Multisectoral coordination mechanisms and responses to noncommunicable diseases in the South-East Asia Region

Where are we in 2018?

World Health Organization
REGIONAL OFFICE FOR South-East Asia

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Contents

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WHO country offices, in particular the NCD focal points and their teams in the countries, facilitated the collation of country documents and interviews.

The document was produced under the guidance of Dr Thaksaphon Thamarangsi. Dr Palitha Mahipala and Dr Gampo Dorji of the NCD unit at the WHO Regional Office for South-East Asia conceptualized and cordinated the assessment. Ms Shobha John conducted the field work. The NCD Programme Coordinator and Regional Advisers helped in developing the framework for the situational analysis, gave valuable insights into country contexts, and reviewed and finalized the report.

List of interviewees

- Dr Md Rizwanul Kareem (Shameem), Programme Manager, Noncommunicable Diseases Control, Directorate of Health Services, Bangladesh
- Ms Pemba Yangchen, Deputy Chief Programme Officer, Department of Public Health, Ministry of Health, Bhutan
- Mr Rajeev Kumar, Director (NCD), India
- Dr Cut Putri Arianie, Director, NCD Department, Indonesia
- Mr Hassan Mohammad, Health Promotion Department, Ministry of Health, Maldives
- Dr Kyaw Kan Kaung, Director, NCD Department, Myanmar
- Dr Dipendra Raman Singh, MoHP, Nepal
- Dr Tilak Siriwardana, Director, NCD, Sri Lanka
- Dr Supattra Srivanichakorn, Disease Control Department, Ministry of Public Health, Thailand
- Dr Frederico Bosco Alves dos Santos, Head of Noncommunicable Disease and Mental Health Department, Timor-Leste

Executive summary

At the meeting on the 2015 UN Sustainable Development Goals and the commitments made in the outcome documents of the 2011 and 2014 UN High-level Meetings on Noncommunicable Diseases (NCDs), the countries of the South-East Asia (SEA) Region agreed to take several steps to establish NCD governance mechanisms and amplify their multisectoral response to NCDs.

All countries in the Region have adopted a multisectoral action plan to address the NCDs. In keeping with the plans, most countries have established a national NCD governance body for multisectoral coordination. Health ministers chair the governance bodies in seven out of the 11 Member States of the SEA Region, demonstrating the Region's increasing recognition of the importance of political leadership in NCD governance. In India and Indonesia, the health ministry officials coordinate with various ministries through issue-based groups.

While all countries in the Region have some meeting mechanism for multisectoral coordination, the frequency of meetings was less than that envisaged in their multisectoral action plans (MSAPs), with Sri Lanka and Maldives being the exception. Across the Region, subnational NCD response is largely limited to the health sector, with functional NCD coordination mechanisms yet to emerge at these levels. Nevertheless, tobacco control now has subnational coordination mechanisms and actions in most countries in the Region.

The NCD coordination units are almost always located in the health ministry. However, these units are understaffed, underskilled and under-resourced, thus delaying governing body meetings, follow-up on its decisions, outreach to other sectors and monitoring progress of MSAP implementation. In all countries, the ministries of health reported gaps in competency and skills to coordinate with other sectors. The gaps were reported primarily in technical, managerial, leadership and coordination skills.

The lack of adequate human and financial resources is among the top impediments to NCD governance and multisectoral response in all SEA Region countries. The divergent sectoral mandates, industry interference, political pressures and lack of clarity of roles are among the other challenges to multisectoral response in the Region.

The countries of the SEA Region have employed several good practices in NCD governance and multisectoral response to overcome the challenges. These include leveraging: parliamentary processes to stimulate non-health sector response in Bangladesh & Myanmar; NCD targets in Bhutan's development plans; legislative mandate for multisectoral coordination for tobacco control in DPR Korea; interventions that yield early visible results in India; presidential decree on healthy lifestyle movement in Indonesia; improved participation through shared responsibilities in NCD governance in Maldives and Thailand; non-health infrastructure for NCD service delivery in Nepal; community leaders participating in NCD response in Timor-Leste; seed funding to stimulate non-health sector action in Sri Lanka.

The multisectoral strategies have yielded visible policy results on tobacco and air pollution. It has also stimulated school-based interventions promoting healthy eating and physical activity. Among the NCD risk factors, alcohol control calls for greater collaboration across the sectors. There is urgent

need for cross-sectoral action to regulate affordability, availability, accessibility and the marketing of tobacco, alcohol and sugar-sweetened beverages across the Region.

Countries of the Region also need to urgently engage their political leadership at the highest level, revitalize their governance bodies, equip coordination units and the non-health sector, identify sustainable resources, develop the business case for action and safeguard NCD policies from private sector interference.

WHO and other partners are urged to facilitate capacity-building, knowledge sharing and facilitate dialogue between sectors, share good practices and provide technical support for building systems for NCD governance and accountability.

List of acronyms

BNCA	Bhutan Narcotics Control Agency
BAFRA	Bhutan Agriculture and Food Regulatory Authority
CSO	civil society organization
DGHS	Directorate-/Director-General of Health Services
GAP	Global Action Plan for the Prevention and Control of NCDs (2013–2020)
HFSS	high fat sugar salt
INGO	international nongovernmental organization
LPG	liquefied petroleum gas
MoU	memorandum of understanding
MoH	Ministry of Health
MoHFW	Ministry of Health and Family Welfare
MoHP	Ministry of Health and Population
MSAP	multisectoral action plan
NPCDCS	National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke
NCD	noncommunicable disease
NDD	neurodevelopmental disability
NGO	Nongovernmental organization
NMNCC	National Multisectoral NCD Coordination Committee
NSC	National Steering Committee
RBP	Royal Bhutan Police
SDG	Sustainable Development Goal
SEA Region	South-East Asia Region

List of tables and figures

Section 1

Background and methodology

Background

The causes and consequences of noncommunicable diseases (NCDs) go beyond the health sector. Multisectoral coordination is therefore key to the response to NCDs and the implementation of national NCD multisectoral action plans (MSAPs). The UN Sustainable Development Goals (SDGs), and specifically Goal 17, requires countries to establish multisectoral partnerships to mobilize and share knowledge, expertise, technology and financial resources for sustainable development goals in all countries. The declaration of the 2011 UN High-Level Meeting on NCDs, the 2014 UN High–Level Meeting out-come document, the WHO Global NCD Action Plan for the Prevention and Control of NCDs (2013–2020) (GAP) and the Regional Action Plan for the same period emphasize multisectoral approach as key to the NCD response.

In keeping with these global commitments, Member States in the WHO South-East Asia Region have made consistent efforts in strengthening their national NCD governance mechanisms. In 2015, the Regional Office developed a guidance document to support Member States in establishing and managing robust NCD governance mechanisms. As countries strive to meet their commitment towards reducing the premature mortality from NCDs in line with the 25 by 25 NCD targets of the NCD Global Monitoring Framework and the 2030 SDG target, it is important to review the progress with their multisectoral governance mechanisms and its response to the NCDs. Such a review would help identify their common challenges, gaps in response and strategies to accelerate multisectoral action on NCDs.

Therefore, the Regional Office commissioned a *Situational Analysis of the Multisectoral NCD Governance Mechanisms and Response to Implementing the National NCD Multisectoral Action Plans (MSAP)* in countries of the Region.

Objectives

The situational analysis aimed to:

1. Undertake a desk review of national NCD governance mechanisms and their role in the implementation of multisectoral action plans.
2. Identify challenges, gaps and practical strategies for effective multisectoral governance and accelerated national response to NCDs.

Methodology

The situational analysis was based on a desk review followed by in-depth interviews.

The desk review analysed country documents pertaining to governance mechanisms for NCDs and policies and programmes resulting from multisectoral action. A standard list of nine thematic areas was provided for country NCD focal points and WHO NCD focal points to collate and share documents. The literature received was analysed using a thematic framework and common threads and divergent trends identified.

In-depth interviews were conducted with country NCD focal points using a standard interview guide (Annexure). The interviews were done over electronic platforms. Nine of the 11 countries in the Region completed the interviews. DPR Korea provided written responses to the interview questions. Indonesia responded briefly in writing.

Data from the interviews was analysed using a conceptual framework. The results of the analysis, verified by country focal points, are presented in this report by countries first, followed by a discussion on regional trends.

Report structure

The report is organized in the following sections:

- **Country summaries** that provide a snapshot of the multisectoral governance mechanisms and responses.
- **Country profiles,** which provide the detailed status, processes, challenges and strategies and needs.
- **Regional situation** that presents the trends in the SEA Region

Recommendations based on country and global good practices for strengthening multisectoral coordination and response.

Section 2

Country summaries

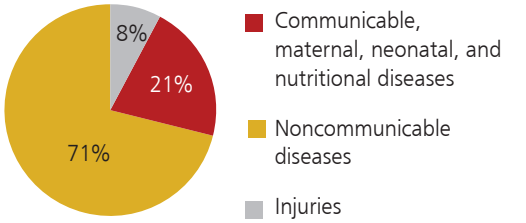
BANGLADESH

Population[1]**:** 161 201 000

Status of NCD Multisectoral Action Plan (MSAP): Bangladesh was among the first few countries in the Region to draft the MSAP in 2015. The Ministry of Health finalized and approved the MSAP in May 2018. The health sector activities in the plan have been set in motion.

Status of NCD governance mechanism: A National Multisectoral NCD Coordination Committee (NMNCC) comprising 21 ministries is envisaged in the plan. The Health Minister is its designated Chair, with the Health Secretary to serve as Member Secretary. The Line Director for NCD Control, DGHS, and Joint Secretary for Public Health & World Health would serve as joint secretaries of the NMNCC. The members of the committee have been nominated, and its first meeting held in 2018.

NCD mortality



Source: Global Burden of Disease, 2016

Political leadership: The Parliamentarians' NCD Forum chaired by the House Speaker brings together parliamentarians from different parties to address NCD concerns. The Health Minister monitors progress on NCD targets with ministry officials on a quarterly basis. The government's interest in improving NCD public health services needs to be translated into delivery of NCD preventive and curative care interventions in the country.

Coordination unit: The NCD Control Programme in the Directorate-General of Health Services is the designated coordination unit for NCD governance in the country. Currently, two programme managers and two deputy programme managers implement the MSAP activities related to the health sector. There is need for a full-time position, skilled specifically to undertake the multisectoral activities and to facilitate coordination across sectors.

Major multisectoral activities: The coordination mechanism for tobacco control helped to introduce tobacco package warnings and ban smoking in public places. Similarly, the Autism & Neuro Developmental Disease Cell in the Ministry of Health collaborated with multiple ministries to develop the National Strategic Plan for Autism and Neurodevelopmental Disorders in 2016. Bangladesh urgently needs to implement a similar robust multisectoral mechanism for NCDs and begin implementing the NCD action plan.

1 All country population estimates are from UN DESA as of 1 July 2015.

Key good practices on multisectoral action

- **Sensitization of stakeholder ministries:** The Ministry of Health and Family Welfare conducted a series of workshops on the relevance of NCD interventions for diverse sectors in preparation for the development of the NCD MSAP.
- **Leveraging other NCD-related plans in the health sector:** At the start of each year, the DGHS Coordination Cell organizes an annual meeting of all line directors to help find synergy and avoid wasteful expenditures across plans. This is followed up at the monthly videoconference calls of directors, assistant directors and district programme managers.

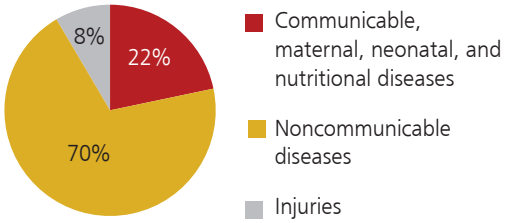
BHUTAN

Population: 787 000

Status of NCD Multisectoral Action Plan (MSAP): Replacing the 2009 National Policy and Strategy Framework on Prevention and control, Bhutan's Cabinet adopted an MSAP in 2015.

Status of NCD governance mechanism: Chaired by the Health Minister, a two-layered multisectoral structure was established in 2015.

NCD mortality



Source: Global Burden of Disease, 2016

The top-level National Steering Committee (NSC) would lend political leadership and oversight to the three thematic implementation subcommittees (ISCs) that are envisaged to provide technical support. However, currently there is only a single subcommittee to address the three thematic areas. The NSC and ISC have met four times since 2015. However, the NSC is expected to meet twice and ISCs thrice, annually. There is no distinct multisectoral coordination mechanism for NCDs at the subnational levels.

Political leadership: Led by the Minister of Health, the NSC has been proactive in the past in developing systems and processes for effective implementation of the country's NCD MSAP. However, there is a need for multisectoral coordination at subnational levels. The Queen Mother has championed the cause of NCDs among communities and the local government.

Coordination unit: The MSAP requires the Secretariat to maintain ongoing coordination with subcommittees and review development. Currently, the Lifestyle Related Disease Programme (LSRDP) in the Ministry of Health provides coordination support to Bhutan's NCD governance mechanism but with limited resources in staff time. The lack of dedicated staff for coordination has presented serious challenges for implementation of NCD MSAP to stimulate multisectoral action on NCDs across the country.

Major multisectoral activities: Despite hurdles, Bhutan is implementing the activities in its MSAP. The implementation subcommittee has developed strategies for National Salt Reduction for submission to the NSC. Meanwhile, various other authorities such as the Road Safety & Transportation Authority and the Health Ministry's mental health programme have been working on reducing drink–driving and de-addiction respectively.

Key good practices in multisectoral action

- **Governance and Implementation:** Develop systems and processes for coordinated response to NCDs and monitoring their progress
- **Champions & Leadership:** Engage champions of lifestyle and health influencers to promote NCD's cause.
- **Community engagement:** Engage the community through grassroots intervention.
- **Sharing resources due to singular objective:** Align NCD targets with National Development Indicators to leverage mandate and resources for NCD interventions across sectors.

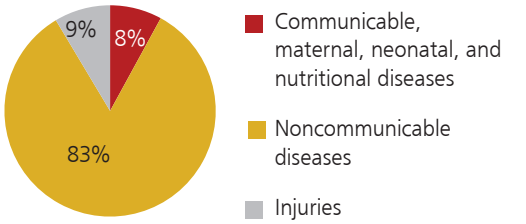
DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA

Population: 25 000 000

Status of NCD Multisectoral Action Plan (MSAP): The National Strategic Plan for the Prevention and Control of Noncommunicable Diseases 2014–2020 that guides the country's response to NCDs was adopted in 214.

Status of NCD governance mechanism: Under this plan, a national multisectoral coordination committee for NCD prevention and control was organized as a non-standing committee in 2014. It is a committee set up at the level of vice-ministers and chaired by the Minister of Public Health. The members of the committee include vice-ministers from the Ministry of Public Health, Ministry of Education, Ministry of Security, Academy of Medical Science, Ministry of Sports, Ministry of Agriculture, Ministry of Foreign Affairs, Central Committee of Broadcasting, Health Education Institute, Central Committee of the Kim Il Sung-Kim Jong Il Youth League, and the central committees of women's associations and workers' association. Since 2014, a multisectoral workshop has been organized once a year.

NCD mortality



Source: Global Burden of Disease, 2016

Additionally, members of the multisectoral coordination committee discussed multisectoral activities on the occasions of World No-Tobacco Day, World Health Day and the month for health education. Plans are afoot to restructure the committee and bring more regularity in its meetings and work.

Political leadership: The political commitment to tobacco control has led to its revision and adoption by the Supreme People's Assembly thrice. The revised legislation stipulates its implementation not only by the MoPH but also other relevant sectors. These contents provide the political basis for multisectoral action on tobacco control. The Cabinet has also displayed its commitment in issuing circulars for the implementation of the tobacco control law.

NCD coordination unit: The Ministry of Public Health is responsible for the implementation of the plan and the multisectoral coordination necessary to facilitate it. The NCD Secretariat in the Ministry is managed by a section chief and two researchers from the National Institute of Public Health Administration. The latter provides technical and professional support for the coordination committee, develops plans for the implementation of the MSAP and prepares progress reports.

Major multisectoral activities: The country has identified key priorities for multisectoral action. This includes tobacco and alcohol, prevention of traffic injuries and disasters, and promotion of physical activity and healthy diet.

Priority areas for multisectoral coordination

- Ensure sustainability of NCD governance through a standing committee.
- Identify and share the role of multiple sectors in the implementation of MSAP.
- Organize capacity-building of staff across sectors in NCD interventions.
- Initiate policies and activities to accelerate the implementation of the MSAP.

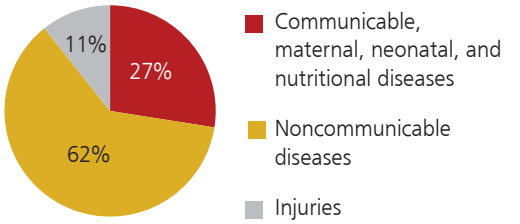
INDIA

Population: 1 309 054 000

Status of NCD Multisectoral Action Plan: Despite being the global forerunner in developing a national monitoring framework for NCDs in 2013, India's National MSAP for Prevention and Control of NCDs (2017–2022) was finalized and approved by the Union Government only in 2018.

Status of NCD governance mechanism: The Ministry of Health and Family Welfare has set up an interministerial committee under the chairmanship of the Secretary, Health & Family Welfare, which coordinates the multisectoral interventions with other ministries, with the provision to escalate unresolved matters for resolution to the Committee of Secretaries under the chairmanship of the Cabinet Secretary. Between 2013 and 2018, the Secretary for Health & Family Welfare has convened five high-level, inter-ministerial consultations with different stakeholders to discuss and finalize the NCD MSAP. High-level interministerial meetings were conducted under the chairmanship of the Additional Secretary with different ministries and other stakeholders to advance action on various NCD risk factors. During this period, the ministry has also held nearly 30 multisectoral meetings which include meetings of issue-specific task forces. NCD cells have been established within the health system in over 70% of the districts in the country. However, multisectoral coordination mechanisms are yet to be functional in many of the states. State- and district-level coordination committees are functional for tobacco control. The ministry is also conducting an assessment in six states to explore existing practices of multisectoral collaboration across health and non-health sectors at the state level; and to examine the existing platforms and structures that can foster the operationalization of multisectoral response.

NCD mortality



Source: Global Burden of Disease, 2016

Political leadership: In 2016, the Prime Minister launched a scheme to provide 50 million cooking gas connections to poor households in three years to reduce household air pollution. The health and finance ministers have worked to place tobacco and sugary drinks in the highest tax bracket in the country's new Goods & Services Tax regime. A population-based screening of major NCDs has been initiated in a third of the districts in the country. Ayushman Bharat Yojana, 150 000 health and wellness centres have been envisioned and screening and insurance for chronic diseases for 500 million people.

Coordination unit: Currently, four different agencies of the health ministry manage the coordination of the four strategic priorities in the country's MSAP. While the Ministry of Health and Family Welfare coordinates the multisectoral coordination component, the Indian Council of Medical Research attends to surveillance

and monitoring, the Directorate-General of Health Services strengthens the health system, and a Health Promotion Society or National Institute of Chronic Diseases is envisaged in the National Health Policy to be set up for the health promotion strategy.

Major multisectoral activities: Relevant ministries have been working in the area of indoor air pollution, high in fat, sugar and salt (HFSS) food, unhealthy food in schools, and on promoting healthy lifestyle among students. Among the NCD risk factors, tobacco has witnessed relatively higher levels of multisectoral action and policy interventions in India. Drafting of regulation for front-of-pack labelling for the prevention of exposure of HFSS food to children and voluntary action by some food and beverage industry majors in not advertising HFSS and SSBs to children below 12 years of age and reformulating the products to reduce salt and trans-fats have been important actions taken in the food sector. The government has launched a sports scheme to cover about 200 million children, and yoga interventions are being included in health and wellness centres. Urban rejuvenation and Smart City schemes have included healthy living interventions.

Key good practices in multisectoral action

- Identifying priority sectors and adopting a dual strategy with converging and divergent sectors produces good results in advancing the multisectoral agenda.
- It is important to showcase the early and visible advances made by working with like-minded sectors to inspire other stakeholders into taking early action.
- Deeper, continuous and sustained dialogue and interactions are important to engage ministries, departments and other stakeholders, particularly those with a conflicting mandate.
- Leverage the expertise and strengths of intergovernmental and nongovernmental partners in removing roadblocks and building stepping stones.
- **Political Leadership**

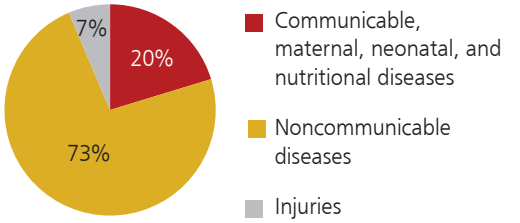
INDONESIA

Population: 261 000 000

Status of NCD Multisectoral Action Plan: In 2016, Indonesia adopted the National Strategic Action Plan for the Prevention and Control of NCDs 2016–2019. A Presidential decree stipulates the roles and responsibilities of various ministries in NCD prevention and control as part of the healthy lifestyle movement.

Status of NCD governance mechanism: A Joint Steering Committee led by the Vice-President or the Minister of Health is envisaged to coordinate the multisectoral NCD response among various sectors. Information on the functioning of the Secretariat was not available for this exercise. The NCD committees are intended to be constituted at the provincial and district levels under governors and mayors respectively but had not been formed at the time of the exercise.

NCD mortality



Source: Global Burden of Disease, 2016

Political leadership: The Presidential decree calls for creating a healthy lifestyle movement across sectors and the country. The proposed national coordination mechanism is expected to enjoy political leadership at the level of the Vice-President's Office

Coordination Unit: Unlike in other SEA Region countries where coordination units are housed in the health ministry, Indonesia's Joint Secretariat for NCDs is to be constituted and managed by the Coordinating Ministry for Human and Cultural Development. The Health Ministry is a part of this coordinating ministry.

Major multisectoral activities: The Ministry of Health has begun to advocate NCD concerns with high-level functionaries in priority government agencies. The results are awaited.

Priority areas for multisectoral coordination

- Establish national joint steering committee and subnational NCD committees to facilitate the multisectoral implementation of the MSAP.
- Enact laws to address NCD risk factors comprehensively.
- Counter the pressure from industries whose actions contribute to the NCD burden.
- Sensitize local political leaders to prioritize NCDs at subnational levels.

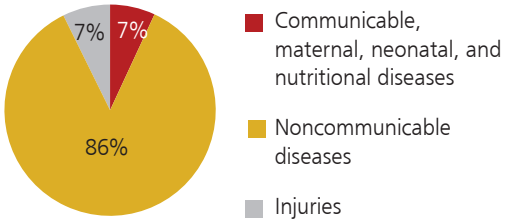
MALDIVES

Population: 418 000

Status of NCD Multisectoral Action Plan (MSAP): Through a consultative process involving stakeholders that began in 2014, Maldives developed a four-year multisectoral action plan for NCDs in 2016.

Status of NCD governance mechanism: The NCD Steering Committee set up in 2017 has met seven times since. The meetings saw participation by politically influential officials who could open high-level political dialogue on NCDs. Apart from agencies that are directly relevant to NCDs, the Steering Committee also includes personnel from the Human Rights Commission and the Office of the Attorney-General, which bolsters political support.

NCD mortality



Source: Global Burden of Disease, 2016

Political leadership: Promulgated through a Presidential order, the NCD Steering Committee is set up under the Health Minister's leadership, to enlist the commitment of the health sector. The Health Minister held advocacy meetings with various government ministries, personally mobilizing multisectoral support. Additionally, a Co-chair from the public service media, a non-health sector representative was established in the Steering Committee to bring greater parity and ownership across sectors.

Coordination unit: The NCD Division in the Health Protection Agency serves as the Secretariat of the Steering Committee. The staff in the unit, fully occupied with the health sector workplan, are stretched to organize meetings and facilitate coordination among sectors. There is no full-time staff for coordinating the committee's work, making follow-ups on committee decisions challenging.

Major multisectoral activities: The Ministry of Education has incorporated NCD lifestyle components in its school health programme, and finalized the school food and canteen guides. Food-based dietary guidelines have been developed for the general public. Maldives has also imposed high tariffs on cigarettes, energy and fizzy drinks and enacted a tobacco control law.

Key good practices in multisectoral action

- **Shared leadership:** Co-chair for the NCD governance mechanism from non-health sector brings greater parity and ownership across sectors.
- **Political participation:** Participation of vice-ministers, who are political appointees, in the NCD governing body opens the door to high-level political dialogue on NCDs, cross-sectoral coordination and legislative advocacy.
- **Public Campaigns:** Public campaigns are a great tool to create supportive environments for NCD action.

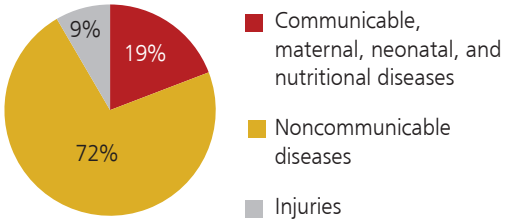
MYANMAR

Population: 52 404 000

Status of NCD Multisectoral Action Plan (MSAP): Myanmar prioritized NCDs in its National Health Plans and released its National Strategic Plan on NCDs in September 2017.

Status of NCD governance mechanism: A formal mechanism for dialogue and coordination between ministries focusing on NCD priorities is yet to be set up. The MSAP has proposed a National Technical Strategic Group on NCDs under the Myanmar Health Sector Coordinating Committee. A Health System Steering Committee in the Ministry of Health and Sports is also being considered to support NCD action across relevant agencies. In the absence of an NCD coordination mechanism at the subnational level, the Municipal Corporations of major cities collaborate closely with the central health ministry in enforcing laws pertaining to NCDs.

NCD mortality



Source: Global Burden of Disease, 2016

Political leadership: Through various outreaches and community engagements, the Health Minister has been championing the health literacy programme. Various mediums of radio, television and community health worker workshops are used to promote health messages.

Coordination unit: The NCD division in the Ministry of Health & Sports currently coordinates 11 projects on specific NCDs. A limited team oversees the projects, and within the team only a few staff members are involved with the major NCDs. The NCD division faces serious human resource challenges in terms of limited staff and inadequate competence levels with the multisectoral coordination itself requiring almost double the division's existing staff strength.

Major multisectoral activities: Myanmar has made consistent efforts in tobacco control. A multisectoral committee has been functional for tobacco control; similar coordination mechanism for NCDs is under consideration. The ministries of health and civil society partners have conducted dissemination workshops to identify the roles and responsibilities of various sectors in the strategic plan. The country now needs to institute the multisectoral NCD governance mechanism at all levels to implement the activities envisaged in the NCD MSAP.

Key good practices in multisectoral action

- **Strengthen existing mechanisms:** Bolster the programme and mechanism that is present, and set up multisectoral mechanism in sync with it.
- **Community engagement:** Create and disseminate user-friendly messages to create a favourable environment for action on NCDs.
- **Leveraging funding & partnership:** Leveraging support of donor organizations and allied programmes help to enlist human resource for the NCD programme.

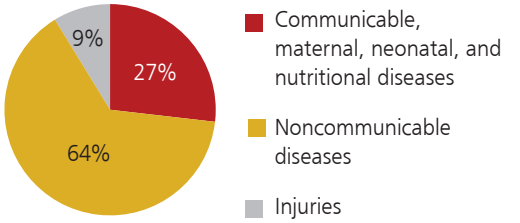
NEPAL

Population: 28 656 000

Status of NCD Multisectoral Action Plan (MSAP): In 2014, Nepal developed an NCD MSAP (2014–2020) that comprehensively addressed NCD concerns including indoor air pollution and mental health, with clear terms of reference for a high-level NCD governance mechanism in the country.

Status of NCD governance mechanism: Nepal established an executive-led High Level Committee headed by the Chief Secretary for overall policy direction in 2014. The same year, a National Steering Committee for NCDs chaired by the Secretary, Ministry of Health and Population (MoHP), was set up under it to lead implementation of the MSAP. The Committees has met twice since formation. While the nationwide political processes led to delays in meetings, the health ministry organized several inter-sectoral meetings to advance NCD action. A Coordination Committee for NCDs lends technical support for MSAP implementation.

NCD mortality



Source: Global Burden of Disease, 2016

Political leadership: The Chief Secretary chairing the High-level Committee is envisaged to steer the leadership of the Office of the Prime Minister. The political support for NCDs is also reflected in the various health programmes, including free screening for cervical and breast cancers to marginalized groups for cancers, as well as heart and kidney diseases among others. A subsidy of Nepalese Rupee 100 000 is provided for eight conditions (kidney disease, heart disease, cancers, Parkinson's disease, Alzheimer disease, head and spinal injury and sickle cell disease).

Coordination unit: The Health Coordination Division at the MoHP is responsible for multisectoral coordination for the implementation of the MSAP for NCDs. The NCD section in the Department of Health Services under the Epidemiology and Disease Control Division and Health Coordination Division of the health ministry coordinates all the tasks of the NCD MSAP. The staff are able to dedicate only a part of their time specifically for coordination with other sectors.

Major multisectoral activities: Active participation of the Home Ministry and the leadership by its minister have led to issuance of the alcohol regulation and executive order. The MoHP also developed policies, reports and standards on several NCD risk factors including mental health, tobacco packaging and cleaner fuels to address household air pollution. However, timely meetings of the governance committees are critical to advance major policies and decisions for full implementation of the MSAP.

Key good practices in multisectoral action

- **Distinct technical support:** A technical support committee shares the work load of NCD coordination units and expedites the implementation process.
- **Champion leadership:** Political leaders who have experienced NCDs make great champions for the cause.
- **Leveraging infrastructure of non-health sectors:** Utilize health delivery infrastructure of non-health sectors for expanding community access to NCD services, and include NCD-related activities in other line ministries.

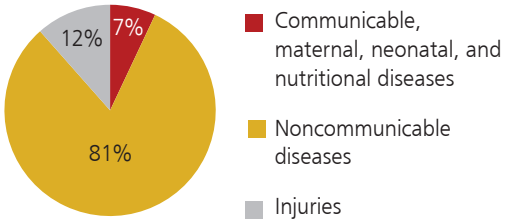
SRI LANKA

Population: 20 714 000

Status of NCD Multisectoral Action Plan (MSAP): Adopted in 2013, MSAP became operational in Sri Lanka in 2016.

Status of NCD governance mechanism: Under the leadership of the Minister of Health a high-level National NCD Council lends oversight to the MSAP, whereas an NCD steering committee led by the Health Secretary coordinates the implementation. The council, consisting of 16 agencies, has met twice since its inception in 2017. Ministry of Internal Affairs is responsible for subnational NCD coordination, with a civil servant in the ministry heading district-level administration.

NCD mortality



Source: Global Burden of Disease, 2016

Political leadership: The country's unique historical and cultural context has prioritized health not only in political discourse and public policy but also as a central issue in elections, making its way into political party manifestos. All this has made the office of the Health Minister a powerful one. The Health Minister leads the National NCD Council and Health Secretary leads the Steering Committee coordinating the MSAP implementation at the executive level. The political commitment at the level of Head of State has elevated NCDs to be a national priority, evoking multisectoral collaboration.

Coordination unit: The NCD unit in the Ministry of Health coordinates the work of the National NCD Council. The Deputy Director-General and NCD Director lend part of their time to oversee the work of the coordination units with other staff members who carry out the work of the secretariat. However, a lack of adequate staff causes work overload, leading to delay in executing activities.

Major multisectoral activities: With the existing culture and history of focus on health, the multisectoral response to NCDs has been built through a series of activities by various ministries including the Ministry of Youth and Sports in promoting physical activity; Agriculture in increased production of fruits and vegetables; Environment on air pollution and Education in promoting healthier lifestyles. However, dedicated staff time is critical for sustained coordination across sectors.

Key good practices in multisectoral action

- **High-level political commitment:** A focus on health by the Head of State elevates NCDs to be a national priority encouraging multisectoral collaboration.
- **Progress review:** Regular review of the progress by the National NCD Council could lead to timely output and implementation of the interventions.
- **Community engagement:** Create opportunities for community engagement to bring about lifestyle changes.
- **Seed funding:** Initial seed funding could stimulate initiative, ownership and resourcing of NCD interventions among non-health sectors.

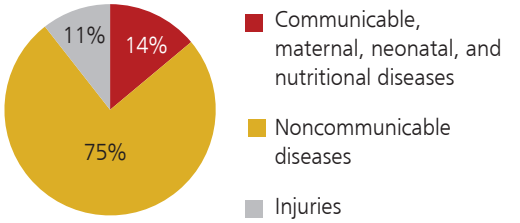
THAILAND

Population: 68,658,000

Status of NCD Multisectoral Action Plan: In Phase 2 of Thailand's Healthy Lifestyle Strategic Plan, a revised National Plan for the Prevention and Control of Noncommunicable Diseases (2017–2021) focusing on six strategic priorities was adopted in 2017. The plan is currently being implemented, beginning at the national level.

Status of NCD governance mechanism: A National NCD Coordination Committee headed by the Minister of Public Health was established in 2018. It has met twice since its inception. Four subcommittees of relevant ministries implement the MSAP's strategic priorities.

NCD mortality



Source: Global Burden of Disease, 2016

The Ministry of Interior is responsible for NCD governance subnationally and this is being considered through existing tobacco and alcohol coordination committees.

Political leadership: The Minister of Public Health leads the implementation of NCD MSAP and the governance body. The political support for NCDs is reflected in the Cabinet's recent approval of sugar tax and the Parliament's positive stance is reflected in the amendment to the country's tobacco control law.

Coordination unit: While there is no dedicated full-time staff managing multisectoral coordination, staff at the Bureau of NCDs in the Ministry of Public Health provide overall coordination to the country's NCD governance mechanism. The subcommittees have secretariats in ministries/agencies as per the nature of the work.

Major multisectoral activities: Informal and formal coordination among relevant ministries has advanced action on sugar tax, salt reduction, tobacco and alcohol control.

Key good practices in multisectoral action

- **Manageable governance structure:** Determine the level of leadership, size, scope and focus of the governance body for its effective functioning.
- **Shared leadership:** Co-chairs for the NCD governance mechanism and shared secretarial functions help build ownership and improve involvement across ministries.
- **Community engagement:** Make people-centric MSAPs, create platforms for public dialogue, engage the community in implementation.
- **Leveraging funding for non-health sectors:** Inclusion of NCD targets in national development plans help develop sectoral workplans and position them for development funding.

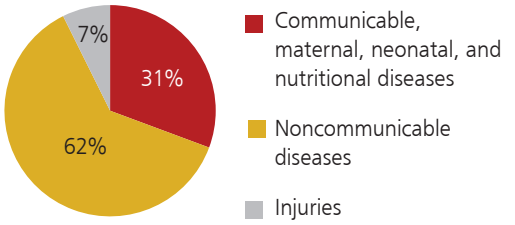
TIMOR-LESTE

Population: 1 241 000

Status of NCD Multisectoral Action Plan (MSAP): Timor-Leste has revised its NCD MSAP (2014–2018) emphasizing multisectoral coordination. The Minister of Health approved the new three-year multisectoral plan for NCDs for Timor-Leste (2018–2021) in September 2018.

Status of NCD governance mechanism: Currently, the Ministry of Health initiates the policy dialogue on specific NCD concerns with the NCD focal points in relevant ministries. However, the MSAP requires an inter-ministerial committee to provide stewardship to the country's multisectoral response. Additionally, a multisectoral NCD Working Group under the Director-General of Health Services will coordinate action across sectors.

NCD mortality



Source: Global Burden of Disease, 2016

Political leadership: The Prime Minister has shown commitment to NCDs by approving the tobacco control legislation. The Vice-Minister and Acting Minister of Health, both medical doctors, bring their experience in primary health care to address NCDs. The Ministry of Finance has also shown support such as to increase taxes on tobacco and alcohol. Political parties are aware of NCDs and include them in their election campaign commitments.

Coordination unit: The proposed secretariat for the committee under consideration is envisaged to be in the Ministry of Health. The MSAP stipulates one full-time person dedicated to coordination among sectors and for the management of the plan. A district-level staff is to be posted under the public health directorate to serve in this position.

Major multisectoral activities: Joint efforts from various sectors have led to reduction in tobacco prevalence. The government has initiated school and community-level NCD interventions. A focus on physical activities involving youth has helped with the NCD action plan. The health ministry has mobilized community leaders to improve health-seeking behaviour.

Key good practices in multisectoral action

- **Committed leadership:** A determined and technically aware political leadership and governance body are crucial for its effective functioning.
- **Shared sectoral efforts:** Joint efforts by various ministries on any NCD risk factor can help achieve its NCD MSAP targets.
- **Community engagement:** Involve the youth and community leaders for MSPA implementation through behaviour change.

Section 3

Country profiles: Multisectoral governance mechanisms & responses

Bangladesh

Bhutan

Democratic People's Republic of Korea

India

Indonesia

Maldives

Myanmar

Nepal

Sri Lanka

Thailand

Timor-Leste

This first meeting of the National Multisectoral NCD Coordination Committee, chaired by the Minister, November 2018.
Photo credit: Dr Md. Rizwanul Karim (shameem)

BANGLADESH

A. NCD governance mechanism

National NCD Multisectoral Action Plan (MSAP): Bangladesh's Health Sector Programmme for 2017–2022 includes plans for national chronic disease control and primary health care. As these plans did not offer specific strategies for multisectoral action, the country developed its National Multisectoral Action Plan for Prevention and Control of NCDs for 2018–2025, with a three-year action plan. The plan was approved in May 2018.

National-level NCD governance: The country is yet to create a governance mechanism for NCDs. Its NCD MSAP stipulates the creation of a National Multisectoral NCD Coordination Committee (NMNCC) in 2018–2019. The health ministry has approved the committee composition along with terms and references and scope of services and the first meeting is anticipated by the end of this year. The Secretariat of the NMNCC has already been established at DGHS.

Structure and leadership: Bangladesh examined the NCD governance mechanisms of India and Nepal, which were set up under the Executive wing of the respective governments. It realized the critical role of political leadership in negotiating action on NCDs with other ministries and piloting laws through Parliament. The NMNCC of Bangladesh is, therefore, envisaged to be chaired by the Minister of Health & Family Welfare, with the Secretary of Health Services Division as its Member Secretary and Joint Secretary Public Health & World Health at the health ministry and Line Director for Noncommunicable Diseases Control (NCDC) at DGHS as Joint Member Secretaries.

Constituents: The committee has representation from 21 other ministries of the government. This includes Ministries of Health, Education, Local Government, Youth and Sports, Industry, Information, Law, Home, Rural Development, Food, Commerce, Agriculture, Housing and Public Works, Road Transport and a representative each from the Prime Minister's and mayor's office. Members of civil society, research organizations, academia and development partners such as WHO, UNICEF, FAO and international NGOs are also proposed to be included on this committee.

Recognizing the role of political leadership in parliamentary processes and cross-sectoral outreach, Bangladesh has proposed its NCD governance committee to be headed by the health minister, instead of an executive functionary Executive.

Meetings: The NMNCC is slated to meet biannually to conduct its business.

Subnational coordination: Similar committees with terms of reference are proposed at divisional, district and sub-district levels. Notably, the subnational coordination bodies are projected to have political advisers such as elected representatives from the division.

Once these committees are fully functional, it will be important to examine the role of these political representatives in advancing MSAP implementation.

B. Political leadership

The Bangladesh government prioritizes health services, providing opportunities to improve NCD-related health services. There are quarterly reviews by the Health Minister of the NCD targets. The election manifesto of the ruling political party mentioned universal health coverage as a priority agenda. The present government seizes every opportunity for political advocacy for NCD-specific goals by ensuring health in all policies through "whole-of-government, whole-of-the society approach".

The country's Parliament has been proactive in addressing the NCDs through its health subcommittee on NCDs. It has organized four meetings with parliamentarians, coordinated by a medical Member of the Parliament (MP) who also serves as the chair of the health advisory committee of the International Parliamentary Union.

The first meeting of Bangladesh' health subcommittee reviewed the burden of NCDs to the country and the role of parliamentarians. Following the first meeting, a leaflet was distributed exhorting parliamentarians to include NCDs in their political speeches. The neext three meetings each addressed, "NCDs & universal health coverage", "Tobacco control as an NCD best buy" and "Economic impact of NCDs", setting out the agenda for parliamentary action. These deliberations led to a Parliamentary NCDs Forum in collaboration with the NCD civil society network called the National Noncommunicable Diseases Network. The NCD Forum brings

Objectives of the Parliamentarians' NCD Forum

- To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate the country response for the prevention and control of NCDs.
- To advocate policies that help reduce modifiable risk factors for NCDs and underlying social determinants through the creation of health-promoting environments.
- To strengthen and orient health systems to address the prevention and control of NCDs.
- Ensure strict law and monitoring of the applicability and effects.
- Ensure that universal health coverage programmes include NCDs.
- Allocate the required budget for NCD activities, monitoring, prevention and treatment.
- Organize a nationwide NCDs fair and support NCDF to organize the National NCD Conference and prepare the NCDs-related IT toolkit.
- Recognize and specify the NCDs in the upcoming five-year plan of action for health sectors.
- Recognize NCDs as an economic and development agenda rather than only a health agenda.

together parliamentarians across political parties to take ahead the NCD legislative agenda in the Parliament.

The medical parliamentarians' forum of Bangladesh further reflected the in-country momentum at a panel discussion on "Scaling up Action for the Prevention Control of NCDs" on the sidelines of the 2018 United Nations High-Level Meeting on NCDs.

Additional potential areas of work includes increasing the 5% budget allocation to health and subsequent earmarking for NCDs Currently, the government has allocated US$ 139.78 million for five years for NCDs (2017–2022). Of this, the budget allocation for multisectoral coordination is only around Bangladesh Taka 5 million. This is meant primarily for workshops and meetings.

C. NCD Coordination Unit

The Line Director for NCDC in the DGHS under the Ministry of Health & Family Welfare is currently implementing the NCD programme following the NCDC operation plan and project implementation plan. There is one Programme Manager (equivalent to the level of Deputy Director) assigned to manage each of the following clusters: major NCDs, tobacco control & mental health, and injuries and emergency preparedness.

The relevant directors in the Ministry of Health & Family Welfare currently implement NCD work that is directly relevant to the ministry. A director-level programme manager manages each of the clusters of major NCDs, tobacco control & mental health, and injuries and emergency preparedness.

While the MSAP provides for two full-time officers to manage a Secretariat for the NMNCC in the Directorate-General of Health Services, dedicated staff for its key functions are yet to be assigned. The country NCD programme considers minimal staffing requirements to include a full-time programme manager for planning and management of the secretariat, alongside a deputy each for coordination and administrative functions.

D. Community participation

The country has found it important to identify the community priorities before shaping services as the needs differ between urban and rural areas. The Healthy City Programme and Vitamin A+ campaign provide opportunities to engage the community through social media, mass media, schools, mosques, NGOs and the tourism ministry. An example of multisectoral community engagement include the disability inclusive NCD services initiative in Shivalaya upazilla of Manikganj district.

E. Multisectoral response to NCDs

Even as Bangladesh awaits the roll-out of its MSAP and the creation of NCD governance committees, it has been coordinating action on some of the NCD concerns under various operational plans of the Health Ministry. Advocacy, partnership and leadership component of these operational plans enabled the health ministry to develop joint workplans with other relevant sectors.

For instance, the National Tobacco Control Cell set up under the National Tobacco Control Plan brought together stakeholders from different ministries, lawyers, journalists and NGOs for FCTC implementation. This collaboration, steered by the tobacco control cell and NCDC-DGHS, has led to the introduction of legislation requiring picture-based health warnings covering 50% of tobacco packs and a ban on smoking in public places and vehicles.

A baseline survey for a comprehensive situational analysis is in progress to create a "City Health profile" to understand the current status and to plan future interventions to combat

NCDs and promote universal health coverage in selected cities of Bangladesh.

Similarly, the fourth Health Population Nutrition Sector Programme (HPNSP) incorporated NCD screening and NCD-related health promotion services in an essential service package which is delivered through community clinics with a view to provide primary NCD interventions at the doorstep of the community.

An Autism & Neuro Developmental Disability (NDD) Cell was set up with the collaboration of the ministries of health, social welfare, primary education, women and child development, academia and NGOs. This multisectoral effort has led to the development of the National Strategic Plan for Autism and Neurodevelopmental Disorders in 2016. An integrated autism and NDD service model has also been operationalized in Keranigonj and Kurigram subdistricts.

F. Challenges to effective NCD governance and multisectoral response

The health sector faces staff capacity challenges. There is lack of capacity in the DGHS to form a robust Secretariat that has the ability to utilize the emerging frameworks such as healthy city initiatives, universal health coverage and SDGs to advance NCD action. For instance, the secretariat needs to have skilled human resource with adequate technical capacity and conceptual expertise to adapt the healthy city concept into the local context with a view to create a health supportive environment through healthy settings in the cities.

The divergent mandate among stakeholders raises roadblocks for multisectoral coordination. For example, raising taxes on alcohol, tobacco or unhealthy food often meets with resistance from ministries of finance and industry that are central to the policy. It is important to showcase the catastrophic as well as out-of-pocket expenditure from tobacco-related diseases. Therefore, advocacy needs to be designed not only on the basis of health impact but also on the economic and development impact of tobacco. To this end, the Ministry of Health & Family Welfare conducted several workshops to sensitize other sectors and make the NCD MSAP relevant to their contexts.

G. Strategies for effective NCD coordination

Bangladesh follows some good practices in intrasectoral coordination within the DGHS, which hold lessons for intersectoral coordination with other ministries. The Coordination Cell in DGHS helps find synergy between various health operational plans and avoids overlap between programmes that result in wastage.

The coordination cell in Bangladesh DGHS organizes annual meetings and monthly calls with programme directors and district programme managers for synergy and efficiency across its health sector plans

At the start of the year, all programme directors meet to coordinate their plans under the leadership of the Director-General of Health Services. Additionally, the Director-General of Health Services holds a videoconference with all director district-level programme managers on the first Monday of every month. This approach, for instance, has enabled the Health Ministry to align NCD objectives with the plans of the National Nutrition Service to develop food safety regulations on misleading advertisements of unhealthy food.

Along similar lines, Bangladesh intends to undertake multisectoral response under the NCD MSAP by showcasing early visible progress with like-minded sectors. To this end, it is undertaking

school health interventions with the Ministry of Education to create smoke-free and junk food-free areas near schools. Early results from such cross-sectoral collaboration are expected to stimulate interest among other sectors.

Delays in budgetary release often pose challenges to MSAP implementation in general, and cross-sectoral coordination in particular. The Ministry of Finance's recent notification empowering programme directors to spend up to two installments of funds on approval of the workplan and procurement plan is expected to help avert funding delays in the future.

Additionally, regular transfer of civil servants on an almost quarterly basis brings about frequent changes in NCD focal points in stakeholder ministries and resultant discontinuity in response of various sectors. This calls for the attention of the country's larger civil service management.

H. Capacity needs

The Secretariat needs to organize regular workshops for members of NMNCC to be thoroughly familiar with the MSAP, broader health and development frameworks and NCD specific tools such as the PEN protocol and NCD best buys. The Secretariat team also needs to have specific skills for communication within and outside the health sector, and the skills for reporting and documentation and monitoring and evaluation for tracking indicators that assess progress.

At the same time, there is the need to develop the business case for NCDs as aligned to the mandate of non-health sectors. This would require developing resources that contextualize NCDs in the development agenda and demonstrate their socioeconomic implications.

Priority areas for multisectoral coordination

- Set in motion the National Multisectoral NCD Coordination Committee.
- Implement multisectoral interventions to accelerate implementation of the NCD MSAP.
- Build technical and human resource capacity in the NCD coordination unit.
- Translate the lessons from tobacco control to develop the business case for action on other NCD risk factors.

Providing people centred NCD services at a basic health unit in Bhutan.
Photo credit: District health office, Tsirang, Bhutan.

BHUTAN

A. NCD governance mechanism

The National NCD Multisectoral Action Plan (MSAP): Bhutan's Cabinet adopted the Multisectoral Action Plan for Prevention and Control of NCDs in 2015. Replacing the 2009 National Policy and Strategy Framework on Prevention and Control, this plan lays specific emphasis on a multisectoral response to NCDs. The plan is built around four strategic priorities: (a) advocacy, partnership and leadership, (b) health promotion, (c) health system strengthening, and (d) surveillance and monitoring.

National NCD governance: The National Steering Committee (NSC) under the 2009 Strategic Framework did not exercise its mandate. In 2015, the NCD governance at the national level was reconstituted to a two-layered structure. A National Steering Committee lends political leadership and oversight to MSAP implementation. Three implementation sub committees (ISCs) focused on (a) alcohol and tobacco, b) healthy settings, and c) health services were envisaged to provide technical support to the Secretariat in the implementation of the MSAP. Currently, there is only one subcommittee to addresses all thematic areas.

Structure and leadership: While the former steering committee was intended to function from within the Prime Minister's Office, it could not fulfil its mandate. The Health Minister chairs the revised committee. This has allowed greater agility in organizing meetings. Other sectors responded with near full participation in the initial meetings of the committee.

Constituents: The 12-member NSC consists of government agencies and a community-based organization. The government agencies include the Department of Public Health, Royal Bhutan Police (RBP), Bhutan Agriculture & Food Regulatory Authority (BAFRA), Bhutan Revenue & Customs, Department of Trade, Ministry of Information & Communication, Bhutan Narcotic Control Agency (BNCA), Bhutan Broadcasting Corporation, the Commission for Monastic Affairs, Department of Youth & Sports, Road Safety & Transport Authority (RSTA), the Civil Society Organizations Authority, the Thimphu Mayor and the Medical Sciences University.

Meetings: Annually, the national governance mechanism is expected to have two meetings of the national steering committee, four of the subcommittees and one annual review and planning meeting. Since its inception in 2015, the NSC has on an average met once a year. The initial meetings had good participation with up to 11 agencies in attendance, with participation dropping to eight over time. Each of the subcommittees was to meet every year. Instead, the single existing ISC met four times in the last three years, with dwindling participation in recent times. Neither of the committees met in 2017.

Across the four meetings, the National Steering Committee has made critical decisions to lay down processes and procedures for effective

MSAP implementation. Its first meeting reviewed and decided on its own terms of reference and tasked the Secretariat to identify the resource gaps across agencies. The second meeting called for a review of NCD workplans and budgets across sectors. The third meeting focused on developing procedures and processes for MSAP implementation, such as identification of priority activities, performance indicators, focal points from the planning division of each sector, and strengthening the monitoring of enforcement of tobacco and alcohol laws through a task force. The last meeting in 2018 called for a progress report to the Cabinet for accountability, and to implement the Prime Minister's executive orders on MSAP implementation to all sectors. Follow-up of these decisions by the Secretariat and ISC is still pending.

The NSC in its initial meetings focused on developing systems and processes for a coordinated response to NCDs and monitoring progress.

Subnational coordination: There is no distinct multisectoral coordination mechanism for NCDs at the subnational levels. MSAP implementation at the *dzongkhag* and the *gewog* levels are currently being implemented as part of the sectoral programmes of the respective central agencies. Tobacco and alcohol laws, for instance, are enforced at the district level by making specific contacts with the local units of the department of trade, BNCA and RBP.

B. Political leadership

The National Steering Committee, across its four meetings, has been proactive in mandating the development of the systems and processes for effective implementation of the country's NCD MSAP. For example, it has called for performance indicators, implementation monitoring by sectoral planning divisions, six monthly review and reporting progress to the Cabinet. There is need for political leadership to additionally ensure human resource and mechanisms for multisectoral coordination at subnational levels, besides lending active oversight over implementation of its decisions.

As the high-level advocacy by Bhutan's Queen Mother reveals, there is need to identify and involve champions to raise awareness and build political will for NCD action, particularly at the subnational levels.

Additionally, the Queen Mother, who has been a champion of public health issues such as HIV/AIDS, suicide prevention and adolescent health, also adopted NCDs and healthy lifestyles for her public advocacy programmes. She has widely reached schools, communities and armed forces with the key messages. During her recent visit to the country's 20 districts, she championed the cause of NCDs cause among communities and the local government.

C. NCD coordination unit

The MSAP requires the Secretariat to maintain ongoing coordination with subcommittees, set and follow up on meeting agendas, undertake six-monthly review of MSAP implementation, produce and present progress reports to the Cabinet, developtechnical modules and treatment standards to assist implementation.

The Lifestyle Related Disease Programme (LSRDP) in the Ministry of Health presently provides coordination support to Bhutan's NCD governance mechanism. Until recently, the NCD response in the country was managed by a single staff responsible for both the health sector intervention and multisectoral coordination. Currently, two staff from LSRDP devote a fifth of their work time to coordinate the country's NCD governance mechanism along with managing disease control programmes. One of the staff

reviews progress of work and publishes reports, while the other facilitates communication with other sectors and records minutes of meetings. Occasionally, additional staff from the NCD Programme of the Health Ministry are pooled in to contribute to the work of the coordination unit.

The lack of dedicated staff for coordination has presented serious challenges for the coordination unit in delivering on its designated tasks and deliverables such as reports to the Cabinet and implementation orders from the Prime Minister. A distinct secretariat with dedicated staff for implementation of NCD MSAP is critical to stimulate multisectoral action on NCDs across the country.

D. Community participation in the NCD response

The NCD MSAP engages the community through interventions at the grassroots level. NCD screening programmes at the community level provide an opportunity to interact with local communities and impart lifestyle education. Some of the communities have shown interest in setting up outdoor gymnasiums for physical activity.

The religious monks and nuns are an integral part of Bhutanese society. The NCD programme organized cervical cancer screening in over 600 nunneries in the country.

E. Multisectoral response to NCDs

The Road Safety & Transport Authority has been active in the areas of alcohol control and injury prevention. They run regular breathalyser tests among motorist. In line with the NCD MSAP, they are now lowering their earlier limit of 0.08% blood alcohol concentration to 0.05%.

The implementation subcommittee is currently working to develop the National Salt Reduction Strategy to combat the increasing prevalence of hypertension in the population. The draft is expected to be submitted soon to the National Steering Committee for approval.

Meanwhile, the health ministry's mental health programme supports BNCA by providing counselling and psychiatric support for alcohol deaddiction and tobacco cessation.

F. Challenges to NCD governance and multisectoral response

A major challenge is the fact that mandates of stakeholder agencies are often in conflict or overlapping. The Salt Reduction Strategy, for instance, counters some of the food preservation practices of the BAFRA. In Bhutan, salt is used for long-term preservation of food, which increases the risk of hypertension.

Funding for activities is also a serious hurdle for members of the implementation subcommittee in delivering their responsibilities. The financial gap impedes implementation of MSAP by various sectors.

Additionally, there are technical capacity gaps in other sectors, which impedes their work. For example, the food regulatory authority does not have nutritionists to work on the salt reduction plans of MSAP. This gap in expertise can be addressed through better coordination with the nutrition programme within the health ministry.

Similarly, there is lack of NCD\-specific technical capacity at the village level. The government is also cascading the WHO PEN training from doctors and NCD focal points to nurses, primary health care workers and health assistants to build local NCD capacity. Technical

experts such as dieticians or nutritionists from the Central government are also sent to conduct sensitization sessions in the districts on special days such as World Diabetes Day.

Meanwhile, the Secretariat itself is severely understaffed. The human resource constraints in the coordination unit has delayed timely follow-up of decisions of the NCD governance body, consistent coordination with the committees and sectors, thus affecting the overall progress in MSAP implementation and its deliverables.

The lack of coordination mechanism limits the scope of NCD work at the district level. The interventions are limited to NCD services through the health system. In the absence of local coordination mechanism, law enforcement on issues like alcohol and tobacco are to be coordinated with individual agencies like BNCA and RTSA, requiring additional staff time and efforts.

G. Strategies for effective governance and multisectoral response

Bhutan has taken a number of steps in addressing the funding challenge for MSAP implementation across sectors. To begin with, the chair of the National Steering Committee issued an executive order requesting line ministries to earmark funds in their sectoral budgets for activities that are outlined in the action plan. The Secretariat followed up with individual ministries. This led some of the ministries identifying resources for NCD-related activities. For instance, the Ministry of Economic Affairs mobilized funds and purchased over 5000 units of biogas for distribution in communities to reduce use of solid fuel and related indoor air pollution.

Further, a flagship joint proposal has been developed by multiple agencies in the NSC and submitted to the Gross National Happiness Commission. A flagship proposal is meant to address issues that cut across sectors and affect vulnerable populations. The NSC proposal therefore focuses on NCD risk factors, which have causes, consequences and interventions across sectors. It would help to address issues such as salt reduction, which involve multiple agencies such as the ministry of trade and food regulators' organizations. If approved, the proposal will be sent to the Cabinet for budgetary allocations.

Align NCD targets with national development indicators to leverage mandate and resources for NCD interventions across sectors.

Similarly, the NSC seized the opportunity of the national development plans to mobilize greater resources to sectors for MSAP implementation. The 12th Five Year Plan Document identifies indicators for all line ministries. NSC identified indicators of line ministries that are relevant for NCDs. For example, the indicator on healthy population is relevant to the NCD-related work of the RSTA in alcohol and injury prevention. This would help the ministry to include NCD prevention interventions in their workplans under the development framework.

H. Lessons learnt

- Establishing robust terms of reference and mobilizing political support help national coordination bodies to fulfill their mandate to establish systems and processes for a coordinated response to NCDs.
- While there are no NCD-specific coordination task forces at the district level, these do exist for HIV/AIDS. Headed by district Governors, district heads of all ministries are members of this task force. They could provide valuable lessons on coordinating NCD work at the grassroots.

I. Capacity needs

The technical capacity needs of some of the non-health sectors could be addressed through placement of NCD experts for improved sectoral capacity and response. For example, posting a nutrition expert in the BAFRA would enable it to contribute fully towards salt reduction measures.

There is also the need to standardize protocols and technical modules for NCD treatment and service delivery at the subnational level. A case in point is the need for enforcement modules and enforcement training for BNCA to implement tobacco and alcohol laws.

Priority areas for multisectoral coordination

- Establish implementation subcommittees to follow through the decisions of the National Steering Committee.
- Strengthen the NCD coordination unit to provide economic, legal and public health expertise in addition to dedicated staff for coordination functions.
- Augment the capacity of non-health sectors through NCD-specific expertise.
- Streamline mutlisectoral coordination for MSAP implementation at the subnational level.

Health workers demonstrating household doctors examination tool in Democratic People's Republic of Korea.
Photo credit: Dr Gampo Dorji.

DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA

A. NCD governance mechanism

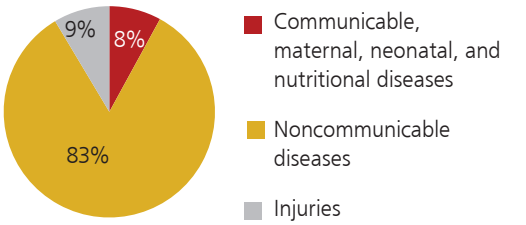
National NCD Multisectoral Action Plan (MSAP): The National Strategic Plan for thePrevention and Control of Noncommunicable Diseases 2014–2020 guides the country's response to NCDs. It helps assess the multisectoral coordination for NCD action.

National level NCD governance: Under this plan, a national multisectoral coordination committee for NCD prevention and control was organized as a non-standing committee in 2014. It is a committee set up at the level of vice-ministers and chaired by the Minister of Public Health.

Constituents: The members of the committee include vice-ministers from the Ministry of Public Health, Ministry of Education, Ministry of Security, Academy of Medical Sciences, Ministry of Sports, Ministry of Agriculture, Ministry of Foreign Affairs, the Central Committee of Broadcasting, the Health Education Institute, the Central Committee of the Kim Il Sung-Kim Jong Il Youth league, the Central Committee of Women's Associations and the Central Committee of Workers' Associations.

Meetings: The committee is slated to meet annually. An initial workshop was held to make the multisectoral action plan functional and the MoPH was responsible for its implementation. Since 2014, a multisectoral workshop is organized once a year.

NCD mortality



Source: Global Burden of Disease, 2016

Additionally, members of the multisectoral coordination committee discussed multisectoral activities on World No-Tobacco Day, World Health Day and during the month for health education. Plans are being made to restructure the committee and introduce more regularity into its meetings and work.

B. Political leadership

The political commitment to tobacco control has led to its three-time revision and adoption by the Supreme People's Assembly. The revised legislation stipulates its implementation not only by MoPH but also other relevant sectors. The contents of the legislation provide the political basis for multisectoral action on tobacco control. The Cabinet has also displayed its commitment in issuing circulars for the implementation of the tobacco control law.

C. NCD coordination unit

The Ministry of Public Health is responsible for the implementation of the NCD action plan and mutlisectoral coordination to facilitate it.

The NCD Secretariat in the ministry is managed by a section chief and two researchers from the National Institute of Public Health Administration. The latter provides technical and professional support for the coordination committee, develops plans for the implementation of the MSAP and prepares progress reports.

D. Multisectoral response to NCDs

The country has identified key priorities for multisectoral action. This includes tobacco and alcohol, prevention of traffic injuries and disasters, promotion of physical activity and healthy diet.

The decisions of the multisectoral coordination committee stimulate action among relevant sectors. For instance, the ministries of education and sports jointly initiated activities promoting physical activity.

E. Challenges to NCD governance and multisectoral response

Often there are differences in the mandates and priorities of the Ministry of Public Health and other ministries in the coordination committee. The country also faces challenges to importing testing devices and drugs for NCD treatment.

F. Strategies for effective governance and multisectoral response

A Cabinet level mechanism is being considered to address the challenges between ministries and strengthen their relationship.

The lacunae in the health system are being addressed through a three-pronged strategy. On the one hand, the medical and health team at the PHC level are being trained in NCD interventions. On the other hand, the country is advancing domestic development of NCD drugs. Alongside, the health ministry is updating the guidelines for integrated NCD management at the PHC level.

The Secretariat team gets trained twice a year, and also takes part in study tours.

G. Lessons learnt

- Interministerial differences on NCD policies are best resolved through a coordination mechanism at the Cabinet level.
- Identifying in-country means to strengthen systems, staff and treatment options is critical for long-term sustainability of NCD programmes.
- It is important to enlist the support of national research and training agencies in monitoring and capacity-building efforts respectively.

H. Capacity needs

There is need for skills-building among officials of various ministries. This would require training programmes, development and distribution of resource materials and distribution of informational posters.

There is also the need to research, develop and introduce cost-effective prevention and control approaches for NCDs.

Priority areas for multisectoral coordination

- Ensure sustainability of NCD governance through a standing committee.
- Identify and share the role of multiple sectors in the implementation of MSAP.
- Organize capacity-building of staff across sectors in NCD interventions.
- Initiate policies and activities to accelerate the implementation of the MSAP.

Inter-ministerial Consultation on National Multisectoral Action Plan for Prevention and Control of Noncommunicable Diseases, New Delhi, India, February 2016.
Photo credit: Dr Fikru T. Tullu and Dr Pradeep Joshi.

INDIA

A. NCD governance mechanism

National NCD Multisectoral Action Plan (MSAP): In line with the Global Action Plan on NCDs, India was the first country in the world to develop a national monitoring framework for NCDs in 2013. Over the years, the Ministry of Health & Family Welfare organized a series of regional and national consultations with diverse stakeholders to develop the country's NCD MSAP. After four years of efforts to reach consensus among various stakeholders, the Health Minister approved the National Multisectoral Action Plan for the Prevention and Control of NCDs 2017–2022 in 2017. Nodal officers are appointed by almost all of the departments, actions for which are identified under MSAP. An interministerial committee is constituted which is chaired by the Secretary, Department of Health & Family Welfare.

National-level NCD governance: India's NCD MSAP requires establishing a high-level committee of secretaries chaired by the Cabinet Secretary. Officials at the level of Joint Secretary were to be appointed as focal points for coordination in relevant sectors. However, the Cabinet has tasked the health ministry to coordinate the NCD interventions with other ministries, with the provision to escalate any unresolved issues between sectors, new regulations, projects or schemes to a committee of secretaries for resolution.

Structure and leadership: The Secretary, Health & Family Welfare, convenes multisectoral consultations. The health ministry has set up an issue-based task force with representatives from different ministries and stakeholders. Multisectoral consultations are also conducted by dividing stakeholders and departmental in groups. These meetings are chaired by the Additional Secretary. The divisions of stakeholders in two groups with one having a leveraging mandate and the other with a divergent mandate has resulted in expediting multisectoral action.

Constituents: The interministerial committee includes high-level representations from 39 identified departments of the Union Government. These include the related groups of departments whose mandates can be leveraged to advance NCD-related actions such as the ministries of Human Resource Development, Youth Affairs and Sports, Petroleum and Natural Gas, Housing & Urban Affairs, Consumer Affairs, Food and Public Distribution and Information & Broadcasting. It also includes departments having divergent mandates critical for regulatory interventions on the NCD risk factor. The ministries of Commerce & Industry, Finance, Industrial Policy & Promotion, Information & Broadcasting, and the Department of Revenue and Directorate of International Trade constitute the second group.

The sector-specific expert groups also include representation from different stakeholders such as the expert group of HFSS foods that includes

representation from relevant ministries including academic institutions, civil society and industry bodies. These expert groups also call on relevant industry groups and international organization as and when required.

The department is also grouped into two clusters. These inter-departmental meetings are chaired by the Additional Secretary. The actions have been prioritized and focused interventions and departments have been identified.

Meetings: In August 2013, the Secretary for Health & Family Welfare convened the first inter-ministerial meeting to familiarize the relevant sectors with the National Monitoring Framework for NCDs. It saw participation from just four ministries besides the health ministry. The next year, a multistakeholder consultation was held wherein key government ministries, state governments, civil society organizations, experts, research institutes and representatives from academia identified multisectoral actions and discussed a coordination mechanism for NCDs.

Following this, a Stakeholders' Meeting chaired by the Secretary for Health and Family Welfare in December 2014 brought together key government ministries and the United Nations Inter-Agency Task Force (UNIATF) mission to discuss priority actions. In February 2016, an Inter-ministerial Consultation was organized to discuss and finalize the National Multisectoral Action Plan for the prevention and control of noncommunicable diseases and to develop a national coordination mechanism for its implementation. This meeting saw participants from 27 ministries and departments of the government.

Two more high-level, inter-ministerial consultations addressed NCDs in a comprehensive manner in June and July 2018. These meetings reviewed progress on specific actions required of ministries towards MSAP implementation. The ministries were also encouraged to discuss challenges and opportunities for implementing priority actions.

Additionally, there have been nearly 30 meetings of issue-specific task forces with relevant ministries on tobacco, alcohol, HFSS foods and air pollution in the four years since the adoption of the national NCD monitoring framework.

Deep and sustained engagement of sectors with divergent goals through the clearly defined objective to understand conflicting mandates helps to find common ground for agreed actions on NCDs.

In 2018, the health ministry initiated distinct meetings with ministries that are like-minded and divergent in goals on specific policy matters in small groups. These meetings addressed policies relating to trademarks, healthy workplace, surrogate advertisements, market restrictions on demerit goods, promotion of healthy foods and physical activity, and health system strengthening.

While the invitations to the meeting are sent to secretaries of different ministries, officials of the level of joint secretary and director and technical staff also usually attend these meetings. These meetings aim to take ahead policies and programmes on specific issues. A case in point

is the dialogue on air pollution. Since the start of the year, there have been three meetings on the issue with relevant sectors, which has helped accelerate the supply of clean cooking fuel to households.

Subnational coordination: As of March 2017, there were NCD Cells in all 36 states and Union Territories and in 390 districts in the country. These cells have been established within the state and district health system with a view to coordinate and monitor multisectoral implementation of NCD MSAP. Nevertheless, a multisectoral coordination mechanism for NCDs is yet to be functional in most states, whereas coordination committees exist for tobacco control at the state and district levels. In the absence of an overarching mechanism that brings together relevant ministries at the national level, it becomes difficult to stimulate, provide resource and monitor action by their state counterparts.

B. Political leadership

India has an executive-led NCD governance mechanism for the implementation of MASP. Political action has been mainly in strengthening the infrastructure and financing for NCD services. However, there is alignment of political will and institutions for interventions of healthy living. A number of initiatives have been taken such as the provision of free LPG cylinders, providing electrical connections to all households, popularization of yoga and physical activity interventions, increased focus on sanitation, air pollution and the rejuvenation of transport and open space provisions in smart city and urban development schemes, renewable energy missions, and the leveraging of women and child interventions.

The Government of India rolled out the National Programme for the Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) in 2010, beginning with 100 most backward districts in 21 states. The programme has subsequently been expanded to all districts under the National Health Mission. The Prime Minister of India also launched health and wellness centres to promote well-being and healthy living and to provide primary care services including for NCDs and mental health. About 150 000 such centres will be set up across the country. The Prime Minister has also launched an insurance scheme to protect risk including of NCDs, which will cover more than 500 million people. Population-based screening for diabetes, hypertension and three common cancers (oral, breast and cervical) is underway in 200 districts to improve early detection and appropriate and timely management. Frontline health workers universally conduct NCD risk assessment and this also generates awareness on risk factors of NCDs among the public.

India has announced the world's largest healthcare scheme covering the most vulnerable households and also the creation of wellness centres for primary health care.

In 2014, the Health Minister announced 85% surface coverage of picture-based warnings on all tobacco products. The health and finance ministers have duly prioritized taxes on tobacco and sugary drinks, placing them in the highest tax slab (28%) in the taxation (GST) reforms of 2017. There is scope for progressive increase in taxes on these products. For instance, in the case

of tobacco, WHO recommends taxes on tobacco to be no less than 70% of the price.

In 2016, the Prime Minister launched a scheme to provide LPG connection to rural households with a view to reduce their exposure to indoor air pollution from the use of solid fuel for cooking. He has also promoted yoga for physical activity, smart city mission that could potentially promote health through sound urban planning. The ministers for health and human resource development jointly launched a booklet for healthy living for schoolchildren.

C. NCD coordination unit

The MSAP envisaged strengthening the NCD division in the health ministry to provide overall coordination across sectors. It also proposed setting up a health promotion society to lead and coordinate health promotion activities in the country.

Currently, the coordination functions for the four strategic priorities of the plan are being managed across four different agencies of the health ministry. While the Ministry of Health and Family Welfare coordinates the multisectoral coordination component, the NCD division in the ministry along with the proposed Health Promotion Society of India is envisaged to coordinate the health promotion priority, state governments and the Directorate-General of Health Services are to strengthen the health system even as the Indian Council of Medical Research attends to surveillance and monitoring.

Presently five officials in the Directorate-General of Health Services and three in the MoHFW are involved in coordinating NCD activities, among other functions. There are around 10 vacant positions in the NCD division. WHO, United Nations Development Programme and Tata Trust supplement different skill sets to fill the capacity gaps in the central NCD unit and the states. Health promotion, legal, communications, management, fiscal interventions are some areas where capacity in the NCD coordination unit needs to be built.

D. Community participation in the NCD response

India organized a number of national NCD conferences. These events brought together stakeholders across sectors to explore challenges and opportunities for NCD action in the country and invigorated the partners. Population-level interventions to prevent, control, screen and manage common NCDs leverages community health works (accredited social health activist or ASHA) at the grassroots level. These are more than 1.4 million ASHAs in the country who will help in generating awareness on risk factors for NCDs while conducting risk assessments using standardized tools during house-to-house visits.

Additionally, the healthy lifestyle interventions in various settings at the subnational level would engage students, employees and the community.

E. Multisectoral response to NCDs

Indoor air pollution is a significant risk factor for NCDS in the SEA Region, and more so in India. The country has, therefore, taken strident steps in stemming one of its major contributors – household use of solid fuels for cooking. In 2016, the Cabinet approved over US$ 1 billion to provide cleaner cooking fuel options through LPG gas connections to 50 million households below the poverty line. The Ministry of Petroleum

and Natural Gas in collaboration with the Ministry of Women and Child Development and other partners led actions on this NCD MSAP intervention with significant public health benefits. The multisectoral collaboration enabled the petroleum ministry to deliver above its target by about 30 million more connections.

In 2016, the Ministry of Health & Family Welfare and WHO organized a multisectoral workshop involving seven non-health ministries, relevant UN agencies and other stakeholders. The workshop proposed actionable recommendations to reduce exposure to air pollution, increase access to clean sources of energy, and adopt measures needed to mitigate the health impact of air pollution.

There has been similar multisectoral action on unhealthy food in school settings. The Ministry of Women and Child Development (MWCD) constituted a working group, which submitted its report on *Addressing consumption of foods high in fat, salt and sugar (HFSS) and promotion of healthy snacks in schools of India*. Based on this report, the Central Board of Secondary Education under the Ministry of Human Resource Development issued a circular encouraging schools under its jurisdiction to replace junk food with healthy snacks and promote a healthy lifestyle among students.

NCD interventions in educational settings need to create an environment that supports learning and research on healthy lifestyles.

Meanwhile, the University Grants Commission under the Human Resource Development Ministry instructed all Indian universities to create an environment of learning, research and support for healthy eating. This is expected to create awareness about healthier lifestyles among college students. Nonetheless, concrete legislation regulating marketing, accessibility and affordability of unhealthy food is yet to emerge.

The Department of Pharmaceuticals in the Ministry of Chemicals and Fertilizers launched a pan-India scheme that provides quality subsidized generic medicines and devices. HLL Life Care, a publicsector enterprise, is opening up a chain of pharmacies named Affordable Medicines and Reliable Implants for Treatment (AMRIT), which make available drugs and implants to patient at discounted prices. More than 120 such pharmacies have been opened.

At the national level the Ministry of Social Justice and Empowerment and Ministry of Women and Child Development work on the demand-side measures on alcohol. On the supply side steps such as enforcing a legal age for drinking, licensing of outlets, prohibition of outlets along highways, and the like have been adopted. Some of the states have implemented prohibition. Some women's self help groups and civil society organizations are involved in generating awareness on social and health-related issues of alcohol. Alcohol is a sector in which states plays a major role. In 2015, the Ministry of Social Justice and Empowerment introduced a revised Scheme for Prevention of Alcoholism and Substance (Drugs) Abuse, 2015. The scheme lays stress on workplace interventions, integrated rehabilitation, awareness generation and community involvement.

Among the NCD risk factors, tobacco control has witnessed relatively higher levels of multisectoral action in India. This has been the result of years of sensitization and engagement

of non-health sectors. The multisectoral response is evident in the implementation of its national tobacco control law with assistance from ministries of Human Resource Development, Railways, Home Affairs and Information and Broadcasting, inter alia. The Information and Broadcasting Ministry has also been instrumental in India's vanguard regulation prohibiting display of tobacco use and products in media. The Ministry of Finance has progressively increased taxes on cigarettes, while ministries of Labour and Skill Development & Entrepreneurship have launched projects supporting alternate livelihood options for tobacco farmers and *bidi* workers. In 2015–2016, the Ministry of Agriculture extended its crop diversification programme to 10 tobacco-growing states to support tobacco farmers in shifting to alternative crops.

The progress on dietary issues has been expedited due to frequent multisectoral dialogues happening after setting up of an expert group on exposure response of HFSS food. Regulatory action is under development for comprehensive and front-of-pack food labelling and to reduce exposure of HFSS food to children. The private sector has come up with voluntary action to not to advertise HFSS food on programmes that are viewed by children under the age of 12 years. A number of FBOs have also signed pledges to reduce SSF in their formulations in a phased manner.

The Ministry of Agriculture has taken action to include more districts under the National Horticulture Mission to improve the production of fruits and vegetables. The Department of Urban development has taken up healthy living agenda in its smart city and urban rejuvenation schemes.

F. Challenges to NCD governance and multisectoral response

The initial focus of NCD interventions in the country appear to have been on health-care delivery. Multisectoral action on NCDs has either been in the delivery of services such as clean cooking fuel or health promoting actions such as provision of healthy food in schools. On the NCD risk factors, there has been limited legislative action except for tobacco control. For example, advertising, labelling, supply and distribution of alcohol and unhealthy foods are yet to be regulated through comprehensive laws.

Intersectoral coordination that has begun to deliver results has been largely with like-minded ministries. Collaboration with ministries with conflicting mandates is yet to move critical NCD policies forward. For example, the Ministry of Food Processing has policies that promote processed food, which comes in the way of regulations to reduce their promotion and use. Similarly, the Ministry of Commerce continues to promote tobacco leaf supply as part of its mandate, even as the ministries of agriculture, labour and health are working to transition people out of tobacco production.

While multisectoral action on India's four NCD priorities is facilitated by four different nodal agencies, there is no dedicated staff to coordinate the work of these nodal agencies and other sectors. This places additional burden on the NCD team at the health ministry to organize meetings and implement activities, leaving limited time for following up on decisions.

The subnational coordination mechanism that is critical for countrywide implementation of NCD MSAP is yet to emerge in most states. State-level officials from relevant sectors need to be trained in MSAP implementation. The ministry is also conducting an assessment in six states to explore existing practices of multisectoral collaboration across health and non-health sectors at the state level; and to examine the existing platforms and structures that can foster the operationalization of multisectoral response. Additionally, joint research exploring the linkages between NCDs with the sectoral mandate is key to building the business case for integrating NCD interventions in sectoral workplans.

Pilot projects exploring co-interventions with co-benefits between agencies can stimulate interest among state-level agencies. Most importantly, there needs to be a national NCD governance mechanism to direct and seek accountability of actions at the subnational levels.

G. Strategies for effective governance and multisectoral response

India undertook a series of preparatory steps for multisectoral coordination on NCDs. Based on the NCD MSAP, the health ministry first mapped 39 departments in the government that are of relevance to NCDs.

The health ministry held a series of meetings with specific ministries to advance action on specific issues. The ministry also took a sector-wise approach to have better focus on exploring policy options, programmes and plans. Policy research in policy, plans and programmes of different departments lead to identification of precise interventions required in their policies, rules, regulations and programmes inter alia. It helped in scaling up of actions where there was leverage and in advancing constructive dialogue where there is conflict.

India has initiated population-level intervention for prevention, control, screening and management of five common NCDs. It is being done by leveraging community health works developed under MCH/RCH programmes. The software for this initiative is being developed by a private sector IT company under its corporate social responsibility mandate and implementation is supported through nonprofit philanthropies. It is a good example of collaboration between the government, private sector and non-profit sector.

Partnership with WHO and other civil society partners helped to advance dialogue with other sectors. In the collaborative work with ministries of labour and skill development, the WHO Country Office supported with technical guidance to develop pilot projects and terms of reference for engagement. Similarly, civil society helped defend the tobacco warnings from petitions and lawsuits filed by the tobacco industry and other agencies.

H. Lessons learnt

- In countries with large populations and systems, phasing in multisectoral interventions with priority sectors could help take actions forward.
- It is important to showcase early visible advances by working with like-minded sectors to inspire other stakeholders to take early action.

- Deeper, continuous and sustained dialogue and interactions are important to engage ministries/departments and other stakeholders who particularly have a conflicting mandate.
- The expertise and strengths of intergovernmental and nongovernmental partners in removing roadblocks and building stepping stones should be everaged.
- Research on policy and planning among others can help in identifying key interventions. This can help scale up pace of implementation where there is leverage and in continuing with dialogue with sectors having conflicts.
- MSAP is as much about the process as the end product (approved or endorsed). By the time a MSAP document is endorsed at the highest level of government in India it had already served part of the purpose as a tool for advocacy and platform for engagement of relevant stakeholders for the national NCD response. The multisectoral approach has been in use during the entire course of its development. The country did not wait for the document to be approved or endorsed at the highest level before a coordinated multisectoral response could be implemented.

I. Capacity needs

As envisaged in the NCD MSAP, the capacity of the NCD division in the health ministry needs to be urgently strengthened and include full time staff dedicated to coordinating multisectoral action. Given the nature of research and policy regulations this would involve, the coordination unit minimally needs staff with legal, epidemiological and coordinating skills under the Joint Secretary or Director to oversee its work.

There is also need to further develop concrete research to help other sectors to justify their involvement and resource allocations for NCD interventions. In particular, the case needs to be made about the positive externalities of NCD interventions beyond its benefits to public health.

There is also need to demonstrate the negative externalities of NCDS and conflicting policies to sectors with a different mandate. The case needs to be made on the socioeconomic implications of such policies.

Priority areas for multisectoral coordination

- Involvement of political leadership for NCD in the development agenda can be strengthened.
- Strengthen the NCD coordination unit with dedicated and skilled staff to support multisectoral coordination at the national level and link with subnational coordination mechanisms.
- Secure multisectoral consensus and pass comprehensive laws in line with the WHO NCD best buys to address the NCD risk factors.
- Develop the business case, including returns on investment, to reconcile conflicting mandates that obstruct NCD interventions.
- Uses the capacity of inter government agencies in different sectors for advocacy across sectors and support in plan implementation across sectors.

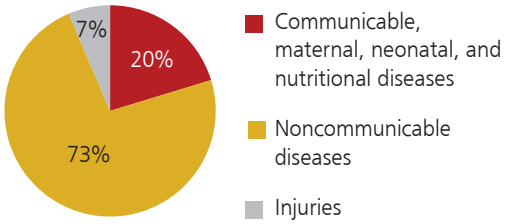
Multisectoral meeting on NCDs in Indonesia.
Photo credit: Dr Farrukh Qureshi.

INDONESIA

A. NCD governance mechanism

National NCD Multisectoral Action Plan (MSAP): In 2016, Indonesia adopted the National Strategic Action Plan for the Prevention and Control of NCDs 2016–2019. A Presidential decree stipulates the roles and responsibilities of various ministries in NCD prevention and control as part of the healthy lifestyle movement.

NCD mortality



Source: Global Burden of Disease, 2016

National-level NCD governance: Indonesia has several NCD specific committees such as those addressing cancer and heart diseases. The Presidential decree requires various overarching committees to coordinate multisectoral action and engagement to promote healthy lifestyles. A Joint Steering Committee is envisaged to coordinate the multisectoral NCD response among various sectors. Information on the functioning of the Secretariat was not available to this exercise.

Structure and leadership: The Joint Steering Committee is anticipated to be led by the Vice-President or the Minister of Health.

Constituents: The Committee will comprise high-level bureaucrats from the various sectors and representation from academia and civil society organizations.

Meetings: No known meetings.

Subnational coordination: The NCD committees are intended to be constituted at the provincial and district levels under governors and mayors respectively.

B. Political leadership

The Presidential decree calls for creating a healthy lifestyle movement across sectors and the country. The proposed national coordination mechanism is expected to enjoy political leadership at the level of the Vice-President's Office. It will also bring together high-level civil servants to coordinate action across line ministries.

C. NCD coordination unit

Unlike in other SEA Region countries where coordination units are housed in the health ministry, Indonesia's Joint Secretariat for NCDs is to be constituted and managed by the Coordinating Ministry for Human and Cultural Development. The Health Ministry is a part of this coordinating ministry.

D. Community participation in NCD response

The Presidential decree on NCDs is geared to create a healthy lifestyle movement in Indonesia. The programmes therefore seek to educate people about healthier choices and engage them in physical activity. The sensitization efforts, therefore, focus on promoting higher intake of fruits and vegetables and early detection and diagnosis.

E. Multisectoral response to NCDs

The Ministry of Health has begun to advocate NCD concerns with high-level functionaries in priority government agencies. The results are awaited.

F. Challenges to NCD governance and multisectoral response

Coordination among ministries can be cumbersome on account of competing priorities. Subnationally, the country's decentralization policy has affected the policy-making process and budgets for subnational action. As local political leadership decides priorities for each region, it has become difficult to pursue national priorities uniformly across provinces. Rural areas have acute shortage of competent staff to deliver NCD interventions. The geographical spread of the country across thousands of islands also makes service delivery challenging for the government system.

G. Strategies for effective governance and multisectoral response

Indonesia's MSAP includes clear accountability indicators for the multisectoral mechanism such as the staffing for coordination, meetings convened at national and provincial levels, participation of agencies, sector-wise process indicators for MSAP, policies adopted and assistance processed. When implemented, this has scope to offer lessons for similarly monitoring accountability of NCD governing bodies in other countries.

H. Capacity needs

The country needs to strengthen its systems and processes for effective roll-out of its NCD Strategic Plan and implementation of the Presidential decree. There is need to expand advocacy to local leaders and politicians. This could help secure their support to implement NCD interventions subnationally, create public awareness and build cross-sectoral policies at all levels. There is also need to enhance systems for the smooth flow of resources for district-level action. There is also need for a mechanism to transfer knowledge on rotation of competent officers. An electronic information and data management system would facilitate better monitoring and evaluation of the implementation of the national NCD plan.

Priority areas for multisectoral coordination

- Establish the National Joint Steering Committee and subnational NCD committees to facilitate the multisectoral implementation of the MSAP.
- Enact laws to address NCD risk factors comprehensively.
- Counter the pressure from industries whose actions contribute to the NCD burden.
- Sensitize local political leaders to prioritize NCDs at subnational levels.

School children advocate against sugary drinks and promote healthy food in Maldives.
Photo credit: WHO Country Office, Maldives

MALDIVES

A. NCD governance mechanism

National NCD Multisectoral Action Plan (MSAP): Maldives developed a multisectoral action plan for NCDs for 2016–2020 in line with the WHO NCD Global Action Plan. The plan was developed through a consultative process, seeking and addressing stakeholder responses.

National-level NCD governance: Maldives' MSAP required a high-level body to achieve the plan. Thus, the High-level NCD Steering Committee (Steering Committee in brief) was formed in 2017.

Structure and leadership: The initial plan was to set up the committee under one of the two social councils headed by the Vice-President. Due to many committees being under this office, it was decided to establish the Steering Committee under the Health Minister's leadership. This brings commitment and initiative from the health sector.

A co-cCair from the non-health sector brings greater parity and ownership across sectors

Nevertheless, the committee in its second meeting established the position of a co-Chair to facilitate greater involvement of non-health sectors. The current co-Chair is from the public service media. The committee is currently seeking oversight by the Vice-President's Office through the Social Councils for greater accountability.

Constituents: Senior public officials from key government agencies constitute the Steering Committee. Apart from sectors directly relevant to NCDs, the committee includes Maldives' Human Rights Commission and the Office of the Attorney-General. The WHO country office and NGOs working on NCD concerns are also represented on the committee.

Maldives' NCD governance body held regular meetings, with high-level participation, enabling decisions and coordination on policies.

Meetings: The Steering Committee is slated to meet every two months. It has had regular meetings (seven since 2017). The meetings have seen fairly high-level participation, attended by State Ministers, Deputy Ministers and officials of the level of director. These politically influential positions are critical to move the NCD agenda through the political system.

The meetings have taken several broad-ranging decisions. Some of the key decisions include:

(1) Increase political commitment: Maldives' Health Masterplan has been aligned with global health commitments and the SDGs. Political parties in the country heavily draw on this masterplan to identify priorities for their election manifestos. 2018 presents a political opportunity

to catapult NCDs onto national dialogue platforms. One of the early decisions of the Steering Committee has therefore been on proactive civil society outreach to all political parties to prioritize preventive health in the national budget and programmes.

(2) Identify sectoral tasks: The committee also determined the actions to be fulfilled by various sectors in implementing the MSAP. This implementation requires NCD activities to be part of their workplans and budgets, and one-to-one discussions with other sectors to enhance the implementation.

(3) Develop technical resources: WHO has undertaken to develop toolkits and policy briefs for policy-makers and parliamentarians on the NCD "best buys" with special focus on NCD risk factors and prevention concerns. For instance, the policy brief on tobacco makes the case for taxation and prevention budget.

B. Political leadership

Maldives' NCD MSAP has been promulgated through a presidential order, indicating the priority and support the issue enjoys at the level of the Head of State and Government. This also serves as a call for collaboration across sectors.

While establishing the national committee, the Health Minister held advocacy meetings with various government ministries, personally mobilising support for multisectoral collaboration. The Steering Committee leadership, shared between two ministries, has created avenues for broader political support for NCD action. Further, the participation of state and deputy ministers in the NCD governing body opens the door to high-level political dialogue on NCDs.

C. NCD coordination unit

The NCD division in the Health Protection Agency serves as the secretariat of the Steering Committee. Currently, its existing staff organize the committee meetings and facilitate coordination among sectors. As there is no dedicated staff to coordinate the committee's work, follow-up of committee decisions becomes challenging. A team skilled in and dedicated to multisectoral coordination would be critical to make progress on MSAP implementation.

D. Multisectoral response to NCDs

The Health Ministry leads by example. It launched a population-level screening for NCDs and their risk factors, covering 80% of the population. The social insurance now covers NCD check-up and medicines. The cancer registry has been revised to record associated behavioural risk factors. Doctors have been required to enquire about lifestyle risk factors during patient visits. Plans are in the pipeline to empower the public about the need for behavior change through family and educational units.

The Ministry of Education has taken the lead in incorporating NCD lifestyle components in its school health programme. It has also steered the finalization of the school food and canteen guides to ensure that healthy food is served to students. Food-based dietary guidelines have been developed for the public. A behaviour change communication campaign focusing on the first 1000 days of a child's life has been developed. There is also a mandatory physical activity component in the school curriculum, with indicators being developed to grade students.

Maldives has imposed high taxes on high sugar energy and fizzy drinks. However, incentives given to the industry need to be reviewed for policy coherence. It also has a

tobacco control law and a Tobacco Control Board that coordinates its enforcement. The tariffs on imported cigarettes were also increased.

E. Challenges to NCD governance and multisectoral response

Maldives' NCD coordination mechanism has met regularly to make critical decisions. However, one of the challenges for follow-up has been the lack of resources for implementing the decisions of the steering committee. Consensus is yet to emerge on the utilization of taxes derived from tobacco, alcohol or unhealthy foods for NCD programming. There is also lack of clarity about the roles of various ministries in the steering committee in following up on its decisions.

There are also capacity challenges within the Secretariat. There is heavy workload on the existing staff in the NCD division that services the national steering committee. Lack of dedicated staff prevents it from providing undivided attention to coordination in between steering committee meetings. For instance, NCDs require high-level leadership from other sectors of the government. The committee members from other sectors are expected to conduct internal sensitization initiatives of their senior managers to get their buy-in. However, time and human resource constraints prevent the Secretariat from closely following up on these efforts and filling any gaps through advocacy with other departmental programmes. The Secretariat team also needs some core skills relevant for coordination such as data analysis and communication.

The National Nutrition Council is no longer functional, which slows down work on NCD issues of relevance to its mandate such as sugar tax, regulation of unhealthy food and its marketing, prevention of obesity and promotion of breastfeeding. The food and beverages industry attempts to influence the trade and marketing ministries of the government. This makes implementation and progress of labelling and control of advertising of unhealthy food by the relevant ministries challenging.

Non-health sectors are yet to fully recognize the WHO "best buys" such as tobacco and sugar tax as fundamental for NCD prevention and control. This creates stumbling blocks to a whole-of-government response to the issue.

The lack of convergence between NCD related plans of different sectors often result in fragmented efforts and wastage of resources. The case of NCD and disability management drives the point home. While NCDs could potentially lead to disability, little connection exists between the NCD MSAP and the Disability Plan. While the Ministry of Health leads the implementation of NCD plans, the latter is implemented by the Ministry of Family and Gender.

F. Strategies for effective governance and multisectoral response

Maldives undertook a series of preparatory measures that have helped mobilize support for the national NCD governance mechanism. The Minister of Health held individual meetings with several ministries to make the case for action on NCDs. A national NCD campaign highlighting the susceptibility of Maldivians to NCDs was launched to raise public awareness and political consciousness.

A core group met to identify the sectors to be included in the national NCD coordination mechanism and mapped their potential roles. The first meeting of the Steering Committee was organized as a high-level forum to sensitize all sectors.

The shared leadership model of the steering committee provides for initiative and commitment of sectors beyond health. It also helps to maintain

continuity of its meetings in the absence of either of the chairs. The next meeting would specifically discuss the roles of members in the follow-up of committee decisions, with a view to share responsibilities and avoid overload on the Secretariat.

G. Lessons learnt

- The shared leadership of the national coordination mechanisms conveys an inclusive approach, persuading involvement of diverse sectors.
- The political leadership of state and deputy ministers can be particularly useful for cross-sectoral coordination and legislative advocacy.
- A well-staffed coordination unit is critical to support and sustain the vibrancy of an active steering committee.
- Preparatory steps help create interest and synergy among relevant sectors.
- Public campaigns are a great tool to create supportive environments for NCD action.

H. Capacity needs

Ministries with mandates divergent from that of the country's NCD MSAP often find it challenging to reconcile their different goals. A case in point is the import of unhealthy commodities such as tobacco, alcohol and sugary drinks. Maldives being a net importer of goods, the Ministry of Trade aims to increase trade, including in these commodities, while the Ministry of Finance would appreciate the net revenue from import taxes. However, this runs counter to the goals of the NCD MSAP and WHO best buys seeking to reduce their availability. There is therefore the need for concrete evidence on the economics of controlling NCDs, particularly the cost of inaction on NCD best buys.

Instead of striving to earn revenue from unhealthy commodities only to be spent on treating related diseases, it is important to demonstrate the impact of healthy lives on productivity and net earnings to the government, including from savings on treatment costs for the totally avoidable NCDs and related deaths.

There is also the need for officials from diverse ministries to be trained in NCD *best buys*, including on the economic and other arguments that are relevant to their core mandate. For instance, training tax officials in economic analysis and tax research that explores the scope of NCD related taxes from tobacco and unhealthy food would equip them for enhanced response to NCDs.

The Secretariat also needs tp be skilled in communication, coordination, data management, monitoring and basic research. Some of the NCD issues such as mental health require expertise on that subject among members of the Secretariat.

Maldives has a fairly robust health-care system that has NCD clinics, pharmacy and screening facilities. However, mental health needs to be integrated into the work of the health facilities. Island-level professionals do not have the capacity to address mental health challenges in the population. Psychiatric nurses are needed for counselling and rehabilitation. The training for public health professionals needs to include mental health issues.

Similarly, there is need for better integration of the school health staff and primary health system. For instance, it would benefit if school health-care assistants receive primary health care certification and training on NCD specific issues.

Priority areas for multisectoral coordination

- Assign full-time dedicated staff with coordination and monitoring skills to service the high-level NCD Steering Committee.
- Engage the political leadership to secure the support of sectors with conflicting mandates in implementing the NCD interventions.
- Develop toolkits that link NCD interventions to the mandate of sectors that are relevant for NCD action.
- Allocate resources for civil society action to counter industry challenges and build political support for NCD policies.

Multisector Central Tobacco Control Committee Meeting, May 2018, Nay Pyi Taw.
Photo credit: Dr Myo Paing.

MYANMAR

A. NCD Governance Mechanism

National NCD Multisectoral Action Plan (MSAP): Myanmar prioritized NCDs in its National Health Plan. In September 2017, the country released its National Strategic Plan for Prevention and Control of NCDs (2017–2021).

National-level NCD governance: The plan proposes establishing a mechanism for dialogue and coordination between ministries to align their policies with NCD priorities. However, such a committee is yet to be set up in the country. Myanmar has a functional multisectoral committee for tobacco control. A similar coordination mechanism for NCDs, expanding the existing tobacco control committee is under consideration. The MSAP has proposed a National Technical Strategic Group on NCDs under the Myanmar Health Sector Coordinating Committee.

Structure and leadership: In the absence of an exclusive coordination committee for NCDs, the Health System Steering Committee in the Ministry of Health and Sports is also being considered to support NCD action across relevant agencies. This Steering Committee currently coordinates with departments across the health sector and relevant ministries outside of it mainly to address infectious diseases. Its mandate will need to be realigned to address the country's emerging NCD epidemic.

Subnational coordination: There is no NCD coordination mechanism at the subnational level. Instead, the municipal corporations of major cities collaborate closely with the central health ministry in enforcing laws pertaining to food safety, tobacco control and environmental pollution. The City Development Committee of Yangon Municipality, for instance, strictly enforces the national tobacco control law, registers restaurants for compliance with food safety standards, and promotes healthy food options in markets.

B. Political leadership

The Health Minister has been championing the health literacy programme. The programme seeks to deliver health messages to the community. This includes messages on NCD services.

It is desirable to have a President-led coordination mechanism for NCDs, as is the case with similar committees on natural disaster and natural resources. It needs to be a Cabinet-level committee with health and social ministers playing a central role.

C. NCD coordination unit

The NCD division in the health ministry currently coordinates 11 projects on specific NCDs such as cardio vascular diseases, diabetes, cancer and respiratory diseases. A limited team

consisting of a Director, two deputy directors, four assistant directors, three medical officers and administrative staff manage these projects. Of this team, only an assistant director and medical officer each are currently involved in the major NCDs. Professors, clinicians and heads of hospitals manage some of these projects such as epilepsy.

D. Community participation in NCD response

The health ministry's main outreach to the community is through the health literacy programme. The programme develops standardized health messages for use by community health workers and uses radio and television platforms for health promotion. This has for instance included messages on the impact of betel chewing on oral cancer. More recently, the programme has developed pictorial signages indicating the services for early detection of diabetes, hypertension and obesity. This empowers the community to access services at the primary health centres. The outreach material is pretested and revised for better comprehension by the community.

The MoHS has provided mobile tablets to Basic Health Staff around the country for the health literacy programme. It is to be added to mobile applications to collect data individually and strengthen health information data electronically. These may be an important step for transitioning from paper-based to electronic record systems.

The health ministry works closely with national and international organizations such as the Diabetes Foundation and HelpAge International for community engagement. For example, the latter organized a workshop with the ministry for dissemination of the national strategic plan.

The country MSAP proposes establishing an NCD Alliance to coordinate advocacy by nongovernmental organizations. The alliance is envisaged to further community engagement.

E. Multisectoral response to NCDs

Myanmar has made consistent efforts on tobacco control. In 2016, it enacted a comprehensive tobacco control law, which prohibited smoking in public places, tobacco advertising and restricted youth access to tobacco. The law required pack warnings and provided for tobacco cessation services to users. The health ministry actively promotes World No-Tobacco Day to sensitize sectors relevant to tobacco control.

The country undertook extensive training of district health staff in NCD PEN interventions. This has helped to orient the health system to address NCD challenges in addition to communicable diseases.

On adoption of the strategic plan, the ministry of health and HelpAge International organized a dissemination workshop to familiarize other sectors with the plan, and discuss their roles and responsibilities.

In Myanmar, the Ministry of Social Welfare Releif and Resettlement deals with poverty issues. There is scope for collaboration with this ministry in NCD prevention such as for alcohol control.

F. Challenges to NCD governance and multisectoral response

The NCD division faces serious human resource challenges in terms of limited staff and inadequate competencies in the team. The needs for multisectoral coordination call for almost twice as many staff as the existing number. The specific competence for management of collaborative projects and legal issues and research expertise stands in the way of opening dialogue on NCDs with other sectors.

There are competing priorities within the health ministry that also stretch its limited resources, financial, technical and human. There is lack of awareness within health ministry programmes about their linkages with NCDs.

There is also lack of ownership by other ministries in NCD prevention. Some sectors consider NCDs as a concern for the health ministry alone. In the tobacco control multisectoral committee, some ministries only attend the meeting with no follow-up on agreed actions. For instance, the Ministry of Trade's cooperation is required to regulate import and introduce sin tax on commodities that pose NCD risks such as tobacco and foods high in sugar or to control illicit trade in tobacco.

G. Strategies for effective governance and multisectoral response

The tobacco control coordination mechanism offers meaningful strategies for NCD governance. It has clear terms of reference and fairly reasonable participation, despite the irregularity in meetings.

Questions from parliamentary committees can instill interest and stimulate response across sectors relevant to NCD prevention and control.

The parliamentary committees provide a platform to generate interest in NCDs across relevant sectors and raise questions to inspire them to action. A case in point is the opportunity presented by the Parliament's Health Promotion and Sports Committee. The health ministry is planning sensitization talks for Parliamentarians for greater engagement with NCDs.

Leveraging support of donor organizations and allied programmes can help enlist human resource for the NCD programme

The NCD division tides over its staff crunch by hiring temporary staff for specific projects and support from NGOs. Plans are afoot to hire staff through allied programmes and agencies. For instance, the International Union for Tuberculosis and Lung Diseases supports a Deputy Director's position for tobacco control in the NCD division.

H. Lessons learnt

- Political will is central to mobilizing multisectoral response and coordination.
- Prioritizing NCDs in health and development plans help to bring greater attention from relevant sectors.
- Identifying resources, including from allied programmes, could help resource NCD programmes and get sectoral buy-in with more domestic resources to prevent excessive aid dependency.
- Mandates of NCDs need to be realigned to address the country's emerging NCD epidemic focusing not only on the four major conditions but also on health risks from air pollution, and issues such as mental health and palliative care.

I. Capacity needs

Moving the NCD agenda forward in Myanmar requires building political will across political parties. It would be strategic to create opportunities for exposure visits of parliamentarians to countries with similar challenges. This could sensitize and help them prioritize NCD concerns.

The Secretariat of the coordination mechanism, once set up, would require competence in matters such as coordination, programme management, collaboration, organizing large events and financial management. Specialists in trade, economics and taxation would be important to research and drive action on the NCD risk factors.

It helps to have technical expertise from WHO to forge ties with other international and intergovernmental frameworks and resources.

Priority areas for multisectoral coordination

- Set up a high-level multisectoral NCD governance mechanism at national and subnational levels.
- Dedicate full-time staff for coordination of MSAP implementation across sectors.
- Utilize parliamentary fora and processes to generate political support for the NCD response including greater funding from domestic resources.
- Leverage existing international frameworks and financial assistance for the country to initiate cointerventions on NCDs.

NEPAL

A. NCD governance mechanism

National NCD Multisectoral Action Plan (MSAP): Nepal developed its NCD MSAP in 2014. While the 2011 UN General Assembly resolution on NCDs is focused on the four major NCDs and their risk factors, Nepal's MSAP additionally reckons mental health among the major NCDs and addresses the NCD risk factors of indoor air pollution, road safety, oral health. The plan also includes clear terms of reference for a high-level NCD governance mechanism in the country. NCDs find a prominent place in the national health strategy, policies and programmes as well.

National level NCD governance: In line with the NCD MSAP, Nepal established a high-level

NCD screening in a primary health care centre in Nepal.
Photo credit: Dr Lonim Dixit and Dr Md Khurshid Alam Hyder.

committee for NCDs in 2014. It is an executive-led NCD governance mechanism and provides policy leadership, multisectoral momentum and monitoring of MSAP implementation.

Structure and leadership: The high-level committee consists of secretaries of relevant ministries, with the Chief Secretary as its Chair. In convening the committee, the Chief Secretary, the highest-level civil executive in the government, is envisaged to bring the leadership of the Office of the Prime Minister and the council of ministers. Below it, the National Steering Committee for Control and Prevention of NCDs led by the Secretary of the MoHP is responsible for MSAP implementation across the country. Additionally, a Coordination Committee for Control and Prevention of NCDs lends technical support to MSAP implementation.

Constituents: Nepal's NCD high-level committee has representation from the Prime Minister Office, Ministry of Finance, Ministry of Federal Affairs and General Administration, Ministry of Education, Science & Technology, Ministry of Youth and Sports, Ministry of Home Affairs, Ministry of Agriculture and Livestock Development, Ministry of Communication and Information Technology, Ministry of Industry, Commerce and Supply, Ministry of Urban Development, Ministry of Physical Infrastructure and Transportation, Ministry of Women, Children and Senior Citizens, Ministry of Labour, Employment and Social Security, Ministry of Forests and Environment, Ministry of Law, Justice and Parliamentary Affairs, Ministry of Health and Population and the National Planning Commission.

Its National Steering Committee comprises joint secretaries from the above-named ministries and departmental directors of drug administration, the National Public Health Laboratory, National Health Education, the Information and Communications Centre, as well as members from the National Health Training Centre , the Primary Health Care Revitalization Division, the Chief Specialist from the Public Health Administration Monitoring & Evaluation Division, and the Member Secretary of Nepal Health Research Council and Chief of Curative Service Division.

The Coordination Committee comprises directors and director-generals of various departments, divisional directors and a host of non-State experts. The non-State partners include members from academia, civil society organizations (CSOs), professional bodies, and social organizations. The private sector is not currently a part of this committee, though its inclusion is under consideration. Following the implementation of the new federal structure, there has been some changes and restructuring of the NCD governance committees.

Meetings: The NCD governance committees met twice, once each in 2016 and 2018. There have been delays in their meetings with the ongoing nationwide political processes of elections and restructuring of ministries.

The steering committee's first meeting was attended by half its member agencies. The committee discussed the NCD MSAP in detail and participating ministries agreed to include NCD interventions relevant to their mandates in their sectoral workplans. The meeting took key decisions including to strengthen the governance mechanism, streamlining mental health in the NCD programme, strengthening the Secretariat, finding sustainable financing, developing a roadmap for taxes on health-harming commodities, introduction of Package of Essestial NCDs (PEN) intervention, running NCD public campaigns, reorienting the health-care system and developing policies to address diet and road traffic accidents.

Besides the committee meetings, the health ministry met with directors and chiefs of various divisions, departments, ministries and non-State actors to discuss the major NCDs, their risk

factors, mental health and road safety concerns. The Coordination Committee also had frequent meetings and advanced technical work on a range of NCD risk factors.

Subnational coordination: The MSAP envisages regional and district prevention and control committees for NCDs headed by NCD coordinators. This is expected to be undertaken following the restructuring of the ministries and national NCD governance mechanism.

Political leadership

The President and Prime Minister bring their personal commitment to advance action on NCDs. A schemeof Nepalese Rupee 100 000 (US$ 858) is provided for the treatment of those affected by cancers, heart diseases and eight other chronic diseases. The country's first female President instituted free screening for cervical and breast cancers. The *swachya* (clean) environment campaign is led by the Prime Minister and launched the national action plan for electric mobility .

The health ministry provides free treatment to marginalized groups for cancers, heart and kidney diseases. There are provisions for lifetime free haemodialysis, transplant support and post-transplant assistance for kidney patients. The health minister has initiated the "*Mero Barsha, Mera Swasthya*" campaign to promote physical activity.

B. NCD Coordination Unit

The health ministry has a Health Coordination Division. The Department of Health Services has a section for NCDs and mental health, which coordinates all the tasks of the NCD MSAP. It has four staff members with a section chief. They devote part of their time on multisectoral coordination tasks. When the governance committee meetings were delayed, this unit tried to move the NCD agenda forward through issue-specific meetings with various sectors.

C. Multisectoral response to NCDs

Key ministries such as the education ministry are conducting NCD related activities such as the inclusion of NCDs in their curriculum and promotion of the school health programme. Similarly, the Ministry of Federal Affairs and General Administration has health units within their structure, which can become conduits for NCD service delivery to communities. Plans are afoot to introduce the health ministry's basic health package of interventions for hypertension, diabetes and behaviour change at these health units.

Utilise health delivery infrastructure of non-health sectors for expanding community access to NCD services.

Nepal has taken significant steps in tobacco control. The foremost among these are pictorial warnings occupying 90% of the packaging space. This is the second largest coverage of packaging space for tobacco warnings in the SEA Region and the world. It also has a tobacco control legislation banning smoking in public places and regulating tobacco advertising among other measures.

The Ministry of Home Affairs has taken major steps on alcohol with alcohol control regulation and executive directives. Alcohol control in the country has also seen considerable multisectoral collaboration. The coordination mechanism recognized that action similar to tobacco needs to be taken to address the challenges posed by alcohol. The Ministry of Home Affairs offered to develop guidelines for alcohol control and enforcement. The active participation of the Home Ministry and the leadership provided by the

Home Minister in formulating the policy helped in its swift adoption.

Distinct technical support committees can help share the workload of NCD coordination units by helping in the implementation of decisions of the central committee.

While the steering committee's work has been delayed, the Coordination Committee persisted with action. Working with directors across departments and divisions, it developed policies, reports and standards on several NCD risk factors. This has included the development of policy on mental health, tobacco plain packaging and cleaner fuels to address household air pollution. The committee also developed technical reports to support the health ministry's tax campaign on tobacco, alcohol and sugar-sweetened beverages, standards and protocols for implementing the WHO PEN (Package of Essential Noncommunicable disease interventions) and has initiated ayurveda courses. It also organized advocacy sessions to sensitize parliamentarians and stimulated provincial action.

D. Challenges to NCD governance and multisectoral response

The ongoing restructuring of the ministries has delayed the functioning of the country's NCD governance committees and their seamless coordination across sectors. Most stakeholder ministries were busy restructuring their agencies and realigning their provincial work, making it difficult to draw their attention to NCD concerns. The health ministry is currently reactivating, restructuring and reorienting the NCD governance committees. The national restructuring may imply changes to the implementation of the NCD MSAP itself. Additionally, it has brought structural changes to the health departments in each province. The new provincial teams would therefore need to be sensitized to the vision of NCD MSAP once again.

E. Strategies for effective governance and multisectoral response

Alcohol being a major revenue earner for the country, a proposal to increase tax on the product raised concerns of revenue loss. WHO organized meetings where evidence on the health implications of alcohol and tobacco on liver cirrhosis and certain cancers was presented. In further meetings, the impact of alcohol on the exchequer and the benefits of its taxation was discussed. Subsequently, all ministries recognized the importance of tobacco and alcohol taxation and agreed on the need to raise it.

Present the economic case for NCDs to showcase its implications across sectors.

The federalization process presents a unique opportunity to shape NCD coordination at the provincial and district levels. The local governments are in charge of creating new portfolios and are identifying their priorities and processes. This opportunity can be seized to establish suitable coordination structures for NCDs.

Dedicated resources can help the coordination unit to effectively service the NCD governance body and facilitate multisectoral action.

The health ministry is investing in PEN scale-up and prevention and control of NCDs. It intends to invest in NCDs, capacity development and research to instill multisectoral action.

F. Lessons learnt

- High-level political leadership can serve as great champions for the cause.
- Political stability is a necessary environment for multisectoral coordination to flourish.
- It is important to have a earmarked budget for human resources and activities of the coordination unit.
- Evidence that speaks of the concerns of stakeholder ministries is critical for their optimal contribution to multisectoral action.

G. Capacity needs

The coordination unit needs to enhance its capacity to familiarize with NCD concerns and governance management and build on its experience in dealing with local governance bodies and other sectors to facilitate multisectoral coordination. Besides skills in public health and experience in disease management, the team needs to have expertise in economics to discuss tax and cost matters with the finance ministry and other non-health sectors.

There is need to build the capacity of non-health sectors in understanding the impact of NCDs on health, the utility of taxes on tobacco, alcohol and processed food for national development. Across sectors, there is need for guidance in dealing with businesses and negotiating with the private sector. Exposure visits to other countries can help share experiences.

Priority areas for multisectoral coordination

- Review and develop the MSAP in view of the revised federal structure.
- Equip the newly constituted provincial and local governments on their roles and responsibilities in the multisectoral response to NCDs.
- Utilize the opportunity of administrative restructuring to establish subnational coordination mechanisms for NCDs.
- Develop terms of engagement for non-State actors and the private sector in NCD interventions at the national and subnational levels.

Group yoga for healthy life in Sri Lanka.
Photo credit: WHO Country Office, Sri Lanka.

SRI LANKA

A. NCD governance mechanism

National NCD Multisectoral Action Plan (MSAP): Sri Lanka adopted its NCD MSAP in 2013. It became operational in 2016.

National-level NCD governance: Following a series of multisectoral meetings and projects 2011–2016, a high-level National NCD Council was established in 2017 to lend leadership and political oversight to multisectoral action on NCDs in the country. Additionally, an NCD Steering Committee led by the Health Secretary coordinates MSAP implementation at the executive level and a National Advisory Board under the Director-General of Health Services coordinates action on NCD service delivery.

Political commitment at the level of Head of State has elevated NCDs to be a national priority, evoking multisectoral collaboration in Sri Lanka.

Structure and leadership: The initial intention was to establish the National NCD Council within the President's Office. On Presidential delegation, it has since been set up under the leadership of the health minister.

Constituents: At the national level, ministries of health, youth, finance, education, sports, local government, defence, internal affairs, agriculture, environment, sustainable energy, mega policies, urban development, external affairs, trade and commerce and Customs & Excise and the National Authority of Tobacco and Alcohol are part of the coordination mechanism.

Meetings: The council is slated to meet every quarter. It has met twice since it was constituted in 2017, and a third meeting is being planned for August 2018. The first meeting identified existing and potential activities on NCDs by the participating ministries and assigned responsibilities. The second meeting reviewed progress against commitments made in the first meeting.

Regular review of progress in meetings of Sri Lanka's National NCD Council keeps up the pressure on agencies to implement interventions in a timely manner.

The invitations to the meetings are sent to secretaries of member ministries. Participation has been at a fairly high level – at the level of additional secretaries of ministries and director-generals of departments. While the first meeting saw participation by most sectors, two thirds of the council's members unfortunately could not attend the second meeting.

The meetings took key decisions that have moved the national NCD agenda forward. Major decisions include:

(1) *Sugar tax:* The first meeting of the council in 2017 proposed a sugar tax. It has been implemented in 2018.

(2) Strengthening tobacco control law: In 2006, Sri Lanka banned smoking in enclosed public places. The National Authority on Tobacco and Alcohol Act, which oversees the Act, is represented on the NCD Council. The council accepted and forwarded its proposals to improve the parent law to the Cabinet. The proposal seeks to extend the ban on smoking to all public places, make plain tobacco packaging mandatory and ban the sale of single cigarette sticks and of cigarettes within 100 meters of schools.

(3) *Alcohol tax*: The Council also deliberated raising an alcohol tax to reduce affordability and consumption.

(4) *Physical activity guidelines*: The council proposed to begin work among relevant sectors to develop guidelines on physical activity.

Subnational coordination: The Ministry of Internal Affairs is responsible for subnational NCD coordination in the country. The Government Agent, a civil servant in the ministry, is the administrative head at the district level. A district NCD committee is envisaged under the Government Agent. It is slated to meet twice a year. A Medical Officer in the National NCD unit monitors the work of the district coordination mechanism.

B. Political leadership

Sri Lanka has a unique historical and cultural context wherein health is a national priority and features prominently in political discourse and public policy. As the country emerged independent and adopted universal franchise, health was a key public demand in the elections that prominently appeared in the manifestos of all political parties. The health office has since seen leadership rising from the country's trade union movement and going on to become the head of state. These have made the office of the health minister politically powerful, enabling it to pilot major public health policy decisions through the political system.

NCD response in the country has benefited from the high-level political leadership, such as the declaration of 2013 as the year for focused action on NCDs. Further, one week every year is observed as the Health Week, with a day dedicated to NCDs. The interest of the President in NCDs facilitates Cabinet-level decisions on the issue. The Ministry of Health has also received Sri Lankan Rupees 225 billion for NCD response. However, there is no budget allocation for the work of the National NCD Council.

C. NCD coordination unit

The NCD unit in the Ministry of Health coordinates the work of the National NCD Council. The Director and Deputy Director-General lend part of their time to oversee the work of the coordination units. Additionally, there are six medical officers, six development officers, two consultants and four support staff from the NCD unit who contribute to the work of the Secretariat.

Lack of adequate staff causes a work overload in the existing team, and also leads to delay in some of the priority activities. Ideally, about eight consultants, development officers and medical officers each, along with support staff, would be required for the optimal functioning of the Secretariat. This would enable the Secretariat to undertake regular review of progress in MSAP implementation, take enhanced action on risk factors, and strengthen subnational interventions.

D Community participation

The Ministry of Sports has been creating opportunities for community engagement through initiatives promoting physical activity. The ministry has set up open gymnasiums for public use. The compulsory physical activity hour in schools is designed to ensure mandatory student participation in the NCD intervention. Similar targeted programmes are also organized at workplaces.

E. Multisectoral response to NCDs

Sri Lanka built up momentum for a multisectoral response to NCDs through a series of activities. In 2012, the Ministry of Health organized national multisectoral meetings to sensitize stakeholders about NCDs. Similar meetings were held in the district as well. In 2013, the ministries of health and youth entered into a memorandum of understanding (MoU) to mobilize youth for NCD prevention and control. While the Ministry of Health funded the project initially, the Ministry of Youth now funds it from its own budget, reflecting initiative and ownership for the programme.

Initial seed funding could stimulate initiative ownership and resourcing of NCD interventions among non-health sectors.

In line with the National Council's decision, ministries of health and sports had met thrice to draft guidelines promoting physical activity till September 2018. It has helped that the Ministry of Sports has key personnel who have worked in the health ministry and therefore have knowledge of health concerns.

The Ministry of Agriculture has undertaken to double the production of fruits and vegetables between 2015 and 2020 to increase the availability of healthy food. As a result, their prices have come down significantly. Now it is working to reduce wastage in supply.

Similarly, Sri Lankan Customs has intensified efforts to monitor and seize illicit tobacco products entering the country. The Ministry of Education is developing guidelines to make physical activity compulsory up to the 11th year in school. Several ministries have prohibited supply of alcohol at official meetings. The Sri Lankan Army has also banned smoking in all its units as well as stopped the free tobacco quota that was available to soldiers.

The Ministry of Environment has provided tax concessions for solar panels to replace polluting fuels used for household lighting. It also supplies free low-cost cooking stoves to households to reduce indoor air pollution arising from the use of solid fuels for cooking and has increased the subsidy for liquefied petroleum gas (LPG).

F. Challenges to NCD governance and multisectoral response

Lack of an allocated budget for NCDs is a challenge for some of the ministries that are part of the NCD Council. This makes it difficult for them to deliver on their responsibilities in the NCD MSAP.

The focal points for NCDs in non-health ministries tend to change frequently. This leads to loss of institutionary memory, technical capacity and consistency in their response to MSAP. This calls for repeated sensitization and capacity-building on the part of the coordination unit.

The Ministry of Trade is yet to introduce regulations on marketing and availability of unhealthy food. The food manufacturers have been delaying implementation of standards on food with high fat sugar and salt content.

G. Strategies for effective governance and multisectoral response

A two-day workshop was organized for the focal points and middle- and upper-level officials in ministries in the governance body. This helped to sensitize senior management and make NCDs relevant to their mandates.

The Ministry of Health has started advocacy meetings with ministries with conflicting mandates. For example, they are working with the Ministry of Trade towards the food industry's compliance with HFSS standards.

The Ministry of Health provided initial resources to initiate NCD interventions in the ministries of youth and education. This has instilled interest in those ministries, which in turn have identified resources from within their sectoral budget to sustain the initiatives.

H. Lessons learnt

(1) High-level political leadership from the Head of State brings persuasion and a whole-of-government approach to the NCDs.

(2) Preparatory meetings and pilot initiatives are critical for active engagement of non-health sectors in NCD governance.

(3) While Ministry of Health can manage NCD health services, action on its risk factors requires collaboration from other sectors.

(4) It is important to identify areas of convergence between NCD goals and sectoral mandates.

(5) Initial seed funding helps stimulate sectoral resources for sustainable NCD action by non-health agencies in the government.

I. Capacity needs

It is critical to have regular review and discussion about the progress of MSAP implementation with high-level officials across sectors. This would require dedicated staff with technical expertise and political acumen to move the agenda forward.

There is a need to develop tools that showcase the benefits of NCD interventions to the goals of non-health sectors. The return on investment needs to be demonstrated to elicit full participation of all sectors. There is also need for a system that can regularly review progress in MSAP implementation from the central to district levels.

Priority areas for multisectoral coordination

- Build tools to enable fiscal and trade regulations on commodities that pose NCD risk.
- Pursue innovative resource mobilization strategies to facilitate the non-health sector's response to NCDs.
- Increase staff capacity in the Coordination unit for timely follow-up and delivery.
- Create a system for effective linkages between the national and subnational NCD coordination mechanisms.

The Prime Minister of Thailand with delegates of the United Nations Interagency Task Force on NCDs in 2018.
Photo credit: Department of Diseases Control, MoPH, Thailand.

THAILAND

A. NCD governance mechanism

National NCD Multisectoral Action Plan (MSAP): In 2011, Thailand developed a Healthy Lifestyle Strategic Plan. Its broad approach presented difficulties for coordination and implementation. In its second phase, it has been revised to be the National Plan for Prevention and Control of Noncommunicable Diseases (2017–2021) focusing on six strategic priorities and was adopted in 2018. The strategic priorities include public policy development, health system strengthening, community mobilization, risk communication, surveillance and monitoring and supporting system.

National-level NCD governance: Under the 2011 plan, Thailand had set up a Prime Minister-led Steering Committee of nearly 50 senior functionaries of various ministries. However, this committee could not be operationalized on account of the challenges in organizing regular meetings at the level of the head of government and coordinating its large membership. Therefore, a new operation committee for the National NCDs Prevention and Control plan was set up in 2018.

Structure and leadership: Learning from the experience of the high-level steering mechanism, a leaner National NCD Steering Committee was set up under the Minster of Public Health in 2018. Under this committee, there are four subcommittees each addressing the MSAP's major strategic themes. The Cabinet constitutes the next higher multisectoral governance body for escalation of policies for government-wide approvals.

Constituents: The committee brings together administrators at the Director level from the Ministries of Health, Education, Finance, the National Economic and Social Development Board and the Social Security Office among others. Notably, Thailand includes civil society organizations, academic institutions and professional associations in its national coordination mechanism and draws heavily on their strengths for research, social outreach and policy advocacy.

Meetings: The National Steering Committee had two meetings since its establishment in 2018. A third meeting is being planned for September 2018. The first meeting brought the various member agencies together and focused on orienting the members to the NCDs and MSAP. The second meeting set up subcommittees on four of the strategy themes, identified members and leads and agreed on their roles and responsibilities. The subcommittees have now begun to discuss specific NCD issues and an action plan to address them. The proposals of subcommittees will be taken to the upcoming meeting of the National Steering Committee for final decision.

Subnational coordination: Thailand's MSAP provides for regional and provincial NCD Boards. These are currently being set up. The Ministry of Interior leads provincial coordination under the

Governor's leadership. The effort is to adapt the existing tobacco and alcohol committees at the district and provincial levels for NCD coordination.

B. Political leadership

The Cabinet approval of the sugar tax indicates political support to NCDs among ministers. Further, the parliamentary amendment of the tobacco control law suggests consensus and interest in NCDs across political parties. Building on this momentum, the Ministry of Public Health has moved a "Health in all Policies" proposal to the Cabinet. When approved, this would provide a focal point in each ministry to report on the NCD MSAP as well.

The Minister of Public Health supports the vision of the NCD MSAP, even as the Ministry's focus continues to be on communicable diseases. The political support for NCDs needs to translate to adequate budgets, robust mechanisms and dedicated human resources for NCD governance and action.

C. NCD coordination unit

The central coordination unit has been housed in the Bureau of Noncommunicable Diseases in the Ministry of Public Health. As there is no dedicated staff for the coordination mechanism, the team in the Bureau carries out the Secretariat's functions. Additionally, each strategy has a lead department/agency coordinating its work and acting as its secretariat. Two to three persons from the agency whose work is most relevant to the strategy serves as its secretariat. The work of the subcommittees are in turn monitored and coordinated by the central coordination unit.

Delegation of responsibilities and coordination of subcommittees to agencies outside the central Secretariat helps to cultivate ownership and commitment to NCDs among other sectors.

D. Community participation in the NCD response

A unique feature of Thailand's MSAP is its focus on people's participation in its implementation. Two of the six strategies in the plan (capacity-building for community and networks, social mobilization and risk communication) are geared towards public outreach and involvement in NCD prevention and control. The plan actively promotes participation of citizens, communities and local administrations in taking better care of their health.

Additionally, Thailand's National Health Assembly serves as a force multiplier that channels the voice of the people to inform and take ahead public policy, including on NCDs.

Create formal and informal mechanisms such as Thailand's National Health Assembly to channel public opinion to shape NCD policy-making.

This informal discussion platform hosted by the National Health Commission channels priorities of community-based groups, NGOs, broader civil society and the private sector to policy-making and stimulates dialogue between the public and policy-maker. The recommendations from the Assembly are considered by the formal policy-making bodies. Meanwhile, groups advancing a proposal monitor its progress through the decision-making bodies and call for swift and strong action. In this manner, the Assembly's proposal for a sugar tax helped to propel the issue to the attention of policy-makers and eventually the Cabinet.

At the subnational levels, the community is actively engaged in physical activities. There is a national campaign aimed to recruit the public to physical activities in the community. Additionally, village health workers mobilize community involvement in these activities. The local government also organizes NCD

screening camps using community health security funds, which promote healthy lifestyles in the community.

E. Multisectoral response to NCDs

Even as the NCD governance structure is evolving in the country, work on specific NCD policies are being advanced through informal meetings between relevant ministries. For example, in securing sugar tax, the Ministry of Health is working with the Ministry of Finance on the optimal tax levels, the Ministry of Commerce for industry regulations and the Customs Department regarding imported food. It has engaged the academic institutions for research and collation of evidence from other countries.

Between the sessions of the formal coordination committee, prompt follow up, on-going communication and informal meetings with relevant sectors are critical for executing its decisions through concrete action.

In small group informal meetings, the Ministry of Public Health demonstrated the impact of sugar and benefits of sugar tax for health and revenue. The technical officers from the ministries of finance and public health discussed the data and developed the tax proposal. Meetings with the Ministry of Commerce helped evolve strategies to persuade the industry and the manufacturer to produce low-sugar products. The joint tax proposal from these ministries was forwarded to the Cabinet, the country's highest multisectoral governance body, for approval. The civil society advocacy through the National Health Assembly lent momentum to this effort. The consensus proposal from the ministries enabled its swift passage through the Cabinet in August 2017.

Making the business case and demonstrating the co-benefit of NCD interventions to other sectors is key to eliciting their interest.

F. Challenges to NCD governance and multisectoral response

Still among the non-health sectors, overall perception of NCDs is commonly misinterpreted as curative, leading to misconceptions about the interventions being restricted to the public health realm. There is limited awareness about the need for prevention, including by actions by their own sectors.

The non-health sectors of the government find it challenging to secure budgets for fulfilling their responsibilities in the NCD MSAP, causing delays to implementation. Thailand's salt reduction efforts are a case in point. As NCDs are not considered the core mandate of non-health ministries, it is difficult to convince senior managers and political leaders for funding allocations for NCD-related work.

In the health sector, the segmented approach is a barrier to collaboration on similar programmes. The problem is accentuated by lack of flexibility in the use of the budget across programmes with shared goals. Ministerial and top management intervention is needed to break this silo approach to health issues.

At the subnational level, there are budgetary and human resource constraints, in addition to work overload. At the district level, the workers tend to be implementing multiple programmes under various development plans, stretching their capacity to address NCDs. There are also challenges in monitoring and reporting the work through the chain of command to the national NCD coordination committee.

G. Strategies for effective governance and multisectoral response

The "Health in all Policies" proposal that has been moved before the Cabinet is expected to create a focal point in all ministries to specifically look at health concerns. This would enable the Cabinet to track progress of other ministries on NCDresponse.

Engage civil society to mobilize public demand for policies, generate evidence and advocate to policy-makers across sectors.

Thailand has been effective in engaging NGOs, academia and professional bodies in its multisectoral response. As members of the NCD coordination committee, they have stepped up efforts to fill in for various roles including plugging the capacity constraints in the Secretariat. The NGOs have been leading the advocacy front and creating demand for policies. The academia helps with research to inform policies. Leaders of professional bodies enjoy political influence, which they have been using to open policy dialogue with various ministries.

A lesson learnt in the response to lack of funding for non-health sectors is to identify ways to weave NCD concerns into the core mission of the stakeholder ministries, which in turn would help them include relevant interventions in sectoral workplans and budgets. The revenue from the recently introduced sugar tax and the earmarked funding for health promotion from tobacco and alcohol taxes also present potential sources of funding for the NCD work of relevant sectors.

Include NCD targets in national economic and social development plans, leverage it to promote the development and funding of NCD workplans of non health sectors.

Additionally, NCD targets are included in Thailand's national economic and social development plan. This should trigger the National Socio and Economic Development Commission to oversee the fulfillment of health and NCD targets by way of integrating NCDs in the workplans of relevant sectors.

The Ministry of Public Health has made efforts to make the NCD concerns relevant to the mandate of other ministries. In the case of salt reduction, the Ministry has been trying to showcase how poor health from unhealthy eating drives up the treatment expenditure and drains the treasury. They are also demonstrating to other ministries the cost effectiveness of salt reduction for the industry.

Thailand is effectively engaging the United Nationsl Interagency Task Force (UNITAF) Mission in August 2018 and hosting interministerial meetings to engage other ministries and instill ownership of the NCD programme.

Thailand has well established and functional multisectoral coordination committees for tobacco and alcohol. These are also coordinated by different units in the Ministry of Public Health.

H. Lessons learnt

- The experience from the Prime Minister-level Steering Committee shows that multiplicity of committees headed by that office makes it difficult to organize meetings regularly.
- Governance bodies that are manageable in size and focused in scope should be set up, instead of a large and unwieldy entity.
- Conflicting ministerial schedules present challenges for standalone inter-ministerial committees for NCD governance. Instead, committees established under the political leadership of the Health Minister would enable regular meetings

of the committee, while lending swift access to the Cabinet for inter-ministerial decisions.

- Ensuring that co-Chairs of subcommittees are from non-health sectors brings leadership and helps decision-making across sectors.
- Having a shared Secretariat by placing coordination units for subcommittees in the non-health sector helps to stimulate ownership and involvement of other sectors.
- As seen with the coordination mechanisms for tobacco and alcohol, civil society makes significant contributions on NCD governance bodies through research, advocacy and capacity development.

I. Capacity needs

Thailand's revised NCD governance mechanism currently lacks a dedicated coordination unit. A robust Secretariat of at least five full-time staff with diverse skills is required to coordinate its work. An effective Secretariat would need managerial, technical, communication and administrative competencies. Some of specific skills required include systems thinking, epidemiology, monitoring and evaluation, evidence generation, facilitating involvement of other sectors and administrative support. Staff with a vision of the NCD MSAP and an attitude that values partnerships can take multisectoral coordination to a higher level. The anticipated operational cost of such a unit would be no less than 10 million baht.

There is need for guidance to health workers on multisectoral collaboration for the delivery of health services and implementation of MSAP. WHO guidelines to this end will be useful. WHO can also persuade the political leadership to translate the MSAP's vision into firm enabling action. Skills building on mutlistakeholder action for the national and subnational coordination units would be useful. Monitoring the progress of multisectoral action under World Health Assembly and Regional Resolutions would help accelerate the NCD response.

Priority areas for multisectoral coordination

- Strengthen the NCD coordination unit with full-time staff for better implementation of the MSAP and decisions of the Steering Committee.
- Enhance coordination with the Ministry of Interiors to establish subnational coordination mechanism for NCDs.
- Create flexible budget arrangements for coordinated intervention by diverse programmes within the health sector.
- Sensitize non-health sectors on the need for preventive action to address the NCDs.

Aerobic dance to promote physical activities in Timor-Leste.
Photo credit: WHO Country Office, Timor-Leste

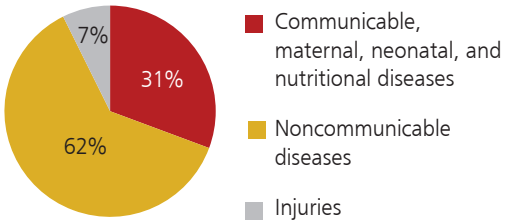
TIMOR-LESTE

A. NCD governance mechanism

National NCD Multisectoral Action Plan (MSAP): Timor-Leste had a NCD National Strategic & Action Plan 2014–2018. It has developed a revised plan emphasizing multisectoral coordination. The Health Minister approved the MSAP in September 2018.

National level NCD governance: The MSAP requires a multisectoral committee for NCD governance. At present, the Ministry of Health initiates policy dialogue on specific NCD concerns with NCD focal points in relevant ministries.

NCD mortality



Source: Global Burden of Disease, 2016

Structure and leadership: The multisectoral committee is proposed to be headed by the Director-General of Health Services.

B. Political leadership

The current Prime Minister of Timor-Leste had shown commitment to NCDs by approving the tobacco control legislation during his earlier tenure as the country's President. The Vice-Minister and Acting Minister of Health, both medical doctors, bring their experience in primary health care to address the NCDs. The Ministry of Finance has also shown support such as to increase taxes on tobacco and alcohol.

There is good political support for community-level NCD activities as well. The government has initiated school and community-level NCD interventions. It has also produced a music video to facilitate physical activity sessions in all schools in the country.

Political parties are aware of NCDs and even include it among their campaign commitments. For instance, the party that won the election had committed to take action on NCDs.

C. NCD coordination unit

The proposed secretariat for the committee under consideration is envisaged to be in the Ministry of Health. MSAP stipulates one full-time person dedicated to coordination among sectors and management of the plan. Towards this end, a district-level staff is to be posted under the public health directorate.

D. Community participation in the NCD response

The government organizes physical activities in communities, which attract youth and others. This initiative involves schoolteachers, youth leaders, government institutions and civil society.

The health ministry mobilizes community leaders to improve health-seeking behaviour. The

presidents of some of the municipalities have been involved in the development of NCD MSAP to make it operable at the subnational level. They along with NGOs and churches provide healthy lifestyle messages to the community.

E. Multisectoral response to NCDs

The Ministry of Education helps in NCD awareness creation among school students. It has included NCDs in the school curriculum and school health programme. All government institutions hold mandatory physical activity sessions every Friday.

The Ministry of State Administration helps to engage community leaders in NCD action. The Ministry of Commerce & Industry has been engaged in tobacco control. It will continue to be engaged in addressing salt, sugar and alcohol intake as well.

A range of non-health sectors were involved in the passage of the tobacco control legislation and continue to be involved in its implementation. The Inspection and Monitoring Authority on Economic, Sanitation and Food Activities (IFAESA) enforces tobacco pack warnings among the country's shops and markets. This joint effort has led to a reduction in tobacco prevalence as confirmed by the Global Youth Tobacco Survey and demographic survey of 2016–2017.

The Ministry of Health has also been enhancing health system capacity at the subnational level. Medical staff and nurses have been trained on NCD interventions in two municipalities. This training will be extended to all municipalities.

F. Challenges to NCD governance and multisectoral response

There is external pressure from multinational corporations whose products pose risk for NCDs. For example, multinational tobacco companies pressure the government to ease the terms for import. Akin to the tobacco industry threat on Uruguay's introduction of large pictorial warnings on tobacco packs, international trade laws are often cited in the country to deter tobacco control measures such as health warnings. There has been similar industry opposition to taxing products that present a major risk for NCDs.

Timor-Leste has serious human resource constraints for NCDs, beginning with the nodal health ministry. Currently, two persons in the ministry of health spend part of their time to manage the country's NCD programme from primary to tertiary levels. The existing expertise in the health ministry is insufficient to address NCDs from a non-health perspective and steer multisectoral action.

The human resource challenge is accentuated at the primary health level, where health teams are yet to be trained in NCDs. At the secondary and tertiary levels, there is acute shortage of specialists. For example, there is no Timorese cardiologist in the country to treat cardiovascular diseases. Specialists from countries such as Cuba, Thailand and Portugal temporarily fill the gaps in health care.

Other sectors are not sufficiently aware of NCD concerns, particularly about interventions to address its risk factors. There is also concern among ministries such as Commerce about restrictions on tobacco imports. There is no control on food with high salt or fat content.

Lack of funding allocation for multisectoral action and coordination is a stumbling block for undertaking NCD interventions by various sectors. The current funding of the Health Ministry for NCD activities are mainly from the government, WHO and NGOs

The change in government with elections brings its own uncertainties about commitment

and prioritization of NCDs. This may also affect budget allocations for implementation.

G. Strategies for effective governance and multisectoral response

Timor-Leste has begun preparatory steps for the implementation of NCD MSAP. It has started discussions with directors of other ministries and is encouraging them to take NCD matters to higher officials.

The country response to NCDs has been focused on lifestyle change at the community level. To this end, it has involved community leaders and church leaders in creating NCD awareness. Mass awareness has been attempted through the introduction of warnings on tobacco and alcohol packaging.

H. Lessons learnt

- Personal commitment of senior political leaders helps to initiate action on NCDs.
- Commercial interests can delay and derail NCD interventions, particularly those addressing its risk factors.
- Community leaders are well placed to be messengers for healthy lifestyle.
- Human resource constraints can delay the NCD response, more so the multisectoral response.

I. Capacity needs

There is a need to enhance the capacity of the existing health staff in primary health care. The medical and nursing staff in the health posts are equipped to address communicable diseases. NCDs need to be integrated in the training and activities of the medical and nursing staff in all health posts. At the secondary and tertiary levels of health care, there is urgent need for specialists such as cardiologists to treat those affected by NCDs. Overall, equipped staff, basic devices and drug availability are of paramount importance at the primary care level.

Nationally, the NCD programme requires about 10 staff. This needs to include staff with a background in health promotion, quality control, research and training to implement the NCD MSAP. The programme needs to be developed into an independent directorate for disease control. Some of the staff capacity needs can be met by involving the office of IFAESA in issues of quality control such as of unhealthy diet and the National Institute of Health for research and training.

The non-health sectors need to develop mechanisms to monitor and evaluate their implementation of the MSAP as it rolls out. They would also have human, technical and financial needs to meet their commitments under the plan.

There is need for awareness building and political advocacy on NCD concerns and policies to parliamentarians. They could benefit from participating in international meetings and gain exposure to international experience and good practices in NCD control, in particular multisectoral coordination.

The country requires laboratories for testing products for their salt, sugar and fat content. There is also need for enhanced capacity and training of Customs and commerce agencies in enforcing legal import restrictions.

Priority areas for multisectoral coordination

- Establish the NCD governance mechanism for systematic multisectoral coordination.
- Build staff capacity in the health and non-health sectors, as well as the coordination unit, to deliver the MSAP.
- Protect policies to address NCD risk factors from industry interference.
- Engage community leaders to build political interest in NCD policies.

Section 4

Regional situation: Observations & discussions

A. NCD governance mechanism

Member States of the WHO South-East Asia Region are at various stages of establishing and managing their NCD governance mechanisms. Their diverse systems and approaches provide insights into and lessons for strengthening the mechanisms in the coming years.

Strategic Framework for Multisectoral Coordination on NCD s*:* All countries in WHO SEA Region have a National NCD Multisectoral Action Plan (MSAP). The MSAPs provide the policy framework to establish a multisectoral governance mechanism specific to NCDs. All SEA Region countries have prioritized NCDs in their national health plans. Some like Bhutan have also included NCD targets in their national development plans.

National NCD governance*:* The WHO global and regional NCD action plans call for establishing national governance mechanisms for coordinating action across sectors. This in turn finds reflection in the NCD MSAPs of all countries in the Region, some with definite timelines and terms of reference.

In the 2017 Country Capacity Survey, all countries with the exception of Bangladesh and Maldives reported the existence of a national NCD governance mechanism. The scenario has evolved since then. Maldives has now established a National NCD Coordination Committee. Bangladesh has formally approved the establishment of such a body, but that is yet to be set up. Myanmar's MSAP requires an inter-ministerial body, which it yet to be established. India and Indonesia work through groups on specific NCD issues, instead of a single overarching committee. Timor-Leste is yet to organize a coordination mechanism for NCDs. As of now, its Ministry of Health reaches out to NCD focal points in other ministries for implementation of activities that need response across sectors.

Structure*:* The structure and organization of NCD governance varies widely within the Region. The majority of the countries in the Region (Bhutan, Maldives, DPR Korea, Myanmar, Nepal, Sri Lanka and Thailand) have a national-level committee for multisectoral coordination.

However, countries with relatively large population such as India and Indonesia are pursuing approaches different from those expressed in their MSAPs for a single high-level committee for coordination at the national level. Thus, while India's MSAP requires the establishment of a Standing Committee of Secretaries headed by the Cabinet Secretary, it currently pursues national multisectoral coordination through meetings with distinct clusters of ministries –one with synergistic interests and the other of divergent mandates.

Similarly, Indonesia's MSAP 2016–2019 calls for the establishment of a Joint Steering Committee at the national level and NCD coordination committees at provincial and district levels. Instead, Indonesia currently has separate committees addressing specific NCD concerns

such as cancer and heart diseases. It is important to examine the challenges for NCD governance among large countries and support them in developing a time-bound roadmap to consolidate the momentum from such separate efforts into a whole-of-government mechanism for greater synergy and better outcomes.

Level of leadership and oversight of NCD governance: The WHO SEARO guidance on "*Approaches to establishing country-level multisectoral coordination mechanisms for the prevention and control of noncommunicable diseases*" recommends supraministerial oversight at the level of head of state/head of government for effective NCD governance. However, it is the Health Ministers who chair the national-level committees in most SEA Region countries with a national coordination body. The exceptions are India and Nepal. In India, the cluster meetings with other ministries are organized at the executive level, whereas the Chief Secretary heads Nepal's National Steering Committee for NCDs.

Leadership by the health ministers reportedly helps in organizing more frequent meetings of the committee, and avoid the challenges in coordination required with the offices of the head of state/government. Maldives, Thailand and Sri Lanka reported this approach to have helped to enlist the active personal involvement of health ministers in reaching out to other sectors and members of the Cabinet besides enabling to raise the profile of NCDs at the Cabinet level. Maldives' NCD high-level Committee has notably instituted a co-Chair from the non-health sector, which inspires leadership and initiative across sectors.

Notably, several SEA Region countries have attempted to establish NCD governance mechanisms at higher levels of government. For example, Maldives initially planned to set up its coordination committee under the Vice-President overseeing the country's social councils. The heavy workload of the Vice-President's Office has led the leadership for NCD coordination to be delegated to the Health Minister. Nevertheless, efforts are underway to require regular monitoring of the country's NCD governance mechanism by the Vice-President's Social Councils. Meanwhile, Thailand moved away from its earlier Prime Minister's Task Force on NCDs following difficulties in organizing regular meetings given its large membership.

Across SEA Region countries, NCD governance mechanisms report internal irreconcilable differences between sectors to a higher body/office. In Bhutan and Thailand, the unresolved matters are escalated to the Cabinet; in India to the Cabinet Secretary; and in Sri Lanka to the Head of State. While providing for conflict resolution, these escalation facilities do not substitute for direct and ongoing oversight by the head of state/government to ensure priority, policy coherence and accountability across the government. In-depth research is critical to evolve mechanisms that ensure high-level leadership and monitoring while enabling agile action by the NCD governance bodies.

Apart from the leadership of the NCD governance body, the legislative assemblies, parliamentarians and political parties were reported to support NCD initiatives. In the case of Bangladesh, the Parliament has set up a special forum on NCDs for enhanced policy response to the issue. It is common practice for Sri Lanka's political parties to organize NCD screening camps and include the issue in election manifestos. Myanmar has the scope to utilize parliamentary committees to challenge various ministries to action on NCDs.

Constituents: The NCD coordination mechanisms in the SEA Region typically comprises the ministries of health, education, youth and sports, women and child development, finance, Customs, communication, agriculture, planning, trade and law. Ministries dealing with sustainable energy options are integral to some of the NCD

Table 1: NCD governance mechanisms in SEAR countries

Country	National Multisectoral NCD Governance Committee	Nature of leadership	Meeting of national governance committee
Bangladesh	National Multisectoral NCD Coordination Committee: Established in 2018	Political: health minister	Not convened
Bhutan	National Steering Committee: Established in 2015	Political: health minister	Irregular meetings
DPR Korea	Established	Political: health minister	Sensitization workshop
India	In MSAP; yet to establish	Executive-led: Cabinet Secretary (proposed)	Issue-based meetings of relevant ministries
Indonesia	In MSAP; yet to establish	Executive-led (proposed)	Meetings of relevant health sector agencies
Maldives	NCD Steering Committee: Established in 2017	Political: health & public media ministers	Regular meetings
Myanmar	In MSAP; yet to establish	Executive-led (proposed)	Sensitization workshop
Nepal	National Steering Committee for NCDs: Established in 2014	Executive: health secretary	Two meetings
Sri Lanka	National NCD Council: Established in 2017	Political: health minister	Regular meetings
Thailand	National NCD Coordination Committee: Established in 2018	Political: health minister	Regular meetings
Timor-Leste	In MSAP; yet to establish.	Political leadership (proposed)	Not applicable

governance bodies in SEA Region Member States such as India, Nepal and Sri Lanka. This indicates the regional priority of reducing indoor air pollution from the use of solid fuel, which is the additional target that the SEA Region NCD Action Plan has over the Global Action Plan on NCDs. Similarly, the ministries of social security in the Region found a spot on the NCD governance mechanism in countries such as Thailand to enable financing for NCD treatment and care.

The civil society is specifically included in the committees of Bangladesh, Bhutan, Nepal, Indonesia, Maldives, Myanmar, Sri Lanka and Thailand. Maldives additionally has WHO in its NCD governance mechanism, Myanmar has included international non-governmental organizations while DPR Korea has public organizations such as the central committee of women's and workers associations in its coordination body. Private sector involvement was reported by Indonesia and Nepal. India did not indicate participation of any non-State actors in its NCD multisectoral coordination meetings. Along with WHO, it undertook a mapping of civil society organizations of relevance to NCDs.

Meetings: Most countries had planned for three or more meetings of the NCD governance body in a year. Maldives, for instance, had planned for bimonthly meetings to invigorate relevant sectors to early action. Since its establishment in 2017, it has had seven meetings of the NCD governance body. Other countries have had relatively lesser number of meetings planned and even lesser organized, with the frequency of meetings decreasing with time.

Bhutan's National Steering Committee for NCDs was expected to meet twice a year. It met four times since its inception in 2015, averaging to a meeting every year, with no meetings held in 2017. Sri Lanka's high-level National NCD Council met twice since it was established in 2016. Nepal's National Steering Committee for NCDs met just twice since its formation in 2014. Thailand had two meetings of its newly constituted national coordination committee in 2018.

The meetings were delayed usually on account of competing priorities of health and other ministries, and challenges in the implementation of decisions taken by the committee. In the case of Nepal, the NCD governance committee has been awaiting the completion of the federalization and restructuring process to convene meetings.

Participation: In most SEA Region countries, ministries of health made concerted efforts to ensure the participation of non-health sectors in the meetings of the NCD governance body at the national level. Across the board, the initial meetings had relatively higher attendance and representation, and at higher levels of non-health sectors. All countries reported waning attendance and lower levels of participation in subsequent meetings.

The problem is accentuated in countries like Bangladesh where frequent mandatory transfers of officers imply constant changes in NCD focal points attending the governance body meetings from various ministries. The low attendance, inadequate representation and inconsistent participation affect the nature of decisions, follow-up, progress in implementation and the overall quality of guidance the coordination committees can offer towards the national response to NCDs.

SEA Region countries with NCD governance mechanisms having political leadership such as by health ministers witnessed attendance at relatively higher levels of the executive, mostly at the Secretary level, when compared with those headed by the executive. This has been the case in Thailand, Sri Lanka and Maldives. In Maldives, the political leadership of NCD governance ensured that State and Deputy Ministers who enjoy political influence participated in its meetings. On the other hand, coordination

mechanisms headed by the executive branch of the government (India and Nepal) tend to have non-health sectors participating mostly at the Director level. It is important to further examine if the latter has implications on the nature of decisions taken, pace of delivery, policy coherence and leadership by non-health sectors.

Follow-up on decisions*:* In all countries in the Region, the NCD team in the ministry of Health is responsible for following up with other sectors to implement the decisions of the national governance body.

Additionally, some countries have a subcommittee or technical unit to implement the decisions of the national governance body. Thailand has a subcommittee each that implements the decisions regarding the four strategic priorities of its MSAP, while Bhutan has an implementation subcommittee that supports the Secretariat in implementation. Subcommittees in both the countries bring people from relevant sectors to work on common concerns. Nepal has a technical working committee within the health ministry that helps with technical assistance. The subcommittees supply shared technical, financial and human resource that supplements the efforts of the NCD coordination units. Thailand's experience shows that the subcommittees work better when they are co-led by non-health sectors.

Most countries with a functional coordination body reported a lag in the follow up of decisions by NCD the governing body. The reasons for the delay included shortage of staff in the secretariat, coordination challenges in sub committees and lack of resources for implementing the decisions.

Sub national coordination: While most SEAR countries have envisaged subnational level coordination, they are yet to set up the mechanism at provincial and district levels. Thailand is considering expanding the scope of its effective provincial committees for tobacco and alcohol to integrate other NCD components. The country is currently reallocating budget, realigning the line of command, and reassigning work load of the existing committee to address broader MSAP implementation.

In Indonesia, NCD programmes are delivered from national to the district levels by the provincial health office under the oversight of the Ministry of Health. It is not clear if there are NCD governance bodies overseeing these efforts subnationally.

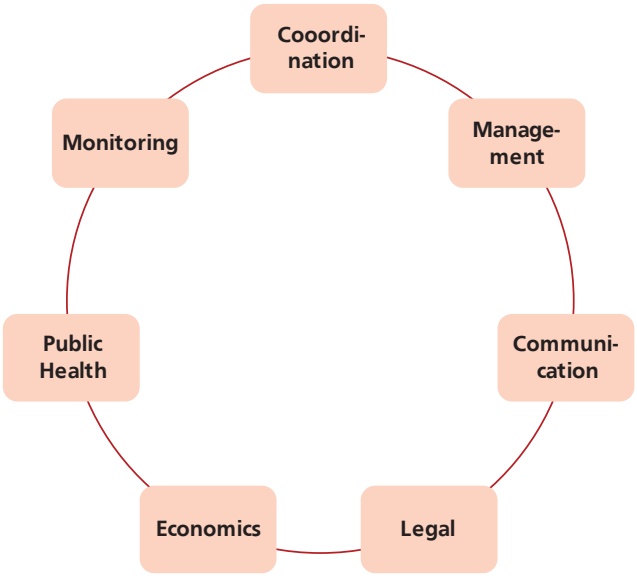
Bangladesh, India, Thailand and Bhutan reported effective coordination committees for tobacco control at the subnational levels. Plans are afoot to expand the scope of these committees to address the broader NCD concerns.

Notably, NCD coordination at the subnational level often lies outside the scope of ministries of health. In Bhutan, district-level action is led by local units of central line ministries, whereas in Thailand and Sri Lanka the ministry of interiors/ internal affairs heads the subnational governance mechanism.

B. NCD coordination unit

In all but one SEA Region Member State the NCD unit in the Ministry of Health serves as the coordinating unit for the multisectoral coordination mechanism. Indonesia has a Joint Secretariat in the Coordination Ministry of Human and Culture Development, which includes the health ministry. None of the SEA Region countries have full-time staff dedicated to facilitate coordination among the sectors. In all cases, only a part of the time of a few officers was spent on the Secretariat's work. The staff in these units are largely civil servants or public health experts. Additional skills in coordination, advocacy, communication, programme management and evaluation, besides expertise in legal subjects, are desired in the NCD coordination unit.

Figure 1: Competencies for the NCD coordination unit



The staff serving as the Secretariat for NCD governance invariably had competing priorities. Some countries augmented the resulting gap by drawing on implementation support committees from across sectors. Thailand presents an inclusive and shared model of the Secretariat's functions. It assigns the non-health ministries chairing its four subcommittees to provide secretarial assistance to meet the strategic priority of the group.

None of the SEA Region countries have any budget earmarked for the Secretariat's coordination activities. This limits the scope of the Secretariat to fully play its role in preparing policy proposals for the NCD governance body, following up on its decisions, building the capacities of other ministries, monitoring MSAP implementation and providing the evidence and legal support for action by non-health sectors, among others. In Maldives, Myanmar, Nepal, Thailand and Timor-Leste, WHO and NGOs provide technical and/or financial assistance for the implementation of NCD MSAP.

All countries reported this to adversely affect timely follow-up of the decisions of the NCD governance body, coordination across sectors and continuity in the work of the governance body itself. Notably, strengthening the Secretariat with dedicated and skilled staff and resources is a priority capacity need for governments across the Region.

C. Multisectoral response to national NCD action plans

Most SEA Region countries considered the multisectoral coordination mechanism to be critical for propelling action, particularly on the NCD risk factors and with sectors of divergent mandates. The mechanism provides a platform to undertake interventions outside the health sector, reconcile differing policies of ministries and ensure joint responsibility for actions. Sri Lanka bears the best example of the mechanism's role in advancing legislative and fiscal measures to curb tobacco, alcohol and unhealthy food, in addition to developing guidelines on physical activity.

Across countries in the Region, school health programmes with the ministries of education and promotion of physical activity with the ministries

of youth and sports are considered the "low-hanging fruits" for early collaboration. This has led ministries to initiate physical activity initiatives as in DPR Korea.

Tobacco control has also benefited from multisectoral collaboration, including with conflicting mandates. It has received the support of ministries of finance to raise taxes, ministries of trade and commerce on pack warnings, ministries of education on awareness generation and ministries of agriculture on alternate livelihoods, home ministries on law enforcement, and departments of Customs on control of illicit tobacco trade among others. The multisectoral coordination obligated under the WHO Framework Convention on Tobacco Control has been cited to help mobilize multiple sectors towards this whole-of-government approach.

Countries like Nepal, Sri Lanka and Thailand are taking the lessons from multisectoral collaboration on tobacco taxes to adopt alcohol and sugar taxes. Among the NCD risk factors, policy action on alcohol is yet to gather support in most countries in the Region.

Non-health sectors contributed in a range of ways to advance action on NCDs. For instance, Thailand's Finance ministry lent political support to fiscal measures on unhealthy commodities, while the efforts of Sri Lanka's Agriculture ministry increased the supply of fruits and vegetables. In India, Bangladesh and Sri Lanka, relevant non-health ministries are providing cleaner fuel options to reduce indoor air pollution. While Timor-Leste's Inspection Authority enforces tobacco pack warnings, Nepal's Ministry of Home Affairs leads the enforcement of its alcohol policy. Ministries of trade and commerce often take time in reconciling their mandate with NCD goals.

In addition to collaboration across sectors, most countries expressed the need for greater collaboration and sharing of resources among the programmes within the health ministry. In the case of Bangladesh, joint annual programme planning and monthly meetings of health sector directors and programme managers across the country helps to have intrasectoral coordination.

D. Good practices for effective NCD governance and multisectoral response

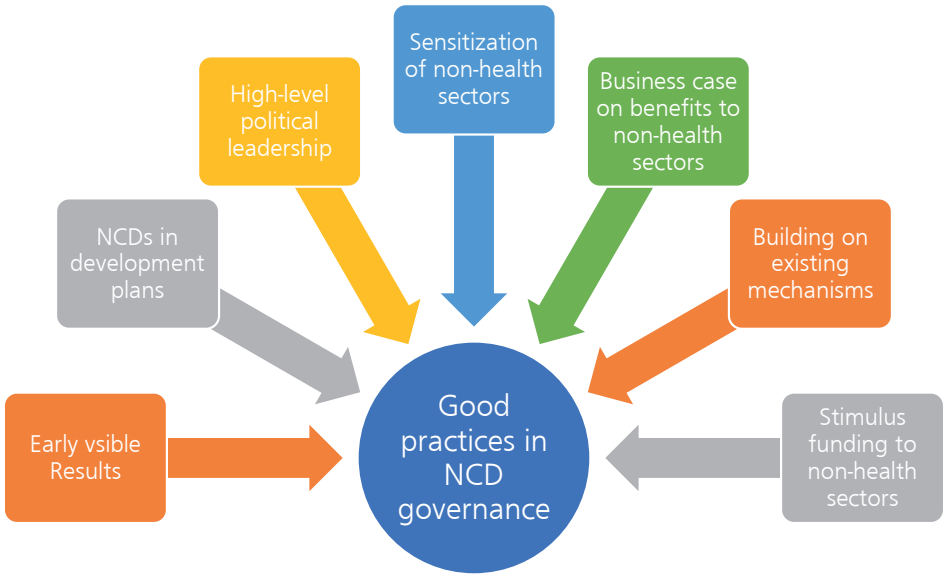
Countries of the Region have adopted a range of strategies that have helped advance the national and regional NCD agenda. Some of these good practices are discussed below.

Integrate NCDs in the national development plans*:* Bhutan, Indonesia and Thailand have included NCD targets in their national development plans. This positions health and NCD interventions as key to achieving national development and stimulate NCD-related interventions by relevant sectors. It also provides sound justification for inclusion of NCD measures in sectoral workplans and opens avenues for sustainable funding for NCDs.

High-level oversight and political leadership to NCD governance: The NCD governance mechanism of nearly half the SEA Region countries are headed by health ministers. This brings political commitment to the issue, besides helping move NCD policy agenda through the Cabinet and legislative bodies. However, political oversight at the level of head of state is critical to monitor progress and ensure a whole-of-government approach to the issue.

Shared leadership of NCD governance: Two countries in the region, Thailand and Maldives, have instituted shared leadership for their NCD governance mechanism. Maldives' NCD governing committee is co-Chaired by the ministries of health and public service media. In Thailand, the subcommittees of its

Figure 2 Good practices in NCD governance in SEA Region countries



NCD governing body are led and coordinated by non-health sectors relevant to the strategic priorities of its MSAP. Such shared leadership facilitates an environment for ownership and active participation of non-health sectors.

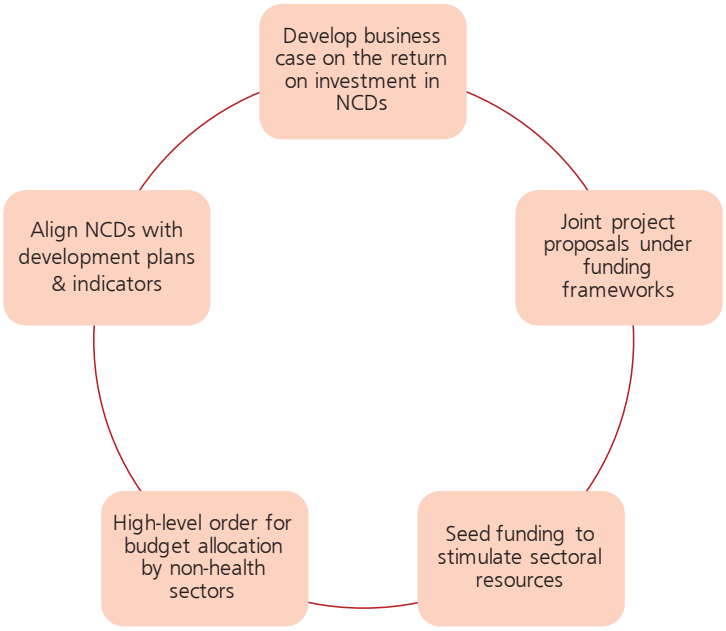
Intra-health coordination*:* The sectoral coordination needs to begin intrasectorally within the health ministry. Bangladesh achieves this through regular meetings of its national and subnational programme managers. This helps to undertake joint activities and share budgets across programmes. In the same vein, Myanmar is attempting to link its tuberculosis programme with tobacco cessation.

Utilize existing infrastructure for NCD service delivery: Nepal's Ministry of Federal Affairs & Local Development has heath units that work to enhance access to services of socially and economically disadvantaged groups. In addition to the infrastructure within the health ministry, a basic health package including NCD services are being planned for delivery through these health units. Similarly, Maldives is considering to engage the school health attendants with its Ministry of Education for preventive and primary health.

Build on existing subnational coordination mechanisms: A good place to begin mulitsectoral coordination at the subnational level is to identify and build on existing coordination mechanisms that are relevant to NCDs. In Bhutan, for instance, the attempt is to enlist the development committees at the grassroots to integrate and implement NCD MSAP. Thailand is modifying its existing tobacco and alcohol committee to coordinate NCD action subnationally. Utilizing existing mechanisms can spare the time and efforts to build new structures and processes. If modified to address the unique challenges of NCDs, it can attract early interest and involvement of other sectors.

Leverage partner strengths*:* Most SEA Region countries draw on the strengths of non-State partners to address the gaps in skills

Figure 3 Resource mobilization strategies for non-health sectors



and resources. Maldives has its civil society undertaking NCD policy advocacy with political leadership ahead of its 2019 elections; Thailand relies on its academia for research support, Myanmar receives technical and financial support from international organizations.

Demonstrate early visible results: Countries like India and Bangladesh have sought interventions that can make a quick and demonstrable difference to stimulate action among sectors that are difficult to collaborate with. For example, India's quick roll-out of LPG connections for cooking to marginalized households proved a visible intervention to reduce indoor air pollution and set the stage for discussions with other sectors on taking more concrete actions on other NCD risk factors.

Support resource mobilization for multisectoral action: The ministries of health in the SEA Region adopted various strategies to specifically locate resources for non-health sectors in the NCD governance body.

E. Challenges for effective NCD governance and multisectoral response

Diverse sectoral priorities: Awareness of NCD concerns among non-health sectors in the Region is reportedly low. The case for NCDs as relevant to the mandates of these sectors is rarely made, making it difficult to integrate them into sectoral priorities, workplans and budgets. This in turn leads to poor implementation of NCD MSAPs. Often non-health sectors have mandates conflicting with NCD goals, posing challenges for convergent decisions by the NCD governance body. For instance, taxes on tobacco, alcohol or unhealthy food while serving the public health objective of reducing their consumption could also be perceived to affect the revenue goals of the finance ministry.

Lack of subnational coordination: While most SEA Region countries have established NCD governance bodies at the national level, subnational coordination remains a challenge

to all. In the administrative framework of countries such as Bhutan, Sri Lanka and Thailand, the leadership of governance structures for programmes at the local level lie outside the health sector. There have been delays in getting these sectors to establish coordination mechanisms specific to NCDs. In all countries, there is severe shortage of human resources at the local level to lead and coordinate such committees. Disputes over budget sharing and delays in release of funds from national to subnational levels also affect the functioning of subnational NCD coordination mechanisms.

Limited human resource*:* Across countries in the Region, human resource constraints presents the immediate roadblock to effective NCD governance and response. The coordination unit in the health ministry and the non-health sectors suffer from this crisis. While all health ministries in the Region have NCD teams, none have full-time staff designated to manage the NCD coordination unit. This in turn is leading to fragmented and inconsistent coordination with other sectors.

In most countries, there is general staff shortage across sectors. Therefore, securing additional staffing requires convincing directors, higher officers and the political will of ministers, before making the case to the Cabinet Secretariat and agencies handling personnel and administration. Lack of staff with technical expertise, legal acumen and coordination skills in the Secretariat also impedes progress in the implementation of NCD MSAP. For instance, advocacy for sugar tax would require the Secretariat to generate evidence that makes the economic case for the finance ministry.

Financial constraints: Most countries of the Region are in the early stages of allocating specific budgets for NCDs. These funds usually go to the health ministry for NCD service delivery, with little resources allocated for the NCD governance body or the Secretariat's coordination functions. This leaves limited resources for generating evidence, intersectoral advocacy, communication, supporting action by non-health sectors, enlisting expert technical skills and other functions expected of the Secretariat. Also, the systems for sharing resources across programmes and sectors are either missing or are cumbersome, making it difficult to venture on cost-sharing and joint initiatives such as NCDs.

Non-health sectors in most SEA Region countries, with the exception of a few ministries in Sri Lanka, are yet to prioritize NCDs in their sectoral workplans. This in turn limits their ability to assign staff time and resources for NCD interventions. In Sri Lanka, following stimulus funding by the health ministry, ministries of education, youth and sports included NCDs in their workplans, and this has helped them to secure funds for NCD-related interventions.

Ambiguity about collaboration*:* In most countries in the Region, cross-sectoral partnership is being attempted in an ad hoc manner. While meetings of governance bodies are stipulated in national MSAPs, the terms and procedures of engagement between sectors is not clear. Most NCD governance bodies do not have mechanisms for follow-up on commitments, monitoring progress and ensuring accountability, all leading to delays in implementation of its decisions. Similarly, there is lack of clarity about the funding for NCD interventions by the non-health sectors. While the non-health sectors expect it from the health ministry, the health ministry anticipates the sectors concerned to identify funds within their budgets. Such ambiguity slows down work of the governance mechanism as a whole. There is need for clear terms of reference of the governance body, and clarity on the roles of different sectors, monitoring mechanisms with procedures laid out for joint initiatives, and resource sharing.

Political challenges: While several of the health ministers of the Region lead the national NCD governance bodies, they are yet

to secure sufficient staffing and resources for NCD coordination. Across the Region, NCDs are yet to receive the attention and resources commensurate with the disease burden. Additionally, health-harming industries exert pressure on political parties and governments to delay or dilute NCD policies. This in turn influences the positions of various sectors and parties, frustrating the NCD legislative agenda of national Parliaments and subnational legislative bodies. The political commitment from heads of states/governments is critical to surmount industry tactics and advance the NCD response.

Industry interference: The tobacco, alcohol and food industries actively lobby various sectors to subvert government efforts to reduce their use. Besides covert measures, the industry actively challenges government policies in courts. For instance, the tobacco industry has mounted numerous litigations on India, Nepal and Sri Lanka for introducing large picture-based warnings on tobacco packs. Trade ministries of island nations who are net importers particularly feel the industry's pressure to ease regulations on the import of products. This includes packaging rules and import tax regulations on these products. Countries do not have robust guidelines in addressing conflicting interest and managing relationships with the private sector entities.

F. External support

Apart from in-country resources, countries could benefit from inputs from international and development partners. Primarily, this involves developing guidance for MSAP implementation. For instance, guidelines on multisectoral coordination on NCD issues could help address how health workers could coordinate across sectors at the community level.

Regional and international platforms and dialogues can help influence and inspire political leaders and health ministers to champion the NCD cause. A skills building initiative for the Secretariat and stakeholders of NCD governance mechanisms could help them address NCD issues, which are beyond their routine tasks. For instance, training workshops on forging partnerships and fostering coordination would be helpful for the Secretariat team, while training in tax research will be useful for focal points and officers from the finance ministry.

Global commitments and targets provide the reference to monitor progress and evaluate outcomes. WHO can play a critical role in helping develop surveillance systems and enabling countries to benchmark and assess progress in multisectoral action.

Section 5

Recommendations

The situational analysis suggests steps to address the gaps in NCD governance and multisectoral response across countries in the Region. These are discussed below:

- **Build political will for high-level action on NCDs.** Multisectoral consultations at the level of Head of State is vital to stimulate a whole-of-government approach to the NCDs. It is important to also identify and engage champions who can advocate to the Cabinet and specific ministries to help reconcile conflicting mandates. Parliamentarians constitute a key constituency that can affect policy changes. NCD screening camps, sensitization sessions and platforms for dialogue and policy development specifically for parliamentarians can help move the NCD legislative agenda significantly. Civil society advocacy with political parties and policy-makers should be promoted.
- **Finance multisectoral action on NCDs:** A key indicator of political commitment to NCDs is the allocation of budgets to stimulate NCD response across relevant sectors. Countries need to target mobilizing resources within specific sectors and cross-sectorally. Each sector responsible for the implementation of MSAP needs to allocate budget for delivering on its commitments under the plan. This in turn requires developing the business case for NCDs as relevant to the mandate of each sector and getting the political buy-in of respective ministers and the finance authorities.

  Additionally, there needs to be concerted efforts by the NCD coordination unit and relevant sectors to jointly seek funding from national planning bodies and international development partners. The NCD coordination units need to specifically work with individual sectors or a cluster of sectors relevant to specific issues/policies/programmes to develop the cost of action, inaction and return on investment as relevant to other sectors and the country's exchequer. Joint proposals aimed at meeting national development targets and SDGs, for instance, can release cross-sectoral funding for NCD-related interventions.
- **Streamline the NCD governance mechanism.** A few systems and processes can help the governance committee to function optimally. First of all, a clear mandate for MSAP implementation, policy formulation, cross-sectoral action and monitoring needs to be developed after consultations. The roles of each sector in the implementation of the plan must be identified. Responsibilities and timelines for follow-up on decisions must be fixed. Meetings should begin with a review of progress on earlier decisions.

  Means for communication inbetween meetings must be established. Furthermore, performance indicators for the NCD governance body must

be developed and mid-term review of implementation instituted. Given that NCDs present a vast array of issues and corresponding interventions, it is desirable to have thematic sub-committees by MSAP strategic priorities to implement decisions of the governing body. Other recommendations were to create formal and non-formal platforms for dialogue between national and subnational NCD governance mechanisms and requireannual reports to the cabinet and head of state, and to global commitments such as under the UN SDGs and WHO GAP.

- **Strengthen the NCD secretariat through human, technical and financial resources.** A well-equipped coordination unit is inevitable for a functional NCD governing body that can deliver the national multisectoral action plan. Depending on the size of the NCD governance mechanism and the population it serves, the secretariat would minimally require five full-time persons to deliver its responsibilities.

  Additionally, the secretariat team needs to have competencies and skills to stimulate and coordinate action across a range of partners. It needs to have a mix of technical and research skills, legal expertise and experience in coordination, programme management, partnership building, communication and evaluation. Opportunities to build the leadership and technical skills of the team or to recruit expertise to address gaps in capacity must be identified.

- **Build the capacity of non-health sectors.** There is need to create specific opportunities for non-health sectors to understand the interplay between NCDs and their own mandate. For sectors whose objectives are thwarted by NCDs, it is important to undertake joint analysis of the implications of NCDs and the return on investment in NCD interventions. For sectors whose mandates contribute to NCDs or aggravate their risk, joint research examining the business case for NCD prevention is key to facilitate dialogue.

  Exchange programmes that facilitate learning and sharing of good practices of similar countries help stimulate action. Specialized skills such as in economic analysis or legal training would help other sectors to frame policies so as to reduce the NCD burden. It often helps to place experts in relevant sectors to address specific capacity needs.

- **Promote the uptake of MSAP implementation among non-health sectors**. The activities listed in the MSAP need to be integrated into the annual workplans of relevant sectors. On one hand, the national NCD governance mechanisms need to promote systems such as MoUs for cross-sectoral collaboration. On the other, NCD targets need to be included in the national development plans to enable its inclusion in the sectoral plans. A harmonized accountability system for MSAP ensures such integration.

Recommendations for WHO and international agencies

(1) **Conduct training programmes to foster multisectoral NCD response, leadership and management.** The NCD focal points in the health and non-health sectors could benefit from this capacity-building. The NCD coordination units in particular need such inputs for their cross-sectoral facilitation.

(2) **Provide technical guidance in developing terms and procedures for country coordination mechanisms.** Clear roles and responsibilities and points of accountability can bring efficiency to multisectoral action. This can be achieved by developing model terms of reference for governing bodies, coordination units, and templates of memorandum of engagement between relevant ministries.

(3) **Strengthen the community of practice and facilitate peer-to-peer learning.** To this end, document and disseminate country good practices, set up an online platform for sectors to share and learn knowledge, expertise and practices, host web-based networks of lawyers, trade negotiators, agriculturalists, tax economists, communication specialists from ministries across the Region. Facilitate exchange programmes and country visits as relevant for onsite learning.

(4) **Organize country missions with relevant partners to specifically review and strengthen NCD governance.** Identify countries that most need and can utilize external support to strengthen their multisectoral response. Develop a template for in-country missions to review progress and identify gaps. Augment it through technical support to develop workplans to address the gaps.

(5) **Implmentation assistance to accelerate action on NCDs.** Identify mechanisms for implementation assistance by leveraging the strengths of UN agencies, civil society and other national, regional and international partners. In partnership with relevant UN agencies, facilitate dialogue among sectors and support non-health sectors to integrate NCDs in sectoral and developmental workplans and budgets.

Section 6

Conclusion

The countries of the SEA Region have made tangible progress in developing national multisectoral action plans and establishing governance mechanisms to address the NCDs. Most countries have a plan and national committee in place, and in a few of them, these mechanisms have begun to mobilize multisectoral action. However, the committees are yet to function optimally and implement the country NCD MSAPs. The serious shortage of skilled staff, lack of dedicated resources and diverse sectoral mandates have retarded the response of coordination units and non-health sectors in countries. Industry interference and political pressure have accentuated these challenges and have slowed down the implementation of NCD multisectoral action plans across the region.

In order to meet the 25 X 25 global NCD target and the 2030 SDG targets, SEA Region countries need to take urgent steps to invigorate their NCD governance committees and accelerate implementation of the MSAPs. This needs to begin with intensified advocacy with the head of state/government for high-level political leadership that can provide a whole-of-government response to the NCDs. NCD coordination units in health ministries need to have full-time staff with coordination skills and technical expertise to trigger and facilitate action by other sectors.

Nearly a decade since the UN HLM on NCDs, most countries in the Region are yet to commit resources commensurate with their NCD burden. Taxation on tobacco, alcohol and unhealthy food needs to be leveraged as an in-country source of funding for mutlisectoral action on NCDs. Most importantly, countries need to develop accountability mechanisms under their health and development plans to track commitments of various stakeholders. The SEA Region countries need to embrace the whole-of-government and whole-of-society approach with renewed vigour and commitment to enable them to get ahead of the NCD epidemic.

Section 7 Annex

Interview guide

Situational analysis of ncd governance and multisectoral response

Purpose of the interview: A key priority of WHO SEARO is to support Member States in addressing the challenges from NCDs. To this end, it has commissioned a situational analysis of national multisectoral response and governance mechanisms to address NCDs. The situational analysis includes key informant interviews of National NCD Programme Managers.

The interview will explore in depth the progress, challenges, capacity needs and strategies to accelerate action on NCDs through the multisectoral NCD governance mechanism in countries. This guide will facilitate in-depth discussions on matters in *parenthesis* as relevant to the local context. Findings will be shared through a report.

The interview will take about 1.5 hours. We will begin with the actual operation of NCD governance mechanism in the country and then go on to discuss how it has helped implementation of the NCD Multisectoral Action Plan (MSAP) with special focus on the NCD "*best buys*".

I. NCD governance

(1) How does the multisectoral governance mechanism for NCDs operate in the country? *Structure/ Functions / Organisation of work/Meetings/ Level of Participation/ Contribution of other sectors/ Follow up/ Budget/ Coordination with & at subnational levels*

(2) What are some specific priorities/activities in the NCD MSAP this coordination mechanism has enabled you to implement? *Action on Risk factors/ health systems/ overarching policies/frameworks? Contribution of other ministries? Follow up? Outcomes?*

(3) What are some of the challenges in making the coordination mechanism work to respond to the NCDs? *Internal challenges- leadership/human resource/sectoral mandates/infrastructure/funding; External challenges- industry/ political/socio-cultural/trade agreements/international compulsions*

(4) What are your plans to address these challenges? Improve staffing/skilling/ Planning/ Communication/ Training/ Stakeholder Advocacy/ Develop business case/Addressing Conflict of Interest

(5) What kind of political support has the NCDs recieved in mobilising multisectoral action? *Political leadership of Governance Mechanism/Inter-ministerial collaboration/ Parliamentary Discussions/Policy initiatives/ Political manifestos/ Budget allocation*

(6) How has the capacity of the Secretariat (MOH/nodal agency) been built for co-ordinating, implementing and monitoring the multi-sectoral action plan? *Location, Staffing, Expertise, Budget.*

(7) What are some of your capacity needs in improving NCD governance and response in the country? *Skill building/Research/ Technical guidance/ Developing Business Case/Political support.*

At the meeting on the 2015 UN Sustainable Development Goals and the commitments made in the outcome documents of the 2011 and 2014 UN High-Level Meetings on Noncommunicable Diseases (NCDs), the countries of the South-East Asia (SEA) Region agreed to take several steps to establish NCD governance mechanisms and amplify their multisectoral response to NCDs.

The Regional Office for South-East Asia Region of WHO conducted a review of the situation of national multisectoral response and governance mechanisms to address NCDs in the eleven Member States in 2018. The document provides an update of multisectoral governance mechanisms, the lessons and challenges and discusses the potential solutions to make the multisectoral practices effective in the era of the emerging need for public policy responses by all stakeholders.

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