

REPORT OF
THE SOUTH-
EAST ASIA
REGIONAL
MEETING ON

STRENGTHENING NCD CIVIL SOCIETY ORGANIZATIONS

New Delhi, India, 9–10 July 2015



**World Health
Organization**

Regional Office for South-East Asia

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Regional Office for South-East Asia

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ACRONYMS AND ABBREVIATIONS

ASEAN	Association of Southeast Asian Nations
CSO	civil society organization
FCTC	(WHO) Framework Convention on Tobacco Control
FCA	Framework Convention Alliance
GHE	Global Health Estimates
HLM	high-level meeting
NCD	noncommunicable disease
NGO	nongovernmental organization
SAARC	South Asia Association for Regional Collaboration
SARA	Service Availability and Readiness Assessment
SDG	Sustainable Development Goal
SEAR	South-East Asia Region
SEARO	WHO South-East Asia Regional Office
SEATCA	Southeast Asia Tobacco Control Alliance
STEPS	WHO STEPwise approach to Surveillance
SWOT	strengths, weaknesses, opportunities, threats
UN	United Nations
WHO	World Health Organization

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New Delhi, India, 9–10 July 2015

BACKGROUND

The South-East Asia Region of the World Health Organization (WHO) is home to 1.86 billion people, accounting for 26% of the world's population. The Global Health Estimates, 2014 reckon that NCDs are the major cause of mortality in the Region, with cardiovascular diseases (27%), cancers (11%), chronic respiratory diseases (9%) and diabetes (3%) accounting for the most deaths. In addition to tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity, household air pollution from solid fuel use is also a key risk factor for NCDs in the Region.

The Political Declaration of the United Nations High-Level Meeting (UN HLM) on the prevention and control of NCDs in 2011 recognized the important role that civil society and other relevant stakeholders play in supporting national efforts at prevention and control. It called for strengthening coordination among these stakeholders in order to improve the effectiveness of their efforts. WHO's NCD Global Action Plan urges Member States to involve civil society organizations (CSOs) in the national and subnational NCD response. The Regional Consultation on Multisectoral Policies for Prevention and Control of Noncommunicable Diseases in the WHO South-East Asia Region in August 2014 called for the participation of all relevant stakeholders (CSOs included) in developing and implementing multisectoral national policies and action plans, and monitoring and accountability frameworks to address progress towards achieving NCD targets.

In response to these mandates, the WHO Regional Office for South-East Asia, in collaboration with the NCD Alliance, organized a two-day regional meeting on Strengthening NCD Civil Society Organizations in the WHO Regional Office for South-East Asia in New Delhi, India on 9–10 July 2015. The meeting was attended by 94 participants from 10 countries, and aimed to stimulate a stronger civil society movement for the prevention and control of NCDs in the Region. It was also one among a series of regional preparatory meetings being held ahead of the first-ever Global NCD Alliance Forum in Sharjah in November 2015. The specific objectives of the meeting were as follows:

1. To review the current status of civil society action and facilitate sharing of experiences among regional CSOs working on NCDs;
2. To strengthen the capacity of CSOs working on NCDs in forming alliances to drive advocacy, policy and accountability; and
3. To foster effective collaboration between CSOs within and across countries, and with the government and WHO, to better support implementation of regional NCD priorities.

INAUGURAL SESSION

Dr Thaksaphon Thamarangsi, Director of Noncommunicable Diseases and Environmental Health (NDE) at the WHO Regional Office for South-East Asia, welcomed the delegates to the first meeting of CSOs working in the field of NCDs in the South-East Asia Region. He emphasized the need for a multisectoral response, in particular, civil society initiatives, to address the growing burden of NCDs in the Region. He oriented the delegates to the meeting's programme and objectives. The inaugural session provided an overview of the burden of NCDs in the Region, as well as the work of the WHO Regional Office and NCD Alliance in NCD prevention and control.

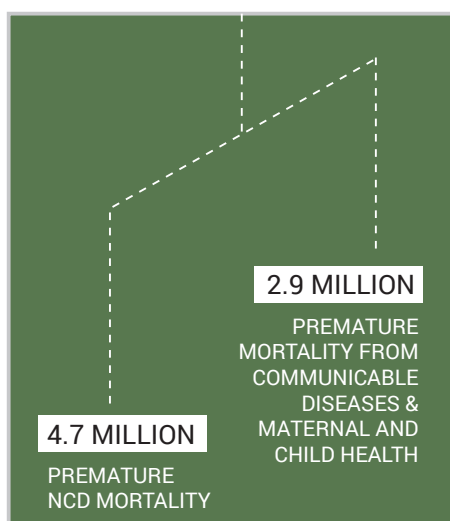
Dr Tawhid Nawaz (Director, Programme Management) brought the greetings and message of Dr Poonam Khetrpal Singh, Regional Director of the WHO Regional Office for South-East Asia, to the delegates. The Regional Director's speech drew attention to the health and socioeconomic implications of the 8.5 million deaths from NCDs each year in the Region, which houses one third of the world's poor. She emphasized that the call for a multisectoral response of the UN HLM on NCDs requires partnership between governments, civil society and development agencies.

Dr Singh described how the high-level advocacy by the WHO Regional Office for South-East Asia at Ministerial Meetings and Regional Committees has led to Ministerial Declarations

"CIVIL SOCIETY NEEDS TO STIMULATE PUBLIC AND POLITICAL OPINION THROUGH ADVOCACY, ENSURE ACCOUNTABILITY THROUGH MONITORING, AND SUPPORT PROGRAMME DELIVERY THROUGH COMPLEMENTARY SERVICES."

Dr Poonam Khetrpal Singh

Figure 1. MORTALITY FROM NCDs IN THE SOUTH-EAST ASIA REGION



Source: WHO Global Health Estimates (GHE) 2014

and regional resolutions on NCDs. The Regional Action Plan for the Prevention and Control of NCDs 2013–2020, developed in consultation with Member States, guides the way for action in countries and the Region. The Regional Office supports Member States in building their capacity to address the risk factors for NCD, strengthening national NCD surveillance systems and integrating NCD-related services into primary health care.

The Regional Director applauded the significant role played by CSOs in the response to HIV/AIDS and polio eradication. CSOs have been instrumental in advancing tobacco control in the Region by mobilizing public opinion, advocating critical policies and supporting their implementation.

As the first meeting of CSOs working on NCDs in the Region, Dr Singh urged the delegates to deliberate and come up with recommendations that identify priority areas for collaboration, capacity building and coordination mechanisms to strengthen the civil society movement on NCDs in the South-East Asia Region. The full speech of the Regional Director is given in Annex 1.

Dr Renu Garg, Regional Adviser, Noncommunicable Diseases at the WHO Regional Office for South-East Asia, set the scene for the meeting. She pointed out that NCDs are the most frequent cause of death in Member States, accounting for 62% deaths in 2012. The Region has the highest probability of premature deaths from NCDs across all WHO regions. It also has a high prevalence of behavioural risk factors for NCDs, such as tobacco and alcohol use, and clinical risk factors such as overweight, high blood pressure, high blood glucose levels and high salt intake.

Dr Garg presented the WHO Regional Action Plan for the Prevention and Control of NCDs in the South-East Asia Region. Its 10 targets and four strategic areas of action provide a



framework to tackle the Region's NCD burden. The strategic focus areas include advocacy, health promotion and risk reduction, health systems strengthening, and surveillance and monitoring.

Ms Johanna Ralston, Chief Executive Officer of World Heart Federation and Steering Group member of the NCD Alliance, oriented the delegates to the work of the Alliance. Comprising over 2000 member organizations in 170 countries, its global efforts are focused on advocacy and brokering knowledge, whereas national efforts are geared towards building health systems, holding governments accountable, and building civil society capacities and strategic alliances. The NCD Alliance supports the development and work of national and regional civil society alliances, including through twinning initiatives.

Ms Ralston announced that the Global NCD Alliance Forum would be held in Sharjah, United Arab Emirates from 13 to 15 November 2015, which would bring together these alliances for

“AS PART OF THE SOCIETY,
AS AN INSTITUTION OF THE
STATE, THE CIVIL SOCIETY HAS
A MAJOR ROLE IN DRAWING
GOVERNMENT’S ATTENTION
TO ISSUES; WHEREAS THE
GOVERNMENT DECIDES HOW
THE ISSUES ARE ADDRESSED.”

Sir George Alleyne

sharing experiences, building capacities and partnerships. She expressed hope that the South-East Asia Regional Meeting will inform the discussions at the Global Forum. She elaborated that the South-East Asia Regional Meeting would take stock of the current response to NCDs by civil society and capacity needs in the Region, stimulate multisectoral collaboration with other key NCD stakeholders and identify the advocacy priorities for collaborative action in the Region.

Sir George Alleyne, Director (Emeritus), WHO Regional Office for the Americas, unpacked the different layers of the multisectoral response to NCDs that the Political Declaration of the UN HLM called for from Member States and other relevant stakeholders. This response consists of a whole-of-government approach by multiple sectors within the government, and a whole-of-society approach by the public sector, civil society and private sector.

He opined that civil society has a critical role in advocating with the government and holding them accountable for their commitments. This can be achieved by gathering and analysing data, conducting political mapping, developing communication strategies and persuasion. He emphasized the need to interpret the issue so that it fits into the agenda of different sectors within the government.

PROFILING CIVIL SOCIETY ORGANIZATIONS WORKING ON NCDs IN THE SOUTH-EAST ASIA REGION

This session was moderated by Dr Srinath Reddy, President, Public Health Foundation of India.

Ms Shoba John, Programme Director of HealthBridge, provided an overview of the meeting's background paper. The paper was based on a mapping of CSOs working on NCDs in the Region, commissioned by the WHO Regional Office for South-East Asia and the NCD Alliance.

The paper calls for the increased engagement of CSOs in advocacy and partnerships with governments, monitoring progress, holding governments accountable, and integrating NCDs into national health and development plans and programmes. It urges governments to provide enabling policy frameworks, and resources and mechanisms for active civil society contribution to the development and implementation of national NCD plans. WHO country and regional offices can play a critical role in involving civil society expertise in the

"THE NCD EPIDEMIC IS A CONTINUING EARTHQUAKE THAT CALLS FOR URGENT AND CONCERTED NATIONAL AND INTERNATIONAL RESPONSES."

Dr Srinath Reddy

PROFILE OF CSOs WORKING ON NCDs IN THE WHO SOUTH-EAST ASIA REGION

Largely health NGOs, followed by non-health groups

Work mostly with the public, and next with governments

Prioritize risk factor reduction and early diagnosis in their work

Focus most on tobacco and cancer control; least on indoor air pollution and chronic respiratory diseases

Undertake mostly public education, and advocacy with governments

Partner with governments sporadically

Face capacity challenges and resource constraints

Need capacity building in advocacy/strategy planning and resource mobilization

Desire to work in coalitions at the national level, and exchange experiences regionally

Prefer to work on cross-border issues at the regional level, followed by monitoring NCD commitments of governments, and

Anticipate multilateral support in creating enabling environments, offer to prepare governments and communities for NCD interventions.

development of technical resources, building the capacity of CSOs in advocacy and monitoring, promoting civil society involvement in government planning and monitoring bodies, and facilitating opportunities for civil society advocacy in regional fora. The paper identifies the role of development partners in helping to make a business case for NCDs, sensitizing non-health ministries with direct influence, integrating NCDs into in-country programming and involving NGOs in NCD-related country projects.

The background paper set the scene for a vibrant discussion on the need for civil society action across primary, secondary and tertiary interventions. Several delegates expressed the need to recruit youth, women, the elderly and survivors of NCDs along with faith-based organizations for advocacy and interventions across the life course. A mechanism for engagement with governments was identified as critical for providing effective support to national NCD plans. The role of business associations and their potential conflicts of interest with the NCD sphere were also discussed.

In response to questions about the evolution of national NCD civil society coalitions and their relationship with the Global NCD Alliance, Katie Dain, Executive Director of the NCD Alliance, elaborated on the organic emergence of national and regional NCD alliances across the world. The NCD Alliance supports local efforts primarily by identifying local organizations working on NCDs, and providing toolkits for coalition building and advocacy. It is important that civil society groups in countries determine the kind of collaboration that best fits their context and needs. Civil society mapping in the South-East Asia Region, for instance, suggests that CSOs are interested in forming national coalitions and setting up information-sharing platforms at the regional level. While the national/regional alliances currently have no formal

relationship with the NCD Alliance, scope for an affiliation scheme is currently being explored.

The session further explored the experiences of national and regional alliances working on NCDs in the Region with a view to learning from their organizational and programme strategies.

NEPAL: Nepal civil society's efforts at coordinated action on NCDs began in 2005 with the setting up of the Nepal Heart Net. It brought together 18 organizations who work to improve heart health. The establishment of the Nepal NCD Alliance in 2014 has helped to address NCDs more broadly. This Alliance decided to start small and currently comprises five organizations – one each working on heart health, diabetes, cancer treatment, rehabilitation and public health, along with a journalist each from two leading national newspapers. It has an informal structure and a rotating coordinator's position, two factors that were cited to be contributing to its effectiveness.

Dr Prakash Regmi, the present coordinator of the Nepal NCD Alliance, presented the benefits of working as a coalition. Collective action has expanded the reach of the advocacy campaign, training and awareness initiatives of member organizations, and enabled pooling of resources. The lack of dedicated volunteers, office space and limited financial resources were some of the challenges facing this Alliance. The impact of the rotation of leadership also needs to be closely monitored. The Alliance recommends twinning initiatives between national coalitions for exchange of experiences and learning. Even as the Alliance intends to expand its membership, Dr Regmi raised the need to be cautious about nongovernmental organizations (NGOs) with commercial interests. Mr Shantalal Mulmi, a member of the Nepal NCD Alliance, added that the political will expressed by Nepal's political parties in response to its devastating

EARLY LESSONS FROM THE NEPAL NCD ALLIANCE

1. Informal structures afford flexibility in the early stages of alliance formation.
2. A shared vision is critical for collaborative action.
3. Start with select members who are active and most relevant to the alliance's goals.
4. Rotational leadership helps to make alliances inclusive and participatory.
5. Recruiting supportive mediapersons to the alliance could enhance its advocacy reach and visibility.



earthquake showcases the scope to mobilize similar political synergy for NCD prevention and control. The role and impact of journalists in Nepal's NCD Alliance in creating public awareness was also highlighted.

SRI LANKA: Dr Pududu Sumanasekara, Executive Director of Alcohol and Drug Information Center, described the efforts of Sri Lankan civil society, which has led to political prioritization of tobacco and alcohol control in Sri Lanka. He attributed the NCD policy advancements in the country to the existence of strong civil society networks, strategies that demystified the contributing industries, close partnership with the government and its efficient health service delivery mechanisms.

Harnessing religious organizations and the social media are among the opportunities for mobilizing NCD action in the country. However, the continuing influence of the tobacco and alcohol industry, compulsions of trade agreements, and lack of policies to address cross-border factors that aggravate the NCD burden, such as promotion of tobacco, alcohol and unhealthy foods that increase NCD risk, are among the challenges to action on NCDs in Sri Lanka. The Sri Lankan experience calls for community and grass-roots involvement, the need for a broad range of interventions that address high-risk groups, macro-level interventions for social and environmental changes, close partnership with government and multilateral agencies, countering conflicting propaganda by industries and integrating NCDs in the development agenda for an effective response.

In response to the presentation, delegates stressed the need for regional coordination among CSOs to address NCD issues with cross-border implications, such as promotion of tobacco, alcohol and unhealthy foods in the media. They also drew attention to the need to consider creative ways to get the media to promote healthy lifestyles, such as by roping in television producers to weave in early diagnosis of breast cancer into their serial shows.

REGIONAL ALLIANCE: The Southeast Asia Tobacco Control Alliance (SEATCA) works with governments and nongovernmental partners to accelerate implementation of the WHO Framework Convention on Tobacco Control (FCTC) in eight of the 10 countries that are part of the Association of Southeast Asian Nations (ASEAN). Ms Bungon Rithiphakdee, Executive Director of SEATCA, explained its focus on generating policy-driven evidence, capacity building of partners, knowledge sharing and tobacco industry monitoring.

“DEGLAMOURIZING THE TOBACCO INDUSTRY AND EXPOSING THEIR INFLUENCE ON GOVERNMENTS IS CRITICAL TO ADVANCING TOBACCO CONTROL POLICES IN COUNTRIES.”

Bungon Rithiphakdee

SEATCA runs a Tobacco Industry Surveillance Network that regularly exposes and counters industry tactics and publishes a Tobacco Industry Interference Index. The latter evaluates governmental actions in implementing FCTC obligations pertaining to interference by tobacco industry. Nurturing in-country champions and linking national efforts with regional and global developments, such as negotiation of international treaties and trade agreements, has been central to SEATCA's programming.

A discussion followed about the need to improve enforcement of policies pertaining to NCD prevention and control in countries of the South-East Asia Region, and share good practices across countries. Ms Rithiphakdee pointed out Thailand's initiative to channel tobacco and alcohol taxes to reinforce tobacco control efforts.

BANGLADESH: Ms Shusmita Khan elaborated on the early efforts of EMINENCE Associates to integrate NCDs in Bangladesh's national surveys. This has since led to the inclusion of NCDs in the national demographic and health surveys. The organization also runs health camps, primary health clinics and liaises with the Government of Bangladesh for the inclusion of NCDs in the next cycle of sectorwide area programmes, five-year plans and the UN Sustainable Development Goals (SDGs).

Ms Khan said that the Noncommunicable Diseases Forum in Bangladesh is an attempt to bring together organizations with diverse focus and reach to work on NCDs. The Forum has undertaken some joint activities, such as the observation of international days focusing on NCDs. Lack of prioritization of NCDs among policy-makers, lack of clarity about the role of the non-health sectors of the government, and lack of coordination within civil society, are among the challenges facing the forum.

Table 1. CIVIL SOCIETY RESPONSE TO NCD PREVENTION AND CONTROL IN SOME COUNTRIES OF THE SOUTH-EAST ASIA REGION

Country/ Regional Alliance	Major challenge	Primary objective	Key strategies	Results
Nepal NCD Alliance	Changing political environment	Education and NCD services to communities	<ul style="list-style-type: none"> – Train health workers – Using media 	<ul style="list-style-type: none"> – Extended NCD services in remote areas – Increased media coverage of NCDs
Alcohol and Drug Information Center, Sri Lanka	Industry opposition	Secure policies to address risk factors	<ul style="list-style-type: none"> – Demystify industry tactics – Partnership with government 	<ul style="list-style-type: none"> – Industry lost in and outside courts – Strong tobacco and alcohol policies
Southeast Asia Tobacco Control Alliance	Tobacco industry tactics	Advance tobacco control policies in ASEAN	<ul style="list-style-type: none"> – Monitor tobacco industry activities – Present evidence to governments 	<ul style="list-style-type: none"> – Tobacco industry exposed – Progress in pictorial warnings and tax policies
Bangladesh NCD Forum	Competing priorities of the government	Make the case for NCD prevention and control	<ul style="list-style-type: none"> – Integrate NCDs in health and demographic surveys – Observe international NCD-related days 	<ul style="list-style-type: none"> – Evidence on NCD burden generated – Increased media coverage on NCDs

Source: WHO Global Health Estimates (GHE) 2014

There was a discussion about the lack of attention from civil society to chronic respiratory diseases and palliative care, and the role of EMINENCE in the Bangladesh NCD Forum. The need to leverage subnational opportunities such as the Mayor's Alliance for tobacco control in Indonesia was also highlighted.

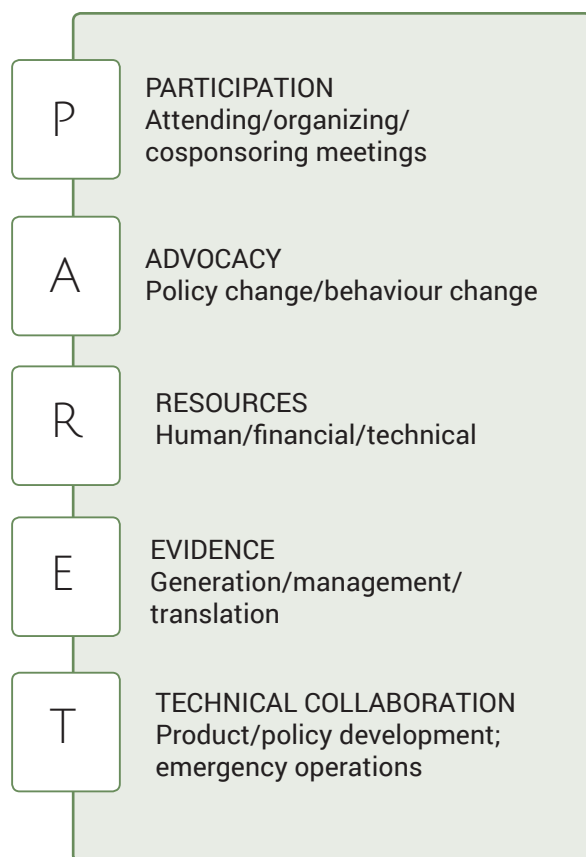
The moderator summarized the key messages from the discussion. While individual organizations focus on their chosen mandate, there is a need for collaboration across multiple domains and partners. The NCD community needs to forge links with those working on environmental concerns, urban health and Mayor's alliances, where legitimate opportunities for collaboration exist. There is also a need to move horizontally along the continuum of care, from primordial to primary, secondary, tertiary and palliative care. The response to NCDs also needs to follow a life-course approach, covering the young to the elderly. It is important that local alliances emerge through local efforts and leadership; the NCD Alliance is willing to provide guidance to such initiatives.

CONSENSUS ON CURRENT CAPACITY OF CSOs WORKING ON NCDs AND THEIR CONTRIBUTION TO THE SOUTH-EAST ASIA REGIONAL NCD ACTION PLAN

Dr Thaksaphon Thamarangsi, Director of Noncommunicable Diseases and Environmental Health (NDE), WHO Regional Office for South-East Asia moderated this session.

The delegates initially worked in four groups, each addressing (a) advocacy and multisectoral partnerships, (b) reduction of risk factors, (c) health systems strengthening and delivery of NCD services, and (d) surveillance and research. Each group analysed the strengths, weaknesses, opportunities and threats (SWOT) that CSOs working in the area of NCDs have to take into consideration in the above focus areas.

Dr Thamarangsi facilitated discussion of the group analysis in the plenary. The summary SWOT analyses is given in Annex 2.



Drawing on the SWOT analyses, the groups proceeded to identify the roles they could play in supporting implementation of the South-East Asia Regional NCD Action Plan and their capacity needs in this regard.

Among their major past and present contributions, the groups identified policy-oriented research, running cancer registries, research on industrial behaviour, cost–benefit studies, advocacy for tobacco and alcohol control measures, technical expertise on NCD matters, health systems strengthening, training of health-care professionals, and monitoring implementation of laws.

Their major needs for capacity building pertain to areas such as leadership, advocacy, planning communication, building coalitions, research, legal literacy, fund raising, writing grant proposals, publication, and developing toolkits and accountability systems. The group that examined surveillance and research expressed specific capacity-building needs, including training on measuring the impact of interventions, health economics and translating evidence for policy advocacy.

COLLABORATION BETWEEN WHO AND CIVIL SOCIETY

Dr Francisco Katayama, Technical Officer for Partnerships, Interagency Coordination and Resource Mobilization at the WHO Regional Office for South-East Asia, facilitated a plenary discussion exploring the areas and principles of engagement between civil society and WHO.

Participant collaboration with WHO ranged from joint research and publications, such as on dementia, participation in WHO events, co-organizing/cosponsoring meetings and training programmes, advocacy for international standards and treaties such as the WHO FCTC, providing technical support to WHO programmes, to holding official observer status with WHO and serving as collaborating centres for research.

CSOs from Sri Lanka mentioned working with WHO on the national nutrition policy and regional healthy diet guidelines. Some organizations have worked with WHO on a range of issues, including communicable and noncommunicable diseases, and primary health care.

The delegates also discussed the conditionalities for the use of the organizational logo. Some common parameters that



emerged include shared values, goals and adherence to formal policies. Some organizations have a written branding policy, others have ethical guidelines or policies to avoid conflicts of interest, still others require a memorandum of understanding between collaborating partners. In the case of research, the choice of collaborators is guided by their expertise, the rationale for research and robustness of protocols, with care taken to avoid vested interests and interference with results. WHO has a policy for sharing its logo with collaborators, which requires high-level approval.

Dr Katayama clarified that WHO engages with civil society when there is a clear public health benefit, and the collaboration is conducted on the basis of mutual respect, openness, inclusiveness, transparency and accountability.

Before the day ended, Ms Katie Dain oriented the delegates to the Prioritization Matrix for helping to build an advocacy agenda for addressing NCDs in the Region. Delegates continued to network and share experiences over a reception hosted by the WHO Regional Director.

THE ROLE OF CIVIL SOCIETY IN **MONITORING** THE NCD RESPONSE AT NATIONAL AND REGIONAL LEVELS

Ms Aishath Shiruhana, Chief Executive Officer, Diabetes Society of the Maldives and Dr Prakash Gupta, Director, Healix Sekhsaria Institute for Public Health, were the moderators for the session. They reiterated the session's goal of identifying civil society's role – beyond generating awareness and policy advocacy – in undertaking active monitoring of commitments made by governments for NCD prevention and control. The three presentations in the session provided a broad framework to comprehend the monitoring role and opportunities for CSOs.

Dr Renu Garg introduced the NCD Global Accountability Framework, which consists of (a) nine voluntary targets of the NCD Global Action Plan adopted by the World Health Assembly and its outcome indicators, which are monitored every five years, (b) the process indicators of the Global Action Plan, which will be monitored by the World Health Assembly every 2 years, and (c) 10 process Indicators to determine progress on the commitments in the Political Declaration of the UN, on

MONITORING TOOLS FOR NCD TARGETS

1. WHO STEPwise approach to Surveillance (STEPS survey)
2. WHO Service Availability and Readiness Assessment (SARA) health facility surveys
3. Civil registration systems
4. NCD score card
5. Online country capacity survey

which the WHO Director General reports annually to the UN General Assembly in preparation for the UN High-Level Meeting in 2017.

Given the high prevalence of NCDs in the Region, the Regional Director of the WHO South-East Asia Region has included NCDs among her seven flagship priorities. An NCD score card has been developed regionally to track and stimulate progress in countries on four expected results and 20 deliverables. The score card indicates the varying levels of progress by Member States across the key results areas. The key results areas are: (a) NCDs prioritized and positioned in the national development agenda; (b) reduction in population exposure to NCD risk factors; (c) NCDs detected early and managed; and (d) improved evidence base for policy-making, planning and monitoring.

Dr Garg pointed out that civil society can play a key role in holding governments accountable to the globally agreed targets and offered WHO's support in building civil society capacity in monitoring and reporting, in addition to providing tools and convening meetings for exchanging ideas and monitoring progress.

Sir George Alleyne brought to the meeting the experience of the Healthy Caribbean Coalition in persuading governments in the region to establish national NCD monitoring mechanisms such as national NCD commissions. Such a commission needs to be mandated by law, have autonomy and facilitate multisectoral involvement. It also requires an effective governance structure, transparent processes, resources, clear focus and continuity.

He elaborated that the commission can have broad-ranging roles, including advising the government on policy and programme development, brokering involvement of diverse sectors, supporting resource mobilization and research, and facilitating the evaluation of NCD programmes.

Sir George explained that a national accountability framework calls for civil society and the private sector to be accountable to the government, whereas the government is accountable to the people as facilitated by civil society. He reiterated that civil society needs to therefore monitor (a) leadership as evidenced by national NCD commissions, policy development and resources, (b) process indicators in terms of measures to address risk factors and the globally agreed NCD targets, and (c) mortality and morbidity outcomes, and report its own work and outcomes for public information.

Ms Dain called on the CSOs working on NCDs in the Region to monitor trends in policy and outcomes, review progress against national/regional commitments, and use the information to leverage greater implementation. She stressed that it is important for civil society in each country/ region to define the “why”, “who”, “what”, “how” and “when” before embarking on the monitoring exercise. The NCD Alliance Benchmarking Tool, Diabetes Score Card, Framework Convention Alliance’s (FCA) Shadow Reports and International Breast Feeding Action Network (IBFAN) Monitoring Code of Infant Milk Substitutes are examples of a broad range of monitoring tools pertaining to NCD issues.

The experiences of national and regional NCD alliances in undertaking the benchmarking exercise and producing civil society status reports offer valuable lessons for civil society in other countries. These include the need to adapt monitoring tools to the local context, develop an effective dissemination strategy and time the exercise to match advocacy opportunities.

In the lively discussion that followed, delegates enquired about the use of NCD monitoring mechanisms for mid-course corrections by governments. Dr Garg explained the purpose of the process indicators of the global monitoring framework as a means both for mid-course correction as

UN HIGH-LEVEL MEETING ON NCDS, 2014

...“a high-level commission, agency or task force for engagement, policy coherence and mutual accountability to implement health-in-all-policies and whole-of-government and whole-of-society approaches, and to monitor and act on the determinants of noncommunicable diseases, including social and environmental determinants”.

Table 2. CIVIL SOCIETY STATUS REPORTS – COUNTRY/REGIONAL PRACTICES

COUNTRY/ REGIONAL ALLIANCE	BASE FOR BENCHMARKING	OUTPUT	KEY FINDING	USE OF REPORT
ACT+, Brazil	Brazil National NCD Plan	Brazil civil society status report	Safeguard NCD public policies from commercial interests	Presented at Brazilian NCD Plan Monitoring Forum
South Africa NCD Alliance	South Africa National NCD Plan	South Africa NCD Alliance civil society status report	Limited multisectoral engagement and funding for National NCD plan	Sharing benchmarking results online for public consultation and validation
East Africa NCD Alliance	NCD Alliance benchmarking tool	Civil society status report and charter on NCDs	Integrate NCDs in national development plans	Timed it to inform UN High-Level Review on NCDs
Healthy Caribbean Coalition	2007 Port of Spain Declaration	Regional civil society status report	Establish and/or strengthen national NCD commissions	Effective communication and dissemination strategy

well as to inform WHO's planning and resource allocation to support governments in areas where implementation could be strengthened.

A delegate enquired about process indicators for non-health sectors of the government and monitoring conflicts of interest. Dr Garg opined that the process indicators for non-health sectors are best developed as part of national multisectoral action plans. WHO is currently developing guidance for Member States on establishing NCD multisectoral coordination mechanisms, which includes suggested process indicators. Discussions on process indicators for addressing conflicts of interest are ongoing. Ms Dain pointed out that monitoring progress by non-health sectors requires the involvement of international organizations working in the respective fields. For instance, the Food and Agriculture Organization can help mobilize nutrition agencies and the nutrition community to broaden the scope of their work and accountability frameworks to include overnutrition and NCDs, alongside their current focus on undernutrition.

Some delegates suggested considering civil society shadow reports along with reports of Member States while assessing progress in achieving the global NCD targets, and involving the public in the monitoring process. Dr Garg mentioned that the goal should be to generate complementary reports and avoid duplication. Civil society benchmarking/shadow reports at country level are best integrated into the work of national multisectoral coordination bodies and monitoring mechanisms that have the mandate to engage with diverse sectors. Sir George emphasized the need for civil society to appear to be complementary and not adversarial while seeking a response from governments.

Ms Dain stressed the need for the global benchmarking tool to be applied to local frameworks. This could include national NCD plans, health sector plans and development plans.



She added that those SDGs that include social, economic and environmental concerns now address NCDs. Countries will be monitoring progress against these goals in the coming years and this presents additional opportunities for civil society to monitor the progress towards NCD commitments through these frameworks as well. She added that engaging the public in civil society monitoring efforts is key to mobilizing their support eventually for policy advocacy. The Brazilian Alliance did this through a public opinion poll that indicated the readiness of the community to accept regulations on unhealthy food and alcohol.

A delegate expressed concerns about the challenges of civil society in accessing data generated by WHO. Dr Garg clarified that WHO gathers data from Member States for the STEPS survey, and its extensive reports are available online. The raw data belongs to governments and the best way to access it would be through national governments. Sir George challenged the popular notion that availability of data by itself would spur governmental action. He stressed that civil society needs to translate the data into messages that speak to the head, heart and pocket for meaningful advocacy outcomes.

A question was raised on the means to tackle the unhealthy competition among CSOs for limited resources. Sir George considered it important to set up national coalitions and strategies in an inclusive and consultative manner to help reduce tensions within civil society.

There was a welcome suggestion for CSOs in the Region to extend the existing monitoring of the tobacco industry to include the activities of other industries that aggravate the NCD epidemic. Another suggestion was to create platforms for CSOs in the South-East Asia Region to learn from each others' experience in monitoring NCD commitments by governments.

IDENTIFYING PRIORITIES FOR CSOs IN THE SOUTH-EAST ASIA REGION

Dr Htay Lwin, People's Health Association, Myanmar and Ms Shoba John, Programme Director, HealthBridge, moderated the session.

Ms Cristina Parson Perez from NCD Alliance presented a prioritization matrix, based on which five breakout groups of delegates first discussed and identified three top priorities for concerted regional action based on the South-East Asia Regional NCD Action Plan. Further, they developed implementation strategies and mechanisms for regional collaboration.

The moderators then facilitated discussions in the plenary, which agreed on seven priorities for civil society action in the WHO South-East Asia Region. The delegates further developed collaboration strategies towards the agreed priorities.

The consolidated priorities for action by civil society and opportunities for collaboration in the WHO South-East Asia Region are given in Annex 3.

RECOMMENDATIONS AND FOLLOW UP

Dr Thaksaphon Thamarangsi and Ms Katie Dain facilitated discussions on the recommendations of the meeting. The participants agreed that civil society has a pivotal role to play in supporting governments and other stakeholders to combat the NCD epidemic, and that the capacities of civil society should be strengthened to enhance their contribution towards the prevention and control of NCDs.

RECOMMENDATIONS

The following overarching recommendations were agreed upon:

A. Recommendations for CSOs working on NCDs in the South-East Asia Region

1. Take forward the civil society priorities for joint follow up and action.¹
2. Increase collaboration among CSOs working in the area of NCDs through development of national and subregional alliances and coalitions, including non-health actors such as rights-based and poverty reduction groups.
3. Leverage regional platforms such as the South Asian Association for Regional Cooperation (SAARC), ASEAN, WHO South-East Asia Region and UN regional agencies for conducting advocacy for NCDs.

4. Establish or strengthen relationships and partnerships with governments and other stakeholders with similar goals.
5. Build capacity in advocacy, communications, formative research, governance and monitoring.

B. Recommendations for governments

1. Develop guidelines for greater civil society involvement, including CSOs working with women, in policy planning and monitoring of implementation of national and regional NCD plans.
2. Create mechanisms and processes for whole-of-society inclusion (groups with like-minded goals) in national high-level NCD commissions or task forces, taking into account conflict of interest issues.

C. Recommendations for the NCD Alliance

1. Continue to provide information on relevant global processes and opportunities for advocacy to national and regional CSOs working in the field of NCDs.
2. Build capacity to address gaps in evidence synthesis for advocacy, governance, resource mobilization and accountability.
3. Convene civil society workshops, including on the role of CSOs in the Region, on monitoring the response to NCD policies.
4. Develop tools and resources for mapping, communication, advocacy, monitoring and fund-raising for civil society.
5. Nurture emerging and existing national and regional NCD alliances and coalitions, and encourage twinning initiatives.
6. Encourage international NCD federations to mobilize their members in the South-East Asia Region to actively engage in advocacy for and monitoring of NCDs.

D. Recommendations for WHO

1. Support mapping of CSOs (including women's organizations) involved in NCD prevention and control at the national level.

2. Promote inclusion of civil society in government-led policy development processes, and implementation and monitoring of regional and national NCD priorities and plans.
3. Continue to build the capacity of CSOs working on NCDs in the areas of advocacy, research and monitoring.
4. Periodically convene consultations of CSOs working on NCDs, and include them in regional and national multisectoral meetings.
5. Ensure dissemination of NCD-related national and regional data, guidelines and tools.
6. Develop cross-border strategies to address NCD risk factors.

FOLLOW UP

Dr Renu Garg outlined the follow-up actions. The Regional Office will circulate the conclusions and recommendations and draft report of the meeting. Once finalized, the meeting recommendations will be shared with WHO Representatives and country offices. WHO will also support civil society mapping in countries. She encouraged the delegates to contact the respective government delegations with inputs to strengthen the resolution on cancer prevention and control proposed by India for the WHO South-East Asia Regional Committee, and the anticipated Ministerial Declaration on tobacco control, on the tenth anniversary of FCTC's entry into force. Dr Garg offered to set up an email group of the meeting delegates to continue the dialogue and share tools, and involve civil society delegates in WHO meetings and training programmes in countries and the Region.

In her concluding remarks, Ms Katie Dain expressed hope that the two days of deliberations on regional needs, priorities and opportunities for collaboration would lead to the development of a South-East Asia Region Civil Society Action Plan on NCDs

and inform the Global NCD Alliance Forum in November 2015, as well as future civil society meetings with the WHO Regional Office for South-East Asia. She offered all support from the NCD Alliance for the work of CSOs on NCDs in the Region.

Dr Thamarangsi encouraged civil society to align their work with the priorities of the WHO Regional Office for South-East Asia to build multisectoral coordination mechanisms for NCDs, boost action on risk factors, advocate NCD-oriented health systems and improve health information systems. He brought the two-day deliberations to a close.

The meeting ended with a vote of thanks to all those who helped to organize an effective meeting and enriched the discussions through their contributions.

ANNEX 1

ADDRESS BY DR POONAM KHETRAPAL SINGH REGIONAL DIRECTOR, WHO REGION FOR SOUTH-EAST ASIA

Distinguished participants, colleagues, ladies and gentlemen,

It is with great pleasure that I welcome you to this regional meeting on strengthening civil society for the prevention and control of noncommunicable diseases in the South-East Asia Region co-organized by the Regional Office and the NCD Alliance.

NCDs, such as cardiovascular diseases, cancers, diabetes, chronic respiratory diseases and mental and neurological conditions, have emerged as the biggest health crisis—claiming 38 million lives each year globally. In the WHO South-East Asia Region, home to one fourth of the world's population and one third of its poor, NCDs cause an estimated 8.5 million deaths each year. What is worrying is that half of all deaths from NCDs in this Region are considered premature as they occur before the age of 70 years. The NCD problem is likely to worsen because of the ongoing epidemiological and demographic transition that is leading to an increased lifespan and ageing populations. In addition to the health burden, the social and economic burden of premature deaths from NCDs is also alarming.

In September 2011, at the United Nations General Assembly High-Level Meeting on NCDs, Heads of State and government representatives acknowledged that NCDs are a major threat to economies and societies, and should be considered not only a health but development priority. The UN meeting called for a multisectoral response to NCDs and agreed on concrete time-bound commitments to be implemented by governments, civil society and development agencies. To translate these commitments into action, in May 2013, the World Health Assembly adopted the Global Action Plan for the Prevention and Control of NCDs and endorsed nine concrete global NCD targets to be achieved by 2025.

Ladies and gentlemen,

The role and contribution of civil society is paramount in achieving these global commitments and targets. We have learnt from global health and development

issues, including the HIV/AIDS response and polio eradication, that a strong civil society movement is critical for public health success.

Within the NCD response, civil society has at least three major functions. First, advocacy and galvanizing action at all levels to stimulate public and political awareness and interest in NCDs; second, ensuring accountability by tracking commitments by governments and other stakeholders—including those of the private sector; and third, in the area of service delivery, civil society organizations can provide NCD services to supplement those provided by governments, be it for diabetes, palliative care, tobacco control or others. Whatever the function, it is important that government, civil society and other stakeholders work in partnership with governments and other stakeholders to synergize these for maximum efficiency.

Ladies and gentlemen,

In response to global commitments on NCDs and the significant burden of NCDs in the South-East Asia Region, we have laid the groundwork to strengthen the regional response to NCD prevention and control in close collaboration with Member States. Sustained high-level advocacy has been carried out for NCDs at high-level forums such as Ministerial Meetings and Regional Committees. These high-level meetings resulted in the adoption of ministerial declarations and Regional Committee resolutions on NCDs, which reflect the high commitment by Member States to address NCDs. To facilitate exchange of best practices, regional consultative meetings have been organized on tobacco control, salt reduction, reducing the harmful use of alcohol as well as on increasing access to NCD services. With support from WHO and partners, national capacity for surveillance in Member States has been consistently enhanced. As a result, notable progress has been made in the Region. Ten out of 11 countries have comprehensive legislation against tobacco. Increased coverage of pictorial warnings on tobacco products has been achieved—ranging from 50% to 90% in Indonesia, Nepal, Sri Lanka and Thailand. Civil society organizations working in these areas have contributed immensely to these successes. Interventions for NCDs are now being integrated within the primary health-care systems of several countries, including Bhutan, Myanmar and Sri Lanka. This is helping to increase access to early detection and management of NCDs, improve health outcomes and reduce overall costs.

A WHO South-East Asia Regional Action Plan for the Prevention and Control of NCDs 2013–2020 is guiding the way, based around four strategic areas: advocacy; health promotion and risk reduction; health systems strengthening; and surveillance and monitoring. The Action Plan is aimed at achieving 10 NCD targets for the Region, adapted from the WHO Global Monitoring Framework. The key to success across the four strategic areas and the 10 targets will be intersectoral cooperation and the active engagement of civil society, both of which are highlighted as overarching principles in the plan.

The Region has a number of civil society organizations contributing to the health agenda, but a cohesive civil society movement on NCDs is yet to emerge. The capacity of civil society needs to be enhanced and coordination improved for all relevant organizations to contribute with greater impact to achieve regional and global NCD targets.

Recognizing the important role of civil society, we have always invited representatives of civil society organizations to many of the regional consultations. This is, however, the first time that we have a meeting exclusively to deliberate with civil society on how to address NCDs in the Region.

This consultation is an excellent opportunity to concretely strategize how civil society organizations in the South-East Asia Region can be further strengthened to provide constructive contribution to the multisectoral response to address NCDs. I look forward to the recommendations of the meeting, particularly those related to priority areas for collaboration, capacity building and coordination mechanisms to strengthen the civil society movement in the South-East Asia Region. Beyond their impact in the Region, these recommendations will help inform the First Global Forum of national and regional NCD Alliances that will be convened in November in Sharjah, United Arab Emirates.

I welcome you once again to this regional consultation and wish you fruitful deliberations. I hope you have a pleasant stay in Delhi.

Thank you.

ANNEX 2

SWOT ANALYSIS – GROUP WORK SUMMARY

STRENGTHS	<ul style="list-style-type: none">Diversity of expertise and skills among CSOsProximity with the public, patients and survivorsWell-connected tobacco control groupsEmerging NCD civil society coalitionsAbility to gather grass-roots data
OPPORTUNITIES	<ul style="list-style-type: none">Existing laws and programmes, e.g. tobacco controlYoung population in the RegionSocial mediaGlobal momentum on NCDsPotential to mainstream NCDs in existing development programmesUniversal health coverage discussions in countries
WEAKNESSES	<ul style="list-style-type: none">Lack of evidence base and barriers to accessing dataLimited civil society involvement in monitoring and researchDiverse country contextsInability to raise resourcesDifficulty in scaling up interventionsLack of capacity in advocacy and policy developmentLack of coordination within the civil societySporadic coordination between NGOs and government
THREATS	<ul style="list-style-type: none">Adverse political scenarioNarrowing space for civil society action in some countriesOveremphasis on curative over preventive approachesInadequate health systemsPoor law enforcement mechanismsRestrictive policies such as free trade agreementsConflicting priorities of governmentsCompeting business interests of mediaInfluence of conflicting commercial interests on NCD policiesLow resource allocation by governments, including for research Industry-funded research

ANNEX 3

REGIONAL NCD PRIORITIES OF CIVIL SOCIETY ORGANIZATIONS IN THE SOUTH-EAST ASIA REGION

Civil society participants at the Regional Meeting on Strengthening NCD Civil Society Organizations identified the following priorities for future advocacy and action:

1. Mobilize public opinion and participation in NCD advocacy and health promotion across the South-East Asia Region.
2. Increase engagement of CSOs working on NCDs in the development and monitoring of national NCD-related policies and plans, and enhance meaningful participation of civil society in multisectoral mechanisms for NCD prevention and control.
3. Develop and strengthen national policies and strategies on the major risk factors (including ambient and indoor air pollution).
4. Support the prioritization of NCDs in national development plans and strategies.
5. Scale up cost-effective NCD interventions and promote their integration into a basic primary health-care package with a referral system to all levels of care in order to advance the universal health coverage agenda.
6. Promote the integration of palliative care into all levels of health care.
7. Support operational NCD surveillance and monitoring systems.

ANNEX 4

PROGRAMME

DAY 1 – THURSDAY, 9 JULY 2015

0900–1030 Inaugural session

- Welcome Address
Dr Poonam Khetrpal Singh, Regional Director for the WHO South-East Asia Region
- Objectives of the meeting
Dr Thaksaphon Thamarangsi, Director, Noncommunicable Diseases and Environmental Health (NDE), WHO/SEARO
- Presentations (20 minutes each):
 - 1) Regional NCD burden and action plan
Dr Renu Garg, Regional Advisor (NCD), WHO/SEARO
 - 2) The global NCD response and the role of civil society
Ms Johanna Ralston, CEO, World Heart Federation / Steering Group member of NCD Alliance
 - 3) The opportunity and challenge of sectoral cooperation for NCD prevention and control
Sir George Alleyne, Director (Emeritus), Regional Office for the Americas, WHO

1030–1100

Group photo, TEA / COFFEE and networking

1100 – 1300

SESSION 1: Profiling SEAR NCD Civil Society

This plenary session will aim to provide an overview of NCD civil society in the SEA Region, highlighting strengths, challenges, opportunities and good practices.

Moderator: *Dr Srinath Reddy, President, Public Health Foundation of India*

- Presentation of draft background paper: Mapping SEAR NCD CSOs – Areas of work, experiences, challenges, lessons learnt and good practices
Ms Shoba John, Programme Director, Health Bridge (20 minutes)

Discussion

- Presentations from selected CSOs on organizational experiences, challenges, lessons learnt (8–10 minutes each):
 - 1) The NCD Alliance, Nepal – Dr Prakash Regmi, President, Nepal Heart Foundation
 - 2) Eminence Associates, Bangladesh – Ms Shusmita Khan, Coordinator
 - 3) Alcohol and Drug Information Centre, Sri Lanka – Mr Pubudu Sumanasekara, Executive Director
 - 4) Southeast Asia Tobacco Control Alliance, Thailand – Ms Bungon Rithiphakade, Executive Director

Discussion

1300–1400

LUNCH and networking

1400–1600

SESSION 2: Consensus on current capacity of SEAR NCD CSOs and their contribution to the South-East Asia Regional NCD Action Plan

Moderator: *Dr Thaksaphon Thamarangsi, Director (NDE), WHO/SEARO*

– Group Work

Participants will be divided into four groups. Each group will be asked to undertake a SWOT analysis of the current status and capacity of regional CSOs. Drawing upon the SWOT analyses, each group will focus on the role CSOs can play in supporting implementation of the SEAR NCD Action Plan. Groups will also identify and prioritize common capacity-building needs of CSOs in order to participate in efforts for the prevention and control of NCDs.

- Group 1: Advocacy and multisectoral partnerships
- Group 2: Reduction of risk factors
- Group 3: Health systems strengthening and delivery of NCD services
- Group 4: Surveillance and research

– Report/presentation of group work

1600–1615

TEA / COFFEE

1615–1715

SESSION 3: Collaboration between WHO and civil society

The plenary session will facilitate exchange of ideas on principles of engagement between WHO and NGOs

Moderator: *Dr Francisco Katayama, Technical Officer, Partnerships, Interagency Coordination and Resource Mobilization, WHO/SEARO*

Discussion

1900

RECEPTION at The Oberoi Hotel



DAY 2 – FRIDAY, 10 JULY 2015

0900–1030

Recap of DAY 1

SESSION 1: The Role of SEAR civil society in monitoring the NCD response at national and regional levels

This plenary session will discuss the WHO monitoring framework for NCD prevention and control and the role of civil society in national- and regional-level monitoring

Moderator: *Ms Aishath Shiruhana, Chief Executive Officer, Diabetes Society of the Maldives and Dr Prakash Gupta, Director, Healis, Sekhsaria Institute for Public Health*

- WHO NCD monitoring framework

Dr Renu Garg, Regional Advisor (NCD), WHO/SEARO

- National NCD monitoring mechanisms

Sir George Alleyne, Director (Emeritus), Regional Office for the Americas, WHO

- NCD civil society reports/Benchmarking (country case studies)

Ms Katie Dain, The NCD Alliance, UK

Discussion

1030–1100

TEA / COFFEE and networking

1100–1300

SESSION 2: Identifying priorities for SEAR CSOs

This breakout session will define and agree on NCD priorities for concerted regional advocacy action as well as identify opportunities for CSO collaboration, including the potential for new NCD Alliances. An action plan for regional advocacy efforts will be defined for mobilization and follow up.

Presentation of prioritization exercise and matrix by Katie Dain with discussion and validation of proposed methodology (20 minutes)

Group work:

Individual groups will conduct the prioritization exercise to identify the top three policy/ interventions for regional action.

1300–1400 LUNCH and networking

1400–1530

SESSION 2 (contd): Identifying priorities for SEAR CSOs

Moderators: *Dr Htay Lwin, People's Health Association, Myanmar and Ms Shoba John, Programme Director, Health Bridge*

- Group work presentations (Individual groups report back to the larger group and all policy options reported back are listed for consideration and discussion by the larger group)
- Discussion and consensus building around regional priorities (use of the prioritization matrix selection criteria to guide discussions)
- Development of joint follow-up plan and collaboration strategies to deliver on agreed priorities

1530–1600

TEA / COFFEE and networking

1600–1700

SESSION 3: Conclusions and follow up

This session will summarize the 2-day proceedings and will agree on a list of follow-up actions for increased engagement and action of SEAR NCD civil society as part of a broader multisectoral response to NCDs.

Moderators: Dr Thaksaphon Thamarangsi and Ms Katie Dain

Conclusions

Follow-up actions

Closing



PROVISIONAL AGENDA

1. Opening
2. Regional NCD Action Plan and priorities
3. Contributions of NGOs to the NCD agenda:
 - a. Current status
 - b. Lessons
 - c. Challenges
4. How NGOs/civil society can further contribute to Regional NCD priorities in:
 - a. Advocacy
 - b. Reduction of risk factors
 - c. Health systems and delivery of NCD services
 - d. Surveillance, monitoring and accountability
5. Capacity building of CSOs
6. Engaging with and measuring the contributions of non-State actors
7. The Global and Regional NCD Alliance forum
8. Conclusions and recommendations
9. Closing

ANNEX 5

LIST OF PARTICIPANTS

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NONCOMMUNICABLE DISEASES are the major cause of morbidity mortality in the WHO South-East Asia Region. The Political Declaration of the United Nations High-Level Meeting on the prevention and control of NCDs in 2011 recognized the important role that civil society and other relevant stakeholders play in supporting national efforts at prevention and control. The WHO Regional Office for South-East Asia, in collaboration with the NCD Alliance, organized a two-day regional meeting on Strengthening NCD Civil Society Organizations in the WHO Regional Office for South-East Asia in New Delhi, India on 9–10 July 2015. The meeting was attended by 94 participants, and aimed to stimulate a stronger civil society movement for the prevention and control of NCDs in the Region. This report presents the deliberations and recommendations of the participants of the regional meeting.



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Regional Office for South-East Asia



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