RESOLUTION
OF THE
WHO REGIONAL COMMITTEE FOR SOUTH-EAST ASIA

SEA/RC66/R6

REGIONAL ACTION PLAN AND TARGETS FOR PREVENTION AND
CONTROL OF NONCOMMUNICABLE DISEASES (2013–2020)

The Regional Committee,

Having considered the Regional Action Plan and Targets for Prevention and Control of Noncommunicable Diseases (2013–2020) and noting the recommendations of the Technical Working Group on the Regional Action Plan and Targets (Document SEA/RC/4.5);

Recalling World Health Assembly resolutions and decisions WHA53.17, WHA56.1, WHA57.17, WHA60.23, WHA64.11 and WHA65(8), and its own resolutions SEA/RC52/R7, SEA/RC53/R10, SEA/RC60/R4 and SEA/RC65/R5, relating to the prevention and control of noncommunicable diseases;


Recalling the Political Declaration of the High-Level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases, the Moscow Declaration adopted at the First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Diseases Control, and the Rio Political Declaration on Social Determinants of Health;

Concerned that noncommunicable diseases such as cardiovascular diseases, cancers, chronic respiratory diseases and diabetes, which are linked to four main risk factors namely tobacco use, harmful use of alcohol, an unhealthy diet and lack of physical activity, are the
leading causes of premature death and disability in the South-East Asia Region, and that they disproportionately affect the poor, impoverish families, and place a growing burden on health-care systems;

Acknowledging that household air pollution is a major contributor to morbidity and mortality due to chronic respiratory diseases and the third leading risk factor for DALYS in the South-East Asia Region;

Alarmed that South-East Asia Region countries contribute to over 35% of the global burden of cervical cancer incidence and mortality despite availability of simple cost-effective interventions for its prevention, early detection and management;

Recognizing with great concern that the South-East Asia Region is burdened with the highest rates of oral cancer among all WHO regions making it a major public health problem in many countries of the Region, with cancer of the lip and oral cavity ranking second for males and third for females among the most common types of cancer;

Cognizant that cost-effective interventions are available for prevention, early detection and management of noncommunicable diseases and their risk factors throughout the life-course, and that coordinated actions across all sectors of society are required, including partnerships among governments, civil society, academia, international organizations and the private sector;

Noting the Regional Oral Health Strategy (2013–2020), which calls for integration of oral diseases into the NCD context, and recognizing that oral diseases share the same risk factors and determinants and benefit from interventions aimed at the four main NCDs;

1. DECIDES:

   (1) to endorse the Regional Action Plan for the Prevention and Control of Noncommunicable Diseases (2013–2020);

   (2) to adopt 10 regional voluntary targets for prevention and control of NCDs to be achieved by 2025;

2. URGES Member States:

   (1) to develop new or strengthen existing national noncommunicable disease action plans by the end of 2013, in collaboration with stakeholders across different sectors and taking into account global and regional action plans; and to subsequently cost the action plans by the end of 2014;
(2) to set national targets for prevention and control of noncommunicable diseases according to the country situation and capacity and taking into account the global and regional targets, and collect baseline data by the end of 2015;

(3) to strengthen national surveillance and monitoring systems for prevention and control of noncommunicable diseases including but not limited to vital registration systems, medical cause of death, disease registries, population- and school-based integrated risk factor surveys, and health facility surveys;

(4) to accelerate the implementation of the WHO Framework Convention on Tobacco Control, the WHO Global Strategy on Diet, Physical Activity and Health, the WHO Global Strategy to Reduce the Harmful Use of Alcohol and the WHO Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children;

(5) to develop and expand to national scale programmes for prevention and control of cervical cancer, particularly cervical cancer screening, based on national policies, and set up appropriate surveillance mechanisms to monitor the coverage;

(6) to ensure early diagnosis, timely referral and appropriate management of oral potentially malignant disorders and oral cancer patients by strengthening surveillance and registration of oral cancer, establishing periodic screening programmes for at-risk populations (tobacco and alcohol users, users of carcinogenic substances such as betel nut and areca nut) consisting of simple visual screening and building capacity within appropriate health workforce cadres to conduct such screenings in the context of primary health care;

(7) to actively participate in the global consultations for development of terms of reference for a global coordination mechanism aimed at facilitating engagement among Member States, UN Funds, Programmes and Agencies and other international partners and non-state actors;

3. REQUESTS the Regional Director:

(1) to provide technical support to Member States, as required, to develop costed national action plans supported by national monitoring frameworks, including indicators and national targets for prevention and control of NCDs;
(2) to establish regional mechanisms for continuous coordination and support for Member States on the implementation of national plans, including capacity building and sharing of good practices;

(3) to build capacity of Member States in strengthening national surveillance and monitoring systems, including vital registration, risk factor surveys and health facility surveys, as well as to provide support for reporting on the global and regional voluntary targets;

(4) to convene a mid-course regional consultation (during 2018–2019) to review baseline data and regional targets, and make adjustments as required;

(5) to submit reports on progress achieved in attaining the 10 voluntary regional targets in 2016, 2021 and 2026.

Sixth session, 13 September 2013