority health system interventions and discussed the possible way forward in a plenary. Country experiences were shared by Myanmar, Bhutan, Indonesia on implementing health systems interventions in their respective countries.

On day 4, a field visit was organised to understand the health system of Bhutan and gain insights into how the NCD programme has been integrated into the health system. Participants interacted with the grass root workers (health assistant) in Basic Health
Units and paramedical workers at district hospital about issues and challenges of implementing WHO PEN package in Bhutan. A debriefing session was conducted at the end of the field visits where selected participants summarized their observations and offered suggestions for further improvement. The day ended with a panel discussion on multi-stakeholder partnership where representatives from Department of Health, Education, Govt of Bhutan and UN agencies (UNDP, WHO) deliberated on their roles and how to move the forward to engage non-health sector in NCD prevention. Finally, next steps and required support from WHO was identified in country-wise group work.

On the last day, a seminar on palliative care was organised by WHO HQ to address issues such as: how to strengthen services at country level, increase access to pain relief and train workforce in palliative care. Each country worked on implementing priority actions at country level and presented their action plan for next two years and what kind of support they require from WHO for achieving the plan.

The workshop ended with a feedback session.
4. Implementation of Best-buys for prevention and control of NCDs in SEAR countries

All countries have to make difficult choices on how best to allocate resources for health and health care. However, in making a decision, policy makers also want to know what evidence there is to show that interventions will represent a cost-effective use of resources in the settings in which they are to be implemented and that scaling up these interventions is appropriate, affordable and feasible. A "best buy" is a more pragmatic concept that extends beyond the economic efficiency and cost-effectiveness of an intervention. It is defined as an intervention for which there is compelling evidence that is not only highly cost-effective but is also feasible, low-cost and appropriate to implement within the constraints of the local health system. To ascertain the status of implementation of best buys in the SEAR region, an informal interview was conducted with the participants of each country attending the workshop. The summary of best buy implementation is given in table 1.

5. Future activities and support desired from WHO
At the end of the workshop representatives of each country discussed and proposed an action plan of future activities at respective country level and support desired from WHO regional office. The presentations made by each country are summarized below.

5.1. Bangladesh

**Next Steps:**


II. To operationally align the action plan with the 7th Five Year Plan and the 4th Health, Nutrition and Population Sector Program of the Government of Bangladesh.

III. To implement the action plan in two stages –

   a. The first stage will be implemented through a three year operational plan from July 2016 through June 2019

   b. The second stage of the action plan will be implemented from July 2019 through June 2021

**Priority actions would be:**

I. To augment political commitment for NCD control and to build the leadership

II. To set up coordination mechanism under the leadership of the Ministry of Health & Family Welfare

III. To further strengthen population-wide interventions to reduce exposure to key risk factors for NCD

IV. To strengthen the health system with special reference to PHC and Community Clinic for early detection and management of NCDs and their risk factors

V. To establish reliable surveillance system

VI. To generate evidence through research.

**Support expected from WHO:**

I. Technical assistance and seed grant.

5.2 Bhutan

**Next Steps:**
Within 1 month
I. Cost the Multisectoral National NCD Action Plan
II. Conduct meeting of the multisectoral subcommittee

Within 2 months
I. Conduct NCD Steering Committee Meeting

Within one year
I. Draft NCD resource mobilization plan
II. Discuss NCD resource gaps and resource mobilization plan with the NCD Steering Committee
III. Conduct clinical audits and performance assessment for PEN program
IV. Develop Palliative Care Protocol for chronic disease
V. Conduct Brief External Review (BER) of the one year implementation status of the Multisectoral NCD Action Plan
VI. Review and draft alcohol taxation policies
VII. Expand GadenThromde Program: A Healthy Town Initiative in 5 towns
VIII. Roll out population campaign on salt reduction strategies
IX. Institute local government enforcement response mechanism for control of tobacco and alcohol
X. Set up outlet policy compliance surveillance on tobacco and alcohol rules
XI. Review, integrate and strengthen NCDs information system

Within two years
I. Conduct two year Brief External Review (BER) to document the implementation progress of the NCD action plan
II. Accelerate mass media and BCC campaign for healthy lifestyle
III. About 30% of the activities of the action plan will be implemented

Support expected from WHO:
Technical support for:
I. Design and conduct compliance survey
II. NCD Information system integration
III. Palliative care protocol
IV. Alcohol taxation proposal

5.3 DPR Korea

Next Steps:
Within one month

I. To organize inter-ministerial consultation on implementation of best buys of NCD prevention

Within one year

I. To expand the introduction of the PEN package to one PHC facility in each province (Primary Health Care system) in next one year.

Within three year

I. Based on the experience gained out of implementation of PEN package in each province, universal coverage of PEN will be targeted in all PHCs.

Support expected from WHO:

I. Supplies for implementation of PEN in two rural areas

5.4 India

5.5 Indonesia

Next Steps:

Within one month

I. Finalization of National Movement for Healthy Lifestyle (Gerakan Nasional Masyarakat Sehat) that comprise with NCD prevention through reducing risk factors.
   - Finalization of National Multisectoral action plan led by Ministry of National Development and Planning (Bappenas)
   - Set out in the form of a presidential decree for Multisectoral action plan

II. Planning for MoH 2016 activities

III. Technical team will carry out mapping of 2016 activities and budgeting

Within one year

I. Develop guidelines for activation and indicators for multi sectors and local governments.

II. Dissemination of National Action Plan to local government and capacity building to develop local activities.

III. Provide assistance to the local government on NCD initiatives.

V. Monitoring implementation by Presidential Monitoring Body.

VI. Planning of 2017 activities by multi-sectors and local governments.

VII. Socialization regulation on Sugar, Salt and Fat food labelling and Healthy Diet Information

VIII. Continuing capacity building on WHO PEN and Breast – Cervical cancer screening to staff of public health facilities

IX. Engaging referral hospitals on WHO PEN intervention

X. Conducting mass campaign on NCD risk factors control through various mass media

XI. Tobacco Control

• Engagement, capacity building and expansion of Smoke Free policies at sub-national level
• Establishment of Quit line service to support smoking cessation
• Improvement of Pictorial Health Warnings
• Supporting sub-national bans on tobacco bill boards
• Taxation economic analysis, evidence generation on health and economic costs of tobacco.

Within two years

I. Implementation of multisector and local governments activities for 2017

II. Review and adjustment of activities.

III. Monitoring and evaluation by Presidential Monitoring Body

Support expected from WHO:

I. Technical assistance for:

• Multi-sectors engagement, advocacy and capacity building in the area of NCDs and also specific areas of tobacco control
• Implementation of first steps of national action plan on NCDs.
• Capacity building on NCD interventions including indicators development
• Establishing Quitline service
• Regular meeting with SEAR members states on the NCD control for sharing experience and new options on intervention.
5.6 Maldives

Next Steps:

Within one month
I. Dhamanaveshi (latest primary health care and the only primary care facility in Male’) is being underutilized, likely due to inadequate communication between the main tertiary hospital (IGMH) and lack of awareness of our service among the practicing physicians.
II. Goal: stakeholder meeting and better communication so that stable cases can be refereed and followed at the primary health care. Increase awareness among practicing physicians to increase referral to the primary health care.

Within one year
I. The entire population of Maldives is covered by 100% state sponsored insurance, which requires the health records to be maintained online by HIS, currently being underutilized. The doctors cite user unfriendliness of the interface and difficulty with ICD.
II. Goal: To meet with IT professionals to make interface more user friendly, and to brief the doctors about the ICD system and importance of diagnosis entry for surveillance data, to increase the HIS utilization leading to better data collection and surveillance.

Within two years
I. WHO ‘PEN’ package to be widely introduced throughout all the health centers in the country. Currently introduced in 2 atolls – need to follow up and check the status.

Support expected from WHO:
I. Training/ financial assistance to implement WHO PEN package.
II. Training of staff for Tobacco cessation clinic.
III. Establishing and maintaining registers of various NCDs.
IV. Support for strengthening IEC

5.7 Myanmar

Next Steps:

Within one month
I. Conducting Workshop on Development of PEN Expansion Plan to cover whole country in a phased manner.
II. Development of Training Module for PEN Implementation.
III. Development of Revised and Simplified Prevention & Treatment of PEN Guidelines for BHS.
IV. Preparation Meeting for Establishment of Population Based Cancer Registry (Pilot) with key stakeholders.
V. Formation of TSG for NCDs comprising of different stakeholders.
VI. Start preparation for development of National Strategic Plan on NCDs (2016-2021)

**Within one year**
I. Conducting series of meetings for development of National Strategic Plan on NCDs (2016-2021)
II. Conducting TOT, Multiplier Trainings for Implementation of PEN for BHS.
III. Continuation of activities for establishment of Population Based Cancer Registry (Pilot) Initiation of action for Multi-sectoral Strategies
IV. Finish effort on putting Pictorial Warning on cigarette packages.
V. Implementation of prioritized interventions identified in NSP on NCDs (2016-2021)

**Within Three years**
I. Continuation of TOT, Multiplier Trainings of PEN Implementation of PEN for BHS.
II. Increase taxation on Tobacco & Alcohol
III. Implementation of prioritized interventions identified in NSP on NCDs (2016-2021)
IV. Start preparation for next round of STEPS Survey

**Support expected from WHO:**
I. Technical assistance for establishing cancer registry, implementation of PEN intervention, National NCD strategic plan and initiation of action for multi-sectoral strategies.

5.8 Nepal

**Next Steps:**

**Within one month**
I. Advocacy meetings with Director General, Directors and Counterpart at the Ministry of Health
II. PEN protocol finalization (consensus gaining) workshop
III. NCD health facility survey at some health facilities

**Within one year**
I. Curriculum development
II. Training
III. PEN introduction

Next two years
I. PEN implementation
II. Health Impact Assessment and cost effective study

Support expected from WHO:
I. Technical assistance for PEN, Tobacco taxation, health impact assessment and cost effective study

5.9 Sri Lanka

5.10 Thailand

5.11 Timor-Leste

Next Steps:
Within one year
I. Advocacy and Leadership for a multi-sectoral response
   • Policy brief for different non-health sectors like finance, commerce, agriculture, education, environment, sports, transport etc on NCD burden and prevention and control
   • Constitute Multi-sectoral NCD Taskforce Working Group and ensure it meets regularly

II. Health promotion and Primary Prevention to reduce risk factors for NCD
   • Dissemination and enforcement of implementation National Tobacco Legislation
   • Training for Health professional and Start Tobacco Cessation and Alcohol de-addiction Services at different levels of health care (starting from National Hospital)
   • Media campaign on reduction of NCD risk factors

III. Health System Strengthening
   • Adaptation of PEN Guideline and formulate the essential NCD kit as a part of the overall PHC package at different levels of health system
   • Finalization of Standard Treatment Guidelines for common NCDs
Pilot test and Scale up WHO’s primary health care package for NCDs

IV. Surveillance, Monitoring and Evaluation

- Include NCDs in the terms of reference of M & E and Health Information System working group meeting
- Advocacy Policy level on NCD risk factor and Global School Health Survey factsheets

Support expected from WHO:

1. Technical support and funding for implementation of all of the above activities.

6. Conclusion

The five day regional workshop on Capacity Building for Noncommunicable Disease Programme Management was held from 23rd to 27th of November 2015 at Paro, Bhutan. About 50 representatives from all eleven countries of WHO South East Asian region participated in the workshop. As NCD requires committed action across various sectors, the leadership seminar was very well received by the participants. Discussion on population, health system based interventions (best buys) and NCD surveillance session generated a lot of interest amongst the participants. Observation of actual implementation of the NCD PEN package intervention in Basic Health Units and District Hospital in Bhutan helped to understand the facilitating factors and challenges in implementation of the NCD prevention intervention. The workshop provided an opportunity for the participants to discuss, network and learn from each other’s experience regarding NCD prevention initiatives implemented in their respective countries. Finally the country representatives worked in their respective groups to develop a time bound action plan for implementation and desired support from WHO to implement the plan. The workshop ended with a seminar on Palliative Care which focused on how to strengthen palliative care services in their respective countries.
Annexure

1. Agenda of the Workshop
2. List of Participants
<table>
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<tr>
<th>Time</th>
<th>Monday, 23 Nov</th>
<th>Tuesday, 24 Nov</th>
<th>Wednesday, 25 Nov</th>
<th>Thursday, 26 Nov</th>
<th>Friday, 27 Nov</th>
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<tr>
<td>06:00 - 07:00</td>
<td>Morning walk, run</td>
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<td>09:00 - 09:30</td>
<td>Welcome and opening remarks: WR Bhutan and NDE; Course overview: Renu Garg</td>
<td>Priority population-based interventions for prevention and control of tobacco and alcohol use: <em>Qureshi and Thaksaphon</em></td>
<td>Priority health systems interventions (screening and treatment of cardiovascular disease and common cancers): <em>Cherian Varghese</em></td>
<td>Field visit to Basic Health Unit and District Hospital</td>
<td>Country-wise group work: Implementing priority actions at country level</td>
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<td>09:30 - 11:00</td>
<td>Leadership seminar: <em>Jonathan Abraham</em>: Empowering Leadership</td>
<td>NCD surveillance</td>
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<td>Tea/coffee</td>
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<td>11:00 - 11:30</td>
<td>Tea/coffee</td>
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<td>11:30 - 13:00</td>
<td>Global and regional NCD burden and priorities for action: <em>Nick Banatvala</em> and RenuGarg</td>
<td>Priority population-based interventions for promoting healthy diet and physical activity: <em>Sailesh/Chandraka</em></td>
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<td>Country-wise presentations, Next steps</td>
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<td>13:00 - 14:00</td>
<td>Lunch (Country posters)</td>
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<td>Lunch</td>
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<td>14:00 - 15:30</td>
<td>Leadership seminar: <em>Jonathan Abraham</em>: The art of persuasion</td>
<td>Case study on priority population-based interventions-All facilitators</td>
<td>Case study: Priority health system interventions-All facilitators</td>
<td>Lessons learned from field visit</td>
<td>Seminar on Palliative Care</td>
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<td>15:30 - 16:00</td>
<td>Tea/coffee</td>
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<td>18:30 onwards</td>
<td>Reception</td>
<td>Sight seeing-Kichu Monastery</td>
<td>Sight seeing-Dzong, museum</td>
<td>Shopping</td>
<td>Trek</td>
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</tbody>
</table>
List of Participants
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