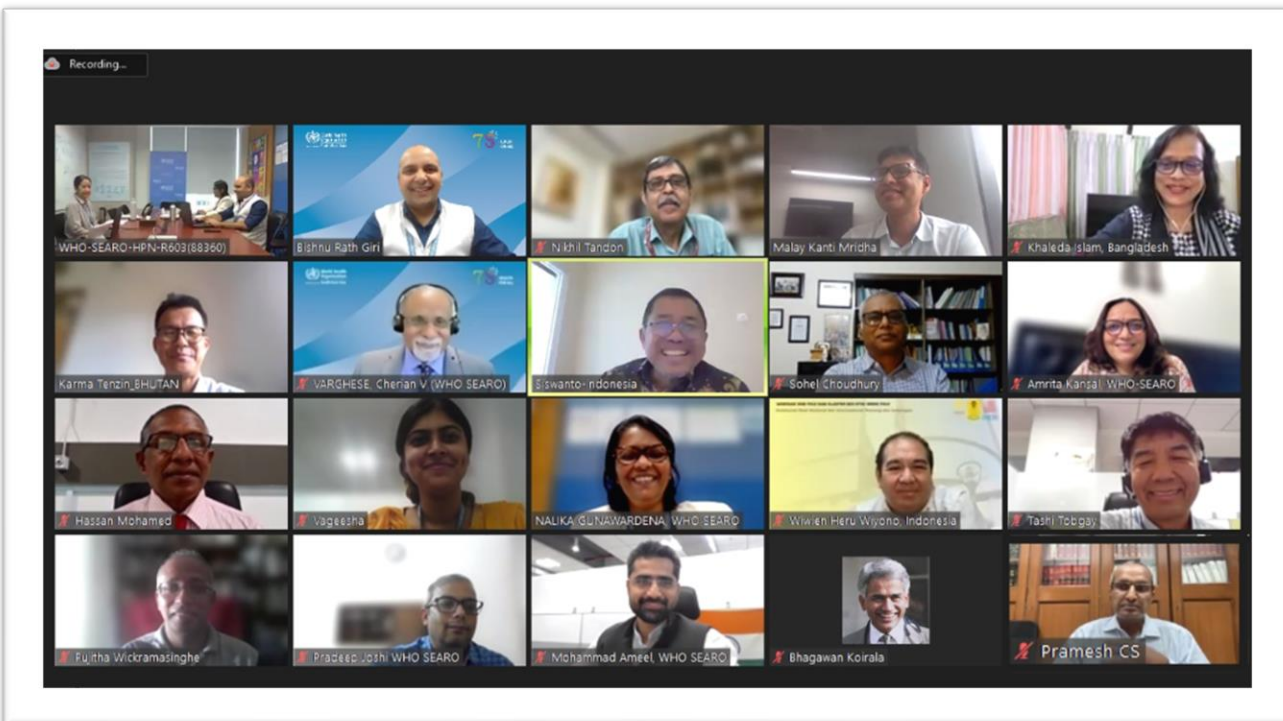


**Report of the meeting  
of the  
WHO South East Asia Regional Expert Group  
on Noncommunicable diseases (REG NCD)  
2023-2024**

30 August 2023



## **WHO South East Asia Regional Expert Group on NCD 2023-2024** **Virtual Meeting**

30 August 2023

1200- 1330 IST

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## Background

### Scope

Since 2014, preventing and controlling noncommunicable diseases (NCDs) has been a Flagship Priority in the Region, and significant progress has been made. Between 2010 and 2019, the probability of people in the Region dying from cancers, cardiovascular diseases (CVDs), diabetes and chronic respiratory diseases between the ages of 30 and 70 years declined from 23.4% to 21.6%. Several key Regional Committee Resolutions were endorsed for the prevention and control of NCDs. Colombo Declaration to Strengthen health system to accelerate delivery of NCD services at primary health care (2016)<sup>1</sup>; Accelerating the elimination of cervical cancer as a global public health problem (2019)<sup>2</sup> were the major milestones. The Region is currently on track to achieve 30% relative reduction in tobacco use prevalence between 2010 and 2025 as per the Global action plan for the prevention and control of noncommunicable diseases target and continues to take concerted action to eliminate industrially produced trans-fats in food – a major contributor to CVDs.

Despite these and other positive trends, the Region is currently off-track to achieve the global 2025 and 2030 NCD targets. In order not just to sustain but to accelerate progress, at the Seventy fourth Session of the WHO Regional Committee, Member States requested WHO to develop the Implementation roadmap for accelerating the prevention and control of NCDs in South-East Asia 2022–2030<sup>3</sup>. The roadmap aims to facilitate progress towards the 2030 targets and was adopted in September 2022 at the Seventy-fifth Session of the WHO Regional Committee with a resolution to report the progress every two years till 2030. The implementation roadmap provides strategic directions and tools for prioritizing and accelerating high-impact interventions that are feasible in the national context<sup>4</sup>. WHO Regional Office for South-East Asia (SEARO) is committed to provide technical support Member to Member States in implementation.

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<sup>1</sup><https://apps.who.int/iris/handle/10665/254819>

<sup>2</sup><https://apps.who.int/iris/handle/10665/327911>

<sup>3</sup><https://apps.who.int/iris/handle/10665/363549>

<sup>4</sup><https://apps.searo.who.int/whoroad/>

In this backdrop, the REG NCD is expected to provide guidance on accelerating the response to NCDs in the Member States based on WHO guidance and tools on the region.

### Terms of Reference

Following are the terms of references for the REG NCD.

- a. To provide technical and strategic guidance to WHO SEARO on setting priorities, accelerating implementation and delivery of products for NCD prevention and control, considering context and available evidence
- b. To recommend priority areas for interventions to reduce NCD risk factors through context specific and evidence in the Region- based WHO recommendations
- c. To advise WHO SEARO on interventions for strengthening health systems through scaling up primary health care and continuum of care, appropriate service delivery models and networking towards universal health coverage for NCDs
- d. To advise WHO SEARO on strengthening of NCD surveillance including periodic evaluation of regional and national NCD plans and governance mechanisms; and
- e. To recommend to WHO SEARO a research agenda and its implementation including operational/implementation research

### Method of engagement

The NCD REG shall meet at least once each year and meetings may be held in person or virtually, via video or teleconference. WHO shall provide the secretariat for the NCD REG, including necessary scientific, technical, administrative, and other support. In this regard, the WHO Secretariat shall provide the members in advance of each meeting with the agenda, working documents and discussion papers.

## Proceedings of the meeting

### Opening session

First meeting of the REG NCD 2023-2024 was held virtually on the 30 August 2023, 12:00 to 13:30 (Indian Standard Time). Dr. Cherian Varghese Coordinator (NCD and Determinants) and the Acting Director of the Healthier Population and NCDs welcomed the group and explained the scope of the NCD REG as to provide guidance on accelerating the response to NCDs in the Region based on WHO guidance and tools within the scope of four Major NCDs and four common modifiable risk factors.

The REG members introduced themselves highlighting their areas of expertise that is relevant to the NCD. With the consent of the members, Dr. Karma Tenzin of Bhutan and Dr Malay Kanti Mridha, Bangladesh were chosen to Chair the first meeting of the REG NCD.

### Overview of the status of the burden of NCDs and the risk factors

On behalf of the WHO South East Asia Regional Office, Dr. Nalika Gunawardena, Technical Officer (NCD), provided a brief overview of the status of the burden of NCDs and the risk factors and also some key points of WHO response.

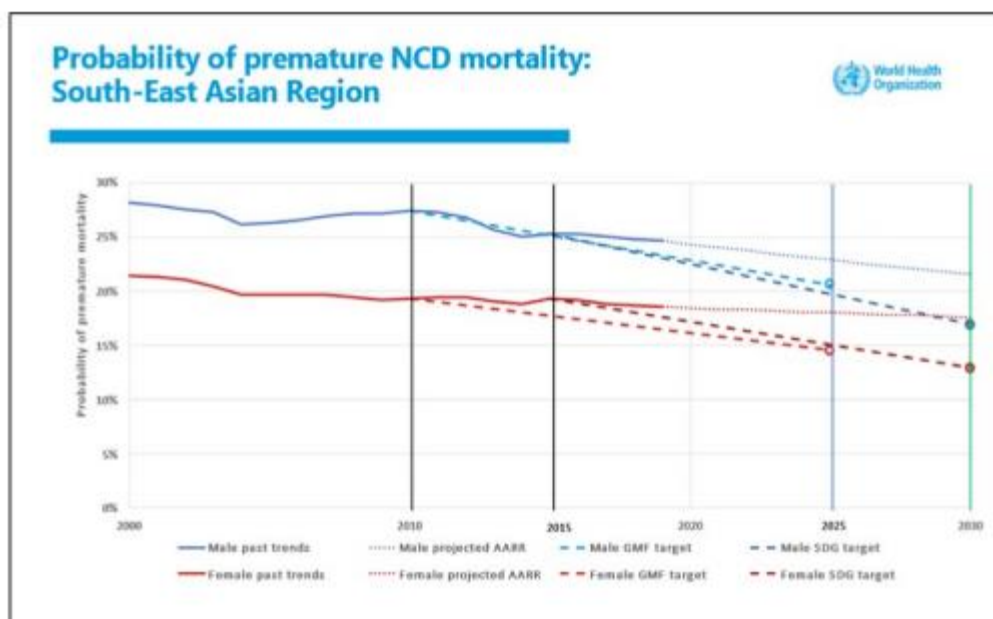


Figure 1: Trends in probability of premature mortality due to NCDs in the South-East Asia Region (2000–2019)

In the South-East Asia Region, the probability of dying from cardiovascular diseases (CVDs), cancers, diabetes and chronic respiratory diseases between the ages of 30 and 70 years declined from 23.4% in 2010 to 21.6% in 2019, the decline being slightly greater in males than in females (Figure 1).<sup>5</sup> However, at the current rate of decline, the region is not on track to achieve the 2025 NCD and the 2030 SDG 3.4 targets.

<sup>5</sup> <https://searncddashboard.searo.who.int/home>

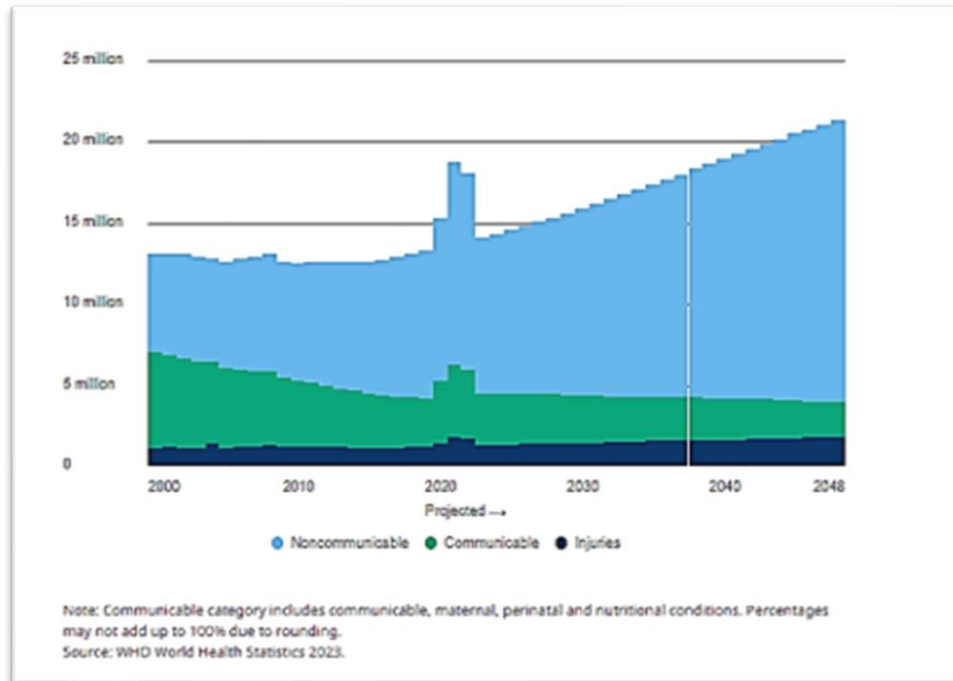


Figure 2: Projected mortality by cause by 2048 in South East Asia Region

The projected mortality by cause shows that by 2048,<sup>6</sup> NCDs are projected to cause the vast majority of deaths in the Region with 82% of the projected 22 million being due to NCDs (Figure 2).

Tobacco use, harmful use of alcohol, physical inactivity and unhealthy diet are the four risk factors common to NCDs. Of the risk factors, only tobacco use (smoked and smokeless) show a declining trend with projections indicating that the Region will achieve the Sustainable Development Goal (SDG) target of a relative reduction of use by 2030<sup>5</sup> (Figures 3a-3c). However, being the Region with one fourth of world population- we have a huge burden of tobacco to address.

<sup>6</sup> <https://www.who.int/publications/i/item/9789240074323>

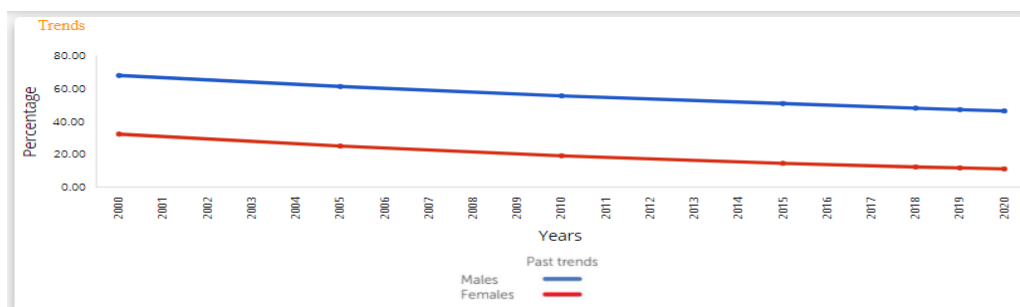


Figure 3a: Age standardized prevalence of current tobacco use (smoked and smokeless) among persons and 15 years and older in South East Asia Region 2000-2020

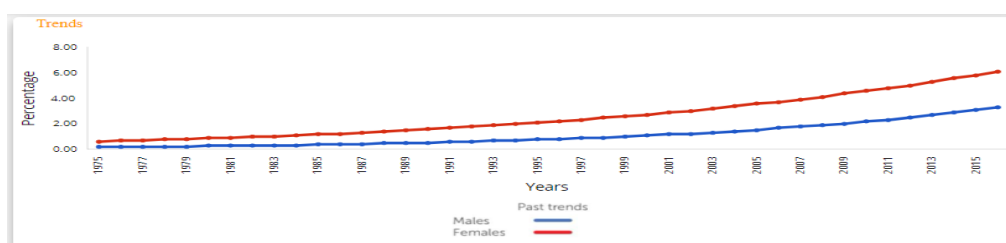


Figure 3b: Age standardized prevalence of obesity (BMI>30 kg/m² among persons 18 years and older in South East Asia Region 2000-2020

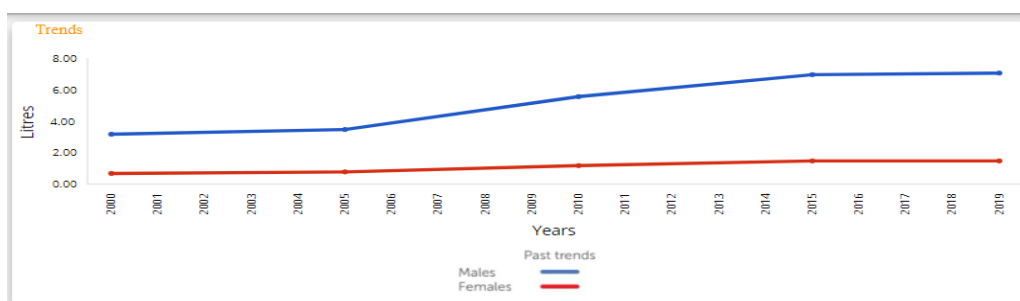


Figure 3c: Per capita consumption of alcohol among persons and 15 years and older within a year in litres of pure alcohol in South East Asia Region 2000-2020

Source: [SEARO NCD Dashboard \(who.int\)](https://searo.who.int/ncd_dashboard) based on WHO Global Observatory estimates

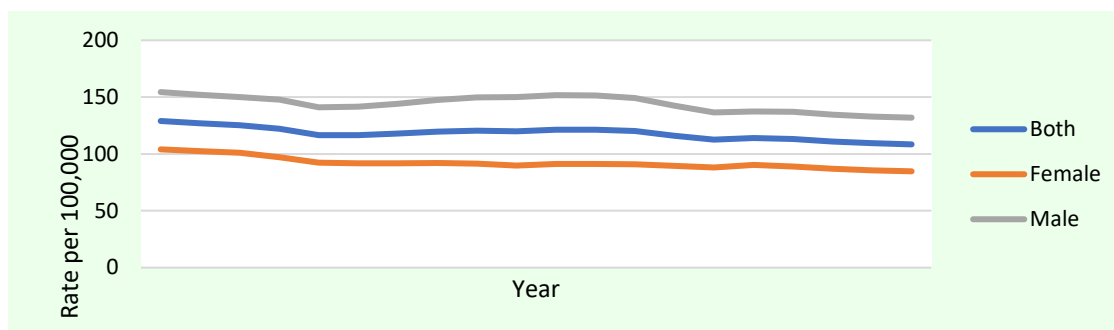


Figure 4a: Age adjusted premature death rate due to CVD in South East Asia Region  
2000- 2019

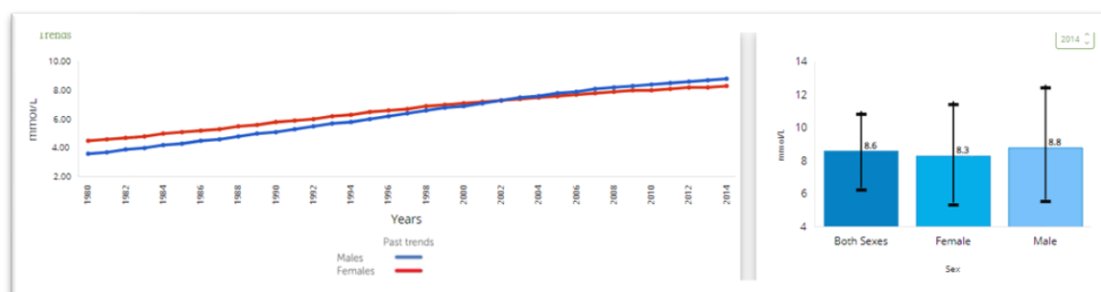


Figure 4b: Prevalence of hypertension among adults 30-70 years in South East Asia Region,  
1990-2020

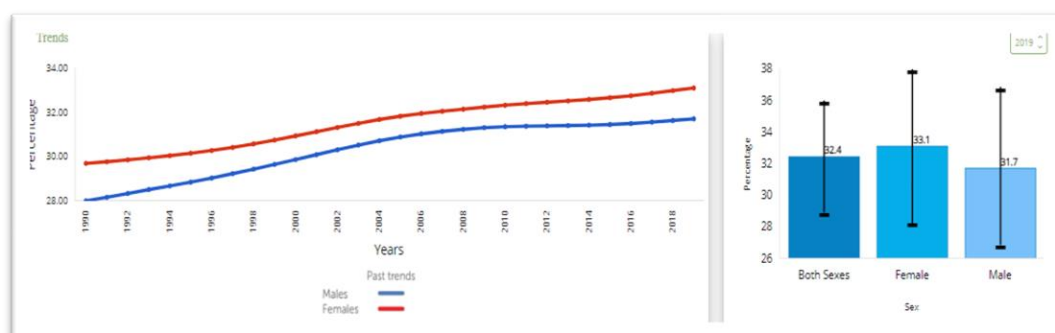


Figure 4c: Prevalence of diabetes among adults 30-70 years in  
South East Asia Region 1990-2020

Source: [SEARO NCD Dashboard \(who.int\)](https://searo.who.int/ncd_dashboard/) based on WHO Global Observatory estimates

Prevalence of hypertension and diabetes show rising trends in the Region (Figure 4a-4c)..

Cancer burden is high with the number of new cases at 2,252,981 and the number of deaths being 1,444,528 in 2020. with projections to rise. Breast and cervical cancers show the highest age standardized incidence and mortality<sup>7</sup> (Figure 5).

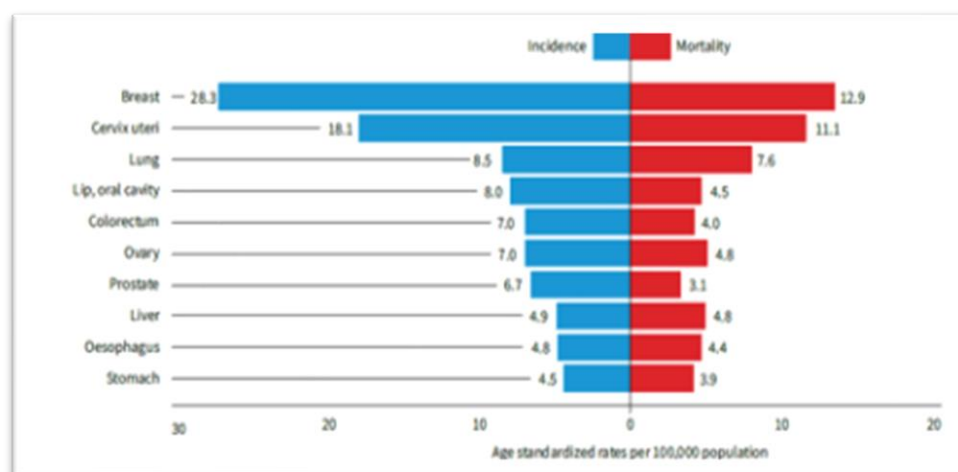


Figure 5: Age standardized rates of incidence and deaths of leading cancers in the South East Asia Region, 2020

The Figure 6 describes the relative contribution of different NCDs to premature mortality by countries. The numbers in this figure show the rank of each NCD to the overall premature mortality with lower numbers indicating higher mortality. It shows that CVD is the number 1 for many countries. The color indicate the historical annual rates of change (2015–2019) for each cause with the light and dark blue colors implying that a country is on track to achieving the target with the yellow, orange, and red colors implying that a country is off track. As you see other than two countries all other countries have colors of yellow, red for conditions indicating the need to do more.<sup>8</sup>

<sup>7</sup> <https://www.uicc.org/news/globocan-2020-new-global-cancer-data>

<sup>8</sup> [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(21\)02347-3.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(21)02347-3.pdf)

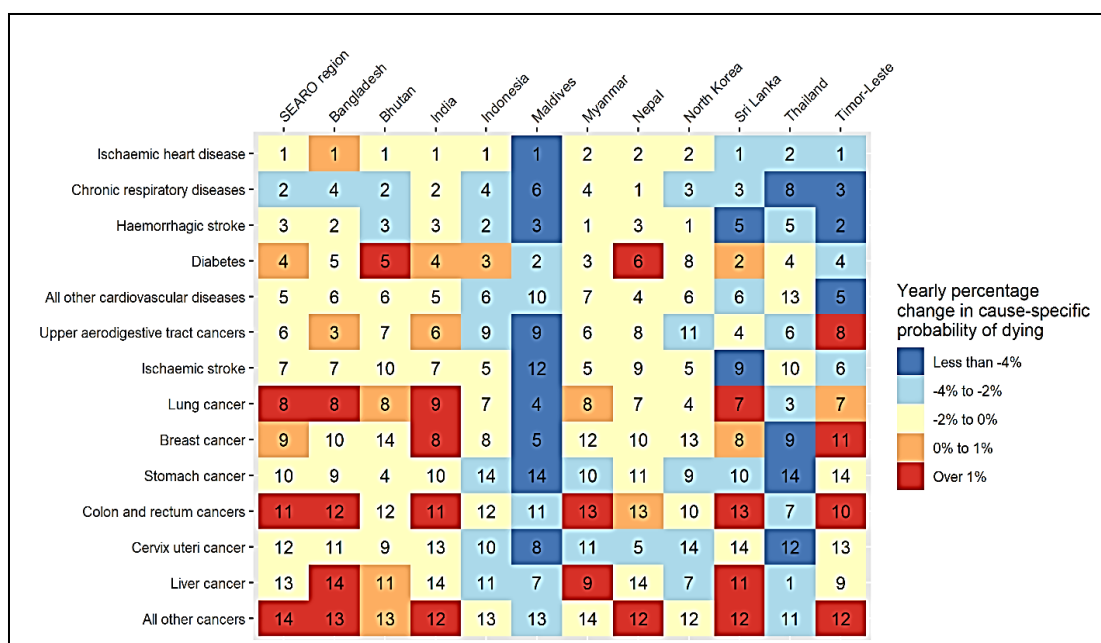


Figure 6. Ranking and yearly percentage change in cause-specific probability of dying

Service coverage index to track the achievement of universal health coverage shows that over the years has not improved much in the Region. As shown in Figure 7, it is the NCD component that is pulling the indicator down compared to relatively good improvement in the service coverages of comm ds and reproductive health services.<sup>9</sup>

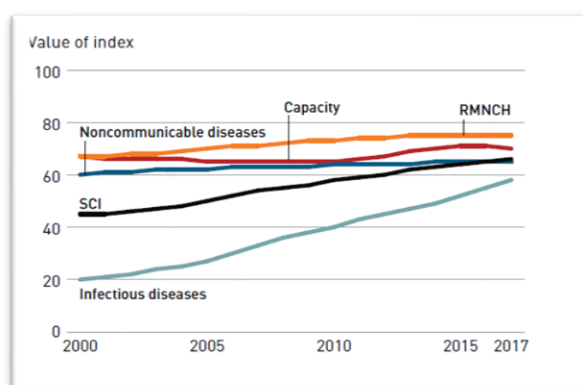


Figure 7: Trends in UHC SCI sub-indices among Member States of the South East Asia Region, 2000–2021

<sup>9</sup> Monitoring progress on universal health coverage and the health-related Sustainable Development Goals in the WHO South-East Asia Region 2023

## **WHO technical guidance to prevent and control the NCD burden**

Implementation Roadmap 2023-2030 for the Global NCD Action Plan for the prevention and control of NCDs 2013–2030, is the main global guidance of WHO to prevent and control the NCD burden. It is formulated with three strategic directions as i) accelerate national responses based on the understanding of NCDs epidemiology and risk factors and the identified barriers and enablers in countries, ii) prioritize and scale up the implementation of most impactful and feasible interventions in the national context, and iii) ensure timely, reliable and sustained national data on NCD risk factors, diseases and mortality for data driven actions and to strengthen accountability.

WHO also updated the list of cost-effective interventions in its Appendix 3<sup>10</sup> with a total of 90 interventions and 22 overarching/enabling actions being included. Of the interventions, 58 interventions are considered in the cost-effective estimation with 28 being considered most cost-effective.

The WHO Global Diabetes Compact<sup>11</sup> has the vision of reducing the risk of diabetes and ensuring that all people who are diagnosed with diabetes have access to quality treatment and care. The work undertaken as part of the Compact will also support the prevention of diabetes from obesity, unhealthy diet and physical inactivity. The Global Strategy to Eliminate Cervical Cancer<sup>12</sup> proposes a vision of a world where cervical cancer is eliminated as a public health problem a 90-70-90 targets on HPV vaccine screening and treating the screened positive.

Regarding guidance on cancer, Global Breast Cancer Initiative<sup>13</sup> established in 2021, brings together stakeholders from around the world and across sectors with the shared goal of reducing breast cancer by 2.5% per year. It provides guidance to governments across the world on ways to strengthen systems for detecting, diagnosing and treating breast cancer. The World Health

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<sup>10</sup> [https://apps.who.int/gb/ebwha/pdf\\_files/EB152/B152\\_6-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/EB152/B152_6-en.pdf)

<sup>11</sup> <https://www.who.int/initiatives/the-who-global-diabetes-compact/>

<sup>12</sup> <https://www.who.int/initiatives/cervical-cancer-elimination-initiative>

<sup>13</sup> <https://www.who.int/initiatives/global-breast-cancer-initiative>

Organization's Global Initiative for Childhood Cancer<sup>14</sup>, established in 2018, brings together stakeholders from around the world and across sectors with the joint goal of increasing the survival rate of children with cancer globally to at least 60% by 2030.

At the request of the Member States, WHO South East Asia Regional office developed the Implementation roadmap for accelerating the prevention and control of NCDs in South-East Asia 2022–2030 which was adopted in September 2022 at the Seventy-fifth Session of the WHO Regional Committee. It includes three strategic directions (Figure 8), on i) sustaining the progress made in the national response to NCDs, ii) prioritizing and accelerating the implementation of the most impactful and feasible interventions in the national context; and iii) promoting accountability through timely, reliable and sustained national data.



Figure 8: Implementation roadmap for accelerating the prevention and control of NCDs in South East Asia 2022–203

The Region also has access to the SEARO NCD impact simulation tool <sup>15</sup>( The tool is designed to model the effect of 25 interventions broadly divided into three categories – Intersectoral policies

<sup>14</sup> <https://www.who.int/initiatives/the-global-initiative-for-childhood-cancer>

<sup>15</sup> <https://apps.searo.who.int/whoroad/south-east-asia-region-ncd-impact-simulation-tool>).

for risk factors reduction, primary care clinical interventions, and advanced care clinical interventions that will help to identify context-specific impactful interventions and their contribution to attaining the SDG 3.4 target premature mortality reduction by one-third by 203 in a country setting.

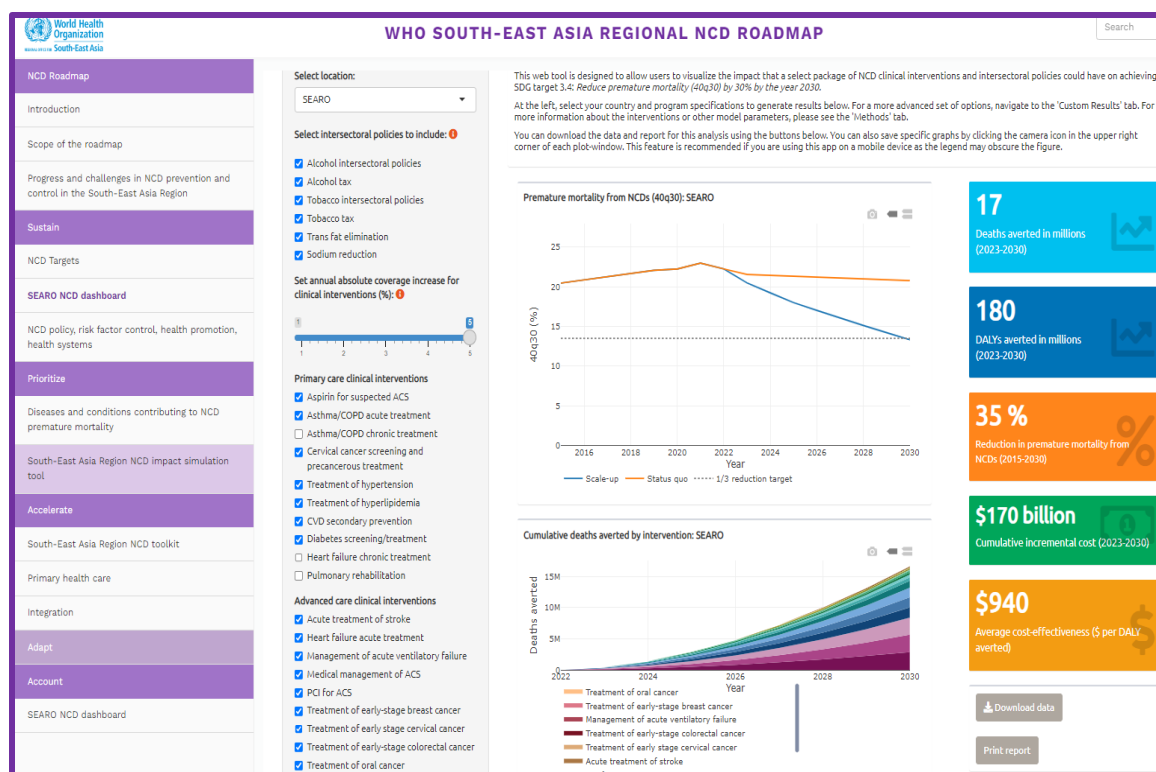


Figure 9: WHO SEARO NCD Impact Simulation Tool

MPOWER measures<sup>16</sup> are being implemented with the technical support of the WHO in the Region to assist in the country-level implementation of effective interventions to reduce the demand for tobacco.

Several measures are in operation in the region to address the NCD risk factor on unhealthy diet. They include measures to address the double burden of malnutrition and obesity among children.

<sup>16</sup> <https://www.who.int/initiatives/mpower>

Continuation of support to implement the SHAKE package <sup>17</sup>( with the latest support being designing regional benchmarks for sodium levels in food. Region has gained much in terms of bringing in regulations to eliminate trans fats form food in several countries with continuing support for monitoring mechanism for mandatory trans fatty-acid limits, based on the RELACE package<sup>18</sup>. The technical package for the SAFER initiative focuses on five key alcohol policy interventions and the countries are being supported to implement SAFER measures<sup>19</sup>.

The focus in the Region on management of NCD are mainly on scaling up hypertension and diabetes care, improving stroke care services and cancer care services.

The Region launched the SEAHEARTS Initiative, in 2022 to emphasize the use of technical packages MPOWER for tobacco control, SHAKE for salt reduction, REPLACE for trans-fatty acid elimination and implementing HEARTS technical package<sup>20</sup> to scale up CVD management in primary health care.

The Region endorsed the ‘Dhaka Call to Action Dhaka– Accelerating the control of cardiovascular diseases in a quarter of the world’s population’, as a collective effort to strive towards achieving realistic but ambitious interim milestones for 2025 using SEAHERTS strategies,

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

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<sup>17</sup> <https://iris.who.int/bitstream/handle/10665/250135/9789241511346-eng.pdf>

<sup>18</sup> (<https://www.who.int/teams/nutrition-and-food-safety/replace-trans-fat>)

<sup>19</sup> (<https://www.who.int/initiatives/SAFER>)

<sup>20</sup> (<https://www.who.int/publications/i/item/9789240001367>)

Several Member States have officially announced the commitment to the collective target. WHO is supporting the countries to develop and prioritize country-specific roadmaps with baseline and targets to accelerate the implementation of the SEAHEARTS initiatives.

The Region supports the regional implementation framework for elimination of cervical cancer with support to expand HPV vaccination, and to improve access to services for early diagnosis, treatment of invasive cancer, rehabilitation and palliative care.

SEAR cancer childhood care network has shown promising results of sharing technical expertise within the region in expanding childhood cancer services in the Region.

In the same lines, the Region has proposed to formulate the South-East Asia Cancer Grid to create a regional platform for sharing knowledge and experience among institutions and professionals in cancer care.

Supporting the countries of advancing NCD surveillance, the WHO SEARO NCD dashboard<sup>5</sup> is a dynamic, interactive, and responsive tool where the users are able to readily access the information on different aspects of NCDs. Acknowledging the burden of population-based surveys to countries in terms of resources and time taken, the Region focuses on building a model of an integrated approach to generate NCD related information in a single survey.

## Reflections and guidance from members of the REG NCD

The discussions were focused on the aspects that need to be strengthened in the WHO guidance and tools in the context of Region and how they can contribute through their expertise and experiences.

### Advocacy and planning

- The guiding document ‘Implementation roadmap for accelerating the prevention and control of NCDs in South-East Asia 2022–2030’ to be reflected in the national multisectoral plans for prevention and control of NCDs and in the action plans on primary health care of a country with budget allocations and also to be considered in country policies on health, population, nutrition and related subjects
- Health in all policies to be well established at country level to enhance multisectoral collaborations for NCDs with effective engagement of private sector and other providers
- Advocacy related to enhancing control and management of NCDs to be completely linked to the universal health care agenda
- Countries aspire to accelerate NCD agenda need to conduct an analysis of specific hindrances that may act as ‘speed bumps’. Countries need to be supported to address them with effective and innovative techniques
- Monitor the targets closely to consolidate the gains. A mid-term review of the NCD roadmap is required to ensure that we are on track to achieve targets of NCD through the guidance of the Regional NCD Road map and the WHO guidance on the effective interventions in the update Appendix 3 of the Global Action plan for NCD 2013-2030
- SEARO countries are at different stages of achievements of NCD targets. Foster cross-learning between the countries.

### Control of NCD risk factors

- Need to work more closely with the Governments on implementing taxes for tobacco and unhealthy food and beverages, amendments of law to facilitate regulation at tobacco control at country level
- The commercial determinants of NCD risk factors need to be addressed through advocacy
- Ambitious targets to be set for risk factors such as an 'end' point for tobacco use
- The 5 x 5 (five risk factors and five diseases) should replace the current 4X4 framework

### Management of NCDs

- Evaluations of implementation of HEARTS package in primary health care level, have led to demonstrable success indicated by higher blood pressure-controlled rates
- Design and support service models with regulated tele-health support to link the community health workers/ frontline workers with medical officers to address gap of care continuum. A well-structured and based on a robust electronic platform with supplement tele-medicine options incorporated will be critical.
- Strengthen the services for acute care for myocardial infarction and stroke need to be developed in countries
- A clinical decision support system is an important modality worth exploring, starting with few facilities
- Continuum of care as the means to achieve universal health care need to be viewed in reality and need to be strengthened. Guidance is needed to address the challenges with linkage with secondary and tertiary care level and linking the patients back to community at household level
- Expand the WHO technical guidance on specific diseases that may affect specific segments of population such as rheumatic heart disease (RHD), to ensure primary prevention to avoid the burden of morbidity and health costs.

- Introduce integrated people centered care, primary eye care, primary oral care and elderly long-term care for multimorbidity at primary health care level along with NCD services using a life course approach
- Collate best innovations at community and PHC level for prevention and control of NCDs
- Provide technical assistance to develop electronic database to monitor risk factors and NCD management and control indicators
- Introduce guidelines for telemedicine
- NCD care coordination pathway needs integration of secondary and tertiary facilities
- Prevention of Rheumatic Heart disease should be included in the NCD agenda

#### Monitoring and surveillance

- Emphasize the need to use digital solutions for NCD monitoring and surveillance with provision for longitudinal monitoring of individual patients. In NCD monitoring, it is essential to track the effective coverage of services and in In NCD surveillance It enhances the quality of data and faster generation and transmission of information for timely decision making
- Collate and sharing of best practices from the Region for cross learning purposes
- WHO SEARO should invest to improve the quality of data collected by researchers and surveillance teams
- There is a need for the mid-term review of the SEARO roadmap

## Recommendations

- WHO SEARO to strengthen NCD prevention and control efforts and to make its response more relevant in the regional context.
- WHO SEARO to continue their work with a focus on technical and strategic guidance for:
  - setting priorities, accelerating implementation and delivery of products for NCD prevention and control, considering context and available evidence
  - priority areas for interventions to reduce NCD risk factors through context specific and evidence
  - interventions for strengthening health systems through scaling up primary health care and continuum of care, appropriate service delivery models and networking towards universal health coverage for NCDs
  - strengthening of NCD surveillance including periodic evaluation of regional and national NCD plans and governance mechanisms
  - research agenda and its implementation including operational/implementation research.

The members also suggested to hold more frequent meetings focusing on specific themes.

## Annex 1

### Members of the REG NCD 2023-2024

No	2023-2024 Members	Contact details	Area of expertise	Status of response
1	Dr David Watkins, Associate Professor, Global Health, Department of Global Health, University of Washington, Seattle, USA	<a href="mailto:davidaw@uw.edu">davidaw@uw.edu</a>	Impact assessment of NCD interventions	Response received along with signed DOI & Confidentiality Undertaking
2	Dr C S Pramesh, Director, Tata Memorial Hospital, Mumbai, India	<a href="mailto:cspramesh@gmail.com">cspramesh@gmail.com</a> +91 98694 49070 +91 22 2367 1577	Cancer control	Response received along with signed DOI & Confidentiality Undertaking
3	Dr Malay Kanti Mridha Associate Professor and Director, Center of Excellence for Noncommunicable Diseases and Nutrition BRAC James P Grant School of Public Health, BRAC University Dhaka, Bangladesh	<a href="mailto:malay.mridha@bracu.ac.bd">malay.mridha@bracu.ac.bd</a>	Nutrition and NCD	Response received along with signed DOI & Confidentiality Undertaking
4	Dr Bhagwan Koirala, Professor of Surgery and Chief Department of Cardiothoracic and Vascular Surgery Institute of Medicine, Tribhuvan University Kathmandu, Nepal	<a href="mailto:koiralabhagawan@gmail.com">koiralabhagawan@gmail.com</a>	NCD management	Response received along with signed DOI & Confidentiality Undertaking
5	Mr Hassan Mohamed, Deputy Director Health Protection Agency Ministry of Health, Male, Maldives	<a href="mailto:hpa@health.gov.mv">hpa@health.gov.mv</a> ; <a href="mailto:Hassan@health.gov.mv">Hassan@health.gov.mv</a>	Health promotion	Response received along with signed DOI & Confidentiality Undertaking

6	Dr. Karma Tenzin Head, Center for Research in Respiratory and Neuroscience Faculty of Postgraduate Medicine, KGUMSB, Thimphu, Bhutan	<a href="mailto:karmatenzin9@gmail.com">karmatenzin9@gmail.com</a> ; karmatenzin9@kgumsb.edu +975-2-3328990; +97532899; +975-17969450	NCD in PHC	Response received along with signed DOI & Confidentiality Undertaking
7	Professor Nwe Nwe Head, Department of Cardiology, Yangon General Hospital, Yangon, Myanmar	<a href="mailto:n12665we@google.com">n12665we@google.com</a>	CVD	Response received along with signed DOI & Confidentiality Undertaking
8	Dr Vithanage Pujitha Wickramasinghe Department of Paediatrics, Faculty of Medicine University of Colombo, Sri Lanka	<a href="mailto:pujitha@pdt.cmb.ac.lk">pujitha@pdt.cmb.ac.lk</a>	Childhood obesity	Response received along with signed DOI & Confidentiality Undertaking
9	Dr Sohel Reza Choudhary, Professor and Head, Department of Epidemiology and Research National Heart Foundation Hospital & Research Institute, Dhaka, Bangladesh	<a href="mailto:sohel_r_choudhury@hotmail.com">sohel_r_choudhury@hotmail.com</a>	CVD prevention and control	Response received along with signed DOI & Confidentiality Undertaking
10	Dr Siswanto Health Development Policy Agency (Badan Kebijakan Pembangunan Kesehatan), Ministry of Health, Republic of Indonesia, Jl. Percetakan Negara 29, Jakarta, Indonesia	<a href="mailto:siswantos1960@gmail.com">siswantos1960@gmail.com</a>	Research agenda	Response received along with signed DOI & Confidentiality Undertaking
11	Dr. Khaleda Islam Director Primary Health Care (Retired)	<a href="mailto:dr.khaleda.islam@gmail.com">dr.khaleda.islam@gmail.com</a> +880-1819-255-489	Primary Health Care	Response received along with signed DOI &

	Directorate General of Health Services, Bangladesh			Confidentiality Undertaking
12	Dr Wiwien Heru Wiyono Professor, Department of Pulmonology and Respiratory medicine, University of Indonesia, Jakarta, Indonesia	<a href="mailto:wiyono_heru@yahoo.com">wiyono_heru@yahoo.com</a> ; <a href="mailto:whwiyono211258@gmail.com">whwiyono211258@gmail.com</a>  6221-4720583; 0811192342	Chronic respiratory diseases	Response received along with signed DOI & Confidentiality Undertaking
13	Professor Nikhil Tandon, Department of Endocrinology & Metabolism, All India Institute of Medical Sciences New Delhi, India	<a href="mailto:nikhil_tandon@hotmail.com">nikhil_tandon@hotmail.com</a>	Diabetes	Response received along with signed DOI & Confidentiality Undertaking