NATIONAL WORKSHOP on NON-COMMUNICABLE DISEASES

9th - 10th September 2011
Kathmandu, Nepal

Organized by

Nepal Public Health Foundation
नेपाल जनस्वास्थ्य प्रतिष्ठान

Supported by

World Health Organization
Country Office for Nepal

Design & Layouts
Midad Nepal
midadnepal21@gmail.com

NATIONAL WORKSHOP on NON-COMMUNICABLE DISEASES

9th - 10th September 2011
Kathmandu, Nepal

CONTENTS

TEAM

STEERING COMMITTEE

Dr. Mahesh K Maskey, Executive Chair, Nepal Public Health Foundation
Dr. Sharad Onta, Head, Dept of Community Medicine & Public Health
Dr. Arun Maskey, Director, Sahid Gangalal Cardiac Hospital
Dr. Shri Krishna Giri, Rector, National Academy for Medical Sciences
Dr. Buddha Basnet, Faculty, Patan Academy of Health Sciences
Dr. Abhinav Vaidya, Faculty, Kathmandu Medical College
Dr. Abhishek Singh, Nepal Public Health Foundation
Dr. Lonim Prasai Dixit, Member, Nepal Public Health Foundation
Dr. Gajananda Prakash Bhandari, Program Director, Nepal Public Health Foundation

ORGANIZING TEAM

TECHNICAL

Dr. Gajananda Prakash Bhandari
Dr. Suresh Mehta
Mr. Narayan Subedi
Ms. Nirmala Sharma
Ms. Neeva Pradhan
Ms. Sweekriti Sharma
Ms. Beena Katwal
Ms. Reshma Timsina

ADMINISTRATIVE

Ms. Ami Maharjan
Ms. Kreeti Bhandari

FOREWORD

Non-Communicable Diseases are affecting the entire globe, with an increasing trend in developing countries where, the epidemiologic transition imposes more constraints to deal with the double burden of infectious and non-infectious diseases in a resource constrained environment characterized by ill-health systems. By 2020, it is predicted that these diseases will be causing seven out of every 10 deaths in developing countries.

Many of these non communicable diseases can be prevented by timely management of associated risk factors. Efficient (preventive) strategies are necessary and urgent measures need to be implemented to control risk factors like tobacco, alcohol, obesity, blood pressure, diet and inactivity.

Importance of prevention and control of NCD had been taken up by the resolution of UN General Assembly held in April 2010.

NPHF had organized a Regional Civil Society Meeting on 10th -12th January 2011 regarding the challenges of prevention and control of Non-Communicable Diseases in the region. As a follow up of Regional Civil Society Meeting on NCD, NPHF organized a National Workshop on NCD with its focus on analyzing the drafted national policy on NCD, reviewing and discussing on the selected global and regional NCD related policy documents addressing the 66th UN General Assembly and exploring the possibility of establishment of National NCDnet in Nepal.

The workshop came up with amendments in the draft NCD policy after analyzing it and recommended to the Ministry of Health. It also discussed on NCD related agenda and drafted a summary including issues to be raised in 66th UN General Meeting which was handed over to Nepal delegation before leaving for the meeting. Similarly, an ad hoc committee was also formed that will draft a modality on setting up the NCDnet and make it functional and sustainable.

I would take this opportunity to thank Ministry of Health and Population for providing approval and WHO Country Office, Nepal for the technical support in organizing this workshop. I would also like to thank organizing committee, working team and editorial team for their effort in successfully completing the workshop and bringing out this report. My thanks also go to the volunteers from IOM and Nobel College for their time and effort. Last but not the least, I would also like to thank Prof. Dr. L.M. Nath, former director of All India Institute of Medical Sciences (AIIMS), India who travelled all the way from India to share his experiences and expertise on NCD.

I believe this report will be a useful source of information for all those who are engaged in the fight against Non-communicable diseases.

Dr. Mahesh Maskey
Executive Chair
Nepal Public Health Foundation

EXECUTIVE SUMMARY

Non-communicable diseases are on a rise in epidemic proportions worldwide. The four major NCD - Cardio Vascular Diseases (CVD), Chronic Obstructive Pulmonary Diseases (COPD), Cancer and Diabetes Mellitus (DM) have emerged as the major cause of morbidity and mortality accounting for around 60% of all deaths worldwide. Moreover, about 80 percent of these deaths occur in LMIC. These four NCD have been identified as consequences of exposure to four major risk factors such as smoking, alcohol, sedentary life style and unhealthy diet.

WHO global estimates reports that 51 percent of total deaths are caused by NCD in Nepal. Accepting the fact that more than half of the burden of diseases occur due to NCD the MoHP started formulating a policy on NCD in 2009. In the process, a draft of "National policy, strategy and plan of action for prevention and control of non-communicable disease" has been prepared by MOHP.

Therefore, the Nepal Public Health Foundation organized a two days workshop on Non-communicable Diseases with support from WHO country office Nepal with the objectives to (a) analyze the drafted policy on NCD and recommend to MoHP; (b) review and discuss national and regional NCD related policy documents and draft and recommend issues to be raised in 66th UN General Assembly: and (c) explore the possibility of NCDnet in Nepal.

The first day started with a welcome speech by Dr. Sharad Onta, General Secretary of Nepal Public Health Foundation. The opening session was inaugurated by Dr. Praveen Mishra, Health Secretary of MoHP by lighting the traditional lamp. Professor Dr. Lalit Mohan Nath, Former Director of AIIMS, India delivered the key note speech where he mentioned about the global, regional and national issues on NCD and said that NCD pose enormous health burden and socio-economic challenges. He highlighted on the four major NCD and four major risk factors that result in 80% of disease burden. He further mentioned that a multi-sectoral effort is essential to act for the prevention and control of NCD. This was followed by remarks by Dr. Lin Aung, WHO Country Representative to Nepal, Dr. Praveen Mishra, Health Secreatary, MoHP and Dr. Mahesh Maskey, Executive Chair, NPHF. Dr. Lin Aung remarked that efforts to prevent and control NCD should be taken by multiple stakeholders. He emphasized on the need for population wide preventive measures and address the NCD challenges through effective primary health care system. Dr. Praveen Mishra remarked on lack of program implementation at different level of health system. He hoped that this workshop will come up with a good strategy that can be used in all levels. He pointed out that economically productive adult population is at risk for NCD and the cost for the treatment is very high. Therefore, it is important to develop policy and programs focusing on high risk population using cost effective strategy. Dr. Mahesh Maskey pointed out two important issues that need to be sorted out in this workshop. First, the policy for NCD has already been drafted but has been pending for about 2 years and not yet endorsed by the government. Secondly, delegates from Nepal are going to the UN meeting. So, it is necessary for the delegates to be aware of the problem and issues of NCD in Nepal. The Inaugural session was concluded with a vote of thanks from Dr. Tirtha Rana, Treasurer, NPHF.

The first session of the workshop began with a presentation by Dr. Gajananda P. Bhandari, Program Director, NPHF. He briefly explained on the preliminary draft national policy on NCD control and prevention that has been pending for the last two years. His presentation was followed by discussion in which Dr. Mathura P. Shrestha, Dr. Rita Thapa, Dr. Surya Acharya, Dr. B.D. Chataut, Dr. Rajendra Koju, Dr. Suniti Acharya and Dr. L.M. Nath put forward their valuable opinions by mentioning the issues to be addressed before endorsement by the government. This was followed by a

group work in which three groups were formed and each group was assigned to analyze and make recommendations on different parts of the drafted policy of NCD. The first group worked on the goal/objective/targets; the second group on the strategy and action; and the third group on the surveillance, monitoring and evaluation. The second session of the first day started with a group work presentation which was followed by discussion.

The first session of the second day began with the recap of the first day by Dr. Gajananda P. Bhandari. Then Dr. B.R. Marasini presented a summary of intersectoral stakeholders meeting on NCD which was held a few days ago and organized by MoHP. He presented the recommendations that were made in the meeting after reviewing the draft national policy. He highlighted on the importance of curative aspect rather than preventive and promotive aspect. His presentation was followed by discussion.

Dr. Abhishek Singh from NPHF presented on the NCD related policy documents raising key issues to be addressed in the upcoming UN General Assembly which was followed by a Panel Discussion. In the panel discussion, first panelist Mr. Shanta Lall Mulmi stressed on including NCD in the MDG and also on creating global fund for the NCD. Dr. Surendra Bade agreed on the issues raised by Mr. Mulmi and further said that considering the importance of NCD prevention and control our delegates to the UN should pledge for support from all possible donors and international organizations. Dr. William Schluter opined that inclusion of NCD in the UN MDG is essential. He also stressed on the use of public health approach to integrate the NCD into the principles on primary health care. Dr. L.M. Nath believed that the global fund for NCD prevention activities is essential. Dr. B.R. Marasini stressed on the inclusion of NCD in the MDG and also inclusion of air pollution in the NCD. Dr. Suniti Acharya expressed slightly different view than creation of global fund. She said that more of a financial plan and financial sustainability plan is needed than a global fund. Finally, summing up the session Dr. Mahesh Maskey stated that NCD should be declared as health and development emergency. He also said that NCD should be included in the MDG and national commitment for funding is needed.

The second session of the second day was a Panel Discussion on 'Exploring Possibility of Establishment of NCDnet'. During the session, Dr. Kedar Baral said that NCDnet is necessary to facilitate, promote work in this area to do research and to develop intervention package. Dr. Lonim Prasai Dixit pointed out the reasons why establishment of NCDnet is important. Dr. B.R. Marasini also expressed the same view that NCD net is important. Prof. Dr. Nilamber Jha opined that only creation of NCDnet is not sufficient but we should also think of making is sustainable. Dr. William Schluter stressed that NCD networking level should be inter-sectoral with health taking the lead but with involvement of other agencies like agriculture, transportation, education, urban planning, finance, development, food and drugs etc. Prof. Dr. Gopal Acharya stated that it is high time for NCDnet to be established in Nepal as it has so many advantages like sharing of expertise, resources and coherent approaches. Dr. Srikrishna Giri said that NCD should involve RTA and prioritize this area in the network. He said that in the field of research area, the network should be able to help to establish standard research activities. Mr. Shanta Lall Mulmi and Dr. Surendra Bade also stressed on the need for the establishment of NCD net. Finally, Dr. Onta concluded the session saying that most of the stakeholders felt the need of establishment of NCD for some or other purposes and it is justifiable. He further said that an ad hoc committee has been created from among the panelist after taking consent which represents most of the academia, civil society and act as a working committee and work out all details of National NCDnet.

ACRONYMS

COPD:	Chronic Obstructive Pulmonary Disease
CVD:	Cardio Vascular Disease
DHS:	Demographic Health Survey
DM:	Diabetes Mellitus
FCHV:	Female Community Health Volunteer
FCTC:	Framework Convention on Tobacco Control
GO/NGO:	Governmental Organization/ Non-Governmental Organization
HMIS:	Health Management Information System
LMIC:	Low and Middle Income Countries
MDG:	Millennium Development Goal
MoHP:	Ministry of Health and Population
NCD:	Non Communicable Disease
NHEICC:	National Health Education Information and Communication Center
NHSP:	Nepal Health Sector Program
NPHF:	Nepal Public Health Foundation
PHC:	Primary Health Care
RTA:	Road Traffic Accident
UN:	United Nations
UNGASS:	United Nations General Assembly Special Session
WHO:	World Health Organization

BACKGROUND

Non-communicable diseases are on a rise in epidemic proportions worldwide. The four major NCD - Cardio Vascular Diseases (CVD), Chronic Obstructive Pulmonary Diseases (COPD), Cancer and Diabetes Mellitus (DM) have emerged as the major cause of morbidity and mortality accounting for around 60% of all deaths worldwide. Disease pattern is also changing from infectious to chronic in Nepal like other developing countries due to epidemiological transition. Although the burden of infectious diseases is still high; developing countries are now facing new challenges in their health system with the escalating burden of NCD.

In the context, NPHF had organized a Regional Civil Society Meeting on 10th -12th January 2011 in Kathmandu to raise awareness of burden of NCD by assessing the situation of NCD in different countries of the region, encourage civil societies to contribute to the development and implementation of national strategies in response to the rising burden of NCD in line with SEA Regional Framework and to advance regional collaboration in common issues pertinent to NCD prevention and control.

WHO global estimates reports that 51 percent of total deaths are caused by NCD in Nepal. Accepting the fact that more than half of the burden of diseases occur due to NCD the MoHP started formulating a policy on NCD in 2009. In the process, a draft of "National policy, strategy and plan of action for prevention and control of non-communicable disease" has been prepared by MOHP.

As a follow up of the regional meeting and to address the national issues on NCD, the Nepal Public Health Foundation organized a two days workshop on Non-communicable Diseases with support from WHO country office Nepal with the objectives to (a) analyze the drafted policy on NCD and recommend to MoHP; (b) review and discuss national and regional NCD related policy documents and draft and recommend issues to be raised in 66th UN General Assembly: and (c) explore the possibility of NCDnet in Nepal.

The Objectives of the workshop were:

1. To analyze and recommend the drafted national policy on NCD.
2. To review and discuss on selected global and regional NCD related policy documents addressing upcoming 66th UN General Assembly in September 2011.
3. To explore the possibility of establishment of National NCDnet in Nepal.


DAY 1

DAY I - INAUGURATION

The inaugural session was chaired by Dr. Mahesh K. Maskey, Executive Chair, Nepal Public Health Foundation. The chief guest of the session was Dr. Preveen Mishra, Secretary, Ministry of Health and Population. Other dignitaries on the dais were Dr. Lin Aung, WHO Representative to Nepal and special guest Prof. Dr. Lalit M. Nath, Former Director, AIMS, India.

Dr. Sharad Onta, Member Secretary, NPHF formally welcomed all the participants to the inauguration session of the National Workshop on Non-Communicable Diseases. He highlighted on the objectives of the workshop. On behalf of the organizers, he expressed hope to gain fruitful inputs from all the participants.

Prof. Dr. L.M. Nath, Former Director, AIMS, India delivered key note speech on the topic "Focus on NCD". He mentioned that we should focus on NCD because we have enough scientific knowledge to prevent half of the deaths caused by it or at least prevent premature deaths. However, these evidences lack implementation. NCD poses enormous health burden and social and economic challenges. The four major NCD (cardiovascular disease, diabetes, cancers, chronic obstructive pulmonary disease) and four major risk factors (inappropriate diet, inadequate physical activity, tobacco use, harmful use of alcohol) that result in 80% of the disease burden. He brought light to the fact that multi-sectoral effort is essential to act for the prevention and control of NCD. His presentation mainly highlighted on the ten points laid down by WHO to focus on the action for NCD. They were:

1. Declare non-communicable diseases (NCD) as a global health and development emergency and declare 2011-2020 as the decade of Combating NCD.
2. Use a public health approach based on the principles of primary health care for combating NCD; for this strengthening health system is critical.
3. Include NCD in the current UN Millennium Development Goals and any subsequent global commitments.
4. Mobilize, facilitate and monitor multi-sectoral involvement among government agencies, non-governmental organizations and the private sector (except the tobacco industry) in the planning and implementation of NCD programs.
5. Develop and implement a multisectoral national NCD policy and integrate it into the existing national health and development programmes.
6. Establish high-level national NCD committees with multisectoral involvement led by Heads of States, to plan, coordinate, implement and monitor national NCD control programmes.
7. Provide specific allocation for NCD within the health budget and prioritize allocation for primary prevention of NCD; ensure adequate support for research on NCD prevention and control.
8. Generate revenue for NCD from taxes levied on tobacco, alcohol and sugary beverages; provide appropriate incentives to producers of healthy food choices, such as fruits and vegetables.
9. Generate resources for NCD through domestic and international sources and ensure that NCD are an essential part of official development assistance budgets.

10. Set measurable indicators and targets and monitor progress in the prevention and control of NCD periodically.

Dr. Lin Aung, WHO Representative to Nepal on his remarks said that efforts to prevent and control NCD should be taken by multiple stakeholders. He emphasized on the need for population wide preventive measures through effective primary health care system.

Dr. Praveen Mishra, Secretary, MoHP remarked on lack of program implementation at different level of health system. He hoped that this workshop will come up with a good strategy that can be used in all levels. He pointed out that economically productive adult population is at risk for NCD and the cost for the treatment is very high. Therefore, it is important to develop policy and programs focusing on high risk population using cost effective strategy.

Dr. Mahesh Maskey, Executive Chair, NPHF pointed out two important issues that need to be sorted out in this workshop. First, the policy for NCD has already been drafted but has been pending for about 2 years and not yet endorsed by the government. Secondly, delegates from Nepal are going to the UN meeting. So, it is necessary for the delegates to be aware of the problem and issues of NCD in Nepal.

Dr. Tirtha Rana, Treasurer, NPHF delivered vote of thanks to all the participants especially to Prof. Dr. L.M. Nath for his valuable contribution, who had travelled all the way from India to be a part of the workshop.

Nepal Public Health Foundation

Dr. Gajananda P. Bhandari, Program Director

Dr. Bhandari presented the preliminary draft of the national policy on NCD control and prevention. He said that the increasing burden of NCD is threatening to overwhelm the already stretched Nepalese health services and Nepal too can improve mortality, morbidity and quality of life of Nepalese people that are being claimed by NCD. He highlighted on the major types of Non-Communicable Diseases and pointed out that 60% of the global death is due to NCD, out of which 80% occur in developing countries like Nepal. In Nepal, more than half of the deaths due to diseases or conditions are related to NCD. He also said that researches in the field of public health and NCD have shown a number of common modifiable risk factors for many NCD on which if appropriate action is taken, NCD can be either prevented or their complications can be delayed thus contributing to longevity and quality of life without disabilities. He then discussed the paradigm of NCD prevention, control and health promotion. He said that primary prevention is the most cost effective method to tackle the growing epidemic of NCD but the secondary and tertiary prevention incur huge costs in one hand and on the other hand, facilities to carry out the prevention is unlikely to be available everywhere in Nepal in near future. An integrated framework for action has been developed as a concerted approach to addressing the multi disciplinary range of issues within prevention, control and health promotion framework across the broad range on NCD. Dr. Bhandari spoke about the goals, objectives, targets, strategies and policy statements. Three NCD specific strategies were mentioned; short term, mid-term and long term strategies. He then discussed on the actions which were: integrate NCD prevention and control to the existing health network; increase general awareness on NCD among general public; increase human resources or improve their capacity; ensure human rights for victims of NCD; promote partnership between GO/NGO and private sectors; introduce need based approach in sustaining NCD activities; introduce WHO STEP wise approach of focusing on risk factors; develop long term and short term plans for NCD prevention and control. Lastly, he highlighted on the monitoring and evaluation indicators at central, regional and below district level.

DISCUSSION

Dr. Mathura said that he was surprised to know that the policy that was drafted in 2009 is still not implemented. At the same time he praised that the drafted policy is focusing on primary prevention and surveillance system which is a good initiative. The initiative to make framework to reduce alcohol consumption is necessary similar to FCTC for tobacco control. He also strongly suggested civil societies not to serve alcoholic drinks in parties thrown by them as it is the major cause of mortality and morbidity after tobacco. He also highlighted on the need of surveillance system. He hoped for the intellectual input of the people present in the workshop. He said that programs and policies are essential to address junk food and bottle drinks to overcome the problem of NCD.

Dr. Rita Thapa said that the post conflict and prolonged difficult political transition must be considered while developing policies and plans. Also, Nepal is one of the poorest countries and there exists discrimination between gender, caste etc. which is responsible for causing mental illness. She also brought light to the fact that females are dying not only due to maternal causes

but also due to suicide and violence. So apart from other NCD, mental illness should also also be addressed in the NCD. She suggested including the 10 points of WHO in the drafted strategy as well. She mentioned that multi-sectoral collaboration including both government and non-governmental sectors is needed. She also highlighted on the importance of reaching NCD to the community people through FCHV. She lastly stressed on including outdoor and indoor air pollution and quality control of food which is missing in our strategy.

Mr. Surya Acharya highlighted on the need to change the format of the document into new format of the government for its approval. Furthermore, few important issues such as responsible authority to implement and monitor should be mentioned in the policy document which was missed when it was prepared two years back. One paragraph of the policy document should focus on the institutional setup, the linkage of the document with relevant law and the identification of financial source for the implementation of policy. After revising the policy document he found that mentioning goals and objectives are relevant whereas targets are usually mentioned in action plan. Moreover, he also suggested including NCD in the MDG. In the policy part, the first point should be about the prevention of NCD, second about the family and community based intervention, third about the capacity of health and education institutions and fourth should be about the disease surveillance. He said that under every policy there will be an action policy. So, if we identify one policy there can be 2 or 3 action policies and from that action policy we can formulate action plan. Lastly, he suggested formulating a working group on legal reform, legal support, institutional and financial support.

Dr. B. D. Chataut said that good efforts have been made in the draft policy but the initial 12 pages of the document are spent on the survey figures which will change soon. In order to make it short he suggested replacing the survey figures with the global trend of NCD and linking it with the trend in Nepal. He also said that it is good enough to emphasize on tackling four major NCD i.e. CVD, COPD, Cancer and Diabetes at present for about 10-15years. He also said that making clear policy focusing on the four major NCD will help us out of which the first and foremost thing should be creating awareness about risk factors and disease. The second important thing is implementation of legal instrument like FCTC. Third is integrating it in the primary health care system because of existing health system, so the mechanism to use them for NCD prevention and control program could be easily delivered. He also said that nation should be determined to develop infrastructure including the number of human resources to be produced which will be very helpful. Also, there should be commitment for focusing on the curative services as well for the poor people.

Dr. Rajendra Koju, in answer to the question raised by MoHP regarding who implements the policy said that it should definitely be MoHP as it is a governing body and NPHF should be another body to support in implementing the policy. He said that medical institutions and universities play a vital role in regards to specialized human resources for NCD ranging from postgraduate students to professors and they are spread from east to west. He gave the example of Kathmandu University, saying that the students not only go to the hospitals but also to the PHC during their course of study where they can address NCD in the community as well. He pointed out that road traffic accidents should also be considered. He also talked about the food hygiene related to NCD and said that every restaurant should mention the calorie content of each of the items in the menu, so that people will be aware of the amount of their calorie intake.

Dr. Suniti Acharya said that NCD is already included in the NHSP- II, which means that policy advocacy has already reached to that level. She also said that whatever policy is made, there remains huge gap between policy and implementation. She added that the costing study on NCD shown by Dr. Nath (in his key note speech) is a very good advocacy for resource mobilization and financing. If we could also do such cost estimation from health economic point of view then it would be a good advocacy document and the background looks catchy. The focal point for NCD needs to be clearly specified so that all the concerned stakeholders have access.

Mr. Ganga Raj Aryal in response to Dr. Suniti's query regarding the focal point for NCD said that NHEICC is focal body of tobacco control as well as NCD control.

Dr. L.M. Nath suggested that policy and the detail steps taken should be the Nepalese context. He recommended redrafting the section on physical exercise because it has been strictly drafted with difficult to implement practical issues and to differentiate between the physical activity for NCD prevention and the activity related to daily living. He further suggested that the document should stress on prevention starting from young ages. Another suggestion was to stress on the role of legal and policy changes and to concentrate on multisectoral approach. He asked to stress on integration and community action for health because it is not possible to change the behavior of the people based on what is decided in the ministry or in the public health foundation. Success will happen if the community acts towards achieving it so, this area should also be stressed. Dr. Nath suggested starting all the training programs and implementation programs from the periphery working towards the center. This should be done by involving health volunteers. He said there is a need for anti tobacco measures of people's actions as well. As long as it is only WHO and health minister's action it has little success so focus must be on involving the people. Everyone knows what has to be done but nobody knows how to implement it. So there is a need for translational research. Lastly, he said that the document is excellent but he is just trying to make it more practical.

Group Work

Presentation I

THEME: GOAL, OBJECTIVE AND TARGET OF NATIONAL POLICY ON NCD

The group was assigned to review, analyze and modify the existing draft national policy on Goal, Objective and Target related to NCD. The chair for the group work was Dr. Suniti Acharya and the rapporteur was Mr. Swadesh Gurung. Dr. Lonim Dixit started her presentation with a vision. The vision was to increase awareness and creation of environment about NCD risk factors to promote healthy life styles towards reducing morbidity and mortality by 2020. The goal was to reduce morbidity and mortality related to NCD. Similarly, the objectives were:

- To increase awareness about risk factors like tobacco, alcohol use, unhealthy diet (dietary modification) and physical inactivity at all level.
- To reduce disease through behavioral modification and adopting healthy lifestyles.
- To promote inter and intra-sectoral collaboration and coordination with private and academic sector for enacting healthy public policies.
- To adopt comprehensive approach for health promotion and primary prevention of major NCD and other conditions like RTA and mental health.
- To strengthen capacity of public health system with major emphasis on human resource at all levels to prevent, diagnose and manage NCD using PHC approach.
- To develop appropriate financial mechanism for prevention and control of NCD.
- To develop a national surveillance system for NCD and their risk factors using country specific standard guidelines and protocols.

The targets were:

- By 2020 NCD risk factor awareness program will be conducted in all public and private health facility.
- Tobacco use will be reduced by 50% and alcohol by 25% of the current level by 2020. (number of people/ current level will be assessed)
- By the end of 2015, concerned health personnel will be trained and placed in all primary health care facilities.
- Policy and criteria for establishment of secondary and tertiary care facilities for NCD will be developed by 2012.

- Mechanism for intra and inter-sectoral collaboration including private sector, civil society and academia at all levels will be established by 2015.

- Financing plan and mechanism for NCD prevention and control will be developed by 2012.

DISCUSSION

Dr. B.D. Chataut pointed out that only creating awareness is not enough. After creating awareness primary prevention, consultation, palliative care and curative care might be needed. So, he suggested adding creation of environment for treatment along with increased awareness.

Dr. Suresh Mehta suggested adding modifiable risk factors since there are so many risk factors in NCD.

Dr. Suniti Acharya in response to Dr. Mehta said that when we talk about the risk factors, it means the four risk factors, four diseases and 80% prevention. So, when we talk about risk factors the 4/4/80 should be understood.

Mr. Pawan Acharya raised his query that only morbidity and mortality was mentioned but nothing was mentioned regarding disability due to NCD.

Dr. Suniti in response to Mr. Pawan Acharya's query said that we adopted the goal as mentioned in the terms of reference given. So, if disability needs to be added then it can be discussed. She also said that the disability of NCD is different from other disability which might be the reason why disability was not mentioned in the document. So, she suggested keeping it as it is because morbidity includes disability.

Dr. Surendra Bade raised issues about the reduced consumption of tobacco and alcohol, and was seeking meaning of 50% reduction mentioned in objectives.

Responding to Dr. Surendra Bade's question, Dr. Suniti said that it is the number of person. She further said that in the draft 50% was for both tobacco and alcohol, but this may not be realistic because for tobacco, law has already been passed, so that is why 50% was made thinking that it could be achieved. But for alcohol it is a long way so it was kept 25% only.

S.P. Usha Shah said that it is better to use the term healthy food habit instead of unhealthy food.

Dr. Suniti responding to SP Shah's query said that unhealthy is a common term that is being used everywhere.

Dr. William highlighted the point regarding use and harmful use of alcohol. He said that moderate alcohol can be used as shown by many studies. So the point we need to focus is only on reducing the harmful use of alcohol.

Dr. Gajananda P. Bhandari said that the term "harmful use of alcohol" is commonly used everywhere including WHO.

Mr. Shanta Lall Mulmi said that the alcohol content of different alcoholic drinks in Nepal varies. There are certain alcoholic drinks in certain communities like Newars who sips the highly concentrated alcohol rather than drinking. So, it is recommended to use the word "use of alcohol" instead of "harmful use of alcohol".

Presentation II

THEME: STRATEGY AND ACTION OF NATIONAL POLICY ON NCD

The group was assigned to review, analyze and modify the existing draft national policy on Strategy and Action related to NCD. The chair for the group work was Dr. B. D. Chataut and the rapporteurs were Dr. Basu Dev Pandey and Narendra Kumar Shrestha. Mr. Ashok Bhurtyal started his presentation with comments on existing draft policy and said that his group tried to rearrange the things that were jumbled up in the draft policy. The group decided to add opening paragraph in the strategy. He added that till now government of Nepal has focused more on control and elimination of communicable diseases. Considering the fact that the threat and burden of NCD are increasing, these should be given priority. He said that in addition to the major NCD like CVD, Diabetes, Cancers and COPD, Arsenicosis, RTA and mental health in Nepal have been on rise as emerging public health problems. So, there is a need for more emphasis on primordial and primary prevention for the preventable risk factors.

He then presented on the strategies and actions, which were

- Determination of disease burden of NCD in Nepal
- Based on known prevalent risk factors, identifications of possible other risk factors and Awareness creation through mass communication through media, trainings in academic curricula to combat these.
- Active participation of female community health volunteers, mothers groups and others
- Ensure food Quality and food safety
- Strict implementation of legal framework/ instruments such as Tobacco control and regulation law related to NCD and formation of new legal instruments
- Integration of NCD with primary health care system
- Incorporate NCD in due process of health system strengthening

- Develop and strengthen physical infrastructure and human resources
- Resource mobilization for implementation of NCD related activities like taxation on junk foods and fast foods, tobacco and alcohol
- Develop mechanisms for intra and inter-sectoral coordination
- Undertake research on NCD
- Bottom up approach for planning and implementation of NCD
- Structural arrangement to include all levels of health system from centre to peripheral level

DISCUSSION

Mr. Shanta Lall Mulmi said that strict implementation of legal framework has to be specified. Among the laws that have been passed recently, the tobacco control law has to be implemented as tobacco is a major contributor of NCD. He further said that he was sad with the speech of secretary in which he said that tobacco control law is going to be implemented when actually this law has already been implemented from Shrawan 22 of current fiscal year. There is a lack of seriousness in this regard. There is a long struggle of civil society and media, to pass tobacco control law. So, he further requested to write on the bullet about the relevant laws.

Dr. William commented on the preamble which mentioned about injury and road traffic injuries. He further said that diseases include communicable disease, non communicable disease and injury (both intentional and non-intentional injury) as well as road traffic accident. He said that if injury is included in NCD, then we are mixing things up. So we will not be able to make comparisons to other parts of the world. He also said that we can think about injury as an NCD but it might not be reported properly. Therefore it is better to take injury out of NCD so that it will be less confusing.

Mr. Shanta Lall Mulmi gave an example where in the month of Shrawan there were more than 600 RTAs only in Kathmandu Valley, which is an alarming situation. The two main reasons for the RTAs are: first being the use of alcohol and another uncontrolled speed.

Dr. B.D. Chataut said that Mr. Mulmi highlighting the problem on RTA was good but the problem is that there are so many components such as construction of road, design of vehicle, licensing, alcohol, driving for long hours. WHO has recommended that there should be national body comprising of police, representative from department of road, health ministry and a serious plan needs to be developed to tackle the problem.

Mr. Ashok Bhurtyal wanted to draw the attention on resource mobilization. He said that so far government has been including taxes on tobacco and alcohol. We should think about introduction of taxes on junk food and fast food as well.

Dr. Suniti Acharya, regarding the preamble said that it should be modified based on the comments. She also said that RTA being one of the major NCD, national bodies should be formed for monitoring, planning and coordination.

Dr. L.M. Nath said that accidents and mental health are both important issues and there is a good reason to include them in NCD. The fact is that for rest of the non-communicable diseases we can take the risk factor approach and focus on a predetermined set of risk factors which make us easy to do. He mentioned that both RTA and mental health problems are also increasing. However, they require separate programs for the two entities apart from the general NCD programs.

Dr. Suniti Acharya said that Dr. Nath gave very good suggestions. She said that this being a national NCD policy, we don't want to exclude mental health and RTA because these are important causes. Since mental health and RTA have different risk factors, special attention is needed.

Presentation III

THEME: SURVEILLANCE, MONITORING AND EVALUATION OF NATIONAL POLICY ON NCD

The group was assigned to review, analyze and modify the existing draft national policy on Surveillance, Monitoring and Evaluation related to NCD. The chair for the group work was Mr. Shanta Lal Mulmi and the rapporteur was Ms. Alina Maharjan. Ms. Alina Maharjan stared by pointing out the objective of the NCD related surveillance, which was to generate national and district level data on NCD and its risk factors. She highlighted on the strategies which were:

- To develop guideline for NCD surveillance and other technical materials, and tools including training materials to support implementation of NCD surveillance
- To develop infrastructure for surveillance which will be included in integrated disease surveillance after its establishment and then HMIS
- To develop/strengthen capacity of human resources at different levels regarding NCD surveillance
- To respond to WHO regional strategy and apply its STEPwise approach for NCD surveillance
- Apply appropriate technology to allow standardization of data by age and sex groups to allow international and national comparison.

She then presented on the monitoring and evaluation at the central, regional and at and below district level. She said that at central level following are necessary:

- Inclusion of NCD information in HMIS and Annual report of DoHS
- Development of tools for monitoring and evaluation of NCD and its risk factors

- Identification of focal person to coordinate NCD related activities
- Identification of districts, municipalities and VDCs at risk of NCD
- Orientation of NCD and STEP approach of surveillance in the region
- Number of districts that are implementing STEPS methodology for NCD risk factor assessment
- Number of districts contributing data to the national NCD information base
- Number of public health intervention based on the NCD data
- Number of community based intervention as pilot demonstration areas are necessary at the regional level.

Lastly, at district and below level, recording and reporting of all NCD at all district hospital/ primary health care center; recording and reporting of all NCD risk factors at all level of health facilities; and orientation on NCD and its risk factors to health facility management committee members and health volunteers are essential.

DISCUSSION

Dr. B.D. Chataut said that the simple definition of surveillance is information collection for action. He said that it is easier to have surveillance for TB, malaria and polio. But we still don't have infrastructures for dealing with the detected NCD problems or cases in the periphery. So, his opinion at the present state was to put NCD surveillance into the low key. Even if there is surveillance and if somebody from Darchula or Taplejung is suspected of cancer, then it will worsen his quality of life rather than improving, as we have not reached the position of intensive surveillance. He suggested that a simple type of surveillance would be more appropriate as an intensive type may not help to improve the quality of the people's lives.

Dr. Moin Shah said that he is reluctant to use the word 'surveillance' in NCD because it has always been associated with communicable diseases like malaria, kalazar, filariasis etc. Though malaria has a very strong influence on the WHO regional office, but the word we use is observational study in epidemiology whether it is descriptive or analytical. He also said that it has got its own techniques and suggested not using the word surveillance even though it has been used previously.

Dr. Nilamber Jha stressed that this is a prime time to start NCD surveillance and the word "surveillance" is being used by many countries. He suggested implementing the sentinel surveillance system at the beginning (for first 5-10 years) in places where diagnosis, investigation and treatment are possible for the four common NCD.

Prof. Dr. L.M. Nath said that this is a problem that he personally has been struggling with the integrated surveillance programs from the NCD point of view. He said that the problem that has been raised and bothering is very real. So, while performing communicable disease surveillance,

we are looking for the outbreaks and epidemics and keeping track of epidemic diseases, which is an ongoing day to day effort. When we are doing surveillance for NCD, we are actually doing two completely different things. One is keeping track of the risk factors that are being targeted. We keep track of how many people are smoking, how many people are obese, how many people have high blood pressure etc. It all depends upon the degree of sophistication. Those are all factors that are responsible for predisposing disease. But ongoing day to day surveillance for keeping track of the numbers of cases is going to be a wasteful expenditure of time as it is not a day to day occurrence issue. So, it will be very difficult to integrate it to get it done by the same skills. If we want to find the number of Coronary heart diseases, we do it in a period of years and it is done in the way of surveys as that is the only way of doing it. He also said that if the hospital data was absolutely 100% accurate then maybe it would be possible to do it periodically but it isn't. So, we have to be quiet clear that when we are talking of surveillance in communicable diseases, we are talking of day to day issue, to detect the outbreak and take prompt action to deal with it. But talking of NCD surveillance, we need to keep track of the risk factors to see if the programs are being effective. Lastly, he said that the surveillance is necessary regardless of what we call it.

Dr. William suggested that rather than focusing on surveillance for diseases, we should focus on risk factors for surveillance. He also said that the periodic surveys like DHS for chronic conditions, is more sensible. For single event like heart attack or stroke that can be easily counted can be easily accumulated through HMIS. Disease registry can also be used for cancer so that the new diagnosis or malignancies can be reported through disease registry system. By doing this we can just count them once rather than counting them repeatedly. He also said that the idea of doing surveys for chronic conditions like diabetes and focusing on the surveillance for risk factors of NCD is sensible.

Dr. Moin Shah said that the problem in Nepal is that we are almost inventing a wheel, and we don't have to conduct a seminar on the same thing all the time. He further said that we should use observational studies because it is a part of science of epidemiology, whether we have longitudinal survey, cross sectional, case control or cohort studies. These are essential methods of studying the incidence and other factors in chronic diseases. He also said that we may have to take some conditions like dysplasia in cancer of cervix or we may have to take a variable like blood pressure which has continuity. So we have to divide them into two groups; one as normal and another as abnormal. He suggested using scientific terminology. In chronic disease and NCD or in cancer, there is a need to follow the epidemiological methods strictly otherwise that will not count.

Dr. Suniti Acharya said that it is great that this topic has generated lots of discussions. She said that surveillance is very important and everyone has their own understanding. She pointed out that Dr. Moin Shah's concern has already been taken here because now chronic disease surveillance is an accepted term and for doing that, suggested methods will be used. She said that these days NCD surveillance and also maternal child health surveillance is being done along with the communicable disease surveillance but whether it is only sentinel or HMIS is a question. If we look at our goals and objectives, this program is up to 2020 and is not too ambitious as it will be done in phases and everything will have its space. She highlighted on three things; first is routine HMIS, which is quiet well developed in Nepal and hospitals do report the number of cases every month and are compiled. So we do have number of cases of heart disease, number of hypertension for all the

people coming to the hospitals. These are already reported and that should continue. Second, NCD surveillance risk factors should be done to start the sentinel site or the disease surveillance. Third is survey like DHS for chronic disease which cannot be monitored by HMIS and that does not need to be monitored intensively every month. She said that, combination of all three things will be used and the way that was planned will be refined and we can take the suggestions and can keep in the monitoring chapter.

Dr. B.D. Chataut said that any action should be taken looking at its usefulness. He suggested that the title should be changed to 'NCD Related Surveillance' and we should have surveillance of risk factors, so that in 5 or 10 years time, we can develop a plan to adjust that finding as commented by Dr. Nath.

Dr. Suniti Acharya concluded the session by saying that all the three groups have worked very hard to refine the national policy and strategy. She hoped that the input from this will go to the Ministry of Health. She said that she noticed there was nobody from ministry of health and department of health services so reaching the discussions of today to them could be a problem. She hoped that NPHF would help organize a small meeting with the ministry and present all these amendments and refines the draft and probably invites few people from this meeting who have gone through all the discussions and can answer the questions so that it can pass through the cabinet. Lastly, she thanked everyone for participating in such a lively way and she also thanked NPHF for organizing such a workshop.

The day started with a brief review of the day one by Dr. Gajananda P. Bhandari.


DAY 11

Ministry of Health and Population

Dr. B.R. Marisini, Chief, Health Sector Reform and focal person for NCD at MoH

Dr. Marasini presented the summary of the recommendations of the inter-sectoral stakeholders meeting organized by MoH to consult on the rising burden of NCD and review and analyze the drafted NCD policy. More focus was made on curative aspect than health promotion and prevention. He said that there is no multi-sectoral coordination mechanism till date. The health tax fund was used for financing curative services only and among the curative services also the fund was allocated to Bhaktapur cancer hospital, Gangalal Heart Center and BP Koirala Memorial Cancer Hospital and these hospitals were supposed to launch preventive services but very little efforts have been made in preventive services. The efforts on tobacco and alcohol control are not satisfactory despite of the laws to control them. The law is under control of the Ministry of Finance without representation from Ministry of health. He said that the legal framework is quiet satisfactory till date. The tobacco act has already been implemented; the alcohol act is the fifteenth alcohol act in the world; however the food act is not satisfactory; the local self governance act basically gives power to the VDC, DDC and municipality for doing lots of things for NCD. He highlighted the fact that recently the department of education banned the use of junk foods in all schools of the country. He also said that the control of arsenic contamination of water is also satisfactory, but only NGOs are working and streamlined with national health system. The focus has to be made on the seven modifiable risk factors i.e. harmful use of alcohol; tobacco use; physical inactivity; poor consumption of fruits and vegetables; high salt intake; air pollution; and arsenic contamination of water. He then commented on the recommendation discussed in the Ministry's meeting on the NCD policy framework i.e. multi-sectoral responsibility and coordination, more focus on prevention rather than cure, should be limited to diseases that have known risk factors; and should be divided into seven blocks i.e. capacity building, research, partnership with non-state actors, improve health information system, integrated approach in service delivery with basic health services, increased investment in NCD prevention, improve legal framework, equity in establishing NCD related health service, initiate global partnership to control NCD, develop more parks and gardens to enhance physical activity, promote yoga and other physical exercises, promote kitchen garden to increase intake of fresh vegetables and reform on all health professionals education.

DISCUSSION

Dr. Mahesh Maskey said that the term "harmful use of alcohol" was used the previous day also, but how to define the term harmful is questionable.

Dr. L.M. Nath speaking from the medical point of view said that there is considerable evidence that little amount of alcohol does not do any harm. But to define the term harmful use is impossible. He said that he doesn't have any idea how to define it.

Dr. Suniti Acharya said that lots of discussions were held the previous day about the harmful use of alcohol and there is no boundary in using the term harmful as decided in yesterday's discussion. He also said that it was also decided to change the term harmful use of alcohol to reduction in the use of alcohol and while setting the target 25% reduction in the use of alcohol was decided.

Dr. Abhishek Singh added that when it comes to road testing for drinking and driving, the level they take is 0.05, which is about one standard drink per hour. So that might be the cutoff point for harmful use of alcohol in context of drinking and driving.

Prof. Dr. Nilamber Jha said that regarding the road traffic accident they put the breath analyzer i.e. less than 200 mg/dl is safe. Few studies showed that drinking and driving immediately is also safe. But drinking and driving after an hour is dangerous.

Mr. Shanta Lall Mulmi said that regarding alcohol and tobacco use in Nepal, there is a group of committed NGOs called 'Nepal Alcohol Policy Alliance'. This alliance is seriously studying all the policies of the government and trying to formulate the new policy to be submitted to the government. The alliance is also trying to define clearly the alcohol content whether it is harmful or moderate. The tobacco control law has been implemented and the awareness raising campaign was conducted in 52 districts by the alliance. He further said that the first awareness raising campaign was held in Basantapur which was house to house campaign, inaugurated by the speaker of the Constituent Assembly, Mr. Subash Chandra Nembang and same thing was done in Bhaktapur also. He said that he would like to know what NHEICC has been doing as a focal person of tobacco and alcohol control.

Dr. Sharad Onta said that it is a very good initiative from the inter-governmental sector to come up with this document. We should not struggle to quantify all these details because we can never do that and can never achieve how much is harmful and how much is safe. It is not only alcohol but also physical activity and consumption of fruits which are difficult to quantify. So we should not struggle to make borderline or quantify harmful use of alcohol. It is necessary to be aware about how much is harmful or how much is safe but we should never be confused with the safety at the road because it has got nothing to do with amount of alcohol consumption and it doesn't tell anything about the safety of alcohol consumption to the individual.

Dr. Gopal P Acharya said that the clinical definition of harmful use of alcohol is more than 3 drinks per day for men and more than 2 drinks per day for women and alcohol consumption more than that amount is harmful. But this definition applies to European and American people where they drink for pleasure but in this part of world people drink to get drunk and furthermore they manufacture alcoholic drinks at home. So this is prime time to think about the public health intervention for conveying this message to the people to reduce alcohol production at household to national level. On the other hand it is a good source of revenue for the country so the Finance Ministry does not take any action to reduce its production. Hence, reducing alcohol consumption is a major issue in Nepal.

Dr. Mahesh Maskey said it needs a focused discussion to clarify and define the harmful use of alcohol.

Dr. B.R. Marasini said that there was a huge debate regarding the word "harmful" in use of alcohol. WHO had series of consultation at different level and concluded that use of small amount of alcohol is cardio protective. WHO had launched the global strategy on harmful use of alcohol and the term harmful use of alcohol has been used.

Dr. B.D. Chataut said that there are two issues. The first is to define the amount of alcohol as a harmful and secondly the increasing trend of alcohol use in Nepal. The policy should include a time frame to reduce and reverse the increasing trend of alcohol in Nepal and also be able to define the amount of alcohol as a harmful.

Dr. L.M. Nath suggested keeping separate sentences for both tobacco and alcohol use because we cannot solve the tobacco and alcohol problem together.

Nepal Public Health Foundation

Dr. Abhishek Singh

Dr. Abhishek presented on the review of NCD related policy documents raising key issues to be addressed in upcoming UN General Assembly. Frameworks and cost effective interventions exists for tobacco control, diet and physical activity, harmful use of alcohol and also recommendations towards marketing of food and non alcoholic beverages to children. And among them the one that really stands out is the 2008-2013 action plans in which most of the countries have addressed their policies based on six points. There are cost effective interventions, technical guidelines which led to the belief that NCD can be addressed at global level. He highlighted on the initial driving force i.e. CARICOM group in 2007 which was the first impetus that started driving NCD towards global issues. They started 'Uniting to Stop the Epidemic of Chronic NCD' which was very well appreciated by the UN's economic and social council and they had a Doha Declaration on non communicable diseases and injuries which was again shortly followed by the Ministerial Declaration. This was again followed by Commonwealth Heads of Government meeting to combat NCD which led to a very important resolution 64-65 on prevention and control of NCD which was based on the two resolutions that had been adopted in 2000 in the United Nations millennium declaration and then there was 2005 summit declaration. This document strongly decides to convene a high level meeting in a general assembly in September 2011 and this whole background is leading up to that high level meeting. But for that it had also requested to secretary general to submit a report to the general assembly along with a global status of NCD worldwide. Then all the regions of WHO had a series of workshops raising key issues and generating recommendations on how a global response should come in various areas. Among them the most pertinent was a Regional Civil Society Meeting in Kathmandu and another in Jakarta. The former meeting shows that the higher burden are among the poor and marginalized people further improvising them into poverty and creating a vicious cycle. The civil society meeting in Kathmandu recommended including NCD in the MDGs thinking that it could not be achieved without addressing NCD. It is also necessary to strengthen our national and regional networks to address the burden of NCD by mobilizing civil society and private sectors for development and effective implementation of NCD related prevention and control policies and programs. It also urges the national government and the worldwide development agencies like the UN and the international donors to mobilize resources and also create a role model figure with the health professionals to sensitize key issues related to NCD.

The Jakarta Declaration which was basically for the South East Asian Countries has the rational of dealing on rising epidemic of NCD, shifting from older to younger age group and affecting marginalized

population. There are cost effective interventions which will cut through the cost of medical care, improve quality of life, and increase productivity in terms of our economic development which will also ensure equitable access. Strengthening of the health system based on primary health care was emphasized because most of the countries are dependent on the primary health care system. And it needs coordinated and collaborated efforts with multi-sectors involvement within the government, civil societies, private sectors and the media. Another recommendation was to give NCD a high priority for which the governments and parliaments were called upon to accord a high priority to prevention and control of NCD in a national health policies and programs and accordingly increase the budgetary allocations; galvanize a multi-sectoral response to NCD; scale up a package of proven effective interventions; invest and strengthen PHC by introducing a package of preventive, promotive and curative care interventions for NCD; develop a sustainable mechanisms including surveillance to monitor and evaluate the impact of interventions in a systematic and ongoing manner; supporting research; building capacity. The six objectives of the strategies were highlighted. It called upon the global leaders, donor partners and UN agencies to include NCD prevention and control in internationally agreed development goals like MDG; assist countries in integrating NCD control in their PHC-based health system strengthening initiatives in a harmonized manner; in accordance with national priorities, enhance capacity building, technical and financial support which is more country specific; support countries in research for prevention and control of NCD. The WHO had focused on the actions for NCD which says that declare NCD as a global health and development emergency and declare 2011-2020 as a decade of Combating NCD; use of PHC principles; include NCD in the current UN millennium development goals; mobilize, facilitate and monitor multi-sectoral involvement; develop and implement a multi-sectoral national NCD policy and integrate it into existing national health and development programs; establish high level national NCD committee; provide specific allocation for NCD within the health budget; generate revenue for NCD from taxes; generate resources for NCD through domestic and international sources and ensure that NCD are an essential part of official development assistance budgets; and set measurable indicators and targets. The resolution 64-65 had requested the secretary general to submit a report and a global status was presented at the first global ministerial conference on healthy lifestyles conducted in Moscow in April and recommended the multi-sectoral approach giving NCD prevention and control a high priority according to the needs of the countries, engagement of civil societies and private sectors, strengthening health systems and implementing cost effective policies.

Further, in the Moscow declaration, NCD were not included in the MDG which was a very striking effect because initially everyone had been advocating on including NCD in MDG. After the Moscow declaration, WHO released the zero document which is more or less the agreement that are to be agreed upon and commit to and they also released WHO technical working group recommendation on targets which could be the possible to monitor. He said that the zero documents started off with a very strong comprehensive document with outcomes, targets, accountability mechanisms. But now it has really weakened out and diluted in its political statements. The NCD alliance website is a very good portal to see what is going on in terms of leading up to the high level meeting. There were lots of issues coming out. The Australian government accused of the UN health initiative; there were articles in the BMJ which discussed on transfats: will industry influence derail UN summit? There is a very important paragraph on the zero document saying that it basically evolved around the influence of industry on the vested interests and the Australia, Canada, US and Europe strongly

recommend to remove it. Similarly, time bound target was also removed from the Zero document. So the big goal of reducing mortality by 25% by 2025 has been removed and also lots of other monitoring targets have been removed. This has also removed accountability mechanism. Another big concern is that there has been no commitment to funding which might be because of global economic recession. The other relevant issues were social protection; NCD in emergency situations; NCD and migration; NCD and occupational health; advances in information and communication technology.

PANEL DISCUSSION

Theme: "Discussion on selected global and regional NCD related policy documents addressing upcoming UN General Assembly in September 2011"

The panelists were Dr. Mahesh Maskey, Dr. B.R. Marasini, Prof. Dr. L.M. Nath, Dr. Suniti Acharya, Dr. Willian Scluter, Dr. Surendra Bade and Mr. Shant Lal Mulmi. The discussion focused on the essential points that need to be delivered to the UN general assembly. Dr. Mahesh Maskey conducted the panel discussion session. He said that there were discussions on the information related to NCD since yesterday and this is the prime time to crystallize the information into very pointed essential messages that the Nepalese delegates representing UN general assembly can carry with them. So he requested the panelists to state two or three points each by imagining that we are briefing this in front of our Prime Minister, Foreign Minister and Health Minister who will be leading the delegation to the UN general assembly and if they have 10 minutes to speak in UN Assembly, what are the essential messages that we want them to take. He then invited the panelists for the discussion.

The first panelist was from civil society, Mr. Shanta Lal Mulmi. Mr. Mulmi said that he wanted to request Nepali delegates to advocate on the two issues. The first issue was that the NCD should be included in the MDG. The second issue was that there should be a global fund for NCD and the donor community should make a commitment to create global fund for NCD.

Dr. Surendra Bade also agreed with Mr. Mulmi. He said that considering the condition of NCD in Nepal, there is urgency of tackling NCD problems in near future which should be highlighted and the delegates to the UN should really pledge for support from all possible donors such as international organizations and countries. The government should also be able to show their commitment for effective implementation of the NCD program.

Dr. William Shculuter said that of the ten recommendations of the UN high level meeting promoted by WHO, the most important ones would be selecting NCD in the UN MDG which would come together with certain indicators, targets for monitoring progress, so that we could evaluate the MDG. The use of public health approach to integrate the NCD into the principles of primary health care would be another strong point for recommendation.

Dr. L.M. Nath suggested that certain targets and goals in an international basis preferably through the MDG otherwise separate but nevertheless international commitment is necessary.

Further, setting up the global fund for NCD prevention activities in all countries is essential.

Dr. B. R. Marasini said that the delegates should stress on two areas. The first area was that the NCD should be included in the MDG under the goal number six as there is high chance of MDG being extended by 5 to 10 years. The second area is on the inclusion of air pollution as it was excluded previously. So, if the air pollution will be included, it is beneficial not only to the developing world but to the developed world as well. He also said that if the activities of NCD will be started before 2015 then it will help to achieve the MDG. For example if mothers begin to cease smoking and quit alcohol, the fetal outcome will be good which ultimately leads to reduction in child mortality.

Dr. Suniti Acharya said that the importance of NCD should be highlighted through epidemiological evidences so that the donor communities would consider NCD as an important issue to be addressed in Nepal because Nepal has developed NHSSP-II where NCD have been included which started with a three year plan but there is no ownership with the donors. It is also important to emphasize on the integrated approach using primary prevention as our main vehicle with time bound targets and goals. She stated that she has a slightly different view against creating global fund for NCD because a commitment, partnership plan, financial plan and financial sustainability plan is more important and needed than global fund. Another factor is that, there will a donor domination after creation of global fund and the program will be driven by commercial interest, marketing interest, private foundations and private industries which will run by themselves.

Dr. Mahesh Maskey thanked the panelists. The mostly agreed and strongly recommended idea was to include NCD in the MDG immediately because of several advantages. But there could be other ways to emphasize the importance of NCD, if it is not possible to include immediately, by declaring another international commitment with time bond targets and goals. Another important point from the panelist was to have a national commitment from the government in terms of funding resources, epidemiological evidences and implementing through an integrated primary health care approach which could be a major vehicle for the prevention and control of NCD.

Dr. L.M. Nath, responding to Dr. Suniti Acharya when a clinician decides to give treatment to a patient, he chooses between the options available and chooses knowing very well the side effects and problems. In the context of the global fund, the problems that have been raised by Dr. Acharya are based on the very reliable experience and turning this decision slightly towards their own advantage is a real possibility. However, in taking the problems and benefits into account are still in favor of their being commitment based on the getting money to it. There are people and there are countries that are not being able to implement programs properly because of financial constraints. So, Global Fund helps and also provides money for targeting specific actions like research which otherwise would not be funded. So, he said that he is in favor of global fund, though there is a possibility or potential of being used in the way that Dr. Acharya suggested. But in his opinion balance is in favor of having the global fund.

Dr. Mahesh Maskey opened the floor for discussion.

Dr. C.P. Maskey suggested to Dr. Marasini the term "air pollution" should be replaced with terms like environmental degradation, because environmental degradation also includes air pollution along with other factors. There should be five hospitals in five development regions for treating those people who have already suffered from NCD and needs long term treatment apart from preventive approach.

Dr. Tirtha Rana said that NCD and nutrition are discussed in the UNGASS meeting, as malnutrition is both the cause and consequence for the NCD as well as the communicable diseases. The UNGASS is also trying to focus on linking NCD and malnutrition and ways to benefit. In Nepal, still more than 10% of the children under five are underweight, more than 40% are stunted and more than one fourth are still under nourished, so in this background it is necessary to link malnutrition and NCD as both are burning problems in the country. So the government delegates should put forth agendas on linking NCD and malnutrition in Nepalese context. In regards to MDG, Nepal does not have sufficient evidence on NCD and arbitrary figures were used for developing draft policy. However, the policy must be formulated even with the available evidences, though poor. Nepal should take a lesson from the current global fund i.e. Nepal has already got three global fund resources up to the 10th round, but the management capacity of the global fund is weak.

Dr. Sharad Onta said that he agreed with most of the points raised by the panelists. Talking about the message to be taken to the UN meeting (where it is not possible to discuss in detail), we have to look from the global perspective. The Nepalese delegates should raise the issue of declaring NCD as a global emergency. So, including NCD in the MDG is necessary. On the other hand creating global fund is not the solution due to the unpleasant experiences in implementing the global fund in the past.

Dr. Nilamber Jha put forward his opinion that NCD should not be included in the MDG as the deadline for MDG is approaching. Still, many countries of the world do not have proper data and proper trained manpower and are not in position to use the global fund properly. So, a long term road map should be developed for Nepal to prevent and cure the NCD. Most of the NCD are related to human behavior and is difficult to change.

Dr. B.D. Chataut said that he fully agreed with Professor Onta and said that general assembly is not the forum where we can discuss our internal problems rather we have to look from the global perspective. In that context, the delegates should propose something by which the country can be benefitted the most such as landlocked country and low income country. He said that the NCD should be included in the MDG because the time bond for the MDG will definitely be extended.

Dr. Buland Thapa recommended to start the surveillance system of the top ten diseases because until and unless there is some kind of surveillance system the problems of NCD cannot be reduced.

Mr. Shanta Lall Mulmi said that by the terminology of global fund, he meant that international community should have a commitment for resources such as global fund for HIV/AIDS. The new movement from the civil society has been going on and is reviewing the present target set under the current MDG. As the deadline approaching, the civil society is advocating at a global level for

extending it for the next 5 years. Similarly, including NCD in the MDG will have positive impact.

Dr. Suniti Acharya said that she is very happy as the point she raised about global fund has been clarified. She said that she would like to propose sustainable national as well as international funding support which is non controversial and will address all the concerns.

Dr. Mahesh Maskey summing up the session said that even in a short span of time, the ideas have been crystallized into few points that the delegates will be taking with them. The first point was to declare NCD as health and development emergency. The second point was inclusion of NCD in the MDG. The third point was that the national commitment for funding has to be there with sustainable national and international funding support. The international high level meeting should commit for international funding support which could come from the government agencies or other agencies. The target has to be clear if NCD has to be included in MDG. Another international commitment has to be there if NCD is not included in the MDG.

PANEL DISCUSSION

Theme: "Exploring Possibility of establishment of National NCDnet"

Session two focused on exploring the possibility of establishment of non communicable diseases network in Nepal at a national level. Dr. Gajananda P Bhandari started the session stating that the proposed establishment of the NCD network in Nepal is considered as an important stage in formulating NCD policy and later developing and strengthening control programs. He said that the network would provide a regular feedback to draft the NCD policy, mechanism for access to information and correlation of implementation of various activities. So far, stakeholders have adopted different approaches like collection of data on NCD, on disease itself and its risk factors. There is a variation in different institutions and experts in the country in the methods adopted and definition used which may create difficulties in comparison. Better collaboration between stakeholders can enhance uniformity in diagnosis, treatment and reporting system which also facilitates, strengthens NCD focal points and sharing information within the country. Dr. Bhandari stated that the main objective of the session was to discuss and explore possibility of establishment of NCD in Nepal at national level. He mentioned the possible scope of the networking such as the areas, mechanisms of networking and national coordination of focal point, variance of government and key partners.

Dr. Bhandari then invited the panelists for the discussion on the possibility of establishment of NCD net. The first panelist was Prof. Dr. Sharad Onta, also the moderator, representing Institute of Medicine as well as Nepal Public Health Foundation. Other panelists were Dr. Babu Ram Marasini, Ministry of Health and Population; Dr. William Schuluter, WHO-Nepal; Dr. Nilamber Jha, BPKIHS; Dr. Kedar Baral, Patan Academy of Health sciences; Prof. Dr. Gopal Prasad Acharya, KIST Medical College; Dr. Sri Krishna Giri, NAMS; Dr. Lonim Prasai Dixit, People's Dental College; Dr. Surendra Bade and Mr. Shata Lal Mulmi.

Dr. Onta stated that this is one the important sessions exploring the establishment of a national NCDnet. There had been a lot of discussions about the importance and relevance of multi-sectoral approaches to address the problems related to NCD and the multi-sectoral approaches and actions will never be effective without a very good, functional network among the partners engaged in the issues. The session will discuss on the possibility of setting up such networks where all the partners engaged in NCD issues can work together in a more coordinated way. He, as a moderator, requested each of the panelists to express their view on the possibility of establishment of NCDnet and its modality.

Dr. Kedar Baral, Patan Academic of Health Sciences stated that considering the importance and spectrum of the problem of NCD and to address in an effective manner a network is necessary at the national level that functions as a platform to share expertise, knowledge and experiences. There have been ongoing but sporadic efforts at an individual or organizational level in the country in the areas of research, prevention and control.

Dr. Lonim Prasai Dixit, People's Dental College pointed out three important reasons for establishment of the NCD net. Firstly, it could be a network to follow up on all the different issues

that has been discussed regarding NCD in this workshop. Secondly, it could act as a united force to address the upcoming NCD issues in the country if utilized properly with effective coordination and collaboration, and lastly, it could create an impact on a larger scale.

Dr. Babu Ram Marasini, Ministry of Health and Population mentioned that Nepal lacks an umbrella organization at national level and NCDnet could be the one to oversight and a supporting actor to the government. But it is also necessary to have a regular meeting with commitment for sustainability.

Prof. Dr. Nilamber Jha, BPKIHS commented on highlighting the importance of multi-sectoral collaboration in most of the meetings and not implementing it in practices. NCDnet should also include stakeholders from outside the Kathmandu Valley.

Dr. William Schuluter, WHO reflected some views of WHO regarding the establishment of NCD net. Dr. Schuluter reiterated the ten points from the WHO recommendations in which the sixth point states that "…for NCD there should be a high level committee established for oversight from the highest level…". Establishing such a network in Nepal would require stratification so that there is a very high level oversight committee. The NCD networking level should be inter-sectoral with health taking the lead but other agencies should also be represented like agriculture, transportation, public works, education, urban planning, finance, development, food and drugs etc. It could also be working groups for example on surveillance or modification of traffic laws to prevent road traffic accidents. He appreciated the Nepal government and their partners for visualizing beyond the concept of four risk factors for four diseases such as issues of using environmental degradation and practicing kitchen garden and yoga etc. WHO is committed to provide technical support to the working group and in the area of surveillance.

Dr. Gopal P Acarya, KIST Medical College commented that NCDnet basically means networking of individuals and institutions involved in NCD prevention and control. There are examples in other countries and one in Chandigadh, India that has been working quite well. He stated that it is a high time for an NCDnet to be established in Nepal as it has so many advantages like sharing of expertise, resources and coherent approaches. A national database on NCD can be developed through NCDnet. The mechanism of networking could be worked out once the formative stage of the network is completed. It must has many experts on board to gain access to all information and perspective from stakeholders.

Dr. Sri Krishna Giri, National Academy of Medical Sciences, mentioned that the government, NGOs, international agencies and academia have been doing a lot of activities in the field of NCD and a many evidences have been generated on their own but are not shared among the individuals and organizations. It is important to share information and provide evidence based recommendations to the government and NGOs and then identify the gap areas by which it can function.

Mr. Shanta Lall Mulmi, Research Centre for Primary Health Care, said that this workshop was an important juncture because a global initiative has started and the state has made commitments and lots of things are needed to be done by the civil society. For this all three basic areas should work together as a network for prevention and promotion activities of NCD. The civil society must

advocate to the government in drafting the policy document. The NCDnet must have a voluntary spirit with professional input. Also these networks should be an "informally formal" network with wider audience and open participation. He fully supported the idea of a network as there is urgency in addressing NCD in Nepal.

Dr. Surendra Bade, Nepal Network for cancer Treatment and Research said that he has been involved in cancer prevention for the last decade.

Until now organizations related to cancer, heart diseases, diabetes and other NCD have been networking individually and it is now time to join hands and work jointly to form a very strong forum to lobby NCD prevention and control. It is important to have detailed discussions and comprehensive studies for the scope, structure, activities and identifying resources. The government must have commitment for successful establishment and development of the NCDnet.

Dr. Sharad Onta then invited views from the floor. Dr. Tirtha Rana suggested that it is important to have a concept note to start with in order to have clarity about who can be the stakeholders from the government, the academia, professional organizations, hospitals, public/ private NGOs, business houses including commercial banks. The next process could be to hold a stakeholders meeting which could open an area of collaboration. Other areas could be knowledge management and sharing, information and data sharing in terms of NCD which could lead to open data bank, training research and advocacy, creating awareness regarding prevention, resource mobilization as well as technical support.

Dr. B.D. Chataut stated that it is important for the members to have sense of ownership for sustainability of the network. The next meeting for NCDnet should include all societies including cancer society, diabetes society and other societies including political parties.

Ms. Rashmila Shakya from CWIN Nepal also representing Nepal Alcohol Policy Alliance pointed out that so many networks already exist in Nepal that work to understand the causes and consequences of various NCD. She suggested that the NCDnet should take up a strategy where it could collaborate with all these other networks so that it can add synergy to its work and help in sustainability.

Ms. Binjawala Shrestha mentioned that she is one of the board members in the Safe Motherhood Network and the major problem the network is facing is related to fund which is important for its sustainability.

Dr. Bulland Thapa, Bir Hospital mentioned that NCD net is important for more information, collaboration and implementation.

Dr. Mahesh Maskey said that the issue here was how to establish an NCD net and how to make it functional and sustainable. He suggested that like HIV/AIDS, NCD would also demand a committee under the Prime Minister, even though the functionality of the committee is very difficult as in HIV/ AIDS. However, such committee would give an overall multi-sectoral coordination effort which will be more plausible and doable. A functional net is necessary which can bring out all the issues that

have been brought out by the learned panelist. There could be a committee under the prime minister and then there would be committees or NCD units under MoHP and there are other societies for each individual NCD. The idea would be to coordinate these activities in a concerted effort. This idea was already there a year back but now it's time to implement and move one step forward. He suggested that the entire panelist, other than WHO and the government representatives could form a working committee to discuss on these issues. This working committee can then think about making a network that is functioning and sustainable. He requested the panelists to meet again after this conference to further talk about the network and WHO and the government could be invited for their inputs. On behalf of NPHF, he offered to provide secretariat space for the meeting.

Dr. Sharad Onta wrapped up the discussion by pointing out that the workshop went one step ahead of its objective. The objective was to explore and discuss the possibility of the establishment of an NCDnet in Nepal but both the panelists and the speakers from the floor suggested setting up a working committee to further work out the modality of establishing the net. The issues raised during the discussion were sufficient to justify the need for an NCDnet. But the major concerns were the modality of the network and its sustainability. At the end, the panelist agreed to form an ad hoc committee and be a part of it.

Dr. Onta then concluded the entire national workshop mentioned about the outcome of the workshop. Firstly, the suggestions and comments on the draft national policy will be analyzed properly and recommend to MoHP. The MoHP has already agreed to organize a meeting of different stakeholders and share the recommendations to improvise the draft of national policy on NCD. Secondly, the suggestions to the delegates attending UN meeting will be analyzed and recommended accordingly. Dr. Lin Aung has promised that WHO will organize a meeting to further discuss on the recommendations that the delegates are going to speak on the UN Assembly. Thirdly, an ad hoc committee, which includes all the panelist, will be formed and the committee will discuss and decide on the functional modality and sustainability of the NCDnet.

In conclusion, he expressed sincere thanks to the organizers, the presenters, the distinguished participants who contributed their expertise in the sessions. He also expressed his gratitude to WHO for providing technical support to organize this workshop. Lastly, he thanked the MoHP who provided an excellent opportunity to NPHF to organize this workshop. He recognized the executive members and the staff of NPHF and congratulated them for the success of the workshop.

ANNEXES

Focus on NCD

Prof. Lalit M Nath, MD, Dr.PH
FAMS, FIAPSM, FIPHA

Why NCD

- NCD already responsible for more than ½ of all deaths and ¾ adult deaths.
- Socio-economic & demographic changes will further increase NCD share in disease burden.
- South Asian populations shown to develop CVD, diabetes at earlier age than other- great financial and social burden.
- Scientific knowledge for preventing about half available and affordable
- Opportunity to act effectively on NCD with national & international commitment.

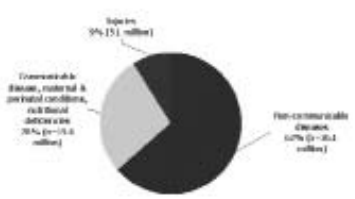
Lancet Editorial

- ...principally cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases, are responsible for two-thirds of the 57 million deaths worldwide each year.
- With four of five NCD deaths occurring in low-income and middle-income countries;
- At least half these deaths are readily preventable.
- Until now they have been neglected by countries, development agencies, and funders.

Apart from the health burden, NCDs pose enormous social and economic challenges to countries

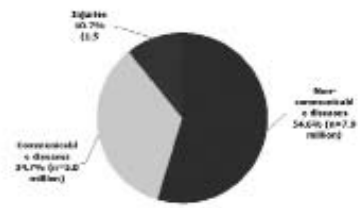
- 9 million people are dying prematurely each year (before the age of 60 years)
- 9 out of 10 of these premature deaths occur in low and middle-income countries
- Not addressing the NCD epidemic will lead to a shrinking workforce that curtails growth
- Noncommunicable diseases contribute to poverty and poverty increases the risk of developing NCDs and worsens their outcomes
- The World Economic Forum ranks NCDs as one of the major global threats to economic development

Leading Cause of Mortality



Global Percentage Deaths by Cause

Cause of Mortality - SEA



Total SEAR Deaths Annually = 14.5 Million

Disease Burden

During 2005-2015

SEA Region

- Deaths from Chronic Diseases expected to increase by 21%.
- Deaths due to other reasons expected to decrease by 16%

India

- Chronic diseases increase by 18%
- Other reasons decrease by 15%

ICMR Data

Economic Burden

- Huge adverse economic impact in India
- As per World bank study, Indians spent nearly INR 846 billion out of pocket on health care expenses, amounting to 3.3 percent of GDP for year 2004
- More than one-third of all income losses were due to CVD and hypertension in 2004
- It is estimated that CVD mortality reduction by 1% a year over 2000-2030 in India suggested an annual welfare gain equal to about 3 times that of GDP in 2000.

Socio-Economic Impact

(India Data)

Out of pocket expenditure associated with the acute and long-term effects of NCDs can result in catastrophic health expenditure

- 25% of families with a member with CVD experience catastrophic expenditure and 10% are driven to poverty in India.
- Almost 50% of households with a member with cancer experience catastrophic spending and 25% are made poor by healthcare expenses.
- Odds of incurring catastrophic hospital expenditure due to cancer is 160% higher as compared to hospitalization due to communicable diseases

Which Diseases

Four major NCDs:

- Cardiovascular Disease
- Diabetes
- Cancers
- Chronic Obstructive Pulmonary Disease

Together responsible for 80% of NCD Burden

Factors Responsible

Four major Risk Factors:

- Inappropriate diet
- Inadequate physical activity
- Tobacco use
- Harmful use of Alcohol

Four Major NCDs caused by Four Behavioral Risk Factors

		Shared Risk Factors			
		Tobacco use	Unhealthy diets	Physical inactivity	Harmful use of alcohol
Major NCDs	Cardiovascular diseases	✓	✓	✓	✓
	Diabetes (Type II)	✓	✓	✓	✓
	Cancer	✓	✓	✓	✓
	Chronic respiratory diseases	✓			

ANNEXES

Social Determinants of NCD Prevalence

Factors that contribute to increased prevalence and hinder effective response

- Poverty
- Illiteracy
- Low access to health care
- Aggressive tobacco marketing
- Reduced exercise and inactivity
- Changing from traditional diet to "fast food"
- Excessive salt, sugar, saturated fats, refined carbohydrates
- Stress.

All above amenable to behavior change, helped by judicial, economic and policy action

Data from India, Is Nepal Pattern Similar?

- Loss of $ 9 billion of national income in 2005.
- Estimated to go up to $ 237 billion by 2015.
- Imperative to reorient and restructure health systems to deal with growing chronic disease burden.

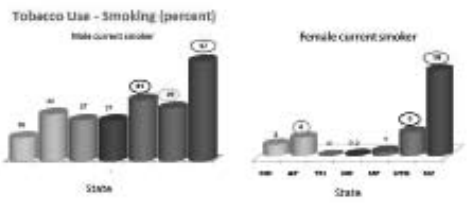
Data from a Seven State Study in India

(ICMR Data)

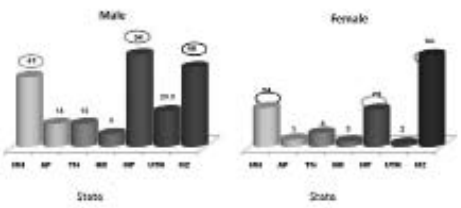
Decide for yourself if Nepal will have a similar pattern.

If so, the time for Action is Now

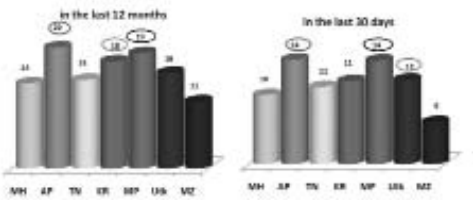
Key findings 1. Behavioural Information



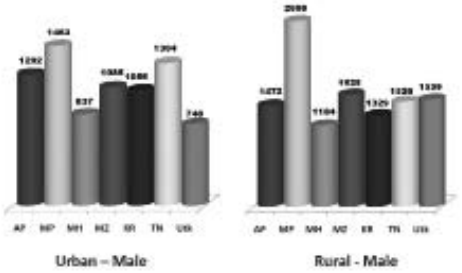
Smokeless Tobacco Users (in %)



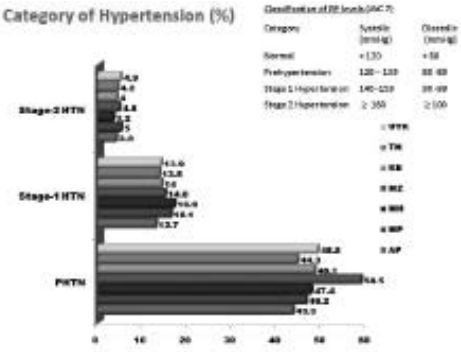
Alcohol users (percent)



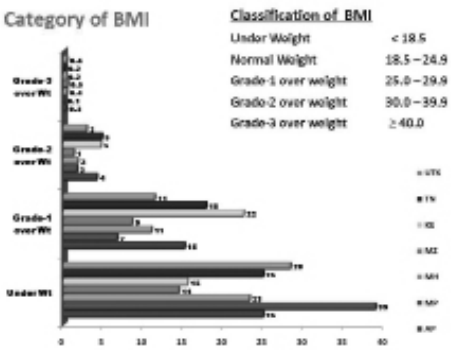
Mean time spent (in MET minutes) on total physical activity per day

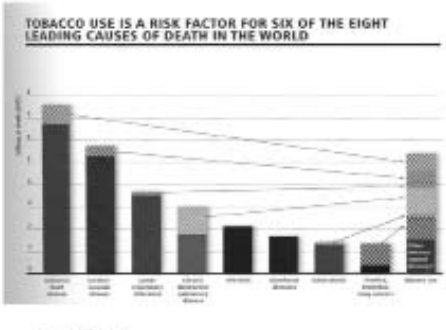


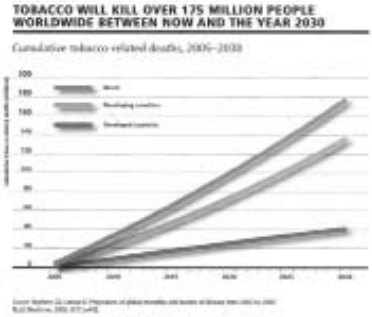
Category of Hypertension (%)

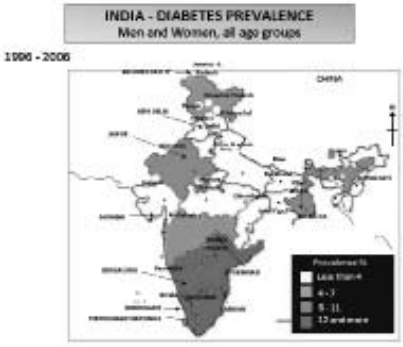


Category of BMI





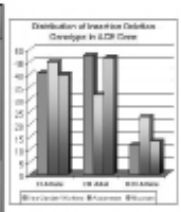




ANNEXES

Hypertension in North- East Population in India

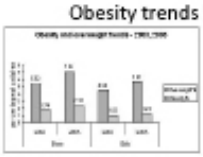
	Prevalence of Hypertension	SBP	DBP
Tea garden workers	60.8%	144.4± 24.5 (Males) 146.2 ± 27.3 (Females)	87.2 ± 12.0 (Males) 88.0 ± 14.5 (Females)
Indigenous Assamese Population	33.3%	132.0 ± 17.7 (Males & Females)	82.4 ± 9.7 (Males) 81.7 ± 10.6 (Females)



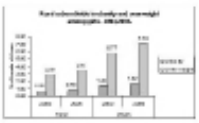
•Salt sensitivity was observed to range from 25.6% in Assamese to 37.4% in TGW
•Higher prevalence of genotype ab of eNOS gene

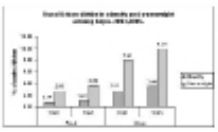
Blood Pressures in Indian school children

Obesity trends in school children



KOCHI CENTRE	
Year	No. surveyed
2003	24,842
2005	10,263



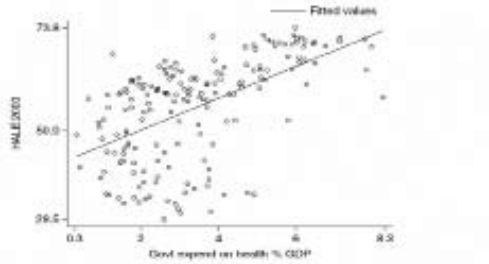


Actions

- Eliminate tobacco, reduce alcohol misuse, cut down excessive sugar, salt, saturated fats and refined carbohydrate intake
- promote physical activity and exercise, fruits and vegetables
- Start behaviour change communication from school age onwards.
- (Opportunistic) monitoring for BP, blood sugar and lipids
- Establish a surveillance system for NCD risk factors

Solutions to the NCD crisis need to have a health systems approach!

Positive correlation between health outcomes (HALE) and public spending as % of GDP



Public Sector Health v/s Public Health

- The Government health system in the community is the *Public Sector Health System*
- All too often this not the same as the *Public Health System*
- Without effective knowledge and skills of *Public Health*, *Public Sector Health Care* is sub-optimally effective

Earlier CD now NCD?

- Its not one or the other.
- While NCDs are on the rise, Communicable diseases will continue to have a significant presence
- Early detection and prompt response will remain of great importance in all countries of the region.
- While establishing a system for NCD do not demolish CD surveillance and control

Multi-Sectoral Responsibility

- The causation of NCDs not dependent on Bio-medical factors alone
- Not only health sector but many diverse sectors involved. In fact it is difficult to list those departments that are NOT involved
- Hopefully the need to tackle the NCD crisis will push us into a Healthy Public Policy – where health impact is a required assessment parameter for all government policies and development plans

WHO Focus on Action for NCD

1. Declare non-communicable diseases (NCDs) as a global health and development emergency and declare 2011-2020 as the decade of Combating NCDs.
2. Use a public health approach based on the principles of primary health care for combating NCDs; for this strengthening health systems is critical

Action for NCDs II

3. Include NCDs in the current UN Millennium Development Goals and any subsequent global commitments.
4. Mobilize, facilitate and monitor multisectoral involvement among government agencies, non-governmental organizations and the private sector (except the tobacco industry) in the planning and implementation of NCD programmes.

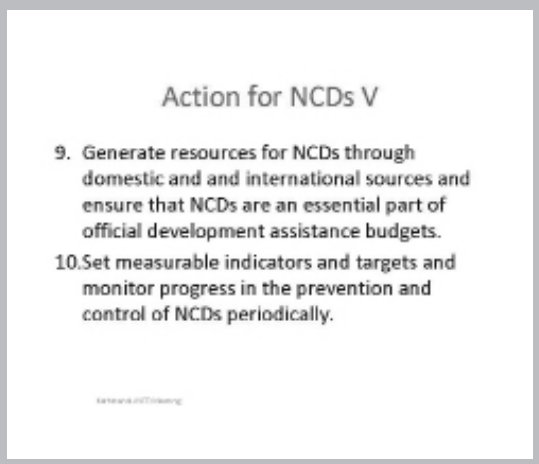
Action for NCDs III

5. Develop and implement a multisectoral national NCD policy and integrate it into the existing national health and development programmes.
6. Establish high-level national NCD committees with multisectoral involvement led by Heads of States, to plan, coordinate, implement and monitor national NCD control programmes.

Action for NCDs IV

7. Provide specific allocation for NCDs within the health budget and prioritize allocation for primary prevention of NCDs; ensure adequate support for research on NCD prevention and control.
8. Generate revenue for NCDs from taxes levied on tobacco, alcohol and sugary beverages; provide appropriate incentives to producers of healthy food choices, such as fruits and vegetables.

ANNEXES


Action for NCDs V
9. Generate resources for NCDs through domestic and and international sources and ensure that NCDs are an essential part of official development assistance budgets.
10. Set measurable indicators and targets and monitor progress in the prevention and control of NCDs periodically.


I am grateful to the Nepal Public Health Foundation and the Government of Nepal for the honour they have done me by asking me share my views on this important occasion.
I would also like to thank the learned and expert audience for being kind enough to give me a patient hearing.

Preliminary draft of national policy on NCD control and prevention, June 2009

Dr. Gajananda P Bhandari
Program Director
Nepal Public Health Foundation

Introduction

- Increasing burden of NCDs is threatening to overwhelm the already-stretched Nepalese health services.
- A comprehensive and integrated approach in NCD prevention and control within the existing health service delivery can contribute effectively for both communicable and non-communicable diseases.
- Nepal too can improve mortality, morbidity and quality of life of Nepalese people that are being claimed by NCD.
- Promotion of health and prevention of NCDs is not only cost effective but also lowers work load of health workers of health facilities.

Background

Major Non-Communicable Diseases

- Cardio Vascular Diseases
- Stroke
- Cancer
- Chronic Obstructive Pulmonary Diseases
- Diabetes Mellitus

Background Contd…

- 60% of the global death due to chronic NCD, out of which 60% in developing countries like Nepal.
- In SEAR, chronic NCDs projected for 54% of all deaths, 44 percent of Burden of Diseases (BOD).
- In Nepal, more than half of the deaths due to diseases or condition related to NCD.
- No national level survey conducted for specific NCDs but isolated surveys, hospital data analysis and media reports indicate relentless increase in NCDs.

Background Contd…

- Researches in the field of public health and NCDs have shown a number of common modifiable risk factors for many NCDs on which if appropriate action is taken, NCDs can be either prevented or their complications delayed thus contributing to longevity and quality of life without disabilities.
- It has been demonstrated that few common risk factors contribute for a number of NCDs.
- Thus, A ***Comprehensive and Integrated Approach*** in tackling these common and modifiable risk factors has been applied that will contribute in reducing the burden of NCDs in the society.

Background Contd…

- Nepal had assessed the burden of NCD risk factors three times during a period of six years.
- **First assessment** was confined to Kathmandu which indicated that Kathmandu has high prevalence of risk factors for NCDs.
- **Second survey** directed towards townships as well as rural areas which also indicated almost same level of risk factors for NCDs.
- However, these findings of the survey could not represent national prevalence of the risk factors.
- Therefore, the **third survey** had been carried out to embrace the whole nation which revealed that Nepal has high prevalence of NCD risk factors.

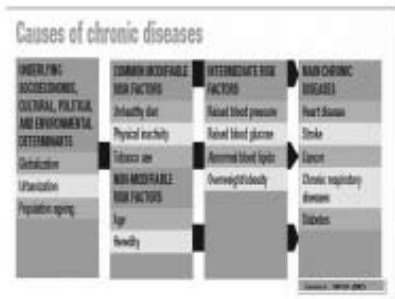
ANNEXES

Paradigm of NCD Prevention, Control and Health Promotion

- **Primary prevention** of NCD is the **most cost effective** method to tackle the growing epidemic of NCDs.
- **Secondary and tertiary prevention** incur **huge costs** in one hand and the facilities to carry out the prevention is unlikely to be available every where in Nepal on the other in near future.
- In south East Asian context, an Integrated Framework for Action (IFA) has been developed as a concerted approach to addressing the multidisciplinary range of issues within a prevention, control and health promotion framework across the broad range of NCDs.

Paradigm of NCD Prevention, Control and Health Promotion

Comprehensive and Integrated Approach



Goals

- Reduce morbidity and mortality related to NCDs.

Objectives

- Reduce the major modifiable risk factors (tobacco use, alcohol consumption, physical inactivity and unhealthy diet).
- Strengthen capacity of health personnel, institutions and other stakeholders for identification of the major risk factors and to use comprehensive approach for health promotion and primary prevention.
- Strengthen capacity of health system to prevent, diagnose and manage NCDs through country specific standard guidelines and protocol appropriate to various level of health care.
- Develop a national surveillance system for NCDs and their risk factors.

Targets

- By 2015, tobacco use and alcohol consumption will be reduced to half of the current level.
- By the end of 2010, all concerned health personnel will be trained and necessary infrastructures will be in place
- By the mid of 2009, necessary guidelines will be developed and endorsed.
- By the end of 2009, a national surveillance system will be in place.

Strategies

- Develop and endorse legislation & regulation for the effective implementation of FCTC , taxation on junk food and to provide insurance for NCD victims.
- Do advocacy, communication and community mobilisation for the inclusion of NCD in School Curricula, development and dissemination of NCD messages in current NHEICC activities and NCD interaction programmes in social institutions and secondary and tertiary care hospitals of both public and private sectors.
- Re-orient health services for mobilizing existing health network for NCDs at various levels.
- Incorporate major NCDs and their risk factors in HMIS reporting formats.
- Build capacity for developing and organizing standard curricula for in service training of health workers, for specialists and super specialists for secondary and tertiary care and for ancillary paramedics about NCDs and their major risk factors.

Strategies Contd...

- Establish surveillance system of NCDs and their risk factors.
- Establish networking of hospitals dealing with NCDs in private, I/NGOs & CCs and other bilateral organisations.
- Regular and periodic dissemination of surveillance findings to all Stakeholder of NCD.
- Map up of the organizations and their NCD activities across Public, Private & I/NGOs.
- Develop mechanism to monitor activities of organisations involved in NCDs.
- Allocate tobacco and alcohol tax " Sin tax" for NCD disease prevention and control.
- Incorporate NCD activities in regular budget.

Strategies Contd...

- Allocate local revenue for NCD prevention activities
- Mobilisation of external resources
- Identify all stakeholders of NCDs in programme planning and implementation
- Prioritise low cost, cost effective socio-culturally acceptable measures in planning and implementation of NCD prevention and control
- Develop various tools for monitoring & evaluation
- Conduct periodic research activities as per the result of the monitoring and evaluation

Policy statements

- The primary prevention of NCD will be the main thrust of the program targeted to reduce the morbidity and mortality.
- Families & communities will be empowered with information, education and communication for behavior risk factors to prevent Chronic NCD.
- The capacity of health and educational institutions will be developed to do Community based NCD surveillance, implementing NCD STEP wise approach with hospital back up for early diagnosis, standard treatment and community based screening.
- Active participation of other public sectors, NGO, CBO, citizen group and communities in prevention and control of NCD based on the NCD surveillance information will be encouraged.
- Analysis of the NCD surveillance data will be used as information to design, plan and implement community based interventions for prevention and control of NCD in Nepal.

NCD Surveillance Objectives

- To develop guidelines and infrastructure for NCD risk factor surveillance at national as well as at district level and to provide national information resources on risk factor burden, trends and distributions. Surveillance is an essential tool for evidence based public health decision making and the monitoring of the success of public health interventions with the ultimate aim of containing and reducing the emerging epidemic of NCD.

Specific objectives

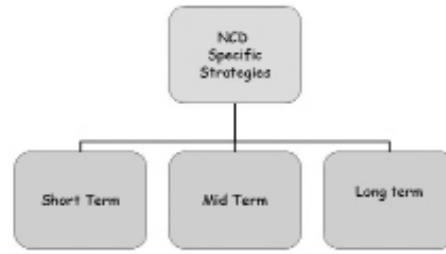
- A comprehensive analysis of the available data on the main risk factors for NCD as a part of the regional and global NCD Risk factor surveillance.
- The implementation of the regional strategy for NCD surveillance with special emphasis on NCD risk factor capacity and capability for conducting sustainable NCD risk factor surveillance.
- The development of a NCD risk factor info Base for information sharing and public health decision making.
- To increase community awareness of NCD risk factors and healthy life style promotion for NCD prevention.
- To increase health providers capacity at the community level for health promotion, NCD primary prevention, early detection and referral.
- To increase health provider awareness of NCD patients right to get treatment, and together with other health stakeholders review the existing laws and enact the new ones.

ANNEXES

Surveillance Stratégies

- Developing Nepal NCD surveillance capacity by implementing community based behavior risk factor NCD surveys and networking with the hospital based Health Management Information System
- Increasing general awareness
- Increasing health human resource capacity
- A coordinated approach
- Ensure human rights for NCD patients
- Apply WHO STEP wise approach for NCD surveillance
- Effective communication strategies
- Partnership of Public and private organization
- Focused need based approach to sustain NCD prevention and control
- Affordable technology
- State of the art technology to allow harmonization of data to provide comparable estimates in standard age and sex groupings

NCD Specific Strategies



Actions

- Integrate NCD prevention and control to the existing health network.
- Increase general awareness on NCD among general public.
- Increase human resources/ improve capacity.
- Ensure human rights for victims of NCD.
- Promote partnership between GO/NGO/Private.
- Introduce need based approach in sustaining NCD activities.
- Introduce WHO STEP wise approach of focusing risk factors.
- Develop long term and short term plans for NCD prevention/control.

Monitoring and Evaluation Indicators

At Central level

- Creation of NCD Unit at Department of Health Services
- Inclusion of NCD information in HMIS and Annual report of DHS
- Allocation of budget for NCD orientation, monitoring and evaluation
- Development of tools for monitoring and evaluation of NCDs and its risk factors

Contd....

At Regional (Province) level

- Identification of focal person to coordinate NCD related activities.
- Identification of Districts, Municipalities and VDCs at risk of NCDs.
- Orientation of NCD and STEP approach of surveillance in the region.
- Number of districts implementing NCD risk factor using the STEPS methodology.
- Number of districts analyzing NCD risk factor data and developing community based intervention programme.
- Number of district contributing data to the national NCD risk factor information base.
- Number of public health intervention based on the NCD risk factor data.
- Number of Community based intervention as pilot demonstration area.

Contd....

At and below District level

- Recording and reporting of all NCDs attending District hospital, Primary Health care center
- Recording and reporting of all NCDs risk factors at all level of health facilities
- Orientation on NCD and its risk factors to Health facility Management committee members and Health volunteers.

GOALS, OBJECTIVE AND TARGET

GROUP 3

National workshop on NCD

- **Chair: Dr Sunil Acharya**
- Dr Chhatra Amatya
- Dr Badri Raj Pande
- Dr Arun Mallik
- Dr Shailesh Upadhyaya
- Dr Abhishek Singh
- Janak Thapa
- Sushma Neupane
- Mahendra Bikram Shah

- Mirak Raj Angdembe
- Dr Amit Shrestha
- Mr Swadesh Gurung (Rapporteur)
- Ms Bindu Panthi
- Mr Ganesh Pande
- Dr Ajay Shakya
- Dr Lonim Prasai Dixit (Presenter)

VISION

Increase awareness and creation of environment about NCD risk factors to promote healthy life styles towards reducing morbidity and mortality by 2020.

National workshop on NCD

GOAL

- To reduce morbidity and mortality related to NCDs

OBJECTIVE

1) To increase awareness about risk factors like tobacco, alcohol use, unhealthy diet (dietary modification) and physical inactivity at all level.

2) To reduce disease through behavioral modification and adopting healthy lifestyles.

ANNEXES


Objectives continued
3) To promote inter and intrasectoral collaboration and coordination with private and academic sector for enacting healthy public policies.
4) To adopt comprehensive approach for health promotion and primary prevention of major NCDs and other conditions like RTA and mental health.
Objectives continued
5) To strengthen capacity of public health system with major emphasis on human resource at all levels to prevent, diagnose and manage NCDs using PHC approach.
6) To develop appropriate financial mechanism for prevention and control of NCDs.
Objective contd
7) To develop a national surveillance system for NCDs and their risk factors using country specific standard guidelines and protocols.
TARGET
1) By 2020 NCD risk factor awareness program will be conducted in all public and private health facility.
2) Tobacco use will be reduced by 50% and alcohol by 25% of the current level by 2020. (number of people/ current level will be assessed)
Target contd
3) By the end of 2015, concerned health personnel will be trained and placed in all primary health care facilities.
4) Policy and criteria for establishment of secondary and tertiary care facilities for NCDs will be developed by 2012.
Target contd
5) Mechanism for intra and intersectoral collaboration including private sector, civil society and academia at all levels will be established by 2015.
6) Financing plan and mechanism for NCD prevention and control will be developed by 2012.

Group II – Strategies

Policy Statement

Till now, GON has more focus on control and elimination of CDs. Considering the fact of increasing threat and burden of NCD, these should be given due priority. In addition to the major NCD like Cardiovascular diseases, Diabetes, Cancers and Chronic respiratory diseases, Arsenicosis, Road traffic injuries and Mental health in Nepal have been on rise as emerging public health problems . So, there is a need for more emphasis on primordial and primary prevention for the preventable risk factors.

Strategies and Actions

- Determination of disease burden of NCD in Nepal
- Based on known prevalent risk factors, identifications of possible other risk factors and Awareness creation through mass communication media, trainings, in academic curricula to combat these.
- Active participation of female community health volunteers, mothers groups and others
- Ensure food Quality and food safety
- Strict implementation of legal framework/ instruments such as Tobacco control and regulation law related to NCD and formation of new legal instruments
- Integration of NCD with primary health care system
- Incorporate NCD in due process of health system strengthening
- Develop and strengthen physical infrastructure and human resources
- Resource mobilization for implementation of NCD related activities like taxation on junk foods and fast foods, tobacco and alcohol
- Develop mechanisms for intra and inter-sectoral coordination
- Undertake research on NCD
- Bottom up approach for planning and implementation of NCD
- Structural arrangement to include all levels of health system from center to peripheral level

ANNEXES

NCD Surveillance, Monitoring and Evaluation

Group I

Members

- Mr. Shanta Lal Mulmi (Chair)
- Dr. Mohin Shah
- Dr. William
- Dr. Usha Shah
- Dr. Tirtha Rana
- Dr. Nilamber Jha
- Dr. Sameer Dixit
- Dr. Suresh Mehta
- Mr. Binod Aryal
- Dr. Gajananda Bhandari
- Mr. Shiva Raj Mishra
- Mr. Dipak Subedi
- Ms. Rajani Shah
- Ms. Dushala Adhikari
- Ms Alina Maharjan

NCD related Surveillance Objective:

- To generate national and district level data on NCDs and its risk factors

Strategies

- Develop guideline for NCD surveillance and other technical materials, and tools including training materials to support implementation of NCD surveillance.
- Develop infrastructure for surveillance which will to be included in integrated disease surveillance after its establishment and then HMIS.

Strategies (continue..)

- Develop/strengthen capacity of human resources at different levels regarding NCD surveillance.
- Respond to WHO regional strategy and apply its STEPwise approach for NCD surveillance.

Strategies (continue..)

- Apply appropriate technology to allow standardization of data by age and sex groups to allow international and national comparison.

Monitoring and Evaluation

- **At Central level**
- Inclusion of NCD information in HMIS and Annual report of DHS
- Development of tools for monitoring and evaluation of NCDs and its risk factors

To be included in Policy

- *Creation of NCD Unit at Department of Health Services*
- *Allocation of budget for NCD orientation, monitoring and evaluation*

At Regional (Province) level

- Identification of focal person to coordinate NCD related activities
- Identification of Districts, Municipalities and VDCs at risk of NCDs
- Orientation of NCD and STEP approach of surveillance in the region
- Number of districts that are implementing STEPS methodology for NCD risk factor assessment

At Regional (Province) level

- Number of districts contributing data to the national NCD information base
- Number of public health intervention based on the NCD data
- Number of Community based intervention as pilot demonstration area

At and below District level

- Recording and reporting of all NCDs at all District hospital/Primary Health care center
- Recording and reporting of all NCDs risk factors at all level of health facilities
- Orientation on NCD and its risk factors to Health facility Management committee members and Health volunteers.

Thank You

ANNEXES

Recommendations: Non-Communicable Diseases

Dr BR Marasini
Ministry of Health & Population

Inter Government Agency Consultation on NCD

- Ministry of Health and Population organized one day workshop to consult on the rising burden of the non-communicable diseases
- The meeting was participated by government agencies only
- Meeting reviewed the draft NCD policy and suggested recommendations

Current Efforts

- More focus on cure than health promotion and prevention
- No multi-sectoral coordination
- Provision of health tax fund- financing for curative services only
- Disparity in distribution of curative services
- Effort on tobacco and alcohol control not satisfactory despite laws to control

Current efforts

- Legal framework quite satisfactory- tobacco act, alcohol act, food act, local self governance act
- Department of Education banned use of junk foods in all schools of the country
- Control of Arsenic contamination of water is good, but NGOs are only working and not stream lined with national health system

Focus on Modifiable Risk factors Associated with Major NCDs

- Harmful use of alcohol
- Tobacco use
- Physical inactivity
- Consumption of fruit and vegetables
- High salt intake
- Air pollution
- Arsenic contamination of water

NCD Policy Framework, Recommendations

- Multi sectoral responsibility & coordination
- More focus on prevention rather than cure
- Should be limited to diseases that have known risk factors
- Should be divided in seven blocks
- Capacity building
- Research

NCD Policy Framework, Recommendations

- Partnership with non-state actors
- Improve health information system
- Integrated approach in service delivery with basic health services
- Increase investment in NCD prevention
- Improve legal framework
- Equity in establishing NCD related health service

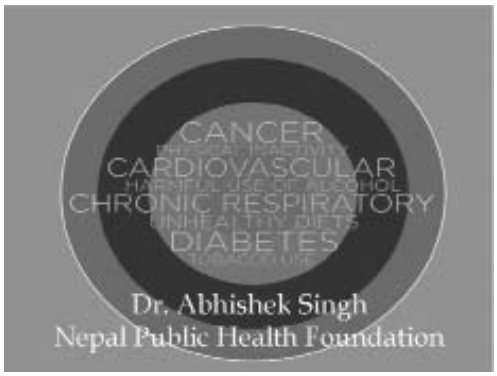
NCD Policy Framework, Recommendations

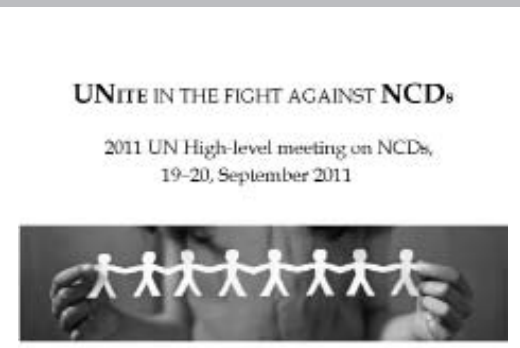
- Partnership with non-state actors
- Improve health information system
- Integrated approach in service delivery with basic health services
- Increase investment in NCD prevention
- Improve legal framework
- Equity in establishing NCD related health service

NCD Policy Framework, Recommendations

- Initiate global partnership to control NCDs
- Develop more parks and gardens to enhance physical activity
- Promote yoga and other physical exercises
- Promote kitchen garden to increase intake of fresh vegetables
- Reform on all health professions education

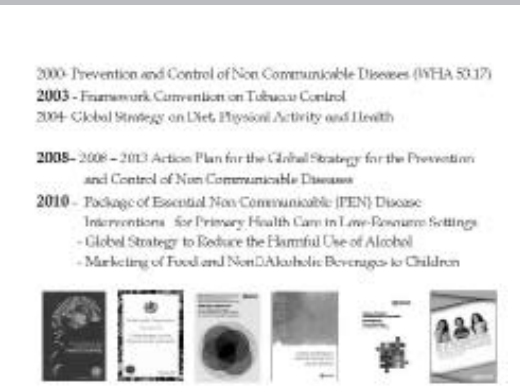
ANNEXES





"The average income of a person is less than $2000 a year. With the development of multiple combinations of diabetes the average cost of treatment would be more than $3000 per year. Incredible - how can they treat the disease?"

Dr. Jothydev Kesavadev



- Regional Ministerial Meeting on Health Literacy (Beijing, 29-30 April 2009)
- Regional Ministerial Meeting on Non-communicable Diseases and Injuries, Poverty and Development (Qatar, 10-11 May 2009)

ECOSOC/UNESCWA/WHO Western Asia Ministerial Meeting "Addressing non communicable diseases and injuries major challenges to sustainable development in the 21st century" (10 - 11 May 2009)

"DOHA DECLARATION ON NONCOMMUNICABLE DISEASES AND INJURIES"

- ECOSOC High-level Segment on Global Health (Geneva, 6-9 July 2009)
- ECOSOC Ministerial Roundtable Meeting on Noncommunicable Diseases and Injuries (Geneva, 8 July 2009)

Ministerial Declaration – 2009 High Level Segment, Economic and Social Council, Geneva 6 to 9 July 2009.

Commonwealth Heads of Government Meeting Republic Trinidad & Tobago, 27-29 November 2009

Statement on Commonwealth Action to Combat Non Communicable Diseases

- Decides to convene **a high-level meeting of the General Assembly in September 2011**, with the participation of heads of State and Government, on the prevention and control of non-communicable diseases;
- [Further decides to hold consultations on the scope, modalities, format and organization of the high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, including issues of participating constituencies, preferably before the end of 2010;]
- Encourages Member States to include in their **discussions at the high- level plenary meeting of the sixty-fifth session of the General Assembly on the review of the Millennium Development Goals**, to be held in September 2010, **the rising incidence and the socio-economic impact of the high prevalence of non-communicable diseases worldwide**;
- **Requests the Secretary-General to submit a report to the General Assembly** on activities undertaken, in collaboration with Member States, the World Health Organization and the relevant funds, programmes and specialized agencies of the United Nations system, on the **global status of non-communicable diseases**, with a particular focus on the developmental challenges faced by developing countries;

1. Islamic Republic of Iran for Member States in the WHO Eastern Mediterranean Region (Tehran, 24 and 25 October 2010)
2. Norway for Member States in the WHO European Region (Oslo, 24 and 25 November 2010)

Regional Civil Society Meeting on Non Communicable Diseases, 10-12 January 2011, Kathmandu, Nepal

3. Fiji for Member States in the Pacific islands sub-region of the WHO Western Pacific Region (Nadi, 3-5 February 2011)
4. Mexico for Member States in the WHO Region of the Americas (Mexico City, 24 and 25 February 2011)
5. Indonesia for Member States in the WHO South- East Asia Region (Jakarta, 1-4 March 2011)
6. Republic of Korea for Member States in the Western Asian sub-region of the WHO Western Pacific Region (Seoul, 17 and 18 March 2011).
7. Republic of the Congo for Member States of the WHO African Region (Brazzaville, 4-6 April 2011)

ANNEXES

Kathmandu Call for Action on NCDs

Regional Civil Society Meeting on Non Communicable Diseases

10-12 January 2011, Kathmandu, Nepal

Kathmandu Call for Action

- ***Recognizing*** that the Non Communicable diseases (NCDs) have ***emerged as the major cause of mortality and morbidity*** in the countries of South-East Asian (SEA) region, which is the home ***to 26% of world population and 30% of the world's poor. More than half of deaths*** occurring in the region are due to NCDs and is increasingly being ***seen in poorer, younger and female population causing great burden to national health system and economy***
- ***Observing*** that ***this higher risk of NCDs*** among the ***poor and marginalized populations*** of SEA region impoverishes them further, creating ***a vicious cycle of poverty and NCDs causing adverse socioeconomic impact***
- ***Emphasising*** that without addressing the NCDs effectively neither can ***poverty*** be alleviated nor ***the health and development goals be achieved***
- ***Realising*** that ***the prevention and control of NCDs is cost effective and feasible***; early and appropriate interventions could ***reduce*** the current and future burden of NCDs
- ***Noting with concern*** that even though the prevention and control of NCD substantially contributes to the ***better achievement of other MDGs***, it ***has neither been included into them nor adequate resources allocated***

We, the participants of this Regional Civil Society Meeting on Non Communicable Diseases, call for concerted action to:

- ***Advocate for the inclusion of NCDs in the MDGs*** in the forthcoming UN General Assembly and other appropriate international fora, and for creating ***an enabling global environment in its realization***
- ***Create and/or strengthen*** appropriate mechanism ***to promote national and regional network to effectively collaborate*** in addressing the NCDs challenges
- ***Mobilize civil society and other sectors*** to engage in the evidence-based ***development*** and ***effective implementation*** of ***the national policies and programs*** for the prevention and control of NCDs in an ***integrated manner***
- ***Urge*** the national government to ***mobilize*** the national and international ***resources*** to implement NCDs prevention and control program
- ***Promote*** the adoption ***of healthy life style by health professionals*** in the region to be the ***role model*** for the general population.

Jakarta Call for Action on Non Communicable Diseases

- Regional Meeting on Health and Development Challenges of Non Communicable Diseases

1-4 March 2011, Jakarta, Indonesia

Jakarta Call for Action on Non Communicable Diseases

We, the participants of the Regional Meeting on Health and Development Challenges of Non Communicable Diseases, ***appreciate the role of*** WHO in focusing attention on Non Communicable diseases, and note with concern that:

Non Communicable diseases (NCDs) are now the ***leading cause of death*** in the Member States of the WHO South-East Asia Region, accounting for ***54 per cent*** of all deaths;

1. Deaths from Non Communicable diseases are projected to ***increase by 21 percent*** over the next ten years;

2. In the South-East Asia Region, the ***death rates in middle-aged adults*** are disproportionately ***higher*** than in high-income countries;

3. Non Communicable diseases have ***a substantial economic impact as Working age adults*** account for a high proportion of the NCD burden. NCDs ***will reduce the Gross Domestic Product by an estimated 1–5 per cent*** in low- and middle-income countries;

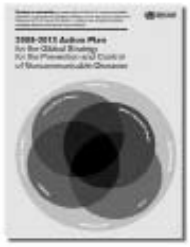
4. ***The epidemic*** of Non Communicable diseases ***exacerbates poverty, is a barrier to societal and economic development, and could reverse hard-won development gains.***

We acknowledge that:

- ***Low-cost and cost-effective interventions*** for prevention and control of Non Communicable diseases at the population and individual level are ***available;***
- Prevention and control of Non Communicable diseases will contribute to ***economic development*** through ***cost savings for medical care, improved quality of life and increased productivity;***
- To ***ensure equitable access*** to comprehensive health care for people at risk of or already suffering from a Non Communicable disease, ***strengthening of health systems based on primary health care (PHC)*** is imperative; and
- To be effective, programmes for the control of the NCD epidemic require ***coordinated and collaborative action by all sectors within government, civil society, the private sector and the media.***

We call upon governments and parliaments to:

- *Accord a high priority to prevention and control of NCDs in national health policies and programmes and accordingly increase overall budgetary allocations to health and especially budgets for combating NCDs;*
- *Galvanize a multisectoral response to NCDs through development of integrated national plans of action including relevant sectors, civil society and communities to control and reverse the rising burden of non communicable diseases. This should include the ratification and effective implementation of the WHO Framework Convention on Tobacco Control, and community empowerment and education about diet, physical activity and harmful use of alcohol;*
- *Scale up a package of proven effective interventions such as health promotion and primary prevention, and also develop and enforce evidence-based legislation, regulations and fiscal measures to reduce consumption of tobacco, alcohol and processed/packaged foods while promoting consumption of healthy foods and physical activity;*
- *Invest in and strengthen primary health care by introducing a package of prevention, promotion and curative care interventions for NCDs at the primary care level to ensure access to care among the poor and vulnerable;*
- Develop sustainable mechanisms including surveillance to monitor and evaluate the impact of interventions in a systematic and ongoing manner;
- Support research for prevention and control of non communicable diseases; and
- Build capacity of the health workforce, including community-based health workers, for prevention and control of NCDs.



Six objectives:

1. Raising the priority accorded to non-communicable diseases in development work at global and national levels, and integrating prevention and control of non-communicable diseases into policies across all government departments
2. Establishing and strengthening national policies and programmes (including PHC)
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

We call upon global leaders, donor partners and UN agencies to:

- *Include NCD prevention and control* in internationally *agreed developmental goals*, including the *MDGs;*
- *Assist* countries in *integrating NCD control* in their *PHC-based health systems strengthening* initiatives in a harmonized manner;
- *In accordance with national priorities, enhance capacity building, technical and financial support to* Member States to supplement national efforts for sustainable NCD prevention and control programmes; and
- *Support* countries in *research* for prevention and control of Non communicable diseases.

WHO Focus on Action for NCD

1. *Declare* non-communicable diseases (NCDs) as *a global health and development emergency* and declare **2011-2020 as the decade of Combating NCDs.**
2. Use *a public health approach based on the principles of primary health care* for combating NCDs; for this *strengthening health systems* is critical
3. *Include NCDs in the current UN Millennium Development Goals* and any subsequent global commitments.
4. *Mobilize, facilitate and monitor multisectoral involvement* among government agencies, non-governmental organizations and the private sector (except the tobacco industry) in the planning and implementation of NCD programmes.
5. *Develop and implement a multisectoral national NCD policy* and integrate it into the existing *national health* and *development programmes*.

6. ***Establish high-level national NCD committees*** with multisectoral involvement led by Heads of States, to plan, coordinate, implement and monitor national NCD control programmes.
7. ***Provide specific allocation for NCDs within the health budget*** and prioritize allocation for primary prevention of NCDs; ensure adequate support for ***research*** on NCD prevention and control.
8. ***Generate revenue for NCDs from taxes*** levied on tobacco, alcohol and sugary beverages; provide appropriate incentives to producers of healthy food choices, such as fruits and vegetables.
9. Generate ***resources*** for NCDs through ***domestic and and international sources*** and ensure that NCDs are an essential part of official ***development assistance budgets.***
10. ***Set measurable indicators and targets*** and monitor progress in the prevention and control of NCDs periodically.

- Decides to convene **a high-level meeting of the General Assembly in September 2011**, with the participation of heads of state and government, on the prevention and control of non-communicable diseases;
- [illegible] to hold consultations on the scope, modalities, format and organization of the high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, such a note to [illegible] concluding considerations, preferably before the end of 2010;
- Encourages Member States to include in their deliberations at the high-level plenary meeting of the sixty-fifth session of the General Assembly on the review of the Millennium Development Goals, to be held in September 2010, the rising incidence and the socio-economic impact of the high prevalence of non-communicable diseases worldwide;
- Requests the Secretary-General to submit a report to the General Assembly [illegible] in collaboration with Member States, the World Health Organization and the relevant funds, programmes and specialized agencies of the United Nations system, on the global status of non-communicable diseases, with a particular focus on the developmental challenges faced by developing countries

ANNEXES

Moscow Declaration

First Global Ministerial Conference on Healthy Lifestyles and Non Communicable Disease Control

Moscow, 28-29 April 2011

Moscow Declaration

- ***Recognize that the right of everyone to the enjoyment of the highest attainable standards of physical and mental health*** cannot be achieved without *greater* measures at global and national levels to prevent and control NCDs,
- ***Acknowledge the existence of significant inequities in the burden of NCDs*** and in access to NCD prevention and control, both between countries, as well as within countries,
- Note ***that policies that address the behavioral, social, economic and environmental factors associated with NCDs should be rapidly and fully implemented*** to ensure the most effective responses to these diseases, while increasing the quality of life and health equity,
- Emphasize that prevention and control of NCDs requires ***leadership at all levels, and a wide range of multi-level, multi-sectoral measures*** aimed at the full spectrum of NCD determinants (from individual level to structural) to create the necessary conditions for leading healthy lives. This includes ***promoting and supporting healthy lifestyles and choices, relevant legislation and policies; preventing and detecting disease at the earliest possible moment to minimize suffering and reduce costs; and providing patients with the best possible integrated health care throughout the life cycle including empowerment, rehabilitation and palliation.***

- ***Recognize*** that a ***paradigm shift is imperative*** in dealing with NCD challenges, as NCDs are caused not only by biomedical factors, but also caused or strongly influenced by ***behavioral, environmental, social and economic factors.***
- ***Affirm our commitment*** to addressing the challenges posed by NCDs, including, as appropriate, ***Strengthened and reoriented policies and programmes that emphasize multi-sectoral action on the behavioral, environmental, social and economic factors.***
- Express our belief that NCDs should be considered in ***partnerships for health; that they should be integrated into health and other sectors' planning and programming*** in a coordinated manner, particularly in low- and middle income countries; that they should be part of ***the global research agenda*** and that the impact and sustainability of approaches to prevent and control NCDs will be enhanced ***through health systems strengthening and strategic coordination with existing global health programs.***

Rationale for Action

- NCDs, principally cardiovascular diseases, diabetes, cancers and chronic respiratory diseases, are ***the leading causes of preventable morbidity and disability***, and currently ***cause over 60% of global deaths, 80% of which occur in developing countries.*** By 2030, NCDs are estimated to contribute to ***75% of global deaths.***
- In addition, other NCDs such as ***mental disorders*** also significantly contribute to the global disease burden.
- NCDs have ***substantial negative impacts on human development*** and may ***impede progress*** towards the ***Millennium Development Goals (MDGs)***
- NCDs now impact significantly ***on all levels of health services, health care costs, and the health workforce, as well as national productivity in both emerging and established economies***
- Worldwide, NCDs ***are important causes of premature death***, striking hard among the ***most vulnerable and poorest populations.*** Globally they impact on ***the lives of billions of people*** and can ***have devastating financial impacts*** that impoverish individuals and their families, especially in low and middle-income countries.
- NCDs can affect women and men differently, hence prevention and control of NCDs should take ***gender*** into account.

- Many countries are now *facing extraordinary challenges from the double burden of disease: communicable diseases and non communicable diseases.* This requires *adapting health systems and health policies*, and a shift from *disease-centered to people-centered approaches and population health measures. Vertical initiatives are insufficient to meet complex population needs, so integrated solutions that engage a range of disciplines and sectors are needed. Strengthening health systems in this way* results in improved capacity to respond to a range of diseases and conditions.
- Evidence-*based and cost-effective interventions exist* to prevent and control NCDs at global, regional, national and local levels. These interventions could have profound health, social, and economic benefits throughout the world.
- Examples of cost-effective interventions to reduce the risk of NCDs, which are affordable in low-income countries and could prevent millions of premature deaths every year, include measures to control tobacco use, reduce salt intake and reduce the harmful use of alcohol.
- Particular attention should be paid to the *promotion of healthy diets* (low consumption of saturated fats, trans fats, salt and sugar, and high consumption of fruits and vegetables) *physical activity in all aspects of daily living.*
- Effective NCD prevention and control require *leadership* and concerted *"whole of government"* action at all levels (national, sub-national and local) and across a number of sectors, such as *health, education, energy, agriculture, sports, transport and urban planning, environment, labor, industry and trade, finance and economic development.*
- Effective NCD prevention and control requires *the active and informed participation and leadership of individuals, families and communities, civil society organizations, private sector where appropriate, employers, health care providers and the international community*

Commitment to Action

At the Whole of Government level:

1. ***Developing multi-sectoral public policies*** that ***create equitable health promoting environments*** that enable individuals, families and communities ***to make healthy choices and lead healthy lives;***
2. ***Strengthening policy*** coherence to maximize positive and minimize negative impacts on NCD ***risk factors*** and the burden resulting from ***policies of other sectors;***
3. Giving ***priority to NCD prevention and control*** according to ***need***, ensuring ***complementarity with other health objectives*** and mainstreaming multi-sectoral policies to ***strengthen the engagement of other sectors;***
4. Engaging ***civil society*** to harness its particular capacities for NCD prevention and control;
5. Engaging ***the private sector*** in order to strengthen its contribution to NCD prevention and control according to international and national NCD priorities;
6. ***Developing and strengthening*** the ***ability of health systems*** to ***coordinate, implement, monitor and evaluate*** national and sub-national strategies and programmes on NCDs;
7. ***Implementing population-wide health promotion and disease prevention strategies, complemented by individual interventions, according to national priorities.*** These should be equitable and sustainable and take into account gender, cultural and community perspectives in order ***to reduce health inequities;***
8. ***Implementing cost-effective policies, such as fiscal policies, regulations*** and other measures to reduce common risk factors such as ***tobacco use, unhealthy diet, physical inactivity and the harmful use of alcohol;***
9. ***Accelerating implementation*** by States Parties of the provisions of the WHO ***Framework Convention on Tobacco Control*** (WHO FCTC) and encouraging other countries to ***ratify the Convention;***
10. Implementing effective policies for NCD prevention and control at national and global levels, including those relevant to achieving the goals of the ***2008-2013 Action Plan for the Global Strategy for the Prevention and Control Of Non communicable Diseases, the WHO Global Strategy to Reduce the Harmful Use of Alcohol and the Global Strategy on Diet, Physical Activity and Health;***
11. ***Promoting recognition*** of the rising incidence and burden of NCDs ***on national as well as international development agendas***, and encouraging countries and international development partners to consider the level of priority accorded to NCDs.

At Ministry of Health level:

1. ***Strengthening health information systems to monitor*** the evolving burden of NCDs, their risk factors, their determinants and the impact and effectiveness of health promotion, prevention and control policies and other interventions;
2. According to ***national priorities, strengthening public health systems*** at the country level to scale up evidence-based health promotion and NCD prevention strategies and actions;
3. ***Integrating NCD-related services into primary health care services*** through health system strengthening, ***according to capacities and priorities;***
4. Promoting ***access to comprehensive and cost-effective prevention, treatment and care for integrated management of*** NCDs, ***including access to affordable, safe, effective and high quality medicines*** based on needs and resource assessments;
5. ***According to country-led prioritization***, ensuring ***the scaling-up of effective, evidence- based and cost-effective interventions that demonstrate the potential to treat individuals with NCDs, protect those at high risk of developing them and reduce risk across populations.***
6. ***Promoting, translating and disseminating research*** to identify the causes of NCDs, effective approaches for NCD prevention and control, and strategies appropriate to ***distinct cultural and health care settings.***

At the international level:

1. ***Calling upon the World Health Organization, as the lead UN specialized agency for health, and all other relevant UN system agencies, development banks, and other key international organizations to work together*** in a coordinated manner to address NCDs;
2. Working through WHO in consultation with other multilateral organizations, international nongovernmental organizations, the private sector and civil society stakeholders to strengthen ***normative guidance, pool technical expertise, coordinate policy to achieve the best possible results*** and capitalize on synergies among existing global health initiatives.
3. ***Strengthening international support*** for the full and effective implementation ***of the WHO FCTC, the Action Plan for the Global Strategy for the Prevention and Control of Non communicable Diseases, the WHO Global Strategy to Reduce the Harmful Use of Alcohol, the Global Strategy on Diet, Physical Activity and Health and other relevant international strategies to address NCDs***

4. Investigating all possible means to identify and *mobilize the necessary financial, human and technical resources in ways that do not undermine other health objectives.*
5. Supporting the WHO in developing a comprehensive *Global monitoring framework on NCDs.*
6. *Examining* possible means to *continue facilitating* the access of low- and middle income countries to *affordable, safe, effective and high quality medicines in this area consistent with the WHO Model Lists of Essential Medicines*, based on needs and resource assessments, including by implementing the WHO Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property.

ANNEXES

The Zero Document

- A rising epidemic and its socio-economic and developmental impacts
- Responding to the epidemic: a "whole-of-government" and a "whole-of-society" effort
- Strengthen national policies and health systems
- Reduce risk factors
- International cooperation, including collaborative partnerships
- Research and development
- Monitoring and evaluation
- Follow-up

Few Concerns

- Exclusion on NCDs from the MDGs
- Economic climate and donors
- Influence of industry on "vested interests"

"... cost-effective interventions ... to reduce saturated and trans fats in food, ... reduce salt and refined sugars in foods, including through discouraging the production and marketing ... of unhealthy foods ..."

- No time bound targets

"reducing mortality by 25 per cent by 2025"

- No commitment on Funding
- No Accountability Mechanism

Other relevant issues

- Social protections
- Non-communicable diseases in emergency situations
- Non-communicable diseases and migration
- Non-communicable diseases and occupational health
- Advances in information and communications technology

"We look like a poor country, we live like a poor country, but we die like we're rich."

Aleida Guevara

LIST OF PARTICIPANTS

1. **Alina Maharjan**
   Nepal Public Health Foundation
   Maharajgunj, Kathmandu
   alinamhrjn@hotmail.com

2. **Badri Bahadur Khadka**
   NHEICC
   Teku, Kathmandu
   bbkhadka34@hotmail.com

3. **Bhagubati Timilsina**
   Nepal Samacharpatra, Daily newspaper
   bgtimilsina@yahoo.com

4. **Bindu Panthi**
   Nobel College
   Sinamangal, Kathmandu
   bindupanthee@gmail.com

5. **Binjwala Shrestha**
   Institute of Medicine (IOM)
   Maharajgunj, Kathmandu
   binjwala_shrestha@hotmail.com

6. **Binod K Aryal**
   Epidemiology and Disease Control Division
   Teku, Kathmandu

7. **Bishnu Nepal**
   RSS
   bishnubs@yahoo.com

8. **Chandra Mandil Yogal**
   Dhulikhel Hospital
   Dhulikhel,Kavre
   c.myogal@gmail.com

9. **Dipa Dahal**
   Radio Kantipur
   Pulchowk

10. **Dipak Subedi**
    Institute of Medicine
    Maharajgunj, Kathmandu
    dipaks@iom.edu.np

11. **Dr. Abhishek Singh**
    Patan Academy of Health Sciences (PAHS)
    Patan, Lalitpur
    hygieia@gmail.com

12. **Dr. Ajay Shakya**
    Peoples Dental College & Hospital
    Nayabazar, Balaju, PO Box 21613
    madaj2008@gmail.com

13. **Dr. Amit Shrestha**
    Kanti Children Hospital
    Maharajgunj, Kathmandu
    amit557@hotmail.com

14. **Dr. Anand K Shrestha**
    Avian Influenza Control Project (AICP)
    Teku, Kathmandu
    sth.anand@hotmail.com

15. **Dr. Arjun Karki**
    Academy of Health Sciences (PAHS)
    Patan, Lalitpur
    drakarki@pahs.edu.np

16. **Dr. Aruna Uprety**
    Britain Nepal Medical Trust (BNMT)
    Lazimpat, Kathmandu
    arunauprety@yahoo.com

17. **Dr. B.D. Chataut**
    CIST College
    Mid Baneshwor
    chatautbd@yahoo.com

18. **Dr. Badri Raj Pandey**
    Nepal Public Health Foundaton
    Maharajgunj, Kathmandu
    badripande@gmail.com

19. **Dr. Banshidhar Mishra**
    Manmohan Hospital
    Lekhnath Marg, Lainchour, Kathmandu
    mishrabanshi@yahoo.com

20. **Dr. Bhesh Raj Pokhrel**
National Center for AIDS and STD Control (NCACS)
Teku, Kathmandu
bheshraj@yahoo.com

21. **Dr. Buland Thapa**
Bir Hospital
Maha Bauddha, Kathmandu

22. **Dr. Chhatra Amatya**
Chhahari Nepal for Mental Health
Pulchowk, Lalitpur
chhaprem@gmail.com

23. **Dr. Gajananda P. Bhandari**
Nepal Public Health Foundaton
Maharajgunj, Kathmandu
gpbhandai@nphfoundation.org

24. **Dr. Geeta Shakya**
Nepal Public Health Laboratory
Teku, Kathmandu
director_nphl@yahoo.com

25. **Dr. Jagdish Chataut**
Kathmandu University School of Medical Sciences
Dhulikhel, Kavre
jagdishchataut@hotmail.com

26. **Dr. Kedar Baral**
Patan Academy of Health Sciences (PAHS)
Patan, Lalitpur
kedarbaral@pahs.edu.np

27. **Dr. Krishna Aryal**
National Health Research Council (NHRC)
Ramshahpath, Kathmandu
krish.aryal@gmail.com

28. **Dr. Lochana Shrestha**
Save the Children
Sundhara, Kathmandu
lohanashrestha@gmail.com

29. **Dr. Lonim Prasai Dixit**
Peoples Dental College & Hospital
Nayabazar, Balaju, PO Box 21613
lprasai@yahoo.com

30. **Dr. Madan K Shrestha**
Primary Health Care Revitalization Division, DoHS
Teku, Kathmandu
madans43@yahoo.com

31. **Dr. Mahesh Maskey**
Nepal Public Health Foundation
Maharajgunj, Kathmandu
mmaskey@nphfoundation.org

32. **Dr. Moin Shah**
Senior Public Health Expert
Bhatbhateni, Kathmandu

33. **Dr. Narendra Shrestha**
Nepal Public Health Foundation
Maharajgunj, Kathmandu
shrestha.narendra@gmail.com

34. **Dr. Pramod Bhatta**
Institute of Medicine
Maharajgunj, Kathmandu
dr. pramodbhatta@gmail.com

35. **Dr. Rajendra Koju**
Dhulikhel Hospital
Dhulikhel, Kavre
koju@mos.com.np

36. **Dr S.K. Chaudhary**
Nepalgunj Medical College
Nepalgunj, Nepal
shrawanchaudhary@yahoo.com

37. **Dr. Sameer Dixit**
Center for Molecular Dynamics, Nepal (CMDN)
Thapathali, Kathmandu
s.dixit@cmdn.org

38. **Dr. Sharad Onta**
Nepal Public Health Foundation
Maharajgunj, Kathmandu
sharadonta@gmail.com

39. **Dr. Shiva Raj Adhikari**
Nepal Health Economics Association
sssadhikari@yahoo.com

40. **Dr. Sujan Marahatta**
Dhulikhel Hospital
Dhulikhel, Kavre
sujanmarahatta@gmail.com

41. **Dr. Suniti Acharya**
Nepal Public Health Foundation
Maharajgunj, Kathmandu
sunitiacharya@yahoo.com

42. **Dr. Surendra Bade Shrestha**
Nepal Network for Cancer Treatment and Research (NNCTR)
Banepa, Kavre
dr.bade@yahoo.com

43. **Dr. Suresh Mehata**
Nepal Public Health Foundation
Maharajgunj, Kathmandu
sureshmht@gmail.com

44. **Dr. Usha Shah**
Nepal Police Hospital
Maharajgunj, Kathmandu

45. **Dr T.R. Burlakoti**
Kanti Hospital
Maharajgunj, Kathmandu
tburlakoti@hotmail.com

46. **Dr. C.P Maskey**
Patan Academy of Health Sciences (PAHS)
Patan, Lalitpur
cpmaskey@hotmail.com

47. **Dr. Rita Thapa**
South Asian Foundation
bheribas@gmail.com

48. **Dr. Tirtha Rana**
Asia Pacific Leadership Forum on HIV/AIDS
ranatritha@gmail.com

49. **Dushala Adhikari**
Institute of Medicine
Maharajgunj, Kathmandu
dushalaadhikari@gmail.com

50. **Ganesh Pandey**
ABC TV
Maharajgunj, Kathmandu
pandayg@gmail.com

51. **Ganga Raj Aryal**
NHEICC
Teku, Kathmandu
aryalgr@yahoo.com

52. **Hari Aryal**
Institute of Medicine (IOM)
Maharajgunj, Kathmandu
harryarl@yahoo.com

53. **IM Shrestha**
Nepal Public Health Foundation
Maharajgunj, Kathmandu
iswarmans@yahoo.com

54. **Janak Thapa**
Nepal Public Health Foundation
Maharajgunj, Kathmandu
janakthapa7@gmail.com

55. **Mahendra B.K.Shah**
Britain Nepal Medical Trust (BNMT)
Lazimpat, Kathmandu
npchtc@bnmt.org.np

56. **Mirak Raj Angdembe**
Freelancer
Chandol, Kathmandu
mirak.angdembe@gmail.com

57. **Nabaraj Gautam**
Dibyadarshan Weekly
Anamnagar
gnabu_25@hotmail.com

58. **Narayan Subedi**
Nepal Public Health Foundation
Maharajgunj, Kathmandu
subedi.narayan@gmail.com

59. **Neil Prasad Dhital**
Institute of Medicine (IOM)
Maharajgunj, Kathmandu
nilu-dhital@yahoo.com

60. **Ngamindra Dahal**
Ministry of Environment/ADB
Singhadurbar, Kathmandu
ngamindra@gmail.com

61. **Nimma Adhikari**
ECS
amminad@gmail.com

62. **Padam Raj Joshi**
Annapurna Post
Anamnagar
pyarjoshiji@gmail.com

63. **Pawan Acharya**
Institute of Medicine
Maharajgunj, Kathmandu
ac.pawan@gmail.com

64. **Prem Basel**
Institute of Medicine
Maharajgunj, Kathmandu
prem_basel@yahoo.com

65. **Prof. Dr. Basista Rijal**
Institute of Medicine
Maharajgunj, Kathmandu
rijal_basista@hotmail.com

66. **Prof. Dr. Lalit Mohan Nath**
All India Institute of Medical Sciences, India
lalitnath@vsnl.com

67. **Prof. Dr. Mangal Siddhi Manandhar**
Nepal Public Health Foundation
Maharajgunj, Kathmandu
mangal_mp@hotmail.com

68. **Prof. Dr. Mathura P Shrestha**
Research Centre for Primary Health Care
Kathmandu, Nepal
mathura.shrestha@gmail.com

69. **Prof. Dr. Nilamber Jha**
BP Koirala Institute of Health Sciences, Dharan
njha@hotmail.com

70. **Prof. D.S Manandhar**
Maternal and Infant Research Activities
Thapathali, Kathmandu
dsm@mira.org.np

71. **Rajan Paudel**
Institute of Medicine
Maharajgunj, Kathmandu
paudel.rajan@gmail.com

72. **Rajani Shah**
CTEVT,
Bharatpur, Chitwan
rajanishah312yahoo.com

73. **Rashmila Shakya**
Children Worker in Nepal
Ravibhawan, Kathmandu
rashmila@gmail.com

74. **Roshan K. Mahato**
Dhulikhel Hospital
Dhulikhel,Kavre
mahatoroshank@gmail.com

75. **Sarita Pandey**
HOPE International College
Satdobato, Lalitpur
nanusarita@gmail.com

76. **Satish Pandey**
Family Health International (FHI)
Baluwatar, Kathmandu
spandey@fhi360.org

77. **Shanta Lall Mulmi**
Research Centre for Primary Health Care
Bagbazar, Kathmandu
recphec@info.com.np

78. **Shiva Raj Mishra**
Institute of Medicine
Maharajgunj, Kathmandu
sr.mishra@hotmail.com

79. **Shri Krishna Giri**
National Academy of Medical Sciences (NAMS)
Mahabouddha, Kathmandu
dr.skgiri.np@gmail.com

80. **Sushma Neupane**
Nepal Health Research Council
Address: Ramshahpath, Kathmandu
neupane_sushma@yahoo.com

81. **Swadesh Gurung**
Family Health International (FHI)
Baluwatar, Kathmandu
grgswadesh@gmail.com

82. **Tara Ballav Adhikari**
adhikaritaraballav@gmail.com
9849640997

83. **Umesh Basnet**
ECS
umesh_bl@hotmail.com

MINISTRY OF HEALTH AND POPULATION

1. **Dr. Praveen Mishra**
   Secretary (MoHP)
   Ramshahpath, Kathmandu
   praveen.mishra73@yahoo.com

2. **Dr. Babu Ram Marasini**
   Coordinator, Health Sector Reform
   Ramshahpath, Kathmandu
   marasini2@yahoo.com

3. **Padam Raj Bhatta**
   Joint Secretary - Population Division
   Ramshahpath, Kathmandu
   bhattapr@hotmail.com
   9841238281

4. **Dr. Surya P Acharya**
   Under Secretary (MoHP)
   Ramshahpath, Kathmandu
   suryaacharya@hotmail.com

5. **Kabiraj Khanal**
   Under Secretary (MoHP)
   Ramshahpath, Kathmandu
   Krk.moha@gmail.com

LIST OF PARTICIPANTS

WHO & UNICEF

1. **Dr. Lin Aung**
   WHO Country Representative to Nepal
   linaung@who.int

2. **William Schuluter**
   World Health Organization
   UN House, Pulchowk
   schuluterw@searo.who.int

3. **Dr. Nihal Singh**
   Medical Officer (WHO)
   UN House, Pulchowk
   simgjm@searo.who.int

4. **Dr. Arun Malik**
   National Professional Officer (WHO)
   UN House, Pulchowk
   malik@searo.who.int

5. **Dr. S.K. Upadhyay**
   National Professional Officer (WHO)
   UN House, Pulchowk
   upadhyays@searo.who.int

6. **Ashok Bhurtyal**
   World Health Organization
   UN House, Pulchowk
   ashokbhurtyal@gmail.com

7. **Dr. Pankaj Mehta**
   Chief - Child Health & Nutrition (UNICEF)
   UN House, Pulchowk
   pmehta@unicef.org

The hall

Dr. Parveen Mishra, Secretary, Ministry of Health and Population,
Inaugurating the "National Workshop on Non- Communicable Disease"

Dr. Tirtha Rana, Treasurer of Nepal Public Health Foundation delivering votes of thanks to participants.

Participants

Dr. Lin Aung,
WHO representative to Nepal

Dr. Mahesh Maskey, Executive Chair,
Nepal Public Health Foundation

Dr. Tirtha Rana, Treasurer,
Nepal Public Health Foundation

Prof. Dr. Lalit M. Nath

Prof. Dr. Sharad Onta,
Secretary , Nepal Public Health Foundarion

Dr. Praveen Mishra, Secretary,
Ministry of Health and Population

Discussion during inauguration

Dr. L.M. Nath conservation with Late. Dr. Pankaj Mehata (from right)

NPHF

Nepal Public Health Foundation
नेपाल जनस्वास्थ्य प्रतिष्ठान
101/2 Dhara Margh, Maharajgunj, Kathmandu-4
P.O.Box: 11218
Tel: 977-01-4412787, 4410826, Fax: 977-1-4412870
Website: www. nphfoundation.org