WORKSHOP ON NONCOMMUNICABLE DISEASE SURVEILLANCE AND MONITORING SYSTEMS

23–26 August 2016
Seoul, Republic of Korea
MEETING REPORT

WORKSHOP ON NONCOMMUNICABLE DISEASE SURVEILLANCE AND MONITORING SYSTEMS

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REGIONAL OFFICE FOR THE WESTERN PACIFIC

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NOTE

The views expressed in this report are those of the participants of the Workshop on Noncommunicable Disease Surveillance and Monitoring Systems 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 Workshop on Noncommunicable Disease Surveillance and Monitoring Systems in Seoul, Republic of Korea from 23 to 26 August 2016.
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Key words

Chronic disease – epidemiology / Noncommunicable diseases
SUMMARY

Since 2012, the WHO Regional Office for the Western Pacific, in collaboration with WHO headquarters, has conducted a biannual workshop for Member States to fully understand the design and implementation of noncommunicable disease (NCD) surveillance and monitoring systems. This year’s workshop on NCD surveillance and monitoring systems focused on the four time-bound commitments and the 10 progress indicators agreed to by the Member States. The workshop was held at the National Cancer Center (NCC) in Seoul, Republic of Korea, on 23–26 August 2016, with support from the Korea Centers for Disease Control and Prevention (KCDC) and NCC.

Workshop participants included 18 representatives of national NCD programmes or health information systems from 11 countries and areas, two observers from Japan and Fiji, and eight WHO staff who served as secretariat, including one from headquarters, two from the Regional Office for the Western Pacific and five from country offices.

The objectives of the meeting were:

1) to identify gaps in attaining the four time-bound national commitments, including reporting on progress on the nine voluntary global targets for NCD in the Region;
2) to identify barriers and programmatic options to strengthen national NCD surveillance and monitoring systems in line with existing systems in Member States; and
3) to develop country-specific strategies for strengthening NCD surveillance and monitoring for low- and middle-income countries of the Region, including the use of WHO tools and training curricula to review the progress of cancer control programmes in participating countries.

Didactic lectures, interactive exercises and facilitated group work introduced participants to resources and tools for accelerating progress in improving their national NCD surveillance and monitoring systems.

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 2013–2020 and the 10 progress indicators agreed to during the 2014 United Nations General Assembly second high-level meeting on NCDs;
2) to review the national progress made in achieving the 10 progress indicators and identify areas that need prioritizing based on impact and feasibility;
3) to scale up national surveillance and monitoring systems to better capture information needed and to inform policy-makers about which components of NCDs should be addressed in their country or area;
4) to collaborate with all relevant players within and outside the health sector to improve the quality of the data collected by existing national surveillance and monitoring systems; and
5) to widely disseminate the current version of the NCD surveillance and monitoring course material to national networks for feedback and improvement.
WHO is requested:

1) to widely disseminate the Progress Monitor 2015 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 inform countries and areas about specifications, definitions and calculations of the 25 indicators linked to the nine global voluntary targets and the 10 progress indicators linked to the four time-bound commitments;

3) to encourage Member States to provide accurate and timely responses for the upcoming NCD CCS 2017, which the WHO Director-General will use to report to the United Nations General Assembly in September 2017;

4) to provide Member States with technical assistance to carry out activities to achieve the global commitments; and

5) to finalize the NCD surveillance and monitoring course material, together with WHO headquarters and the Regional Office for the Eastern Mediterranean, and consider transferring the contents to an online platform for wider dissemination.

1. INTRODUCTION

The United Nations General Assembly convened the second high-level meeting on the prevention and control of noncommunicable diseases (NCDs) in July 2014 to review progress made in implementing the commitments set out in the 2011 Political Declaration. The 2014 Outcome Document included four time-bound national commitments and 10 progress indicators.

While countries and areas are making noticeable progress, the WHO NCD Country Capacity Survey (NCD CSS) 2015 revealed that challenges exist in achieving the agreed targets for certain areas. The WHO Director-General will submit a progress report on the 10 progress indicators for NCDs to the United Nations General Assembly in 2017, in preparation for a comprehensive review at the third high-level meeting on NCDs in 2018. Another NCD CCS will be conducted in 2017 to report to the WHO Director-General on progress made by Member States.

1.1 Meeting organization

Since 2012, the WHO Regional Office for the Western Pacific, in collaboration with WHO headquarters, has conducted a biannual workshop for Member States to fully understand the design and implementation of NCD surveillance and monitoring systems. This year’s workshop on NCD surveillance and monitoring systems focused on the four time-bound commitments and the 10 progress indicators agreed to by the Member States. The workshop was held at the National Cancer Center in Seoul, Republic of Korea, on 23–26 August 2016, with support from the Korea Centers for Disease Control and Prevention (KCDC) and National Cancer Center (NCC).

Workshop participants included 18 representatives of national NCD programmes or health
information systems from 11 countries and areas, namely: Australia, Brunei Darussalam, Cambodia, China, Hong Kong SAR (China), the Lao People’s Democratic Republic, Macao SAR (China), Malaysia, Mongolia, the Philippines and Viet Nam; two observers from Japan and Fiji; and eight WHO staff who served as secretariat, including one from headquarters, two from the Regional Office for the Western Pacific and five from country offices. A list of participants, observers and secretariat is given in Annex 1.

1.2 Meeting objectives

The objectives of the meeting were:

1) to identify gaps in attaining the four time-bound national commitments, including reporting on progress on the nine voluntary global targets for NCD in the Region;
2) to identify barriers and programmatic options to strengthen national NCD surveillance and monitoring systems in line with existing systems in Member States; and
3) to develop country-specific strategies for strengthening NCD surveillance and monitoring for low- and middle-income countries of the Region, including the use of WHO tools and training curricula to review the progress of cancer control programmes in participating countries.

A full outline of the programme is provided in Annex 2. A workbook was developed to guide the group work and skill-building activities, which can be found in Annex 3.

2. PROCEEDINGS

2.1 Opening session

Dr Kang Hyun Lee, President of NCC, indicated the centre’s role in hosting capacity-building workshops jointly with WHO and welcomed the participants who participated the second workshop on NCD surveillance and monitoring. It was noted that NCC has persevered to strengthen cancer registration in the Republic of Korea since it was established in 2000. Also, as a WHO Collaborating Centre for Cancer Registration, Prevention and Early Detection, NCC has worked with WHO to assist other countries establish and strengthen their cancer registries.

Dr Hai-Rim Shin, Coordinator, NCD and Health Promotion, WHO Regional Office for the Western Pacific, gave the opening remarks. She emphasized that a national NCD surveillance and monitoring system should clarify the epidemiology of the four major NCDs and their shared risk factors. This will guide decisions on public health policies and operations and allow tracking progress achieved in implementation of global NCD commitments. Dr Shin concluded by thanking KCDC and NCC for supporting and organizing the workshop.

Participants introduced themselves during the first group work session facilitated by Dr Warrick Kim, in which they shared their expectations for the workshop with others.

2.2 Global and regional updates

Dr Hai-Rim Shin presented a comprehensive overview of the nine global voluntary targets and the Sustainable Development Goals (SDGs). These nine targets are to be reached at the 2025 milestone.
By 2030, the goal is to reduce premature mortality from NCDs by one third. Notable differences between the Millennium Development Goals (MDGs) and the SDGs were outlined. The latter represent a new way of thinking with a vision for a healthier planet. In terms of health goals, the SDGs go beyond “business as usual”. Universal health coverage is a powerful platform for an integrated approach that allows individual programmes to step out of their silos and work together.

Data were presented on mortality, civil registration and vital statistics (CRVS), and cancer incidence in the Western Pacific region, as well as risk factors and morbidity statistics from the STEPwise approach to surveillance (STEPS) survey and Global School-based Student Health Survey (GSHS) data of countries in the Region. National system responses include undertaking research through the Service Availability and Readiness Assessment (SARA), STEPS and NCD CCS surveys; however, challenges exist in that SARA has not been conducted in most countries recently and STEPS does not capture availability of essential medicines at the primary care level.

A number of challenges and strategies were brought up, such as the need for training in international coding and cause-of-death reporting, support for countries in setting up cancer registries, lack of funding to conduct national surveillance surveys, time-lag between data collection and publishing, and data gap in the 5–12 years age group. It is being discussed to develop a regional protocol in the Western Pacific Region on the collection of child health data through national school-based surveys and routine child growth monitoring in schools.

Ms Leanne Riley provided updates on global activities. The goal of the WHO Global Action Plan on NCDs 2013–2020 is to reduce the preventable and avoidable burden of morbidity, mortality and disability due to NCDs by means of multisectoral collaboration and cooperation at national, regional and global levels. To achieve this, there needs to be comprehensive action across sectors to tackle risk factors and key aspects of management, such as access to affordable treatment. Although premature NCD mortality is on a downward trend globally among both men and women, in the current “business-as-usual” scenario, these reductions are not occurring rapidly enough. Scaled-up action is required. Projections show that achieving the six risk factor targets would have a substantial impact on mortality reduction. For instance, the incidence of death from ischaemic heart disease, stroke and hypertensive heart disease would be reduced by more than a third, and a 50% reduction in tobacco use would result in 16.1 million deaths delayed or prevented between now and 2025. These benefits would go beyond an extension of length and quality of life, but would impact the entire community in the form of increased productivity and reduced burden on health-care systems. Lower- and middle-income countries would see the greatest gain.

Although there has been progress in achieving these goals, to ensure that these goals are met, bolder measures and international development cooperation are needed by governments, international partners and WHO in implementing the four time-bound commitments in the 2014 United Nations Outcome Document on NCDs.

2.3 Getting to 2018

Ms Leanne Riley reported on the progress made so far by countries in implementation of the four time-bound commitments. Data were obtained from various sources, including the WHO Report on the Global Tobacco Epidemic, Mortality and Burden of Disease Unit, Global Status Report on Alcohol and Health, and the 2015 NCD CCS. The 2015 CCS was conducted between May and August of 2015 and achieved a 90% response rate, with 174 of 194 total Member States submitting over 3000 documents.
In terms of the 18 indicators measured, 14 Member States reported having “fully achieved” none of the indicators, and two thirds reported having fully achieved one to six indicators. Two Member States—both in the Region of the Americas—reported 14 indicators as “fully achieved”.

Dr Warrick Kim facilitated the activity for mapping each country’s achievement against the progress monitoring indicators. Afterwards, country participants were able to prioritize activities for 2017 and 2018. Participants identified the following priority activities for their country or area:

<table>
<thead>
<tr>
<th>Country</th>
<th>Priority Activities</th>
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| Australia                       | • Develop national multisectoral action plan on NCDs with time-bound targets and indicators  
                                        • Develop cancer screening registry |
| Brunei Darussalam               | • Conduct SARA survey                                                                                                                                 |
| Cambodia                        | • Improve cancer registry  
                                        • Conduct STEPS                                                                                   |
| China                           | • Improve and expand death registration systems                                                                                                       |
| Hong Kong SAR (China)           | • Develop and endorse national NCD time-bound targets and indicators  
                                        • Improve monitoring of national systems response                                                  |
| Lao People’s Democratic Republic | • Conduct STEPS                                                                                                                                 |
| Macao SAR (China)               | • Improve quality of hospital data  
                                        • Conduct survey on alcohol consumption                                                             |
| Malaysia                        | • Renew national multisectoral action plan on NCDs  
                                        • Enhance death registration system  
                                        • Conduct GSHS                                                                                   |
| Mongolia                        | • Conduct ICD training for health personnel  
                                        • Improve quality of mortality data                                                                 |
| Philippines                     | • Conduct subnational NCD surveys  
                                        • Conduct national nutrition survey  
                                        • Improve monitoring of national systems response (focusing on essential NCD medicines)          |
| Viet Nam                        | • Conduct ICD training for health personnel  
                                        • Improve quality of mortality data  
                                        • Disseminate STEPS results  
                                        • Conduct GSHS                                                                                   |

Dr Kim then reported on updates from the NCD CCS 2015 for the Western Pacific Region. Out of 36 countries and areas in the Region, 32 responded, for a response rate of 89%. In terms of country capacity indicators, all 32 countries now have surveillance systems in place for monitoring tobacco use, harmful use of alcohol, unhealthy diet, physical inactivity, and overweight and obesity. While the number of countries and areas that have clinical protocols or guidelines for diabetes or cancer has grown since 2013, many countries have yet to institute any. In terms of the four time-bound commitments, progress has thus far been varied among the eight high-income, seven middle-
lower-income, and 17 Pacific island countries and areas. Some examples of successful measures undertaken by Member States include the Philippine’s Sin Tax and Mongolia’s salt reduction strategy.

2.4 Data sources and methodology

2.4.1 Global surveys and reports for NCDs and their risk factors: identifying data sources

Ms Leanne Riley presented on the data sources and methods used by WHO for the NCD CCS, STEPS, GSHS and SARA. WHO is mandated to produce and disseminate health statistics, and WHO figures carry weight in international and national resource allocation, policy-making and programming. The key risk factors estimated on a regular basis include overweight and obesity; raised blood pressure, blood glucose and cholesterol; physical inactivity; tobacco use; and alcohol use. Comparable estimates are obtained by accessing and extracting data from identified resources, comparing extracted data to a comparable metric, and applying a statistical model to produce estimates by country and sex. The data used come from a variety of sources, such as surveys, epidemiologic studies, and multicentre studies. Preference was given to surveys with participants who were randomly selected and representative of the total population. For countries without data for a risk factor, information was extrapolated by looking at the relationship between the risk factor and other variables that were available, such as GDP and food availability, as well as data from other countries in the same geographical region and around the same time.

Some estimation challenges include scarcity or imbalance in data, such as studies that only apply to a particular region, community, age group or certain population (for example, only rural or only urban settings). Furthermore, some studies report prevalence and not means, and time trends and age associations may be nonlinear. Countries are consulted through formal and informal processes in order to identify additional data sources, and estimates are re-run after consultation to take into account any new data. These estimates are then reported in a WHO Global Status Report.

Besides continuing to encourage countries to undertake risk factor data collection, some new steps and new directions include developing infrastructure for maintaining and updating the data, completing distributions of exposure and joint distributions of multiple risks, extending work to selected dietary risks, refining and applying methods for estimating effects of risk factor trends on cardiovascular mortality trends at the regional/country levels, and forecasting. NCD country profiles were mentioned, as well as a WHO NCD Progress Monitor 2015 app available for mobile devices.

2.4.2 Mortality: targets and reporting status of civil registration and vital statistics (CRVS)

Ms Leanne Riley presented on the indicator: “Member State has a functioning system for generating reliable cause-specific mortality data on a routine basis”. The three main issues in the use of vital statistics for measuring mortality are completeness, quality and availability. Investment in a good CRVS system would accelerate the recording of births, deaths and causes of death.

Currently, most low- and middle-income countries in Asia and Africa register no more than 50% of deaths. The implication of under-registration of deaths is that mortality may be underestimated, especially among rural and poor population groups. Even if deaths are registered, the data may not be of good quality, or may be incomplete or inaccurate, especially in regards to cause of death. Lastly, the availability and timeliness of CRVS data can be a challenge due to resource limitations such as lack of staff or technology to enter data into a user-friendly, easily accessible database. In the Western Pacific Region, 16 out of 37 countries and areas have available data on NCD mortality published in their country profiles. Much of the available data are based on estimates rather than actual data,
especially in countries such as Cambodia, the Lao People’s Democratic Republic and Papua New Guinea, illustrating the ongoing challenges of reporting on CRVS.

2.4.3 Morbidity: population-based cancer registration including country experience in the Republic of Korea

Dr Young-Joo Won gave an overview of the cancer registration system, which is an essential part of the cancer control programme. Between 2003 and 2013, the incidence of cancer deaths in the Republic of Korea increased from 11.3% to 28.3%. Over 97% of cancer cases are now reported through the Korea Central Cancer Registry and 11 regional cancer registries throughout the country. Registration began in 1983 through voluntary notification from training hospitals and was made mandatory in May 2003 through the Cancer Act. The Act was revised in 2006 to incorporate the Statistical Act, which applies to collection and compilation of statistical data on the development and survival rates of cancer patients; as such, information obtained through the Cancer Act is not protected by the Personal Information Protection Act.

The Cancer Registration and Statistics System is accessible online (https://ncrs.cancer.go.kr/index.do), and data on incidence, survival and prevalence have been published in multiple publications, including the journal *Cancer Research and Treatment* and the *Cancer Incidence in Five Continents* monographs published by the International Agency for Research on Cancer and the International Association of Cancer Registries (IACR). There is a smartphone app for accessing the statistics. Currently, there is still a dearth of information surrounding issues such as behavioural risk factors, quality of care, recurrence rates, and hospice/end-of-life care. The Cancer Big Data Initiative aims to establish linkages between data on cancer registration, early detection, cancer policy, and hospice and palliative care. New indices have to be created covering important areas, such as cancer incidence rates based on income, false-positive and other detection rates, the percentage of patients eligible for cancer policy support versus those who are actually receiving support, and the length of time from cancer diagnosis to death for hospice patients. This will generate evidence for policy-makers and health-care providers based on life stages.

2.5 Planning and priority setting for 2017–2018

Based on the lectures and discussions during the preceding three days, a final group work session was conducted in which participants charted out their action plans based on impact and feasibility. Participants were asked to consider activities that they think can be rolled out in 2017 and 2018 and have an impact at the same time. Activities were classified into three categories: mortality and morbidity, risk factors and national systems response. Then, participants were asked to select one activity per category that is of top priority in 2017 and 2018. Results of the group work are provided in Annex 4.

2.6 Field visit to Korean Centers for Disease Control and Prevention (KCDC)

Workshop participants visited KCDC in Osong, Chungbuk-do. Ms Chaemin Chun provided an overview of KCDC, which was founded in 1945. The KCDC is the Republic of Korea’s health protection agency, and it comprises such divisions as the Center of Emergency Operations, Center of Infectious Disease Control, and Center of Disease Prevention, as well as facilities such as a BioSafety Special Complex, Biomedical & Genome Centers, National Biobank of Korea, National Center for Medical Information and Knowledge, and National Center for Stem Cell and Regenerative Medicine.
Ms YooJin Kim, Researcher in the Division of Chronic Disease Control, presented an overview of the Community Health Survey (CHS)—the first and only local community-level health interview survey conducted continuously since 2008. Prior to administration of the CHS, there were no health data available at the local level. Thirty-five universities participate in implementation of the CHS, which is managed by 254 community health centres. Samples selected are intended to be representative of the civilian non-institutionalized Korean population and based on registered address, multi-stage, clustered national sampling of housing units from every county. Computer-assisted personal interviewing (CAPI) is conducted by interviewers who visit families in their homes and gather information on key indicators such as smoking status (in men), physical activity, obesity, perceived stress and depressed feelings, influenza vaccination and other health conditions. Follow-up calls to verify accuracy of the questionnaires are made within three days of the survey to a randomly selected 10% of the sample population in order to ensure quality control. The results are published every year and are accessible on the CHS website. One challenge faced in the implementation of the CHS is decreasing funding.

Dr Kyungwon Oh presented on the Korea National Health and Nutrition Examination Survey (NHNES), which aims to assess the health and nutritional status of Koreans, monitor trends in health risk behaviours and prevalence of chronic diseases, and gather data for the development and evaluation of health policies and programmes. Approximately 10 000 individuals and 4416 households are sampled each year. The survey components include a health examination, health interview and dietary survey. The results of the health exam and dietary survey are reported back to participants after three weeks. The data—published in an annual report and 1500 articles, and accessed by approximately 14 000 researchers—are used to monitor NCD indicators and voluntary targets.

Dr Oh also presented on the web-based survey on youth risk behaviour in the Republic of Korea. This survey has been conducted annually since 2005 as a way to monitor the health-risk behaviours of Korean adolescents and to provide data on school health policies and programmes. The target population consists of 70 000 middle and high school students; the primary sampling units are 800 sampled schools out of 5500, and the secondary sampling units are one class from each grade from the schools. Students self-administer the survey in school and answer 117 questions covering behaviours related to tobacco and alcohol use, diet, mental health, hygiene, Internet addiction, and other areas of adolescent life. The results are published in an annual report and made accessible online.

2.7 Introduction to NCD surveillance and monitoring course

WHO regional and country office staff introduced an NCD surveillance course that the NCD unit in the WHO Regional Office for the Western Pacific is developing. The course provides an overview of NCDs and intends to equip current and future programme managers with necessary skills and knowledge to design and establish an efficient and sustainable NCD surveillance and monitoring system as an integral part of national health information systems and to use and interpret the data to inform policy and programmatic response to NCDs.

The course is composed of six modules:

- Module 1: Managing the NCD epidemic through measurement: Why do we need surveillance?
- Module 2: Putting things in perspective: An overview of noncommunicable diseases and their risk factors
- Module 3: Monitoring risk factors for noncommunicable diseases: Why, where, what and how?
Module 4: Monitoring morbidity from NCDs: Why, where, what and how?
Module 5: Mortality measures for noncommunicable diseases: What do these tell us?
Module 6: Measuring programme effectiveness and health system response to NCDs.

Participants provided specific feedback on the feasibility and usefulness of the course. The course will be revised based on the input received. Further plans to collaborate with the WHO Regional Office for the Eastern Mediterranean and WHO headquarters are being discussed. As the WHO Regional Office for the Eastern Mediterranean is developing a similar course, the two courses will be combined to develop a global tool that can be used and disseminated to all six WHO regions.

2.8 Closing session

Participants completed a post-workshop knowledge assessment. 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 5). 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.

Dr Shin acknowledged the support of the KCDC and the collaboration and partnership of the NCC in the Republic of Korea. She encouraged participants to utilize the lessons from the workshop and the workshop tools to strengthen national and subnational capacity for NCD surveillance and monitoring in the participants’ home countries. Participants were asked for continuous support as national surveillance officers in the global surveys that WHO request Member States to respond to. Certificates of attendance were handed to all participants.

3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

Didactic lectures, interactive exercises and facilitated group work introduced participants to resources and tools for accelerating progress in improving their national NCD surveillance and monitoring systems. Participants took part in a field trip to the KCDC and learnt from the Republic of Korea’s experience with national and subnational surveillance, web-based youth surveys, and civil registration and vital statistics. The NCD surveillance and monitoring course material developed by the WHO Regional Office for the Western Pacific was presented to collect feedback from the participants and generate interest in introducing it within their national NCD networks. Through facilitated group work, country participants were able to identify and prioritize activities for 2017 and 2018. Discussions were focused on three key pillars of surveillance and monitoring: mortality and morbidity, risk factors, and national systems response.

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 to during the 2014 United Nations General Assembly second high-level meeting on NCDs;

2) to review the national progress made in achieving the 10 progress indicators and identify areas that need prioritizing based on impact and feasibility;

3) to scale up national surveillance and monitoring systems to better capture information needed and to inform policy-makers about which components of NCDs should be addressed in their country or area;

4) to collaborate with all relevant players within and outside the health sector to improve the quality of the data collected by existing national surveillance and monitoring systems; and

5) to widely disseminate the current version of the NCD surveillance and monitoring course material to national networks for feedback and improvement.

### 3.2.2 Recommendations for WHO

WHO is requested:

1) to widely disseminate the Progress Monitor 2015 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 inform countries and areas about specifications, definitions and calculations of the 25 indicators linked to the nine global voluntary targets and the 10 progress indicators linked to the four time-bound commitments;

3) to encourage Member States to provide accurate and timely responses for the upcoming NCD CCS 2017, which the WHO Director-General will use to report to the United Nations General Assembly in September 2017;

4) to provide Member States with technical assistance to carry out activities to achieve the global commitments; and

5) to finalize the NCD surveillance and monitoring course material, together with WHO headquarters and the Regional Office for the Eastern Mediterranean, and consider transferring the contents to an online platform for wider dissemination.
ANNEXES

ANNEX 1. List of participants

1. PARTICIPANTS

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ANNEX 2. Programme of activities

TENTATIVE PROGRAMME OF ACTIVITIES

Tuesday, 23 August 2016

08:45-09:00  Registration
Pre-workshop assessment
(1) Opening ceremony

09:00-09:30  Welcome address
Dr Kang Hyun Lee
President, National Cancer Center (KNCC)
Republic of Korea
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  Coffee break

10:00-10:30  Course introduction
Dr Warrick Junsuk Kim
Medical Officer, NCD and Health Promotion,
WHO/WPRO
Group work (1): Sharing of expectations
Self-introduction of participants (breaking the ice)
(2) Global and regional updates

10:30-11:00  Regional NCD surveillance roadmap to achieve the
Sustainable Development Goals
Dr Hai-Rim Shin

11:00-12:00  Global Monitoring Framework: 9 voluntary global targets
and 25 progress indicators for 2025
Ms Leanne Riley
Coordinator, Surveillance and Population-based
12:00-13:30  
*Lunch break*

(3) Getting to 2018

13:30-14:30  
Reporting on progress in implementation of the four time-bound commitments  
Ms Leanne Riley

14:30-15:00  
Group work (2): Where is my country in fulfilling the four time-bound commitments: mapping against the progress monitoring indicators  
Dr Warrick Junsuk Kim / WHO Country Office staff

15:00-15:30  
*Mobility break*

15:30-17:00  
Group work (3): Country-specific strategies to strengthen NCD surveillance and monitoring  
Country presentation (Market Place)  
Dr Warrick Junsuk Kim / WHO Country Office staff

17:30-  
*Welcome reception:* hosted by KNCC

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**Wednesday, 24 August 2016**

08:45-09:00  
Recap of Day 1

09:00-10:00  
Progress monitoring in the Western Pacific Region:  
Dr Hai-Rim Shin

  Updates from the NCD Country Capacity Survey 2015

10:00-10:30  
*Mobility break*

(4) Data sources and methodology

10:30-12:00  
a. Global surveys and reports for NCDs and their risk factors: Identifying data sources  
Ms Leanne Riley

  - STEPS, GSHS, tobacco, alcohol, SARA
  - NCD CCS, Global status report
  - Comparable estimates
  - Health system response data

12:00-13:30  
*Lunch break*

13:30-15:00  
b. Mortality: Targets and reporting status of civil registration and vital statistics (CRVS)  
Ms Leanne Riley

c. Morbidity: Population-based cancer registration including country experience in the Republic of Korea  
Dr Young-Joo Won

  Head, Division of Cancer Registration and Surveillance, KNCC
15:00-15:30  Mobility break

(5) Planning and priority setting for 2017-2018

15:30-16:30  Group work (4): Priority areas for NCD surveillance and monitoring in 2017-2018  
Dr Warrick Junsuk Kim / WHO Country Office staff

16:30-17:00  Post-workshop assessment

Wrap-up of Day 1 & 2  
Dr Hai-Rim Shin

Thursday, 25 August 2016

(6) Field visit to Korean Centers for Disease Control and Prevention (KCDC)

08:00-10:00  Travel from hotel to KCDC (Osong)

10:00-12:00  Welcome address

Country experience in the Republic of Korea

- National Health and Nutrition Examination Survey (KNHANES)
- Web-based youth risk behaviour survey
- Community health interview survey
- Civil registration and vital statistics

Dr Kyungwon Oh
Director, Division of Health and Nutrition Survey, Korean Centers for Disease Control and Prevention (KCDC)

Ms Yuna Ghim
Senior Scientific Officer, Division of Chronic Disease Control, KCDC

12:00-13:00  Lunch break

13:00-14:30  Travel from KCDC to Korean folk village (Yongin-si)

14:30-16:00  Cultural visit: Korean folk village

16:00-17:00  Travel from Korean folk village back to hotel

Friday, 26 August 2016

08:45-09:00  Recap of Day 1-3

(7) Introduction to NCD surveillance and monitoring course

09:00-10:00  Introduction to NCD surveillance and monitoring course  
Dr Hai-Rim Shin / Dr Warrick Junsuk Kim

Module 1: Managing the NCD epidemic through measurement: why do we need surveillance?
Module 2: Putting things in perspective: An overview of noncommunicable Diseases and their risk factors
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<tr>
<th>Time</th>
<th>Event Description</th>
<th>Presenter(s)</th>
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<tbody>
<tr>
<td>10:00-10:30</td>
<td>Mobility break</td>
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<td>10:30-12:00</td>
<td>Introduction to NCD surveillance and monitoring course (cont.)</td>
<td>Dr Hai-Rim Shin / Dr Warrick Junsuk Kim / WHO Country Office staff</td>
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<td>Module 3: Monitoring risk factors for noncommunicable diseases: why, where, what and how?</td>
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<td>Module 4: Monitoring morbidity from NCDs: why, where, what and how?</td>
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<td>Module 5: Mortality measures for noncommunicable diseases: what do these tell us?</td>
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<td>Module 6: Measuring program effectiveness and health system response to NCDs</td>
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<td><em>(8) Closing session</em></td>
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<td>14:30-15:30</td>
<td>Discussion and road map for countries</td>
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<td>15:30-16:00</td>
<td>Wrap-up and closing ceremony</td>
<td>Dr Hai-Rim Shin</td>
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ANNEX 3. Participants’ workbook
WORKSHOP ON NONCOMMUNICABLE DISEASE SURVEILLANCE AND MONITORING SYSTEMS

PARTICIPANTS’ WORKBOOK
This workbook was developed by the NCD and Health Promotion Unit of the WHO Regional Office for the Western Pacific. This is for use at the Workshop on Noncommunicable Disease Surveillance and Monitoring Systems held in Seoul, Republic of Korea from 23 to 26 August 2016. The workbook is not a formal publication at this time, and is not for sale or use for commercial purposes. Comments and suggestions to improve this document are welcome and may be sent to wproncd@who.int.
INTRODUCTION TO THE WORKSHOP

BACKGROUND.

After the Political Declaration of the High-level meeting on the prevention and control of noncommunicable diseases (NCDs) in 2011, the United Nations General Assembly (UNGA) convened the second High-level meeting on NCDs in July 2014. The 2014 Outcome Document included the time-bound national commitments and progress indicators.

In 2017, the WHO Director-General will submit a report to the UNGA on the progress achieved in the implementation of the four strategic and time-bound national commitments on NCDs for 2015 and 2016. This is in preparation for a comprehensive review at the third High-level meeting on NCDs during the UNGA in 2018.

Recognizing the need for a systematic approach to NCD surveillance and monitoring, this workshop will guide Member States to fully understand the design and implementation of NCD surveillance and monitoring systems in consideration of the time-bound commitments, review current capacity of countries to fulfil them and propose strategies for action.

OBJECTIVES.

(1) to identify gaps to attain the four time-bound national commitments including reporting on progress on the nine voluntary global targets for NCD in the Region; and

(2) to identify barriers and programmatic options to strengthen national NCD surveillance and monitoring systems in line with existing systems in Member States.
WHERE AM I ON MY NCD PREVENTION AND CONTROL JOURNEY?

TIME NEEDED 20 minutes

MATERIALS REQUIRED
• Participants’ workbook
• Set of thought provoking photos
• Ballpoint pen or pencil

OBJECTIVES
• To get to know each other better
• To establish workshop expectations
• To reflect upon your personal journey in the prevention and control of NCDs

INSTRUCTIONS

Expectations setting
List down three things that you expect to achieve in this workshop.
(We will review these at the end of the workshop.)

Personal Reflection
1. Ask yourself: What can I contribute to NCD prevention and control?
2. 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 for this workshop?
3. Share your reflections with the group.

Guide Questions
1. Where am I on my NCD prevention and control journey?
2. What do I expect from the workshop?
MY EXPECTATIONS

1

2

3
WHERE IS MY COUNTRY IN FULFILLING THE FOUR TIME-BOUND COMMITMENTS?

Mapping Against The Progress Indicators

TIME NEEDED 90 minutes

MATERIALS REQUIRED

• Getting to 2018: Progress Monitor on NCDs
• Country Summary in NCD Progress Monitor 2015
• Worksheet: one per country
• Coloured stickers: red, yellow, green

OBJECTIVES

• To determine the current state of progress of my country against the indicators for the time-bound commitments in the 2014 UN Outcome Document on NCDs.
• To identify factors that can determine outcomes of surveillance and monitoring.

INSTRUCTIONS

1. Look at the “Getting to 2018: Progress Monitor on NCDs” and note the 4 time-bound commitments and 10 progress monitoring indicators.

2. Review the progress of your country in 2015 referring to the “Noncommunicable Diseases Progress Monitor 2015”.

3. For each indicator and subindicator, determine the state of progress in your country in 2015. Use stickers to indicate the level of progress:

   - NOT ACHIEVED
   - PARTIALLY ACHIEVED
   - FULLY ACHIEVED


5. For each indicator and subindicator, determine the state of progress in your country in 2013. Use stickers to indicate the level of progress:

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<td>Consider setting national NCD targets for 2025.</td>
<td>1</td>
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<td>Consider developing national multisectoral policies and plans to achieve the national targets by 2015.</td>
<td>4</td>
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<td>5</td>
<td>Member State has implemented the following four demand reduction measures of the WHO FCTC at the highest level of achievement.</td>
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<td>Reduce affordability of tobacco products by increasing tobacco excise taxes.</td>
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COUNTRY SPECIFIC STRATEGIES TO STRENGTHEN NCD SURVEILLANCE AND MONITORING

TIME NEEDED 90 minutes

MATERIALS REQUIRED
• Activity 2 results
• Prioritization chart worksheet
• Post-It notes
• Ballpoint pens
• Star-shaped stickers

OBJECTIVES
• To prioritize needed action areas for NCD surveillance and monitoring in your country.
• To identify supportive player and major barriers that can affect strengthening of the prioritized NCD surveillance and monitoring areas.

INSTRUCTIONS
1. Review the progress indicators from the previous exercise.
   • Identify those action areas for which your country has not achieved or partially achieved.
   • Are there any other action areas not mentioned that are important for your country? If so, include them in the exercise.

2. Write out what can be done, in terms of surveillance and monitoring strengthening, for each action area on a Post-It note (one action area per Post-It note).

3. Rate each action area along two criteria, using a scale of 1 to 4.
   • IMPACT – If we did this what favourable impact would it have on reducing NCDs? (1 = very low impact, 4 = very high impact)
   • FEASIBILITY – How easy would it be to do this? (1 = very low feasibility under current conditions, 4 = very high feasibility with resources and capacity available)

4. Plot out each action area on the Prioritization Chart.
5. Mark with a star the three topmost actions or activities that have high impact and high feasibility. ★ x 3

Guide Questions
1. Which areas are feasible AND have a high impact under current conditions?
2. What are priority action areas that you should commit to work for the next two years?
3. What are some of the barriers and supporting factors that can affect your priority areas?
PRIORITIZATION CHART

IMPACT

FEASIBILITY

0 1 2 3 4

1 2 3 4

WORKSHOP ON NONCOMMUNICABLE DISEASE SURVEILLANCE AND MONITORING SYSTEMS
PRIORITY AREAS FOR NCD SURVEILLANCE AND MONITORING IN 2017-2018

TIME NEEDED 90 minutes

MATERIALS REQUIRED
• Four large sheets of paper
• Yellow and green Post-It notes
• Coloured markers (blue or red)
• Ballpoint pens

OBJECTIVES
• To identify specific actions to strengthen four priority areas of NCD surveillance and monitoring in 2017 and 2018.

INSTRUCTIONS
1. You will be assigned to one of four stations representing NCD surveillance and monitoring priority areas

These stations are:
Station 1: Mortality and morbidity
Station 2: Risk factors
Station 3: National systems response
Station 4: Health outcomes monitoring

2. Once you are in your designated station, you will be given yellow and green Post-It notes.

3. On the yellow Post-It notes,
   i. Write your answers to the following question: What action or activity should I or my office do in 2017 that will improve or strengthen the NCD surveillance and monitoring priority area described in this station?
   ii. Write down one action or activity per yellow Post-It note. You may write as many actions or activities on separate Post-It notes.
   iii. Indicate the name of your country on the upper right hand side of the note and stick it on the designated wall.

EXAMPLE
Station 1: Mortality and Morbidity

COUNTRY X
Initiate dialogues to improve quality of CRVS
4. On the green Post-It notes,
   i. Write your answers to the following question: What action or activity should I or my office do in 2018 that will improve or strengthen the NCD surveillance and monitoring priority area described in this station?
   ii. Write down one action or activity per yellow Post-It note. You may write as many actions or activities on separate Post-It notes.
   iii. Indicate the name of your country on the upper right hand side of the note and stick it on the designated wall.

5. Mark with a star the topmost action or activity you would like to do in 2017 and 2018.

6. You will be asked by the moderated to move to the next station every 15-20 minutes to repeat steps 3 to 5 above.

7. Once all four stations have been visited by all participants, the whole group will revisit all stations to review other countries’ responses.
WORKSHOP ON NONCOMMUNICABLE DISEASE SURVEILLANCE AND MONITORING SYSTEMS

This workbook was developed by the NCD and Health Promotion Unit of the WHO Regional Office for the Western Pacific. This is for use at the Workshop on Noncommunicable Disease Surveillance and Monitoring Systems held in Seoul, Republic of Korea from 23 to 26 August 2016. The workbook is not a formal publication at this time, and is not for sale or use for commercial purposes. Comments and suggestions to improve this document are welcome and may be sent to wproncd@who.int.
# ANNEX 4. National priorities for surveillance and monitoring in 2017 and 2018

<table>
<thead>
<tr>
<th>Country or area</th>
<th>Mortality and morbidity</th>
<th>Risk factors</th>
<th>National systems response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2017</td>
<td>2018</td>
<td>2017</td>
</tr>
<tr>
<td><strong>Australia</strong></td>
<td>- Continue to improve coverage &amp; quality of COD - indigenous population</td>
<td>- Implementation of cancer screening registry via new electronic tool</td>
<td>- Targeted health promotion to reduce salt/fats in diet targets</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Brunei Darussalam</strong></td>
<td>- Develop National Dietary Guidelines to address salt, fat &amp; sugar guideline</td>
<td>- Conduct survey on marketing foods &amp; non-alcohol beverages STEPS Survey</td>
<td>- National policy to reduce population salt/sodium</td>
</tr>
<tr>
<td></td>
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<td></td>
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</tr>
<tr>
<td><strong>Cambodia</strong></td>
<td>- Strengthen cancer registration Annual report</td>
<td>- Web-base on diabetes &amp; high blood pressure registration</td>
<td>- To promote more cities to set up smoke-free policies Disseminate new dietary guidelines published in 2015 STEPS Survey</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>China</strong></td>
<td>- Promote more districts or counties to conduct the death registration</td>
<td>- Promote more provinces to conduct the death registration in all counties</td>
<td>- To promote more cities to set up smoke-free policies Disseminate new dietary guidelines published in 2015 STEPS Survey</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hong Kong SAR (China)</strong></td>
<td>- Propose the time-bound related indicators</td>
<td>- Publish the endorsed target &amp; indicator</td>
<td>- Marketing of breast milk</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lao People’s Democratic Republic</strong></td>
<td>- Registration in 4 main diseases of NCD in central hospital</td>
<td>- Registration in 4 main diseases of NCD in some local hospital</td>
<td>- Increasing tobacco exercise tax STEPS Survey</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>National systems response</strong></td>
<td>- Population level screening in PHC &amp; improvement in data for monitoring</td>
<td>- Disseminate national health screening guideline to government &amp; private sector</td>
<td>- Update SARA survey</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>National systems response</strong></td>
<td>- Population level screening in PHC &amp; improvement in data for monitoring</td>
<td>- Disseminate national health screening guideline to government &amp; private sector</td>
<td>- Update SARA survey</td>
</tr>
<tr>
<td>Country or area</td>
<td>Mortality and morbidity</td>
<td>Risk factors</td>
<td>National systems response</td>
</tr>
<tr>
<td>----------------</td>
<td>------------------------</td>
<td>-------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>Macao SAR (China)</td>
<td>- Registration in 4 main NCDs in 3 hospitals and health centers</td>
<td>- Monitoring the alcohol consumption</td>
<td>- Set up colon cancer screening program</td>
</tr>
<tr>
<td></td>
<td>- Extend the registration in 4 main NCDs to private sectors</td>
<td>- Promote non-alcoholic beverages to children</td>
<td>- Implement colon cancer screening for high risk groups</td>
</tr>
<tr>
<td></td>
<td>- Monitoring the alcohol consumption</td>
<td>- Set up colon cancer screening program</td>
<td>- Implement colon cancer screening for high risk groups</td>
</tr>
<tr>
<td>Malaysia</td>
<td>- To come up with new NSP NCD, replacing the expired one (2014)</td>
<td>- To repeat the GSHS Survey</td>
<td>- Review of all NCD CPGs</td>
</tr>
<tr>
<td></td>
<td>- National NCD Task Force to come up with definitive on NCD mortality system</td>
<td>- To legislate the tobacco control act</td>
<td>- Review of all NCD CPGs</td>
</tr>
<tr>
<td></td>
<td>- Quality assessment of mortality data</td>
<td>- To reverse the “law of existing tax on tobacco and alcohol”</td>
<td>- Review of all NCD CPGs</td>
</tr>
<tr>
<td></td>
<td>- To reverse the “law of nutrition”</td>
<td>- To train the doctors on guidelines of CVD, cancer, DM, COPD</td>
<td>- Review of all NCD CPGs</td>
</tr>
<tr>
<td>Mongolia</td>
<td>- To train the doctors who are in hospitals regarding cause of mortality (in accordance with ICD10)</td>
<td>- To reverse the “law of existing tax on tobacco and alcohol”</td>
<td>- To cover all the essential drugs at PHC level by KKC</td>
</tr>
<tr>
<td></td>
<td>- Quality assessment of mortality data</td>
<td>- To reverse the “law of nutrition”</td>
<td>- To cover all the essential drugs at PHC level by KKC</td>
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<tr>
<td>Philippines</td>
<td>- “i clinic system” in primary care facility level functional</td>
<td>- Conduct a sub-national NCD risk factor survey</td>
<td>- Continuous provision of essential NCD medicines</td>
</tr>
<tr>
<td></td>
<td>- Integrated chronic NCD registry fully functional</td>
<td>- Conduct national nutritional survey</td>
<td>- Continuous provision of essential NCD medicines</td>
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<tr>
<td>Viet Nam</td>
<td>- Training ICD coding for hospital staff</td>
<td>- Dissemination of STEPS Survey for advocacy purpose (publish in the health statistics year book 2017)</td>
<td>- Continuous provision of essential NCD medicines</td>
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<tr>
<td></td>
<td>- Apply Verbal autopsy</td>
<td>- Conduct GSHS Survey</td>
<td>- Continuous provision of essential NCD medicines</td>
</tr>
<tr>
<td></td>
<td>- Dissemination of STEPS Survey for advocacy purpose (publish in the health statistics year book 2017)</td>
<td>- Establish focal point unit to coordinate all data sources</td>
<td>- Continuous provision of essential NCD medicines</td>
</tr>
<tr>
<td></td>
<td>- Conduct GSHS Survey</td>
<td>- Establish focal point unit to coordinate all data sources</td>
<td>- Continuous provision of essential NCD medicines</td>
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</table>
ANNEX 5. Workshop evaluation

Workshop on Noncommunicable Disease Surveillance and Monitoring Systems

National Cancer Center, Republic of Korea, 23 to 26 August 2016

EVALUATION

Workshop participants included 18 representatives of national NCD programmes or health information systems from 11 countries and areas, two observers from Japan and Fiji and eight WHO staff who served as secretariat, including one from headquarters, two from the Regional Office for the Western Pacific and five from country offices. 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. Participants assessed their confidence levels on a scale of 1-5 (5 being the highest, 1 being the lowest) before and after the workshop. 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>44%</td>
<td>33%</td>
<td>11%</td>
<td>11%</td>
<td>0%</td>
<td>9.1</td>
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<tr>
<td>The facilitation in this meeting was</td>
<td>67%</td>
<td>22%</td>
<td>11%</td>
<td>0%</td>
<td>0%</td>
<td>9.6</td>
</tr>
<tr>
<td>The leadership in this meeting was</td>
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<td>44%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
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<tr>
<td>Travel arrangements for the meeting was</td>
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<td>11%</td>
<td>22%</td>
<td>11%</td>
<td>0%</td>
<td>9.1</td>
</tr>
<tr>
<td>Facilities of this meeting were</td>
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<td>33%</td>
<td>22%</td>
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<td>0%</td>
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<tr>
<td>Accommodation for this meeting was</td>
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<td>22%</td>
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<td>9.1</td>
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<tr>
<td>Meals provided during this meeting were</td>
<td>44%</td>
<td>33%</td>
<td>11%</td>
<td>11%</td>
<td>0%</td>
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</tr>
<tr>
<td>The overall impression of this meeting was</td>
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<td>33%</td>
<td>11%</td>
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<td>0%</td>
<td>9.4</td>
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<table>
<thead>
<tr>
<th>QUESTIONNAIRE 2 - What have you achieved?</th>
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<th>9</th>
<th>8</th>
<th>7</th>
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<th>Mean</th>
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<tr>
<td><strong>Session 2: Global and Regional updates</strong></td>
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<td></td>
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<tr>
<td>a. to understand the objectives of the session</td>
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<td>11%</td>
<td>11%</td>
<td>11%</td>
<td>0%</td>
<td>9.3</td>
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<tr>
<td>b. to exchange views and information in the discussions</td>
<td>56%</td>
<td>0%</td>
<td>33%</td>
<td>11%</td>
<td>0%</td>
<td>9.0</td>
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<tr>
<td><strong>Session 3: Getting to 2018</strong></td>
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<tr>
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<td>33%</td>
<td>33%</td>
<td>0%</td>
<td>0%</td>
<td>9.0</td>
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<tr>
<td>b. to exchange views and information in the discussions</td>
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<td>22%</td>
<td>44%</td>
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<td>0%</td>
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**Session 4: Data sources and methodology**

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<tr>
<th>Activity</th>
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<th>Post</th>
<th>Improvement</th>
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<tbody>
<tr>
<td>a. to understand the objectives of the session</td>
<td>44%</td>
<td>22%</td>
<td>11%</td>
</tr>
<tr>
<td>b. to exchange views and information in the discussions</td>
<td>44%</td>
<td>11%</td>
<td>22%</td>
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**Session 5: Planning and priority setting for 2017-18**

<table>
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<th>Activity</th>
<th>Pre</th>
<th>Post</th>
<th>Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. to understand the objectives of the session</td>
<td>33%</td>
<td>11%</td>
<td>56%</td>
</tr>
<tr>
<td>b. to exchange views and information in the discussions</td>
<td>22%</td>
<td>33%</td>
<td>44%</td>
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</table>

**Session 6: Field visit to Korean Centers for Disease Control and Prevention (KCDC)**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Pre</th>
<th>Post</th>
<th>Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. to understand the objectives of the session</td>
<td>56%</td>
<td>11%</td>
<td>22%</td>
</tr>
<tr>
<td>b. to exchange views and information in the discussions</td>
<td>56%</td>
<td>11%</td>
<td>11%</td>
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</tbody>
</table>

**Session 7: Introduction to NCD surveillance and monitoring course development**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Pre</th>
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<th>Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. to understand the objectives of the session</td>
<td>44%</td>
<td>22%</td>
<td>11%</td>
</tr>
<tr>
<td>b. to exchange views and information in the discussions</td>
<td>44%</td>
<td>11%</td>
<td>11%</td>
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</table>

**QUESTIONNAIRE 3 - Groupworks and Activities**

<table>
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<tr>
<th>Activity</th>
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<th>Improvement</th>
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</thead>
<tbody>
<tr>
<td>Sharing of expectations (breaking the ice)</td>
<td>22%</td>
<td>44%</td>
<td>33%</td>
</tr>
<tr>
<td>Where is my country in fulfilling the four timebound commitments</td>
<td>22%</td>
<td>11%</td>
<td>56%</td>
</tr>
<tr>
<td>Country-specific strategies to strengthen NCD surveillance and monitoring</td>
<td>22%</td>
<td>22%</td>
<td>44%</td>
</tr>
<tr>
<td>Priority areas for NCD surveillance and monitoring in 2017-18</td>
<td>22%</td>
<td>44%</td>
<td>33%</td>
</tr>
</tbody>
</table>

**Pre- and Post-workshop assessment**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Pre</th>
<th>Post</th>
<th>Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessing the current status of NCD surveillance and monitoring in my country</td>
<td>3.3</td>
<td>4.5</td>
<td>+0.2</td>
</tr>
<tr>
<td>Identifying the priority problem areas for NCD surveillance and monitoring that need immediate action</td>
<td>3.8</td>
<td>4.6</td>
<td>+0.8</td>
</tr>
<tr>
<td>Defining the actionable root causes of priority problems</td>
<td>3.2</td>
<td>3.7</td>
<td>+0.5</td>
</tr>
<tr>
<td>Drafting an action plan to address these actionable root causes</td>
<td>3.1</td>
<td>3.8</td>
<td>+0.7</td>
</tr>
<tr>
<td>Delineating priority actions along the service delivery level, the programme level, and at the level of policy</td>
<td>3.7</td>
<td>4.0</td>
<td>+0.3</td>
</tr>
</tbody>
</table>