Regional action plan for NCD in WPR

Non Communicable Disease and Health Promotion Unit

Western Pacific Region
What are Noncommunicable Diseases

Cardiovascular disease
Diabetes
Cancer
Chronic respiratory disease
## Noncommunicable Diseases

### 4 Diseases, 4 Modifiable Shared Risk Factors

<table>
<thead>
<tr>
<th></th>
<th>Tobacco Use</th>
<th>Unhealthy diets</th>
<th>Physical Inactivity</th>
<th>Harmful Use of Alcohol</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular</td>
<td>✅</td>
<td>✅</td>
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<tr>
<td>Diabetes</td>
<td>✅</td>
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<tr>
<td>Cancer</td>
<td>✅</td>
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<tr>
<td>Chronic Respiratory</td>
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</table>
Global strategy for prevention and control of NCDs

1. To map the emerging epidemics of NCDs and to analyze their social, economic, behavioural and political dimensions with special reference to poor and disadvantaged populations, in order to provide guidance for policy, legislative and financial measures related to the development of an environment supportive of control.

2. To reduce the level of exposure of individuals and populations to the common risk factors for NCDs, namely tobacco, unhealthy diet, physical inactivity and their determinants.

3. To strengthen health care for people with NCDs by developing norms and guidelines for cost-effective interventions, with priority given to cardiovascular diseases, cancers, chronic respiratory diseases and diabetes.
Noncommunicable Diseases
The Global Response

2000
Global Strategy for the Prevention and Control of Noncommunicable Diseases

2003
WHO Framework Convention on Tobacco Control

2004
Global Strategy on Diet, Physical Activity and Health

2008-2013
Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases

2009
Global NCD Network (NCDnet)
Noncommunicable Diseases
Global Action Plan 2008-2013: Six Objectives

1. Integrating NCD prevention into the development agenda, and into policies across all government departments
2. Establishing and strengthening national policies and programmes
3. Reducing and preventing risk factors
4. Prioritizing research on prevention and health care
5. Strengthening partnerships
6. Monitoring NCD trends and assessing progress made at country level

Under each of the 6 objectives, there are sets of actions for member states, WHO Secretariat and international partners
GLOBAL

- 2000 - Global strategy for NCD Prevention and Control
- 2003 - FCTC
- 2004 - DPAS
- 2008 - Action plan for the Global strategy

WPR

- 2000 - Call for action (RC 51.R5)
- 2006 (RC 57.R4)
- 2007 - Pacific Ministers of Health meeting in Vanuatu (Pacific Framework)
  - Pacific strategy expanded to the region
  - Regional strategy for reducing harm from alcohol
  - Draft regional action plan in line with the global action plan
- 2008 July - Informal consultation
- 2008 RC 59 - Endorsed the Regional Action Plan
The Western Pacific Regional Action Plan for Noncommunicable Diseases

A Region free of avoidable NCD deaths and disability
NCD in the Western Pacific Region

- 75% of the deaths are attributable to NCD compared to 14% of deaths from communicable diseases.
  - 26,500 people killed by NCDs daily
  - Close to $\frac{1}{2}$ of deaths occur in people under 70 years of age
- NCDs represent 92% of the burden of disease (DALYs) in high income countries and 63% in middle and low income countries.
WPR Action Plan for NCD

• Vision
  – A Region free of avoidable NCD deaths and disability

• Focus
  – Practical, cost-effective and evidence based interventions that Member states can adopt to achieve a reduction in NCD risk factor prevalence, and NCD mortality and morbidity.
Key Principles

1. People-centred
2. Culturally relevant
3. Focused on reducing inequities
4. Encompassing the entire care continuum
5. Involving the whole of society
6. Integral to health systems strengthening
7. Consistent with the global action plan, and supportive of existing, related Regional strategies and action plans
8. Flexible, using a phased approach
Scope

• Recognizes that 4 noncommunicable diseases – cardiovascular disease, cancer, diabetes and chronic respiratory disease - comprise the majority of NCD mortality and morbidity. This is the major focus of the Regional Approach.

• Acknowledges that other NCDs (e.g. blindness, etc.), infectious diseases of a chronic nature (e.g. TB, HIV/AIDS, etc.), injuries, chronic mental illness and substance abuse disorders also contribute to country burden. Member States should assess and respond to country-specific burden.
Objectives of the RAP

1. To raise priority for NCD at global and national levels and to integrate prevention and control into policies across all government departments
2. To establish and strengthen national policies and plans for the prevention and control of NCD
3. To promote interventions to reduce the main shared modifiable risk factors for NCD: tobacco use, unhealthy diets, physical inactivity and harmful use of alcohol.
4. To promote research for the prevention and control of NCDs
5. To promote partnerships for the prevention and control of NCDs
6. To monitor NCDs and their determinants, and evaluate progress at the national, regional and global levels
# NCD-Regional Action Plan

- *Strategic approach and action areas*

## 1. ENVIRONMENTAL INTERVENTIONS
(macroeconomic and policy change)
- Governance
- Policy and legislation
- Creating supportive environments

## 2. LIFESTYLE INTERVENTIONS
- Behavioural interventions
- Health promotion
- Information and education
- Improving the ‘built’ environment

## 3. CLINICAL INTERVENTIONS
- Clinical preventive services
- Risk factor detection (screening) and control
- Acute care
- Chronic care and rehabilitation
- Palliative care

## 4. ADVOCACY

## 5. RESEARCH, SURVEILLANCE AND EVALUATION

## 6. “WHOLE-OF-GOVERNMENT” AND WHOLE-OF-SOCIETY RESPONSE
- Leadership
- Multisectoral partnership
- Community mobilization

## 7. HEALTH SECTOR RESPONSE
- Primary health care
- Chronic care management
- Health systems strengthening
Stakeholders outside the health sector:
- Ministries of Finance, Trade, Education, Social Affairs
- Development donors (e.g. Austrian Development Agency, Ministry of Foreign Affairs)
- International Financial Institutions
- Intergovernmental Organizations
- Private sector
Objective 1; To raise priority for NCD at global and national levels and to integrate prevention and control into policies across all government departments

<table>
<thead>
<tr>
<th>Member states</th>
<th>WHO</th>
<th>Partners</th>
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</thead>
<tbody>
<tr>
<td><strong>a. Assess and monitor public health burden of NCDs</strong></td>
<td><strong>a. Raise the priority of NCD prevention and control within and outside WHO</strong></td>
<td><strong>a. Include NCD prevention and control as an integral part of work on global development</strong></td>
</tr>
<tr>
<td><strong>b. NCD prevention in poverty reduction strategies and policies</strong></td>
<td><strong>b. Work with countries in building and dissemination of information with necessary evidence base</strong></td>
<td><strong>b. Advocacy</strong></td>
</tr>
<tr>
<td><strong>c. Adopt approaches to policy development through whole of Government approach</strong></td>
<td><strong>c. Develop and disseminate tools to assess impact of policies on the determinants of NCDs</strong></td>
<td><strong>c. Support WHO in creating forums</strong></td>
</tr>
<tr>
<td><strong>d. Tackle social determinants of NCDs with special reference to health in early childhood, health of the urban poor, fair financing and equitable access to primary health services</strong></td>
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NCC, Korea (1 Nov 2010)
Objective - 1 Raise priority

- Whole of Government and whole of society approaches
- ASEAN, PICTA agreements
  - Health impacts of products in trade agreements
- NCD in related health and non health areas
  - Healthy cities, poverty alleviation, gender and health, healthy workplaces, healthy islands
- Partners
  - Western Pacific Declaration of Diabetes-partnership model of WHO, IDF, SPC, Member states
# Objective 2. To establish and strengthen national policies and plans for the prevention and control of NCD

<table>
<thead>
<tr>
<th>Member States</th>
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</thead>
<tbody>
<tr>
<td>a. Develop and implement comprehensive policy and plan for NCD prevention</td>
<td>a. Review international experience and disseminate good practices</td>
<td>a. Support national and international alliances.</td>
</tr>
<tr>
<td>b. Establish a high level national multilateral mechanism</td>
<td>b. Recommend successful approaches for inter-sectoral action</td>
<td>b. Support implementation of intervention projects and capacity building programmes</td>
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<tr>
<td>c. Conduct a comprehensive assessment of the characteristics of NCD</td>
<td>c. Provide guidance for development of national policy frameworks</td>
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<tr>
<td>d. Review and strengthen evidence based legislation, together with fiscal and other relevant policies</td>
<td>d. Provide support to countries in collaboration with international partners in strengthening opportunities for capacity</td>
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</tr>
<tr>
<td>e. Integrate NCD prevention and control into national health development plan.</td>
<td>e. Ensure that the response to NCDs is placed at the forefront of efforts to strengthen health systems.</td>
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<tr>
<td>f. Re-orient and strengthen health system</td>
<td>f. Provide support to enhance access to essential medicines</td>
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<tr>
<td>g. Promote people centred approach</td>
<td>g. Assess existing models of self examination and self care and design improved affordable versions.</td>
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<td>h. Develop mechanisms for sustainable financing</td>
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Objective 2- National policies and plans

- Advocacy campaign to mobilize political support
  - Advocacy guide for the Western Pacific (La Trobe Univ, Australia)
- Integrated approach
  - Japan People’s Health Campaign for the 21st Century (Healthy Japan 21)-NCD as a core element
- Health system strengthening
  - Mongolia: Master Plan for Health System Development 2006-2015-NCD prevention and control
  - Republic of Korea: Comprehensive Preventive National Health Management System-incorporates lifecycle-specific services
  - Philippines: Sentrong Sigla model
- Clinical Practice Guidelines
  - IDF Diabetes guidelines, WHO CVD guidelines, IARC cancer
- Leadership
  - ProLead, Saitama training course, Singapore; Civic Committee on Healthy Lifestyle
- Financing for health promotion and NCD prevention
  - Vic Health, Republic of Korea, Malaysia, Mongolia and Tonga.

Intersectoral action-WHO/FAO meeting, New Zealand: Healthy Eating, Healthy Action
Objective 3; To promote interventions to reduce the main shared modifiable risk factors for NCD: tobacco use, unhealthy diets, physical inactivity and harmful use of alcohol.

<table>
<thead>
<tr>
<th>Member States</th>
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</thead>
<tbody>
<tr>
<td>a. Tobacco control-MPOWER, promote healthy diet, physical activity and reduce harmful use of alcohol</td>
<td>a. Use existing strategies (FCTC, DPAS etc) to provide technical support to countries</td>
<td>a. Support and participate in the development and implementation of technical guidance and tools in order to reduce the main shared modifiable risk factors</td>
</tr>
<tr>
<td>b. Incorporate NCD prevention and control in 'healthy settings' approach</td>
<td>b. Guide the development of pilot community based projects</td>
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<tr>
<td></td>
<td>c. Support the development of network of community development projects</td>
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<tr>
<td></td>
<td>d. Provide support in implementing MPOWER package</td>
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</tbody>
</table>
Objective 3- promote interventions to reduce the main shared modifiable risk factors for NCD

- **MPOWER package**
  - include tobacco chewing with betel nut
  - ‘It is OK to say you mind’ campaign
- **DPAS:**
  - promotion of local bananas in the Federates States of Micronesia
  - Tonga: ‘Walking Path’, Malaysia: ‘ProActive Scheme’
  - Papua New Guinea – obesity and physical activity programme for workplaces
- **Alcohol**
  - Western Pacific Regional Strategy and action plan to reduce harm from alcohol
- **Community based interventions**
  - China: Salt reduction Tianjin Study
### Objective 4: To promote research for the prevention and control of NCDs

<table>
<thead>
<tr>
<th>Member States</th>
<th>WHO</th>
<th>Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Invest in epidemiological, behavioural and health system research</td>
<td>a. Develop a research agenda for NCDs to translate knowledge into action</td>
<td>a. Include NCD prevention and control as an integral part of work on global development and in related investments</td>
</tr>
<tr>
<td>b. Encourage the establishment of national reference centres and networks to conduct research on socioeconomic determinants, gender, cost-effectiveness of intervention, affordable technology, health system reorientation and workforce development</td>
<td>b. Encourage WHO collaborating centres to incorporate the research agenda</td>
<td>b. Work with WHO in advocacy as appropriate</td>
</tr>
<tr>
<td>c. Disseminate research findings</td>
<td></td>
<td>c. Support WHO in creating forums for stakeholders</td>
</tr>
</tbody>
</table>
# Objective 5: To promote partnerships for the prevention and control of NCDs

<table>
<thead>
<tr>
<th>Member States</th>
<th>WHO</th>
<th>Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Participate actively in regional and sub regional networks for the prevention and control of NCDs</td>
<td></td>
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</tr>
<tr>
<td>b. Establish effective partnerships and develop collaborative networks, involving key stakeholders as appropriate.</td>
<td>a. Establish an advisory group to provide strategic and technical input and conduct external reviews.</td>
<td>a. Collaborate and provide support to member countries and secretariat</td>
</tr>
</tbody>
</table>

|  | b. Encourage the active involvement of existing regional and global initiatives |
|  | c. Support and strengthen the role of WHO CCs |
|  | d. Facilitate and support a global network |
|  | b. Give priority to NCDs in international and regional initiatives to strengthen health systems |
Objectives 4 and 5: Research and partnerships

- ProCOR ([www.procor.org](http://www.procor.org)) web discussion forum
- Philippine Coalition for the Prevention and Control of NCD
- Partnership with food industry:
  - Singapore-Nutrition labelling, New Zealand: Food Industry Group (FIG)
- Meeting of Ministers of Health of PIC in Vanuatu
<table>
<thead>
<tr>
<th>Member States</th>
<th>WHO</th>
<th>Partners</th>
</tr>
</thead>
</table>
| a. Strengthen surveillance systems and standardized data collection on risk factors, disease incidence and mortality, using existing WHO tools  
   b. Contribute on a routine basis, data and information on trends in respect of NCDs and their risk factors                                              | a. Develop and maintain an information system  
   b. Establish a reference group for NCDs and risk factors  
   c. Strengthen technical support to member states  
   d. Convene a representative group of stakeholders, including member states and partners.  
   e. Prepare progress reports in 2010 and 2013.                                                   | a. Support the countries and secretariat in monitoring and evaluation.  
   b. Mobilize resources to support the system of regional and global monitoring and evaluation of progress. |

NCC, Korea (1 Nov 2010)
Objective 6: Surveillance

- STEPS – NCD risk factor surveillance
  - Database at regional level
- Cancer registries
- Mortality certification
Operationalization

• Process model

Beginning capacity: policy and population-based interventions in response to the specific needs emerging from initial profiling

Establish NCD infrastructure and baseline situation

Growing capacity: Additional policy, population-based and targeted interventions to address an expanded list of risk factors and NCD relevant to a country, based on trends in risk factors and NCD prevalence from ongoing monitoring

Well-developed capacity: Optimal mix of policy, population-based and targeted interventions that address the whole range of risk factors and NCD in a country; monitored through an established surveillance system
Supporting documentation

• WHO documents that guided the development of the RAP

• Current WHO and other selected tools and resources for NCD prevention and control

• Affordability of selected interventions
WHO Global Path and Regional Response

2000
- Global Strategy for Prevention & Control of NCD
- WHO FCTC 2003
- NCD STEP Initiative
- Fruits, Vegetables Promotion Initiative
- Move for Health Day: 10 May

2001-03
- Global Strategy on Diet, Physical Activity & Health 2004
- Regional Tobacco action plan
- FCTC implementation
- Regional NCD STEP Surveys

2004-06
- Global Action Plans for NCD
- Healthy Cities Initiatives addressing NCD and tobacco
- NCD & Poverty: Pro-Poor Strategy 2006

2008
- Global NCD network 2010
- Initiative for NCD to be MDG and UN GA Action 2010-11

2009-11
- Healthy Islands Initiative
- Regional Diabetes Declaration and Plan of Action
- Call for Action on Obesity Control
- Regional plan for integrated CVD and Diabetes Prevention 1998-2003
- Regional Action plans for NCD
- Regional Strategy to Reduce Alcohol related harm
- Regional NCDnet & Advisory Group
- Regional Initiative on multi-sectoral intervention for NCD prevention (salt, transfat, healthy and safe transport, Pacific food submit, urban planning)
- Obesity Strategy & programme
- Breast/cervical cancer control
WHO Global and regional path

2000
- Global Strategy for the Prevention and control of NCD

2003
- WHO Framework Convention on Tobacco Control

2004
- Global Strategy on Diet, Physical Activity and Health
  - Global and Regional Action Plans for NCD
  - Regional Tobacco Action Plan (2010-2014)
  - Regional Strategy to Reduce Alcohol Related Harm

2008-13
- Regional Strategy to Reduce Alcohol Related Harm

2009
- Global NCD network
EARLY

EASY

Healthy Lifestyle

EXCITING & ENJOYABLE
More than 8 million people die before the age of 60 in developing countries from noncommunicable diseases.
Regional Initatives-1
Surveillance and partnerships

- The WHO STEPwise approach to Surveillance (STEPS) offers simple, standardized method for collecting, analyzing and disseminating data on NCD risk factors
- Regional NCD network
- Regional NCD advisory group
- Salt reduction as a public health approach
- Multisectoral interventions for addressing NCD risk factors
Regional Initiatives-2
Tobacco control

• All countries in the region have ratified the WHO FCTC
• Regional Action Plan for the Tobacco-Free Initiative 2010-2014 to work toward reduction of tobacco use by 10% of the current rate
• Graphic health warnings in Australia, Brunei Darussalam, Hong Kong SAR, Cook Islands, Malaysia, Mongolia, New Zealand, Niue and Singapore
• Taxes on tobacco and health promotion foundations
Regional Initiatives-3
Healthy Cities and Healthy Islands

- Healthy Cities initiated in WPRO in the late 1980s as an integrated and multi-sectoral approach to address health and development in an urban setting
- Initially oriented to environmental health, more public health components are being integrated such as tobacco control, food safety, healthy lifestyle promotion and NCD prevention
- More than 600 cities through different networks
- First Healthy Island Forum was held this year
- Frameworks for expanding and scaling up Healthy Cities and Healthy Islands will be discussed at the Regional Committee meeting
Healthy Cities

- Well suited for interventions
- Supply side interventions
- Community participation
- Local leadership
- Sustained interventions
- Measurement
Regional Initiatives-4
Pacific Food Summit

- WHO has led efforts to improve food security in the Pacific
  - Support for 6 national food Summits
  - Unique and effective multi-agency working group (FAO, GHI, PIFS, SPC, UNICEF, WHO)

- Pacific Food Summit (April 21-23, Vanuatu)
  - First time Trade, Agriculture, Health sectors have come together along with food industry, faith-based organisations, consumer groups and NGOs
  - Finalized and agreed on a Framework for Action on Food Security in the Pacific

- Multi-sectoral approach
  - Summit provided a model for a cooperative, multi-sectoral approach that can be used to improve health in other areas (e.g. Healthy Islands)
Health ODA Commitments (2007) in US$ billions

- **Total Health ODA:** $22.1 billion
- **Health ODA for NCDs:** ?

**HIV/AIDS & STDs**: $7.40 billion
- Health Policy & Admin. Management: $1.65 billion
- Infectious Disease Control: $1.33 billion
- Reproductive Health: $1.16 billion
- Basic Health Care: $1.14 billion
- Malaria Control: $0.80 billion
- Family Planning: $0.53 billion
- Tuberculosis Control: $0.45 billion
- Basic Nutrition: $0.33 billion
- Medical Services: $0.24 billion
- Basic Health Infrastructure: $0.23 billion
- Medical Research: $0.22 billion
- Medical Education/Training*: $0.21 billion
- Health Education: $0.06 billion

**Water Supply/Sanitation - Large Systems**: $3.90 billion
- Water resources policy/admin. mgmt: $0.93 billion
- Basic Drinking Water Supply & Sanitation: $0.92 billion
- Waste Management/Disposal: $0.42 billion
- River Development: $0.10 billion
- Water Resources Protection: $0.06 billion
- Water Education/Training: $0.01 billion

Source: Kaiser Family Foundation (www.kff.org/globalhealth)
There are low cost interventions to prevent NCDs...

<table>
<thead>
<tr>
<th>Risk factors</th>
<th>Disease/risk factor</th>
<th>Intervention</th>
<th>Cost of implementation</th>
<th>Health impact (DALYs per 1m popn)</th>
<th>Cost-effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Low</td>
<td>Large</td>
<td>Very cost-effective</td>
</tr>
<tr>
<td>Tobacco use</td>
<td>Excise tax on tobacco products</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Smoke-free workplaces</td>
<td></td>
<td>Low</td>
<td>Modest</td>
<td>Quite cost-effective</td>
</tr>
<tr>
<td></td>
<td>Packaging, labelling and awareness countermeasures</td>
<td></td>
<td>Low</td>
<td>Modest</td>
<td>Very cost-effective</td>
</tr>
<tr>
<td></td>
<td>Comprehensive ad bans</td>
<td></td>
<td>Low</td>
<td>Modest</td>
<td>Very cost-effective</td>
</tr>
<tr>
<td>Harmful use of alcohol</td>
<td>Excise tax on alcoholic beverages</td>
<td>Low</td>
<td>Modest</td>
<td>Very cost-effective</td>
<td></td>
</tr>
<tr>
<td>Unhealthy diet and physical inactivity</td>
<td>Reduce salt intake</td>
<td>Low</td>
<td>Large</td>
<td>Very cost-effective</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Food taxes (fat) and subsidies (fruit and vegetables)</td>
<td>Low</td>
<td>Modest</td>
<td>Very cost-effective</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Intensive counselling</td>
<td>Very high</td>
<td></td>
<td>Large</td>
<td>Quite cost-effective</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Glycaemia control</td>
<td>High</td>
<td></td>
<td>Large</td>
<td>Quite cost-effective</td>
</tr>
<tr>
<td>Cardiovascular diseases</td>
<td>Hypertension drug treatment</td>
<td>Low</td>
<td>Large</td>
<td>Very cost-effective</td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td>Treatment of 1st stage breast cancer</td>
<td>Low</td>
<td>Modest</td>
<td>Very cost-effective</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cervical cancer screening (PAP smear) and treatment</td>
<td>Low</td>
<td>Modest</td>
<td>Very cost-effective</td>
<td></td>
</tr>
<tr>
<td>Respiratory disorders</td>
<td>Inhaled corticoid-steroids for asthma</td>
<td>Low</td>
<td>Small</td>
<td>Quite cost-effective</td>
<td></td>
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Challenges

- Political commitment and leadership is needed to scale up NCD prevention and control.
- Resources for scaling up action for NCD is very limited. Big challenge is how to substantially increase funding supports.
- Capacity for NCD prevention and control in WHO and countries is not adequate in most of the low and middle income countries.
- Countries of Asia Pacific region are in rapid transitions and are at different levels of socio-economic development. This requires tailored approach to meet the local need.
New Global Level Developments to Support NCD

- Regional Ministerial Meeting on Health Literacy (Beijing, 29-30 April 2009)
- Regional Ministerial Meeting on Noncommunicable Diseases and Injuries, Poverty and Development (Qatar, 10-11 May 2009)
- ECOSOC High-level Segment on Global Health (Geneva, 6-9 July 2009)
- ECOSOC Ministerial Roundtable Meeting on Non-communicable Diseases and Injuries (Geneva, 8 July 2009)
- Doha Declaration on Noncommunicable Diseases and Injury from West Asia Ministerial meeting, May 2009
- Commonwealth Health Ministerial Meeting Declaration on NCD

→ WHA Resolution on NCD in 2010
→ UN General Assembly Declaration on NCD 2010 (Global NCD Report, UNGA high level meeting on NCD in 2011)
→ UN MDG Submit in 2010
Future Directions

• Advocacy to enhance political commitment - relationship with APEC - international trade and related agreements

• NCD: trade priority, political and economic priority

• Through healthy settings, health promotion: food marketing Multi-sectoral approach collaboration beyond the health sector

• Implementation of evidence-based programs