# From Strategy to Actions: Prioritizing NCD Prevention and Control

Regional workshop to advance NCD prevention and control in the WHO South-East Asia Region

Jaipur, India

# **Guide for Participants**



Name	
Country	,

# From Strategy to Actions: Prioritizing NCD prevention and control

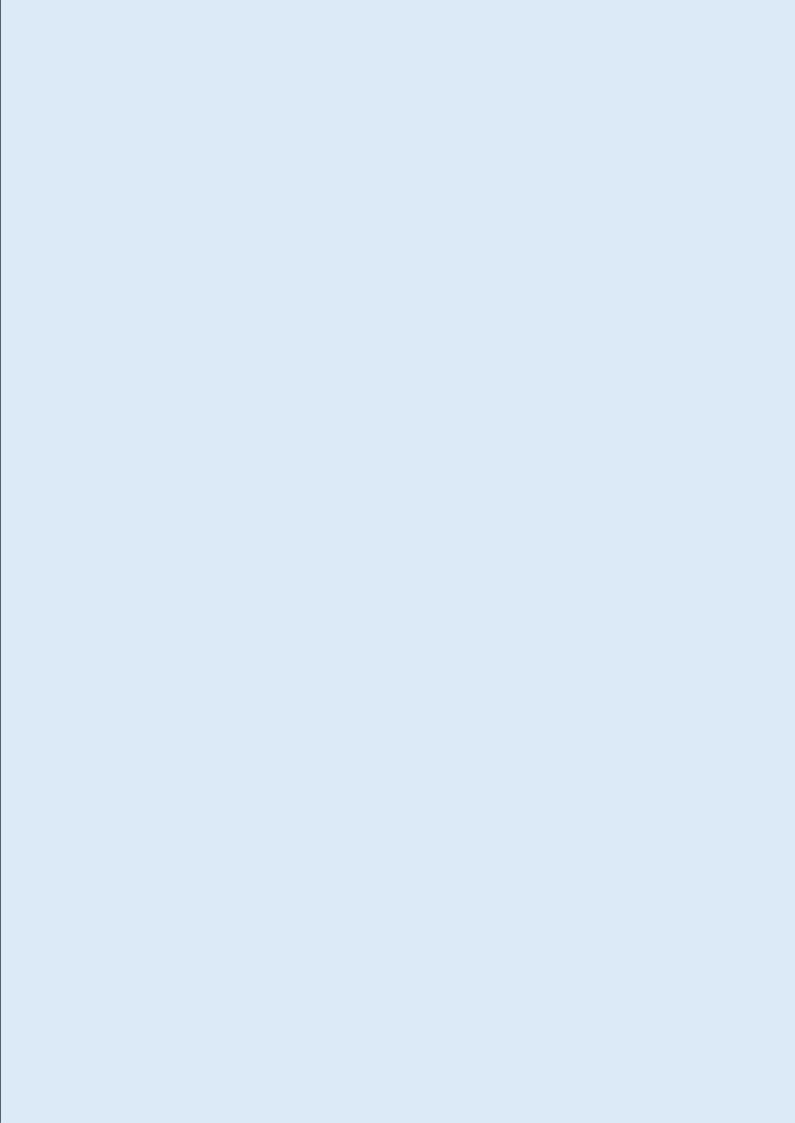
Regional Workshop to advance NCD prevention and control in the WHO South-East Asia Region

> Jaipur, India 28-30 October 2025

# **Guide for Participants**

Country			





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### **Background and objectives of the workshop**

### **Background**

Noncommunicable diseases (NCDs), principally cardiovascular diseases (CVDs), diabetes, cancer, and chronic respiratory diseases, impose a major and growing burden on health and development in the South-East (SE) Asia region. These major NCDs share the key risk factors of tobacco use, physical inactivity, alcohol use, unhealthy diet, and air pollution. In 2021, 55% of all deaths in the SE Asia region were due to NCDs, accounting for 9.5 million persons<sup>1</sup>. Of particular concern is the fact that 50% of deaths from NCDs in the region were premature, in the age category of 30–69 years. CVDs and cancer contribute to the highest proportions of premature deaths among deaths due to NCDs in the SE Asia region with the proportions of premature deaths for the conditions being as high as 49% and 66%, respectively<sup>1</sup>.

At its 76th session in 2023, the Regional Committee adopted the Resolution on 'SEAHEARTS: Accelerating prevention and control of cardiovascular diseases in the South-East Asia Region (SEA/RC76/R5)'<sup>2</sup>. The resolution calls for sustained and accelerated efforts at both policy and programmatic levels to address key CVD risk factors (tobacco use, high salt intake, and industrial trans-fats) while expanding hypertension and diabetes care through primary health care (PHC). The resolution also specifies a set of four milestones agreed upon by the countries to be reached by 2025. As of December 2024, progress toward the SEAHEARTS milestones suggests that the region is on track to achieve three out of four of its 2025 targets.

Considering the substantial progress made in three of the four SEAHEARTS milestones, and the ongoing momentum in implementing the technical packages, the Member States expressed strong commitment and agreed upon a set of five ambitious yet achievable SEAHEARTS Milestones 2030. Progress of the SEAHEARTS 2025 milestones was presented to the 78th session of the WHO SE Asia Regional Committee in October 2025 and with unanimous agreement from the Member States the Committee decided to extend the timeline of the four milestones of the SEAHEARTS Initiative for another 5 years, i.e. till 2030. Considering the significant burden of novel nicotine products, smokeless tobacco and areca nut related products, WHO in consultation with Member States designed and presented the regional strategic framework for combating smokeless tobacco, novel nicotine products, and areca nut use in the WHO South-East Asia Region (2025–2030) at the 78<sup>th</sup> Regional Committee. The Member States approved the framework to be adopted to the country context and implemented.

Cancer control in the Region remains a key priority for WHO. The WHO South-East Asia Regional Strategy for comprehensive cancer prevention and management (2024–2030)<sup>3</sup>, endorsed by the 77th Regional Committee, serves as a roadmap for Member States to strengthen and accelerate national cancer control efforts and defines parameters for monitoring the progress.

<sup>&</sup>lt;sup>1</sup> Global Health Estimates 2021: World Health Organization; 2024 https://www.who.int/data/gho

<sup>&</sup>lt;sup>2</sup> SEAHEARTS: ACCELERATING PREVENTION AND CONTROL OF CARDIOVASCULAR DISEASES IN THE SOUTH-EAST ASIA REGION

<sup>&</sup>lt;sup>3</sup> WHO South-East Asia Regional Strategy for comprehensive cancer prevention and management 2024–2030.

Against this background, regional workshop (hybrid) targeted at senior government officials/ programme managers for CVD, NCD risk factors control, cancer control along with clinicians, academics, researchers, and professional associations of Member States, is being organized to achieve the following objectives.

### **General objective**

To collectively design a strategic approach to advance NCD prevention and control in the WHO South-East Asia Region.

### **Specific objectives**

- To review country-level progress in managing hypertension and diabetes, as well as in controlling tobacco use and unhealthy diets, and to facilitate discussion and consensus on the renewed and extended SEAHEARTS milestones for 2030.
- To introduce and update participants on existing and newly developed WHO tools and guidance for the prevention and control of cardiovascular diseases (CVDs), cancers, and associated NCD risk factors.
- To assist countries in developing national roadmaps that outline priority actions for translating WHO technical packages into effective measures to control CVDs and achieve the SEAHEARTS 2030 milestones.
- To assist countries in implementing the Regional Strategic Framework for combating smokeless tobacco, novel nicotine products, and areca nut use in the WHO South-East Asia Region (2025–2030).
- To design a regional framework for monitoring progress toward the SEAHEARTS 2030 milestones.
- o To review progress on national cancer control activities and provide guidance in identifying and prioritizing actions for comprehensive cancer prevention and management.

### **Expected outcomes**

- National roadmaps to guide the countries in translating the priority actions to implement WHO technical packages into actionable steps to accelerate efforts to control cardiovascular diseases and achieve the SEAHEARTS 2030 milestones and to combat the use of smokeless tobacco and areca nut use.
- Framework for monitoring SEAHEARTS 2030 milestones.
- National priority actions for implementing the WHO South-East Asia Regional Strategy for comprehensive cancer prevention and management.

## Programme

	Day 1–28 October 2025					
Time (hrs.) IST	Inaugural session					
0830-0900	Registration					
0900-0910	Opening remarks	WHO SEARO				
0910-0930	Opening session					
0930-0950	SEAHEARTS 2025: achievements, and lessons learnt	Dr Nalika Gunawardena, WHO SEARO				
0950-1000	Global Commitments on NCDs: Turning the TideTogether	Dr Alarcos Cieza, WHO HQ				
1000-1020	Introductions of the participants					
1020-1040	Group photo and Healthy b	reak				
	Session	Speakers /Facilitators / Moderators				
	Extended and expanded SEAHEARTS milestones 2030: Hyperte and control	nsion and diabetes treatment coverage				
1040-1115	Regional SEAHEARTS milestones 2030: Hypertension and diabetes treatment coverage and control	Dr Pradeep Joshi, WHO SEARO				
1115-1230	A panel discussion on overcoming common challenges to reach the SEAHEARTS 2030 milestones					
	Avoiding stock-outs of medicines and technologies through	Mr Bashier Enoos, WHO HQ (virtual)				
	realistic forecasting	A nominated official, India				
	Approaches to promote use of statins in primary health care level	Dr Jeyaraj Durai Pandian, WHO CC for Stroke Care, Christian Medical College, Ludhiana, India				
		A nominated official, Sri Lanka				
	Improving treatment adherence for hypertension through single-pill combinations	Dr Kouamivi Agboyibor, WHO HQ (virtual)				
		A nominated official, Bhutan				
	Enhancing access to HbA1c to monitor glycaemic control at	Dr Aqsha Azhary Nur, WHO HQ(virtual)				
	primary health care level	A nominated official, Timor-Leste				
	Ensuring availability of validated BP measuring devices in primary care level	Dr Swagata Kumar Sahoo, Resolve to Save Lives				
		A nominated official, Nepal				
	Question and answers					
1230-1330	Food for thought – lunch break  A special session- Presentation of the protocol of a randomised control trial on a diet related intervention for better glycaemic control among diabetics in Bhutan					
1330-1500	Group work Framing country targets and designing national roadmap to reach SEAHEARTS milestones 2030: Hypertension and diabetes treatment coverage and control	Country groups				
	Healthy break					
1500-1700	Country presentations and discussions	Nominated officials				

	Day 2-29 October 2025						
Time (hrs.) IST	Session	Speakers /Facilitators / Moderators					
0900-0905	Recap-day 1						
	Extended and expanded SEAHEARTS milestones 2030: tobacco control						
0905-0920	Regional strategic framework for combating smokeless tobacco, novel nicotine products and areca nut in the WHO South-East Asia Region (2025-2030)	Dr Jagdish Kaur, WHO SEARO					
0920-0940	Open discussion						
0940-1000	Healthy break						
1000-1100	Country presentations- identification of priority interventions to reach and monitor the SEAHEARTS 2030 on tobacco control	Nominated officials of all countries					
1100-1115	Updated status of WHO MPOWER implementation – gaps and challenges	Dr. Hebe Gouda, WHO HQ (virtual)					
1115-1130	Questions and answers						
1145-1200	Tobacco cessation programme in Rajasthan	WCO India					
1200-1215	Tobacco products testing – updated evidence	NIMHANS Bangalore					
1215-1230	Policies for prevention and control of smokeless tobacco	WHO FCTC Knowledge Hub on Smokeless Tobacco					
1230-1315	Food for thought – lunch break						
	Extended and expanded SEAHEARTS milestones 2030: unhealthy diet						
1315-1325	Current evidence-based recommendations for population salt/sodium reduction.	Dr Angela de Silva, WHO SEARO					
1325-1345	Trans fatty acid regulations: Monitoring, surveillance and implementation- good practices and next steps	Dr Juliawati Untoro, WHO, HQ					
	Question and answers						
1345-1405	Progress in Practice: Country Case Highlights	Bangladesh (5 mins, 2 slides each), Thailand, Sri Lanka					
1405-1425	Navigating commercial determinants- food industry pushback and solutions (policy compatibility with trade laws, distorted evidence, economic impact)	Dr Kate Robertson, WHO HQ					
	Question and answers- 10 mins						
1425-1500	<b>Group exercise:</b> Identification of priority interventions and/or actions to reach and monitor the SEAHEARTS 2030 on population salt reduction and trans fatty acid elimination and TFA surveillance and enforcement, challenges, opportunities and support needs						
1500-1515	Healthy break						
1515-1615	Group exercise continued Discuss and identify next steps to implement theidentified priority actions	Country groups Facilitators- Dr. Angela de Silva, WHO SEARO Dr. Kate Robertson, WHO, HQ DR. Juliawati Untoro, WHO HQ					
1615-1700	Group presentations	,					

Day 3-30 October 2025					
Time (hrs.) IST	Session	Speakers /Facilitators / Moderators			
0900-0905	Recap-day 2				
	Comprehensive cancer prevention and management				
0905-0920	Status of implementation of the WHO South-East Asia Regional Strategy for comprehensive cancer prevention and management.	Dr Bishnu Rath Giri, WHO SEARO			
0920-1020	Leveraging the special initiatives on cancer control to accelerate implementation of actions:				
	Cervical cancer elimination initiative	Dr Prebo Barango, WHO HQ (virtual) Smiljka de Lussigny, UNITAID (virtual)			
	Global breast cancer initiative	Dr Mary Nyangasi WHO, HQ (virtual)			
	Global initiative for childhood cancer	Dr Roberta Ortiz, WHO HQ (virtual) Ms. Y Ravindran/ Dr. Catherine Lam, St Jude Research Hospital (virtual)			
	imPACT reviews and Rays of hope initiative	Ms. Kimberley Frolov-Roessler / Mr. Karagu Maina (virtual) International Atomic Energy Agency			
	South-East Asia Cancer Grid	Dr Pramesh CS, Tata Memorial Hospital (virtual)			
1020-1040	Healthy break				
1040-1130	Group exercise  National priority actions to accelerate the implementation of the WHO South-East Asia Regional Strategy for comprehensive cancer prevention and management (2024-2030)	Country groups			
1130-1230	Group presentations National priority actions and experience from country				
1230-1330	Food for thought – lunch break				
	Framework for monitoring SEAHEARTS 2030 milestones				
1330-1345	Framework for monitoring SEAHEARTS 2030 milestones	Dr. Nalika Gunawardena, WHO SEARO			
1345-1410	Best practice dashboards in health facilities: facilitating tracking the progress to reach national targets for SEAHEARTS	Dr Pradeep Joshi, WHO SEARO A nominated official, Bangladesh			
1410-1425	Using routine health information systems to monitor SEAHEARTS 2030 milestones	Dr Amani Siyam, WHO SEARO			
1425-1445	<b>Group work</b> : feedback on the framework for monitoring SEAHEARTS 2030 milestones				
	Concluding session				
1445-1515	Next steps and participant reflections				
	Healthy break and con	clusion			

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Technical se	essions				
Day 1-28 October 2025					
	Session	Speakers / Facilitators / Moderators			
	Extended and expanded SEAHEARTS milestones 2030: Hype and control	rtension and diabetes treatmentcoverage			
1040-1115	Regional SEAHEARTS milestones 2030: Hypertension and diabetes treatment coverage and control	Dr Pradeep Joshi, WHO SEARO			
1115 -1230	A panel discussion on overcoming common challenges to re-	ach the SEAHEARTS 2030 milestones			
	Avoiding stock-outs of medicines and technologies through realistic forecasting	Mr Bashier Enoos, WHO HQ (virtual)			
		A nominated official, India			
	Approaches to promote use of statins in primary health care level	Dr Jeyaraj Durai Pandian, WHO CC for Stroke Care, Christian Medical College, Ludhiana, India			
		A nominated official, Sri Lanka			
	Improving treatment adherence for hypertension through single-pill combinations	Dr Kouamivi Agboyibor, WHO HQ (virtual)			
		A nominated official, Bhutan			
	Enhancing access to HbA1c to monitor glycaemic control at primary health care level	Dr Aqsha Azhary Nur, WHO HQ (virtual)			
		A nominated official, Timor-Leste			
	Ensuring availability of validated BP measuring devices in primary care level	Dr Swagata Kumar Sahoo, Resolve to Save Lives			
		A nominated official, Nepal			
	Question and answers				
1230-1330	Food for thought – lunch break				
1330-1500	Group work Framing country targets and designing national roadmap to reach SEAHEARTS milestones 2030: Hypertension and diabetes treatment coverage and control	Country groups			
	Healthy break				
1500-1700	Country presentations and discussions	Nominated officials			

### **Expected outcomes of the session**

- Consensus on 2030 Milestones: Agreement by Member States on the extended and expanded SEAHEARTS 2030 targets for hypertension and diabetes treatment coverage and control.
- Refined country commitments: Initial guidance for Member States to adapt regional milestones into national targets, considering country-specific burden, care cascade gaps, and health system capacity.
- Shared lessons and enablers: Collective review of progress, enablers, and persistent challenges from the 2025 milestones to inform programmatic scale-up.

- Priority actions for scale-up: Identification of key policy and programmatic accelerators (e.g., scale-up of HEARTS technical package, private sector integration, medicines/diagnostics access, digital monitoring).
- Reinforcement of regional solidarity and political commitment to accelerate CVD prevention and control, aligned with SDG 3.4 and global NCD coverage targets.

### **Brief descriptions of the session**

CVD are a leading cause of mortality and morbidity in the WHO SE Asia Region. The Seventy-sixth Session of the Regional Committee endorsed the resolution SEAHEARTS: Accelerating prevention and control of cardiovascular diseases in the South-East Asia Region (SEA/R76/R5) that urges countries to reach the following four milestones by 2025

- o 100 million people with hypertension and/or diabetes are placed on protocol-based management
- One billion people are covered by at least three WHO MPOWER measures for tobacco control
- One billion people are covered with at least one of the WHO SHAKE package measures for reducing salt intake
- Two billion people are protected from the harmful effects of trans-fatty acids through best practices or complementary policy measures of WHO REPLACE.

The SEAHEARTS initiative is the WHO South-East Asia Region's adaptation of the global technical packages including MPOWER, SHAKE, REPLACE and HEARTS. The commitment on SEAHEARTS brought together measures to reduce risk factors (tobacco control, salt reduction and trans-fatty acids), along with steps to scale up hypertension and diabetes coverage and control in primary health care (PHC). One of the key milestones for improving NCD management is placing 100 million people with hypertension and/or diabetes on protocol-based management. Achieving this requires implementing WHO HEARTS and WHO PEN technical package approaches in primary healthcare settings. Over the past year, the SEAHEARTS roadmap has been rolled out at the country level, revealing two critical challenges: improving the availability of essential medicines and diagnostics in primary healthcare and strengthening health management information systems to monitor patient outcomes and track progress. The collective progress by countries up to June 2025 was: 94 million people placed on protocol-based management, with more than 8.4 million people having their blood pressure under control and 3.63 million achieving good glycaemic control. The status of the achievement on SEAHEARTS milestones in the Region as of June 2025 are as given below (Figure 1).

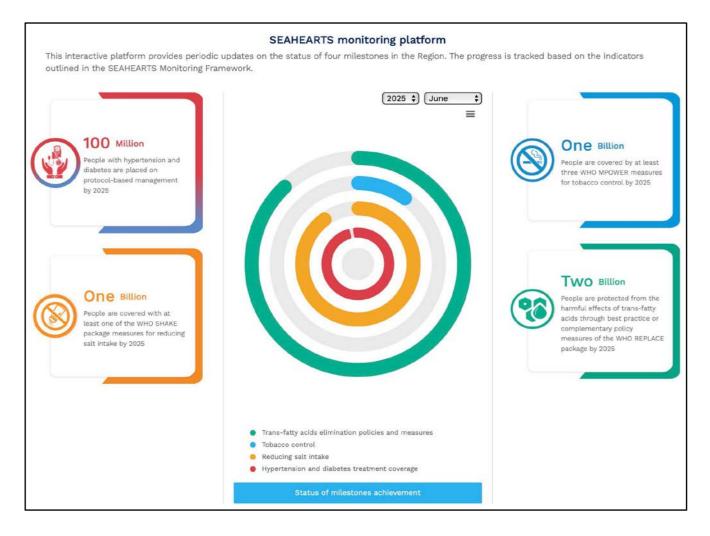


Figure 1: Achievement of SEAHEARTS milestones, June 2025

Considering the substantial progress made in three of the four SEAHEARTS milestones, and the ongoing momentum in implementing the technical packages, the Member States expressed strong commitment and agreed upon a set of five ambitious yet achievable SEAHEARTS Milestones 2030. Progress of the SEAHEARTS 2025 milestones was presented to the 78th session of the WHO SE Asia Regional Committee in October 2025 and with unanimous agreement from the Member States the Committee decided to extend the timeline of the four milestones of the SEAHEART Initiative for another 5 years, i.e. till 2030. Considering the significant burden of novel nicotine products, smokeless tobacco and areca nut related products, WHO in consultation with Member States designed and presented the regional strategic framework for combating smokeless tobacco, novel nicotine products, and areca nut use in the WHO South-East Asia Region (2025–2030) at the 78th Regional Committee. The Member States approved the framework to be adopted to the country context and implemented.

WHO SE Asia countries have also adopted the Colombo Call to Action, at the Regional Commemoration of World Diabetes Day 2024 in Colombo, Sri Lanka, which urges governments and partners to accelerate efforts to prevent and control diabetes. It highlights the urgent need to expand access to affordable diagnostics, medicines, and essential technologies; integrate diabetes care within primary health services and universal health coverage; promote healthy lifestyles; strengthen health systems and data monitoring; and align national strategies with the WHO Global

Diabetes Compact. SEAHEARTS milestones 2030 on improving treatment coverage and control of diabetes place countries on the path to fulfilling their commitment to the Call to Action.

### **Related Resources:**

- SEAHEARTS Monitoring Framework:
   <a href="https://www.who.int/publications/i/item/97892902297">https://www.who.int/publications/i/item/97892902297</a>
   97
- SEAHEARTS Initiative: https://apps.searo.who.int/seahearts/
- Second Regional Consultation (virtual) on SEAHEARTS
   Initiatives: Achievements and Lessons learnt:
   <a href="https://www.who.int/southeastasia/publications/i/item/SEA-NCD-115">https://www.who.int/southeastasia/publications/i/item/SEA-NCD-115</a>
- Third Regional Consultation on SEAHEARTS: Extended and Expanded Milestones 2030: <a href="https://www.who.int/southeastasia/publications/i/item/sea-ncd-116">https://www.who.int/southeastasia/publications/i/item/sea-ncd-116</a>
- Colombo Call to Action: Strengthening prevention and control of diabetes in the WHO South-East Asia Region<a href="https://cdn.who.int/media/docs/default-source/diabetes/colombo-declaration-call-to-action.pdf">https://cdn.who.int/media/docs/default-source/diabetes/colombo-declaration-call-to-action.pdf</a>?sfvrsn=62d54183
- Progress report SEAHEARTS: Accelerating prevention and control of cardiovascular diseases in the South-East Asia Region <a href="https://iris.who.int/items/0f784666-f805-497c-9e12-68f133fe8537">https://iris.who.int/items/0f784666-f805-497c-9e12-68f133fe8537</a>













### Overcoming common challenges to achieving the SEAHEARTS 2030 milestones

### Ensuring availability of clinically validated BP measuring devices in primary care level

Accurate blood pressure (BP) measurement is essential for diagnosis, management, and control of hypertension. Inaccurate BP readings can influence both case detection and treatment decisions, leaving patients at risk for heart attacks and stroke, and premature deaths. Overestimation or underestimation of BP by even 10/5 mm Hg can falsely increase or decrease perceived hypertension prevalence and falsely decrease or increase status of hypertension control. The HEARTS technical package recommends the use of automated, clinically validated BP devices in primary care to improve accuracy. Automated clinically validated blood pressure measurement devices (BPMDs) are user-friendly, making it easy to train users, facilitate task sharing and support their use at the primary health care level.

However, many devices in use are not independently validated, leading to unreliable readings, and missed opportunities for proper treatment. The most accurate automated BPMDs are those that have undergone rigorous and independent validation testing against a gold standard and offer a variety of cuff sizes. To ensure the availability of quality BPMDs, countries should adopt policies mandating the use of independently validated automated devices and gradually phase out non-validated and manual monitors as resources allow. Health authorities should disseminate information to providers and decision-makers on how to check device validation status, require

suppliers to submit validation reports, and build local capacity to test and validate devices, particularly those manufactured within the country.

### **Related resources:**

Prevention and Control of Hypertension training modules WHO technical specifications for automated non-invasive blood pressure measuring devices with cuff: https://www.who.int/publications/i/item/9789240002654

### Promoting use of statins in primary health care level

Statins substantially reduce cardiovascular events. In low- and middle-income countries today, only 7% of eligible patients receive statins. WHO and all major scientific organizations recommend statins for people with hypertension, diabetes, and others at risk. Evidence shows that statins:

- Reduce the risk of death by approximately 15%.
- Decrease heart attacks, strokes, and cardiovascular deaths by nearly one third.
- Potentially prevent more than a million additional deaths annually by treating all eligible patients.

### Improving treatment adherence for hypertension through single-pill combinations

Adoption of single-pill combination (SPC) medications improves treatment adherence by:

- reducing pill burden as patients take fewer tablets daily can improve adherence and reduce the chances of missed doses.
- simplifying treatment regimens eliminates the complexity of taking multiple drugs at different times.
- improving BP control as multiple drugs work synergistically to achieve faster and better BP reduction.
- minimizing side effects as lower doses of individual drugs in SPCs can reduce side effects compared to high-dose monotherapy.
- enhancing convenience and patient satisfaction helps patients feel less overwhelmed by their medication regimen, promoting long-term commitment.

### **Related resources:**

Guideline for the pharmacological treatment of hypertension in adults: <a href="https://www.who.int/publications/i/item/9789240033986">https://www.who.int/publications/i/item/9789240033986</a>

### Enhancing access to HbA1c to monitor glycaemic control at primary health care level

Glycated haemoglobin (HbA1c) testing is a cornerstone of diabetes care, enabling accurate monitoring of long-term glycaemic control and guiding timely treatment adjustments. However, in many low- and middle-income settings, access to HbA1c testing remains limited due to high costs, lack of point-of-care devices, and gaps in procurement and supply systems. Expanding affordable and quality assured HbA1c testing at the primary health care level can help detect uncontrolled diabetes early, reduce complications, and support integrated, person-centred diabetes management. Strengthening procurement, price transparency, device validation, and training of primary care providers are key steps to close the diagnostic gap and advance universal health coverage for people living with diabetes.

### **Related resources:**

- Availability, price and affordability of health technologies for the management of diabetes: <a href="https://iris.who.int/server/api/core/bitstreams/2a535865-b386-4367-b884-7e527d90b0ec/content">https://iris.who.int/server/api/core/bitstreams/2a535865-b386-4367-b884-7e527d90b0ec/content</a>
- Regional Commemoration of World Diabetes Day 2024: https://www.who.int/publications/i/item/SEA-NCD-114

### Avoiding stock-outs of medicines and technologies through realistic forecasting

Accurate and timely demand forecasting is essential to maintain uninterrupted access to essential medicines and health technologies for NCDs. Realistic forecasts help inform national medical product budgets and procurement plans, support price negotiations with suppliers, guide manufacturers in aligning production with future demand, and strengthen evidence-based advocacy to close resource gaps. By preventing both overstocking and understocking, effective forecasting reduces product wastage, avoids stock-outs, and ensures that patients receive continuous care. The WHO NCD Department is developing a standardized, user-friendly NCD demand forecasting tool to strengthen the capacity of NCD country programmes in the planning, budgeting, and procurement of NCD medicines and health technologies.

### **Guidance on group work**

Framing country targets and designing national roadmap to reach SEAHEARTS milestones 2030: Hypertension and diabetes treatment coverage and control

The group work for framing country targets and designing national roadmap to reach SEAHEARTS milestones 2030: Hypertension and diabetes treatment coverage and control is designed in two steps.

Step 1-Situation assessment: The assessment is designed to serve as a tool to identify the existing gaps at programmatic and implementation level to accelerate and scale up the implementation of WHO HEARTS package to reach SEAHEARTS 2030 milestones for hypertension and diabetes coverage and control.

Step 2- National roadmap: The gaps identified in the step 1 will serve as the basis for the design of the national roadmap to reach SEAHEARTS milestones 2030. The participants are requested to translate their identified gaps into concrete actions with specified timelines, necessary financial, human, and material resources and the responsible technical units to formulate the national roadmap to reach SEAHEARTS milestones 2030: Hypertension and diabetes treatment coverage and control. SEAHEARTS Monitoring Framework 2030 will serve as the tool that countries can adapt and use to monitor and report the progress of the National Roadmaps.

Day 2-29 October 2025				
Session	Speakers / Facilitators / Moderators			
Recap-day 1				
Extended and expanded SEAHEARTS milestones 2030: tobacco control				
Regional strategic framework for combating smokeless tobacco, novel nicotine products and areca nut in the WHO South-East Asia Region (2025-2030)	Dr. Jagdish Kaur, WHO SEARO			
Open discussion				
Healthy break				
<b>Country presentations</b> - identification of priority interventions to reach and monitor the SEAHEARTS 2030 on tobacco control	Nominated officials of all countries			
Updated status of WHO MPOWER implementation – gaps and challenges	Dr. Hebe Gouda, WHO HQ (virtual)			
Questions and answers				
Tobacco cessation programme in Rajasthan	WCO India			
Tobacco products testing – updated evidence	NIMHANS Bangalore			
Policies for prevention and control of smokeless to bacco	WHO FCTC Knowledge Hub on Smokeless Tobacco			
Food for thought – lunch break				

### **Expected outcomes of the session:**

- Member States will gain updated knowledge on the current status of MPOWER implementation in the WHO South-East Asia Region, based on the Global Tobacco Control Report 2025 (GTCR X), including identified gaps and challenges.
- Participants will be able to identify and prioritize interventions required to achieve the tobacco control objectives of SEAHEARTS 2030, informed by both country presentations and group discussions thereof.
- Countries will be introduced to the Regional Strategic Framework for Combating Smokeless Tobacco, Novel Nicotine Products and Areca Nut (2025–2030) and will provide feedback on ways to operationalize this framework within their national and subnational contexts.
- The session will highlight best practices in tobacco cessation services, tobacco product regulation, and smokeless tobacco control from subnational, national, regional, and global experiences, with opportunities to adapt lessons learned to country-specific needs.
- Participants will leave with increased awareness of technical tools, policy options, and guidance documents that can be leveraged to accelerate progress toward SEAHEARTS 2030 tobacco control milestones.

### **Brief descriptions of the session**

# Regional Strategic Framework for combating smokeless tobacco, novel nicotine products and areca nut in the WHO South-East Asia Region

Tobacco use remains the single most important modifiable risk factor for NCDs in the WHO SE Asia Region. Despite notable reductions in overall tobacco use, the Region continues to bear a disproportionate burden including that of smokeless tobacco (SLT). The growing use of novel

nicotine products (NNPs), such as electronic cigarettes and nicotine pouches and the widespread sociocultural use of areca nut, further compound the challenge.

Recognizing these shifting patterns, the WHO SE Asia Regional Office has developed a Regional Strategic Framework to address the use of smokeless tobacco, electronic cigarettes, nicotine pouches and areca nut. The Framework comprises seven strategic objectives, covering leadership and governance; legal and regulatory reforms; enforcement mechanisms; public awareness; cessation support; research and surveillance; and comprehensive approaches to areca nut control. It builds on existing WHO guidance, including the WHO Framework Convention on Tobacco Control (FCTC), the MPOWER package, the 'best buys' and other recommended interventions to address NCDs, and updated technical recommendations on electronic cigarettes and flavourings, while maintaining flexibility for country-specific adaptation.

### **Related resources**

- WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco (https://www.who.int/publications/i/item/9789240112063)
- Two decades of WHO FCTC implementation in South-East Asia Region (https://www.who.int/publications/i/item/9789290229568)
- Electronic cigarettes: Call to Action (https://www.who.int/publications/m/item/electronic-cigarettes---call-to-action)

Day 2–29 October 2025				
Time (hrs.) IST	Session	Speakers /Facilitators / Moderators		
	Extended and expanded SEAHEARTS milestones 2030: unhealthy diet			
1315-1325	Current evidence-based recommendations for population salt/sodium reduction.	Dr. Angela de Silva, WHO SEARO		
1325-1345	Trans fatty acid regulations: Monitoring, surveillance and implementation- good practices and next steps  Question and answers	Dr. Juliawati Untoro, WHO, HQ		
1345-1405	Progress in Practice: Country Case Highlights	Bangladesh (5 mins, 2 slides each), Thailand, Sri Lanka		
1405-1425	Navigating commercial determinants- food industry pushback and solutions (policy compatibility with trade laws, distorted evidence, economic impact)	Dr. Kate Robertson, WHO HQ		
	Question and answers- 10 mins			
1425-1500	<b>Group exercise:</b> Identification of priority interventions and/or actions to reach and monitor the SEAHEARTS 2030 on population salt reduction and trans fatty acid elimination and TFA surveillance and enforcement, challenges, opportunities and support needs			
1505-1515	Healthy break			
1515-1615	Group exercise continued Discuss and identify next steps to implement theidentified priority actions	Country groups Facilitators- Dr. Angela de Silva, WHO SEARO Dr. Kate Robertson, WHO, HQ DR. Juliawati Untoro, WHO HQ		
1615-1700	Group presentations			

### **Expected outcomes of the session**

- Participants gain insights into effective and feasible practices for monitoring, surveillance and enforcement of industrially produced trans fatty acid (iTFA) regulations and identify next steps in iTFA regulation implementation and enforcement.
- Country groups identify priority interventions/actions in population salt /sodium reduction for post meeting follow up.
- Key challenges, opportunities, and potential solutions for the above interventions/actions explored, and specific support needs from WHO and partners identified.

### **Brief descriptions of the session**

### Trans fat elimination

Building on WHO's REPLACE package for the elimination of industrially produced trans-fat (iTFA), WHO is currently developing a manual to support monitoring, surveillance, and enforcement of the iTFA policy. A complementary tool is also being developed to assist countries in assessing policy implementation. While both may not be finalized by the workshop in October, the key aspects of both manuals will be captured in the presentation and discussions. Components for effective monitoring and enforcement have also been embedded into the TFA validation criteria, and these are planned to be incorporated into the implementation manual.

### SHAKE the salt habit- a guide for programme design

The new guide will be published by the end of 2025. However, for the workshop, we will share a set of slides capturing the key elements in the document.

### **Related resources**

- E course: Monitoring methodologies for diet related regulatory interventions to supporta healthy food environment <a href="https://whoacaemy.org/coursewares/course-v1:WHOAcademy-Hosted+H0081EN+2025">https://whoacaemy.org/coursewares/course-v1:WHOAcademy-Hosted+H0081EN+2025</a> Q1
- WHO South-East Asia Nutrient Profile Model 2025.
- What are healthy diets? Joint statement by the Food and Agriculture Organization of the United Nations and the World Health Organization <a href="https://iris.who.int/bitstream/handle/10665/379324/9789240101876-eng.pdf">https://iris.who.int/bitstream/handle/10665/379324/9789240101876-eng.pdf</a>
- WHO 2025. Supporting policymakers to overcome opposition to policies for improving population diets.
- REPLACE: WHO package for the elimination of industrially produced trans-fat https://www.who.int/publications/i/item/9789241511347
- Trans fat elimination. <a href="https://resolvetosavelives.org/wp-content/uploads/2023/05/7-">https://resolvetosavelives.org/wp-content/uploads/2023/05/7-</a> Step-Trans-Fat-Elimination-Guide-1.pdf
- Trans fat elimination: Maximizing lives saved through policy implementation and enforcement <a href="https://resolvetosavelives.org/resources/trans-elimination-and-policy-enforcement/">https://resolvetosavelives.org/resources/trans-elimination-and-policy-enforcement/</a>

Day 3–30 October 2025					
Time (hrs.) IST	Session	Speakers /Facilitators / Moderators			
0900-0905	Recap-day 2				
	Comprehensive cancer prevention and management				
0905-0920	Status of implementation of the WHO South-East Asia Regional Strategy for comprehensive cancer prevention and management.	Dr Bishnu Rath Giri, WHO SEARO			
0920-1020	Leveraging the special initiatives on cancer control to accelera	ate implementation of actions:			
	Cervical cancer elimination initiative	Dr Prebo Barango, WHO HQ (virtual) and Smiljka de Lussigny, UNITAID (virtual)			
	Global breast cancer initiative	Dr Mary Nyangasi WHO, HQ (virtual)			
	Global initiative for childhood cancer	Dr Roberta Ortiz, WHO HQ (virtual) Ms. Y Ravindran/ Dr. Catherine Lam, St Jude Research Hospital (virtual)			
	imPACT reviews and Rays of hope initiative	Ms. Kimberley Frolov-Roessler / Mr. Karagu Maina (virtual) International Atomic Energy Agency			
	South-East Asia Cancer Grid	Dr Pramesh CS, Tata Memorial Hospital (virtual)			
1020-1040	Healthy break				
1040-1130	Group exercise  National priority actions to accelerate the implementation of the WHO South-East Asia Regional Strategy for comprehensive cancer prevention and management (2024-2030)	Country groups			
1130-1230	Group presentations National priority actions and experience from country				
1230-1330	Food for thought – lund	ch break			

### **Expected outcomes of the session**

- Updated status of implementation of Regional cancer strategy
- National priority actions to accelerate the implementation of cancer strategy and programs leveraging on the global initiatives on cancer identified.

### **Brief descriptions of the session**

# WHO South-East Asia Regional Strategy for comprehensive cancer prevention and management (2024-2030)

The WHO South-East Asia Regional Strategy for comprehensive cancer prevention and management (2024-2030) approved for implementation by the WHO Regional Committee in 2024 provides a guidance to countries in implementing evidence-based priority interventions for cancer prevention and management. It also provides a framework for monitoring the progress in implementation.

WHO South-East Asia Regional Strategy for comprehensive cancer prevention and management

(2024-2030)

### **Global Initiative for Childhood Cancer**

WHO launched the Global Initiative for Childhood Cancer in 2018 and developed the CureAll framework for implementing the initiative. The WHO South-East Asia Region has established the South-East Asia Regional Childhood Cancer Network with participation of twenty key institutions across the region, which serves as platform for collaboration in building capacity and patient care. In addition, specific activities are carried out in the countries designated as GICC focus countries. CureAll framework: WHO global initiative for childhood cancer

### **Global Cervical Cancer Elimination initiative**

The Global Cervical Cancer Elimination initiative is the first of its kind aimed at eliminating cervical cancer as a public health problem, with an incidence rate below 4 per 100,000 women. For achieving this, the initiative has set 90-70-90 interim targets for coverage of HPV vaccination, cervical screening, and treatment to be achieved by 2030. Similarly, WHO has launched the Global Breast Cancer Initiative with aim of reducing breast cancer mortality by 2.5 percent per year. Countries in the Region are at different rates of progress in implementing these initiatives. <a href="https://www.who.int/publications/m/item/who-cervical-cancer-elimination-initiative--from-call-to-action-to-global-movement">https://www.who.int/publications/m/item/who-cervical-cancer-elimination-initiative--from-call-to-action-to-global-movement</a> GBCI\_June 30

### imPACT reviews and Rays of hope initiative

imPACT review is a joint advisory service to countries provided by the International Atomic Energy Agency, International Agency for Research on Cancer, and WHO. It provides a comprehensive assessment of cancer capacity, gaps and recommendations based on priority and feasibility along with opportunities for collaboration and support in implementing the recommendations. Rays of Hope initiative is an effort by the International Atomic Energy Agency to support countries in building capacity for Cancer diagnostics and RadiationTherapy.

### imPACT Reviews | IAEA

### **South-East Asia Cancer Grid**

South-East Asia Cancer Grid is a network of key service provider institutions nominated by the Ministries of Health established with the aim of facilitating collaboration in technical capacity building in cancer care.

seacangrid-brochure.pdf

### **Guidance for the group work:**

This group work will be done by individual country teams and comprises of two steps. In the first step, country teams will use a specifically designed tool to review the status of implementation of the WHO South-East Asia Regional Strategy for comprehensive cancer prevention and management (2024-2030). The aim is to identify gaps that need to be addressed and rank them in order of priority.

In the second step, the country teams will identify and describe specific actions to address the top five gaps ranked as having highest priority in step one. A tentative timeline will be developed for starting and completing the implementation. The primary responsible agency and relevant

stakeholders for implementation will also be identified.

### **Related resources**

- The Cervical Cancer Elimination Initiative: <a href="https://www.who.int/initiatives/cervical-cancer-elimination-initiative">https://www.who.int/initiatives/cervical-cancer-elimination-initiative</a>
- The Global Initiative for Childhood Cancer: <a href="https://www.who.int/initiatives/the-global-initiative-for-childhood-cancer">https://www.who.int/initiatives/the-global-initiative-for-childhood-cancer</a>
- The Global Breast Cancer Elimination Initiative: <a href="https://www.who.int/initiatives/global-breast-cancer-initiative">https://www.who.int/initiatives/global-breast-cancer-initiative</a>

Day 3 -30 October 2025				
Time (hrs.) IST Session		Speakers /Facilitators / Moderators		
Framework for monitoring SEAHEARTS 2030 milestones				
1330-1345	Framework for monitoring SEAHEARTS 2030 milestones	Dr. Nalika Gunawardena, WHO SEARO		
1345-1410	Best practice dashboards in health facilities: facilitating tracking the progress to reach national targets for SEAHEARTS	Dr Pradeep Joshi, WHO SEARO A nominated official, Bangladesh		
1410-1425	Using routine health information systems to monitor SEAHEARTS 2030 milestones	Dr Amani Siyam, WHO SEARO		
1425-1445	<b>Group work</b> : feedback on the framework for monitoring SEAHEARTS 2030 milestones			

### **Expected outcomes of the session**

- An agreed upon monitoring and reporting framework for SEAHEARTS 2030 milestones along with an understanding of leveraging the routine health information systems to monitor SEAHEARTS 2030
- An understating of the available technical support to design and use dashboards to monitor health facility level targets of SEAHEARTS 2030 milestones

### **Brief descriptions of the session**

The **SEAHEARTS Monitoring Framework 2030** comprises operational definitions and metadata for indicators for each of the five SEAHEARTS milestones 2030. The hypertension and diabetes indicators are aligned with the WHO NCD Facility-Based Monitoring Framework and key global benchmarks, including the Global Tobacco Epidemic Report, the Sodium Score Card and the Trans-Fatty Acid Score Card of the WHO Global Database on the Implementation of Food and Nutrition Action.

In addition to the milestone's indicators, a set of indicators to track the progress in framing country targets and designing national roadmap to reach SEAHEARTS milestones 2030 on hypertension and diabetes treatment coverage and control are also included. Progress will be monitored biannually through data reported by the focal points of Ministries of Health.

The digital SEAHEARTS Monitoring Platform will be configured to track and report the SEAHEARTS milestones 2030; national targets countries have committed to, case studies, best practices, key interventions and learning resources. It will serve as a hub for knowledge-sharing, and documentation of learning and regional collaboration.

To complement this framework, the WHO NCD Progress Monitor 2025 of the WHO South-East Asia Region has been included as an annex to provide a broader regional perspective on Member States' progress in implementing national NCD policies, strategies, and interventions.

Best practice dashboards in health facilities for tracking the progress to reach national targets for SEAHEARTS are powerful tools that provide real-time or periodic visual summaries of key performance indicators (KPIs). They enable program managers and health officials to quickly identify areas needing attention and take timely, evidence-based action. In the context of hypertension and diabetes treatment coverage and control, dashboards play a critical role in tracking progress, guiding interventions, and ensuring that patient care remains effective and efficient.

A well-designed dashboard transforms data into actionable insights. By focusing on minimal essential data elements, it ensures that only the **most meaningful information** is captured and displayed — the foundational building blocks of effective patient care. This approach avoids overwhelming health systems with unnecessary complexity while maintaining the clarity needed for informed decision-making.

Simple, intuitive visualizations — such as trend lines, color-coded alerts, or summary indicators — help convey progress clearly, support rapid understanding, and drive coordinated action among health workers and decision-makers. The goal is not to display everything, but to highlight what matters most for improving outcomes.

A great dashboard should therefore:

- Be easily accessible to program managers, health workers, and government officials
- Be updated at least daily to reflect the most current program and patient data
- Provide a clear, high-level view of overall program performance and hypertension, diabetes control metrics
- Focus on a few critical indicators that truly reflect progress and guide timely interventions
- Use simple, visual summaries to make complex data understandable and actionable



### **Related resources**

- Noncommunicable disease facility-based monitoring guidance: framework, indicators and application. Geneva: World Health Organization; 2022.
   https://iris.who.int/server/api/core/bitstreams/610c0cda-923d-4888-882f-926311d4ab22/content
- SEAHEARTS monitoring platform: <a href="https://apps.searo.who.int/seahearts/">https://apps.searo.who.int/seahearts/</a>

### **Additional resource materials**

- SEAHEARTS Monitoring Platform <a href="https://apps.searo.who.int/seahearts/">https://apps.searo.who.int/seahearts/</a>
- Progress report SEAHEARTS: Accelerating prevention and control of cardiovascular diseases in the South-East Asia Region: <a href="https://iris.who.int/items/0f784666-f805-497c-9e12-68f133fe8537">https://iris.who.int/items/0f784666-f805-497c-9e12-68f133fe8537</a>
- Noncommunicable disease facility-based monitoring guidance: https://www.who.int/publications/i/item/9789240057067
- WHO HEARTS Technical Package: https://www.who.int/publications/i/item/9789240001367
- WHO Package of Essential Noncommunicable (PEN) disease interventions: <a href="https://iris.who.int/server/api/core/bitstreams/b9f09202-a320-4c07-ba2c-afe0d1186339/content">https://iris.who.int/server/api/core/bitstreams/b9f09202-a320-4c07-ba2c-afe0d1186339/content</a>
- Global Diabetes Compact: <a href="https://www.who.int/initiatives/the-who-global-diabetes-compact/">https://www.who.int/initiatives/the-who-global-diabetes-compact/</a>
- Noncommunicable Diseases Data Portal: https://ncdportal.org/
- The Global Health Observatory: <a href="https://www.who.int/data/gho">https://www.who.int/data/gho</a>
- WHO South-East Asia Regional NCD Roadmap: https://apps.searo.who.int/whoroad/homev2
- SEARO NCD dashboard: <a href="https://whosearo.viewzenlabs.in/home">https://whosearo.viewzenlabs.in/home</a>
- Assessing national capacity for the prevention and control of noncommunicable diseases: report of the 2023 country capacity survey in the WHO South-East Asia Region: <a href="https://iris.who.int/server/api/core/bitstreams/8100c2b6-b336-4488-9212-553273499e18/content">https://iris.who.int/server/api/core/bitstreams/8100c2b6-b336-4488-9212-553273499e18/content</a>
- Noncommunicable diseases progress monitor 2025:
   <a href="https://iris.who.int/server/api/core/bitstreams/7a228681-a190-4c29-b2a8-9d4255dc49d1/content">https://iris.who.int/server/api/core/bitstreams/7a228681-a190-4c29-b2a8-9d4255dc49d1/content</a>
- Global report on Hypertension, high stakes turning evidence into action 2025 https://www.who.int/publications/b/81068

# NONCOMMUNICABLE DISEASES PROGRESS MONITOR 2025 WHO South-East Asia Region

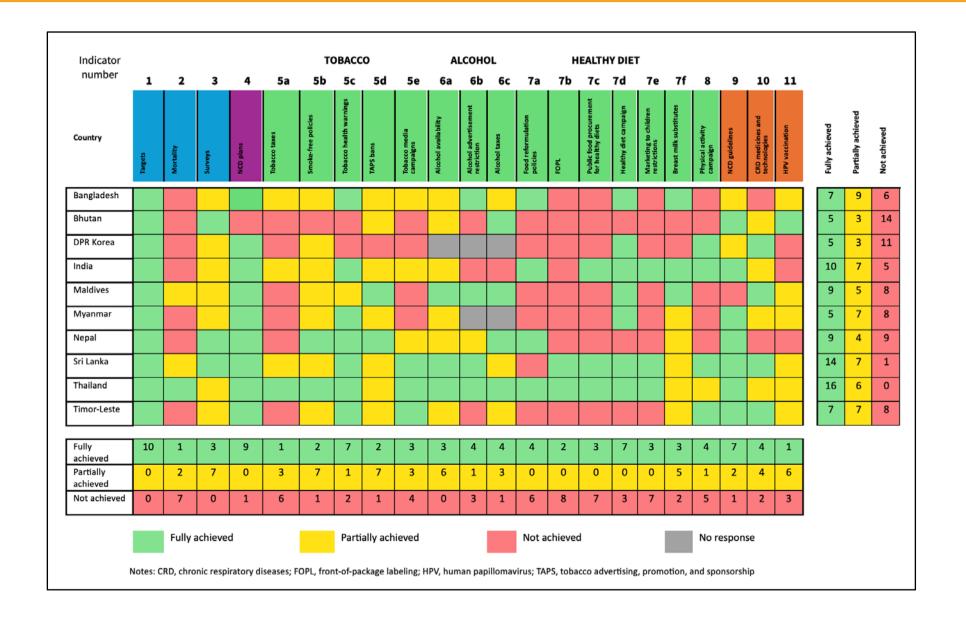
Consider setting national NCD targets for 2025 and strengthening NCD surveillance capacity to monitor and report:

- 1. Member State has set timebound national targets based on WHO guidance
- 2. Member State has a functioning system for generating reliable cause-specific mortality data on a routine basis
- 3. Member State has conducted a STEPS survey or a comprehensive population-based health examination survey every five years.
- Member State has an operational multisectoral national strategy/action plan that integrates the major NCDs and their shared risk factors.

Reduce risk factors for NCDs, building on guidance set out in the WHO Global NCD Action Plan:

- 5. Member State has implemented the following five demand-reduction measures of the WHO Framework Convention on Tobacco Control at the highest level of achievement:
- 5a. Reduce affordability by increasing excise taxes and prices on tobacco products
- 5b. Eliminate exposure to tobacco smoke in all indoor workplaces, public places, and public transport
- 5c. Implement plain/standardized packaging and/or large graphic health warnings on cigarettes packages
- 5d. Enact and enforce comprehensive bans on tobacco advertising, promotion, and sponsorship
- 5e. Implement effective mass media campaigns that educate the public about the harms of smoking/tobacco use and smoke
- 6. Member State has implemented, as appropriate according to national circumstances, the following three measures to reduce the harmful use of alcohol as per the WHO Global Strategy to Reduce the Harmful Use of Alcohol:
- 6a. Enact and enforce restrictions on the physical availability of retailed alcohol (via reduced hours of sale)
- 6b. Enact and enforce bans or comprehensive restrictions on exposure to alcohol advertising (across multiple types of media)
- 6c. Increase excise taxes on alcoholic beverages
- 7. Member State has implemented the following six measures to reduce unhealthy diets:
- 7a. Implement national policies to reformulate foods and beverages that are high in saturated fatty acids, trans-fatty acids, sugars, or salt/sodium
- 7b. Implement policies on nutrition labelling to identify foods high in saturated fatty acids, trans-fatty acids, free sugars, or salt that include implementation of front-of-package labelling
- 7c. Implement public food procurement and service policies for healthy diets
- 7d. Implement behaviour change communication and mass media campaign for healthy diets
- 7e. Implement policies to reduce the impact on children of marketing of foods and non-alcoholic beverages high in saturated fats, trans-fatty acids, free sugars, or salt
- 7f. Legislation/regulations fully implementing the International Code of Marketing of Breast-milk Substitutes
- 8. Member State has implemented at least one recent (within the past two years) national public awareness program on physical activity
- 9. Member State has evidence-based national guidelines/protocols/standards for the management of the four NCDs (cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases) through a primary care approach, recognized/approved by government or competent authorities
- 10. Member State has reported that peak flow measurement, steroid inhalers, and bronchodilator inhalers are generally available in primary care facilities of the public health sector
- 11. Member State has introduced HPV vaccination in the national immunization program and effectively reaches the target population of girls

For detailed information on methodology and data sources please refer to: https://www.who.int/publications/i/item/9789240105775



### **Instructions on using** *Slido* **for online interactions**

Slido will be used in the workshop to post questions and comments to speakers/ facilitators and to provide your feedback on the workshop. Slido can be accessed through mobile phones and laptop.

Using Slido in mobile: The participants need to just scan the QR code (which will be displayed during the PowerPoint presentations) from mobile camera. As soon as QR code is scanned, notification will appear on mobile screen to join. Engage through Slido to post your questions, comments and to vote in polling sessions.

Using laptop: Type **slido.com** in your browser and enter meeting code (**3896382**) displayed during the PowerPoint presentations.

QR code for the meeting



How to scan QR code from iPhone/Android phone:

- Open the Camera app from the Home Screen, Control Center, or Lock Screen.
- Select the rear facing camera. Hold your device so that the QR code appears in the
- viewfinder in the Camera app. Your device recognizes the QR code and shows a notification.
- Tap the notification to open the link associated with the QR code.

Alternatively, swipe up from bottom of your screen, QR code scan option will appear









(see box in orange)

# Participant feedback form: Regional workshop on NCD prevention and control

We will use 'Slido' for this purpose and the instructions are given in the above pages of the Workbook.

In case of technical glitch, please fill the form and tear it from serrated border and submit to WHO SEARO team

### **Statements:**

Please rate aspects of the workshop on a 1 to 5 scale. Consider that 01 means 20% agreement and 05 means 100% agreement to the statements

1	2	3	4	5
2. The technical in technical in	puts and discussior	ns were effective in	getting to know	the WHO tools and
1	2	3	4	5
priority actions	puts and discussion			
1	2	3	4	5
4. Adequate oppo	rtunities were give	n to exchange infor	mation and coun	try experiences.
4. Adequate oppo	rtunities were give	n to exchange infor	mation and coun	try experiences.
1	1	3	4	5
1	2	3	4	5

7. The workshop was effective in getting to know the NCD team in the countries/	region/
headquarters.	

1	1	2	1	
	/		4	1
	<u>~</u>	9	•	

8. The national roadmaps and priority actions designed at the workshop will be implemented by the Ministry of health for prevention and control of NCDs.

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1		) 3	4	)

# Please rate aspects of the workshop on a 1 to 5 scale. Consider that 01 means 'very poor' and 05 means 'excellent'.

Workshop venue	1	2	3	4	5
Arrangements for interactive sessions/group	1	2	3	4	5
work					
Accommodation	1	2	3	4	5
Meals	1	2	3	4	5
Secretarial support	1	2	3	4	5
Conduct a 'healthy workshop'	1	2	3	4	5
Overall organization during the workshop	1	2	3	4	5

### **Open comments**

Suggestions for improvement:

Thank you for your valuable feedback!

