

Japan-WHO Meeting on Multisectoral Interventions for NCD Prevention



27–30 July 2010
Saitama, Japan

WPR/DHP/NCD(2)/2010

Report series number: RS/2010/GE/36(JPN)

English only

REPORT

**JAPAN-WORLD HEALTH ORGANIZATION (WHO)
MEETING ON MULTISECTORAL INTERVENTIONS FOR
NONCOMMUNICABLE DISEASES (NCD) PREVENTION**

Convened by:

WORLD HEALTH ORGANIZATION

REGIONAL OFFICE FOR THE WESTERN PACIFIC

Saitama, Japan
27-30 July 2010

Not for sale

Printed and distributed by:

World Health Organization
Regional Office for the Western Pacific
Manila, Philippines

November 2010

NOTE

The views expressed in this report are those of the participants in the Japan-WHO Meeting on Multisectoral Interventions for NCD Prevention and do not necessarily reflect the policies of the Organization.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for governments of Member States in the Region and for those who participated in the Japan-WHO Meeting on Multisectoral Interventions for NCD Prevention, which was held in Saitama, Japan from 27 to 30 July 2010.

SUMMARY

The burden of chronic noncommunicable diseases (NCD) has been increasing rapidly in the Region and is projected to increase further. Early, preventable deaths from NCD are a tragedy for individuals, families and communities, and also place enormous pressure on country health systems and budgets. In May 2008, the World Health Assembly adopted the 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases. The Western Pacific Regional Action Plan for Noncommunicable Diseases, which brings together the various strategies and interventions in a regional context, was endorsed by the Regional Committee for the Western Pacific in September 2008.

The WHO Regional Office for the Western Pacific and the Japanese Government have jointly organised the Japan–WHO International Visitors Programme over the last five years to build capacity for NCD managers in the Region. One of the main objectives of the NCD Global and Regional Action Plans is to implement the "integration of prevention and control of NCD into policies of all government departments." The Regional Meeting on NCD prevention and control, held in Saitama and Tokyo, Japan in August 2009, called for an engagement of and capacity-building in non-health sectors, in order to address NCD risk factors.

The Japan–WHO Joint Meeting on Multisectoral Interventions for NCD Prevention was held from 27-30 July, 2010, in Saitama, Japan, and brought together representatives of health and non-health sectors to address multisectoral interventions for NCD prevention and control. This was the first time in the Region that non-health sector participants took part in the NCD International Visitors Programme, reflecting the importance of the role of other sectors in NCD prevention and control.

The meeting objectives were for the participants to:

- (1) review and discuss the key determinants of NCD and major NCD risk factors globally and in the Region, and to review policy options and approaches for promoting integrated, effective and multisectoral interventions;
- (2) discuss the role of national multisectoral mechanisms and strategies in strengthening multisectoral actions and in moving NCD onto the political agenda at regional level and national level, and;
- (3) follow-up and discuss the implementation of the WHO NCD Plan of Action.

The meeting consisted of presentations by technical and country representatives, a panel discussion and group exercises. Participants shared information on the NCD burden as well as on existing multisectoral interventions for NCD prevention and control in their countries. Best practice policies and frameworks relevant to the different sectors were discussed, and interventions and multisectoral approaches that target the key NCD risk factors of nutrition and physical activity were developed.

In the group exercises, participants first looked at the impact of the different sectors on NCD, followed by exploring multisectoral approaches to tackling the specific issues of nutrition and physical activity. The final group session focused on shaping national policy responses to multisectoral action on health.

CONTENTS

	<u>Page</u>
SUMMARY	
1. INTRODUCTION	1
1.1 Background.....	1
1.2 Objectives	1
1.3 Participants	1
2. PROCEEDINGS	1
2.1 Agenda and programme of the meeting	1
2.2 Introduction to the meeting	2
2.3 Background and context	2
2.4 Exploring the solutions: what works?	4
2.5 Risk factor specific interventions	7
2.6 Steps for multisectoral interventions	9
3. CONCLUSIONS AND RECOMMENDATIONS.....	10
3.1 Evaluation.....	10
3.2 Conclusions	11
3.3 Recommendations	11
 <u>ANNEXES:</u>	
ANNEX 1 - LIST OF PARTICIPANTS, TEMPORARY ADVISERS, RESOURCE PERSONS AND SECRETARIAT.....	13
ANNEX 2 - AGENDA AND PROGRAMME	17
ANNEX 3 - PARTICIPANT'S TOOLKIT	21

Keywords:

Noncommunicable diseases (NCD), multisectoral interventions

1. INTRODUCTION

1.1 Background

The WHO Regional Office for the Western Pacific and the National Institute of Public Health, Japan, with financial support from the Ministry of Health, Labour and Welfare, Government of Japan, jointly organized the Regional Meeting on Prevention and Control of Noncommunicable Diseases (NCD) which was held in Saitama, Japan, from the 27 to 30 July 2010.

The purpose of the meeting was to bring together representatives of health and non-health sectors in order to encourage engagement and capacity-building in all sectors to address NCD risk factors.

1.2. Objectives

The intended outcome of the meeting was for the participants to:

- (1) review and discuss the key determinants of NCD and major NCD risk factors globally and in the Region as well as policy options and approaches for promoting integrated, effective and multisectoral interventions;
- (2) discuss the role of national multisectoral mechanisms and strategies in strengthening multisectoral actions and in moving NCD high onto the political agenda at the Regional level and national level; and
- (3) follow-up and discuss the implementation of the WHO NCD Plan of Action.

1.3. Participants

Twenty-six participants with national policy and planning responsibilities from Brunei Darussalam, Cambodia, China, Hong Kong, Lao People's Democratic Republic, Malaysia, Mongolia, the Philippines, Republic of Korea and Viet Nam participated in the meeting. Half the country participants were from outside the health sector. Non-health sector participants included officials from education, agriculture, finance, project management, local government and media. See Annex 1 for a list of participants, temporary advisers, resource persons and secretariat.

2. PROCEEDINGS

2.1 Agenda and programme of the meeting

The agenda and programme of the meeting is shown in Annex 2. The content of the four-day meeting consisted of background information, technical and country presentations, panel sessions for discussion of best-practice policies and approaches, and group exercises and feedback.

The participants were given background papers for the purposes of context and as a basis for the group exercise sessions. Participants also prepared country-specific presentations on NCD based on provided template. The toolkit is provided in Annex 3.

2.2. Introduction to the meeting

The participants were welcomed by Dr Kenji Hayashi, the President of the National Institute of Public Health (NIPH) and Dr Junichiro Mori from the Ministry of Health, Labour and Welfare (MOHLW).

In his initial remarks, Dr Hayashi described the changing demographic profile of Japan, with its aging population presenting particular challenges to the field on NCD prevention and control.

This was followed by a presentation by Dr Mori who described the trend in NCD in Japan over the last 60 years and its resulting impact on health expenditure. He described the national health promotion and disease prevention plan “Healthy Japan 21” which is now undergoing its mid-term review. With nine areas and 70 targets he indicated the need for prioritization and focus, and saw tobacco control, nutrition and physical activity as key areas for future work. He also emphasized the need for tailored messages which are relevant for application at the local level. Advising people to get off the train one stop early may work to increase physical activity when the stations are close together, but is not so helpful if the next stop is 10 km away.

Overview and update

The next presentation was from Dr Hai-Rim Shin speaking on behalf of Dr Han Tieru. Dr Shin gave an overview and update on WHO Strategies and Plans on Prevention and Control of NCD in the Western Pacific Region. She emphasized the extent of the NCD burden, noting that NCD represent 92% of the burden of disease disability-adjusted life years (DALYs) in high income countries and 63% in middle- and low-income countries. She provided new perspectives on the NCD problem, presenting NCD in the context of other global risks, such as financial crises and weather events, and pointed out that NCD ranked high in comparison to these global challenges in terms of severity and the likelihood of the events occurring. However, she noted the low cost of many of the interventions that prevent NCD.

There is now increased recognition at the global level of the importance of NCD. This global focus is seen in the United Nations General Assembly Declaration on NCD 2010, a Global NCD Report, and the United Nations General Assembly high-level meeting on NCD that is planned for 2011.

The focus of the meeting

The programme for the following four days was then introduced by Dr Cherian Varghese. He emphasized the need to be looking upstream in our efforts to control NCD. In his analogy, our focus was to be “tap turners” rather than “floor moppers” if we are to make a significant impact on the societal burden of NCD.

2.3. Background and context

2.3.1 Understanding the NCD burden, measurement and causation

The objective of Day 1 was to develop a common understanding of NCD causation, and the sectors that influence this, and for participants to share current challenges and multisectoral approaches to NCD prevention and control in their countries.

The meeting then got down to its core business with two presentations, one on the burden and measurement of NCD and the other on causation.

Measuring the impact

Dr Hai-Rim Shin, outlined the core elements needed to measure the impact of NCD at the country level, and the characteristics of an effective NCD surveillance system. She outlined the progress that has been made, through tools such as the STEPS programme, and also the need for a focus on quality. The role of cancer registers and the different types of registers and data sources on cancer were outlined. Her final message was that measurement is not only about data collection, but also the effective translation of the data into information, knowledge and action.

NCD causation

Professor Matheson began his discussion on NCD causation by describing the evolution of the obesity epidemic in the USA over the last 30 years. He emphasized that this had occurred primarily through a changing environment, rather than through faulty individual personal choices. The USA experience is now being replicated throughout the world, in both rich and poor countries. He then explored the causes of the environmental change, with profound changes in price, availability and marketing of foods high in fat, salt and sugar, and decreased physical activity.

He traced these changes to evolution of the macro environment, including increased trade, the development of the media and marketing, urbanization, mechanisation and the growth of agri-business for agricultural production. A further dimension of causes was then introduced with the social determinants of health, the so-called “causes of the causes”, increasing the complexity of NCD causation. Professor Matheson concluded his presentation with a brief discussion of interventions, and the understanding of interventions in complex systems. He emphasized the role of the different sectors and local context in planning interventions.

NCD Regional Action Plan and country presentations

The remainder of Day 1 focused on country presentations. The socio-economic circumstances of the countries in the Region vary enormously, which was reflected in the response to NCD.

There is a mounting body of risk factor survey information available in most countries, all with a consistent message – risk factors levels are at worrying levels, a sure indicator of a rising NCD burden in the future.

Many of the countries represented at the meeting reported good progress on the implementation of institutional mechanisms for NCD prevention and control within their health ministries. Tobacco control in particular is one area where significant progress has been made across the Region.

Engagement with other ministries is already beginning to happen in many countries in the Region, with examples given of how countries are looking at ways to intervene in areas such as working through local government and at a macro level and exploring how to decrease the availability of cheap, high-fat foods.

Resourcing of NCD control efforts is a particular challenge in most countries, with the competing high demands for resources for hospitals crowding out the focus required for sustained action on NCD. Countries that have developed innovative NCD funding mechanisms, such as dedicated NCD funding from tobacco and alcohol taxation, appeared to have a more stable funding base for their NCD activities.

Individual behaviour change programmes still appear to dominate the policy responses to NCD for many countries in the region; however, the countries' presentations showed the beginning of a shift in emphasis towards engaging with other sectors in the effort to create a more supportive environment for physical activity.

In conclusion, the country presentations showed ample evidence of significant progress in NCD prevention and control in the Region. It also highlighted the importance of making greater progress through sustained multisectoral mechanisms that are backed with adequate resources.

Summary and output from Day 1

Day 1 introduced the participants to the issues facing NCD in the host country, Japan, as well as the international context for NCD control in general, and the multisectoral context in the Region in particular. The meeting also explored the issues of measurement of NCD and its importance in driving evidence-based intervention strategies. The causes and complexity of NCD were discussed as well as the need for well focused actions, based on an understanding of the causal factors.

The country presentations demonstrated the successful institution-building occurring within the health sector, as well as highlighted the challenges ahead, particularly in the areas of multisectoral action and sustained resourcing of NCD control policies and programmes.

2.4 Exploring the solutions: what works?

The objective of Day 2 was to explore multisectoral best practice policy options and frameworks for addressing NCD risk factors, to discuss experiences in different countries and settings, and to consider how these may be applied in the finance, agriculture, education, health and other sectors.

Exploring the solutions

Day 2 began with a panel discussion on best practice policies and frameworks that have been designed to successfully implement a multisectoral approach. A broader look at multisectoral action was provided by Ms Erica Ison and Dr Francisco Armada, after which the discussion focused more specifically on the issues of physical activity and nutrition. This was followed by the sharing of experiences on engaging stakeholders (Dr Trevor Shilton), improving healthier choices (Dr Robert Alan Sloan), supporting healthier communities (Professor Fu Hua) and the experience of Japan (Professor Shunsaku Mizushima).

Multisectoral policy development

Ms Ison traced the origins of multisectoral policy development from WHO's constitution through to the Commission on the Social Determinants of Health. She demonstrated the way different sectors interact to both support and at times destroy health, pointing out that policies and strategies of non-health agencies can have a much greater influence on people's health and well-being than those

of the healthcare sector itself. She then introduced the Health in All Policies (HiAP) approach as a way of addressing the social determinants of health. Key to this approach is the understanding that Health in All Policies works on the issues of other sectors, not the health sector. It is not a strategy for getting other sectors to help the health sector, or to use other sectors' money to help health. She illustrated this approach with the HiAP approach taken in Adelaide, South Australia, noting that the HiAP approach bears many similarities to the approach being taken to Health Impact Assessment – where a “health lens” is applied to non-health policy areas.

Multisectoral action in urban settings

This presentation was followed by a discussion of multisectoral action in urban settings. Dr Armada from WHO Kobe centre for health development presented the participants with the policy framework for Health in All Policies in urban settings. In his presentation Dr Armada traced the development of multisectoral policies over the last 30 years, from Alma Ata through to the Region's action plan. He emphasized how in the urban environment, the increasing complexity and the need to effectively manage the intersection of different sectors underpinned the need for better policies around multisectoral action. He presented a seven-point policy framework for multisectoral action, based on the experience that has been gained globally from urban settings.

Specific areas of NCD prevention and control

The focus then narrowed to specific areas of NCD prevention and control. Dr Shilton began with a discussion of the direct health benefits of physical activity, and importantly for multisectoral activity, the co-benefits for other sectors. He outlined the strong evidence base for significant co-benefits accruing to sectors such as transport, environment, the economy, labour productivity, education and social sectors. His presentation then concluded with a description of best practice policy frameworks, including the recently released Toronto Charter for Physical Activity as well as activities of the Western Australian Government's Physical Activity Taskforce.

The Singapore experience

The experience of the Singapore Health Promotion Board was shared with the meeting by Dr Sloan on the theme of improving healthier choices. He emphasized the importance of well constructed social marketing approaches with emphasis on the four “Ps”: product; price; place; and position. In relation to promoting physical activity, he outlined three areas for action: campaigns and informational approaches; behavioural and social approaches; and environmental and policy approaches. In responding to the issue of obesity prevention, he focused on provider-oriented interventions (e.g., education, reminders), and interventions in community settings (e.g., reducing screen time, technology-based interventions, specific settings).

The significance of identifying important settings was also emphasized, with the idea of “Health promoting shopping malls” as a modern adaption of the setting-based approach. The presentation concluded with the description of the various partners involved in the board's activities at the national level, with communities and community organisations, as well as with a broader stakeholder groupings containing a diversity of members, such as pharmaceutical companies and food vendors.

Building capacity and empowering communities

The next presentation, by Professor Fu Hua, shifted the focus to capacity-building and empowering communities. Based on the experience of self-management groups in Shanghai, Professor Fu demonstrated that the entry point for community engagement was often small and local, with the emphasis on empowering people to choose their own objectives, find their own solutions, and organize to address their own problems. But once this degree of “self efficacy” was achieved, then a broader agenda of “collective efficacy” or multisectoral action could evolve. Professor Fu emphasized that improving community capacity is about strengthening the ability of a community through increasing social cohesion and building social capital.

Community capacity is about the sharing of skills and resources to achieve outcomes that are not possible without cooperation. He summarized his presentation with a quote from Dr Margaret Chan, the Director-General of WHO: “If you want to go fast, go alone; if you want to go far, go together.”

Trends in health statistics in Japan

The final presentation of the morning was from the host country, Japan. Professor Mizushima outlined the trends in health statistics in Japan, showing the relationship between changes in diet and life expectancy. He also showed that the proportion of the Japanese population in the elderly age group is increasing. His presentation then examined the “Healthy Japan 21” programme as a NCD Population Strategy (2000–2012) as well as the impact of the 2008 health reforms that placed an increased emphasis on prevention. He noted that a particular clinical entity with high risk of clinical disease, metabolic syndrome, has formed the basis of both screening and lifestyle modification interventions. Professor Mizushima then moved to the issue of advocacy, and the important role high-profile citizens can play in drawing the public’s attention to NCD. He highlighted the example of Professor Keizo Takemi, Vice Minister of Health Labour and Welfare, who courageously conducted his battle with obesity in the public arena. To further emphasize this point, Professor Mizushima entertained the meeting with his own personal experience of tackling the bulge, with a combination of improved diet, reduced beer consumption, increased physical activity and playing with his children.

2.4.1 Group work on sector specific interventions

The purpose of this session was for the participants to consider the impact, both positive and negative, of their sector on health. The participants and advisors formed three groups, divided between health, education and “other” sectors. The discussion centred on the applicability of the frameworks presented in the morning’s panel discussion, and the advantages or disadvantages from their sector’s perspective. Each group then presented their discussion to a plenary session.

The health sector group saw great potential in the frameworks, but also highlighted the severe capacity restraints for some countries to effectively engage. They also noted the challenge of health activities involving the most vulnerable groups, and the risks of health activities making equity worse if it only speaks to the middle classes.

The other sectors group saw valuable opportunities for all sectors in using the approaches presented in the morning’s session such as Health in All Policies (HiAP), Health in All Urban Policies and Stakeholder Engagement. The disadvantages they saw were in the difficulties in managing and resolving conflicting interests, the lack of specificity with respect to the benefits for some sectors, sustainability in multisectoral approaches and that, in some cases, the potential benefits may not be as great as the potential harms.

The third group considered the education sector, and its role in delivering health messages, leadership and being political champions for NCD prevention. The opportunity to influence the healthy lifestyle choices for students was also discussed. One risk this group identified was the need to understand local context before applying it to another country. For example, they pointed out the risk of injuries in a “cycling and walking” campaign that may be seen as safe in an Australian city, but not in a city such as Shanghai, where a different approach would be needed.

Summary and output from day 2

Day 2 explored the international frameworks for multisectoral action. During the group work, participants examined these frameworks from the perspective of the different sectors present at the meeting. There was widespread understanding and endorsement of the frameworks, but there was also an awareness of the risks and limitations.

Two key issues to emerge from the day were:

the very limited local capacity in some countries to engage in multisectoral action; and the need to develop actions that are well informed by the local context.

2.5 Risk factor specific interventions

The objective of Day 3 was for participants to develop a proposal for an intervention to promote a healthy diet. The purpose of the exercise was to enhance expertise in developing successful multisectoral policy approaches to NCD prevention and control, moving NCD onto the political agenda, and achieving positive change.

2.5.1 Diet and nutrition case studies

The day began with three presentations, one from Ms Ison on the marketing of food and beverages, another from Professor Fu Hua speaking on reducing trans-fat and salt, and a third from Dr Robert Sloan on promoting healthier options amongst consumers.

Marketing food and beverages

In her presentation, Ms Ison emphasized the extent of the influence marketing has on modern food production systems, and gave the example of the United States where marketing is the largest direct and indirect non-government employer. The targeting of children in food marketing campaigns was raised as a specific concern. The presentation then described the tensions between regulatory approaches and softer approaches, such as the food industry itself promoting physical activity and marketing self-regulation. Ms Ison described the latter approaches as a diversion, possibly doing more harm than good by forestalling legislation and litigation which would be more effective. She illustrated these different viewpoints with quotes from the World Federation of Advertisers who argue that advertising has a modest effect on children’s food preferences and does not believe that the literature provides evidence of a link between advertising and obesity. The Federation also says that marketing is central to the process of increasing the demand for “healthy options.”

Four controls, one move

Professor Fu Hua then described the successful campaign that began in 2007 to tackle NCD risk factors in Shanghai. Called “Four controls, one move”, the campaign focused on dietary salt control, dietary oil control, weight control, smoking control and supporting citizens to take 10 000

steps per day. The approach was to move the NCD control strategy “upstream” from a purely medical model of treating disease. The key elements of this strategy involved high-level political support and advocacy (from the Vice Mayor) as well as the engagement of individuals, families, restaurants and the food industry. More traditional forms of social marketing were reinforced with innovative approaches such as the widespread distribution of salt measuring spoons (6.26 million distributed). The campaign is showing significant improvement in the community’s awareness of NCD causes as well as a measurable reduction in salt consumption (from 7.13 grams per day, to 6.38 grams per day.)

In his concluding remarks, Professor Fu noted that the approach has been top down to address a short-term goal. Relating back to his presentation on the first day, he noted that to go forward, there is a need to strengthen the capacity of the grassroots community as well as to pay more attention to food industries (foods high in salt and oil) and environmental changes.

Promoting healthy choices

The final case study was from Singapore. Dr Sloan presented a variety of innovative approaches that have been undertaken by the Health Promotion Board Singapore to tackle rising nutritional causes related NCD. These included support for the introduction of “Fruit Vending Machines,” the promotion of an “Ask For” campaign where consumers were encouraged to ask for healthier options from hawker centres as well as a certification system called “Healthier Choices” awarded to restaurants and workplace canteens that provided their customers with healthier food options.

Country proposals to improve diet and nutrition

The groups then formed into three “country groupings” to discuss interventions to promote a healthy diet. Groups were encouraged to focus on issues that would require multisectoral action, rather than health education or posters.

The advisors recommended the groups consider salt reduction, trans-fat elimination, or reduction of high-sugar drinks. Salt reduction was the dominant issue chosen by most countries, and in the group work a broad range of multisectoral approaches were developed.

Some of the ideas generated by the groups included the need to work on supply-side and demand-side through policy support, such as national food standards and taxation and pricing of soft drinks. Regarding the school environment, safe zones – school and surrounding areas – free of junk food advertisement and sales were recommended.

The differing international context was again highlighted. For example, in some countries the main food supply is from subsistence farming and fishing. A heavy reliance on salted fish, which is used as a means of preserving food, is a particular challenge, as there are few acceptable alternative (from a health perspective) means of preserving foods in these settings.

2.5.2 Suginami Health Centre visit

The country participants had a site visit to the Suginami Health Centre where “healthy aging” was the dominant theme, and they were able to experience first-hand the approach being taken to the NCD challenge in Japan. Dr Keiji Fukazawa, M.D., outlined Japan’s public health issues, the most important being rapid social aging, which he referred to as “elder-lization.” In Japan the population has a high proportion of elderly people, a reduced number of children and reduced total fertility. This in turn is leading to issues with pension plans, reduced numbers of people receiving pensions and increased payments.

He outlined the innovative measures being taken in the fields of obesity, smoking, and cancer screening. The obesity control programme was called “Waist-size story,” reflecting the iconic movie “West Side Story” of the era when many of the clients were young.

Summary and output from Day 3

The presentations at the start of Day 3 set the scene for the participants to develop practical and realistic approaches to using multisectoral action to address the nutritional drivers of NCD. The group work demonstrated a strong understanding by participants of the crucial role multisectoral action plays in NCD control, and they showed considerable skill in adapting these to the diverse cultural and political contexts in which they work.

2.5.3 Physical activity case studies

The first objective of Day 4 was for participants to develop a proposal for an intervention to promote physical activity as a way to enhance expertise in developing successful multisectoral policy approaches to NCD prevention and control, moving NCD onto the political agenda, and achieving positive change. The second objective was to consider how a broader multisectoral approach would be applied in their own country’s context.

The physical activity theme was taken up by Dr Trevor Shilton who described two world-leading approaches. The first was from the city of Bogotá in Columbia where, despite the enormity of the public health challenges, the urban environment had been transformed. Dr Shilton described the transformation of transport, recreational spaces, and public events such as the “Ciclorutas” as inspirational, and represented a “third way” a healthy city could evolve – a way that is appropriate to the conditions found in developing countries.

His final contribution was a description of an Australian national guide to designing places for healthy living known as “Healthy Spaces and Places.” This is a guide for planning, designing and creating sustainable communities that encourage healthy living.

Country proposals to improve physical activity

The group activities then focused on interventions to promote physical activity. For this exercise the countries remained in the groupings that had formed the previous day. The groups were able to present very comprehensive multisectoral programmes for promoting physical activity in their countries. One group identified “time” as the limiting factor of why people were not active – and traced this multisectoral issue through to its impact on productivity and the economy.

2.6 Steps for multisectoral interventions

The final group session focused on the steps required for government to establish a multisectoral approach to NCD. This was based on the framework presented by Dr Armada on the second day. A scenario was established where a senior government figure had died of an NCD, and the participants had a very limited opportunity (3 minutes) to put a case to the country’s leader for a multisectoral approach to address the issue that had led to the recent death.

The participants’ skill in condensing the complexities of multisectoral action into clear succinct messages was impressive. Expressions of the problem included the following comments- direct quotes:

Majesty, if we are not going to do anything now, there will be no people to rule soon...

The country can go bankrupt if we don’t act now...

Health is wealth

People are dying....

Better population health means greater development

Lifestyle choices, such as using tobacco and alcohol, not exercising or eating well can lead to hypertension and obesity, and more people are developing NCD.

The need for multisectoral action was also discussed.:

We need close collaboration with other non-health sectors to achieve our goal.

An inter-ministerial committee with transport, local governments, agriculture, education, trade, industry and related sectors should be coordinated by the Health Ministry to act on NCD.

A National Policy on Multisectoral Action should be developed to reduce NCD.

We can control NCD through reducing risk factors, which needs multisectoral action.

Health is the result of a complex interplay of factors, which are under the purview of multiple policy secretaries.

A collaboration framework is needed with different sectors to set up a supportive governance structure.

The countries rose to this challenge, and did a remarkable job of both acknowledging the many challenges as can be seen by the quotes above. They outlined a comprehensive approach to NCD control to help prevent such problems in the future.

Summary and output from Day 4

Day 4 began with a focus on physical activity, and the inspirational examples that are occurring in some parts of the world, such as Bogotá. The participants demonstrated a familiarity with the multisectoral approach, and keenly applied it to their country.

The final session took a much broader view, and looked at how to communicate messages about multisectoral action to leaders as well as how to demonstrate an understanding of the multisectoral policy framework.

3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Evaluation

Course participants and advisors did an evaluation exercise on the final day. The questionnaire was divided into three parts: an overall impression of the meeting; an assessment of each day; and a comments section.

Taking the meeting overall, responders were asked about their level of participation, the quality of the facilitation, the demonstration of leadership, and their overall impressions. The second part looked at the learning objectives, the passing of new information, the quality of the discussion, the extent that there was an exchange of views and the learning from each session.

The evaluation used a five point scale, with “5” as the highest grade. All participants recorded levels of satisfaction between 4 and 5, indicating a very effective meeting. As this was the first meeting of its kind to involve the non- health sector, a comparison was also done between the health responses and the non-health responses. This showed that the satisfaction levels were even higher for the non-health sector participants across the three areas studied.

In the comments section, comments from the non-health responders included:

The importance of starting small and thinking big

The need for structural change

The importance of sharing information between sectors

The importance of educating school students

And the need to strengthen advocacy

Health sector responders commented:

More advocacy to higher levels and other sectors

It is difficult to engage other sectors but it is very important

In conclusion, the evaluation indicated that the meeting had met the expectations of the participants. The feedback will be valuable in considering further work in this area.

3.2 Conclusions

The Japan-WHO Joint Meeting on Multisectoral Interventions for NCD Prevention had its origins in the “Saitama call for action” from the previous year where there had been a call to more directly involve other sectors in NCD prevention and control. The meeting was ground-breaking in this respect. It was the first time representatives of multiple sectors had attended an NCD meeting in the Region, and the first time they had been given an opportunity to articulate their role in NCD programmes.

The meeting covered the causes of NCD, frameworks for multisectoral action, and specific approaches relevant to nutrition and physical activity. The country presentations showed that significant institution-building is occurring in the Region around NCD, and there is a real opportunity to include a multisectoral approach in these developments. It was clear from the discussion of causes and interventions that no agency is independent of other sectors and cannot achieve their objectives without engaging other sectors. It was also clear that addressing NCD is a complex task, requiring a thorough understanding of the drivers of NCD in each national context. However, this complexity is not a reason for inertia; rather, it emphasizes the need for prioritized strategic action that address both the “causes” of NCD as well as the “causes of the causes.” Collective action “adds value” whereas single sector action is often inadequate.

The group work “walked the talk” of multisectoral action. Through hard work, commitment and working together, the participants discussed the role of national multisectoral mechanisms and strategies in strengthening multisectoral actions and in moving NCD high onto political agenda at the regional and national level. New relationships were formed and new understandings of the challenges were developed by both participants and advisers.

The meeting was successful in establishing a firm base for multisectoral action in the prevention and control of NCD in the Region.

3.3 Recommendations

3.3.1 Proposed actions for Member States

Consider the introduction of the “Health in All Policies” and “Healthy Urbanization” policy frameworks to address health issues that cross many sectors.

Work towards sustainable institutional mechanisms for leading multisectoral interventions.
Hold a national meeting of agencies involved in nutrition and physical activity to develop a national specific multisectoral action plan to address NCD in those areas.

3.3.2 Recommendations for WHO

Continue to support the engagement of health and non-health sectors in the further development of Regional and national approaches to multisectoral action on NCD.

Focus the meetings on a specific issue relevant to NCD, and invite health and non-health sector participants.

Monitor the uptake of “Health in All Policies” and “Healthy Urbanization” across the Region, and support the further development of these approaches based on the experience of implementation in the Region.

ANNEX 1

**LIST OF PARTICIPANTS, TEMPORARY ADVISERS,
RESOURCE PERSONS AND SECRETARIAT**

1. PARTICIPANTS

Dr Hajah Norhayati Haji Kassim, Senior Medical Officer, Health Promotion Centre, Ministry of Health, Commonwealth Drive, Bandar Seri Begawan BB3410, Brunei Darussalam
Tel: (673) 2384 220, Fax: (673) 2384 223, E-mail: norhayati.kassim@moh.gov.br

Mrs Chhay Kim Sotheavy, Deputy Director, School Health Department, Ministry of Youth and Sports, #169 Norodom Blvd., Phnom Penh, Cambodia, Tel.: (855) 11 973757
E-mail: kimsotheavy@yahoo.com

Mr Chhin Sovandeth, Officer of Department of Plants Protection, Sanitary and Phytosanitary General Department of Agriculture, Ministry of Agriculture Forestry and Fisheries #200 Preah Norodom Blvd., Phnom Penh, Cambodia, Tel: (855) 12 842936
E-mail: chhinsovandeth@yahoo.com

Mrs Fei Jia, Programme Officer, Bureau of Disease Prevention and Control, Ministry of Health No.1 Xizhimenwai Nanlu, Xicheng District, Beijing100044, People's Republic of China
Tel: (86 10) 68792367, Fax: (86 10) 68792370, E-mail: feijia@moh.gov.cn; feijiainbj@163.com

Mr Ge Minshu, Staff member, Social Security Department, Ministry of Finance, Sanlihe, Xicheng District, Beijing 100820, People's Republic of China, Tel: (86 10) 68551277
Fax: (86 10) 68511052, E-mail: geminshu@mof.gov.cn

Dr Liu Maowei, Deputy Division Chief, Centre for Project Supervision and Management No 154, Gulouxi Street, Xicheng District, Beijing, People's Republic of China
Tel: (86 10) 8404 5765, E-mail: liumw@moh.gov.cn

Mr Wei Pan, Project Officer, Centre for Project Supervision and Management, No 154, Gulouxi Street, Xicheng District, Beijing, People's Republic of China, Tel: (8610) 8404 5753
Fax: (8610) 8404 5748, E-mail: panwei@moh.gov.cn

Professor Zhang Liang, Professor and Director, Huazhong University of Science and Technology Medicine and Health Management, No.13 Hangkong Road, Qiaokou Region Wuhan 430030, People's Republic of China, Tel: (86 27) 83610982
E-mail: Zhangliang@mails.tjmu.edu.cn

Professor Zhao Genming, Professor of Epidemiology, School of Public Health, No 138 Xi Xae Yuan Road, Shanghai 200032, People's Republic of China, Telefax: (86 21) 5423 7334
E-mail: gmzhao@shmu.edu.cn

Dr Ching Cheuk Tuen Regina, Assistant Director (Health Promotion), Department of Health 21/F Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong, Tel: (852) 2961 8891
Fax: (852) 2573 0646, E-mail: regina_ching@dh.gov.hk

Mr Somboun Masouvanh, Deputy Director-General, Ministry of Education, 1 Lanexang Avenue Vientiane, Lao People's Democratic Republic, Tel: (856) 21 242046, Fax: (856) 21 242 045
E-mail: msomboun@yahoo.com

Associate Professor Vang Chu, Head of Cardiology Department, Mahosot Hospital, Vientiane Lao People's Democratic Republic, Tel.: (856) 20 5430 3999, E-mail: wachuvang@gmail.com

Dr Hasnah Bibon, Director of Environmental Health, Local Government Department, Ministry of Housing and Local Government, Block K, Pusat Bandar Damansara, Post Box 12579 50782 Kuala Lumpur, Malaysia, Tel: (603) 2087 4550; (6013) 367 3858, Fax: (603) 2093 7187 E-mail: hasnahz@kpkt.gov.my; hasnahz@yahoo.com

Dr Zainal Ariffin bin Omar, Deputy Director (NCD), Disease Control Division, Ministry of Health Level 6, Block E10, Parcel E, Federal Government Administrative Centre, 62590 Putrajaya Malaysia, Tel: 603 88834145/6019 2107286, Fax no.: 603 88886277 E-mail: dr.zainal@moh.gov.my

Ms Tan Huey Ning, Assistant Director (Head of Health Education Unit), Curriculum Development Division, Ministry of Education, Level 4 – 8, Block E9, Complex E, Federal Government Administrative Centre, 62590 Putrajaya, Malaysia, Tel: (6012) 3969811, Fax: (603) 8884 2006 E-mail: taniaaning@gmail.com

Dr Tsetsegdary Gombodorj, Senior Officer in charge of NCD prevention and control Public Health Policy and Coordination, Department of Health, Government Building no 8, Olympic Street-2, Ulaanbaatar, Mongolia, Tel: (976) 11-51-263925, E-mail: gtsetsegdary@yahoo.com

Dr Khun Tsegmed, Deputy Director, Government Implementing Agency, Department of Health Enktaivan Street, 13b, Ulaanbaatar 210648, Mongolia, Tel: (976) 11 329429, Fax: (976) 11 320633 E-mail: tsolmonhun@yahoo.com

Ms Batchimeg Tumurjil, Officer, Food Production, Trade and Service Policy Implementation and Coordination Department, Ministry of Food and Light Industry, Government Building no. 9 Peace Avenue, 16A, Ulaanbaatar 210349, Mongolia, Tel: (976) 9909 3712 Fax: (976) 11 453121, E-mail: chimgee613@yahoo.com

Dr Gloria J. Balboa, Director IV (Regional Director – CHD IV-B), Center for Health Development IV-B (MIMAROPA), Department of Health, QMMC Compound, Project 4, Quezon City, Philippines Tel: (632) 913 4650, Fax: (632) 912 7754, E-mail: gloriajbalboa@gmail.com

Dr Maria Corazon Dumlao, Chief, Health Division, Department of Education, Health and Nutrition Center, 5th Floor, Mabini Bldg., Meralco Avenue, Pasig, Philippines, Tel: (632) 633 7245 E-mail: mariacorazonmd@yahoo.com

Ms Stela Montejo, Director IV, Fiscal Policy and Planning Office, Department of Finance DOF Building, Roxas Boulevard, Manila, Philippines, Tel: (632) 524 0607, Fax: (632) 523 3825 E-mail: stela@dof.gov.ph

Dr Hong Jeong Ik, Deputy Director of Division of Disease Policy, Ministry of Health and Welfare 75 Yulgong-ro, Jongro-gu, Seoul, Republic of Korea, Tel.: (822) 2023 7548, Fax: (822) 2023 7551 E-mail: hongji3755@korea.kr

Ms Seo Soon Ryu, Scientist of Division of Chronic Disease Surveillance, 194 Tongilo, Nokbeon-Dong, Eunpyung-Gu, Seoul, Republic of Korea, Tel: (822) 380 2934, Fax: (822) 380 1430
E-mail: seos@korea.kr

Dr Nguyen Duc Khoa, Deputy Director, Non-Communicable Disease Control and School Health Division, General Department of Preventive Medicine, Ministry of Health
138 A Giang Vo Street, Ba Dinh, Ha Noi, Viet Nam, Tel: (844) 3 845 6225
Fax: (844) 3 736 6241, E-mail: vdk_vnn@yahoo.com

Dr Nguyen Ngoc Khang, Deputy Director, Medical Professional and Legislation Division
Department of Medical Service Administration, Ministry of Health, 138 A Giang Vo Street
Ba Dinh, Ha Noi, Viet Nam, Tel: (844) 6273 2095, Fax: (844) 6273 2094
E-mail: nguyengkhangmoh@gmail.com; ngngkhang@yahoo.com

Mr Pham Duy, Reporter, Viet Nam Television, O2 Channel, No 43 Nguyen Chi Thanh Street
Ha Noi, Viet Nam, Tel.: (844) 6273 5300, E-mail: pduyma@gmail.com

2. TEMPORARY ADVISERS

Professor Fu Hua, Deputy Dean and Professor, School of Public Health, Fudan University
PO Box 248, 138 Yixueyuan Road, Shanghai 200032, China, Tel: (86 21) 54237202
Fax: (86 21) 64223464, E-mail: hfu@fudan.edu.cn

Ms Erica Ison, Specialist Practitioner in Health Impact Assessment, Knowledge into Action
Summertown Pavilion, Middle Way, Oxford OX2 7LG, United Kingdom, Tel: 44 1865 517617
E-mail: erica_ison@yahoo.co.uk

Dr Trevor Shilton, Director, Cardiovascular Health, National Heart Foundation of Australia
334 Rokeby Road, Subiaco, Western Australia 6008, Australia, Tel: (618) 93825912
Fax: (618) 93883383, E-mail: Trevor.Shilton@heartfoundation.org.au

Dr Robert Alan Sloan, Deputy Director, Health Promotion Board, Physical Activity, Adult Health
Division, 3 Second Hospital Avenue, Singapore 168937, Singapore, Tel: (65) 6435 3171
Fax: (65) 6438 3609, E-mail: Robert_Alan_SLOAN@hpb.gov.sg

3. RESOURCE PERSONS

Professor Donald P. Matheson, Massey University - Wellington Campus, Centre for Public Health
Research, Private Box 756, 1st Floor 102 Adelaide Road, Newton, 6140 Wellington, New Zealand
Tel: (644) 8015799, Fax: (644) 3800600, E-mail: D.P.Matheson@massey.ac.nz

Dr Tomoko Kodama, Chief, Global Health Section, Department of Human Resources Development
National Institute of Public Health, 2-3-6 Minami, Wako-shi, Saitama, Japan, Tel: (81 48) 558 6111
ext. 6132, Fax: (81 48) 458 6132, E-mail: tkodama@niph.go.jp

Dr Shunsaku Mizushima, Professor, Department of Public Health, Yokohama City University
Graduate School of Medicine, (Former Director, National Institute of Public Health), Yokohama City
Japan, Tel: (81 45) 787 2608, Fax: (81 45) 787 2609, E-mail: shunsaku@yokohama-cu.ac.jp

3. SECRETARIAT

Dr Han Tieru, Director, Building Healthy Communities and Populations, World Health Organization, Regional Office for the Western Pacific, United Nations Avenue Ermita, Manila Philippines, Tel. no.: 632 5289980, Fax no.: 632 5211036, E-mail: hant@wpro.who.int

Dr Cherian Varghese (WHO Responsible Officer), Technical Officer in Noncommunicable Diseases World Health Organization, Regional Office for the Western Pacific, United Nations Avenue, Ermita Manila, Philippines, Tel. no.: 632 5289866, Fax no.: 632 5211036, E-mail: varghesec@wpro.who.int

Dr Hai-Rim Shin, Regional Office, Team Leader, Noncommunicable Diseases and Health Promotion Unit, World Health Organization, Regional Office for the Western Pacific, United Nations Avenue, Ermita, Manila, Philippines Tel.: (63 2) 5289860, Fax: (63 2) 5211036
E-mail: shinh@wpro.who.int

Dr Dong Il Ahn, WHO Representative, Office of the WHO Representative in the Lao People's Democratic Republic, 125 Saphanthong Road, Unit 5, Ban Saphanthongtai, Sisattanak District Vientiane, Lao People's Democratic Republic, Tel.: (856) 21 353902, Fax: (856) 21 353 905
E-mail: ahnd@wpro.who.int

Dr John Juliard Go, National Programme Officer, Office of the WHO Representative in the Philippines, National Tuberculosis Centre Building, Second Floor, Bldg 9, Department of Health San Lázaro Compound, Sta. Cruz, Manila, Philippines, Tel.: (63 2) 338 7479, Fax: (63 2) 338 8605
E-mail: goj@wpro.who.int

Dr Wu Yanwei, Programme Officer, Office of the WHO Representative in China, 401 Dongwai Diplomatic Office Building, 23 Dongzhimenwai Dajie, Chaoyang District, Beijing, People's Republic of China, Tel.: (86 10) 6532 7191, Fax: (86 10) 6532 2359, E-mail: wuy@wpro.who.int

Dr Francisco Armada, Technical Officer, Health Governance Research, Urbanization and Health Equity, WHO Centre for Health Development, I.H.D. Centre Building, 9th Floor, 5-1, 1-chome Wakinohama-Kaigandori, Chuo-ku, Kobe 651-0073, Japan, Tel: (81 78) 230 3142, Fax: (81 78) 230 3178
E-mail: armada@wkc.who.int

Dr Hiroko Miura, Director, Department of Oral Health, National Institute of Public Health 2-3-6 Minami, Wako-shi, Saitama 351-0197, Japan, Tel: (81 48) 458 6277, Fax: (81 48) 458 6288
E-mail: hmiura@niph.go.jp

Dr Nobuyuki Hyoui, Chief, Office of International Cooperation, National Institute of Public Health 2-3-6 Minami, Wako-shi, Saitama 351-0197, Japan, Tel: (81 48) 458 6152, Fax: (81 48) 458 6154
E-mail: hyoi@niph.go.jp

AGENDA

- (1) Opening
- (2) Noncommunicable diseases burden, measurement and causation
- (3) Noncommunicable diseases Regional Action Plan and country presentations
- (4) What works? Best practices, policies and frameworks for noncommunicable diseases prevention
- (5) Group work on sector-specific interventions
- (6) Risk factor-specific interventions
 - 6.1 Unhealthy diet
 - 6.2 Physical inactivity
- (7) Steps for multisectoral interventions
- (8) Closing

PROGRAMME OF ACTIVITIES

Day 1: 27 July 2010 Understanding the problem		
09:00-09:30	Registration	
09:30-09:35	Welcome address	Dr Kenji Hayashi, President, NIPH
09:35-09:45	Opening address Prevention and control of NCD in Japan	Dr Junichirou Mori, Deputy Director MHLW, Japan
09:45-10:00	Regional priorities for NCD prevention and control	Dr Hai-Rim Shin, Team Leader NHP, WHO/WPRO
10:00-10:15	Background and objectives (Introduction of facilitators/participants)	Dr Cherian Varghese, Responsible Officer, WHO/WPRO
10:15-10:45	Group photograph and coffee break	
Session 1: Noncommunicable diseases burden, measurement and causation		
10:45-11:15	Burden and measurement of NCD	Dr Hai-Rim Shin
11:15-12:30	NCD causation - role of multisectoral interventions	Professor Don Matheson
12:30-13:30	Lunch break	
Session 2: Noncommunicable diseases Regional Action Plan and country presentations		
13:30-13:50	Regional NCD action plan: Implementation status	Dr Cherian Varghese
13:50-15:00	Country presentations on causation of NCD and role of different sectors	Participants
15:00-15:30	Mobility break	
15:30-16:30	Country presentations on causation of NCD and role of different sectors	Participants
16:30-17:15	Visit Jurin park (8 minutes walk)	
17:30 RECEPTION		
Day 2: 28 July 2010 Exploring the solutions		
09:00-09:15	Recap of day 1	Dr Cherian Varghese
Session 3: What works?		
09:15-10:30	Panel discussion 15 minutes each (best practices, policies and frameworks for noncommunicable diseases prevention) Health in all policies Health in all urban policies Discussion	Ms Erica Ison Dr Francisco Armada
10:30-11:00	Mobility break	
11:00-12:30	Panel discussion (15 minutes each) cont. Engaging stakeholders for promoting physical activity Improving healthier choices Supporting healthy communities NCD prevention strategy in Japan Discussion	Dr Trevor Shilton Dr Robert Sloan Professor Fu Hua Dr Shunsaku Mizushima
12:30-13:30	Lunch	
Session 4: Group work on sector-specific interventions		
13:30-15:00	Groupings 1. Health 2. Agriculture, Finance Industry, Local Government and Others 3. Education/University/CDC	Facilitators Professor Matheson / Prof Fu Hua Ms Erica Ison / Dr Francisco Armada Dr Trevor Shilton / Dr Robert Sloan
15:00-15:30	Mobility break	
15:30-16:30	Presentation and discussion	Group leaders

Day 3: 29 July 2010 Exploring the solutions		
09:00-09:15	Recap of day 2	Dr Cherian Varghese
Session 5: Risk factor-specific interventions - Unhealthy diet		
09:15-10:00	Case studies nutrition - 3 presentations (12 mins. each): i. marketing of food and beverages ii. reducing trans-fat and salt iii. promoting healthier options amongst consumers (including community participation)	Ms Erica Ison Professor Fu Hua Dr Robert Sloan
10:00-10:30	Mobility break	
10:30-11:30	<i>Group work on interventions to promote healthy diet</i> 1. Cambodia, Laos, Viet Nam 2. Brunei Darussalam, Malaysia, Philippines 3. China, Hong Kong (China), Mongolia, Republic of Korea	Facilitators Dr Trevor Shilton Ms Erica Ison / Dr Robert Sloan Professor Fu Hua / Prof Matheson
11:30-12:00	Group presentation	Group leaders
12:00-12:30	Lunch	
12:30-16:30	Field visit to Sugunami Health Center	
Day 4: 30 July 2010 Towards multisectoral interventions at regional and national level		
09:00-09:15	Recap	Dr Cherian Varghese
09:15-09:30	Evaluation of the programme - questionnaire	Dr Tomoko Kodama
Session 6: Risk factor specific interventions - Physical inactivity		
09.30-10:30	Case studies - Physical activity promotion Promoting physical activity through urban planning (15 mins.) Global guidelines on PA promotion (10 mins.) Discussion	Dr Trevor Shilton
10:30-11:00	Mobility break	
11:00-12:00	Group work on promotion of physical activity 1. Cambodia, Laos, Viet Nam 2. Brunei Darussalam, Malaysia, Philippines 3. China, Hong Kong (China), Mongolia, Republic of Korea	Facilitators Dr Trevor Shilton Ms Erica Ison / Dr Robert Sloan Professor Fu Hua / Prof Matheson
12:00-12:45	Group presentation and discussion	Group leaders
12:45-13:30	Lunch	
Session 7: Steps for multisectoral interventions		
13:30-14:15	Group work on approach to intersectoral interventions Steps for developing national intersectoral work 1. Cambodia, Laos, Viet Nam 2. Brunei Darussalam, Malaysia, Philippines 3. China, Hong Kong (China), Mongolia, Republic of Korea	Facilitators Dr Trevor Shilton Ms Erica Ison / Dr Robert Sloan Professor Fu Hua / Prof Matheson
14:15-15:00	Group presentation and discussion	Group leaders
15:00-15:15	Mobility break	
15:15-15:45	Summary/conclusion	Professor Don Matheson
15:45-16:30	Evaluation Closing	Dr Tomoko Kodama Dr Hai-Rim Shin

Japan-WHO Joint Meeting on Multisectoral Interventions for NCD Prevention

27-30 July, National Institute for Public
Health, Saitama, Japan

Participant Toolkit

Table of Contents

Introduction	1
Preparation for the meeting	1
Session 1: Noncommunicable disease burden, measurement and causation	2
Session 2: Regional NCD Action Plan and Country Presentations	2
Session 3: Best practice policies and frameworks	4
Background information on Health in All Policies	4
Background information on Healthy Urbanization	8
Background information on Health Promotion	9
Session 4: Sector specific interventions	9
Session 5: Risk factor specific interventions - Diet and nutrition	10
Session 6: Risk factor specific interventions - Physical Activity	11
Session 7: Steps for multisectoral interventions	12

Introduction

Welcome to the Japan-WHO International Visitors Programme. Over the last five years, this programme has been building capacity for Noncommunicable Diseases (NCD) managers in the Region. NCD global and Regional action plans have the "integration of prevention and control of NCD into policies of all government departments" as one of the objectives. The Regional Meeting on NCD prevention and control held in Tokyo, Japan, in August 2009, called for an engagement and capacity building in non-health sectors to address NCD risk factors.

This meeting, which will be held with the support of the Ministry of Health, Labour and Welfare, Government of Japan, at the National Institute of Public Health (NIPH), Saitama, Japan, from 27 to 30 July 2010, will bring together representatives of health and non-health sectors, including central finance/urban planning and development authorities, agriculture and food authorities, and education/communication/sports authorities, to address multisectoral policy and planning interventions for NCD prevention and control,

A report from the previous 5 Japan-WHO International Visitors Programmes 2005-2009 is provided in your folders, and is also available at: [http://www.wpro.who.int/internet/resources.ashx/NCD/docs/WHO+-+NCD+Building+Capacity+for+NCD+PaC+Final+\(+web+\).pdf](http://www.wpro.who.int/internet/resources.ashx/NCD/docs/WHO+-+NCD+Building+Capacity+for+NCD+PaC+Final+(+web+).pdf)

Meeting Objectives

At the end of the meeting, participants will have:

- (1) reviewed and discussed the key determinants of NCD and major NCD risk factors globally and in the Region, policy options and approaches for promoting integrated, effective and multisectoral interventions;
- (2) discussed the role of national multisectoral mechanisms and strategies in strengthening multisectoral actions and in moving NCD onto high political agenda at regional level and national level; and
- (3) followed-up and discussed implementation of the WHO NCD Plan of Action.

Preparation for the meeting

Please come to the meeting prepared to present, in conjunction with the other participants from your country, on the NCD burden in your country and the causes of this burden, and a brief profile of multisectoral interventions for NCD prevention and control in your country.

These presentations should include:

- Monitoring of NCDs and their determinants
- NCD prevention across sectors
- National policies and plans for NCDs
- Interventions for reducing modifiable risk factors
- Partnerships for NCD prevention and control

Please prepare to present in English. Please also use the supplied slide template and limit the presentation to 8 minutes and 8 slides. Additional details can be provided as a separate document. A CD/soft copy containing the presentation, copies of national plans, legislations and additional materials will be very useful.

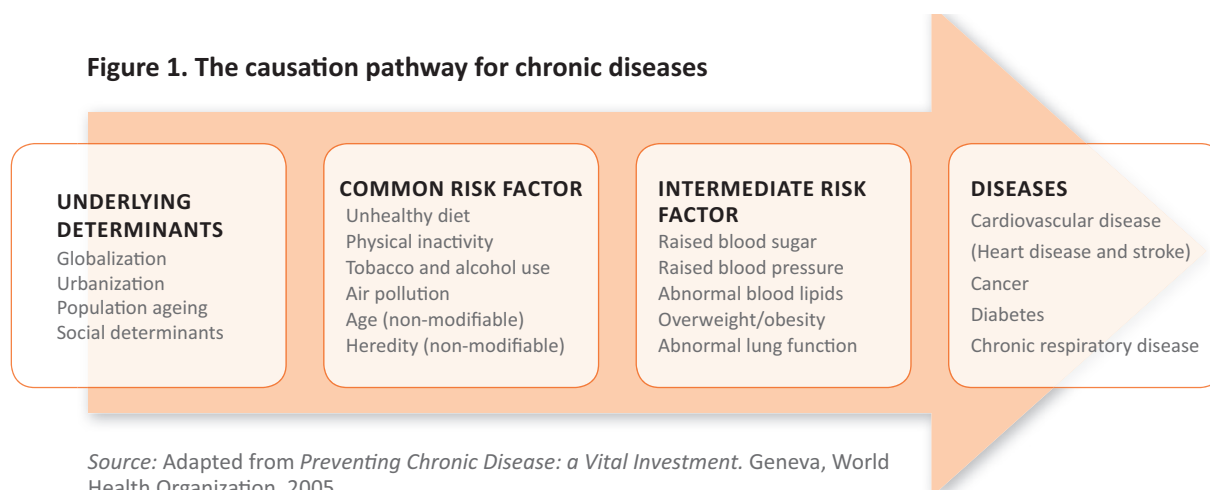
Please send in your completed presentation by 19th of July.

Session 1: Noncommunicable disease burden, measurement and causation

Noncommunicable diseases

Common risk factors underlie noncommunicable diseases (NCDs). An estimated 80% of the premature heart disease, stroke and type 2 diabetes, and 40% of cancer, could be avoided through healthy diet, regular physical activity, and avoidance of tobacco use. Globalization and urbanization, while contributing to countries' economic growth and development, have also created environments for the promotion of unhealthy lifestyles (e.g. tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol) and environmental changes (e.g. indoor and outdoor air pollution). These common risk factors give rise to intermediate risk factors such as raised blood pressure, raised blood glucose, unhealthy lipid profiles, obesity and impaired lung function. In turn, the intermediate risk factors predispose individuals to the "fatal four" - cardiovascular disease (heart disease and stroke), cancer, respiratory disease and diabetes (Figure 1.).

Figure 1. The causation pathway for chronic diseases



Reference: WHO, 2009. *Western Pacific Regional Action Plan for Noncommunicable Diseases*.

The common risk factors - tobacco, the harmful use of alcohol, unhealthy diets and physical inactivity - are under the spectrum of influence of various sectors such as food and agriculture, industry and commerce, urban planning and development, education and communication, finance and social welfare, etc. Policies and programmes in these ministries are the levers controlling these risk factors.

Further information on noncommunicable diseases

WHO. *Chronic diseases and their common risk factors*. An information sheet.

http://www.who.int/chp/chronic_disease_report/information_sheets/en/index.html

WHO, 2005. *Preventing chronic diseases: a vital investment*.

http://www.who.int/chp/chronic_disease_report/contents/en/index.html

WHO. *Preventing chronic diseases: designing and implementing effective policy*. A policy brief.

http://www.who.int/chp/advocacy/policy.brief_EN_web.pdf

Session 2: Regional NCD Action Plan and Country Presentations

Western Pacific Regional Action Plan for Noncommunicable Diseases

WHO *Western Pacific Regional Action Plan for Noncommunicable Diseases* - provides the rationale and approaches for NCD prevention. This is provided in your folders, and is also at: http://www.wpro.who.int/sites/ncd/action_plan.htm

WHO regional and country data on NCDs

The WHO Global InfoBase - a data warehouse that collects, stores and displays data and health information on chronic diseases and their risk factors for all WHO member states.

<https://apps.who.int/infobase/>

The WHO Global Health Observatory - WHO's main health statistics repository that includes a range of health topics like mortality, the burden of disease, infectious diseases, risk factors and health expenditures.

<http://apps.who.int/ghodata/>

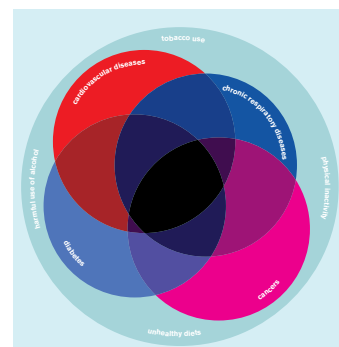
WHO Regional Offices for South-East Asia and the Western Pacific, 2008. *Health in Asia and the Pacific.*

<http://www.wpro.who.int/publications/Health+in+Asia+and+the+Pacific.htm>

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

http://www.who.int/nmh/publications/ncd_action_plan_en.pdf

This document is written primarily for the community of international development partners, as well as those in government and civil society concerned with urgent action to address the rapidly increasing burden of noncommunicable diseases (NCDs) in low - and middle - income countries and its serious implications for poverty reduction and economic development.



Objectives:

1.

To raise the priority accorded to noncommunicable disease in development work at global and national levels, and to integrate prevention and control of such diseases into policies across all government departments

2.

To establish and strengthen national policies and plans for the prevention and control of noncommunicable diseases

3.

To promote interventions to reduce the main shared modifiable risk factors for noncommunicable diseases : tobacco use, unhealthy diets, physical inactivity and harmful use of alcohol

4.

To promote research for the prevention and control of noncommunicable diseases

5.

To promote partnerships for the prevention and control of noncommunicable diseases

6.

To monitor noncommunicable diseases and their determinants and evaluate progress at the national, regional and global levels

OBJECTIVE 1.

To raise the priority accorded to noncommunicable disease in development work at global and national levels, and to integrate prevention and control of such diseases into policies across all government departments

13 The international public health advocacy in this area must be driven by one key idea: **noncommunicable diseases are closely linked to global social and economic development.** These diseases and their risk factors are closely related to poverty and contribute to poverty; they should, therefore, no longer be excluded from global discussions on development. If the high mortality and heavy burden of disease experienced by low- and middle-income countries are to be tackled comprehensively, global development initiatives must take into account the prevention and control of noncommunicable diseases. Instruments such as the Millennium Development Goals provide opportunities for synergy, as do mechanisms that harmonize development aid and strategies for poverty alleviation.

14 At the national level, key messages should explain that:

- **National policies in sectors other than health have a major bearing on the risk factors for noncommunicable diseases,** and that health gains can be achieved much more readily by influencing public policies in sectors like trade, taxation, education, agriculture, urban development, food and pharmaceutical production than by making changes in health policy alone. National authorities may wish, therefore, to adopt an approach to the prevention and control of these diseases that involves all government departments.

- **Throughout the life course, inequities in access to protection, exposure to risk, and access to care are the cause of major inequalities in the occurrence and outcome of noncommunicable diseases.** Global and national action must be taken to respond to the social and environmental determinants of noncommunicable diseases, promoting health and equity and building on the findings of the Commission on Social Determinants of Health.

15 Proposed action for Members States

It is proposed that, in accordance with their legislation, and as appropriate in view of their specific circumstances, Member States should undertake the actions set out below.

- A.** Assess and monitor the public health burden imposed by noncommunicable diseases and their determinants, with special reference to poor and marginalized populations.
- B.** Incorporate the prevention and control of noncommunicable diseases explicitly in poverty-reduction strategies and in relevant social and economic policies.
- C.** Adopt approaches to policy development that involve all government departments, ensuring that public health issues receive an appropriate cross-sectoral response.
- D.** Implement programmes that tackle the social determinants of noncommunicable diseases with particular reference to the following: health in early childhood, the health of the urban poor, fair financing and equitable access to primary health care services.

OBJECTIVE 2.**To establish and strengthen national policies and plans for the prevention and control of noncommunicable diseases**

- 18** Countries need to establish new, or strengthen existing, policies and plans for the prevention and control of noncommunicable diseases as an integral part of their national health policy and broader development frameworks. Such policies should encompass the following three components, with special attention given to dealing with gender, ethnic, and socioeconomic inequalities together with the needs of persons with disabilities:

- the development of a national multisectoral framework for the prevention and control of noncommunicable diseases;
- the integration of the prevention and control of noncommunicable diseases into the national health development plan;
- the reorientation and strengthening of health systems, enabling them to respond more effectively and equitably to the health-care needs of people with chronic diseases, in line with the WHO-developed strategy for strengthening health systems.

19 Proposed action for Member States***National multisectoral framework for the prevention and control of noncommunicable diseases***

- A.** Develop and implement a comprehensive policy and plan for the prevention and control of major noncommunicable diseases, and for the reduction of modifiable risk factors.
- B.** Establish a high-level national multisectoral mechanism for planning, guiding, monitoring and evaluating enactment of the national policy with the effective involvement of sectors outside health.
- C.** Conduct a comprehensive assessment of the characteristics of noncommunicable diseases and the scale of the problems they pose, including an analysis of the impact on such diseases of the policies of the different government sectors.
- D.** Review and strengthen, when necessary, evidence-based legislation, together with fiscal and other relevant policies that are effective in reducing modifiable risk factors and their determinants.

Integration of the prevention and control of noncommunicable diseases into the national health development plan

- A.** Establish an adequately staffed and funded noncommunicable disease and health promotion unit within the Ministry of Health or other comparable government health authority.
- B.** Establish a high-quality surveillance and monitoring system that should provide, as minimum standards, reliable population-based mortality statistics and standardized data on noncommunicable diseases, key risk factors and behavioural patterns, based on the WHO STEP wise approach to risk factor surveillance.
- C.** Incorporate evidence-based, cost-effective primary and secondary prevention interventions into the health system with emphasis on primary health care.

Reorientation and strengthening of health systems¹

- A.** Ensure that provision of health care for chronic diseases is dealt with in the context of overall health system strengthening and that the infrastructure of the system, in both the public and private sectors, has the elements necessary for the effective management of and care for chronic conditions. Such elements include appropriate policies, trained human resources, adequate access to essential medicines and basic technologies, standards for primary health care, and well-functioning referral mechanisms.
- B.** Adopt, implement and monitor the use of evidence-based guidelines and establish standards of health care for common conditions like cardiovascular diseases, cancers, diabetes and chronic respiratory diseases, integrating whenever feasible, their management into primary health care.
- C.** Implement and monitor cost-effective approaches for the early detection of breast and cervical cancers, diabetes, hypertension and other cardiovascular risk factors.
- D.** Strengthen human resources capacity, improve training of physicians, nurses and other health personnel and establish a continuing education programme at all levels of the health-care system, with a special focus on primary health care.
- E.** Take action to help people with noncommunicable diseases to manage their own conditions better, and provide education, incentives and tools for self-management and care.
- F.** Develop mechanisms for sustainable health financing in order to reduce inequities in accessing health care.

¹ These actions are proposed in view of the fact that in many Member States the organizational and financial arrangements with respect to health care are such that the long-term needs of people with noncommunicable diseases are rarely dealt with successfully.

OBJECTIVE 5.**To promote partnerships for the prevention and control of noncommunicable diseases**

- 31** Providing effective public health responses to the global threat posed by noncommunicable diseases requires strong international partnerships. The building and coordinating of results-oriented collaborative efforts and alliances are essential components of the global strategy. Partnerships are also vital because resources for the prevention and control of noncommunicable diseases are limited in most national and institutional budgets. Collaborative work should be fostered among United Nations agencies, other international institutions, academia, research centres, nongovernmental organizations, consumer groups, and the business community.
- 32** Since the major determinants of noncommunicable diseases lie outside the health sector, collaborative efforts and partnerships must be intersectoral and must operate “upstream” in order to ensure that a positive impact is made on health outcomes in respect of noncommunicable diseases.
- 33** **Proposed action for Member States**
- A.** Participate actively in regional and subregional networks for the prevention and control of noncommunicable diseases.
- B.** Establish effective partnerships for the prevention and control of noncommunicable diseases, and develop collaborative networks, involving key stakeholders, as appropriate.
- 34** **Action for the Secretariat**
- A.** Establish an advisory group in 2008 in order to provide strategic and technical input and conduct external reviews of the progress made by WHO and its partners in the prevention and control of noncommunicable diseases [2008–2009].¹
- B.** Encourage the active involvement of existing regional and global initiatives in the implementation and monitoring of the global strategy for the prevention and control of noncommunicable diseases, and of related strategies.
- C.** Support and strengthen the role of WHO collaborating centres by linking their plans to the implementation of specific interventions in the global strategy [2008–2009].¹
- D.** Facilitate and support, in collaboration with international partners, a global network of national, regional, and international networks and programmes such as the WHO regional networks for noncommunicable disease prevention and control.²

¹ See paragraph 11 above.

² The network of African noncommunicable disease interventions (NANDI) in the African Region; *Conjunto de acciones para la reducción multifactorial de enfermedades no transmisibles* (the CARMEN network) in the Region of the Americas; the South-East Asia network for noncommunicable disease prevention and control (SEANET-NCD) in the South-East Asian Region; the countrywide integrated noncommunicable diseases intervention (the CINDI programme) in the European Region; the Eastern Mediterranean approach to noncommunicable disease (EMAN) in the Eastern Mediterranean Region; and the Western Pacific noncommunicable disease network (MOANA) in the Western Pacific Region.

Links to key documents outlined in the WHO 2008-2013 Action Plan as forming the global response to addressing NCDs

2000 Resolution WHA53.17 on Prevention and control of noncommunicable diseases

http://www.who.int/ncd/mip2000/documents/wha_53_17_en.pdf

2003 WHO Framework Convention on Tobacco Control

Website: <http://www.who.int/fctc/en/>

Publication: http://www.who.int/fctc/text_download/en/index.html

2004 Global Strategy on Diet, Physical Activity and Health

Website: <http://www.who.int/dietphysicalactivity/en/>

Publication: <http://www.who.int/dietphysicalactivity/goals/en/index.html>

2007 Resolution WHA60.23 on Prevention and control of noncommunicable diseases; implementation of the global strategy

http://apps.who.int/gb/ebwha/pdf_files/WHA60/A60_R23-en.pdf

Implementation website: <http://www.who.int/dietphysicalactivity/implementation/en/>

2008 WHO Report on the Global Tobacco Epidemic, 2008 – The MPOWERPackage

http://www.who.int/tobacco/mpower/gtcr_download/en/index.html

WHO Tobacco Free Initiative website: <http://www.who.int/tobacco/en/>

2008 Resolution WHA61.4 on Strategies to reduce the harmful use of alcohol

http://apps.who.int/gb/ebwha/pdf_files/A61/A61_R4-en.pdf

Alcohol WHO website: http://www.who.int/topics/alcohol_drinking/en/

2009 WHO Report on the Global Tobacco Epidemic, 2009: Implementing smoke-free environments

<http://www.who.int/tobacco/mpower/en/>

Other background documents

WHO - WPRO, 2002. Essential public health functions: the role of Ministries of Health.

<http://www.wpro.who.int/NR/rdonlyres/9375DE35-5645-4144-9604-C17BE363070A/0/RC5310.pdf>

Session 3: Best practice policies and frameworks

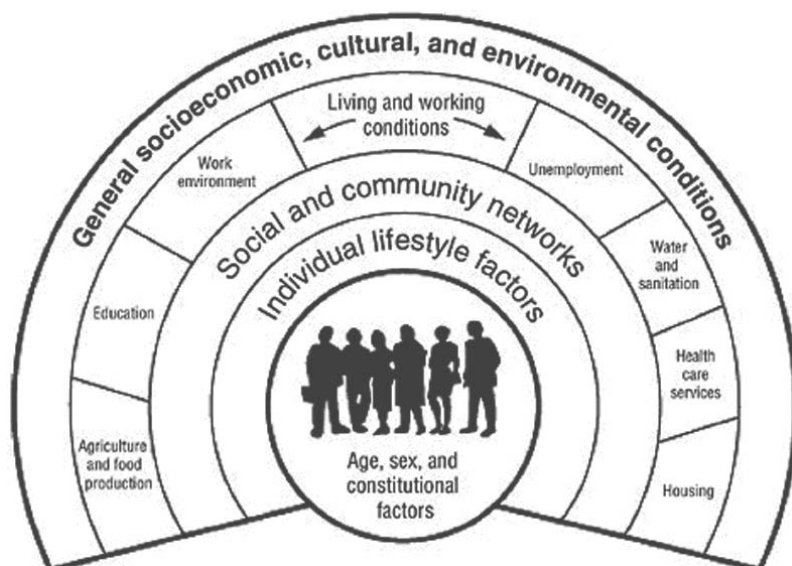
Panel Discussion

- Health in all policies
- Healthy Urbanization
- Engaging stakeholders for promoting physical activity
- Improving healthier choices
- Supporting healthy communities
- Experience from Japan
- Discussion

Background information on Health in All Policies

Health Public Policy

Policies shape the conditions in which we live and work and these conditions may have positive or negative consequences for the health of a given population and individuals. Factors that are found to have the most significant influence on health are called determinants of health.



Source: Dahlgren and Whitehead 1991

Source: Dahlgren G, Whitehead M (1991) Policies and Strategies to Promote Social Equity in Health, Institute of Futures Studies: Stockholm

Public policy systematically and transparently incorporates concern for population health and well-being into the planning and implementation of policies, programs, projects and services by government, non-government and the private sectors by proposing actions to minimise health risk, promote health and reduce health inequity. Healthy public policy aims to maximise the benefit of all policies on the health of populations.

A Health in All Policies (HiAP) approach

HiAP is a horizontal, complementary policy-related strategy with a high potential for contributing to population health. The core of HiAP is to examine determinants of health, which can be influenced to improve health but are mainly controlled by policies of sectors other than health.

The HiAP approach is based on the recognition that:

- population health is not merely a product of health sector activities, but to a large extent determined by living conditions and other societal and economic factors, and therefore often best influenced by policies and actions beyond the health sector.
- policy-making must be addressed at all levels of governance, including supra-national, national, regional and local levels of policies and governance.

HiAP is closely related to other terms with similar agendas such as “healthy public policies” and “intersectoral action for health” developed under the auspices of the World Health Organization (WHO) as part of the “Health for All” agenda. The terms may have different roots, but they share the core message of the need to integrate health considerations into other policies and sectors beyond the health sector.

Health in All Policies works best when:

- a clear mandate makes joined-up government an imperative;
- systematic processes take account of interactions across sectors;
- mediation occurs across interests;
- accountability, transparency and participatory processes are present;
- engagement occurs with stakeholders outside of government;
- practical cross-sector initiatives build partnerships and trust.

Recommendations for national policy-makers on Intersectoral Action on Health, from: World Health Organization. *Health Equity in All Urban Policies. A report on the Expert Consultation on Intersectoral Action (ISA) in the Prevention of Noncommunicable Conditions. 22–24 June 2009, Kobe, Japan.*

**RECOMMENDATIONS FOR NATIONAL POLICY-MAKERS ON
INTERSECTORAL ACTION ON HEALTH**

1. A **shared policy framework** between all participating sectors will facilitate the integration of strategies and actions towards a common end. The framework should consider prevailing political, cultural and socioeconomic circumstances, and be supported by strong political commitment.
2. A **supportive governance structure** for implementing intersectoral action should be established to sustain efforts, utilizing existing organizations where possible. Legislation, institutions, and mandatory reporting are among the tools to strengthen governance for intersectoral action.
3. A **capable and accountable health sector** is vital to promote and support intersectoral action. The health sector should facilitate the process as appropriate, and be flexible to adapt its role at various stages in the implementation of ISA.
4. **Community participation and empowerment** in the process of policy-making, from the initial stage of assessment to evaluation of the intervention and monitoring of outcomes, are critical to focus attention on the needs of the people.
5. The **concurrence of multiple levels of government** on a prioritized and focused set of intersectoral actions is important to success and will help to obtain sufficient funding and human resources.
6. **Effective intersectoral action can lead to better public policies.** The policies selected for implementation through intersectoral mechanisms have to be robust, feasible, based on the evidence, oriented towards outcomes, applied systematically, sustainable, and appropriately resourced.
7. **Assessment, monitoring, evaluation, and reporting are required through the whole process.** Proper assessment of the problem, its determinants and social, political and cultural context are crucial to frame the issue and benefits to several sectors. Evaluation of the activities should identify the strengths and weakness of interventions. Regular monitoring of the health impacts is required to maintain focus on outcomes.

Further information on HiAP

Sihto M, Ollila E, Koivusalo M. *Principles and challenges of Health in All Policies.* Chapter 1. In: Health in All Policies. Prospects and potentials. Ministry of Social Affairs and Health, Finland and the European Observatory on Health Systems and Policies.

<http://www.euro.who.int/en/home/projects/observatory/publications/studies/health-in-all-policies-prospects-and-potentials>

Wilkinson R, Marmot M. *The solid facts.* Copenhagen, World Health Organization, 2003.

http://www.euro.who.int/_data/assets/pdf_file/0005/98438/e81384.pdf

World Health Organization and the Government of South Australia, 2010. *Adelaide Statement on Health in All Policies: moving towards a shared governance for health and well-being.* Health Promotion International, Vol. 25 No. 2.

<http://heapro.oxfordjournals.org/cgi/content/extract/25/2/258>

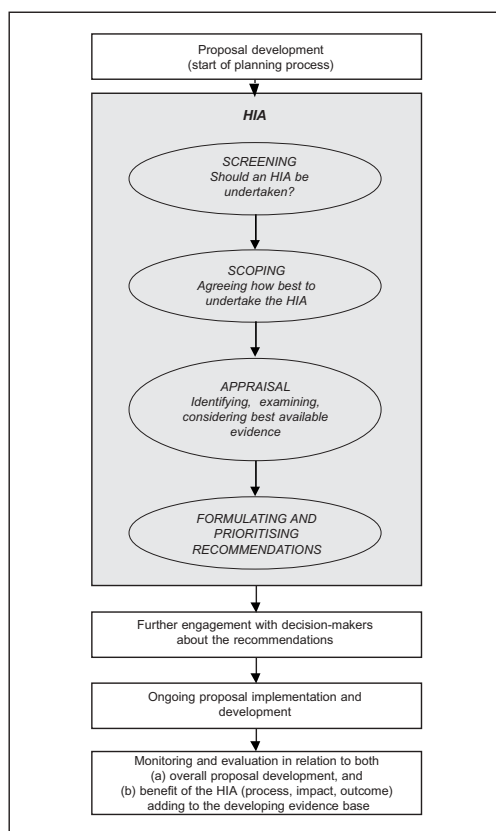
Health in All Policies and Health Impact Assessments

A fundamental tenet of Health in All Policies is that it is possible to predict the health consequences of policies. Health Impact Assessment (HIA) is a means of assessing the health impacts of policies, plans and projects in diverse sectors using quantitative, qualitative and participatory techniques. HIA is a combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population. It helps policy-makers foresee how different options will affect health and so take the health consequences into account when choosing between options. By following a systematic series of processes it aims to reduce the likelihood of surprises, to avoid the occurrence of unexpected negative health impacts when a policy is implemented, and to allow positive health impacts to be maximized.

HIA is based on four values that link the HIA to the policy environment in which it is being undertaken.

- Democracy – allowing people to participate in the development and implementation of policies, programmes or projects that may impact on their lives.
- Equity – HIA assesses the distribution of impacts from a proposal on the whole population, with a particular reference to how the proposal will affect vulnerable people (in terms of age, gender, ethnic background and socio-economic status).
- Sustainable development – that both short and long term impacts are considered, along with the obvious, and less obvious impacts.
- Ethical use of evidence – the best available quantitative and qualitative evidence must be identified and used in the assessment. A wide variety of evidence should be collected using the best possible methods.

A summary framework for the HIA process



Reference: Introducing health impact assessment (HIA): Informing the decision-making process edited by Lorraine Taylor, Health Development Agency Clive Blair-Stevens, Department of Health

Further information on HIA

WHO Health Impact Assessment website

<http://www.who.int/hia/en/>

Kemm, J. *Health impact assessment and Health in All Policies*. Chapter 10. In: *Health in All Policies. Prospects and potentials*. Ministry of Social Affairs and Health, Finland and the European Observatory on Health Systems and Policies.

<http://www.euro.who.int/en/home/projects/observatory/publications/studies/health-in-all-policies-prospects-and-potentials>

The WHO Special Bulletin on HIA Volume 81, Number 6, 2003,387-472

<http://www.who.int/bulletin/volumes/81/6/en/>

Deoraj Caussy, Priti Kumar, U.Than Sein. *Health impact assessment needs in south-east Asian countries*. *Bull World Health Organ* 2003; 81(6): 465–7.

<http://www.who.int/bulletin/volumes/81/6/caussy.pdf>

Phoolcharoen W, Sukkumnoed D, Kessomboon P. *Development of health impact assessment in Thailand: recent experiences and challenges*. *Bull World Health Organ* 2003; 81(6): 465–7.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2572487/>

Background information on Healthy Urbanization

Urbanization: a challenge for public health

Urbanization is the theme for World Health Day 2010. Virtually all population growth over the next 30 years will be in urban areas, signaling that urbanization is here to stay. It is associated with many health challenges related to water, environment, violence and injury, noncommunicable diseases (NCDs) and their risk factors like tobacco use, unhealthy diets, physical inactivity, harmful use of alcohol as well as the risks associated with disease outbreaks. Urbanization is a challenge for several reasons:

- The urban poor suffer disproportionately from a wide range of diseases and other health problems, and include an increased risk for violence, chronic disease, and for some communicable diseases such as tuberculosis and HIV/AIDS.
- The major drivers, or social determinants, of health in urban settings are beyond the health sector, including physical infrastructure, access to social and health services, local governance, and the distribution of income and educational opportunities.

Solutions exist to tackle the root causes of urban health challenges

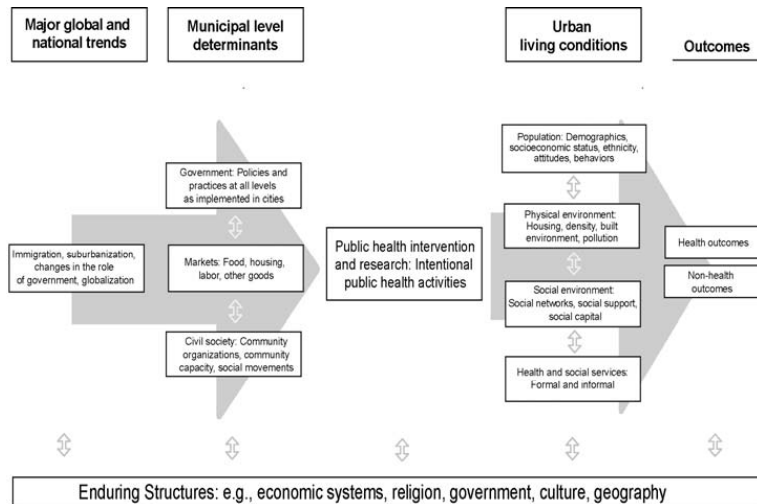
Urban planning can promote healthy behaviours and safety through investment in active transport, designing areas to promote physical activity and passing regulatory controls on tobacco and food safety. Improving urban living conditions in the areas of housing, water and sanitation will go a long way to mitigating health risks. Building inclusive cities that are accessible and age-friendly will benefit all urban residents.

Such actions do not necessarily require additional funding, but commitment to redirect resources to priority interventions, thereby achieving greater efficiency.

The Knowledge Network on Urban Settings

The WHO Kobe Centre (Centre for Health Development) Knowledge Network on Urban Settings has prepared 14 thematic papers that can be downloaded from here: <http://www.who.or.jp/CHP/thematicpps.html>

A conceptual framework for Urban Health (Freudenberg, Galea and Vlahov, 2006)



Reference: Thematic Paper 1: David Vlahov, Nick Freudenberg, Fernando Proietti, Danielle Ompad, Sandro Galea. 2008. *A conceptual framework for organizing determinants of urban health*. Accessed at http://www.who.or.jp/CHP/thematic_papers/KNUS_ThematicPaper01.pdf

Further information on urban settings

WHO, 2008. *Our cities, our health, our future. Acting on social determinants for health equity in social settings. Report to the WHO Commission on the Social Determinants of Health from the Knowledge Network on Urban Settings*.

http://www.who.or.jp/knusp/KNUS_final_report.pdf

Background information on Health Promotion

Health promotion is the process of enabling people, communities and other stakeholders to increase control over, and to improve, their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions.

Further information on health promotion

WHO. *The Ottawa Charter for Health Promotion, 1986*.

http://www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf

WHO. *The Bangkok Charter for Health Promotion in a Globalized World, 2005*.

http://www.who.int/healthpromotion/conferences/6gchp/bangkok_charter/en/

Session 4: Sector specific interventions

Participant group work - Key topic

- From the best practice policy policies and frameworks presented, what advantages and disadvantages do you see in their use in your sector?

Session 5: Risk factor specific interventions - Diet and nutrition

Nutrition

Nutrition is a foundation for health and development. Better nutrition means stronger immune systems, less illness and better health for people of all ages. Breastfeeding is one of the most effective ways to ensure child health and survival. Healthy children learn better. Healthy people are stronger, more productive, and better able to break cycles of poverty and realize their full potential.

Malnutrition is a major contributor to the total global disease burden. More than one third of child deaths worldwide are attributed to undernutrition. Hidden hunger is a lack of essential vitamins and minerals in the diet, which are vital to boost immunity and healthy development. Vitamin A, zinc, iron and iodine deficiencies are primary public health concerns. Poverty is a central cause of undernutrition.

A lifetime of unhealthy eating and inactivity raises health risks over time - contributing to cardiovascular disease, cancer, diabetes and other problems. The rise in overweight and obesity worldwide is a major public health challenge. People of all ages and backgrounds face this type of malnutrition. As a consequence, rates of diabetes and other diet-related diseases are escalating, even in developing countries. The global population is ageing: the number of people aged 60 and older will jump from 700 million today to 1 billion by 2020. Nutritional health at older ages will be a critical factor in the state of global health.

The world faces increasing threats to food security, as a result of rising food prices and less agricultural productivity, which could lead to undernutrition. Conversely, some populations are challenged with escalating obesity.

An example of intersectoral action on food security - A Food Secure Pacific

In 2009, countries at the World Food Summit agreed that: 'Food security exists when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy lifestyle.' Poor food security results in malnutrition, noncommunicable diseases, food and water-borne diseases, inequities, and affects social and economic development.

Noting the effects on food security of globalization, population growth, urbanization, climate change, national and regional policies on land use, agriculture, the environment, energy, trade and health, and transport and communications systems, Pacific Island Leaders committed to addressing food security issues nationally, and where possible, regionally through a range of measures across key sectors. Calls for action were also heard from Ministers, international and regional organizations, development agencies, consumers, the food industry, and other partners. Recognizing that a coordinated, multisectoral approach was required, in April 2010, Ministers, senior policy makers, nongovernmental and faith-based organizations, industry and consumer groups and other partners met to endorse a Framework for Action on Food Security in the Pacific. With Pacific Leaders' endorsement, the Framework for Action will form the basis for actions at regional and national levels to address food security in a comprehensive, inclusive and coordinated manner.

A Food Secure Pacific website

<http://www.foodsecurepacific.org/>

Further information on nutrition

WHO nutrition website

<http://www.who.int/features/factfiles/nutrition/en/index.html>

WHO information on nutrition for health and development

<http://www.who.int/nutrition/en/index.html>

WHO's Nutrition Landscape Information System (NLIS) - a component of the [Landscape Analysis on Countries' Readiness to Accelerate Action in Nutrition](#). This web-based tool provides nutrition and nutrition-related health and development data in the form of automated country profiles and user-defined downloadable data.

<http://www.who.int/nutrition/nlis/en/index.html>

WHO facts on breastfeeding: <http://www.who.int/features/factfiles/breastfeeding/en/index.html>

Participant group work - Key topic

- Discuss how you would apply an intervention to promote a healthy diet in your country
- Present a specific proposal to the meeting

Session 6: Risk factor specific interventions - Physical Activity

Physical Inactivity: A Global Public Health Problem

At least 60% of the world's population fails to complete the recommended amount of physical activity required to induce health benefits. This is partly due to insufficient participation in physical activity during leisure time and an increase in sedentary behaviour during occupational and domestic activities. An increase in the use of "passive" modes of transport has also been associated with declining physical activity levels.

Levels of inactivity are high in virtually all developed and developing countries. In developed countries more than half of adults are insufficiently active. In rapidly growing large cities of the developing world, physical inactivity is an even greater problem. Urbanization has resulted in several environmental factors which may discourage participation in physical activity:

- population over-crowding
- increased poverty
- increased levels of crime
- high-density traffic
- low air quality
- lack of parks, sidewalks and sports / recreation facilities.

Consequently, NCDs associated with physical inactivity are the greatest public health problem in most countries around the world. Effective public health measures are urgently needed to improve physical activity behaviours in all populations.

Further information on physical activity

WHO physical activity website

http://www.who.int/dietphysicalactivity/factsheet_inactivity/en/index.html

Global Advocacy Council for Physical Activity and the International Society for Physical Activity and Health, 2010. *The Toronto Charter for Physical Activity*.

http://www.cflri.ca/icpaph/en/documents/CharterDocument_ENG_May20_2010.pdf

WHO, 2007. *A Guide for population-based approaches to increasing levels of physical activity. Implementation of the WHO Global Strategy on Diet, Physical Activity and Health*.

<http://www.who.int/dietphysicalactivity/PA-promotionguide-2007.pdf>

WHO, 2008. *Review of Best Practice in Interventions to Promote Physical Activity in Developing Countries. Background Document prepared for the WHO Workshop on Physical Activity and Public Health. 24–27 October 2005, Beijing, People's Republic of China*.

<http://www.who.int/dietphysicalactivity/bestpracticePA2008.pdf>

Participant group work - Key topic

- Discuss how you would apply an intervention to promote physical activity in your country
- Present a specific proposal to the meeting

Session 7: Steps for multisectoral interventions**Participant group work - Key topic**

- Discuss how you would approach intersectoral in your country
- Present your approach to the meeting