Implementing Global Strategy on Diet, Physical Activity and Health in the South-East Asia Region

Report of WHO Meeting
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1. Introduction

Noncommunicable diseases (NCDs) account for 54% of all deaths and 44% of the disease burden in the WHO South-East Asia (SEA) Region. Major NCDs targeted for integrated prevention and control are cardiovascular diseases (CVDs), cancer, chronic respiratory diseases and diabetes. The main risk factors that lead to major NCDs are well known and amenable to modification by simple health promotion and preventive measures. These risk factors include tobacco and alcohol use, unhealthy diet (high in total energy and fat, salt and sugar content, low in fruit and vegetables) and physical inactivity. According to World Health Organization (WHO) estimates, at least 1.4 million people die annually in countries of the SEA Region as a result of high blood pressure (hypertension) and another 1.1 million die as a result of high cholesterol levels. Low intake of fruits and vegetables as well as lack of physical activity claims an additional 1.3 million lives every year.

The Global Strategy on Diet, Physical Activity and Health (DPAS) was adopted by the 57th World Health Assembly (WHA) in 2004. The progress report on implementation of DPAS was submitted to the 59th WHA. Implementing DPAS in the SEA Region will lead to a significant reduction in the mortality and morbidity of major NCDs. Several countries of the SEA Region have since promoted healthy diet and physical activity with different degrees of progress and success. However, these countries lack a clear national policy or strategic approaches for a systematic and collaborative implementation. Different sectors, the ministry of health in particular, initiate isolated activities with little intersectoral coordination. There is a need to strengthen WHO’s technical support in developing and implementation of comprehensive national plan of action for DPAS at the national level.

With the adoption of the Regional Framework for Prevention and Control of NCDs and the Regional Strategy for Health Promotion in 2006, it is important now to upscale the technical assistance to Member countries in operationalizing the policy guidance at the national level. Developing framework and guidelines for implementation of DPAS in the countries of the SEA Region will be of considerable use. Initial discussions in this regard
were held at the SEANET-NCD Meeting in November 2005. The meeting recommended that Member countries should develop national plans of action for implementation of DPAS. Some Member countries (India, Indonesia, Nepal and Sri Lanka) have since developed or are in the process of developing draft national strategies and plans of action on diet and physical activity.

2. Objectives of the meeting

2.1 General objective

To facilitate intercountry collaboration and provide technical support in implementing the Global Strategy on Diet, Physical Activity and Health in the SEA Region.

2.2 Specific objectives

- To review progress made in developing, implementing and evaluating actions recommended in the Global Strategy on Diet, Physical Activity and Health at the global, regional and national level;
- To provide guidance and share experiences on application of the healthy setting approach in promoting healthy diet and physical activity;
- To facilitate process of implementing the Strategy at national and regional levels.

3. Conduct of the meeting

The meeting was inaugurated by Dr A. Wibowo, WHO Representative to Myanmar, on behalf of Dr Samlee Plianbangchang, Regional Director, WHO SEA Region. The text of the Regional Director’s address is at Annex 1. The meeting commenced with an address by Dr Kyaw Nyunt Sein, Deputy Director-General, Disease Control, Ministry of Health (MoH), Myanmar. Dr Khin Than Oo, Director, Health Education Bureau, Department of Health, MoH, Myanmar and Dr H.C. Goyal, Addl Director-General, Directorate General of Health Services, India, were elected chair
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and co-chair of the meeting. Mr D. Phub, Senior Programme Officer, MoH Bhutan and Dr K. Anand, Associate Professor, Dept. of Community Medicine, All India Institute of Medical Sciences (AIIMS), India were elected as the rapporteurs.

The meeting was attended by representatives from ministries of health and other related governmental sectors from 10 countries of SEA Region and nominees from nongovernmental organizations. Experts and staff from the WHO secretariat from country offices, Regional Office and Headquarters were also invited. Annex 2 provides the list of participants and the programme of the meeting is at Annex 3.

In addition to presentations by participants at the plenary sessions, the meeting included two working group sessions and two round-table discussions. Six Member countries presented posters and advocacy/information material on diet and physical activity. Field visits to the Youth Training Centre, Thuwanna, the Institute of Sports and Physical Education, Kyaikasan, and the Bahan Urban Health Centre were arranged by the local organizers.

4. Promoting healthy diet and physical activity

4.1 Global strategy

Dr T. Armstrong from WHO Headquarters introduced the Global Strategy on Diet, Physical Activity and Health (DPAS) as a public health tool aimed to support Member countries to fight the increasing burden of NCDs. The objectives of the DPAS are to:

- Reduce major risk factors through public health actions;
- Increase awareness on, and understanding of importance of, healthy diet and physical activity on health;
- Develop, strengthen, and implement global, regional, and national policies and plans on healthy diet and physical activity that are sustainable and comprehensive and also actively engage all sectors;
- Monitor science and promote research.
Implementation of DPAS should be coordinated by governments and based on the principles of multisectoral and multidisciplinary action that involve the private sector and civil society. Experts and researchers on health, nutrition, education, physical activity, urban planning, economics, trade and transport have important roles to play in implementing DPAS. The strategy makes specific, action-oriented recommendations for all stakeholders such as governments, civil society groups, international agencies including WHO, and the private sector.

WHO produced and disseminated a range of tools to support Member countries in implementing the strategy. These include:

- WHO Child Growth Standards;
- WHO/FAO framework to promoting fruit and vegetables;
- Framework to monitor and evaluate the implementation of DPAS;
- Guidelines on effective relations with private sector;
- Guidelines for promotion of physical activity in developing countries, and
- Guidelines on marketing food and alcoholic beverages to children.

WHO has initiated dialogue with the food and non-alcoholic beverage industry on issues of food labelling, food marketing and salt content in food products. Although some big manufacturers, service providers and retailers are initiating changes, small and medium-sized enterprises have not been roped in for the global effort. Informal agreements have been reached with nongovernmental organizations with a global mandate such as the International Olympic Committee and Global Prevention Alliance to contribute towards the implementation of the Strategy.

### 4.2 Regional approaches

Dr J. Leowski, Regional Adviser, NCD, WHO SEARO, highlighted the burden of NCDs and their risk factors in the SEA Region. He emphasized that unhealthy diet and physical inactivity are important risk factors
contributing to the high burden of NCDs in the SEA Region. Data shows that obesity is increasing in general population of all countries in Asia regardless of economic status. The availability of information on diet and physical activity and its utilization has been strengthened in the Region due to the availability of WHO tools like STEPS approach and NCD InfoBase.

Dr K. Anand, Temporary Adviser, NCD, SEARO reviewed the available information on indicators related to diet and physical activity in the Region. This was mainly through the NCD risk factor surveys adopting the STEPS approach which have been completed by nine countries in the Region. The major points raised by him were:

- Low intake of fruit and vegetables with a majority of the population consuming less than five servings of the same in a day, the intake of fruits being lower than that of vegetables. Fruit intake also had strong economic differentials;

- Moderate levels of physical inactivity with poor activity in the recreational domain.

- Moderate levels of obesity which was higher among women in general and in urban areas;

- High prevalence of raised blood pressure;

- High prevalence of raised blood sugar and cholesterol levels;

- Paucity of data on trends in the consumption of food items (available data shows an increase in fat and sugar intake), and,

- The current instruments used for measuring diet and physical activity require improvement so as to integrate them with routine household health surveys.

Dr Than Sein, Director, NMH, SEARO, gave an overview of the Regional Strategy for Health Promotion. The Strategy has the objectives of strengthening national capacity for health promotion, increasing recognition of health promotion as an integral component of socioeconomic development, and promoting involvement of different governmental sectors and civil societies in health development. It also encourages multisectoral planning, implementation and evaluation, integration of health promotion activities across issues, population groups and settings, establishing functional partnerships, alliances and networks, and prioritizing health as a resource for advancing development and equity. The three strategic
implementation approaches proposed include the settings-based, population-based and issue-based approach.

The Regional Committee Resolution (SEA/RC59/R4) urged Member States to:

- Consider health promotion as a core responsibility;
- Strengthen capability for planning and management of comprehensive and multisectoral health promotion policies and programmes, and,
- Adopt alternative financing for health promotion activities, with a firm institutional base for management. It also requested the Regional Director of WHO/SEA Region to report on the progress of its implementation in 2008.

Dr Leowski presented the Regional Framework for NCD Prevention and Control. The Framework applies ecological perspective, draws from public health principles, is based on existing evidence and offers a flexible and practical approach. The Framework was endorsed at the 11th Health Secretaries’ Meeting in 2006. It aims to facilitate the development, updating and strengthening of national policies, strategies and programmes for NCDs. The Framework traces the steps through epidemiological assessment, high-level advocacy for making policy and strategic plans, strengthening capacity, resource mobilization, and finally through interventions in health and other related sectors. This should lead to a decrease in risk factor levels in the population with a consequent face in the burden of disease. Core interventions for early action were proposed.

4.3 Action at the national level

**Bangladesh**

The existing laws and guidelines related to food in Bangladesh focus on safety and quality. The Health Education Board undertakes regular IEC activities through the medium of films, hoardings and advertisements. The Health, Nutrition and Population Sector Programme 2003-2010 has identified NCD control as one of the five priorities for the health services sector and accorded importance to NCD surveillance, prevention and control. Five key strategies are: (i) assessing disease and their risk factor
burden; (ii) public information campaigns to increase awareness of the risks of tobacco, unhealthy diet and physical inactivity; (iii) improved screening and early detection of hypertension, diabetes and obesity; (iv) improved diagnosis and management of major NCDs, and, (v) social insurance for emergency treatment of NCDs. The Bangladesh Network for Surveillance and Prevention of NCDs (BanNet) has initiated promotional activities related to diet and physical activity, especially on designated days like World Heart Day etc. A community-based network has been formed to promote these activities at the community level. Efforts are on to convert the isolated and sporadic activities into a comprehensive national programme. The Government of Bangladesh has recently developed a Strategic Plan of Action for NCD Surveillance and Prevention.

**India**

Available estimates show a high burden of NCDs in the country. There are existing programmes which cover the surveillance and control of NCDs, primarily in a vertical way. The new National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke is to be launched soon and will later be expanded in a phased manner. It recognizes the need for a multi-sectoral approach to tackle NCD prevention and control. India also has a good policy and regulatory framework for food and nutrition. A national plan of action for implementation of DPAS was drafted after a meeting of all stakeholders in April 2005. Efforts are on to formulate national dietary guidelines. Initiatives for the promotion of health in schools and hospitals are being encouraged. A comprehensive school health policy and a manual for health promotion in schools is being developed.

**Indonesia**

There is an increasing awareness on the part of health-care providers of diet-related issues as well as growing media attention on a healthy diet. However, there is little commitment on the part of the public sector to these issues as well as limited capacity to address the problem of unhealthy diet. Lack of physical activity was identified as an important risk factor in the health surveys conducted at the national level. As in the case of diet, the promotion of physical activity has attracted increasing media attention. A strategic plan on diet, physical activity and health is being developed by
the government with the Ministry of Health taking the lead. The key components of this plan include multi-sectoral approach and networking, capacity building, community empowerment, and formation of policy and guidelines.

**Maldives**

The NCD control programme was institutionalized as part of the Department of Health in 2004. The risk factor survey held in Male has helped document the high burden of NCDs in the country. The integrated NCD prevention and control strategy adopts the population-based approach. The strategy focuses on strengthening the information base, integrated IEC activities for behaviour change, and overall strengthening of the health system. Physical activity and healthy diets are being promoted in schools.

**Nepal**

Recognizing the increasing burden of NCDs and their risk factors, a national NCD committee was formed in 2004. In 2005, a meeting was held to develop the national strategic plan for diet and physical activity. The objectives of this plan were: (i) to reduce the risk factors for NCDs among the population; (ii) to increase the overall awareness and understanding of the influences of diet and physical inactivity on health and the positive impact of preventive interventions; (iii) to encourage development, strengthening and implementation of district- and community-level policies and action plans; (iv) to monitor scientific data on diet and physical activity, and (v) to support research in relevant areas. Efforts are on to develop national-level guidelines on diet and physical activity. The responsibilities of the Ministry of Health in this regard have been clearly identified.

**Sri Lanka**

The National Health Policy recognizes the need to prioritize prevention of NCDs. Accordingly, the promotion of healthy diet and physical activity is a major component of the integrated NCD prevention and control programme in Sri Lanka. A surveillance programme and intensive IEC activities have been initiated. A programme focusing on different sectors
such as health, education, youth affairs and agriculture is also being formulated. Schoolchildren and teachers have received the primary attention. IEC materials have been developed and the media encouraged to cover related issues. A network of different stakeholders has been established and a draft national plan of action for diet and physical activity was prepared.

**Thailand**

Thailand was conducting national-level NCD risk factor surveys by integrating them in the annual National Health Examination Surveys. The results provide valuable information at the national level for planning and monitoring. The National Nutrition Programme focuses on healthy eating for Thai children and adults and includes a “sweet enough” campaign and salt reduction initiative. The “King of Heart” campaign also adopted social marketing strategies to promote physical activity for heart protection. Schools and worksite targeting, re-orientation of the health system and a high degree of community involvement are the highlights of the programme. A network of all stakeholders in the country is being developed.

5. **Issues in implementation**

5.1 **Promoting healthy diet**

A comprehensive overview of policy options and possible actions on healthy diet was provided. This was followed by presentation of case studies from Thailand, Myanmar and Indonesia. A range of issues were raised including the need for country-specific information on the risk factors and prevalence of NCDs in countries of the SEA Region. Studies in Myanmar showed that the risk of NCDs was higher among educated people and that the consumption of fruits and vegetables was very low. Community-based interventions in Thailand to reduce sugar consumption produced favourable outcomes in improving diet and health. In Indonesia, public health interventions to reduce the consumption of fats and salt have been implemented amidst concerns about the iodine deficiency and the need to use iodized salt to prevent it.
The main points raised during the session were:

(1) The need to work in coordination with sectors that influence the supply of food, including national ministries of agriculture and fisheries, finance and economic development, and education, as well as the need to take recourse to taxes and other fiscal measures to improve the availability of food items that contribute to healthy diets. The challenge is to find ways of working effectively across these sectors as well as with community groups, NGOs and the private sector.

(2) Low consumption of fruits and vegetables is a major concern in countries of the SEA Region despite a perceived wide availability of the items among communities. Prevailing attitudes about consumption of fruits and vegetables need to be changed through appropriate education and awareness measures. Interventions are also needed to improve the availability and consumption of the items in all Member countries as well as to ensure that vegetables are cooked in such a way that their health enhancing properties are adequately preserved.

(3) The labelling of food and drinks sold in the market needs to be regulated to provide correct nutritional information and curb inaccurate claims often made by manufacturers and advertisers. Labelling methods and format need to take into account different languages that may be spoken and literacy levels of the target populations.

(4) Educating and informing children and adolescents in the school setting about healthy diet is essential. This should be linked to related messages and measures to control NCDs.

5.2 Increasing physical activity

Physical inactivity is a major independent risk factor for chronic diseases. Physical activity is declining in all domains of life (at work and school, at home, in commuting and travel and for leisure). It is also difficult to reverse this decline because of the unrelenting march of modernization and mechanization along with urbanization. The opportunities available for physical activity by individuals and the range of public health options to
intervene in matters related to physical inactivity at the community and population level differ considerably in developed and developing countries. The variables are also markedly different within developing countries and especially between urban and rural populations and the rich and the poor. Paucity of evidence on cost-effective interventions that are sustainable and relevant to developing countries is a major challenge.

The discussions emphasized the need to:

- Develop and implement evidence-based national physical activity recommendations and guidelines for young people, adults and older people;
- Organize/support regional/national training courses on physical activity and public health;
- Define roles for different stakeholders, including the private sector, in promoting physical activity, and
- Develop regional/national physical activity networks.

5.3 Implementing the DPAS in different settings

Urban setting

The urban population of the world is growing rapidly. It is estimated that by 2015 more than half the world’s population will live in urban areas. Rapid urbanization, globalization and industrialization lead to decline in every day physical activity of the average citizen brought about by mechanization and reduced leisure time. Globalization also impacts dietary patterns with increased consumption of a fast food and more intake of sugar, salt and fat being common consequences, particularly among urban population. There is, therefore, considerable opportunity to implement DPAS in urban areas. Town planners and architects can designate open spaces for parks, exclusive lanes for bicyclists and pedestrian walkways and reserved green zones when planning new or extending older cities. NGOs can also actively contribute to promoting DPAS.

The experience of the PACE diabetes project of the Madras Diabetes Research Foundation was shared at the meeting. It has reached out to over
a million people in Chennai, India, with its message on the prevention of
diabetes by initiating lifestyle changes, mainly through diet and exercise.
Over 70 000 people have been screened for diabetes using the Indian
Diabetes Risk Score: a simple screening device that takes into account age,
family history of diabetes, physical activity and waist measurement.

Rural setting

There are many challenges in the way of implementation of DPAS in rural
areas, where the majority of the population resides. The reach of the mass
media and commercial marketing is limited in these areas. There are also
strong perceptions and cultural taboos related to diet and physical activity
in different societies. This makes it imperative to involve the local self-
government in the process of implementation of DPAS. Existing nutrition
and health programmes need re-orientation to handle the double burden of
diseases. However, they provide a good entry point for efforts to promote
healthier diets and adequate physical activity that can run concurrently.
Agricultural production and marketing strategies also need to be revised to
increase the availability and affordability of fruits and vegetables for the
rural populations. The challenge to maintaining to adequate physical
activity is how to counteract the decline in levels of exercise in the context
of rapid “urbanization” of the rural population. The media can play an
important role although its penetration in rural areas is difficult.

Schools

The experience gained from working in schools in Singapore was shared.
Singapore established a national committee on prevention and control of
obesity in 1992. The strategy was to develop personal skills through
curricular and extra-curricular activities, teacher and parental involvement,
initiation of health promotion programme and provision of appropriate
resources. A range of measures such as rewards for achievers, creating more
facilities and addressing people at highest risk helped create a supportive
environment. Special emphasis was laid on providing healthier food in the
school canteens. The results were evident in the annual check-ups which
showed declining obesity rates and increasing fitness rates. In schools, as in
other settings, good guidelines for physical activity and diet, such as canteen
guidelines, are needed to facilitate behaviour change.
The community

The experience of implementing the demonstration project at Ballabgarh on community-based interventions for integrated prevention and control of NCDs was shared with the participants. The process of doing the situation analysis and preparing of a plan of action for DPAS at the community level was described. The process of building a coalition of different stakeholders and preparing IEC materials for a community willing to initiate public health programme was described. The challenges identified were related to leadership, resource generation, and inadequate capacity of different stakeholders leading to questionable sustainability of the programme.

5.4 Multi-sectoral interventions

Comprehensive public health action against NCDs requires a multi-sectoral approach. This would involve legislation and policy development in many sectors such as health, transport, agriculture, urban planning, industry and rural development. Multi-sectoral interventions need to be planned and implemented at the national and community level and are best embodied in the “Healthy Settings” approach. A partnership between the government, civil society and the private sector is mandatory. The Thai experience in identifying, involving and defining the roles of different stakeholders was shared. In the Thai model, the knowledge management, social movement and political commitment form three sides of a triangle that can “move a mountain”.

5.5 Partnerships with the private sector and civil society

The private sector and civil society have a major role in implementing DPAS. Private sector stakeholders to be targeted include the media, urban planners, agriculturalists, food and beverage industries, the transportation sector and others. Architects can plan buildings with enough open spaces for children to play and make provision for indoor and outdoor games for adults. Placing staircases at the most frequented section of the building and away from the elevators may also help raise levels of physical activity. The media can encourage the inculcation of traditional healthy diets through articles and reports in the press, informative shows and bulletins on television. Nongovernmental organizations can be roped in as partners to
promote DPAS activities and serve as powerful advocacy and consumer activist groups. Private-public partnerships must be encouraged and kept transparent. Health associations and professional bodies, private hospitals and research centres can help implement DPAS activities. Thus the private sector and civil societies can act as an important inter-phase between the government and the public in the implementation of DPAS. Clear guidelines are essential for the involvement of the private sector and civil society in “healthy society” initiatives.

5.6 Regulatory and legislative action

Socio-economic advancement has led to important public health gains. At the same time the critical importance of health as a public resource and prerequisite of economic and social development is being increasingly recognized.

The individual approaches towards prevention of NCDs that concentrate on the people in the highest risk category have been traditionally prioritized by many health systems. Often they use scarce public health resources for changing the risk in a relatively small part of the general population and have limited public health impact. While individual efforts are important for behavioural change in people with the highest risk of NCDs, creating an enabling socio-economic and legislative environment is of paramount importance in reducing risk factor levels among the population at large. The population approach that attempts to reduce the across-the-board risk by shifting the mean level of the risk factors to the ‘left’ side of its population distribution is regarded as more cost-effective. This is because the majority of NCD events occur in people exposed to slight or moderate levels of risk rather than in the limited number of people belonging to the highest individual risk category group. National policies, legislations and regulations are considered vital instruments in creating an enabling environment that promotes and facilitates the adoption of healthy lifestyle choices by individuals, families and communities.

Health policies are often being developed in response to expectations and demands by the community as a result of social mobilization. They cannot be implemented effectively without acceptance by and participation of the community. In implementing DPAS, appropriate national and sub-national policies, legislations and regulations are needed in the domains of
media, infrastructure, transportation, physical activity, agriculture, traditional practices, the education sector, taxation, trade/industry and marketing. For policy development, sensitization of policy-makers, generating more information on NCDs and collecting and sharing information on evidence-based interventions is required.

NCD prevention and control policies, plans and programmes must address diet and physical activity issues directly and include educational as well as fiscal and non-fiscal regulatory mechanisms. Governments must work with the food industry to influence production, processing, pricing and labelling. Markets need to be oriented for public good through consumer awareness and enlightened regulatory measures. Agricultural and trade policies, legislations and regulations concerning edible oil, fruits and vegetable production, pricing, preservation, processing and distribution require a detailed review and appropriate adjustments.

6. Guidelines for developing a National Plan of Action

The participants in the working groups reviewed two draft documents prepared by the secretariat that aimed to facilitate the development of national plans of actions for DPAS: (i) Developing Plan of Action for DPAS – Guidelines for the countries of the SEA Region; and (ii) DPAS – A Framework to monitor and evaluate the implementation. They appreciated the usefulness of the documents in supporting implementation of DPAS in the countries of the Region, provided their comments and suggested a number of specific modifications to make them more suitable in the regional context. Participants felt that it is very important to form national advisory groups as each country has its particular requirements, socio-cultural environment, resource availability etc. The advisory group should include representatives of major stakeholders and oversee activities related to the implementation of DPAS at the country level. A regional advisory committee comprising members of national advisory groups may be formed to disseminate information. The prioritization of policy options also needs to be country-specific. It was observed that it is not appropriate to frame a list of regional priorities before Member countries undertook this exercise on their own and shared the results at the regional forum.
7. Conclusions and recommendations

7.1 Conclusions

The participants at WHO’s meeting on implementing Global Strategy on Diet, Physical Activity and Health in the SEA Region arrived at the following conclusions:

- Evidence indicates a high and growing burden of chronic, noncommunicable diseases due to inappropriate dietary practices and inadequate physical activity among the population in Member countries of the SEA Region.
- Increasing globalization and expanding markets promote unhealthy practices related to diet and physical activity.
- The media exerts a strong influence on behaviours related to diet and physical activity.
- Major areas of concern over diet, physical activity and health in the SEA Region were found to be:
  - Double burden of under- and over-nutrition;
  - Low consumption of fruits and vegetables despite a perceived wide availability of the items;
  - Increasing trends in consumption of food and beverages rich in salt and sugar;
  - Increasing intake of unhealthy fats (saturated fats and trans-fatty acids);
  - Inappropriate and unhealthy cooking practices;
  - Easy and growing availability of and accessibility to energy-dense, nutrient-poor food, and,
  - Decline in level of physical activity among the general population.
- Existing global evidence on effectiveness of available interventions (policy level, legislation, regulation, community action etc.) to improve diets and increase levels of physical activity is largely underutilized;
There is a growing commitment among policy-makers, health planners and managers to promote healthier diets and encourage people to be more physically active.

Member countries are in different stages of developing and implementing their own national plans for improving diets and enhancing physical activity among the population.

In the process of implementation of the Global Strategy on Diet, Physical Activity and Health (DPAS), Member countries recognize the need to work across sectors and adopt multi-disciplinary and multilevel approaches that involve the public and private sectors and civil society.

There are major challenges towards implementing DPAS in different settings such as the workplace, school and community, though possible solutions exist.

The key components of successful programmes include social mobilization, policy advocacy and knowledge management.

Existing models of health promotion foundations/funds (e.g. Thai Health) can be replicated in other countries since they act as an interphase between governments, civil society and the private sector.

Participants appreciated the example set by WHO’s Regional Office for South-East Asia in promoting appropriate diet and physical activity during this meeting.

7.2 Recommendations

It was recommended that Member countries should:

- Develop and implement a national plan of action on DPAS according to their needs and taking into consideration their cultural, socio-economic and political environment.

- Assume the mantle of leadership and co-ordinate efforts, through their Ministries of Health, of all relevant stakeholders in planning for and implementing DPAS at the national and sub-national level.
Establish a national advisory group or other appropriate body for this purpose.

Mobilize resources, develop infrastructure and strengthen capacity for implementation of DPAS at the national and sub-national level.

Strengthen surveillance systems and evidence-based information (including information on cost-effectiveness of interventions) for assessing and addressing the burden on account of unhealthy diet and physical inactivity.

Create an enabling environment for promoting adoption of healthy behaviours related to diet and physical activity by developing an appropriate policy framework and introducing suitable regulatory mechanisms and legislation.

Adapt existing and/or develop country-specific, evidence-based dietary and physical activity guidelines and other appropriate technical resources to facilitate implementation of DPAS.

Share experiences and expertise in implementing DPAS within the country and between countries of the Region at the appropriate fora.

It was also recommended that WHO should assist in implementing DPAS in the countries of the SEA Region by:

- providing technical assistance/support to develop appropriate guidelines,
- supporting capacity building,
- facilitating the sharing of information between Member countries, and
- supporting advocacy and resource mobilization efforts.

Participants also urged WHO to collaborate at the regional and global level in efforts aimed at evolving policy, guidelines and standards as applicable to DPAS.
Annex 1

Address by Dr Samlee Plianbangchang,
Regional Director, WHO, South-East Asia Region
(Delivered By Dr Adik Wibowo, WHO Representative, Myanmar)

Excellencies, distinguished participants, colleagues, ladies and gentlemen,

Large segments of populations in South-East Asia are increasingly being exposed to physical, social and economic environments that adversely affect human health. This, in turn, leads to the adoption by people of unhealthy behaviours. Two of them, namely consumption of energy-dense, nutrient-poor foods high in fat, salt and sugar, and physical inactivity are among the leading causes of the major chronic, noncommunicable diseases, including cardiovascular disease, type 2 diabetes and certain types of cancer. According to WHO estimates, at least 1.4 million people die annually in countries of the Region as a result of high blood pressure (hypertension) and another 1.1 million die on account of high cholesterol levels. Low intake of fruits and vegetables as well as lack of physical activity claim an additional 1.3 million lives every year.

Noncommunicable diseases already pose serious threats to countries of the South-East Asia Region and are responsible for more than half of all deaths among the Region’s 1.6 billion people. They are becoming increasingly common in all strata of society, contributing to a huge economic loss and imposing an enormous burden on the health system. Nearly 50% of the deaths due to chronic, noncommunicable diseases occur prematurely.

The causes of major noncommunicable diseases are largely known and modifiable. When applied in an integrated way at the population, community and individual levels, available public health interventions have the potential to prevent at least 80% of premature deaths caused by cardiovascular diseases and diabetes and 40% of those related to cancer.

Despite available knowledge on simple and cost-effective health promotion and disease prevention measures and the efforts of health
systems to cope with the burden of noncommunicable diseases, the scale of the problem is likely to worsen before it gets better. To minimize the pace of the rising trends in morbidity, mortality and disability due to noncommunicable diseases and also to reverse the trend, the prevention and control of noncommunicable diseases must be included in the mainstream of public health action in the Region. It is now time to invest appropriate human and financial resources in this long-neglected area.

Health is a key determinant of development and a precursor of economic growth. The WHO Commission on Macroeconomics and Health has highlighted the disruptive effect of disease on development, and the importance of investment in health for holistic economic development. Programmes aimed at promoting healthy diets and physical activity for the prevention of disease are key instruments in policies to achieve development goals.

In response to the growing global burden of noncommunicable diseases, the World Health Assembly adopted the WHO Global Strategy on Diet, Physical Activity and Health (DPAS) in 2004. The progress report on implementation of DPAS was submitted to the Fifty-ninth World Health Assembly in May 2006.

This prevention-based strategy aims to reduce the risk of chronic noncommunicable diseases across populations by addressing two of the main risk factors - diet and physical activity - through comprehensive, multisectoral interventions. The overall goal of DPAS is to promote and protect health by guiding the development of an enabling environment for sustainable actions at individual, community, national and global levels that, when taken together, will lead to reduced disease and death rates related to these two major risk factors. DPAS provides a good framework for developing national and regional plans for improving diets and physical activity levels. If the Strategy is fully implemented, significant improvements in national diets and physical activity levels can be expected, which will subsequently contribute to the overall efforts to prevent and control noncommunicable diseases.

Recently WHO, in close collaboration with Member States, developed the Regional Framework for Prevention and Control of Noncommunicable Diseases in the South-East Asia Region. The Framework aims at facilitating the process of developing and updating national policies, strategies and programmes for integrated prevention and control of major
noncommunicable diseases, including cardiovascular diseases, cancer, chronic pulmonary diseases and diabetes. I am convinced that this meeting will contribute significantly to operationalize the regional NCD prevention framework.

Several Member States in the Region are strengthening their public health response to ongoing epidemics of noncommunicable diseases through developing national policies, strategies and action plans for prevention and control of noncommunicable diseases. Initial discussions on developing a regional framework and guidelines for implementation of DPAS in South-East Asia held at the meeting of the Regional NCD Prevention Network (SEANET-NCD) in November 2005 led to the recommendation that Member countries should develop national plans of action for implementation of DPAS. As a follow-up, India, Indonesia, Nepal, Sri Lanka and Thailand are preparing national healthy diet and physical activity plans in support of their NCD prevention and control programmes and shall share information on the progress made in this regard during this meeting. WHO is committed to provide further technical assistance in support of these commendable national initiatives.

There is a growing understanding that while addressing multiple public health challenges the countries of South-East Asia must not overlook problems related to unhealthy dietary habits and physical inactivity, two important risks for health that are already substantially affecting the Region. Implementing the Global Strategy on Diet, Physical Activity and Health in the countries of the Region has great potential to significantly reduce the prevalence of major noncommunicable diseases and largely contribute to overall socio-economic development.

As we are fully aware, responding effectively to the public health problems attributable to unhealthy diets and physical inactivity requires concerted actions by many stakeholders. In the process of planning and implementing a comprehensive national public health response, the application of multisectoral, multi-disciplinary and multi-level approaches is essential. I am confident that this important meeting will pave the way for designing strong regional and national policies, plans and programmes, and to setting up a suitable national mechanism that will enable active participation of multiple stakeholders including the private sector and civil society. In this context, I am pleased to note that participants at this meeting are from different backgrounds, disciplines and affiliations.
I look forward to the outcomes of this important meeting and, what is even more important, to subsequent strong collaborative action by governments, the private sector and civil society partners to address major known causes of heart attacks, strokes, cancer and diabetes.

Last, but certainly not the least, I would like to express my deep appreciation to the Ministry of Health, Myanmar, for playing host to and providing excellent technical support to this very important WHO regional meeting.

I wish you fruitful deliberations and all success in your work. Thank you.
Annex 2

Programme

Monday, 16 October

09:00  • Address by the Regional Director, WHO/SEARO
       • Welcome address by MoH, Myanmar
       • Group photograph

10:00  • Objectives and programme of the meeting - Dr J. Leowski
       • Introduction of participants
       • Announcements

10:30  Global Strategy on Diet, Physical Activity and Health (DPAS) - Tool for public health action – Dr T. Armstrong

11:00  Regional burden of unhealthy diet and physical inactivity - Dr J. Leowski / Dr K. Anand

11:30  Regional Framework for Prevention and Control of Noncommunicable Diseases (NCDs) in SEA Region – Dr J. Leowski

12:00  Regional Strategy for Health Promotion – Dr Than Sein

12:30  Lunch

13:30  Introduction to poster session – Dr J. Leowski

13:40  Poster session: Promoting healthy diet and physical activity – Country experience

15:00  Plenary: Implementation of DPAS – country experience in Bangladesh, DPR Korea, India, Indonesia, Myanmar, Nepal, Sri Lanka and Thailand

Tuesday, 17 October

09:00  Unhealthy diet and NCDs: Challenges and opportunities for public health action – Dr C. Tukuitonga, Dr C. Varghese, Dr Narong Saiwongse

09:30  Relevant nutrition data essential for tracking progress in implementation of DPAS in SEA Region – Dr Myint Myint Zin

09:45  Risk factors for major NCDs with focus on fruit and vegetable consumption – Dr Phyu Phyu Aung
10:00 Sugar consumption, its health impact and community-based approaches to the problem – Dr Sunsanee Rajchagool

10:15 Public health policy options to reduce consumption of salt and fat: Indonesian perspective – Mr A. Atmawikarta

10:30 Plenary discussion on diet and nutrition

11:00 Counteracting decline in physical activity levels – Dr T. Armstrong

11:20 Counteracting decline in physical activity levels in Indonesia – Dr I.Z. Adisapoetra

11:35 Physical activity initiatives in the South-East Asian context: Sri Lankan perspective – Mr K. Ratnamudali

11:50 Physical activity initiatives in the South-East Asian context: Thai perspective – Dr Somchai Leetongin

12:05 Physical activity among youth and adults in community and workplace settings – Dr R. Vaithinathan

12:20 Plenary discussion on physical activity

12:30 Lunch

13:30 Awareness generation: Reaching rural and urban population through mass media – Ms A. Wickremasinghe

14:00 Implementing DPAS in urban settings – Dr V. Mohan

14:30 Implementing DPAS in rural settings – Dr K. Anand

15:00 Diet, physical activity and health: Interventions in schools, a perspective from Singapore – Dr R. Vaithinathan

15:30 Implementation of DPAS by community-based NCD prevention projects – Dr L. Somatunga and Dr K. Anand

16:00 Healthy setting approach in implementing DPAS: general discussion

**Wednesday, 18 October**

09:00 Field visit: Bahan Urban Health Centre, Youth training Centre-Thuwanna, Institute of Sports and Physical Education, Kyaikasan

13:00 Lunch

14:00 Multisectoral approaches to promote healthy diet and physical activity – Dr Than Sein/ Dr Chaisri Supornsilaphachai
14:30 Round-table discussion on role of private sector and civil society in implementing DPAS - Dr V. Mohan / Dr C. Tukuitonga / Dr N.M. Shrestha/ Dr. L. Somatunga / Dr Chaisri Supornsilaphachai, / Dr Ladda Mo-suwan

15:30 Working groups:
A. Healthy settings (corporate sector, school setting, community setting)
B. Areas and ways of collaboration with key stakeholders (industry, commerce, trade, agriculture, food processing, civil society)
C. Areas and ways of collaboration with key stakeholders (education, youth, sport, science and technology, transport, urban and rural planning, environment, finance)

Thursday, 19 October

09:00 Report of working groups and plenary discussion on identifying areas and ways of collaboration with key stakeholders

10:00 Presentations by civil society organizations:
Thai Health Foundation – Dr Suriyadeo Tripathi / Dr Kasem Nakornkhet
World Diabetes Foundation – Ms Tilde Froyr

11:00 Roundtable discussion on role of WHO Country Offices in implementation of DPAS - WHO CO

12:00 Developing plan of action for implementation of DPAS: An introduction – Dr J. Leowski / Dr C. Tukuitonga

12:30 Lunch

13:30 Working groups:
Developing plan of action for implementation of DPAS

15:30 Report of working groups and general discussion

Friday, 20 October

09:00 Leadership and partnership building for health – Dr Chantana Ungchusak

10:00 DPAS : Need for global/national regulatory and legislative action – Dr C Varghese, Dr C. Tukuitonga, Dr J. Leowski

11:00 Drafting conclusions and recommendations of the meeting

12:30 Adoption of Regional Plan of Action for DPAS
Adoption of conclusions and recommendations of the meeting

13:00 Closing session
Annex 3

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