

Implementation roadmap for accelerating the prevention and control of noncommunicable diseases in South-East Asia 2022–2030



REGIONAL OFFICE FOR

World Health
Organization
South-East Asia

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for accelerating the
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Contents

Foreword	v
Resolution of the WHO Regional Committee for South-East Asia	vii
Abbreviations and acronyms	ix
1. Introduction	1
Scope of implementation roadmap	2
2. Progress and challenges in NCD prevention and control in the South-East Asia Region	3
3. Structure and function of the implementation roadmap 2022–2030	9
Strategic direction I: Sustain the progress made in the national response to NCDs	13
Strategic direction II: Prioritize and accelerate the implementation of the most impactful and feasible interventions in the national context, including through digital health and other innovations	15
Strategic direction III: Promote accountability through timely, reliable and sustained national data on NCD risk factors, diseases, and mortality	23
4. Adapting the implementation roadmap to strengthen the national response to NCDs	26
Menu of actions for a national response	27
References	30
Annex. South-East Asia Region NCD toolkit	35

Figures

Fig. 1.	Scope of the South-East Asia Region NCD implementation roadmap 2022–2030	2
Fig. 2.	Trends in probability of premature mortality due to NCDs in the South-East Asia Region (2000–2019)	3
Fig. 3.	Progress on prevention and control of NCDs in the South-East Asia Region, 2021	4
Fig. 4.	SWOT analysis of NCD prevention and management in the South-East Asia Region	8
Fig. 5.	Implementation roadmap for accelerating the prevention and control of NCDs in South-East Asia 2022–2030	12
Fig. 6.	Ranking and yearly percentage change in cause-specific probability of dying	16
Fig. 7.	Elements to be augmented in primary care to prevent and control NCDs	19

Tables

Table 1.	Targets for South-East Asia Region NCD implementation roadmap 2022–2030	10
Table 2.	Disease-specific targets agreed at global level	11



Foreword



Noncommunicable diseases (NCDs) are among the world's greatest threats to health and development. The four major NCDs – cardiovascular diseases (CVDs), cancer, chronic respiratory diseases and diabetes – kill an estimated 41 million people globally every year, more than a third of them prematurely, in people's prime productive years. In the World Health Organization (WHO) South-East Asia Region, NCDs cause an estimated 9 million deaths annually, almost half of them premature. Every year, almost

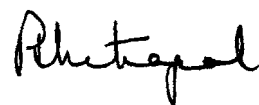
100 million people globally are pushed into extreme poverty due to out-of-pocket health spending, and the costs of treating NCDs are a major contributor.

Since 2014, preventing and controlling NCDs has been a Flagship Priority in the Region, and important progress has been made. Between 2010 and 2019, the probability of people in the Region dying from cancers, CVDs, diabetes and chronic respiratory diseases between the ages of 30 and 70 years declined from 23.4% to 21.6%. The Region is currently on track to achieve the *Global action plan for the prevention and control of noncommunicable diseases* target of a 30% relative reduction in tobacco use prevalence between 2010 and 2025, and continues to take concerted action to eliminate industrially produced trans-fats in food – a major contributor to CVDs. The *South-East Asia regional strategy for primary health care: 2022–2030*, launched in December 2021, is supporting all countries of the Region to integrate services to prevent, detect, treat and manage NCDs into primary health care services, accelerating momentum from the 2016 Colombo Declaration. However, despite these and other positive trends, the Region is currently off-track to achieve the global 2025 and 2030 NCD targets.

In order not just to sustain but to accelerate progress, at the Seventy-fourth Session of the WHO Regional Committee, Member States requested WHO to develop the *Implementation roadmap for accelerating the prevention and control of NCDs in South-East Asia*

2022–2030. The roadmap aims to facilitate progress towards the 2030 targets, and was adopted in September 2022 at the Seventy-fifth Session of the WHO Regional Committee. It includes three strategic directions, applicable to all Member States, as well as an interactive tool designed to help countries accelerate context-specific actions. It aims to increase collection and analysis of high-quality data, and to thereby strengthen impact and accountability. For ease of access and use, the roadmap will be provided to Member States in a digital format.

To help implement the roadmap, WHO is committed to providing Member States its full technical and operational support and will continue to facilitate the sharing of Member State experiences, including on best practices and interventions, as well as the updated “best buy” interventions. The roadmap marks a last chance for the Region to accelerate action and progress towards the 2030 targets. I urge all Member States, partners, stakeholders and communities – including people living with NCDs – to seize the moment and drive rapid and sustained progress towards the 2030 targets, for a healthier, more equitable and sustainable future for all.



Dr Poonam Khetrpal Singh
Regional Director
WHO South-East Asia Region





Resolution of the WHO Regional Committee for South-East Asia

Resolution SEA/RC75/R2. Monitoring progress and the acceleration plan for NCDs, including oral health and integrated eye care, in the South-East Asia Region

The Regional Committee,

Having considered the three strategic instruments named hereinafter:

- (a) Implementation Roadmap for the prevention and control of noncommunicable diseases in South-East Asia 2022–2030;¹
- (b) Action Plan for oral health in South-East Asia 2022–2030; and
- (c) Action Plan for integrated people-centred eye care in South-East Asia 2022–2030,

And recognizing the high burden of morbidity and mortality due to cardiovascular diseases, the large number of untreated cases of dental caries and oral health conditions, and challenges in the provision of comprehensive eye care,

Noting that while progress has been made and the trends are in the right direction, acceleration is needed to achieve the global, regional and national goals,

Acknowledging the importance of country leadership, political commitment, multisectoral and multistakeholder actions, and the need for adapting the three plans into the national health/NCD/oral health/eye health plans in the Member States, as appropriate to the country context, with the necessary allocations for resources, and

Emphasizing the crucial role of data and information systems at all levels to promote accountability,

1. ENDORSES the three strategic instruments:

- (a) Implementation Roadmap for the prevention and control of noncommunicable diseases in South-East Asia 2022–2030;
- (b) Action Plan for oral health in South-East Asia 2022–2030; and

¹ Action plan for the prevention and control of noncommunicable diseases in South-East Asia, 2013–2020: extended to 2030. New Delhi: World Health Organization, Regional Office for South-East Asia, 2022. <https://apps.who.int/iris/handle/10665/359075>. [*The Regional Implementation Roadmap is the instrument to accelerate progress towards achieving the targets of the Action plan for the prevention and control of noncommunicable diseases in South-East Asia, 2013–2020: extended to 2030.*]

- (c) Action Plan for integrated people-centred eye care in South-East Asia 2022–2030;

2. URGES Member States to:

- (a) consider adopting and implementing, in accordance with their national priorities and contexts, the three strategic instruments including multisectoral actions related thereto, in order to accelerate the progress in NCD prevention and control, and to speed up actions for oral health and eye health in primary health care and within the ambit of universal health coverage;
- (b) strengthen policy and legislative frameworks for this purpose, as well as advance primary health care, universal health coverage, human resources, accountability and quality of national health information systems; and

3. REQUESTS the Regional Director:

- (a) To provide adequate technical support to Member States in the implementation of the three strategic instruments including strengthening of the related monitoring and evaluation systems;
- (b) To continue to collaborate with the Specialized Agencies of the United Nations, Funds and Programmes related thereto, and other relevant partners and stakeholders, in order to advocate and leverage assistance for aligned and effective implementation of the three Strategic instruments in Member States; and
- (c) To report on the progress and achievements of the three strategic instruments to the Regional Committee every two years until 2030.

Eighth session, 9 September 2022





Abbreviations and acronyms

CRD	chronic respiratory disease
CVD	cardiovascular disease
DALY	disability-adjusted life year
GDM	gestational diabetes mellitus
HiAP	health in all policies
HIV	human immunodeficiency virus
HPV	human papillomavirus
NCD	noncommunicable disease
PHC	primary health care
SDG	Sustainable Development Goal
SWOT	strengths, weaknesses, opportunities, threats
TB	tuberculosis
UHC	universal health coverage
WHO	World Health Organization





1. Introduction

Noncommunicable diseases (NCDs), which include cardiovascular diseases (CVDs), cancers, chronic respiratory disease and diabetes, account for almost two thirds of all deaths in the World Health Organization (WHO) South-East Asia Region. In 2021, nearly half of these deaths occurred prematurely, between the ages of 30 and 69 years (1). A quarter of the adult population in the Region suffers from hypertension (2), and one in twelve adults has diabetes (3). Disability-adjusted life years (DALYs) from diabetes increased by more than 80% between 2000 and 2019 (4).

Progress in the implementation of the regional action plan was presented in detail at the Seventy-fourth Regional Committee Meeting (5). The review indicated that while some progress has been made in the South-East Asia Region towards prevention and control of NCDs, it is slow and uneven, with substantial gaps in policy implementation and health care scale up. Sustaining the current gains, accelerating policy development to the best recommended levels, and developing innovative implementation strategies for coverage will be key to achieving the Sustainable Development Goal (SDG) 3.4 target: by 2030 reduce by one third premature mortality from noncommunicable diseases through prevention and treatment, and promote mental health and wellbeing.

The COVID-19 pandemic has further exposed the vulnerabilities of people living with NCDs. In addition to the increased risk of severe disease and death, disruption in essential NCD services threatens to slow down progress and even reverse the gains in controlling NCDs. Disruption of treatment services for NCDs was reported in all countries of the South-East Asia Region in the global pulse survey of 2021 (6).

Addressing NCDs and including them as an integral part of pandemic preparedness and response will protect people and communities during future emergencies by establishing mechanisms that will enable uninterrupted access to services for NCDs and other chronic conditions, while reducing the risk of serious health complications.

At the Seventy-second World Health Assembly, the *Global action plan for the prevention and control of noncommunicable diseases 2013–2020* was extended to 2030 (7), and a global NCD implementation roadmap (2023–2030) was adopted at the Seventy-fifth World Health Assembly (8).

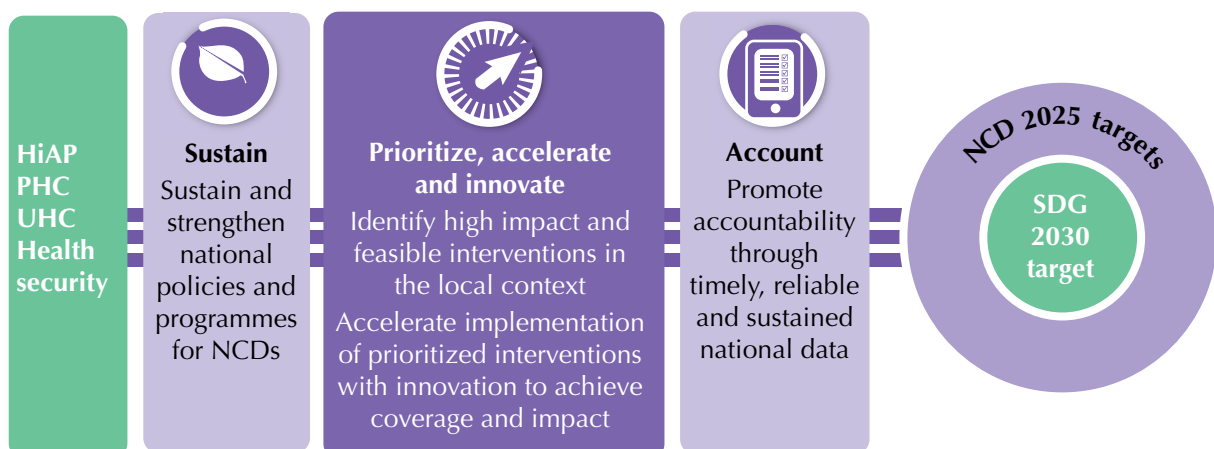
The Seventy-fourth session of the WHO Regional Committee for South-East Asia decided to extend the *Regional action plan for the prevention and control of NCDs, 2013–2020 (9)* to 2030, taking into account the targets set in the 2030 Agenda for Sustainable Development. Decision SEA/RC74(2) also requested that the Regional Director develop a regional implementation roadmap for the prevention and control of NCDs, taking into account digital innovations and the context of the COVID-19 pandemic (10).

Scope of implementation roadmap

The implementation roadmap provides strategic directions and tools with a view to prioritizing and accelerating high-impact interventions that are feasible within the national context. It provides guidance for prevention and control of NCDs, including links and tools for easy access. It will be available on the South-East Asia Region NCD web portal. The web portal will also feature good practice from countries and will be regularly updated with additional guidance as it is produced. All actions proposed for Member States and WHO in the regional NCD action plan 2013–2020 remain valid until 2030.

The scope of the roadmap is summarized in Fig. 1. The web portal will include the South-East Asia Region NCD impact simulation tool that will help to identify context-specific impactful interventions and their contribution to attaining the SDG 3.4 target. Implementation of the interventions will be supported by a combination of WHO guidance and tools, which will also be updated with new products and guidelines.

Fig. 1. Scope of the South-East Asia Region NCD implementation roadmap 2022–2030



2. Progress and challenges in NCD prevention and control in the South-East Asia Region

The Action plan for the prevention and control of noncommunicable diseases in South-East Asia, 2013–2020 adopted the NCD 2025 targets and the 10 NCD progress monitoring indicators. Updated information is available from the global mortality database to track NCD premature mortality, and the NCD country capacity survey carried out in 2021 provides the status of the national response (11).

In the South-East Asia Region, the probability of dying from cardiovascular diseases (CVDs), cancers, diabetes and chronic respiratory diseases between the ages of 30 and 70 years declined from 23.4% in 2010 to 21.6% in 2019, the decline being slightly greater in males than in females (Fig. 2). At the current rate of decline, the region is not on track to achieve the 2025 NCD and the 2030 SDG 3.4 targets. The ongoing COVID-19 pandemic may have impacted trends, and indicates the clear need for an acceleration of NCD prevention and control.

Fig. 2. Trends in probability of premature mortality due to NCDs in the South-East Asia Region (2000–2019)

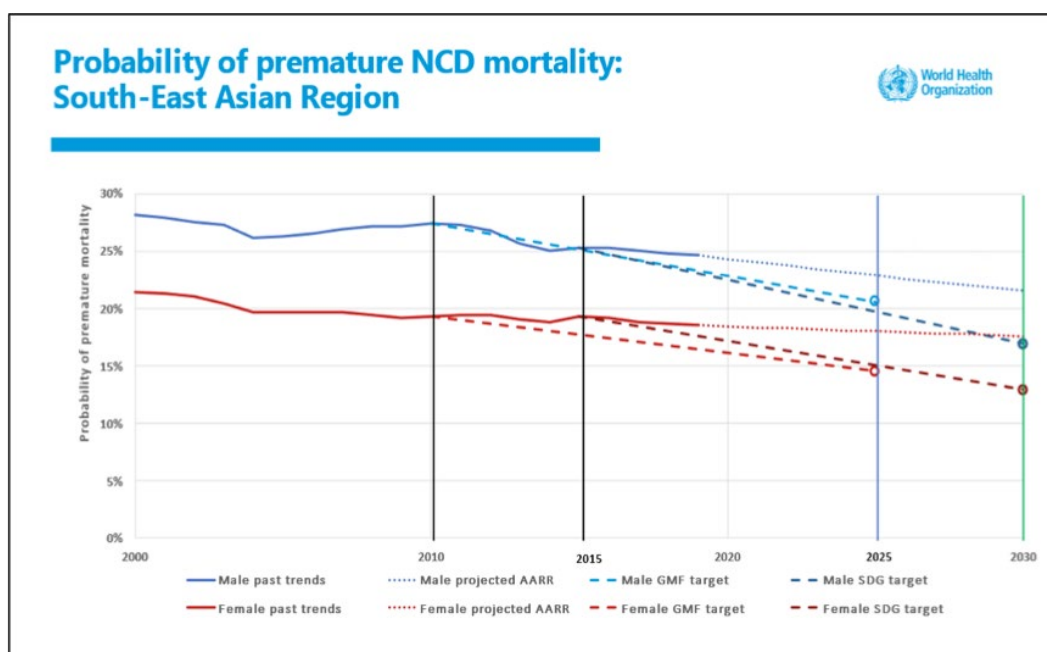


Fig. 3 presents the status of NCD progress monitoring for countries in the South-East Asia Region based on data collected in 2021 (11). Progress is monitored within the objectives of the *Action plan for the prevention and control of noncommunicable diseases in South-East Asia, 2013–2020* (9).

Fig. 3. Progress on prevention and control of NCDs in the South-East Asia Region, 2021

Indicators	BAN	BHU	DPR Korea	IND	INO	MAL	MMR	NEP	SRL	THA	TLS	Fully achieved	Partially achieved	Not achieved
1 National NCD targets	●	●	●	●	○	●	●	●	●	●	●	10	0	1
2 Mortality data	○	○	○	◐	○	◐	○	○	◐	◐	○	0	4	7
3 Risk factor surveys	◐	●	●	◐	◐	◐	◐	●	◐	◐	◐	3	8	0
4 National integrated NCD policy/strategy/action plan	●	●	●	●	○	●	●	●	●	●	●	10	0	1
5 Tobacco demand reduction measures														
5.a increased excise taxes and prices	◐	○	○	◐	◐	◐	○	○	●	●	○	2	4	5
5.b smoke-free policies	◐	◐	◐	◐	◐	◐	◐	●	◐	●	◐	2	9	0
5.c large graphic health warnings/plain packaging	●	○	○	●	◐	◐	◐	●	●	●	●	6	3	2
5.d bans on advertising, promotion and sponsorship	◐	◐	○	◐	○	●	◐	●	◐	◐	◐	2	7	2
5.e mass media campaigns	◐	○	◐	◐	●	○	●	○	○	●	●	4	3	4
6 Harmful use of alcohol reduction measures														
6.a restrictions on physical availability	◐	●	NR	◐	◐	●	◐	◐	●	●	◐	4	6	0
6.b advertising bans or comprehensive restrictions	●	●	NR	NR	●	●	NR	○	●	●	○	6	0	2
6.c increased excise taxes	◐	○	NR	NR	●	●	NR	●	◐	◐	◐	3	4	1
7 Unhealthy diet reduction measures														
7.a salt/sodium policies	○	○	○	◐	◐	○	○	○	●	●	○	2	2	7
7.b saturated fatty acids and trans-fats policies	○	○	○	○	○	○	○	○	○	◐	○	0	1	10
7.c marketing to children –restrictions	○	○	○	●	○	●	○	○	○	●	○	3	0	8
7.d marketing of breast milk substitutes restrictions	●	○	○	●	◐	●	◐	◐	◐	◐	○	3	5	3
8 Public education and awareness campaign on physical activity	○	○	●	●	○	●	○	●	●	●	○	6	0	5
9 Guidelines for management of cancer, CVD, diabetes and CRD	◐	●	◐	●	●	○	●	◐	●	●	●	7	3	1
10 Drug therapy/counselling to prevent heart attacks and strokes	○	○	●	DK	○	●	○	○	○	●	○	3	0	7

Source: Noncommunicable disease: progress monitor 2022 (11) ● Fully achieved ◐ partially achieved ○ not achieved NR No response DK Don't know

Countries in the Region have prioritized prevention and control of NCDs and, in 2021, 10 of the 11 countries had set time-bound national targets and had an operational multisectoral national strategy or action plan.

Tobacco use, harmful use of alcohol, unhealthy diet, physical inactivity and air pollution are the five risk factors common to NCDs. While most countries have made some progress in policy development for the five risk factors included in the regional action plan, progress is uneven across risk factors and between countries. There is still a substantial policy gap between the current level and the best achievable level; this needs to be closed as soon as possible in order to control the risk factors and achieve the targets by 2030.

In 2021, six countries had implemented standardized packaging and/or graphic health warnings on all tobacco packages, while only two countries had enforced comprehensive bans on tobacco advertising, promotion and sponsorship. Similarly, according to MPOWER (12), all countries had initiated tobacco reduction measures, although some were only partially achieved. The information collected, however, does not constitute a thorough and complete legal analysis of each country's legislation, and information may be incomplete about Member States where subnational governments play an active role in tobacco control.

The policy commitment from countries to address obesity is strong; the *Strategic action plan to reduce the double burden of malnutrition in the South-East Asia Region 2016–2025* (13) was endorsed at the 69th session of the WHO Regional Committee for South-East Asia Region (14). The mid-term assessment of the plan showed progress in strengthening policy and legislative frameworks to address the food environment as well as surveillance, but significant resource constraints exist.

Reduction of salt consumption at the population level is a cost-effective “best buy” intervention. Ten countries have set national salt/sodium reduction targets aligned to the *Global action plan for the prevention and control of noncommunicable diseases 2013–2020* (15), and have identified baseline population mean salt/sodium intake. However, progress on reducing salt/sodium consumption is slow. Three countries have implemented front-of-pack labelling to empower consumers to make healthier choices. Four countries have implemented settings-based actions to reduce salt, and two countries have initiated actions to reformulate foods. The major source of salt/sodium in the region is through discretionary salt, and six countries have implemented national public education and awareness campaigns.



In 2021, one country had partially achieved adoption of national policies that limit saturated fatty acids to eliminate industrially produced trans fatty acids (TFA). However, best practice policies to eliminate trans fatty acids had been legislated in two more countries by 2022, and three other countries were making progress towards elimination of trans fatty acids.

As reported in 2019, almost half the countries in the Region had imposed bans on advertisements and restrictions on the physical availability of alcohol, according to SAFER – an action package prioritizing five high-impact interventions outlined in the *Global strategy to reduce harmful use of alcohol* (16). Overall, the SAFER composite score varied from 31.3 to 68.3 for countries in the Region (17). This shows substantial policy space to further strengthen policies to prevent alcohol-related morbidity and mortality in the Region.

The roadmap for implementing the global action plan on physical activity in the WHO South-East Asia Region supports countries on initiatives to address physical inactivity (18). Six countries have taken up national communication campaigns to promote physical activity. Activities in schools and workplaces are also progressing in different parts of the Region, often through the health-promoting schools and the healthy cities platforms, which support comprehensive actions for risk factor reduction.

About 63% of households in the Region still rely on solid fuels, which leads to unacceptable levels of household air pollution. More than 92% of the cities in the Region recorded PM2.5 levels much higher than WHO air-quality guideline levels. As of 2021, 11 cities across four countries had joined the BreatheLife Network, which is promoting and sharing clean air solutions that will have significant impact on people living in these cities, now and in the future (19). Fuel subsidies and other programmes have helped to double the rate of access to clean cooking in two countries.

Progress has been made in most Member States in strengthening health systems for NCDs. Evidence-based national guidelines for the management of major NCDs through a primary care approach were reported from seven countries in the 2022 NCD progress monitor, while three reported a partially implemented approach. Coverage of drug therapy and counselling for eligible persons at high risk was reported by only three countries. Most of the progress was made by improving the availability of needed diagnostics and medicines in primary health care facilities in the public sector (20).

Among the four NCDs, diabetes is showing an increasing trend, and the premature mortality attributable to diabetes mellitus is also on



the increase. There are major gaps in the detection, diagnosis and management of the disease which need urgent attention. Gestational diabetes mellitus (GDM) needs more attention, as GDM has increased risk for future diabetes in women. The offspring of women with GDM are also at higher risk of developing cardiometabolic diseases such as heart attack, stroke, diabetes mellitus, insulin resistance and non-alcoholic fatty liver disease. Hypertension control has been taken up recently in some countries and has demonstrated that it is possible to improve the care cascade (21).

CVD, including stroke, is still the main contributor to premature NCD mortality. In addition to preventing the occurrence of heart attack and stroke, adequate infrastructure, capacity and financial protection models are needed to provide acute care and to prevent mortality.

Cancer as a cause of death is on the increase, and lung, breast, oral, cervix and colorectal cancers are of concern. Tobacco smoking and chewing needs more work to reduce tobacco-related cancers. WHO global initiatives on cervical, breast and childhood cancers are being taken up in the Region. Human papillomavirus (HPV) vaccination can help to reduce the incidence of cervical cancer, along with screening and management.

Palliative care is a critical area and efforts are ongoing in all countries, but more work is needed to expand the coverage of palliative care to everyone who needs it.

Member States have made progress in improving monitoring and surveillance for NCDs, with most countries in the Region having conducted at least one population-based survey in the past five years. Progress in developing systems for reliable cause-specific mortality data is still very slow due to inadequate practices for medical certification of “cause of death” for institutional deaths, and a very high proportion of deaths taking place at home.

A review of multisectoral policies and actions in South-East Asia Region in 2018 observed the different approaches used in the Member States (22). The following challenges were identified for effective NCD governance and multisectoral response – diverse sectoral priorities, lack of subnational coordination, limited human resources, unclear expectations to and from collaborators, financial constraints, political challenges and industry interference. The Region has made progress, and a summary SWOT analysis indicates that there are some challenges, but there are more opportunities and strengths to advance the work on NCD prevention and control (Fig. 4).



Fig. 4. SWOT analysis of NCD prevention and management in the South-East Asia Region

Strengths	Weakness
<ul style="list-style-type: none"> • National multisectoral plans and targets • Demonstration of progress in areas such as tobacco control • NCD services are scaled up in primary health care (PHC) and universal health coverage (UHC) • More investments in health sector • Good foundation for action with the implementation of the regional NCD action plan 	<ul style="list-style-type: none"> • Limited investments for NCD • Limitations in the implementation/enforcement of policies and programmes, legislation, regulation and taxation • Lack of policy coherence to reduce risk factors • Primary care not fully equipped for NCD prevention and control • Essential NCD package is insufficiently covered under UHC benefit packages • Mechanisms for engaging private sector • Limitations in the availability/access to NCD medicines and diagnostics • High out-of-pocket and catastrophic health expenditure, mainly due to NCDs • Limitations in timely and reliable data to guide action
Threats	Opportunities
<ul style="list-style-type: none"> • Commercial determinants • Climate change and air pollution • Occupational and other health risks • Disparities in access • Emergencies and humanitarian situations • Changes in government structures and priorities 	<ul style="list-style-type: none"> • Realization of weakness in NCD care during the pandemic • Increase investments in public health and primary health care • Digital solutions and use of technology to help in rapid scale up • Potential to harness private sector in prevention and management of NCDs • Region has major manufacturers and innovators of health care • Meaningful engagement of and people living with NCDS





3. Structure and function of the implementation roadmap 2022–2030

The WHO South-East Asia Region has laid the foundations for NCD prevention and control. A rapidly changing Region in terms of epidemiological transition and other sociodemographic changes needs an agile and adjustable implementation roadmap to meet the requirements of the countries. The roadmap has been devised as a set of tools and guidance for countries to identify priorities in their local context.

The Action plan for the prevention and control of noncommunicable diseases in South-East Asia Region, 2013–2020, extended to 2030, contains good guidance and actions, and will remain the basis of the regional NCD response. The vision and goal of the extended regional action plan remain the same (Box 1), but targets set for the regional action plan for 2025 will be extrapolated, and changes made since 2013 will be reflected in the updated set of targets (23).

Box 1. Action plan 2013–2030 vision and goals

Vision

For all people of the South-East Asia Region to enjoy the highest attainable status of health, well-being, and quality of life at every age, free of preventable NCDs, avoidable disability and premature death.

Goal

To reduce preventable morbidity, avoidable disability and premature mortality due to NCDs in the South-East Asia Region.

The roadmap will support and sustain progress in prioritizing and accelerating the most impactful interventions, in scaling up digital and other innovations, including those utilized during the COVID-19 pandemic, and in promoting accountability through data to achieve the NCD targets for 2025 and 2030 (Table 1 and Table 2).

Table 1. Targets for South-East Asia Region NCD implementation roadmap 2022–2030

Regional NCD action plan indicator	Global targets 2025 ^(a)	Global targets (extended and updated) for 2030 and rationale ^(b)	Regional targets 2030
(i) A relative reduction in premature mortality from cardiovascular diseases, cancers, diabetes, or chronic respiratory diseases	25%	SDG target on NCDs with 2015 as the baseline and an extrapolation of the 25% relative reduction to 2030 making it 33.3%.	33.3%
(ii) A relative reduction in the harmful use of alcohol	10%	Updated in the Global strategy to reduce the harmful use of alcohol (WHA) with baseline of 2010	20%
(iii) A relative reduction in prevalence of current tobacco use in persons aged over 15 years	30%	Unchanged	30%
(iv) A relative reduction in prevalence of insufficient physical activity	10%	Target extended to a 15% relative reduction in prevalence of insufficient physical activity by 2030 as part of the Global action plan on physical activity adopted at WHA May 2018	15%
(v) A relative reduction in mean population intake of salt/sodium	30%	Unchanged	30%
(vi) A relative reduction in prevalence of raised blood pressure	25%	Unchanged	25%
(vii) Halt the rise in obesity and diabetes	Keep the rates of 2010	Unchanged	Keep the rates of 2010
(viii) A relative reduction in the proportion of households using solid fuels (woods, crop residue, dried dung, coal, and charcoal) as the primary source of cooking	50%	Unchanged	50%
(ix) Eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attack and strokes	50%	Target unchanged. New indicator is updated to reflect new CVD risk projection charts: Proportion of eligible persons (defined as aged 40 years and older with a 10-year cardiovascular risk $\geq 20\%$, including those with existing cardiovascular disease) receiving drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes	50% reflecting the change in threshold
(x) Availability of affordable basic technologies and essential medicines, including generics, required to treat major NCDs in both public and private facilities	80%	Unchanged	80%

(a) NCD accountability framework for NCD implementation roadmap (23)

(b) Action plan for the prevention and control of noncommunicable diseases in South-East Asia, 2013–2020 (9)



Table 2. Disease-specific targets agreed at global level

Disease	Targets
Diabetes	<p>Targets to be achieved by 2030 (24)</p> <ul style="list-style-type: none"> • 80% of people with diabetes are diagnosed; • 80% of people with diagnosed diabetes have good control of glycaemia; • 80% of people with diagnosed diabetes have good control of blood pressure; • 60% of people with diabetes of 40 years or older receive statins; and • 100% of people with type 1 diabetes have access to affordable insulin treatment² and blood glucose self-monitoring.
Cervical cancer	<p>To eliminate cervical cancer, all countries must reach and maintain an incidence rate of below four per 100 000 women. Achieving that goal rests on three key pillars and their corresponding targets (25):</p> <ol style="list-style-type: none"> 1. Vaccination: 90% of girls fully vaccinated with the HPV vaccine by the age of 15; 2. Screening: 70% of women screened using a high-performance test by the age of 35, and again by the age of 45; and 3. Treatment: 90% of women with pre-cancer treated and 90% of women with invasive cancer managed. <p>Each country should meet the 90–70–90 targets by 2030 to get on the path to eliminate cervical cancer within the next century.</p>
Childhood cancer	<p>To achieve at least a 60% survival and to reduce suffering for all children with cancer by 2030 (26)</p>

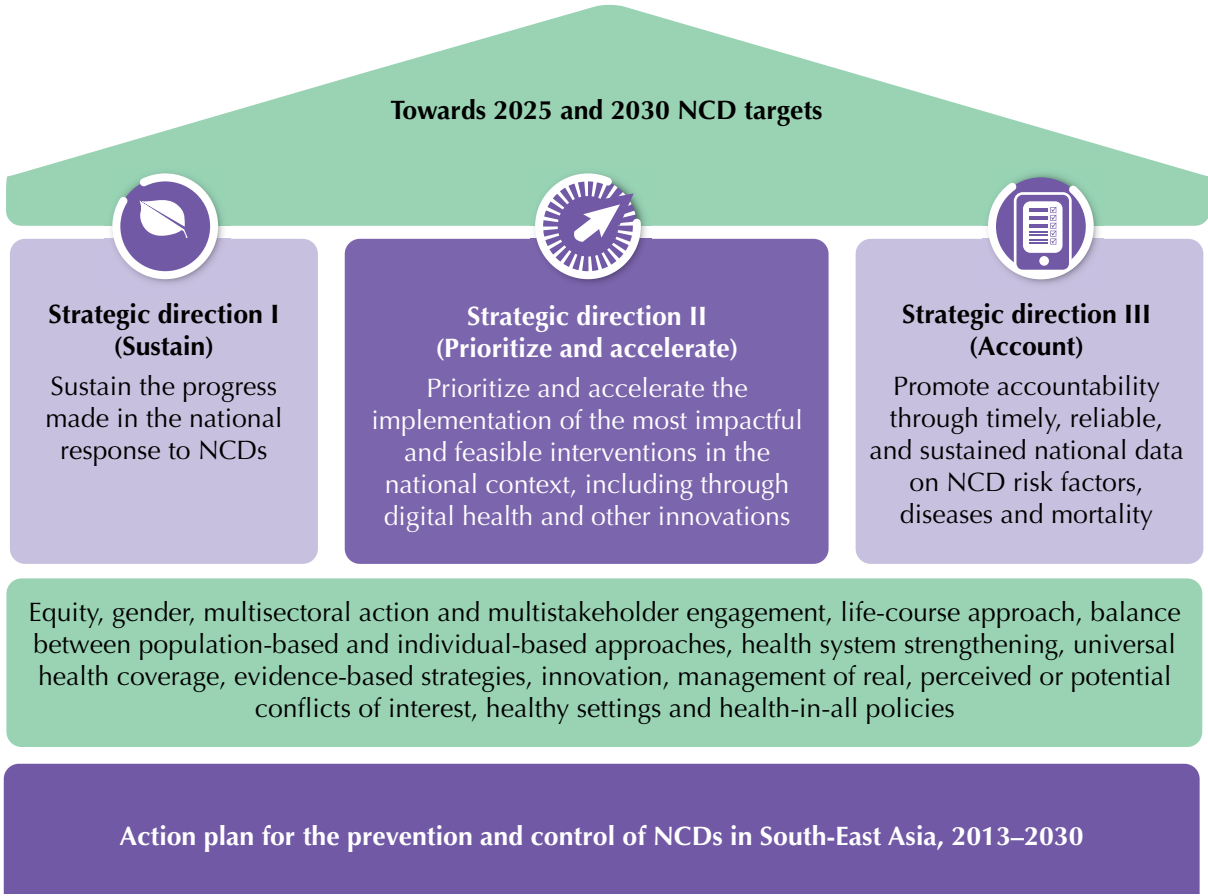
The implementation roadmap has three strategic directions.

1. Sustain the progress made in the national response to NCDs.
2. Prioritize and accelerate the implementation of the most impactful and feasible interventions in the national context, including through digital health and other innovations.
3. Promote accountability through timely, reliable and sustained national data on NCD risk factors, diseases and mortality.

The regional NCD roadmap (Fig. 5) is expected to be a dynamic document, with tools enabling updates as needed. WHO NCD “best buys” and other recommended interventions are being updated and will be included in the roadmap as they become available. In addition to the global NCD roadmap, the South-East Asia Region implementation roadmap for NCDs will be aligned to the regional guidance on NCDs, health systems and related areas.



Fig. 5. Implementation roadmap for accelerating the prevention and control of NCDs in South-East Asia 2022–2030



Strategic direction I: Sustain the progress made in the national response to NCDs

NCD governance, policy, plan and coordination

Countries in South-East Asia Region have shown their commitment to NCDs through national NCD multisectoral plans. These plans guide a “whole-of-government” approach. They should be updated regularly and should guide focused implementation of policies to prevent NCDs. National mechanisms may be established, as appropriate, to maintain the momentum on multisectoral action.

There should be continued advocacy for a multisectoral approach within countries to address NCDs, including the allocation of adequate finance and human resources. Capacity development initiatives aimed at health and non-health partners and at developing return-on-investment cases for other sectors with a joint analysis of outputs can help in actions from all sectors (27).

There are many noncommunicable diseases and multiple risk factors, requiring the involvement of a wide range of interventions, platforms for action and stakeholders. A strong governance structure is essential to implement, sustain and monitor policies and action plans. A national group can help distil the information and data from many sources and feed it into the national NCD response. A good example is the Country Coordinating Mechanism, a national committee that submits funding applications to the Global Fund and oversees grants on behalf of their country (28). A similar approach could be considered for NCDs. National NCD alliances could support the coordinating mechanism by providing platforms for engaging multiple stakeholders. WHO Global Coordination Mechanism (29) is supporting this work and will be producing more guidance (30).

NCD risk factor control

Progress in tobacco control in the Region, as indicated by the MPOWER progress report (31), is to be maintained and further strengthened. More focus and targeted actions are needed to address tobacco chewing and electronic nicotine delivery systems.

Interventions to reduce the harmful use of alcohol show a mixed picture, and bans on advertising and reducing the physical availability measures need to be sustained. Illicit alcohol consumption must be addressed in the local context. The *Action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority* was approved by the Seventy-fifth World Health Assembly, 2022, and will provide further guidance in this area (32).



Rising rates of obesity is a problem across the Region, and a key risk factor for diabetes and other NCDs. Overweight and obesity are of concern, especially in school-aged children, and overweight is fast replacing underweight as a problem in the adult population, especially in urban areas. Focus areas include actions to address the diets of infants and young children, and initiatives on diet and physical activity to address all forms of malnutrition. WHO recently developed recommendations for the prevention and management of obesity over the life course, including additional process targets. The accompanying acceleration plan to control obesity will help countries in prioritizing context-specific actions to address obesity (33).

Health promotion and healthy settings

Population-level changes will take time to manifest. However, global experience and the scenario in many countries are pointers that strong policy actions are urgently needed. These policies will help to protect the current and next generation. Policies, legislations, regulations and fiscal measures will have to be taken up to overcome the commercial determinants.

Healthy settings, including cities, workplaces and schools are good platforms for mounting multiple interventions to reduce NCD risk factors and promote wellbeing. Setting up of regional platforms (such as exchange programmes and online platforms) for sharing of best practices for implementing the multisectoral action plan would be useful. Interventions for reducing these risk factors need a “whole-of-government” and “whole-of-society” approach, and the updated Appendix 3 of the *Global action plan for the prevention and control of noncommunicable diseases 2013–2020* (34), presenting cost-effective interventions to address NCDs, will provide more guidance. Implementing these interventions at scale and with impact is essential. Health promotion, the encouragement of health literacy and the creation of healthy settings are approaches that help to maximize the implementation of risk-reduction strategies.

WHO South-East Asia Region adopted the regional plan for implementation of the global strategy on health, environment and climate change at the Regional Committee in 2019 (35). Countries in the Region can address air pollution through a multipronged approach and learn from experience within the region.

Strengthening health systems to combat NCDs

Primary health care is the foundation of an NCD-ready health system. Most of the NCDs can be prevented, detected early and optimally



managed to prevent complications and premature death within a well-performing primary health care. Countries in the Region have all shown progress in hypertension and diabetes control and cervical cancer screening, and the measures adopted can be scaled up. Tracer indicators, such as hypertension control at different levels of the care cascade, can tell the story and help in taking the right decisions. Vaccination for HPV is a powerful intervention for supporting the elimination of cervical cancer as a public health problem. Civil society engagement using a rights-based approach to NCD services can help to strengthen the demand side of health services.

Universal health coverage is the means to ensure equitable and affordable health care. A context-specific NCD intervention package should be part of the universal health coverage benefit package. Countries can identify the interventions relevant to them and strengthen the building blocks of their health systems at primary, secondary and tertiary level to ensure that NCD services can be delivered equitably without financial burden to the people. Timely and appropriate referral, with options to manage complications of NCDs, including diagnostic and therapeutic capacity, is important. Deaths from heart attacks and stroke can be reduced with optimal referral systems. Reducing delay in cancer diagnosis and treatment can lead to improvement in cancer survival and quality of life.

Strategic direction II: Prioritize and accelerate the implementation of the most impactful and feasible interventions in the national context, including through digital health and other innovations

Prioritization

There are many interventions available for the prevention and control of NCDs. Cost-effectiveness analysis is useful, but it has limitations and should not be used as the only basis for decision-making. When selecting interventions for the prevention and control of noncommunicable diseases, consideration should be given to effectiveness, cost-effectiveness, affordability, implementation capacity, feasibility, local context, health equity, and the need for a combination of population-wide policy interventions and individual interventions. Demonstration of impact by high coverage, and the speed and scale of implementation provide learnings that can help in further scale up (36).

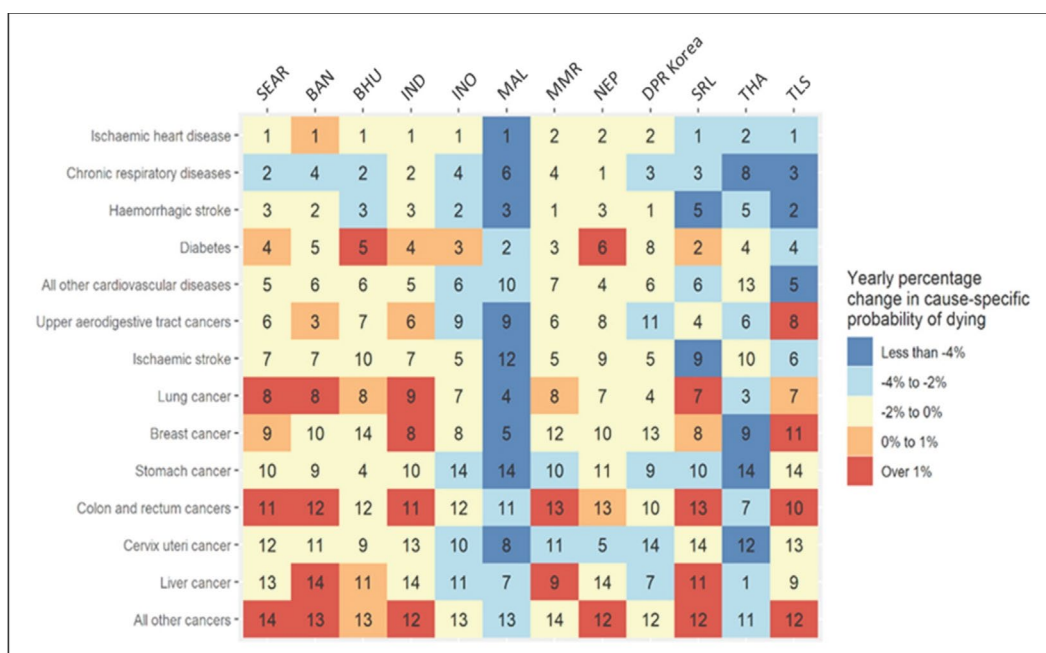
Prioritization is important, as coverage of NCD services is generally lower, and out-of-pocket costs higher, than for services for reproductive, maternal, neonatal and child health, and for infectious diseases.



Diseases and conditions contributing to NCD premature mortality

Policy-makers could consider the relative burden of disease in their prioritization exercise. Some conditions will be more important in a particular country than in others. Fig. 6 provides rankings of specific NCD causes in the South-East Asia Region Member States (37). While cardiovascular diseases are top causes of NCD mortality in some countries, other conditions may warrant special consideration. The numbers in this figure show the rank of each specific cause as a contributor to overall mortality from NCDs in 2019. The colours show the historical annual rates of change (2015–2019) for each cause. Meeting the SDG 3.4 target requires at least a 2.7% annual rate of decline in mortality from each NCD. The light and dark blue colours imply that a country is on track to achieving the target for that cause, and the yellow, orange, and red colours imply that a country is off track. Conditions listed are indicative, and grouping them as the four major NCD categories may change the order. The main purpose is to consider such analysis with detailed national data.

Fig. 6. Ranking and yearly percentage change in cause-specific probability of dying



Source: NCD Countdown 2030 Collaborators (37)

Cost-effectiveness of interventions

WHO is updating the menu of policy options (updated in 2017) as Tackling NCDs: “best buys” and other recommended interventions for the prevention and control of noncommunicable diseases (38). The 2022 update will revise, add and reanalyse the interventions. The updating process and details are provided on the WHO website (39).

South-East Asia Region NCD impact simulation tool

The South-East Asia Region NCD impact simulation tool (40) has been developed to assist Member States in the region prioritize different NCD interventions for their national NCD response (41). The tool uses the intervention list, modelling approach and data inputs from NCD Countdown 2030 (42). Various tabs in the tool guide the user through the process of reviewing data inputs, specifying key parameters (e.g. baseline and target coverage) and visualizing results. The tool is meant to be an input to the policy dialogue process, not a prescription for specific actions. It is not meant to supplant the expertise of various technical working groups or units (e.g. departments of planning) within ministries of health. The tool includes estimates of the unit cost to the health system of each intervention, taken from the literature. These unit cost estimates can be replaced with local data, e.g. from primary micro-costing studies or OneHealth Tool costing spreadsheets. Care should be taken to align the local cost data with the descriptions of the interventions. The tool uses the population model described previously to provide projections of costs between 2023 and 2030, including “incremental costs” (i.e. additional costs required to scale up the interventions) and “total costs” (i.e. current spending plus incremental costs).

In addition to the current and target coverage levels of each intervention, which impact the incremental and total costs, the tool also includes a parameter specifying the current and target share of out-of-pocket costs for each intervention. Efforts to reduce out-of-pocket costs, especially for interventions in the high-priority category, will be reflected in the incremental and total costs above and beyond the costs of simply scaling up the interventions at their current levels of out-of-pocket spending.

Achieving the SDG 3.4 target will require countries to scale up interventions faster than has been observed historically. The tool includes a parameter for each intervention that specifies the rate of increase in population coverage of each intervention. The default coverage increase is set as an annual 2% increase on the 2022 coverage, resulting in an increase of 16% by 2030. For reference, most low- and middle-income countries have had increases in hypertension treatment coverage of less than 1% per year; the best-performing countries have had increases of just under 2% per year. Coverage of antiretroviral drug therapy has typically increased at between 4% and 5% per year, and represents an upper limit of what is logistically feasible during the SDG period until 2030. The choice of scale-up rate has a direct impact on the likelihood of achieving the SDG 3.4 target: the faster the increase in coverage, the greater the benefits of the intervention on population mortality, but at higher incremental cost.



Acceleration

Primary health care

Comprehensive primary health care is the means to address NCDs. To adequately respond to the needs of people with NCDs and enable proactive population management, primary care in many settings will need to change (Fig. 7). Primary care services should be tailored to a defined catchment population to enable continuity of care and responsiveness to the changing disease burden. The size of the catchment population for primary care can be determined by the disease burden, population density, the health workforce model, and available resources. Transforming the current model of care to make primary health care the main provider of care for NCDs will require more efficient use of existing resources and, in many cases, additional resources for health services, with an increase in infrastructure, medical products, trained/skilled health workers, health information systems, and managerial capacity directed to primary care. Appropriate policy changes are needed for medical/health-worker education and professional regulation to strengthen and expand primary care (43).

While devolving prescriptive powers to mid-level, non-physician care providers, two aspects need to be considered: dispensing rights vs prescriptive rights; and clear definition of training, certification, and the context in which such prescriptive powers can be implemented.

It is important to prioritize resource allocations for prevention of NCDs and for primary health care strengthening to bring in the desired impact. The *South-East Asia regional strategy for primary health care: 2022–2030* provides Member States with guidance on facilitating primary health care-orientation through the identification of seven values and 12 strategic actions that collectively embody the philosophy and practice of primary health care, enunciated in the 1978 Declaration of Alma-Ata and reaffirmed in the 2018 Declaration of Astana (44).



Fig. 7. Elements to be augmented in primary care to prevent and control NCDs



Integration

NCD prevention and control need not be a standalone programme. In fact, there are many health programmes where NCD interventions can fit in well. An integrated approach can also provide an opportunity to learn from other health programmes (e.g. HIV, TB) through case studies on community engagement mechanisms.

Palliative care is a crucial part of integrated, people-centred health services. National health systems are responsible for including palliative care in the continuum of care for people with chronic and life-threatening conditions, linking it to prevention, early detection, and treatment programmes. Palliative care needs to be provided in accordance with the principles of universal health coverage.

A phased approach is needed for integration and must be relevant to the context. Interventions can also be seen as relevant to the life course, as presented in the *WHO menu of cost-effective interventions for mental health* (45), and the *WHO global air quality guidelines* (46) can be considered, along with other NCD interventions, as appropriate to the local context.

The need to establish, strengthen and facilitate referral mechanisms with objective thresholds for referral up and down the system are an important aspect for consideration. Good referral systems can help maximize the use of expertise and health care infrastructure in line with the complexity of the disease being managed. A “hub and spoke



model” can arrange service delivery assets into a network consisting of an anchor establishment (hub), which offers a full array of services, complemented by secondary establishments (spokes), which offer more limited service arrays, routing patients needing more intensive services to the hub for treatment.

Integration of NCD services with existing programmes

NCD control programmes can no longer be viewed as standalone. There is undoubtedly a co-existence of NCDs with other conditions; for example, comorbidity with TB and HIV is well established, and in many countries bi-directional screening under TB or HIV control programmes has already been implemented. HPV vaccination for cervical cancer prevention can be integrated with the country’s national immunization programme. Gestational diabetes is an important condition to be addressed, which can be integrated with maternal care services. Cross-cutting areas, such as nutrition, are essential not only for the control of childhood obesity but for other disease conditions as well. All these can be integrated in the existing nutrition programmes. This holistic approach will also help to promote efficient disease control systems.

Life-course approach to addressing NCDs

Many of the NCDs experienced in adulthood stem from exposures early in life. Though major NCDs are often associated with older age groups, evidence suggests that they affect people of all ages. NCD prevention begins with the antenatal period, and proper nutrition that starts from infancy through childhood will have a long-lasting effect. Similarly, physical activity is required through all phases of life. Air pollution has detrimental effects on all stages of life, though manifestation of its effect may be seen later in adulthood. Other risk behaviours, such as tobacco use, alcohol consumption and certain sexual behaviours, need to be addressed in all stages of life. A life-course approach that considers the needs of all age groups and addresses NCD prevention and control in its earliest stages is therefore essential for prevention-control of NCDs.

Implementation research

Implementation research investigates the various factors that affect how a new policy or intervention may be used (or implemented) in real-life settings. The focus of an evaluation of the implementation process is on the type and quantity of policies and interventions delivered, the beneficiaries of those policies and interventions, the resources used to deliver the policies and interventions, the practical problems encountered, and the ways in which such problems were resolved. Implementation research should be embedded in all stages involving



the selection, adaptation and evaluation of policies or interventions for the prevention and control of NCDs.

It is also important for the knowledge created to be shared among policy-makers, implementers and researchers through cross-country and cross-sectoral platforms and collaborations. The WHO publication *A guide to implementation research in the prevention and control of noncommunicable diseases* provides more operational details (47).

Universal health coverage

Progressive realization of universal health coverage can contribute to the achievement of the right to health. Consideration of the positive value of financial risk protection is particularly relevant for NCD priority-setting, given the long-term cost implications for the patient and their household. The 2019 global monitoring report indicates that there has been no pronounced progress for the NCD component since 2000 and this situation will have to be addressed in all countries (48).

Those seeking to improve NCD service delivery through essential health benefit packages should consider the following principles. Essential benefit package design should be:

- impartial, aiming for universality;
- democratic and inclusive, with public involvement, including from disadvantaged populations;
- based on national values and clearly defined criteria;
- data driven and evidence-based, and should include revisions in light of new evidence;
- respect the difference between data analysis, deliberative dialogue and decision;
- linked to robust financing mechanisms;
- include robust service delivery mechanisms that can promote quality care; and
- open and transparent in all steps of the process, and decisions should be clearly communicated (49).

Sustainable financing is required for countries to support population-level interventions and reduce the unmet need for services and financial hardship arising from out-of-pocket payments. Countries should incrementally increase the allocation for health and, within that, for NCDs. This also involves improving the effectiveness of catalytic funding support. Out-of-pocket expenditure can be reduced only when NCDs are well covered under financial protection schemes in countries.



Meaningful involvement of the private sector, quality of care and outcome-based information collection are important elements that need to be addressed. Public–private partnership is one option, but approaches such as engaging private care to replicate the primary care centres as per national guidance and other such options can be considered.

Shifting public sector spending towards primary health care interventions, which form the backbone of universal health coverage, requires not only financial resources but strong political and logistical commitments. Achieving universal health coverage is not merely a financial, technical or rhetorical issue; successful national initiatives to provide genuine universal health coverage will require strong social movements and political leadership, among other factors (50).

Scaling up digital solutions and innovations and aligning with ongoing programmes

COVID-19 has significantly affected delivery of health services in South-East Asia Region, and abrupt disruption of health services has affected individuals living with NCDs. These disruptions have resulted in increased use of digital health solutions and highlighted the role of health innovations for delivery of health services, for self-management and remote care. A recent review of digital health innovations for NCD management during COVID-19 has identified that telemedicine was the most frequently used digital health innovation for NCD management during the pandemic (93%), followed by targeted client communication (59%) and personal health tracking (51).

The pandemic has also resulted in significant lifestyle changes for people living with NCDs, especially among those with diabetes and with risk factors for cardiovascular diseases. Interventions for self-management play an important role in mitigating the worsening of existing conditions due to, for instance, limited opportunities for outdoor physical activities.

Digital health innovations can effectively support integrated-care models for NCDs, and embedding them within health care delivery systems is a promising approach to improving sustainability.

Digital health should be an integral part of health priorities and benefit people in a way that is ethical, safe, secure, reliable, equitable and sustainable. It should be developed with principles of transparency, accessibility, scalability, replicability, interoperability, privacy, security and confidentiality.

The WHO *Global strategy on digital health 2020–2025* highlights that the “digital determinants of health”, such as digital literacy, and access



to communication technologies, including equipment, broadband and the internet, are critical to preventing and addressing the digital divide (52).

Digital health interventions can perform a useful function in ensuring continuity of care, an easy-to-use referral mechanism, and optimization of resources to match disease complexity. There is a need for countries to develop guidelines on telemedicine practice to streamline use of digital tools for health care delivery – while safeguarding patient and provider interests.

Civil society organizations continue to be an important stakeholder for a robust NCD prevention and control movement. They can develop shadow reports on national NCD targets, with on-the-ground updates on what is reported by the Member States. The strength of civil society organizations in engaging with communities should be leveraged in order to develop a network of persons living with NCDs and champions from the community to lead policy and programme action to create resilient health systems.

South-East Asia Region NCD toolkit

Achieving the SDG 3.4 target will require countries to scale up interventions faster than has been observed historically, and WHO has developed initiatives, guidance, and tools to help in the implementation of NCD prevention and control. The toolkit is a collation of guidance documents and tools (Annex) and will be available on the web portal.

Strategic direction III: Promote accountability through timely, reliable and sustained national data on NCD risk factors, diseases, and mortality

NCD monitoring and evaluation takes place in three domains: risk factors, morbidity and mortality, and the readiness and response of national systems. These domains must be taken up as an integral part of the NCD policies, strategies and plans. Plans and actions without data is not helpful in NCDs. Unlike communicable diseases, immunization, and maternal and child health domains, where some systems for routine and reliable data collections are available, NCD data collection is often sporadic and not institutionalized.

Data and information from many sectors are needed for NCD prevention and control and should be one of the key areas in a national multisector plan and implementation mechanism. Depending on the national context, this may be a major step for national authorities. Dedicated resources and institutional capacity building are essential



for ensuring timely and reliable data collection, analysis and use. Disaggregated data and data covering subnational areas are needed to develop targeted advocacy and actions.

NCD policy and programme monitoring

In May 2013, the Sixty-sixth World Health Assembly adopted the comprehensive global monitoring framework for the prevention and control of noncommunicable diseases (53). This allows the monitoring of trends and assessment of progress made in the implementation of national strategies and plans on noncommunicable diseases. With the extension of the *Global action plan for the prevention and control of noncommunicable diseases 2013–2020* to 2030, the global monitoring framework was updated, with targets aligned to 2030 (22). The South-East Asia Region NCD roadmap has adopted the targets for 2030, as given in Table 2. There are additional disease-specific targets, which are helpful in specific disease areas, and these will also serve as tracer indicators.

Monitoring NCD risk factors

Investing in surveillance and monitoring is essential to obtain reliable and timely data at national and subnational levels through regular NCD risk-factor surveys and country-capacity assessments to prioritize interventions, assess implementation and learn from the impact of NCD prevention and control.

It is recommended that national surveys use standardized methods designed to capture multiple risk factors and provide a more granular assessment of the on-the-ground situation in relation to national policies and programmes. Opportunities to collect NCD-related information in other related surveys are encouraged. Surveys should also be planned to provide reliable disaggregated estimates to identify vulnerable and hard-to-reach groups to ensure that no one is left behind.

Morbidity and disease registries

Disease registries and health facility-level data, as appropriate, are critical for prioritizing and selecting the most appropriate and cost-effective interventions for NCD prevention and control. Cancer registries have shown the way, and the experience can be used for other conditions.

Strengthening reliable vital registration and civil registration systems, and improvements in medical cause of death reporting are essential for good-quality mortality data. Strengthening systems for collecting cause-



specific mortality data on a routine basis is essential for tracking the progress towards the targets.

Data for action and accountability

Dedicated resources and institutional capacity-building are essential for ensuring timely and reliable data from all sectors, including the private sector.

Country-specific accountability frameworks can be considered, in alignment with the WHO NCD accountability framework (22). Development and execution of a regional implementation research agenda to achieve universal health coverage for NCD services through the development of a South-East Asia Region NCD delivery network will also be a means to use the data collected. WHO will update the status of NCD prevention and control through a web portal to bring together data from different sources and render it comparable to allow tracking of global, regional, and country progress.

Research into implementation is a tool that must be used in NCD prevention and control as many interventions are relatively new and only through testing them on the ground can countries learn about the challenges and opportunities. Evaluation of NCD programmes should consider outcome and impact in addition to the monitoring of progress. Impact will take time, but having a good grip on the indicators will help to strengthen accountability and spur action across sectors. NCD data should be included as an integral component of the national and subnational health information systems aligned with the WHO SCORE package (54).





4. Adapting the implementation roadmap to strengthen the national response to NCDs

The strategic directions of the roadmap provides guidance which can be adapted to the national context. Countries can consider establishing a national “think tank”, or a Country Coordinating Mechanism (a national committee that submits funding applications to the Global Fund and oversees grants on behalf of its country) to ensure commitment and functional synergies across sectors (28).

More energetic advocacy is required, including from civil society, for NCDs to be addressed in a multisectoral manner. Country-specific national strategic plans can be developed using the roadmap as a guide.

Member States can assess the status of NCD prevention and control, using data on NCD mortality, risk factor prevalence, country capacity surveys and health system capacity. Measures that can be taken include conducting a SWOT analysis and identifying areas for improvement and areas that are working well; holding a national workshop with relevant stakeholders to present the data and to get more insights into programme implementation; and studying the financial utilization in the programme and identifying bottlenecks.

The South-East Asia Region NCD impact simulation tool (40) can be used to study different interventions: their impact on premature mortality reduction at varying levels of coverage, and the costs associated with it. This exercise will help to identify some priority interventions that can be scaled up. This will also help in addressing the challenges and be preparation for scaling up other interventions. The roadmap will be available through the web portal to facilitate easy access to the tools and resources.

The South-East Asia Region NCD impact simulation tool can also be used to prioritize high-impact and feasible interventions using relative burden and cost-effectiveness as criteria. Based on feasibility and impact, it is important to increase the depth and reach of interventions to achieve the desired impact.

The South-East Asia Region NCD toolkit provides links to over 50 WHO guidance documents and online tools (see Annex).

WHO will work closely with Member States and partners in the South-East Asia Region to operationalize the roadmap in the national context. At the global level, WHO is updating the menu of policy interventions through cost-effectiveness analysis and will update the

set in 2022. Global initiatives on NCDs will also provide guidance on specific areas. The Regional Office for South-East Asia will bring out the roadmap as a web app to make it easy to access the different tools and resources. WHO will update the NCD data portals and will also work on country-specific NCD data portals for easy access to data. At the national level, WHO will work with national governments and partners to adapt the steps in the roadmap with technical support. There will be opportunities to learn across countries and from global good practices.

Menu of actions for a national response

Governance, plans, partnership, coordination

1. Raise public and political awareness, understanding and practice about prevention and control of NCDs.
2. Integrate NCDs into the social and development agenda and poverty alleviation strategies.
3. Strengthen international cooperation for resource mobilization, capacity-building, health workforce training and exchange of information on lessons learned and best practices.
4. Assess national capacity for prevention and control of NCDs and develop and implement a national multisectoral policy and plan for the prevention and control of NCDs through multi-stakeholder engagement.
5. Strengthen national capacity including human and institutional capacity, leadership, governance, multisectoral action and partnerships for prevention and control of NCDs.
6. Engage and mobilize civil society and the private sector, as appropriate, and strengthen international cooperation to support implementation of the actions at national level.

Reducing risk factors

1. Reduce tobacco use.
 - a. For the Parties to the WHO Framework Convention on Tobacco Control (WHO FCTC):
 - i. Strengthen the effective implementation of the WHO FCTC and its protocols.
 - ii. Establish and operationalize national mechanisms for coordination of the WHO FCTC implementation as part of national strategy with specific mandate, responsibilities and resources



- b. For the Member States that are not Parties to the WHO FCTC:
 - i. Consider implementing the measures set out in the WHO FCTC and its protocols, as the foundational instrument in global tobacco control.
 - ii. Scale up the implementation of “best buys” and other recommended interventions as per the national context.
2. Reduce the harmful use of alcohol.
 - a. Implement the WHO global strategy to reduce harmful use of alcohol through multisectoral actions in the recommended target areas.
 - b. Strengthen leadership and increase commitment and capacity to address the harmful use of alcohol.
 - c. Increase awareness and strengthen the knowledge base on the magnitude and nature of problems caused by harmful use of alcohol by awareness programmes, operational research, improved monitoring and surveillance systems.
 - d. Adapt the global action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority.
 3. Reduce unhealthy diet.
 - a. Implement the global strategy on diet, physical activity and health.
 - b. Implement the WHO recommendations on the marketing of foods and non-alcoholic beverages to children.
 - c. Adapt and implement the WHO technical packages on salt reduction and elimination of trans fat.
 4. Reduce physical inactivity.
 - a. Implement the global strategy on diet, physical activity, and health.

Strengthening health systems for NCD management and universal health coverage

1. Integrate very cost-effective noncommunicable disease interventions into the basic primary health care package with referral systems to all levels of care to advance the universal health coverage agenda.
2. Explore viable health financing mechanisms and innovative economic tools supported by evidence.
3. Scale up early detection and coverage, prioritizing very cost-effective high-impact interventions, including cost-effective interventions.



4. Train the health workforce and strengthen the capacity of health systems, particularly at the primary care level, to address the prevention and control of noncommunicable diseases.
5. Improve the availability of the affordable basic technologies and essential medicines, including generics, required to treat major noncommunicable diseases, in both public and private facilities.
6. Strengthen and orient health systems to address noncommunicable diseases and risk factors through people-centred health care and universal health coverage.
7. Develop and implement a palliative care policy, including access to opioid analgesics for pain relief, together with training for health workers.

Surveillance and monitoring

1. Strengthen human resources and institutional capacity for surveillance and monitoring and evaluation.
2. Establish and/or strengthen a comprehensive noncommunicable disease surveillance system, including reliable registration of deaths by cause, cancer registration, periodic data collection on risk factors and monitoring national response.
3. Integrate noncommunicable disease surveillance and monitoring into national health information systems.
4. Evaluate progress of the programme implementation and provide guidance for action.

Cross-cutting areas

1. Promote digital health as an integral part of health priorities and benefit people in a way that is ethical, safe, secure, reliable, equitable and sustainable.
2. Develop and implement a prioritized national research agenda for noncommunicable diseases, with a focus on implementation research.
3. Strengthen human resources and institutional capacity for research.





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Annex. South-East Asia Region NCD toolkit

Domain	WHO guidance	Weblink
Advocacy, partnerships, and leadership	Toolkit for developing a multisectoral action plan for NCDs	https://apps.who.int/ncd-multisectoral-plantool/
	Establishing country-level NCD multisectoral mechanisms	https://apps.who.int/iris/handle/10665/312110
	Country capacity survey and progress monitor	https://apps.who.int/iris/handle/10665/352358
	NCD progress monitor	https://apps.who.int/iris/handle/10665/353048
	Saving lives, spending less: the case for investing in noncommunicable diseases	https://apps.who.int/iris/handle/10665/350971
	It's time to invest in cessation: the global investment case for tobacco cessation	https://apps.who.int/iris/handle/10665/348534
Health promotion and risk reduction	WHO FCTC MPOWER (tobacco control measures)	https://www.who.int/initiatives/mpower
	SAFER (alcohol)	https://www.who.int/initiatives/SAFER
	SHAKE technical package for salt reduction	https://apps.who.int/iris/handle/10665/250134
	WHO global sodium benchmarks for different foods categories	https://apps.who.int/iris/handle/10665/341081
	Committing to salt reduction: a toolkit for action	https://cdn.who.int/media/docs/default-source/searo/healthy-diets/salt-reduction/introduction-to-salt-reduction-protocols.pdf?sfvrsn=687f2e76_3
	REPLACE – an action package to eliminate industrially produced trans fat from the global food supply; outlines six strategic action areas	https://www.who.int/publications/i/item/9789240021105
	Global database on the implementation of nutrition action (GINA)	https://extranet.who.int/nutrition/gina/en
	Levels and trends in child malnutrition: UNICEF/WHO/World Bank joint child malnutrition estimates (2021).	https://apps.who.int/iris/handle/10665/341135

Health promotion and risk reduction	Nutrition Landscape Information System (NLIS). Country profile indicators. Interpretation guide (2019)	https://apps.who.int/iris/handle/10665/332223
	Nutrient profile model for South-East Asia Region	https://apps.who.int/iris/handle/10665/253459
	Global action plan on physical activity 2018–2030	https://apps.who.int/iris/handle/10665/272722
	WHO guidelines for indoor air quality	https://apps.who.int/iris/handle/10665/141496
	Clean household energy solutions toolkit (CHEST)	https://www.who.int/tools/clean-household-energy-solutions-toolkit
	Health taxes to improve health and national prosperity	https://apps.who.int/iris/handle/10665/275715
	Partnership for Healthy Cities	https://partnershipforhealthycities.bloomberg.org/
	Urban HEART: urban health equity assessment and response tool	https://apps.who.int/iris/handle/10665/79060
	Healthy cities: an effective approach to a rapidly changing world	https://apps.who.int/iris/handle/10665/331946
	Making every school a health-promoting school	https://apps.who.int/iris/handle/10665/341907
Health systems strengthening	WHO package of essential NCD interventions (WHO PEN)	https://apps.who.int/iris/handle/10665/334186
	PEN training modules for primary health care workers	https://apps.who.int/iris/handle/10665/274260
	The HEARTS technical package	https://apps.who.int/iris/handle/10665/333221
	Guideline for the pharmacological treatment of hypertension treatment in adults	https://apps.who.int/iris/handle/10665/344424
	Global Diabetes Compact	https://apps.who.int/iris/handle/10665/331710
	Ageing and health in the South-East Asia Region	https://www.who.int/southeastasia/health-topics/ageing
	Guide to cancer early diagnosis	https://apps.who.int/iris/handle/10665/254500
	Global strategy to accelerate the elimination of cervical cancer	https://apps.who.int/iris/handle/10665/336583



Health systems strengthening	Regional implementation framework for elimination of cervical cancer as a public health problem: 2021–2030	https://apps.who.int/iris/handle/10665/344762
	Cervical Cancer Elimination Initiative knowledge repository	https://www.who.int/initiatives/cervical-cancer-elimination-initiative
	Human papillomavirus (HPV) vaccine	https://www.who.int/news/item/11-04-2022-one-dose-human-papillomavirus-(hpv)-vaccine-offers-solid-protection-against-cervical-cancer
	Screening and treatment recommendations	https://apps.who.int/iris/handle/10665/342365
	WHO Global Initiative for Childhood Cancer	https://www.who.int/docs/default-source/documents/health-topics/cancer/who-childhood-cancer-overview-booklet.pdf
	The Global Breast Cancer Initiative (GBCI)	https://www.who.int/publications/m/item/the-global-breast-cancer-initiative-gbci
	The Global Initiative for Cancer Registry Development (GICR)	https://gicr.iarc.fr/about-the-gicr/
	Setting up a cancer centre: up a cancer centre: a WHO–IAEA framework	https://www.iaea.org/publications/15052/setting-up-a-cancer-centre-a-who-iaea-framework
	Integrating palliative care into PHC	https://apps.who.int/iris/handle/10665/274559
	Implementing palliative care	https://apps.who.int/iris/handle/10665/250584
	UHC compendium – Repository of interventions for UHC	https://www.who.int/universal-health-coverage/compendium
	NCD kit for emergencies	https://apps.who.int/iris/handle/10665/272964
Surveillance, monitoring and evaluation and research	STEPwise Approach to NCD Risk Factor Surveillance (STEPS)	https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/steps
	The Global Adult Tobacco Survey (GATS)	https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/global-adult-tobacco-survey
	The Global Youth Tobacco Survey (GYTS)	https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/global-youth-tobacco-survey
	Tobacco Questions for Surveys (TQS)	https://www.who.int/publications/i/item/9789241500951



**Surveillance,
monitoring and
evaluation and
research**

The Global School-based Student Health Survey (GSHS)	https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/global-school-based-student-health-survey
Global School Health Policies and Practices Survey	https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/global-school-health-policies-and-practices-survey
Service Availability and Readiness Assessment (SARA)	https://www.who.int/data/data-collection-tools/service-availability-and-readiness-assessment-(sara)?ua=1
SCORE for Health Data Technical Package	https://www.who.int/data/data-collection-tools/score
Guide to implementation research in NCDs	https://apps.who.int/iris/handle/10665/252626





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