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

27–30 September 2016
Saitama, Japan

World Health Organization
Western Pacific Region
Fourth Regional Workshop on Strengthening Leadership and Advocacy for the Prevention and Control of Noncommunicable Diseases (LeAd-NCD)
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MEETING REPORT

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

Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

NATIONAL INSTITUTE OF PUBLIC HEALTH

Saitama, Japan
27–30 September 2016
NOTE

The views expressed in this report are those of the participants of the Fourth Regional Workshop on Strengthening Leadership and Advocacy for the Prevention and Control of Noncommunicable Diseases (LeAd-NCD) and do not necessarily reflect the policies of the conveners.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for Member States in the Region and for those who participated in the Fourth Regional Workshop on Strengthening Leadership and Advocacy for the Prevention and Control of Noncommunicable Diseases (LeAd-NCD) in Saitama, Japan from 27 to 30 September 2016.
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Key words

Chronic disease – prevention and control / Leadership / Noncommunicable diseases
SUMMARY

The World Health Organization (WHO) Regional Office for the Western Pacific, in collaboration with the National Institute of Public Health (NIPH) in Japan, conducted the first Workshop on Strengthening Leadership and Advocacy for the Prevention and Control of Noncommunicable Diseases (LeAd-NCD) in 2013. This workshop aimed to equip participants with the skills and capacity to become champions of NCD prevention and control in their countries. Each year, in line with emerging priorities, a theme is selected for the annual workshop. In 2013, the theme was NCD prevention and control, followed by global coordination mechanism for NCDs in 2014, and workers' health in 2015. This year, for the fourth LeAd-NCD workshop, preventing childhood obesity was selected as the main theme.

More than 6.2 million children under 5 years of age in the Western Pacific Region are overweight or obese. Implementation of global mandates that encourage creating supportive environments with healthier food options and increased opportunities for physical activity is slow but gradually progressing. Without bolder action, the number of children and adolescents who are overweight or obese will continue to grow.

To better inform a comprehensive response to childhood obesity, WHO established a Commission on Ending Childhood Obesity (ECHO) in 2014. Following a series of consultations, the commission submitted a final report to the WHO Director-General in January 2016. The report includes recommendations for action in six areas to address obesity among children aged 0–19 years, for governments, non-state actors, development partners and WHO.

The fourth LeAd-NCD workshop was held at NIPH in Saitama, Japan, from 27 to 30 September, with the following objectives:

1) to strengthen knowledge, skills and competencies in the area of NCD prevention and control, with an emphasis on ending childhood obesity, through:
   a) understanding the current status and identifying factors that contributed to the rise of childhood obesity in countries;
   b) sharing country experience and interventions; and
   c) discussing recent global recommendations, including the ECHO report, and tools to tackle childhood obesity; and
2) to identify next steps to strengthen national efforts to halt the rise of childhood obesity.

The workshop was attended by 21 representatives responsible for child health in 11 countries and areas in the Western Pacific Region, including representatives from ministries of health, welfare, education, labour, women, community and social development and other sectors relevant to childhood obesity. Participants reviewed recommendations from the ECHO report, were introduced to available guidelines/tools, and identified priority actions to halt the rise in childhood obesity in their countries. The four-day workshop included didactic sessions on NCDs and childhood obesity in the Western Pacific Region and Japan’s experience in promoting healthy diet and physical activity. These were complemented with skill-building group work and participatory exercises on self- and country
assessments, stakeholder mapping, systems approaches to childhood obesity prevention, advocacy to end childhood obesity and site visits to witness the Japanese school lunch programme.

Member States are encouraged:

1) to recall the commitments made by Member States on the nine global voluntary targets included in the *WHO Global Action Plan for the Prevention and Control of NCDs* and the 10 progress indicators agreed during the 2014 United Nations General Assembly second high-level meeting on NCDs, especially about obesity and its risk factors;

2) to encourage and facilitate cross-sectoral collaboration among relevant players within and outside the health sector to improve the quality of data collected by existing national surveillance and monitoring systems on height/weight status and nutrition/physical activity behaviours for children of all ages; and

3) to explore the feasibility of adapting the LeAd-NCD workshop curriculum and tools for national and subnational workshops to build capacity and catalyse support for preventing and better managing childhood obesity and to mobilize country stakeholders for action.

WHO is requested:

1) to widely disseminate the *Noncommunicable Diseases Progress Monitor 2015* report and global/regional NCD Country Capacity Survey (CCS) reports for countries and areas to monitor their progress on the nine voluntary targets and four time-bound commitments;

2) to provide Member States with technical assistance in carrying out specific in-country activities to prevent and control childhood obesity, whenever requested by the Member State;

3) to provide technical support to countries for adapting and conducting the LeAd-NCD workshop at subregional, national and subnational levels;

4) to consider developing future LeAd-NCD workshops around other evolving themes such as physical activity; and

5) to consider conducting a regional evaluation of country workplans for the prevention and control of NCDs (including the four major risk factors) and inviting all relevant staff in WHO country offices to participate.
1. INTRODUCTION

1.1 Background

In 2005, the WHO Regional Office for the Western Pacific, with the National Institute of Public Health (NIPH) in Japan, developed a course to build capacity for NCD prevention and control in countries with a high burden of NCDs. In 2012, prompted by increasing demand to enhance capacity of national institutes, WHO and NIPH developed a workshop called the Regional Workshop on Strengthening Leadership and Advocacy for the Prevention and Control of Noncommunicable Diseases (LeAd-NCD). The new workshop was first launched in 2013 and aimed to equip participants with the skills and capacity to become champions of NCD prevention and control in their countries. Each year, in line with emerging priorities, a theme is selected for the workshop. In 2013, the theme was NCD prevention and control, followed by global coordination mechanism for NCDs in 2014, and workers' health in 2015. This year, for the fourth LeAd-NCD workshop, preventing childhood obesity was selected as the main theme.

More than 6.2 million children under 5 years of age in the Western Pacific Region are overweight or obese. Without bolder action, the number of children and adolescents who are overweight or obese will continue to grow. A fundamental cause of this rise is increased exposure of infants, children and adolescents to obesogenic environments that promote not only intake of unhealthy foods, including breast-milk substitutes, nutrient-poor/energy-dense foods, sugar-sweetened beverages, but also sedentary behaviours.

Global and regional mandates, including the WHO Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children, are in place to create supportive environments that promote healthier food options and physical activity. Implementation of these mandates, including the Western Pacific Regional Action Plan for the Prevention and Control of Noncommunicable Diseases (2014–2020) and the Action Plan to Reduce the Double Burden of Malnutrition in the Western Pacific Region (2015–2020), is slow but gradually progressing. The WHO Regional Office for the Western Pacific is conducting a series of regional consultations to further support Member States with childhood health surveillance, restricting the marketing of foods and non-alcoholic beverages (FNABs) to children, regulating FNABs at schools and taxing sugar-sweetened beverages. In consultation with Member States, a regional Nutrient Profile Model has been developed to support implementation of the WHO Set of Recommendations on the Marketing of FNABs to Children. With support from the WHO Regional Office, some countries are developing roadmaps to prevent and control childhood obesity (e.g. Mongolia, the Philippines and Viet Nam) or are working on guidelines to manage childhood obesity (e.g. China).

To better inform a comprehensive response to and prevent childhood obesity, WHO established a Commission on Ending Childhood Obesity (ECHO) in 2014. Following a series of Member State and regional consultations, the commission submitted a final report to the WHO Director-General in January 2016. The report includes recommendations under six areas to address ending obesity among children aged 0–19 years, for governments, non-state actors, development partners and WHO. The fourth LeAd-NCD workshop reviewed and discussed recommendations from the ECHO report, introduced available guidelines and tools, and identified priority actions for countries to halt the rise in childhood overweight and obesity.
1.2 Objectives

The objectives of the meeting were:

- to strengthen knowledge, skills and competencies in the area of NCD prevention and control, with an emphasis on ending childhood obesity, through:
  a) understanding the current status and identifying factors that contributed to the rise of childhood obesity in countries;
  b) sharing country experience and interventions; and
  c) discussing recent global recommendations, including the report of ECHO, and tools to tackle childhood obesity; and
- to identify next steps to strengthen national efforts to halt the rise of childhood obesity.

1.3 Participants

The workshop was attended by 21 representatives responsible for child health from ministries of health, welfare, education, labour, women, community and social development, and other sectors relevant to childhood obesity. Participants came from China, Fiji, Hong Kong SAR (China), Malaysia, the Federated States of Micronesia, Mongolia, the Philippines, Samoa, Singapore, Tonga and Viet Nam. Other participants included temporary advisers, resource persons and staff members from the WHO Regional Office for the Western Pacific and NIPH. A list of participants, temporary advisers, resource persons and secretariat members is given in Annex 1.

1.4 Organization

The workshop comprised six sections in addition to the opening and closing sessions. The sections were designed to address different aspects of preventing childhood obesity: an overview of NCDs and childhood obesity, country assessments and sharing of experiences, interventions and tools for childhood obesity prevention, identifying key factors and stakeholders, examples of interventions for childhood obesity from Japan and next steps for prevention and control of childhood obesity. A full outline of the programme is provided in Annex 2. A workbook was also developed to support the sessions and to guide the group work and skill-building activities (Annex 3).

2. PROCEEDINGS

2.1 Opening session

Dr Tomofumi Sone, Vice-President of NIPH, Japan, welcomed the participants and presented a brief review of the history of the regional workshop on NCD prevention and control and its various themes throughout the years. Since 2005, NIPH has been imparting knowledge, building skills and promoting research in NCD prevention and control through a partnership with WHO. The past workshops provided capacity-strengthening opportunities through multisectoral partnerships and leadership development to address NCDs. He emphasized that NCDs are the leading cause of death globally, and that risk factors for NCDs begin in childhood. In Japan, the school lunch programme is a systematic intervention to reduce the risk of childhood obesity. He challenged the participants to use the workshop as an opportunity to identify solutions to prevent obesity in children, to increase their skills and knowledge and to promote the multisectoral approach.
Dr Itsuro Yoshimi, Tobacco Free Initiative Officer, Ministry of Health, Labour and Welfare, Japan also welcomed the participants and highlighted the increasing disease burden attributable to NCDs as a global and regional development challenge. He emphasized that NCD prevention and control are important for sustained economic progress, and that maternal and child health is an essential component of NCD prevention. Strong leadership and effective advocacy are crucial to mobilize support for NCD prevention and control, as was done for communicable diseases. He expressed his expectation for a successful meeting, with participants making significant progress through information exchange and personal commitment.

Dr Hai-Rim Shin, Coordinator, Noncommunicable Diseases and Health Promotion, WHO Regional Office for the Western Pacific, expressed her appreciation to the Ministry of Health, Labour and Welfare of Japan and NIPH for their continued support of efforts to prevent and control NCDs in the Western Pacific Region. She noted that more than 42 million people globally are overweight and obese due to poor diet and physical inactivity. Action is needed early in the life course, starting from preconception, to halt the burden from overweight, obesity and NCDs. WHO’s Director-General established a high-level commission in 2014 to review evidence and strategies to halt the global rise of obesity; the commission reported their findings and recommendations for action in six areas in January 2016. NCD prevention is a core priority under one of the Sustainable Development Goals (SDGs): “Ensure healthy lives and promote well-being for all at all ages”. The SDGs accelerated the momentum to address the increasing burden of obesity, particularly in children. Dr Shin noted that achieving the SDGs will require an “all of society” or multisectoral approach, and that participants will be introduced to tools that identify interconnections among factors to reduce obesity in children. Dr Shin also stressed that the health of children should not be jeopardized by industries for economic gain without regard for health; participatory activities on stakeholder mapping and advocacy will enable participants to better address stakeholders with contrary agendas. Dr Shin concluded by reaffirming WHO’s commitment to work with partners and countries to attain the SDGs, particularly in relation to obesity and NCD prevention.

2.2 Overview of NCDs and childhood obesity

Dr Warrick Junsuk Kim, Medical Officer, NCD and Health Promotion, WHO Regional Office for the Western Pacific, reviewed the programme of activities and led a pre-workshop knowledge assessment for all of the participants.

Dr Hai-Rim Shin presented an overview of NCD prevention and control in the Western Pacific Region. She noted that NCDs are a vital element in the development agenda. The economic impact of NCDs is significant, and poverty and NCDs are intimately linked. The cost of inaction is unacceptably high and significantly more than the total investment to control NCDs. The United Nations General Assembly high-level meeting on NCDs in 2011 acknowledged the critical role of NCDs as a development issue; the resulting Political Declaration on NCDs outlined government commitments to NCD prevention and control, including health systems strengthening for NCD management. The WHO global and regional action plans on NCD prevention and control highlight the four time-bound commitments and 10 progress indicators on which countries must report. Multisectoral action will be necessary to meet these commitments and demonstrate progress.

The SDG agenda commits governments to health targets. Countries must integrate NCDs into their SDG responses to reach the NCD-related targets in 2030. By 2018, the third high-level United Nations meeting will be convened, so countries need to prepare for their 2018 report on the four time-
bound commitments. This will require concerted and strategic action in governance, risk factor reduction, health systems strengthening and surveillance.

Dr Katrin Engelhardt, Technical Lead for Nutrition, WHO Regional Office for the Western Pacific, discussed the regional perspective on healthy diet and physical activity, and introduced the Report of the Commission on Ending Childhood Obesity (ECHO). She underscored the challenge of diversity within the Region; aggregate regional data may hide problems specific to countries and to subpopulations within countries. Malnutrition is not just about undernutrition; overweight and obesity are also forms of malnutrition. Global goals and targets (including the SDGs) call for an end of all forms of malnutrition.

The nutrition landscape is changing. Foods are becoming less healthy, while processed foods high in salt, sugar and fat and sugar-sweetened beverages are becoming more predominant. Even high-income countries report some forms of malnutrition; in multiple countries, overweight is reported more frequently. In the Western Pacific Region, countries like Australia, Mongolia, Papua New Guinea and Tonga have childhood obesity rates above the regional and global averages. The prevalence of overweight and obesity in low-income countries appears higher in urban areas, and childhood obesity rates are highest among the wealthy. The picture is different in some high-income countries where obesity is highest among the poor.

To address childhood obesity and related diseases, a life-course approach is needed, with policy options to address the broken food system in diverse settings. The ECHO report recommends actions in six areas: 1) promoting the intake of healthy foods; 2) promoting physical activity; 3) preconception and pregnancy care; 4) early childhood diet and physical activity; 5) health, nutrition and physical activity for school-age children; and 6) weight management.

2.3 Country assessment and sharing of experiences

Dr Annette David, Senior Partner of Health Partners, LLC, Guam, facilitated a series of group activities to help participants reflect upon their personal journey as professionals working for NCD prevention and control and assess their country's situation in relation to childhood obesity and NCDs.

Dr Warrick Junsuk Kim and Ms Saki Narita, PhD candidate, Department of Global Health Policy, University of Tokyo, Japan, facilitated a “gallery tour” for participants to share their country assessments and experiences, outlined on posters. Participants from Mongolia observed that food importation had a marked impact on consumption choices, and identified a current opportunity to enhance leadership for childhood obesity prevention within the education sector since the current education minister is a former vice-minister for health. Fiji’s participants noted globalization’s impact on food choices and physical inactivity; existing policies that address these NCD risk factors need better monitoring and enforcement. In China, the approach to child nutrition focuses on vulnerable groups, particularly the rural poor. In the Philippines, the devolved health sector implies different approaches to child obesity prevention across the diverse and autonomous local government units, underscoring the need for good governance at all levels. Participants from the Philippines identified social media and mobile technology as potential means to bridge the diversity across the nation. Participants from Singapore emphasized that food sufficiency is not enough; attention is also needed to address food quality. Malaysia reported on the critical importance of linking public sector efforts with the private sector through strategic partnerships. Finally, participants from Hong Kong SAR (China) recognized that linking schools with the health-care system could serve as an effective mechanism to ensure the continuity of care for children who are overweight or obese.
2.4 Interventions and tools for childhood obesity

Dr Ki Hyun Hahm, Technical Officer, Legislation and Regulation, Division of Health Systems, WHO Regional Office for the Western Pacific, assisted by Mr Kyle Deyoung, WHO Consultant, introduced Pathways for Effective Action through Regulation and Legislation (PEARL), a web-based tool developed by the WHO Regional Office for the Western Pacific to help countries strengthen their laws restricting the marketing of harmful products to children, including FNABs that are high in sugar, fat and salt. Previous recommendations from the World Health Assembly, expert panels and the regional action plan for NCDs call for stepping up marketing restrictions to children, yet progress has been slow. PEARL raises awareness about the different marketing techniques used to target children, including promotions, advertising and sponsorship for tobacco, alcohol, FNABs and breast-milk substitutes, and maps a country’s legal framework to restrict specific techniques for specific types of products.

Participants took part in an activity to examine various forms of marketing of unhealthy foods to children, with groups assigned to assess 1) advertising, 2) promotion, and 3) sponsorship. The groups concluded the following:

- Traditional forms of advertising, such as television commercials and outdoor billboards, are commonly used to market unhealthy FNABs to children in all countries. As marketing techniques continue to evolve, including marketing through mobile phones and the Internet, health professionals must upgrade their skills to identify marketing techniques for unhealthy FNABs that target children, and advocate for stronger protections.

- More subtle marketing techniques, such as promotional tie-ins and giveaways, should also be restricted as they are powerful forces to influence purchase and consumption patterns of unhealthy FNABs among children, as well as their parents.

- By restricting sponsorship of sporting events or school activities by companies that produce unhealthy FNABs, the loss of funding to the beneficiary would need to be addressed, and alternative sources of funding that are free of conflicts of interest should be identified.

- Beyond developing stronger laws that address all types of marketing of unhealthy FNABs to children, the laws should continue to be monitored for compliance, enforced for violations, and evaluated for effectiveness.

- In light of certain similarities in industry practices, nutrition advocates should apply the lessons learnt from tobacco control, as well as campaigns against alcohol and breast-milk substitutes, in relation to the marketing of unhealthy FNABs to children.

2.5 Identifying key factors and stakeholders for childhood obesity

Dr Steven Allender and Dr Colin Bell, resource persons from Deakin University, a WHO Collaborating Centre for Obesity Prevention in Australia, introduced a systems thinking approach for addressing childhood obesity, using two geographic scenarios: 1) Saitama, Japan (presented by Ms Saki Narita) and 2) the Federated States of Micronesia (presented by Ms Delphin Abraham and Mr Alexander Hinden). Participants were divided into two groups for these scenarios and were guided through a series of exercises using computer-aided models: graphs over time, connection circles,
causal loop diagrams and action ideas. The models made it possible to visualize the interconnections among the various factors that give rise to childhood obesity. From the maps, participants identified actions that could be taken to prevent obesity in each of the locations. Examples of actions for the Federated States of Micronesia included an import tax on sugar-sweetened beverages and policy in schools and workplaces requiring time set aside for physical activity. For Saitama, a location where obesity is comparatively low, actions included prefecture-wide policy requiring restaurants to provide healthy choices and display them on their menus, a rewards system encouraging children to participate in school sports and a relaxation programme to help parents and children reduce and manage pressure for academic performance. The systems modelling software is available online (www.vensim.com). Participants were encouraged to contact Dr Bell or Dr Allender to access the software used in this session, which is currently being developed at Deakin University.

After noting the interconnections among obesity risk factors, participants identified key stakeholders and mapped out their position using the “Influence-Interest Grid”, as facilitated by Dr Annette David. The relational dynamics among the various stakeholders were outlined and key stakeholder management strategies were elucidated based on the stakeholder map. Participants also managed to identify opportunities to mobilize potential champions and engage with critical gatekeepers, connectors and powers behind the throne, to support childhood obesity prevention.

2.6 Examples of interventions for childhood obesity in Japan

Dr Nobou Nishi, Chief of the Center for International Collaboration and Partnership, National Institutes of Biomedical Innovation, Health and Nutrition (NIBIOHN), presented an overview of Japan’s National Health and Nutrition Survey. Dr Nishi traced the history of the National Health and Nutrition Survey, which started in 1945. The structure and organization of the survey, items collected, trends in caloric consumption, overweight and underweight, and the role of the survey in monitoring Health Japan 21 outcomes were also described. A simulation model on the incidence of cardiovascular disease in Japan demonstrated the significant impact of population strategies versus high-risk strategies, supporting the conclusion that policies to create supportive environments and ensure equal access to health screening and health care need to be pursued further in Japan.

Dr Midori Ishikawa, Chief Senior Researcher, Department of Health Promotion, NIPH, Japan, provided an overview of Japan’s school lunch programme, which started in 1889 as a means of providing free lunches to children from poor families. It has since evolved to focus on “promoting dietary education” to all schoolchildren. Dieticians manage the school lunch service, and the participation rates have been high, with 99% of primary schools and 88% of junior high schools involved. The programme’s central principle – “shokuiku” - “shoku” (food/diet/eating) – is viewed as essential for children to cultivate rich lives and to acquire the knowledge to be healthy. The basic law on shokuiku acknowledges it as the foundation for living, and positions it as the base of intellectual (chiiku), moral (tokuiku) and physical (taiiku) education. Monitoring has shown declines in obesity rates among schoolchildren, but the decrease has slowed down in recent years. Schoolchildren are actively involved in the preparation, serving and clean-up of meals and have opportunities to engage in learning activities around agriculture and food preparation. Ultimately, the school lunch programme aims to foster healthier children in healthier communities, by linking policy with practice and monitoring.

Participants visited the Tsurugashima City school meal supply centre and then ate lunch with students at Tsurugashima South Junior High. The process of food preparation adheres to strict quality control and food safety and hygiene protocols. Students take part in serving the meals and cleaning up on a
rotating basis. In the process, schoolchildren learn important life skills in addition to nutrition education. Furthermore, values related to healthy eating are formed in a group setting.

### 2.7 Next steps for prevention and control of childhood obesity

Participants underwent a series of activities, facilitated by Dr Annette David, to identify personal commitments for action to prevent childhood obesity within their individual spheres of influence. Using a matrix that factored in impact and feasibility as criteria for assessment, priority interventions were identified. Finally, participants applied effective communications strategies to create advocacy messages centred on preventing childhood obesity, using a competitive marketplace model. The following are major activities that participants proposed to prioritize in their countries:

<table>
<thead>
<tr>
<th>Country</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>China</td>
<td>● Promote breastfeeding (parent education).</td>
</tr>
<tr>
<td>Fiji</td>
<td>● Increase awareness of school health policy (e.g. saturate education and public health to implement policies).</td>
</tr>
<tr>
<td>Hong Kong SAR (China)</td>
<td>● Reduce motorization to increase physical activity (e.g. promote bicycle use).</td>
</tr>
<tr>
<td>Malaysia</td>
<td>● Increase the quality of physical education in schools.</td>
</tr>
<tr>
<td></td>
<td>● Enforce regulations on unhealthy foods sold in schools (including school canteens).</td>
</tr>
<tr>
<td>Micronesia, Federated States of</td>
<td>● Increase physical activity in schools through incentives.</td>
</tr>
<tr>
<td></td>
<td>● Advocate for tax increase on sugar-sweetened beverages.</td>
</tr>
<tr>
<td>Mongolia</td>
<td>● Control body mass index (BMI) through healthy diet and exercise programmes.</td>
</tr>
<tr>
<td>Philippines</td>
<td>● Work with the Department of Education in crafting policies on restricting marketing of unhealthy foods in schools and develop a monitoring and evaluation system.</td>
</tr>
<tr>
<td></td>
<td>● Initiate and advocate legislation for government units to promote enabling mechanisms to increase physical activity.</td>
</tr>
<tr>
<td></td>
<td>● Strengthen physical education in schools.</td>
</tr>
<tr>
<td>Samoa</td>
<td>● Assess marketing of unhealthy foods in schools and other environments and provide feedback.</td>
</tr>
<tr>
<td></td>
<td>● Communicate with communities (through mass media) and consult with Parliament on school standards.</td>
</tr>
<tr>
<td>Singapore</td>
<td>● Decrease intake of sugar-sweetened beverages beyond school times through education of families and caregivers (through social media) about the amount of sugar in soft drinks.</td>
</tr>
<tr>
<td></td>
<td>● Open school spaces to the public for free.</td>
</tr>
<tr>
<td>Tonga</td>
<td>● Incorporate physical education and sports activities into school curriculum (e.g. one hour per day / three days per week).</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>● Establish standards for meals in schools.</td>
</tr>
<tr>
<td></td>
<td>● Raise awareness about physical activities and nutrition for students, parents, caregivers and the community.</td>
</tr>
</tbody>
</table>
2.8 Closing session

2.8.1 Evaluation

Participants completed a post-workshop confidence and knowledge assessment and results were compared to the pre-workshop assessment. A written evaluation of the workshop was conducted using a structured questionnaire to gauge participants’ impressions and success of the workshop (Annex 4). Participants valued the information, skills and new tools acquired in the various sessions, the sharing of experiences from other countries, and the observations and insights generated by the field visits.

2.8.2 Closing ceremony

Dr Tomofumi Sone, NIPH, and Dr Hai-Rim Shin addressed the participants in the closing session and highlighted the importance of preventing childhood obesity and NCDs in the Western Pacific Region. They closed the workshop by thanking participants for their active involvement. Dr Shin acknowledged the support of the Ministry of Health, Labour and Welfare of the Government of Japan and the collaboration and partnership of NIPH. She encouraged participants to utilize the knowledge, skills and tools from the workshop to strengthen national and subnational capacity for NCD prevention and control in their countries, and to seek technical support from WHO should they desire to replicate the LeAd-NCD workshop locally. Certificates of attendance were presented to all participants.

3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

The objectives of the Fourth Regional Workshop on Strengthening Leadership and Advocacy for the Prevention and Control of Noncommunicable Diseases (LeAd-NCD) were met. Participants obtained the necessary information and skills to further enhance leadership and advocacy in NCD prevention and control, with an emphasis on preventing childhood obesity, in their countries. Didactic lectures and interactive discussions introduced participants to resources and tools for accelerating progress in preventing childhood obesity. Participants took part in a field trip to a school meal supply centre and junior high school in Tsurugashima City to observe how school lunch programmes are conducted in Japan. Through facilitated group work and use of web-based tools (e.g. PEARL software), participants were able to identify factors that contribute to childhood obesity and prioritize activities for their country or area.

3.2 Recommendations

3.2.1 Recommendations for Member States

Member States are encouraged:

1) to recall the commitments made by Member States on the nine global voluntary targets included in the WHO Global Action Plan for the Prevention and Control of NCDs and the 10 progress indicators agreed during the 2014 United Nations General Assembly second high-level meeting on NCDs, especially about obesity and its risk factors;
2) to encourage and facilitate cross-sectoral collaboration among relevant players within and outside the health sector to improve the quality of the data collected by existing national surveillance and monitoring systems on height/weight status and nutrition/physical activity behaviours for children of all ages; and

3) to explore the feasibility of adapting the LeAd-NCD workshop curriculum and tools for national and subnational workshops to build capacity and catalyse support for preventing and better managing childhood obesity and to mobilize country stakeholders for action.

3.2.2 Recommendations for WHO

WHO is requested:

1) to widely disseminate the Noncommunicable Disease Progress Monitor 2015 report and global/regional NCD Country Capacity Survey (CCS) reports for countries and areas to monitor their progress on the nine voluntary targets and four time-bound commitments;

2) to provide Member States with technical assistance in carrying out specific in-country activities to prevent and control childhood obesity, whenever requested by the Member State;

3) to provide technical support to countries for adapting and conducting the LeAd-NCD workshop at subregional, national and subnational levels;

4) to consider developing future LeAd-NCD workshops around other evolving themes such as physical activity; and

5) to consider conducting a regional evaluation of country workplans for the prevention and control of NCDs (including the four major risk factors) and inviting all relevant staff in WHO country offices to participate.
ANNEX 1. LIST OF PARTICIPANTS

1. PARTICIPANTS

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ANNEX 2. PROGRAMME OF ACTIVITIES

4TH REGIONAL WORKSHOP ON STRENGTHENING LEADERSHIP AND ADVOCACY FOR THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES

Saitama, Japan
27-30 September 2016

ENGLISH ONLY

TENTATIVE PROGRAMME OF ACTIVITIES

Tuesday, 27 September 2016

08:30-09:00 Registration

Pre-workshop assessment

(1) Opening ceremony

09:00-09:30 Welcome address

Dr. Kazuya Shimmura
President, National Institute of Public Health (NIPH), Japan

Dr Itsuro Yoshimi
Tobacco Free Initiative Officer, Ministry of Health, Labour and Welfare, Japan

Opening address

Dr Hai-Rim Shin
Coordinator, NCD and Health Promotion World Health Organization (WHO) / Regional Office for the Western Pacific (WPRO)

Group photo

09:30-10:00 Self-introduction of participants

Introduction of course

09:30-10:00 Self-introduction of participants

Introduction of course

10:00-10:30 Coffee break

(2) Overview of NCDs and childhood obesity

Dr Warrick Junsuk Kim
Medical Officer, NCD and Health Promotion, WHO/WPRO
10:30-11:00 Overview of NCD Prevention and Control in the Western Pacific Region
Dr Hai-Rim Shin

11:00-11:30 Regional perspective on healthy diet and physical activity
Including the Report of the Commission on Ending Childhood Obesity
Dr Katrin Engelhardt
Technical Lead, Nutrition, Division of NCD and Health through the Life-Course, WHO/WPRO

11:30-12:00 Group work (1):
Where am I in my NCD journey? (Personal reflection)
Facilitator: Dr Annette David
Senior Partner, Health Consulting Services, Health Partners LLC, Guam

12:00-13:30 Lunch break

(3) Country assessment and sharing of experience

13:30-14:30 Group work (2):
Where is my country in its response to NCDs, with a focus on childhood obesity? – malnutrition causal pathway
Facilitator: Dr Annette David

14:30-15:00 Gallery Tour:
Sharing of country experience
Facilitators: Dr Warrick Junsuk Kim
Ms Saki Narita
Researcher, Department of Global Health Policy, The University of Tokyo, Japan

15:00-15:30 Mobility break

15:30-16:00 Gallery Tour (cont.):
Sharing of country experience
Facilitators: Dr Warrick Junsuk Kim / Ms Saki Narita

(4) Interventions and tools for childhood obesity

16:00-17:00 Tools and publications (1)
Pathways to effective action through regulation and legislation (PEARL)
Dr Ki Hyun Hahm
Technical Officer, Legislation and Regulation, Division of Health Systems, WHO/WPRO
Mr Kyle Deyoung
Consultant, Legislation and Regulation, Division of Health Systems, WHO/WPRO

17:30- Welcome reception, hosted by National Institute of Public Health, Japan

Wednesday, 28 September 2016

09:00-10:30 Recap (9:00-9:10)
Systems approach to address childhood obesity (1)
Introduction to systems thinking and group model building (Graphs over time)
Facilitators: Dr Steven Allendale / Dr Andrew Colin Bell
Professor /Director, Deakin University/WHO Collaborating Centre for Obesity Prevention, Australia
10:30-11:00  Mobility break

11:00-11:30  National health and nutrition survey in Japan  
Dr Nobuo Nishi  
Chief, Center for International Collaboration and Partnership, National Institutes of Biomedical Innovation, Health and Nutrition (NIHN), Japan

11:30-12:00  Tools and publications (2)  
Nutrient profile  
Dr Katrin Engelhardt

12:00-13:30  Lunch break

13:30-15:00  Systems approach to address childhood obesity (2)  
The interconnections of obesity variables – connection circles and causal loop diagrams  
Facilitators: Dr Steven Allendale / Dr Andrew Colin Bell

15:00-15:30  Mobility break

15:30-17:00  Group work (3):  
Who are my critical stakeholders in coordinating childhood obesity activities? (Multisectoral stakeholder mapping)  
Facilitator: Dr Annette David

Thursday, 29 September 2016

08:30-09:00  School lunch program in Japan  
Dr Midori Ishikawa  
Chief Senior Researcher, Department of Health Promotion, NIPH, Japan

14:00-  Travel from Tsurugashima city to hotel

Friday, 30 September 2016

09:00-10:30  Recap (9:00-9:10)

10:30-11:00  Mobility break

11:00-12:00  Group work (4):  
Personal reflection: How can I improve the current approach to ending childhood obesity?  
Facilitator: Dr Annette David

12:00-13:30  Lunch break
13:30-15:00  Group work (5): Facilitator: Dr Annette David
How do I advocate to the critical stakeholders in my country to end childhood obesity? (Marketplace Activity)

15:00-15:30  Mobility break

15:30-17:00  Plenary session:
Priority actions to end childhood obesity in my country
Post-workshop assessment/evaluation
Closing ceremony

Dr Hai-Rim Shin
ANNEX 3. PARTICIPANT’S WORKBOOK

4th WHO Regional Workshop on Strengthening Leadership and Advocacy for the Prevention and Control of Noncommunicable Diseases (LeAd-NCD)

Participant’s Workbook

National Institute of Public Health Saitama, Japan 27-30 September 2016
Disclaimer

This Workbook is a dynamic training document – an evolving work-in-progress that is designed for flexibility during group discussion sessions and individual reflection. At this stage, the Workbook is not an official publication of WHO-WPRO.
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Introduction

Noncommunicable diseases (NCDs)—including the four major NCDs: cancer, diabetes, cardiovascular disease, and chronic respiratory disease—are the leading cause of death in the Western Pacific Region. In the Region’s low- and middle-income countries, premature mortality (deaths before 70 years of age) due to NCDs account for 50% of deaths and demonstrate the impact of the NCD epidemic on productivity and development.

At the national level, NCD prevention and control requires skills and competencies across a wide range of areas, such as multisectoral planning, risk reduction through policy, legal and fiscal interventions, health systems strengthening, and surveillance and monitoring.

Since 2005, WHO Regional Office for the Western Pacific and the National Institute of Public Health have collaborated to assist countries in capacity-building for NCD prevention and control. In 2013, a five-day capacity-building course called Leadership and Advocacy for NCD (LeAd-NCD) was developed and first held in Saitama, Japan, in December of that year. Subsequently, national courses were organized in Cambodia, the Lao People’s Democratic Republic, the Philippines and Viet Nam. The 2nd LeAd-NCD Regional Workshop was held in 2014, with a focus on strengthening multisectoral action for NCD prevention and control. The 3rd Regional Workshop was held in 2015, with an emphasis on NCD prevention and control to ensure workers’ health, because of the fundamental role of healthy workers for sustainable development.

The 4th LeAd-NCD Regional Workshop is anchored on childhood obesity prevention and control. Childhood obesity is a major risk factor for NCDs; in the Western Pacific, over 6.2 million children under the age of five years are overweight or obese.

WHO established a Commission on Ending Childhood Obesity (ECHO) in 2014. Following a series of Member State and Regional consultations, the commission submitted a final report to the WHO Director-General in January 2016 and to the 69th World Health Assembly (WHA) in May 2016. Member States welcomed the six recommendations detailed in the Commission’s report. These include strategies to tackle environmental norms that foster obesity, reduce the risk of obesity through the life-course and treat children who are already obese to improve their current and future health.

The 4th LeAd-NCD workshop will review and discuss recommendations from the ECHO report, introduce available guidelines and tools and identify priority actions for countries to halt the rise in childhood obesity. Participation will help to strengthen the skills and competencies of the participants, with emphasis on leadership, strategic thinking, and advocacy; and to build capacities in ministries of health and welfare in engaging stakeholders invested in children’s health and in identifying approaches and entry points for strengthening multisectoral action for ending childhood obesity to prevent NCDs.
Objectives

The objectives of the workshop are:

1. To strengthen knowledge, skills and competencies in the area of NCD prevention and control, with an emphasis on ending childhood obesity, through:
   - understanding the current status and identifying factors that contributed to the rise of childhood obesity in countries,
   - sharing country experience and interventions, and
   - discussing recent global recommendations, including the report of the Commission on Ending Childhood Obesity (ECHO), and tools to tackle childhood obesity; and,

2. To identify next steps to strengthen national efforts to halt the rise of childhood obesity.
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<td>Recap (09:00-09:10)</td>
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<td>Welcome address</td>
<td>Systems approach to address childhood obesity (1) -</td>
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<td>Opening address</td>
<td>Introduction to systems thinking and group model building</td>
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<td>Group Photo</td>
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<td>Self-introduction</td>
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<td>National health and nutrition survey in Japan</td>
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<td>10:00 - 10:30</td>
<td>Coffee Break</td>
<td>Tools and publications (Nutrient profile)</td>
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<td>10:30 - 10:40</td>
<td>Overview of NCD Prevention and Control</td>
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<td>10:40 - 11:00</td>
<td>Presentation on the Report of the</td>
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<td>Commission on Ending Childhood Obesity</td>
<td>- The interconnections of obesity variables: Connection</td>
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<td>11:00 - 11:30</td>
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<td>Group work 1: Where am I in my NCD journey? (personal</td>
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<td>obesity activities? (Multisectoral stakeholder mapping)</td>
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<td>13:30 - 14:00</td>
<td>Gallery Tour: Sharing of country experience</td>
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<td>- The interconnections of obesity variables: Connection</td>
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<td>14:30 - 15:00</td>
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<td>circles and causal loop diagrams</td>
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<td>Mobility Break</td>
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<td>15:30 - 16:00</td>
<td>Gallery Tour (cont.): Sharing of country experience</td>
<td>Group work 3:</td>
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<td>16:00 - 17:00</td>
<td>Pathways to effective action through regulation and</td>
<td>Who are my critical stakeholders in coordinating childhood</td>
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<td>legislation (PEARL)</td>
<td>obesity activities? (Multisectoral stakeholder mapping)</td>
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<td>17:30 -</td>
<td>Welcome reception (hosted by NIPH)</td>
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<td><strong>THURSDAY 29 September</strong></td>
<td><strong>FRIDAY 30 September</strong></td>
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<tr>
<td>School lunch programmes in Japan</td>
<td>Recap (09:00-09:10)</td>
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<td>Travel from NIPH to Tsurugashima city</td>
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<td><strong>Field Visit:</strong></td>
<td><strong>Systems approach to address childhood obesity (3)</strong>&lt;br&gt;- Delivery and evaluation of effective strategies: Action ideas</td>
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<td><strong>Tsurugashima city, Saitama prefecture</strong>&lt;br&gt;- School meal supply centre&lt;br&gt;- Junior high school</td>
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<td><strong>Lunch:</strong>&lt;br&gt;School lunch at Junior high school in Tsurugashima city</td>
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<td>Note: An introduction will be given by staff at each field visit site</td>
<td><strong>Group work 4:</strong>&lt;br&gt;Personal reflections: How can I improve the current approach to ending childhood obesity?</td>
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<tr>
<td><strong>Travel from NIPH to Tsurugashima city to hotel</strong></td>
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<td><strong>Group work 5:</strong>&lt;br&gt;How do I advocate to the critical stakeholders in my country to end childhood obesity?&lt;br&gt;(Marketplace Activity)</td>
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Day 1  Introduction and overview of NCDs

GROUP WORK 1: Where am I in my NCD journey?  
(Personal reflection)

Objectives:
- To get to know each other better;
- To establish workshop expectations; and,
- To reflect upon your personal journey in the prevention and control of NCDs.

What do I expect to achieve in this workshop?

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

1

2

3

Where am I on my NCD prevention and control journey?

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

Share your reflections with the group.

Key Questions:
Where am I in my NCD journey?
What do I expect from the workshop?
GROUP WORK 2: Where is my country in its response to NCDs, with a focus on childhood obesity?

Background:
Obesity, a major risk factor for NCDs, is a form of malnutrition. The UNICEF conceptual framework on undernutrition has been updated and revised by WHO, ASEAN and UNICEF to reflect all forms of malnutrition. The framework identified three levels of causes of malnutrition:

- Basic causes around the structure and processes of societies
- Underlying causes influencing households and communities
- Immediate causes operating at the individual level

WHAT IS MALNUTRITION?

Basic, underlying and immediate causes are included in this figure, as well as outcomes of malnutrition. Figure adapted for the UNICEF strategic approach to nutrition programming in the East Asia and Pacific 2014-2025, and originally adapted from the 1997 UNICEF conceptual framework of malnutrition. (ASEAN, UNICEF, WHO, 2016)
Objectives:

- To assess my country’s status in relation to the NCD causation pathway with a specific focus on childhood obesity; and,
- To learn about the country situation of other participants.

Instructions:

1. Think about your country/community’s situation in relation to the basic causes, underlying causes and immediate causes of childhood malnutrition, using the malnutrition conceptual framework.
2. In the graphic below, note the status of your country for each cause and consequence, using colored stickers:
   a. RED: The cause or consequence is a SIGNIFICANT problem in your country.
   b. YELLOW: The cause or consequence is an EMERGING or MODERATE problem in your country.
   c. GREEN: The cause or consequence is NOT A PROBLEM in your country.
3. What actions along the continuum are in place in your country to address childhood obesity? Circle with a marker those causes and consequences where preventive or remedial action is happening in your country.
4. This assessment requires current data; do you have sufficient data to make the assessment?
5. What stands out in your assessment? Which causes of childhood malnutrition are most prominent? Which ones are not a problem? Where are actions happening? Are the actions happening to address the causes that comprise the most significant problems in your country?

Where is my country in its response to childhood obesity?
CONCEPTUAL FRAMEWORK - CAUSES OF MALNUTRITION (ASEAN, UNICEF, WHO 2016)

Immediate causes

- NCDs
- Communicable diseases
- Suboptimal growth, cognition and productivity

Underlying causes at household/family level

- Physical inactivity
- Unbalanced/excessive food intake
- Diseases

- Sedentary lifestyles
- Food security
- Water security
- Care practices

- Family planning
- Hygiene/sanitation
- Health care

Basic causes at the society level

- Transportation
- Infrastructure
- Marketing and legislation
- Social protection
- Education

- Income and employment
- Gender Equity
- Governance
- Trade and fiscal policies
- Security
Day 2 Systems approach to address childhood obesity

Background:

Obesity and NCDs are complex problems. To effectively prevent and control obesity, it is crucial to understand its systemic causes and their interconnectedness, and to use this knowledge to develop systemic approaches to prevention.

For the systems approach activities, participants will be subdivided into 2 geographic groups (Asia and the Pacific) and challenged to think through the unique causes of overweight and obesity in each of these subregional contexts.

SYSTEMS APPROACH ACTIVITY 1 - Introduction to systems thinking and group model building

ACTIVITY: Graphs over time

Objectives:
- To visualize and appreciate the dynamic nature of childhood obesity
- To identify variables that affect or are affected by childhood obesity

Instructions:
1. Listen carefully as the facilitator explains the purpose of the session, and demonstrates an example of how to draw an obesity graph over time, where the X-axis is time, and the Y-axis is a variable.
2. Working individually, identify variables that affect or are affected by childhood obesity, and draw graphs over time to show the relationship between the variable, childhood obesity prevalence and time. Draw one graph per variable, and project the impact on obesity of (a) hoped for behaviour, (b) expected behaviour and (c) feared behaviour on the same graph.
3. Share your graphs with your geographic groupmates, and choose those graphs that you collectively agree to be the most important. Prioritize the individual graphs from most to least favourite.
4. Share the top graph with the larger group. If the other geographic group has already shared a similar variable, describe the next variable in your stack.
5. Hand your graphs to the wall builder who will assemble the graphs on the wall in themes. Keep doing this until time is up or until both groups run out of graphs to share.
6. Review the clusters/themes that emerged from the graphs over time.
   - Do you agree with the themes? Are there other themes that need to be highlighted?
   - Are there differences in the variables highlighted between the two geographic groups?
   - Are there similarities?
SYSTEMS APPROACH ACTIVITY 2 – The interconnections of obesity variables

**ACTIVITY: Connection circles**

**Objectives:**
- To delineate important variables affecting childhood obesity and the connections between these variables
- To learn how to use visual tools (STICK-E) that help elucidate the interconnections across obesity variables

**Instructions:**
1. The facilitator will explain how graphs over time inform the development of connection circles by identifying the variables and connections between variables related to the dynamic problem (childhood obesity).
2. Name variables related to childhood obesity, drawing from the graphs over time from the previous activity or drawing from your own knowledge and experience. The facilitator will add each variable to the computer model STICK-E.
3. The facilitator will then describe positive and negative connections (using thumbs to highlight the difference between the two).
4. Study the variables on the model and describe the connections between them. The facilitator will enter the connections into the model, checking the definition (namming) of the variable, nature (direction and polarity) of the connection, and accuracy of any feedback loops with the group.
5. Review the connection circles and feedback loops generated by the model. What insights can you derive from the process of developing this model?

**ACTIVITY: Feedback on causal loop diagrams**

**Objectives:**
- To recognize feedback loops in the causal loop diagrams for childhood obesity

**Instructions:**
1. Observe the computer model as the facilitator switches from the connection circle view to the diagram view. This new view is called a “causal loop diagram”, and it can be read the same way as a connection circle. The advantage of a causal loop diagram is that it is easier to read than a connection circle, allowing greater insight into the different components of the system leading to the problem.
2. Are there any additional variables or connections that are missing from the causal loop diagram? Identify these and add them to the diagram.
GROUP WORK 3: Who are my critical stakeholders in coordinating childhood obesity activities?

Introduction:
Childhood obesity doesn’t happen in a vacuum. The causal loop diagram highlights the interconnectedness of the diverse variables that impact on childhood obesity. To create effective change across these variables to prevent and/or reduce obesity rates requires us to engage with multiple stakeholders and audiences.

Effective leaders understand the importance of identifying key stakeholders and developing a strategic communication approach for each audience, to engage them in the process of change.

Objectives:
- To identify the various stakeholders for childhood obesity prevention, based on the causal loop diagram
- To assess where each stakeholder is located on the influence-interest grid.

Instructions:
1. Review your group’s causal loop diagram. Identify all the stakeholders you need to engage, to create change across the diverse variables that affect obesity rates.
2. Situate each stakeholder group on the influence – interest grid below. This grid attempts to gauge each stakeholder’s standing with regards to their ability to influence the process of change as well as their interest in childhood obesity prevention and control. Ideally, your primary audience should be in the upper outer right hand quadrant of the grid—that is, highly influential and highly interested in childhood obesity prevention. Sometimes, however, your critical stakeholder may be highly influential but not highly interested; this is where advocacy is especially vital—how do you convince highly influential but uninterested stakeholders to support childhood obesity prevention?
3. Are there stakeholders who could oppose efforts to create change in the diverse variables? How would you manage these stakeholders?
4. Are there interconnections between the various stakeholders? How would you use this knowledge of the relationships across the different stakeholders to assist you in creating positive change? Who are your potential champions? Your gate-keepers? Your connectors? Your powers-behind-the-throne?
INFLUENCE – INTEREST GRID

INFLUENCE (Ability to make change happen)

INTEREST IN THE ISSUE

- Opposed to the issue
- Highly interested and supportive

- Powerful influence
- Weak influence
Day 3  Field Visit Notes
SYSTEMS APPROACH ACTIVITY 3 – Evaluation of systems thinking approaches

ACTIVITY: Action ideas

Objectives:
- To identify potential actions in response to the model

Instructions:
1. Review the childhood obesity causal loop diagram for your group.
2. Listen carefully as the facilitator describes the various leverage points where actions can occur. Identify as many possible actions in your model to improve childhood obesity. These actions could:
   a. Impact a variable directly (least effective)
   b. Impact on a connection – create or strengthen connections
   c. Impact on the rules governing the system or the goals that the system is trying to achieve
   d. Impact on the mindset of the stakeholders (yourself included) within the system
3. Write a short, one sentence description of the action idea on your slip of A5 paper.
4. Look at the large causal loop diagram, and create a small sketch on your A5 page of how your action idea would “fit into” the causal loop diagram.
GROUP WORK 4: Personal reflections - How can I improve the current approach to ending childhood obesity?

Objectives:
- To identify those actions I can accomplish within my sphere of influence
- To prioritize actions I can take as my commitment and contribution to ending childhood obesity

Instructions:
1. Review the action ideas generated in the previous activity.
2. Which of these ideas can I implement within my sphere of influence back home? List them on the action selection matrix below.
3. Using a scale from 0 to 5, rate each action idea based on:
   a. IMPACT – If this action is taken, a significant positive change towards preventing/ending childhood obesity can occur; and,
   b. FEASIBILITY – Opportunity, timing, resources and the local situation make it feasible to implement the action idea.
4. Multiply the scores for each action idea and determine which ones emerge as priority actions you can contribute. Can you commit to these actions when you return home?

**ACTION SELECTION MATRIX**

<table>
<thead>
<tr>
<th>Action idea</th>
<th>Impact (0-5)</th>
<th>Feasibility (0-5)</th>
<th>TOTAL (Impact X Feasibility)</th>
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**My commitment to ending childhood obesity**

To end childhood obesity, I commit to:
GROUP WORK 5: Marketplace - How do I advocate to the critical stakeholders in my country to end childhood obesity?

Instructions:

Scenario: The most critical stakeholders in your countries are coming to an NCD and Childhood Obesity Prevention Marketplace. You and the other country teams will be competing for their NCD investment dollars. Each country team is considered an advocacy team.

1. Review your stakeholder map and key stakeholder audiences from Day 2.
2. Develop your key messages to the selected stakeholder audience. Pick the most exciting/interesting/relevant facts on childhood obesity and its impact on your country (you can use country data and the country assessment from Day 1.) Make the information “tell a story.” How can you effectively use these messages to move your critical stakeholder towards supporting childhood obesity prevention? How will you ensure that the messages capture the attention of your stakeholders? What medium/media will you use?
3. Now that you have your key messages, you are ready to compete in the NCD prevention and control marketplace.
4. Country teams have a total of 5 minutes to complete their advocacy pitch to the team of NCD/Childhood obesity prevention investors. You can use any audio-visual means of communication to get your advocacy message across clearly and compellingly.
5. NCD buyers/investors have a fixed amount of money to invest in any and all childhood obesity prevention “best buys” that catch their interest.
6. At the end of all the teams’ advocacy presentations, buyers will individually decide which team they will invest their money on. The buyers will individually affix their investment dollars to the team that they have selected.
   Criteria for buyers:
   a. Which advocacy message caught your attention?
   b. Which advocacy message presented compelling evidence for urgent action?
   c. Which advocacy message convinced you that investment would result in significant gains?
   d. Which advocacy message would you invest money on?
7. Once the investment decisions are all in, come back together as a plenary group and discuss the results. What advocacy strategies were effective in getting buyers to invest? Which strategies were less effective? What are the practical take-home lessons on advocacy from this exercise?
Fourth Regional Workshop on Strengthening Leadership and Advocacy for the Prevention and Control of Noncommunicable Diseases (LeAd-NCD)

Saitama, Japan, 27 to 30 September 2016

EVALUATION

The workshop was attended by 21 representatives responsible for child health from the Ministry of Health and the Ministry of Welfare including representatives from ministries of health, education, labour, women, community and social development and other sectors relevant to childhood obesity. Two observers from Japan and three resource persons assisted the five WHO staff who served as secretariat.

The four day programme was evaluated using a questionnaire where participants gave scores on a scale of 1-10 (10 being the highest, 1 being the lowest) for organization and for the technical sessions. Multiple choice questions were also asked before and after the workshop to assess baseline and change in technical knowledge. The distribution of the scores is provided below (knowledge assessment not provided).

<table>
<thead>
<tr>
<th>QUESTIONNAIRE 1 - Overall impression</th>
<th>10</th>
<th>9</th>
<th>8</th>
<th>7</th>
<th>6</th>
<th>Mean</th>
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<tbody>
<tr>
<td>The participation in this meeting was</td>
<td>69%</td>
<td>19%</td>
<td>13%</td>
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<td>9.6</td>
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<tr>
<td>The facilitation in this meeting was</td>
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<tr>
<td>Meals provided during this meeting were</td>
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<td>19%</td>
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<tr>
<td>The overall impression of this meeting was</td>
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<td>19%</td>
<td>13%</td>
<td>6%</td>
<td>0%</td>
<td>9.4</td>
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</tbody>
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<table>
<thead>
<tr>
<th>QUESTIONNAIRE 2 - What have you achieved?</th>
<th>10</th>
<th>9</th>
<th>8</th>
<th>7</th>
<th>6</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session 2: Overview of NCDs and childhood obesity</td>
<td>56%</td>
<td>25%</td>
<td>13%</td>
<td>6%</td>
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<tr>
<td>a. to understand the objectives of the session</td>
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<td>20%</td>
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<tr>
<td>b. to exchange views and information in the discussions</td>
<td>50%</td>
<td>13%</td>
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<td>6%</td>
<td>8.9</td>
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<tr>
<td>Session 3: Country assessment and sharing of experience</td>
<td>31%</td>
<td>44%</td>
<td>19%</td>
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<td>a. to understand the objectives of the session</td>
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<tr>
<td>b. to exchange views and information in the discussions</td>
<td>50%</td>
<td>25%</td>
<td>6%</td>
<td>6%</td>
<td>13%</td>
<td>8.9</td>
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</tbody>
</table>
Session 5: Identifying key factors and stakeholders for
a. to understand the objectives of the session 56% 19% 25% 0% 0% 9.3
b. to exchange views and information in the discussions 56% 25% 13% 6% 0% 9.3

QUESTIONNAIRE 2 - What have you achieved? (cont.)

Session 6: Example of interventions for childhood obesity in
a. to understand the objectives of the session 50% 19% 31% 0% 0% 9.2
b. to exchange views and information in the discussions 31% 38% 25% 6% 0% 8.9

Session 7: Next steps for prevention and control of childhood
a. to understand the objectives of the session 60% 27% 13% 0% 0% 9.5
b. to exchange views and information in the discussions 67% 20% 7% 7% 0% 9.5

QUESTIONNAIRE 3 - Groupworks and Activities

Where am I in my NCD journey? (personal reflection) 50% 19% 6% 13% 13% 8.8
Where is my country in its response to NCDs, with a focus on childhood obesity? - malnutrition causal pathway 44% 19% 13% 25% 0% 8.8
Systems approach to address childhood obesity (1) Introduction to systems thinking and group model building (Graphs over time) 38% 31% 25% 0% 6% 8.9
Systems approach to address childhood obesity (2) The interconnections of obesity variables – connection circles and causal loop diagrams 44% 44% 6% 6% 0% 9.3
Who are my critical stakeholders in coordinating childhood obesity activities? (Multisectoral stakeholder mapping) 63% 19% 13% 0% 6% 9.3
Systems approach to address childhood obesity (3) Delivery and evaluation of effective strategies: Action ideas 56% 19% 13% 6% 6% 9.1
Personal reflections: How can I improve the current approach to ending childhood obesity? 44% 38% 6% 6% 6% 9.1
How do I advocate to the critical stakeholders in my country to end childhood obesity? (Marketplace Activity) 63% 13% 13% 6% 6% 9.2

Pre- and Post-workshop Assessment

CONFIDENCE SELF ASSESSMENT

<table>
<thead>
<tr>
<th></th>
<th>Pre</th>
<th>Post</th>
<th>Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessing the current status of childhood obesity and monitoring in my country</td>
<td>3.5</td>
<td>4.2</td>
<td>+0.7</td>
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<tr>
<td>Identifying the priority problem areas for childhood obesity and monitoring that need immediate action</td>
<td>3.4</td>
<td>4.3</td>
<td>+0.9</td>
</tr>
<tr>
<td>Defining the actionable root causes of priority problems</td>
<td>3.5</td>
<td>4.4</td>
<td>+0.9</td>
</tr>
<tr>
<td>Drafting an action plan to address these actionable root causes</td>
<td>3.3</td>
<td>4.3</td>
<td>+1.0</td>
</tr>
<tr>
<td>Delineating priority actions along the service delivery level, the programme level, and at the level of policy</td>
<td>3.4</td>
<td>4.3</td>
<td>+0.9</td>
</tr>
</tbody>
</table>