A one-year progress review of the implementation of the 2016 Colombo Declaration on NCDs
Strengthening Health Systems to Accelerate Delivery of Noncommunicable Diseases Services at the Primary Health Care Level: A one-year progress review of the implementation of the 2016 Colombo Declaration on NCDs
Contents

Abbreviation .................................................................................................................................................. v

1. Background .......................................................................................................................................... 1
   Purpose of the report ............................................................................................................................... 1
   Scope of the report ................................................................................................................................. 2
   Reporting instrument ............................................................................................................................. 2
   Informants .............................................................................................................................................. 2
   Information collection and validation ..................................................................................................... 2

2. Progress .................................................................................................................................................. 3
   Governance and leadership for NCDs in primary health care services .............................................. 3
   Improving access to good quality integrated NCD management at primary health care level ............................................................................................................................................. 4
   Quality assurance systems to improve NCD services at primary health care level ................................ 6
   Building competent primary healthcare workforce to manage NCD services ........................................ 7
   Capacity building of primary healthcare workers for delivery of NCD services ................................ 8
   Increasing availability and access to essential medicines and basic technologies for NCD management at the primary health care level .......................................................................................................................... 9
   Resource mobilization and allocation to NCD management at the national and subnational levels ............................................................................................................................................. 11
   NCD health service information systems at primary health care services ........................................ 13
   NCD registries ....................................................................................................................................... 13
   Translational research related to NCD service delivery at the primary health care ................................ 14
Community-based and outreach programmes to address
NCD risk factors ................................................................. 14
Obstacles in accelerating NCD management at primary
health care level ................................................................. 16
Expected role of WHO and partners to accelerate NCD services at
PHC level in countries ....................................................... 17

3. Key messages and conclusions ............................................. 18

Annexures
1. Additional highlights of NCD management implemented at the
PCH level since September 2016 .............................................. 20
2. Priority actions to focus on accelerating NCD services at the
PHC level in the next one year, up-to September 2018 ............... 23
3. Obstacles/Challenges .......................................................... 25
## Abbreviation

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>COPD</td>
<td>chronic obstructive pulmonary disease</td>
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<tr>
<td>CKD</td>
<td>chronic kidney disease</td>
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<tr>
<td>DHIS 2</td>
<td>district health information system 2</td>
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<tr>
<td>DPR K</td>
<td>Democratic People’s Republic of Korea</td>
</tr>
<tr>
<td>GST</td>
<td>goods and services tax</td>
</tr>
<tr>
<td>HMIS</td>
<td>health management and information system</td>
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<tr>
<td>IARC</td>
<td>International Agency for Research on Cancer</td>
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<tr>
<td>NCD</td>
<td>noncommunicable diseases</td>
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<tr>
<td>PHC</td>
<td>primary health care</td>
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<tr>
<td>RC</td>
<td>Regional Committee</td>
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<tr>
<td>SEAR</td>
<td>South-East Asia Region</td>
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<tr>
<td>VIA</td>
<td>visual inspection of acetic acid</td>
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Implementation of essential NCD services in a rural health centre in Myanmar
1. Background

The Colombo Declaration on Strengthening Health Systems to Accelerate Delivery of Noncommunicable Diseases Services at the Primary Health Care Level was endorsed at the Sixty-ninth Session of the WHO Regional Committee for South-East Asia on 9 September 2016 in Colombo Sri Lanka (SEA/RC69/R1). The Colombo Declaration was based on the expectation that integrated NCD management at the primary health care level would enhance coverage of populations requiring essential services for common NCDs and improve components of primary health systems. The Declaration highlights renewed commitment by Member States to accelerate NCD service delivery through a people-centred primary health care approach to realize the Global and Regional Voluntary Targets for NCD Prevention and Control, which includes achieving 80% availability of essential NCD medicines and technologies and 50% of high-risk populations receiving drug and counselling therapies by 2025.

Member States endorsed a resolution that stated that the implementation of the Declaration by countries will be reported back in timely manner. They entrusted the Secretariat to produce intermittent reports and full reports of progress in 2019 and 2021. September 2017 marks one year of the adoption of the Declaration. In an effort to support the decision, the WHO Regional Office for South-East Asia has released the report titled- *Strengthening Health Systems to Accelerate Delivery of Noncommunicable Diseases Services at the Primary Health Care Level: A one-year progress review of the implementation of the 2016 Colombo Declaration on NCDs* to document the progress made in Member States in one year since the adoption of the Declaration.

**Purpose of the report**

The purpose of the report is to track the progress made in one year (September 2016 - August 2017) on implementation of the 2016 Colombo Declaration on NCDs by Member States to accelerate NCD service delivery at the primary health care level.
Scope of the report

The report documents the actions taken by Member States and the Region to accelerate delivery of NCD services at the primary health care level. The activities undertaken by countries to improve tertiary health services are not within the scope of the document. This report is not limited to actions sponsored or collaborated by WHO but attempts to include all activities aimed at strengthening NCD services at the primary health care level.

Reporting instrument

The reporting tool consisted of a set of questions framed that covered the key commitments contained in the Colombo Declaration. Countries responded to the questions in short narratives containing specific information wherever possible. Wherever there was no response reported, it was reported as none or nil.

Informants

The NCD directors, NCD Programme Managers and Planning and Policy Officers of the Ministries of Health coordinated with relevant stakeholders to collect the information.

Information collection and validation

Information was validated through a two-step process. The WHO Country Office NCD focal points and the MoH focal points jointly validated the data. After verification, the report was submitted through the WHO Representatives to the Director for Noncommunicable Disease Department and Environment (NDE) of the WHO Regional South-East Asia. At the Regional Office, during the time of compilation, the Technical Unit further clarified with the NCD programme manager and the country office NCD focal point on residual information needing further clarification.
2. Progress

Governance and leadership for NCDs in primary health care services

High-level multisectoral taskforce and national multisectoral NCD action plans

Member States have endorsed a commitment that a high-level national multisectoral taskforce would be instituted in countries to monitor the implementation of the Declaration. None of the countries formed a specific taskforce to monitor the progress of the Declaration. However, most countries (Bhutan, India, Indonesia, Myanmar, Maldives, Nepal and Thailand) stated that they would use the existing NCD committees and government mechanisms for monitoring the progress of the Declaration. Sri Lanka is in the process of instituting a national multisectoral taskforce.

In 2013, Member States passed a resolution at the Regional Committee to develop national multisectoral NCD action plans to promote comprehensive response to NCD prevention and control. Prior to the signing of the Colombo Declaration in 2016, the governments of four countries - Bhutan, Nepal and Maldives, and Sri Lanka - had endorsed their national multisectoral NCD action plans.
plans. After the signing of the Colombo Declaration in September 2016, Myanmar developed and endorsed the national multisectoral NCD Action Plan and Thailand adopted the National Strategic Plan for NCDs Prevention and Control (2017 – 2021). Three countries, Bangladesh, India and Indonesia had developed their action plans prior to the signing of the Colombo Declaration and the plan still remains to be formally endorsed by the governments. The Democratic People’s Republic of Korea conducted a national consultation to develop an operational multisectoral NCD plan. Timor-Leste is yet to develop an NCD multisectoral operational plan.

**New policies on early detection and management of NCDs at primary health care level**

New health policy initiatives focusing on strengthening early detection and management of NCDs at the primary health care level have been reported by countries. DPR Korea endorsed a decision to introduce one model county NCD prevention and control within the health sectoral plan of (5-year) national economic development. India endorsed the National Health Policy 2017 among other policies which focus on a range of NCD interventions including screening for hypertension, diabetes, oral, breast and cervical cancer and chronic obstructive pulmonary diseases (COPDs). Indonesia enacted the new “minimum service standard regulations for health” in November 2016 which make screening for NCD risk factors for people aged 15 – 59 years (Minister’s regulation no. 43 for the year 2016 on minimum service standard for health) and services for diabetes and hypertension an integral performance indicator for local governments. The Prime Minister of Timor-Leste approved and launched the package of essential noncommunicable (PEN) diseases services as a component of primary health care and the PEN policy document in July 2017. Thailand endorsed a health policy to strengthen early detection and management of NCDs as part of its primary health care service package.

**Improving access to good quality integrated NCD management at primary health care level**

**Early detection and screening of major NCDs**

Early detection and opportunistic screening for CVDs, diabetes, COPDs, asthma and cancers are ongoing in all Member States. The WHO package of essential noncommunicable (PEN) diseases interventions is commonly used for integrating early detection and management of CVDs, diabetes, chronic
A one-year progress review of the implementation of the 2016 Colombo Declaration on NCDs

respiratory diseases and cancers at the primary health care level. After the endorsement of the 2016 Colombo Declaration, four countries (Maldives, Myanmar, Nepal, and Timor-Leste) initiated essential service delivery using the PEN protocols at the primary health care level. Three countries (Bhutan, Indonesia and Sri Lanka) have achieved a level of scale up prior to the signing of the Declaration; Bhutan covered all PHCs with PEN services. In Sri Lanka, NCD screening is being delivered through Healthy Life Style Centres (HLC) established in 2011 based on a model adopted on three pilots: PEN, JICA NPP project and Nirogi Lanka projects. Services delivered at HLCs were expanded in 2016 by adding screening for breast, oral and cervical cancers and human papillomavirus DNA testing of cervical smear and guidelines for breast cancers are undergoing review in Sri Lanka.

In India, the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Disease and Stroke (NPCDCS) initiated population-based screening in more than 100 districts out of 707 districts to strengthen early detection of common cancers (oral, breast, cervical cancers), diabetes and hypertension using frontline health workers at the primary health care level. Health workers have been trained on conducting awareness on NCDs and healthy lifestyles and screening and management of common NCDs using new modules. India also included chronic kidney diseases (CKD) and chronic obstructive pulmonary disease (COPD) in the NPCDCS programme.

Indonesia expanded screening services for cervical cancer using Visual Inspection Acetic Acid (VIA) and clinical breast examination (CBE) reaching a coverage of 5.9%, screening of raised blood pressure, raised blood sugar and cholesterol and use of peak flow meter test through Posbindu reached 941,422 in 2016 and another 607,287 in 2017 of 30,350 Posbindu. Mammogram services have been made accessible in Thailand. Specialized care tools such as clinical
practice recommendations on diabetic foot and treatment guidelines for cancers have been developed in Thailand. NCD screening tools are under review and development in Bangladesh.

**New protocols and primary health care tools**

India developed training manuals, treatment protocols and user-friendly algorithms to guide management/referral of common NCDs at the primary health care for medical officers and training modules for reducing risk factors for NCDs in primary care level for counselors/medical officers/community health care workers.

In general, asthma and COPD services appear to be receiving less focus compared with CVDs and diabetes in all countries. None of the countries reported initiatives for chronic respiratory diseases in the past one year.

**Quality assurance systems to improve NCD services at primary health care level**

Quality assurance system is an important component of primary health care services. Countries have reported integrating supervision and monitoring of NCDs through routine supervisory visits. Some activity was reported for quality assurance of primary health care services. Most notable initiative was reported by Thailand where quality assurance systems initiated since 2014 through NCD clinic quality assessment and use of qualitative indicators to enhance performance of NCD services through “NCD Clinic Plus” are being continued. PEN clinical audit was conducted in Bhutan towards the later part of 2016 to assess the quality of NCD service delivery at the primary health care level and the recommendations are being used to enhance quality of services. Supportive supervision tools and checklists are being improved as part of the PEN programme in Maldives, Nepal and Timor-Leste. In 2017, Nepal became the first country in the Region to adapt the global HEARTS tool to strengthen monitoring systems for PEN services. Indonesia has included NCDs as a criterion for accreditation for primary health care services. The NPCDC programme in India revised the monthly reporting formats for monitoring screening and management of NCDs and introduced new initiatives for monitoring and supervision of field-level activities to strengthen quality assurance for population base-level screening activities.
Building competent primary healthcare workforce to manage NCD services

Reorganizing staffing to accommodate NCD services at primary health care level

Countries initiated numerous activities to strengthen the primary healthcare workforce required to accommodate the increasing workload associated with the management of NCDs. The range of activities include: i) assessing work load in four districts in Bangladesh; ii) decisions to develop primary healthcare coaching teams to implement package of essential noncommunicable diseases interventions in Maldives, Timor-Leste and Bhutan; iii) initiatives to introduce task sharing by non-physician health workers to manage NCDs in Myanmar and Nepal; v) continuing engagement of non-physician primary healthcare workers to diagnose and treat uncomplicated hypertension, and respiratory diseases and prescription refill for diabetes at primary health care level in Bhutan; and v) expansion of primary care clusters to promote health of families to support primary health care workforce and to address increasing workload in Thailand (more than 400 PC clusters have been established in 2016 and plans are to increase to 6500 clusters by 2026).

There are efforts to increase existing staffing or introduce new positions and create new health professional cadre to support staffing at the primary health care level to strengthen NCD health service delivery. In Sri Lanka, MoH has taken a policy decision to post two Medical Officers in the PMCU and to appoint nurses in primary health care institutions (including HLCs, creating community nurses and health promotion officers cadre in MoH offices). India appointed additional Staff Nurses at PHC level in districts undergoing population-based NCD screening in order to address the potential increase in case load due to door-to-door screening for common NCDs, and integrated alternative systems of medicine (AYUSH) with National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) to utilize the AYUSH workforce for prevention and control of NCDs in NCD clinics as well as in outreach camps. India also reorganized all the contractual staff working for various programmes into the single umbrella of the National Health Mission and has initiated streamlining staffing data entry operators, counsellors, laboratory technicians and other service providers. Nepal has also designated medical officers at the primary healthcare centres and health assistants at the health posts level as PEN focal points. District Health Offices have been assigned a PEN trained focal point; and a focal point has been assigned at the National Health Training Centre and National Health Education Information and Communication Centre for PEN implementation at the national level.
Capacity building of primary healthcare workers for delivery of NCD services

Countries are building capacity of the primary health workforce to deliver NCD services. Common activities include training on tobacco cessation in Bangladesh, Bhutan, Maldives; training on PEN interventions in Maldives, Myanmar, Nepal and Timor-Leste; training of health-care professionals for NCD clinics and village health volunteers in Thailand. PEN training manuals, treatment guidelines, recording and reporting formats have been developed in Myanmar to strengthen the service delivery. Maldives has trained 50 health workers on Maldives-PEN protocols covering health facilities in the two biggest geographical regions of Male’ area and Addu Atoll in August 2017, covering 52% of the country’s population. In Nepal two sessions of national training of trainers on PEN was conducted for 71 medical officers and paramedics. This was further cascaded to train 850 primary health care staff in 10 out of the 75 districts after the signing of the Colombo Declaration.

In Myanmar, early detection/screening for CVDs, diabetes and cancers (oral and breast cancer) is planned for 20 townships by 2017 and the remaining (240) townships in 2018 and 2019. In Indonesia, training for primary health care and community volunteers has been expanded under local government (provinces and districts) annual budget. In India, Training Manuals for accredited social health activists (ASHA), auxiliary nurse midwives (ANM) and staff nurses to undertake population based screening have been developed and state-level trainings are in progress. As a part of population-based NCD screening initiative, the frontline health workers (ASHA/ANM) have been entrusted with the responsibility to create household family folders for all above 30 years of age, develop their risk profile for NCDs and screen them for diabetes, hypertension and common cancers, and make referrals of suspected cases to the designated health facilities. Training modules for counsellors regarding skills of counselling on risk factors have been developed. Training manuals for programme managers at state and district level have also been developed to strengthen their management skills for implementation and management of the programme in India. In Sri Lanka, training programmes for Medical Officers on screening and management of clients have been scaled up in 2016. In Timor-Leste, primary health care facilities in the districts of Elmera and Dili (out of 13 districts) have initiated provision of PEN services as part of the Phase One programme for Timor-PEN.
Increasing availability and access to essential medicines and basic technologies for NCD management at the primary health care level

**Updating essential drugs**

After signing the Colombo Declaration, Bangladesh, Bhutan, Nepal, Sri Lanka, Thailand and Timor-Leste updated their essential drug list (EDL) with NCD medicines. DRR Korea, India, Indonesia and Myanmar have reported that the EDL was revised recently prior to September 2016. India reported a policy preparation of EDL, standard treatment protocols, and robust procurement system for the drug distribution system in progress under the National Health Mission. India also reported that different states have launched free drugs scheme to improve access to treatment under the “free drugs and diagnostics” initiative under the National Health Mission. India has also taken the initiative to popularize generic medicines and improve access to low-cost quality medicines under *Pradhan Mantri Bhartiya Janaushadhi Pariyojana* (PMBJP) *kendras* by the Department of Pharmaceutics and reported opening more than 2000 stores (*kendras*) out of the target of 3000 stores. Furthermore, under the Affordable Medicines and
Reliable Implants for Treatment (AMRIT) initiative to provide costly drugs for cancers, stroke, CVDs at subsidized rates by opening AMRIT pharmacy counters, more than 80 such pharmacies have been opened in the country. India expects to reduce the ‘out of pocket’ expenditure and make NCD care accessible and affordable with these initiatives.

**Essential diagnostics for NCD management at PHC level**

Maldives and Thailand reported that PHC facilities already have blood glucose and lipid testing facilities. Bhutan, India, Myanmar, Nepal and Sri Lanka Timor-Leste have introduced diagnostic services such as use of glucometer and lipid analysers in the PEN implementing facilities. India reported strengthening of laboratories at NCD clinics of community health centres and district hospitals for conducting confirmatory diagnostic tests and population-based screening including plans to equip health facilities with necessary equipment such as VIA for screening of cervical cancers, clinical breast examination, direct visual examination for oral cancer, and random blood sugar testing for diabetes. Essential equipment and medicines such as bronchodilators for COPD, hemodialysis units for CKDs have also been included in the indicative list of essential equipment to be procured by the states. India also introduced the “Free Drugs and Diagnostics Service” initiative containing a minimal set of essential diagnostics to be available at different levels of public facilities across the states to reduce variability in coverage and unequal access. India also reported that newer drugs and equipment for cancer, palliative care, cardiovascular diseases, COPD, CKD etc are being made available at the primary health facilities after inclusion under the NLEM 2015. Under the Pradhan Mantri National Dialysis Programme, facilities for hemodialysis are being established at district hospitals and hemodialysis fluid has been added to the NELM 2015 to enable dialysis.

Equipment such as weight and height measurement scale has been provided to health facilities in PEN implementing countries. BMI charts and cardiac risk prediction chart have also been made available in health facilities. DPRK Korea has reported plans to review and upgrade the diagnostics by 2018.

**Supply chain management for PHC services**

Reliable supply chain management and monitoring is a prerequisite for good PHC services. Overall some level of efforts was noted to strengthen the supply chain. Nepal and Sri Lanka noted training of health workers in supply chain management after the signing of the Colombo Declaration. Indonesia reported that monitoring
systems for NCD logistics and supplies have been updated prior to September 2016. India conducts the national level evaluation of drug procurement and distribution system as an integral part of the “Common Review Mission” of the National Health Mission including primary healthcare facilities on an annual basis and reported ‘online drugs procurement and distribution system’ in few states for ensuring smooth supply chain management of drugs/diagnostic kits with regular reviews through internal and external audit systems.

**Resource mobilization and allocation to NCD management at the national and subnational levels**

Availability of domestic resources to finance essential NCD services at the PHC level is indicative of the country’s ownership for sustaining access to NCD services. Although countries recognized the availability of government budget, most of them did not report any significant increase in the funding for NCD management at the primary health care level. Countries that reported receiving additional funds after signing the Colombo Declaration to boost NCD services at the primary health care level from the government included Myanmar, Nepal and Sri Lanka. In India additional budget has been approved under NHM to expand NCD service delivery to cover the entire country and population based screening for common NCDs, COPD, CKD in select districts. Under the NCD flexi pool of NHM, financing for five national programmes for different NCDs have been included. This gives flexibility to the states to allocate resources among different programmes in State specific context. Dedicated budget is provided for health promotion and awareness generation about NCDs and their risk factors as well as for outreach activities in the programme implementation plan of each state.

Countries in general do not dedicate taxes from tobacco, alcohol and unhealthy foods and beverages for health financing with the exception of Thailand. More than 90% of the revenue from 2% excise tax subsidies collected from importers and producers of liquor and tobacco is allocated to proactive projects aimed at solving major health risk issues including NCD risk factors. DPRK, Bangladesh, Nepal and Sri Lanka reported a raise in taxes and prices of harmful products such as alcohol and junk food which goes to the general revenue pool of the country. Indonesia strengthened the former cigarette/tobacco fiscal tax with the additional Government Regulation no.55 for the year 2016 mandating 10% of the fiscal tax from tobacco to be equally distributed to provinces based on total population as local tax income, of which 50% is to be used for health programmes and law enforcement such as enforcement of smoke-free areas.
In India, tobacco and many junk foods have been classified as demerit goods and attract the highest slab of tax equalling 28% within the recently rolled out Goods and Services Tax (GST). Another notable move is the taxation on bidis (like mini-cigarette, bidi is unprocessed tobacco wrapped in leaf) which hitherto did not attract any tax but now have been included under the tax bracket of 28%. A further INR 1 and INR 2 for every 1000 handmade and machine-made bidis respectively have been imposed as additional tax. Additional tax is also being levied on tobacco to make a total tax liability of 40%.

**Financial protection for NCD services**

Few new policy works were noted in countries to protect financial risks of patients such as reducing out of pocket payments for NCDs through state funds or social health insurance models for the general population since September 2016. Indonesia reported that the National Health Insurance covers all NCDs at primary, secondary and tertiary health care centres since 2014, achieving coverage of 60% of the population.

The National Health Policy of India endorsed in 2017 recognizes the need to halt and reverse the growing burden of NCDs. The policy aims at increasing the health expenditure by the government as a percentage of GDP from the existing 1.15% to 2.5% by 2025, and decreasing the in-proportion of households facing catastrophic health expenditure from the current levels by 25% by 2025.

Various new schemes have been rolled out in India to improve the availability and access to drugs through the public sector and decrease the ‘out of pocket expenditure’ on NCD care. Cancer treatment in many states and Central Government institutions is provided free for patients living below the poverty line (BPL) and subsidized for others. The Government of India is providing financial assistance to BPL patients for life-threatening diseases under the schemes such as Rashtriya Arogya Nidhi (RAN), Health Minister’s Cancer Patient Fund (HMCPF), State Illness Assistance Fund (SIAF) and Health Minister’s Discretionary Grant (HMDG). The MoHFW has also expanded the earlier existing health insurance schemes such as the Rashtriya Swasthya Bima Yojana (RSBY) and Senior Citizen’s Health Insurance Scheme (SCHIS) for all aged 60 and above, etc. RSBY is a centrally sponsored health insurance scheme which covers BPL families (a unit of five) and 11 other defined categories enrolled under RSBY. These are efforts are in the right direction but will prove to be inadequate if strategic purchasing is not enhanced.
NCD health service information systems at primary health care services

Strengthening NCD health service information systems at the PHC level is an important component of the Colombo Declaration. Myanmar reported setting up patient records and screening registries, Nepal held discussions between various units of the MoH on integration of PEN information system in health management information system, Sri Lanka initiated discussions on implementing web based data system at PHC and piloting information system on patient referral and laboratory management system.

Three countries (India, Indonesia and Thailand) reported IT-enabled initiatives for building patient clinical records and hospital information. Indonesia has developed NCD web based information system with unique identifiers for primary health care level (public primary health care – Puskesmas) and community activities (Posbindu) linked to Ministry of Health Data Information Centre, and has plans to develop data linkage with the National Health Insurance and Civil Registration.

Thailand uses IT-enabled systems and quality of care indicators which include information on diabetes, cancer, COPD and stroke. India is developing IT-enabled patient tracking tools and systems for NCD continuum of care. Certain states in India (Tamil Nadu, Pradesh and Himachal Pradesh) have adopted mobile technology for patient recall and follow up.

Bhutan and Timor-Leste reported using of DHIS 2 for collection of morbidity and mortality reports including NCDs and Bangladesh is also piloting DHIS 2. Timor-Leste also reported use of patient tracking system – individual patient record form, monthly record form and dash board.

NCD registries

In November 2016, eight Member States (all except Myanmar, Thailand and Timor-Leste) participated in an intercountry cancer registry training organized by WHO, and International Agency for Research on Cancer (IARC) at the Tata Memorial Centre in Mumbai. Maldives initiated collection of information on cancer patients from health facilities and maintains hospital-based registries for diabetes, stroke and other NCDs. Myanmar introduced population-based cancer registry in Naypyitaw region in 2017. Nepal has initiated preparatory consultations with IARC and WHO to improve population-based cancer registry in 2017. Thailand has an ongoing population-based cancer registry. Indonesia has expanded population-based cancer registry to 14 provinces in 14 regional referral hospitals and surrounding primary health care
centres (puskesmas) in the country. Dharmais Hospital Cancer Registry team has an ongoing training of the 14 regional referral hospitals under the funding of the Directorate of Referral Services and Directorate of NCD and conduct regular coordination to see the progress of data collection in Indonesia. India is generating reliable population data on cancer through 32 population-based cancer registries and 29 hospital-based cancer registries. Nepal and Timor-Leste have initiated PEN registries to collect PEN-related information. Sri Lanka conducted review of diabetes information system and registries for stroke and cancers already exist. Bhutan and IARC have started undertaking plans to strengthen cancer registry.

In India, the National Stroke Registry and Registry of Diabetes at Young Age at Onset (YDR) are also implemented. No other country has reported disease registries on stroke, heart attack and other chronic diseases other than cancer.

**Translational research related to NCD service delivery at the primary health care**

Countries reported conducting translational research related to NCD services at the primary health care level since the endorsement of the Declaration. The research conducted includes: PEN clinical audit to improve PHC NCD services in Bhutan; a study on effectiveness of PEN implementation in the DPR K; developing baseline, midline and endline evaluation plans in PEN implementing pilot sites of Kailali and Ilam districts of Nepal. Sri Lanka conducted study on delays in breast cancer care, health literacy on NCDs, and prevalence of HPV vaccination. India conducted a number of state-specific studies/surveys which include: an assessment of service delivery for NCDs in Kerala, Burden of Noncommunicable Diseases and associated risk factors, the annual 2016 Common Review Mission under NHM to assess NCD service delivery at the primary healthcare level, to name a few.

In addition to the above studies, countries have also conducted risk factor surveys such as tobacco and STEPs surveys.

**Community-based and outreach programmes to address NCD risk factors**

Varying level of community-based activities, outreach programmes and health promotion activities in NCD prevention and control were reported by countries. Tobacco cessation pilot projects were reported by Bangladesh, Bhutan and DPR Korea, Indonesia and Timor-Leste since September 2016. Indonesia also reported operating tobacco Quitline services (free toll number 08001776565) and
training of Quitline staff after September 2016. India scaled up health promotion activities and behaviour changes with the involvement of community, civil society, community-based organizations, schools in addition to outreach camps and clinics in 390 districts of the country. Village Health Sanitation and Nutrition Committee (VHSNC) was identified as a platform for community awareness on NCD risk factors under the “population-based NCD screening” initiative of NPCDCS. A national health campaign (branded “My Year 2074 (2017): If I am healthy, my nation is healthy”) with five key concrete commitments for all modifiable NCD risk factors has been launched in Nepal.

Community-based alcohol outreach activities were reported in Bhutan, Sri Lanka and Timor-Leste. Bhutan and Timor-Leste reported community-based physical activity promotion and the two countries also reported community activities to improve household air quality.

All countries reported community-based and outreach screening and early detection services for breast cancer, cervical cancer, and oral and other common cancers. Screening of diabetes and hypertension was the most common of all. Screening for oral, breast and cervical cancers were reported but it appeared that coverage is still very low in all countries. India, Myanmar and Thailand reported nongovernment participation in NCD screening activities.

Indonesia reported scaling up of risk factor screening and early detection programme (obesity, hypertension, hyperglycemia, hypercholesterolemia, tobacco smoking, and harmful use of alcohol) at the community level using a community-based initiative (Posbindu) started since 2010, and has progressively expanded to 30,350 in 2017 (target is 80,000 villages must have one Posbindu).

Countries have reported activities engaging community-based organizations and community leaders in addressing the social determinants of health since September 2016. The activities included advocacy of the community leaders in Bhutan, advocacy for local authorities, consumer’s protection association in Myanmar, establishment of NCD alliance, mobilizing youth for NCD prevention and mobilized community for alcohol use prevention in Sri Lanka. Thailand reported engagement of community-based interventions (CBI) to promote the roles of CBOs in prevention of CVDs, its risk factors and addressing determinants.

India reported that opportunities include advocacy and social mobilization of risk behaviours such as alcoholism, smoking, substance abuse (drugs/tobacco/gutkha etc.) under Sansad Adarsh Gram Yojana (SAGY) scheme where a Member of Parliament is required to address infrastructure and development in three
Obstacles in accelerating NCD management at primary health care level

Countries were asked to identify up to three key obstacles they face in accelerating NCD management at the PHC level. Obstacles reported varied slightly by countries. Overall, there were seven broad categories of obstacles identified by countries. The seven broad categories are:

**Human resource issues:** Five countries (Bangladesh, Bhutan, India, Nepal, Myanmar) have expressed issues around human resources which include shortage or difficulty in filling up vacant post and inadequate competency of health workforce. Myanmar also reported increasing workload of the primary health care workers as a challenge.
Weak data including management of individual patient records: Three countries (India, Thailand, Nepal) reported issues around inefficient data management for programme monitoring, difficulty in integration of patient level data Individual patient tracking and follow up.

Supply chain management: Bangladesh, India and Timor-Leste reported maintaining supply chain management for essential drugs and diagnostics as an issue

Difficulty in resource mobilization: DPR Korea, Maldives and Thailand expressed challenges in mobilization resources for NCDs as a challenge.

Multisectoral coordination issues: Thailand, Timor-Leste and Sri Lanka reported coordination of sectors as an issue.

Geographical barriers: Bhutan and Maldives reported geographical barriers as a challenge towards accelerate better NCD coverage.

Lack of NCD management guideline: Bangladesh reported lack of guidelines for NCD management as a barrier to accelerate NCD services at the primary health care level.

Expected role of WHO and partners to accelerate NCD services at PHC level in countries

Countries were asked to provide up to three suggestions on what WHO and partners should do in their country to accelerate NCD management at primary health care level in line with the Colombo Declaration. The responses were condensed into the following two categories: technical and financial support:

- Technical support: conduct population based cancer registry, surveys, develop NCD data base and surveillance, support health system reforms, developing guidelines for NCDs, identifying training needs for human resource

- Financial support: monitoring and evaluation of NCD service delivery initiatives of the government and research for NCDs, procurement of essential medicines and drugs and certain equipment.
3. Key messages and conclusions

Countries are making progress to accelerate implementation of the Colombo Declaration as evident from all streams of NCD prevention and control: policy, leadership and governance, service delivery and health systems, and monitoring and evaluation in addressing burden of cardiovascular disease, diabetes, respiratory disease and cancers at the primary health care level. Key messages regarding the one-year of implementing the Colombo Declaration of NCDs are as follows:

- **Accelerate implementation of NCD prevention and control through broad-based multisectoral approach.** While the majority of the countries have government endorsed national multisectoral NCD action plans, there are still others in the process of seeking endorsement or planning to develop national multisectoral NCD action plans. Considering the SEA Region Member States’ commitment to set national targets for NCD prevention and control by 2015 as per the resolution SEA/RC66/R6, it is critical that countries not only expedite the development of the plans but accelerate the operationalizing of the multisectoral NCD action plans to realize the 25X 25 and SDG targets.

- **Primary health care approach is receiving attention in all countries in the WHO SEA Region.** There is increasing recognition of the role of primary health care teams by countries and efforts in building the collective capacity at the primary health care level for delivery of essential NCD services. Most countries are conducting cascade trainings to implement essential NCD services. Primary health care workers are brought on board through evolving policy initiative for NCD clinical and patient care.

- **Countries are aligning early detection, screening and management as an integrated response of primary health care.** WHO guidance tools such as package of essential NCD intervention (PEN) is commonly used to improve access to essential NCD service delivery at the primary health care level. Access to essential medicines and diagnostics at the primary health care level is the key to achieving universal health coverage. While focus is on essential medicines more than essential diagnostics, countries also need to strengthen basic diagnostic capabilities such as for testing blood sugar and cholesterol at the primary health-care services.
• **While expanding the coverage of essential NCD services, it is necessary to ensure an acceptable level of quality of essential NCD services.** Attention is needed in all countries to guarantee quality of essential NCD services with the ongoing haste to expand the coverage of services.

• **Setting up essential NCD services both as a means and an end to strengthen health systems.** Using a primary health care approach to improve essential NCD services can improve the health systems in case detection, increase health care utilization, improve prescribing practices, and ensure appropriate and timely referral of severe and complex cases leading to a better health outcome. Reforms on human resources are occurring in few countries to accommodate increased responsibility of primary health care systems to deliver NCD services at the frontline.

• **Story of access to essential NCD services is just the beginning. Focus on the critical areas.** Areas that need attention include advancing translational research on NCDs, building better information system for programme decision and setting up sensitive tracer indicators for NCD health service and health systems response.

• **Commitment with investment.** In the area of financing of PHC services for essential NCDs, national governments need to consider increasing fiscal allocation for NCD prevention and control and health service delivery at the primary health care level from national resources. Without addressing NCDs, UHC goals cannot be achieved.

A healthy lifestyle campaign in Nepal
## Annex 1.
### Additional highlights of NCD management implemented at the PCH level since September 2016

<table>
<thead>
<tr>
<th>Member State</th>
<th>Highlights implemented since 2016</th>
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</thead>
</table>
| **Bangladesh** | • NCD corners are being strengthened in 300 sub-districts hospitals (Upazila Health Complex). A room has been allocated for NCD corner, dedicated manpower has been assigned to provide service and necessary equipment like blood pressure machine and glucometer has been supplied.  
  • Awareness programmes and media campaigns through observance of days |
| **Bhutan** | • Community screening of NCDs  
  • Basic Health Unit II serving as NCD case holding centres (refilling of NCD medicines)  
  • Operation of NCD clinic days in primary health care centres |
| Democratic People’s Republic of Korea | • Introduction of WHO PEN in one county (rural area)  
• Development and broadcast of tobacco cessation health programme on TV  
• Inclusion of WHO PEN as part of introduction to health sector plan of 5 year national economic development programme |
| India | • Scaling up of National Program for Prevention and Control of Cancer, Diabetes, CVD and Stroke (NPCDCS), to cover more than 390 districts in India till March 2017  
• Population-based screening of common noncommunicable disease and subsequent management of cases under the programme  
• Provision of free essential drugs and diagnostics is one of the most important steps towards mitigating costs for NCD care. |
| Maldives | • Cathlab opened at IGMH for treating heart diseases  
• Chemotherapy suits opened at IGMH  
• PEN package training programme for Addu Atoll and Male for 50 participants and initiation of NCD services |
| Myanmar | • Training of trainers multiplier trainings on PEN interventions: 9 UHC, 18 MCH, 103 RHC, 543 sub-RHC and 1953 basic health staff (including 18 Township medical officers) in first 20 townships.  
• Procurement and distribution of NCD related medicines and diagnostics and equipment to primary health care centres |
| Nepal | • Revision and updates of essential free drugs list and basic diagnostics tools made available at the PHC level for management of CVDs  
• Capacity building (Training of Master Trainers and district level training at primary health care level conducted for the additional districts); HEARTS tool adapted for strengthening monitoring system |
<table>
<thead>
<tr>
<th>Country</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sri Lanka</td>
<td>• Establishment of the NCD corners at selected schools&lt;br&gt;• Initiation of physical activity programmes in work places, establishment of gymnasiums in the community and health institutions</td>
</tr>
<tr>
<td>Thailand</td>
<td>• Motivational interviewing training programme for NCDs healthcare staff&lt;br&gt;• Home blood pressure monitoring training programme for NCDs healthcare staff and village health volunteers&lt;br&gt;• Thai Diabetic Society prevention training programme for NCDs health care staff</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>• Adaptation of PEN protocols&lt;br&gt;• Training of first batch of health workers from four community health centres at Dili and Ermera district</td>
</tr>
</tbody>
</table>
### Annex 2.
**Priority actions to focus on accelerating NCD services at the PHC level in the next one year, up-to September 2018**

<table>
<thead>
<tr>
<th>Member State</th>
<th>Priority focus for next one year (September 2017 to September 2018)</th>
</tr>
</thead>
</table>
| **Bangladesh**                        | • Endorse the national multisectoral NCD action plan by the government  
• Update national guidelines on NCDs and train healthcare workers  
• Improve availability and accessibility drugs and diagnostics                                                                                                                                 |
| **Bhutan**                            | • Revision of PEN protocols and training of healthcare workers on the revised PEN protocols  
• Conduct PEN clinical audits                                                                                                                                                                                                                                       |
| **Democratic People’s Republic of Korea** | • Organize NMASP meeting  
• Introduce WHO PEN in three provinces  
• Develop PEN training package and conduct training of household doctors at PHC level                                                                                                                                 |
| **India**                             | • Expand population-based screening of common NCDs to ensure universal coverage  
• Implement NCD strategies mentioned in the National Health Policy 2017  
• Scale-up of NCD interventions in uncovered districts to ensure pan-India coverage                                                                                                                                 |
| **Maldives**                          | • Conduct NCDs/ STEPs survey  
• Improve national cancer registry                                                                                                                                                                                                                                     |
<table>
<thead>
<tr>
<th>Country</th>
<th>Activities</th>
</tr>
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</table>
| Myanmar    | - Capacity-building training for basic health staff in newly expanded townships  
              - Procurement and supply of essential medicines and medical equipment for NCDs  
              - Evaluation of PEN implementation |
| Nepal      | - Scale up PEN programme  
              - Develop linkages between PEN services and health insurance  
              - Strengthen referral systems |
| Sri Lanka  | - Strengthen Healthy Lifestyle Centres  
              - Strengthen essential drugs and technology monitoring system  
              - Increase the accessibility by improving the clinic sessions (changing the opening hours)  
              - Providing more human resources at PHC  
              - Establish a satellite laboratory system in a phased manner  
              - Establish a patient tracking system and a back referral system  
              - Creating a post of Health Promotion Officers |
| Thailand   | - Training and capacity-building of health-care workers on lifestyle and health behavioural change  
              - Strengthen collaboration between health sector, local administration and district health system  
              - Strengthen NCD data base and information at national, regional and community levels |
| Timor-Leste| - Setting up NCD management teams at national and municipal levels in two municipalities (Dili and Ermera) and implementing PEN programme  
              - PEN coaching for community health centre staff  
              - Ensuring NCD essential medicines and devices and strengthening supportive supervision system |
## Annex 3.
### Obstacles/Challenges

<table>
<thead>
<tr>
<th>Member State</th>
<th>Obstacles/challenges</th>
</tr>
</thead>
</table>
| Bangladesh                        | • Lack of updated guidelines  
• Inadequate trained manpower  
• Irregular supply of medicines and equipment and coordination issues |
| Bhutan                            | • Difficulty in reaching 5% of the unreached population  
• Shortage of human resource  
• Geographical terrain |
| Democratic People’s Republic of Korea | • Resource mobilization  
• Information sharing |
| India                             | • Filling up of vacant posts of NCD health workforce for programme implementation  
• Building an efficient data management system would help to monitor programme implementation, as well as track patient follow up to ensure continuum of care.  
• Maintaining supply chain management for essential drugs and diagnostics for NCD management |
| Maldives                          | • Ensuring efficient resource mobilization due to geographical challenges |
| Myanmar                           | • Inadequate competent health workforce  
• Poor supply chain management  
• Increased workload of basic health staff |
<table>
<thead>
<tr>
<th>Country</th>
<th>Challenges</th>
</tr>
</thead>
</table>
| Nepal     | • Need for financial and technical support  
            • Limited human and national capacity  
            • Irregular supply and refilling of drugs, patient referral and back referral, poor patient tracking |
| Sri Lanka | • Coordination of actions of multiple sectors are not well established      |
| Thailand  | • Integration of NCDs data system at all health care levels; patient tracking systems as well as quality of care indicators  
            • Resource mobilization  
            • Making multisectoral collaboration and engagement of community-based organization effective |
| Timor-Leste | • Change of government may affect commitment to NCD prevention and control  
               • Management of PEN implementation at community health centres and health posts and inadequate capacity of health professionals  
               • Ensuring supply of essential medicines and devices |
Strengthening Health Systems to Accelerate Delivery of Noncommunicable Diseases Services at the Primary Health Care Level

A one-year progress review of the implementation of the 2016 Colombo Declaration on NCDs