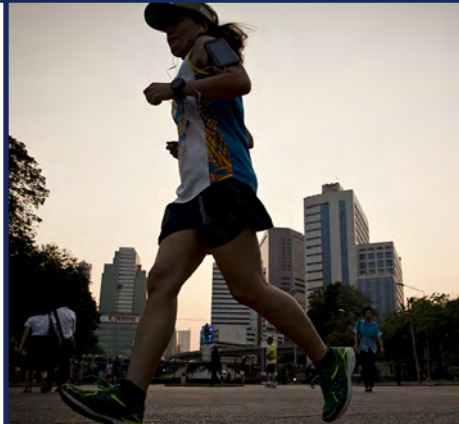




# Creating and supporting healthier populations and tackling noncommunicable diseases and mental health in the WHO South-East Asia Region



**World Health Organization**  
REGIONAL OFFICE FOR **South-East Asia**

**Biennium Report 2022–2023**  
**Department of Healthier Populations and Noncommunicable Diseases (HPN)**



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and tackling noncommunicable diseases and  
mental health in the WHO South-East Asia Region**

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# Our areas of work

We work to create healthier environments, better food choices, safer settings, healthy ageing and inclusive health services for people with noncommunicable diseases, mental health and disabilities.

## 1. Determinants



Air pollution



Climate change



Environmental health



Water sanitation & health

## 2. Health risk factors



Tobacco Free Initiative



Healthy diets



Physical activity

## 3. Noncommunicable diseases and mental health



Noncommunicable diseases



Mental health

## 4. Disability, injury prevention and rehabilitation and ageing and health



Disability, injury prevention and rehabilitation



Ageing and health

<https://www.who.int/southeastasia/our-work/noncommunicable-disease-and-mental-health>

# Abbreviations

AT	assistive technology
CVD	cardiovascular disease
FCTC	Framework Convention on Tobacco Control
GEDSI	gender equality, disability and social inclusion
NCD	noncommunicable disease
NENTP	novel and emerging nicotine and tobacco product
SDG	Sustainable Development Goal
TFA	<i>trans</i> -fatty acid
WASH	water, sanitation and hygiene
WHO	World Health Organization



# Foreword

Home to more than one in four people in the world, the WHO South-East Asia Region can have a significant impact on global health and well-being. The Region has progressed in its creation of healthier populations and in addressing noncommunicable diseases (NCDs), in line with initiatives identified in the WHO Thirteenth General Programme of Work.

NCDs are a flagship priority for the Region where, at 21.6%, the probability of dying prematurely from the four major NCDs is now almost two percentage points lower than a decade ago. The Region is on track to reach the 2025 target of a 30% relative reduction in the prevalence of tobacco use. Six countries have strengthened food-labelling policies, and five countries, encompassing more than 1.6 billion people, have strengthened taxation of sugar sweetened beverages, and adopted regulations to eliminate *trans*-fatty acids. An estimated 13% of the population of the Region – around 260 million people – live with a mental health condition.

In 2022, countries unanimously adopted the Paro Declaration on universal access to mental health care, and in 2023 the WHO South-East Asia Region Mental Health Action Plan 2023–2030 was launched. The same year, the Region adopted the Dhaka Call to Action, which aims to dramatically expand cardiovascular disease prevention and control through the SEAHEARTS strategies, and more than 4500 children with cancer received good-quality management through institutional networks and shared care.

Approximately a quarter of deaths and NCDs in the Region are attributed to environmental hazards, including the effects of climate change. In response, the Region has prioritized mitigating the impact of air pollution and hazardous chemicals, building health care facilities' resilience to climate change, and strengthening the focus on water, sanitation and hygiene in health care. Seven countries committed to develop climate-resilient and low-carbon health systems.

There has been a 2% decline since 2010 in deaths in the Region from road traffic accidents. However, despite WHO continuing to support countries to implement initiatives to mitigate road traffic injuries and drowning, the number of fatalities remains unacceptably high.

The Regional Action Plan on Integrated People-centred Eye Care sets out targets for ensuring equitable access to high-quality, comprehensive eye services. Efforts are ongoing to improve access to rehabilitation and assistive technology. The Integrated Care for Older People (ICOPE) training package has been a main focus in promoting healthy ageing in the Region.

In keeping with WHO's mission to provide leadership in generating and translating research and innovation, the Regional Office supported more than 40 research proposals on a wide range of areas, and designed online courses on integrated approaches to the management of NCDs in primary health care, urban water supply systems, and monitoring methodologies for diet-related regulatory interventions, helping to build the capacity of health workers in the Region and beyond.

This report highlights the support given to countries and provides an array of case studies. It also brings out several priorities for the coming biennium and beyond. Together, let us work towards a Region that is healthier, more equitable and sustainable – and which achieves Health for All.



Ms Saima Wazed  
Regional Director  
WHO South-East Asia









# 1 Introduction

Every year in the 11 countries of the World Health Organization (WHO) South-East Asia Region, 9 million people die from noncommunicable diseases (NCDs). This represents 62% of all deaths in the region. A rapidly ageing population, increased urbanization that has compounded NCD risk factors, and the growing burden of disease related to environmental degradation and climate change has led to NCDs, mental health conditions, and health challenges and disabilities related to ageing imposing a major and growing burden on the health and development of the Region.

The work of the Department of Healthier Populations and NCDs (HPN) during this biennium was markedly different from that of 2020–2021, when the world was focused on recovering from the impact of the COVID-19 pandemic.

The pandemic was a stark reminder of the entwined connection between human, animal and environmental health. Almost a quarter of all deaths in the Region are due to the health impacts of environmental hazards and climate change, which present a fundamental threat to human health. During this biennium the Regional Office therefore focused on strengthening policies to reduce the impact of air pollution, build resilience in health care facilities to climate change, and strengthen the provision of water, sanitation, health care

waste management, hygiene and environmental cleaning infrastructure and services in health care facilities.

WHO also supported countries to develop and implement a wide range of evidence-based policies, strategies, guidelines and measures to tackle risk factors for NCDs. This included addressing the double burden of malnutrition by optimizing infant and young child feeding practices, and regulating the marketing of unhealthy foods and beverages; tackling the tobacco epidemic by addressing the growing use of novel and emerging nicotine and tobacco products (NENTPs) and strengthening tobacco cessation across the Region; promoting physical activity by supporting the implementation of the *Roadmap for implementing the Global action plan on physical activity in the WHO South-East Asia Region (1)* and setting up open-air gyms; and strengthening alcohol control by implementing SAFER (2) measures, among numerous other initiatives.

The COVID-19 pandemic significantly disrupted the delivery of essential health services, particularly impacting the prevention, management and treatment of NCDs, primarily cardiovascular diseases (CVD), diabetes and cancer. The pandemic-induced challenges led to a slowdown in the implementation of interventions aimed at addressing NCDs

within primary health care settings, necessitating increased efforts to bridge the resultant gaps.

In response to these challenges, the *Implementation roadmap for accelerating the prevention and control of noncommunicable diseases in South-East Asia 2022–2030* (3) for this biennium was endorsed. This plan underscores the critical importance of sustaining, prioritizing and accelerating the most impactful interventions, and strengthening impact and accountability for achieving the Sustainable Development Goal (SDG) targets set for 2030. As part of this action plan, the SEAHEARTS initiative (4) was introduced, which adapted elements of WHO HEARTS to scale up the management of hypertension and diabetes in the Region, along with mitigating tobacco use, reducing salt consumption and limiting intake of *trans*-fatty acids.

With one in seven people in the Region living with a mental health condition, and some countries experiencing treatment gaps of up to 90%, WHO continued to advocate for the reorganization of mental health services away from institutions and into community-based settings, and in doing so, developed the *Mental health action plan for the South-East Asia Region 2023–2030* (5) to support the expansion of mental health services, address stigma and increase government expenditure on mental health.

Meanwhile, this biennium WHO continued to support countries to implement initiatives to mitigate road traffic injuries and drowning, strengthen disability inclusion and improve access to rehabilitation and assistive technology

services. This included launching the *Action plan for integrated people-centred eye care in South-East Asia 2022–2030* (6) to improve access to high-quality comprehensive eye services and improve access to rehabilitation and assistive technology by setting up demonstration centres and developing lists of priority assistive products.

One of WHO's missions is to provide leadership in generating and translating the latest in research and innovation and, with this in mind, this biennium the Regional Office supported more than 40 research proposals on a wide range of research areas, including the prevention and control of NCDs, and established a Research Ethics Review Committee.

This is a snapshot of the work achieved this year. This biennium report, which details the work of the Department of Healthier Populations and NCDs over the two-year period of 2022 and 2023, comes at a critical time, with just seven years left before the 2030 deadline of the Sustainable Development Goals. The Department of Healthier Populations and NCDs is proud of its work to advance the agenda of the WHO South-East Asia Region by working to support and nurture healthier populations and to effectively manage NCDs, mental health conditions, disabilities and other challenges through health systems.

## 2 Determinants

### 2.1 Climate change, air pollution and water, sanitation and hygiene

#### Overview

Human health and well-being are intimately linked to the state of the environment. Water, sanitation and hygiene (WASH), climate change, air pollution and exposure to hazardous chemicals are major causes of environment-related burden of disease across the world. In the WHO South-East Asia Region, almost a quarter of all deaths are attributable to the health impacts of environmental hazards. Air pollution is the leading cause of deaths from environmental risks and is a leading contributor to the NCD epidemic. Meanwhile, climate change poses the single most important threat to human health, the regional economy, livelihoods and the natural environment across the Region, which records the highest number of deaths from climate change annually among all WHO regions. People living and working in polluted environments, especially women and children, are disproportionately affected. Moreover, the large informal workforce in industries ranging from waste recycling to mining continues to compound illness and death from environmental and occupational hazards.

This biennium the environment and health unit continued to support countries to address environmental health hazards, with recognition of the delicate link between humans, animals and the environment – something that the COVID-19 pandemic served as a reminder of.



First face to face meeting of SEAR Expert Group on Environmental Determinants of Health and Climate Change 13 March 2023 & Regional Meeting on health Impacts of Pollution, 14-16 March 2023, New Delhi

## Key figures

- Globally, between 2030 and 2050, climate change is expected to cause approximately 250 000 additional deaths per year from malnutrition, malaria, diarrhoea and heat stress.
- 99% of people living in cities across the Region breathe air far above WHO guideline minimum levels of pollution.
- Only two thirds (67.5%) of the population in the Region primarily rely on clean fuel for cooking.
- In the South-East Region, there are an estimated 0.33 deaths per 100 000 population from unintentional chemical poisoning, primarily caused by industrial chemicals, pesticides and chemical products.
- One in 100 000 children aged under 5 years in the Region dies from chemical poisoning every year.
- Since 2007, countries in the Region have implemented more than 5000 urban and rural water safety plans.
- The Region had 36.5 deaths per 100 000 from work-related diseases in 2021, the highest among all WHO regions.
- Globally, the coverage of basic sanitation services is now close to 70%, with some countries achieving more than 90%.
- All countries in the region have shown progress in air-quality and water-quality monitoring.
- Almost all countries in the region have in place national health and climate change plans and strategies.
- Seven countries in the region committed to develop climate-resilient and low-carbon health systems at the UN climate change conference in Glasgow (COP26), in response to growing evidence of the impact of climate change on people's health.

*Sources: Quantitative risk assessment of the effects of climate change on selected causes of death, 2030s and 2050s (7); Observations and lessons learnt from more than a decade of water safety planning in South-East Asia (8).*



## Key results

### Leadership: Setting the global and regional environment and health agenda through policies, norms and standards

- WHO continued to support countries to update and monitor the global workplan for WASH in health care facilities in response to the call for action and targets endorsed by the World Health Assembly resolution in 2019.

This included supporting countries to establish baselines, national standards and accountability mechanisms, training the health workforce, setting targets and embedding WASH in health programmes and budgets in line with WHO/UNICEF's 8 Practical steps to achieve Universal Access to Quality care (9).
- Six countries have WHO scorecards on health and environment, which provide an important snapshot of where countries in the Region stand on managing major environmental threats to health.

The health and environment country scorecards, which additional countries are in the process of developing, are helping countries and policymakers to identify areas in need of the greatest attention and resources.
- WHO established a Regional Expert Group on the environmental determinants of health and climate change.

The Group is providing policy guidance to support the operationalization of the regional plan of action 2020–2030 for implementing the WHO global strategy on health, environment and climate change: the transformation needed to improve lives and wellbeing sustainably through healthy environments (10), the Malé Declaration (11) and the Framework for action in building health systems resilience to climate change (12) that was extended from 2022 until 2027.
- In consultation with Member States, the Regional Office drafted a Roadmap to accelerate and scale up actions to reduce the impact of air pollution on health in the WHO South-East Asia Region (2024–2030).

The Roadmap, which will be finalized next biennium, focuses on scaling up primary prevention, building cross-sectoral action, governance and political support, strengthening the health sector and enhancing the evidence-base and risk communication.

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## Guiding policy choices: Prioritizing environment and health policy through strengthening data, cross-learning and advocacy

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|---|---|
| <p>■ WHO convened a knowledge exchange and capacity-building regional workshop in Dhaka, Bangladesh in October 2022, on WASH and climate resilience in health care facilities that brought together 80 officials from ministries of health and environment from 10 countries.</p>                   | <p><i>The meeting identified gaps and areas for improvement and introduced countries to new approaches and tools to build the resilience of health facilities to climate change and to reduce greenhouse gas emissions. It paved the way for the next steps to implementing WASH in health care facilities programming.</i></p>   |
| <p>■ The first ever regional training on antimicrobial resistance and wastewater management was conducted virtually, in August 2022, with 90 officials from the water, environment and health sectors from 10 countries.</p>  | <p><i>To further support countries, a compendium of case studies was developed on regional best practices to minimize antimicrobial waste through supportive policies, plans and accountability mechanisms in the WHO South-East Asia Region.</i></p>   |
| <p>■ A regional meeting on health care waste management was held in Bangkok, Thailand in July 2023 with key stakeholders from the health and environment sectors from 10 countries, UN agencies and other international partners.</p>   | <p><i>The meeting discussed good practices, strategies, approaches and technologies for the safe and sustainable management of health care waste.</i></p>   |
| <p>■ In collaboration with the UNICEF Regional Office for South Asia, a hand hygiene regional coordination meeting was held in June 2022 to improve coordination for hand hygiene initiatives and to align objectives between both agencies in countries across the WHO South-East Asia Region.</p> | <p><i>The Joint Secretary of the Ministry of Water Supply in Nepal presented on the collaboration between WHO and UNICEF that resulted in the development of a national Hand Hygiene for All (HH4A) roadmap. This partnership facilitated the engagement of various ministries, the involvement of private sector and development partners, and enhanced government ownership for HH4A. It was presented as an example for other countries in the region to follow.</i></p> |
| <p>■ A regional meeting on climate-resilient water and sanitation safety planning in Kathmandu, Nepal in 2023 brought together 60 senior and technical officers from ministries of health, surveillance authorities and water treatment plant operators.</p>  | <p><i>The meeting oriented participants on the available tools and approaches for the effective implementation of water and sanitation safety plans and audits.</i></p>   |

- 
- To ensure that no one is left behind, WHO developed a *Toolkit on mainstreaming of gender, disability and social inclusion (GEDSI) in WASH in health-care facilities* (13).

*The toolkit was launched during the Seventy-sixth Session of the WHO Regional Committee for South-East Asia and serves as a compass to guide countries in the seamless integration of GEDSI into strategies and actions fortifying WASH in health care facilities.*

- 
- WHO developed an e-learning course (14). The course outlines the principles and steps involved in taking a water safety planning approach and includes the factors that underpin effective and sustainable implementation.

*The course has had more than 4000 enrolments since its launch in October 2023, with more than 1300 certificates issued to those who have successfully completed the course requirements.*

- 
- The Regional Office developed a “first of its kind” regional guidance package to support countries to develop a functional and robust national water safety plan audit scheme.

*Bhutan and Indonesia applied the package to their contexts and have successfully developed a plan for a national audit scheme.*

- 
- A regional workshop on strengthening poison centres in the WHO South-East Asia Region was held in Bangkok, Thailand in August 2023, bringing together staff from the ministries of health and environment, along with representatives from existing poisons centres in India, Nepal and Thailand.

*In recognizing that poison centres can help countries to deal with the health risks and hazards caused by chemicals, the workshop discussed the establishment of new poison centres, along with the creation of a networking mechanism among poison centres for information and data exchange. Bhutan, Indonesia and Timor-Leste committed to establish at least one poison centre, while Bangladesh and Sri Lanka will strengthen their existing centres.*

- 
- A workshop on strengthening occupational health in the Region was held in September 2023 in Colombo, Sri Lanka that brought together a range of representatives from ministries of health and labour, specifically those involved in occupational health and safety.

*The workshop reviewed challenges in the implementation of occupational health in countries, shared experiences, and identified priority actions to take to strengthen occupational health and safety across all 11 countries in the Region.*

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## Supporting country actions: Supporting country-specific environment and health policy programme design, adaptation and implementation

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- On-site training was conducted for 35 surveillance officers in Bangladesh and Nepal on the principles and practices of climate resilient water safety plan audits. It was accompanied by a demo audit in one site in each country.

*Following the training, which is an integral part of WHO's support to strengthen drinking water quality surveillance programmes, more than 10 such audits have been conducted in both countries.*
  - Through advocacy, knowledge exchange and capacity building, the Regional Office has been leading the way in supporting countries to meet their commitments as part of the COP26 Health Programme (15), including achieving health system net zero emissions by 2050.

*As a result of this support, Bangladesh, Indonesia and Nepal have initiated work on measuring the carbon footprint of health care facilities; Indonesia has begun developing guidelines on climate-resilient health systems; Timor-Leste has developed a draft of a policy and strategy on climate-resilient and environmentally sustainable health care facilities; and India has launched guidelines for green and climate-resilient health care facilities.*
  - Bangladesh and Nepal conducted vulnerability and adaptation assessments and used the results to update their national health adaptation plans, while Indonesia and Timor-Leste are in the process of conducting such assessments.

*Vulnerability and adaptation assessments improve the understanding of the links between climate change and health and can also serve as a baseline analysis against which changes in disease risks and protective measures can be monitored.*
  - A national training and capacity building workshop was held in Timor-Leste in February 2023 that brought together 60 participants.

*The training enhanced the capacities of the health workforce and government authorities on climate-resilient and environmentally sustainable health care facilities and climate-sensitive disease surveillance and early warning and response systems.*
  - A web-based scorecard on WASH, climate resilience and environmental sustainability in health facilities was developed to support countries to conduct assessments and make progressive improvements towards integrating climate resilience and environmental sustainability in health care facility operations.

*The scorecard was piloted in Timor-Leste in April 2023.*
  - WHO supported Maldives, Nepal and Sri Lanka in the installation of ambient air-quality monitoring systems in several cities. The ambient air-quality monitoring stations ensure a systematic, continuous and long-term monitoring of pollutant levels in the outdoor air to assess the extent of pollution and support the achievement of air quality standards.
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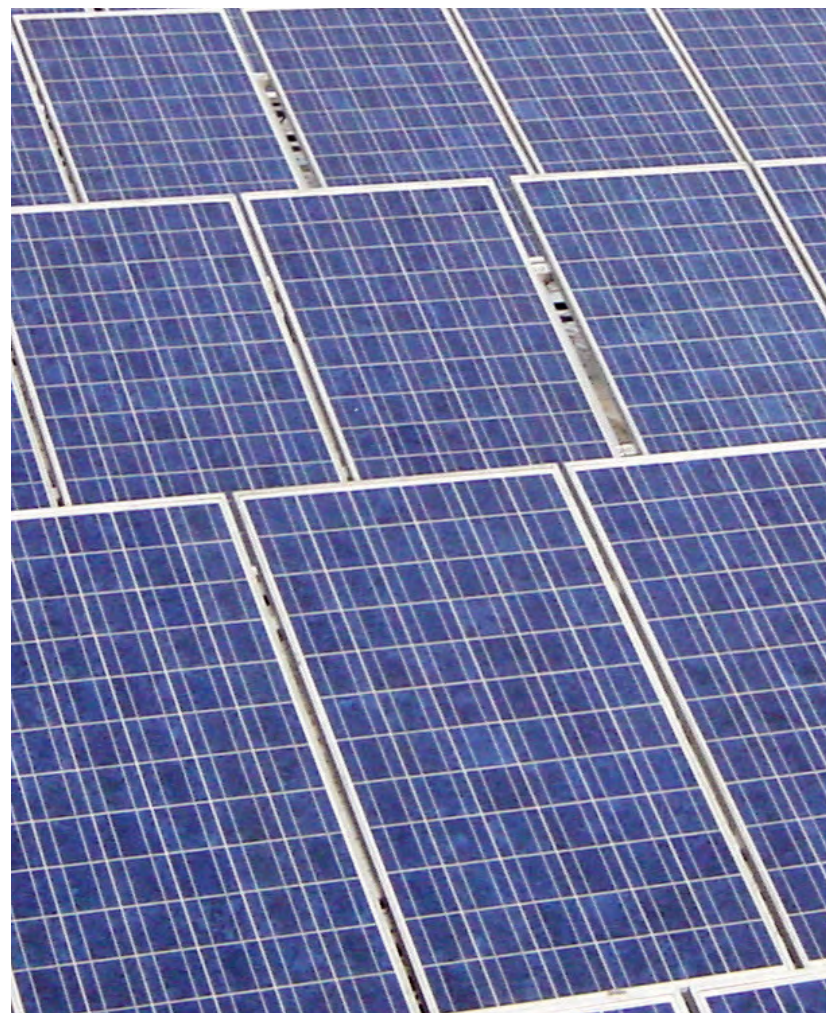
### Box 1: Setting a precedent in Timor-Leste: building climate-resilient health care facilities

In 2023, Timor-Leste took an important step towards building climate-resilient and environmentally sustainable hospitals when Tirilolo Hospital in Baucau installed a solar-power system and an eco-friendly water treatment plant.

The solar power system, which is fortified with advanced lithium batteries to ensure long-term efficiency, is supporting the simulation skills centre at the hospital. Using ultrafiltration technology, the automated water treatment plant can produce 4000 litres of purified water per hour.

The Ministry of Health initiative, in collaboration with WHO, is showcasing how health care facilities can reduce their carbon footprint and greenhouse emissions by embracing clean energy solutions.

By adopting clean energy and ensuring access to safe water, the hospital is not only safeguarding its community, but is redefining health care standards that celebrate a healthier, greener future.





## Box 2: Indonesia's inclusive transformation of WASH in primary health care

- This biennium, Indonesia took several important steps to transform water, sanitation and hygiene (WASH) in Puskesmas (16) (primary health care centres) with WHO support that included:
- holding focus group discussions with key stakeholders to gather insight on the specific WASH needs of women and the vulnerable in health care facilities;
- involving representatives from vulnerable groups in WASH improvement efforts;
- advocating for policy and regulation reforms to make WASH inclusive in health care facilities;
- building capacity for policy-makers, health officers, health care facility staff, relevant organizations and community representatives;
- contextualizing assessment tools such as WASH FIT to be more gender, equality, disability and socially inclusive;
- advocating for GEDSI indicators to be included for the accreditation of primary health care centres;
- establishing SOPs to strengthen inclusive WASH services in health care facilities; and
- developing a national roadmap for WASH in community health centres that addresses the specific WASH needs of women and vulnerable populations.





### Box 3: Thailand's strides towards cleaner and safer air: a commitment to health and prosperity

Despite Thailand's current measurement of air quality being approximately five times higher than the WHO global air quality guidelines for particulate matter of 2.5 micrometres or less in diameter (PM<sub>2.5</sub>) at 5 micrograms per cubic meter (µg/m<sup>3</sup>) (17), the nation is unwavering in its commitment to achieving cleaner air.

Recognizing the significant benefits of clean air on both public health and economic well-being, the National Environment Board of Thailand has reinforced the National Standards for PM<sub>2.5</sub>. The revised 24-hour standard has been lowered to 37.5 micrograms per cubic meter of air (µg/m<sup>3</sup>), down from the previous 50 µg/m<sup>3</sup>, effective 1 June 2023. Simultaneously, the annual standard has been reduced to 15 µg/m<sup>3</sup> from the previous 25 µg/m<sup>3</sup>, to be implemented upon announcement in the Royal Gazette (18).

These significant adjustments align with international benchmarks set by most developed countries and the neighbouring ASEAN countries.

Addressing Thailand's air-quality challenge requires a collective effort across all sectors of society, with significant reductions in emissions from vehicles, factories, open burning of farm waste and forest fires. In a ground-breaking move,

the Thai government, in early December 2023, approved incentives amounting to THB 8 billion (US\$ 225 million) for sugarcane farmers who commit to eliminating residue burning during the cutting of fresh sugarcane. This innovative "green financing" initiative aims to significantly diminish PM<sub>2.5</sub> levels during the 2022–2023 harvest year (19).



## Way forward

With almost one in four of all deaths linked to environmental conditions and climate change, threatening the essential ingredients of good health, it has never been more urgent to address the environmental determinants of health. However, the lack of available climate finance in the health sector is affecting countries' ability to act. In response, in 2024 WHO will organize a climate financing meeting to attract support from key financial institutions and partners to help countries across the Region to access resources needed to translate their plans into action.

In addition, in the 2024–2025 biennium, the Regional Office will continue to support countries to build resilience to climate change into their health systems, as outlined in the Malé Declaration and the *Operational framework for building climate resilient health systems (12)*. WHO will also prioritize building capacity to promote climate resilient and environmentally sustainable health care facilities across the Region and improve surveillance of drinking-water quality and WASH services in health care facilities.

In addition, the Regional Office for South-East Asia will continue to support countries to develop and implement environmental health policies along with actions to reduce air pollution, and to strengthen measures for chemical safety and the protection of workers' health.



## 3 Risk factors

### 3.1 Tobacco control

#### Overview

Tobacco is the world's leading cause of preventable death and a major risk factor for NCDs, including cancers, CVDs, chronic lung disease and diabetes.

It kills almost 8 million people globally, 1.6 million of whom are in the WHO South-East Asia Region. The Region is also one of the largest producers and consumers of tobacco products, with India and Indonesia being among the top five producers in the world.

WHO is at the forefront of implementing tobacco control activities across the Region, coordinating action against tobacco to improve the lives of millions of people. As a result, the Region has recorded the fastest decline in tobacco use among all WHO regions. It is the only WHO region

with sufficient survey data in all countries to allow for the measurement and projection of tobacco-use trends between 2000 and 2030, with survey data available for 100% of the adult population. The prevalence of current tobacco use among adults aged 15 years and above across the Region decreased from 51.2% in 2000 to 26.5% in 2022 (20).

This biennium the Regional Office continued to support countries in implementing evidence-based tobacco control policies and actions presented in the WHO Framework Convention on Tobacco Control (WHO FCTC) (21), in the list of “best buys” (22) and in the WHO MPOWER package (23), a set of six high-impact measures to reduce demand and supply of tobacco and tackle the tobacco epidemic.

## Key figures

- The WHO South-East Asia Region has the highest number of tobacco users in the world: around 411 million, which represents 33% of all users.
- The Region accounts for 77% of smokeless tobacco users in the world and has around 11 million adolescent tobacco users, 30% of the global total.
- Tobacco use prevalence in the Region among men decreased from 68.9% in 2000 to 43.7% in 2022 and from 33.5% to 9.4% among women.
- Smoking has declined in almost all countries of the Region and is moving towards an average prevalence of 25% by 2025.
- India and Nepal are on track to achieve at least a 30% relative reduction in tobacco use by 2025.
- Six countries have banned electronic nicotine delivery systems.
- Ten countries in the WHO South-East Asia Region are Parties to the WHO FCTC and have national laws on tobacco control.
- India and Sri Lanka have ratified the WHO FCTC Protocol to eliminate illicit trade in tobacco.
- Maldives, Nepal and Timor-Leste display the largest health warnings on tobacco packs in the world.



- In 2022, Thailand reached its highest level of tobacco taxation since 2008

Source: WHO global report on trends in prevalence of tobacco use 2000–2030 (24).



## Key results

### Leadership: Setting the global and regional tobacco agenda through policies, norms and standards

- WHO developed and implemented World No Tobacco Day Campaigns in collaboration with WHO country offices for Bangladesh, India and Indonesia, the major tobacco growing countries in the Region, included developing and distributing a video, “Tobacco – a threat to our environment”, and other advocacy material, including banners advocating “Grow food not tobacco”.

The 2022 campaign exposed the tobacco industry’s effort to “greenwash” its reputation and products by marketing them as environmentally friendly, while the 2023 campaign raised awareness on alternative crop production for tobacco farmers.
- In order to address the growing use of novel and emerging nicotine and tobacco products (NENTPs), particularly among young people, an expert group consultation was held to strengthen policies for the prevention of tobacco use across the Region.

A set of recommendations was developed, which included regulating all forms of NENTPs, strictly implementing bans in countries where they are already in place and monitoring the bans without industry interference, and for WHO to support countries to strengthen their law-enforcement mechanisms.
- The Regional Office for South-East Asia launched the Quit Tobacco App (25), the first of its kind by WHO, which targets all forms of tobacco, helps users to identify triggers, set targets, manage cravings and stay focused on quitting tobacco.

The App has the potential to reach millions of people across the Region who have access to smartphones.
- WHO continued working with partners for tobacco control that included signing a memorandum of understanding (MoU) with the Indian Dental Association (IDA) to strengthen tobacco cessation; signing an MoU with the tobacco testing laboratory at NIMHANS, Bangalore, to test tobacco products; collaborating with Ontario Tobacco Research Unit, Canada to undertake a desk review of the smokeless tobacco ban in India; and facilitating a TB–tobacco questionnaire with the International Union Against Tuberculosis and Lung Disease.

Partnerships are an integral part of WHO’s work to advance tobacco control in the Region.

## Guiding policy choices: Prioritizing tobacco policy through strengthening data, cross-learning and advocacy

- WHO collaborated with the United States Centres for Disease Control (CDC) and CDC Foundation to carry out tobacco surveys that included the first round of the Global Adult Tobacco Survey (GATS) (26) in Sri Lanka and the second round of GATS Indonesia and the Global Youth Tobacco Survey (GYTS) in India and Thailand.

*Surveys help countries to enhance their capacity to design, implement and evaluate tobacco control interventions.*

- WHO educated countries about the significance of enforcing supply-side measures to curb tobacco control.

*Sri Lanka has introduced alternative crops for tobacco cultivation in two districts, with areas under tobacco cultivation in these districts reducing by 85% between 2020 and 2022 (27).*

- The first ever report on illicit trade in tobacco products in the WHO South-East Asia Region was developed, and the first umbrella review to assess the safety, efficacy and health impact of electronic nicotine delivery systems began.

*The Report dispelled the common myth that higher taxes on tobacco products would result in more illicit trade, with the report finding substantial variation in illicit trade across the Region.*

- A regional meeting on tobacco policy acceleration and data-to-action in the WHO South-East Asia Region was held to assess MPOWER policy implementation and gaps for policy reforms to accelerate effective tobacco control in the Region by leveraging data-to-action.

*A set of recommendations was published that includes developing a robust data-to-action framework to leverage available data to improve the implementation of programmes and policies and to implement country action plans that were developed during the meeting to close specific gaps.*

Regional meeting on tobacco policy acceleration and data-to-action in WHO South-East Asia Region, 3–5 May 2023, Dhulikhel, Nepal.





## Supporting country actions: Supporting country-specific tobacco policy programme design, adaptation and implementation

- WHO expertise was leveraged to provide extensive technical support and advocacy to assist Timor-Leste in increasing tobacco taxes, which resulted in the country drastically increasing its excise tax on tobacco from US\$ 19/kg in 2011 to US \$50/kg in 2022 to US\$ 100/kg in 2023 (28). This is one of the largest tobacco tax increases achieved anywhere in recent years, with cigarette prices rising by 75% to US\$ 3.50 in 2023. In addition, the share of tax in the retail price of cigarettes increased from 21.8% in 2020 to 59.8% in 2023.

**While it is too early to assess the impact of Timor-Leste's tax increases, there is little doubt that the country has become a global leader in health taxes and, in turn, has promoted a healthier – more sustainable – future for generations to come.**

- Tobacco cessation was strengthened by coordinating the distribution of nicotine-replacement therapy donated by Cipla in India and Timor-Leste, in collaboration with WHO headquarters, carrying out training of the trainers in Maldives, Nepal and Sri Lanka, and facilitating the Government of Nepal's observation visit to India to study tobacco cessation facilities and law enforcement.

*Tobacco cessation drastically improves a tobacco user's chance of successfully quitting and reduces the risk for many adverse health effects.*

- Over five years, WHO supported Indonesia to increase tobacco taxes, including workshops for ministry staff to enhance knowledge and competencies on taxes for health and developing a “smoke-free dashboard” to monitor smoke-free regulations at the subnational level.

*As a result, Indonesia has applied a 10% excise tax on tobacco products to help reduce tobacco use and its harmful effects.*

- WHO South-East Asia Region has supported tobacco tax work in Bangladesh, India and Indonesia by collaborating with the economics team at WHO headquarters.

#### **Box 4: Grow food, not tobacco – a personal story from India**

*“My name is Ashoksingh Gohil and I live in Mahisa village, Kheda district in Gujarat, India. I am a farmer with three hectares of land and I work on the farm every day with my wife.*

*When I was growing tobacco, we earned money once a year and we used to spend it within a few months. We had to borrow money from different sources (and pay interest) to cater for our daily needs. Tobacco growing also led to soil degradation over time, making the soil unfit for growing other crops. We were unable to afford good quality fertilizers to regain lost soil fertility.*

*To overcome the challenges we faced with household expenses and our children’s education, four years ago we decided to stop growing tobacco. We have been cultivating food crops like bajra (pearl millet), rice, vegetables and fruits, which grow faster and generate more money for my family. This has allowed us to afford our living expenses. Our children get good food throughout the year and can go to school now.*

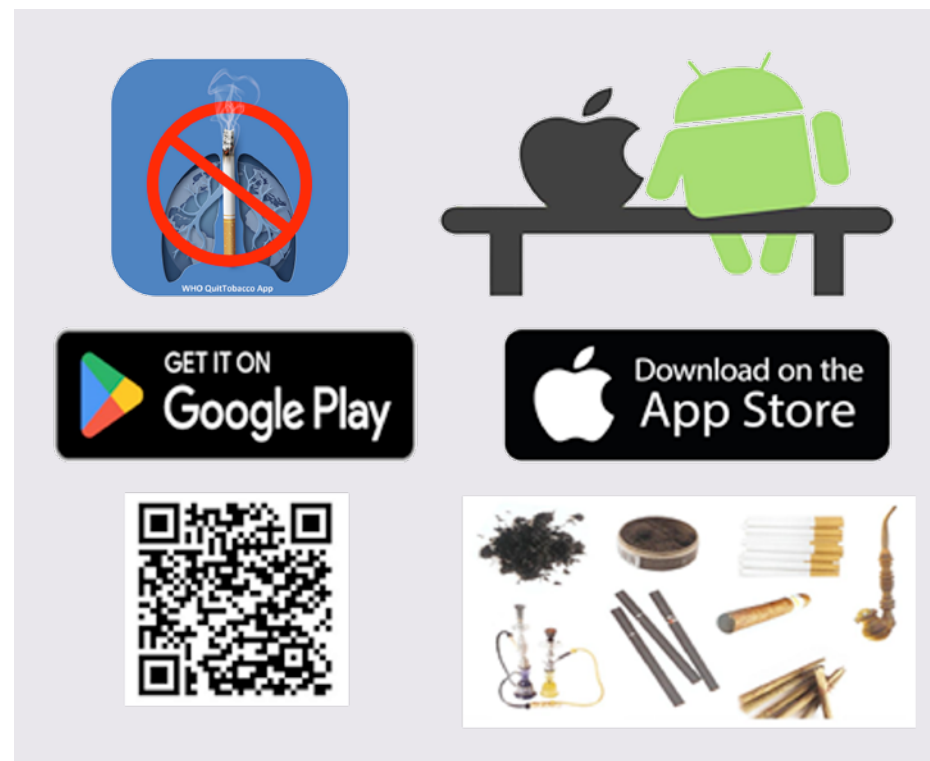
*We are more than happy now and are contributing to a tobacco-free society in our own way. I, along with other tobacco growers, have taken a pledge to grow more food crops and move away from cultivating tobacco.”*



The tobacco industry frequently presents itself as an advocate for the livelihoods of tobacco farmers, but not only does the handling of toxic chemicals during tobacco cultivation contribute to many farmers' poor health, the contractual arrangements with tobacco companies fuel the cycle of poverty.

The WHO FCTC offers specific principles and policy options for the promotion of viable alternatives for tobacco workers, growers and sellers, and on enhancing the protection of the environment and the health of people.

The 2023 World No Tobacco Day campaign called on governments and policy-makers to develop legislation, policies and strategies to help tobacco farmers shift to growing food crops that would provide them and their families with a better life.



## Way forward

The continued high burden of tobacco use, coupled with the growth in novel and emerging nicotine and tobacco products and tobacco industry interference are some of the ongoing challenges in the Region. To achieve the one billion target (protecting one billion people in the Region from the detrimental effects of tobacco use by implementing at least three MPOWER measures at the highest level of achievement) by 2025 (29), the unit will continue to provide technical and strategic support to improve the implementation of the MPOWER package in all 11 countries. Focus will be placed on developing surveillance tools to monitor tobacco use and prevention policies among youth and adults. WHO will also support countries to improve the implementation of supply-side tobacco control measures and will focus on counteracting the increasing popularity of novel and emerging nicotine and tobacco products among young people. In addition, the Regional Office will also continue to partner with research and academic institutes to generate robust evidence on tobacco control issues of regional significance, such as smokeless tobacco, illicit tobacco trade and alternative livelihoods for tobacco farmers.





## 3.2 Alcohol

### Overview

Since 2014, the Region has been implementing the *Regional action plan to implement the Global strategy to reduce the harmful use of alcohol for the South-East Asia Region (2014–2025)* (30) to reduce the health and societal burden from alcohol consumption by strengthening the capacity of Member States to address alcohol-related problems.

In 2018, WHO launched the SAFER Initiative (2), an acronym for the five most cost-effective high-impact interventions to reduce alcohol-related harm and to protect communities from the harm caused by the alcohol industry. To further accelerate action, in 2022 WHO endorsed the Global alcohol action plan (2022–2030) (31) to effectively implement the Global Strategy as a public health priority by increasing the implementation of alcohol policies and resources to tackle the growing problem.

This biennium, the Regional Office continued to support countries to develop and implement alcohol policies by strengthening capacity, collaboration and coordination to help the Region move towards realizing alcohol-related targets and improve the health and wellbeing of millions.

### Key figures

- Alcohol accounts for 1 in every 20 deaths in the Region.
- Alcohol is a major risk factor for road traffic injuries, which cause more than 300 000 deaths per year, and for suicide, which is the second leading cause of death among those aged 15–29 in the Region.

*Source: Making South-East Asia SAFER from alcohol-related harm: Current status and way forward (32).*

## Key results

### Leadership: Setting the global and regional alcohol agenda through policies, norms and standards

- The Regional Office, in partnership with WHO headquarters, commenced an in-depth project to increase capacity of Member States to strengthen alcohol control by implementing SAFER (2) measures in Bangladesh, Bhutan, Nepal, Sri Lanka, Thailand and Timor-Leste.

### Guiding policy choices: Prioritizing alcohol policy through strengthening data, cross-learning and advocacy

- WHO collaborated with countries to publish a policy response to alcohol consumption and tobacco use during the COVID-19 pandemic in the WHO South-East Asia Region (33). *In the face of future public health emergencies, the guidance suggests impactful actions countries can take to minimize harm, such as introducing stronger regulations to protect public health over vested interests and increased alcohol taxes to protect people's health.*
- WHO supported Bangladesh, Bhutan and Timor-Leste to carry out STEPS (Stepwise approach to surveillance) surveys for NCD risk factors, which included an expanded alcohol policy survey model. *The survey results provide countries with timely and technically sound data on alcohol use and policy implementation status that can inform future policy actions.*

### Supporting country actions: Supporting country-specific alcohol policy programme design, adaptation and implementation

- WHO advocated for Nepal, Sri Lanka and Timor-Leste to increase alcohol taxes as part of the SAFER initiative (2). Alcohol taxation is one of the most effective and cost-effective alcohol control measures.

**Nepal was the second country globally and the first in the Region to commit to the SAFER initiative, making concerted efforts to prioritize cost-effective interventions and strategies to address harmful alcohol use.**

- In line with the Global Action Plan (31), WHO supported Bhutan to revise and update its alcohol strategy, and Timor-Leste to develop its national alcohol policy and plan, both of which are awaiting government approval. *Country-specific alcohol plans and policies provide the impetus for taking strong action on alcohol to protect the public.*



- Screening for alcohol-related issues was incorporated into NCD screening and the WHO package of essential noncommunicable (PEN) disease interventions for primary health care (34) in Timor-Leste, and is also being rolled out in Bhutan with WHO support.

*Identifying alcohol-related issues early enables patients to be managed and/or treated in a timely manner, improving health outcomes.*

- WHO provided ongoing technical support for the implementation of the SAFER initiative (2) as a special project in Nepal and the RESET Alcohol Program (35) in Sri Lanka, a global consortium focused on reducing alcohol-related harms in hard-hit countries.

*Both countries are focused on developing policies to raise the price of alcohol via taxation, regulate availability and restrict alcohol marketing in order to improve the health and lives of millions of people.*

## Way forward

The Region faces numerous challenges in reducing the harm from alcohol use, such as the thriving illicit trade in alcohol, a widespread alcohol industry and unregulated alcohol advertising on social media, making alcohol use attractive to young people.

Implementing alcohol control measures requires multisectoral action, but trade and fiscal policies in many countries do not consider the harmful effects of alcohol. Next biennium, WHO will, among other activities, facilitate a range of regional webinars dedicated to selected areas for intervention from the SAFER initiative, along with supporting countries, in order to implement SAFER measures

## The SAFER interventions



### Strengthen restrictions on alcohol availability

Enacting and enforcing restrictions on commercial or public availability of alcohol through laws, policies, and programmes are important ways to reduce harmful use of alcohol. Such strategies provide essential measures to prevent easy access to alcohol by young people and other vulnerable and high-risk groups.



### Advance and enforce drink driving counter measures

Road users who are impaired by alcohol have a significantly higher risk of being involved in a crash. Enacting and enforcing strong drink-driving laws and low blood alcohol concentration limits via sobriety checkpoints and random breath testing will help to turn the tide.



### Facilitate access to screening, brief interventions and treatment

Health professionals have an important role in helping people to reduce or stop their drinking to reduce health risks, and health services have to provide effective interventions for those in need of help and their families.



### Enforce bans or comprehensive restrictions on alcohol advertising, sponsorship, and promotion

Bans and comprehensive restrictions on alcohol advertising, sponsorship and promotion are impactful and cost-effective measures. Enacting and enforcing bans or comprehensive restrictions on exposure to them in the digital world will bring public health benefits and help protect children, adolescents and abstainers from the pressure to start consuming alcohol.



### Raise prices on alcohol through excise taxes and pricing policies

Alcohol taxation and pricing policies are among the most effective and cost-effective alcohol control measures. An increase in excise taxes on alcoholic beverages is a proven measure to reduce harmful use of alcohol and it provides governments revenue to offset the economic costs of harmful use of alcohol.

### 3.3 Nutrition and healthy diets

#### Overview

The WHO South-East Asia Region is facing a huge double burden of malnutrition with a slow decline in undernutrition and increasing levels of obesity. Obesity is fuelled by sedentary behaviours and increased availability, accessibility, promotion and consumption of highly processed convenience foods that are high in saturated fat, energy, sugars and salt. The unprecedented rise in food prices brought on by global conflicts and the subsequent economic downturn has hit households and livelihoods hard, increasing food insecurity and posing a challenge to improving nutrition in the Region.

This biennium the Nutrition and Health for Development (NHD) unit focused on reducing the double burden of malnutrition by supporting countries to increase the implementation of actions to support essential nutrition. Special focus was given to implementation and enforcement of the national Codes of Marketing for Breast Milk Substitutes and to supporting the diets of young children. The unit continued its work on advocacy and building capacity to implement, monitor and enforce regulatory actions to improve the food environment. Actions included work on eliminating *trans*-fatty acids from national food supplies, supporting countries in programmes to reduce population sodium intake. Other food system actions included supporting Member States to regulate the marketing of unhealthy foods and beverages to children, front-of-pack

labelling for foods and promoting food reformulation. Fiscal policies were supported to reduce access to unhealthy foods such as sugar-sweetened beverages.

With climate extremes, economic shocks and the high cost of nutritious foods showing no sign of abating, addressing the double burden of malnutrition is urgent.



## Key figures

- 49.8 million children aged under 5 years are stunted in the Region.
- 24 million children aged under 5 years are wasted in the Region, almost half of the global burden.
- 8.9 % of children aged 5-19 years are overweight and 22.5% are thin.
- Three countries, Bhutan, Bangladesh and Nepal are on track to reach the 2025 goal of a 40% reduction in the number of children under 5 years who are stunted, and seven other countries are showing some progress towards the target.
- Four countries in the Region are on track to meet the 2025 target of no increase in childhood overweight from the baseline.
- The Region has maintained an exclusive breastfeeding rate of over 50%, reaching the World Health Assembly target of 50% by 2025 well ahead of time.
- Five countries have implemented fiscal policies through taxation on sugar-sweetened beverages.
- One country has regulated comprehensive policies to address the marketing of unhealthy foods and beverages to children, while two others have introduced voluntary or mandatory school food marketing restrictions.

Sources: UNICEF/WHO/The World Bank: *Joint child malnutrition estimates (JME)* (36); *Global health observatory* (37); *Noncommunicable Diseases Progress Monitor 2022* (38); *Breastfeeding rate calculated based on: Breastfeeding. Too few children benefit from recommended breastfeeding practices* (39). *Sugar-sweetened beverages: Global report on the use of sugar-sweetened beverage taxes, 2023* (40).

## Key results

### Leadership: Setting the global and regional nutrition agenda through policies, norms and standards

- Collaboration with UN partners on an initiative by the Food and Agriculture Organization (FAO) led to the development and publication of the *Asia and Pacific – Regional overview of food security and nutrition: urban food security and nutrition (41)*, which was launched at a high-level webinar with major stakeholders.  
*The report provides trends on food insecurity and encourages governments to address increasing food insecurity with specific actions and to focus on urban food systems to inform urban food policies and governance.*
- To draw attention of countries to rising levels of obesity, the Nutrition and Health for Development unit collaborated with WHO headquarters, WHO Western Pacific Regional Office and VicHealth, Australia and organized an intercountry obesity dialogue.  
*The dialogue led to the sharing of good practices and identification on specific actions to be implemented over the next two years by four WHO South-East Asia Region countries. Country actions include food marketing regulations, food labelling and expanding growth monitoring to include overweight and referrals, school obesity prevention and planning weight-management initiatives.*
- The Nutrition and Health for Development unit's focus on the diets of young children led to the generation of evidence on commercial foods given to children and the development of a nutrient and promotion profile model to benchmark food products for older infants and young children. The model was introduced to countries at a WHO regional workshop on diets for young children. The workshop advocated the need for double duty actions to improve the diets of young children and provided technical updates on new complementary feeding recommendations and updated monitoring indicators.  
*The nutrient and promotion profile model will be utilized by countries to address the inappropriate marketing of commercially available complementary foods for infants and young children, helping to improve healthy diets and reduce obesity, and the monitoring indicators will be incorporated into national surveys.*
- The successful partnership with Resolve to Save Lives continued in the current biennium to support elimination of *trans*-fatty acids (TFAs) and for population salt reduction.  
*Scaling up efforts to eliminate TFAs and reduce salt will support a reduction in mortality and morbidity from CVDs. Today, four countries have taken regulatory actions on eliminating TFAs from the food supply, protecting millions of people from the harmful effects of TFAs, and five countries are working towards implementing interventions to reduce salt intake.*
- The development and dissemination of the WHO South-East Asia Region Sodium Benchmarks for Packaged Foods (42) will help countries reduce sodium content and contribute towards reducing population salt intake.  
*The benchmarks are already being used by Thailand to initiate discussions on the reformulation of sodium thresholds for specific foods, and as an advocacy tool for Indonesia to initiate work on the reformulation of foods.*

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## Guiding policy choices: Prioritizing nutrition policy through strengthening data, cross-learning and advocacy

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- WHO collaborated with UNICEF to help countries to implement and enforce the International Code of Marketing of Breast Milk Substitutes (43) (the Code).

*A workshop facilitated the monitoring of Code implementation in Bangladesh, India, Maldives, Nepal and Sri Lanka to empower governments to monitor compliance with national legal measures, identify gaps in national legislation and initiate work on revision of legislation. Sri Lanka has already submitted revisions to its National Code to its legislative body.*

*High-level advocacy led to Timor-Leste adopting the Code and launching a national breastfeeding promotion campaign in 2023. This will help improve breastfeeding rates in Timor-Leste and thereby improve child survival and health.*

- The WHO Sodium Country Score Card (44) monitors countries' progress towards national commitments in implementing policies to reduce sodium intake.

*The Score Card serves as an advocacy and accountability tool to accelerate population salt reduction to help improve health and reduce the burden of NCDs.*

- WHO developed and disseminated an e-learning module on Monitoring methodologies for diet related regulatory interventions to support a healthy food environment to build capacity on regulatory actions and their enforcement (45).

*The online learning material that includes case studies has supported governments to strengthen monitoring and enforcement of regulations to address diet-related disease, with over 6000 learners enrolling in the course thus far.*

**Nine of the 11 countries in the Region have now legislated the Code of Marketing of Breast Milk Substitutes, helping to protect and promote breastfeeding and improve child survival. The Region continues to maintain exclusive breastfeeding rates at over 50%, thanks to sustained WHO advocacy and support.**

- A multi-country study on the marketing of foods and beverages to children via mass media was done to provide evidence to countries on the need for regulatory actions on marketing of foods to children. The results were disseminated in a Regional webinar that also shared good practices and experiences on breast milk substitutes and tobacco marketing to help countries to act on protecting children.

*The results of the multi-country study will provide data to support Thailand's draft comprehensive food marketing regulations and implementation of Sri Lanka's regulation on marketing of foods to children.*



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## Supporting country actions: Supporting country-specific nutrition policy programme design, adaptation and implementation and monitoring.

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- WHO supported Indonesia's Stop Stunting initiative through provision of technical guidance to interpret WHO recommendations and develop new guidance to improve young child diets. *The new guidance will help Indonesia to reduce its burden of malnutrition in young children.*
  - WHO continued support for Timor-Leste to implement infant and young child feeding practices through analysis of knowledge and practices among caregivers and healthcare staff. *The results will be used to update and design capacity building to enhance complementary feeding practices.*
  - All three levels of WHO collaborated to hold in-country workshops in Indonesia and Nepal to build capacity on best-practice policies to eliminate TFAs from the national food supplies. More than 40 national officials from both countries were trained. *Following the in-country workshops, Nepal has finalized draft regulations to eliminate TFAs, and Indonesia is finalizing an assessment of TFAs in the national food supply.*
  - Two workshops were held in Indonesia to promote healthy diets. *The workshops have contributed towards Indonesia's Ministry of Health developing an omnibus of regulatory policies to support the food environment. A workshop to build multistakeholder capacity on regulatory food policies was held in Indonesia and was followed by the government initiating discussions on food reformulation with lower sodium.*
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■ By 2022, Bangladesh, India and Thailand adopted regulations for the elimination of TFAs, through sustained WHO advocacy and technical support, together with advocacy and financial support from Resolve to Save Lives. In 2023, Sri Lanka enacted legislation, banning partially hydrogenated oils, the primary source of *trans*-fats in food.

*The collective effort by these countries now has the potential to protect over 1.6 billion people from the harm caused by TFAs.*

■ The WHO Country Office for India and the Food Standards and Safety Authority of India (FSSAI) collaborated on food labelling, including developing a draft nutrient profile model to guide country actions on optimizing the quality of formulated complementary foods.

*This resulted in the FSSAI developing and publishing draft regulations on front of pack nutritional labelling for foods high in fat, sugar and salt.*

■ WHO supported Indonesia in developing and finalizing dietary guidelines to promote the intake of a balanced diet, and Myanmar in developing food-based dietary guidelines.

*The guidelines will support countries in ensuring appropriate policy decisions and accurate communications and in helping to prevent undernutrition, obesity and diet-related NCDs.*

Thailand was validated by WHO in October 2023 for the elimination of *trans*-fatty acids. It is the first country in the Region to receive this validation.



### Box 5: Thailand tackles childhood obesity

At the Seventy-fifth World Health Assembly in 2022, Member States adopted new recommendations for the prevention and management of obesity and endorsed the WHO Acceleration Plan to Stop Obesity (46). As part of efforts to address the obesity crisis, frontrunner countries were selected from each WHO region to receive additional assistance until 2030. The Regional Office, along with the WHO Country Office for Thailand, successfully advocated for the Government of Thailand to commit to Thailand being a frontrunner in reducing child obesity.

Obesity prevention and control requires multisectoral policies and actions that go well beyond the health sector, and which are implemented through a whole-of-society approach. This includes structural, fiscal and regulatory actions aimed at creating healthy food environments, and could involve nutrition labelling policies, taxes and school food standards and nutrition education.

Obesity has doubled in Thailand in the past two decades, with 11.4% of children aged between 1 and 5 years, and 13.9% of children aged between 5 and 14 years, being obese.

Childhood obesity is expected to increase by 60% over the next decade, reaching 250 million by 2030. As part of efforts to tackle the country's growing obesity problem, WHO supported the development of Thailand's draft regulations on preventing the marketing of unhealthy foods to children. This involved joint advocacy with multiple stakeholders including UNICEF and Thailand's Health Promotion Foundation. The draft law states that controls must be imposed on advertising items that are high in fat, sugar and salt.

## Way forward

The WHO South-East Asia Region continues to face multiple challenges in addressing both undernutrition and in promoting healthy diets. The food industry's aggressive marketing of unhealthy foods aimed at children, its pushback against the Code of Marketing of Breast Milk Substitutes, and its promotion of formula milks and commercial food products over breast milk and homebased complementary foods impede policy progress. Programmatic challenges such as a lack of nutrition staff at the country level and competing priorities, have seen undernutrition and micronutrient deficiencies neglected. The ongoing food insecurity crisis requires sustained focus on both under- and over-nutrition.

The next biennium will see the unit continue to work on addressing the double burden of nutrition, with specific attention given to the continuing work on the diets of young children at country level, consolidating gains made in reducing undernutrition and preventing and managing child obesity. Work will continue in Thailand as a frontrunner country for childhood obesity prevention, while the Regional Office will also extend support to Bangladesh, India, Indonesia and Sri Lanka to tackle childhood obesity.

Importantly, the success of TFA elimination across the Region will continue, while WHO will further its understanding on the commercial determinants of malnutrition that impede policy progress, especially on regulatory actions. The Nutrition and Healthy Diets unit will continue to advocate to all countries the importance of promoting healthy diets. It will advocate and provide technical guidance to Bangladesh, Indonesia and Nepal on the implementation of taxes on sugar-sweetened beverages, and to Bangladesh and Nepal on front-of-pack labelling. With six global nutrition targets just two years away, addressing malnutrition in all its forms is paramount.

The screenshot shows a course page on the OpenWHO platform. The title is "Monitoring methodologies for diet-related regulatory interventions to support a healthy food environment". Below the title, there are navigation icons for Learnings, Discussions, Progress, Certificates, Collab Space, Course Details, Documents, and Announcements. A yellow banner on the right says "Course is available". The main content area features a photograph of a man in a brown jacket looking at products on a grocery store shelf. To the right of the photo is a text box with the following content:

Monitoring food industry compliance with government regulations to improve food environments and promote healthier diets is critical to ensuring positive health outcomes. This course provides guidance on how to effectively develop, implement and improve methods and systems for monitoring and enforcing food industry compliance, with particular reference to three key types of food regulatory labelling, recommendations and regulations on marketing of food and non-alcoholic beverages to children.

Photo credit: WHO / Esmée Khan  
Please note: These materials were launched on 23/20/2022

Additional details shown include: "Self-paced", "Language: English", "Not device specific", and a "Join this course" button.

## 3.4 Promoting physical activity

### Overview

Insufficient physical activity is one of the leading risk factors for the development of NCDs. Regular physical activity is proven to help prevent and treat NCDs such as heart disease, stroke, diabetes and breast and colon cancer. It also helps prevent hypertension, overweight and obesity and can improve mental health, quality of life and well-being. Physical inactivity not only impacts people's health, it is also a major economic burden to health systems and economies worldwide.

In 2018, WHO launched the Global action plan on physical activity 2018–2030 (47) that provides a set of policy recommendations to increase physical activity across four areas: active societies, active environments, active people and active systems. The plan aims to achieve the global target of a 15% relative reduction of physical inactivity by 2030. The *Roadmap for implementing the Global action plan on physical activity in the WHO South-East Asia Region (1)* serves as a guide for countries to identify priority areas and adapt policy to their own specific contexts between 2021 and 2025. All countries in the Region have adopted the global voluntary target of a 10% relative reduction in physical inactivity by 2025. This biennium, the physical activity programme at WHO continued to promote and increase awareness of the benefits of physical activity and support country capacity to develop and implement physical activities strategies and programmes.

### Key figures

- More than 70% of school-aged children (11–17 years) and 20% of adults in the Region do not meet global recommendations for physical activity.
- Almost 500 million new cases of preventable NCDs will occur between 2020 and 2023.
- About 8% of all cases of cardiovascular disease, depression and dementia, and about 5% of type-2 diabetes cases could be prevented if people were more active.
- Ten countries have an operational NCD policy that includes physical activity and have targets on physical activity.

*Source: Status report on 'physical activity and health in the South-East Asia Region': July 2018 (48).*



## Key results

### Leadership: Setting the global and regional physical activity agenda through policies, norms and standards

- WHO published an update on the 2019 guide to planning healthy meetings (49) that provides key information on creating a culture of a healthy lifestyle at high-level meetings, technical meetings and other events in the workplace.

*The updated guidance includes utilizing virtual platforms in the post-pandemic era, minimizing the risk of COVID-19 infection, promoting mental health and the avoidance of the harmful use of alcohol, supporting regional office and country office staff and Member States to undertake regular exercise and make healthier choices.*

### Guiding policy choices: Prioritizing physical activity policy through strengthening data, cross-learning and advocacy

- WHO supported countries to develop strategies and plans to include physical activity promotion into primary health care delivery to reduce the risk of NCDs.

*More specifically, this has involved discussions with officials in Sri Lanka on promoting physical activity and sharing good practices on capacity building at the primary health care level with stakeholders.*

- WHO commenced the development of country factsheets on physical activity. The factsheets provide detailed insight into the state of physical activity, making them a useful tool for country-specific advocacy to take stronger action on physical inactivity.

- In order to support the implementation of the Roadmap for implementing the global action plan on physical activity, the Regional Office held three webinars (50) that brought together policy-makers from ten countries.

*The webinars identified concrete ways to increase physical activity in different settings, such as preschools, and discussed practical ways of overcoming challenges in implementing physical activity programmes, among other topics.*

- WHO mapped physical activity stakeholders such as academia, other UN agencies, the Asia-Pacific Society for Physical Activity (ASPA) and Thai Health to create a community of practice who are supporting countries.

*These stakeholders provide expertise and advocacy to promote physical activity across countries.*

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## Supporting country actions: Supporting country-specific physical activity policy, programme design, adaptation and implementation

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- Timor-Leste drafted national physical activity guidelines with WHO technical support. The guidelines will be adapted to support physical activity programmes across the life-course, from young children to the elderly.

*Bangladesh carried out a situational analysis of its physical activity policies and coherence across sectors, with support from the WHO South-East Asia Regional Office and WHO Country Office for Bangladesh, which was an important step toward promoting physical activity in different settings and populations. Following this, a national workshop brought together more than 30 officials from multiple sectors to help policy-makers identify actions to support physical activity, supported by Global RECAP: Global Regulatory and Fiscal Capacity Building Programme.*

- Indonesia's Ministry of Health, supported by WHO, developed guidelines to promote physical activity in schools.

*Incorporating physical activity into primary and secondary schools contributes to preventing the increasing problem of childhood obesity.*

- Timor-Leste opened an open-air gym in the Ermera Lautem municipality, with WHO support, to encourage a culture of physical activity at the community level. Bhutan, India, and Nepal also set up open-air gyms.

*Open-air gyms not only make exercise accessible to everyone in the community but also provide an important space to promote positive health messaging, such as promoting no tobacco use.*

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### Box 6: Promoting physical activity through Healthy Lifestyle Centres: the Sri Lankan story

Almost a third of Sri Lankan adults do not meet physical activity guidelines, making them more vulnerable to NCDs. In response, the National Programme on Promotion of Physical Activity was established within the Ministry of Health. The programme focuses on the promotion of physical activity in collaboration with WHO in three settings: communities, educational settings (preschools, schools and higher education institutions) and workplaces.

In 2011, Healthy Lifestyle Centres (HLCs) were established to help reduce the risk of NCDs by detecting risk factors early and improving access to care for those with NCDs. The availability of HLCs has made it possible to increase physical activity in communities.

All health care staff have been trained on promoting physical activity and provide counselling and brief interventions for behavioural change along with enrolment in exercise programmes conducted at HLCs, such as aerobic exercise sessions. There are more than 200 HLCs across the country that run regular physical activity programmes, while community groups have been inspired to establish their own exercise sessions in open spaces. The availability of the training of trainers (ToT) manual on the promotion of physical activity in primary health care facilities, and the capacity building of district medical officers with WHO support paved the way for the successful implementation of the programme at the community level.



## Way forward

Most countries in the Region are facing rapid urbanization, bringing about new and emerging health challenges and lifestyle changes such as physical inactivity and unhealthy diets. In the face of a growing obesity epidemic and a large NCD burden, access to green spaces, parks and urban forests and school-based programmes to promote physical activity to reduce the risk of chronic diseases and improve mental health has never been more important.

But there is a lack of adequate country capacity to promote physical activity, which WHO will continue to address through building capacity among countries. Next biennium, WHO will continue to support countries to promote physical activity in schools, promote incorporation of physical activity through primary health care, and support Bangladesh, Indonesia, Nepal, Sri Lanka and Thailand to implement legislative actions to support physical activity through the RECAP project.



# 4 NCD management, multisectoral policies and surveillance

## Overview

Noncommunicable diseases (NCDs), namely cardiovascular diseases (CVDs), cancer, diabetes and chronic respiratory diseases are a major burden on the health and development of the 11 countries of the Region. NCDs not only impact people's health and wellbeing but can also propel families into poverty with catastrophic out-of-pocket health care costs, along with a reduced ability to work.

In the Region, 62% of all deaths are due to NCDs, and there is a growing burden of premature mortality, with approximately half of the 9 million deaths among people aged 70 years or younger. The Region is also facing an increasing cancer burden, with cancer estimated to account for more than 20% of premature mortality from NCDs (51).

Monitoring progress towards universal health coverage (UHC) in 2023 showed that while the Region had continued to make

substantial progress in the coverage of services on reproductive, maternal, neonatal and child health, and most infectious diseases, services related to NCDs experienced the slowest pace of improvement between 2000 and 2021. The Region has the highest out-of-pocket health expenditure among all WHO regions and, given the chronic lifelong care associated with some NCDs, it is likely that they are responsible for catastrophic health spending.

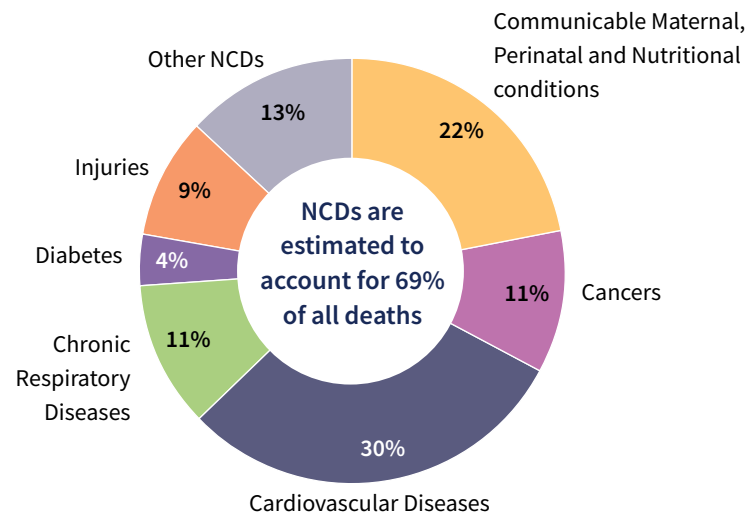
Considering the urgent need to scale up the implementation of impactful interventions to tackle NCDs, this biennium the NCD unit supported countries in embarking on an ambitious targeted approach to accelerate action towards achieving the global goals.



## Key figures

- NCDs were responsible for 9 million deaths in 2019, which accounts for 69% of all deaths in the Region.
- Of all the NCD deaths, 43.4% are due to CVDs.

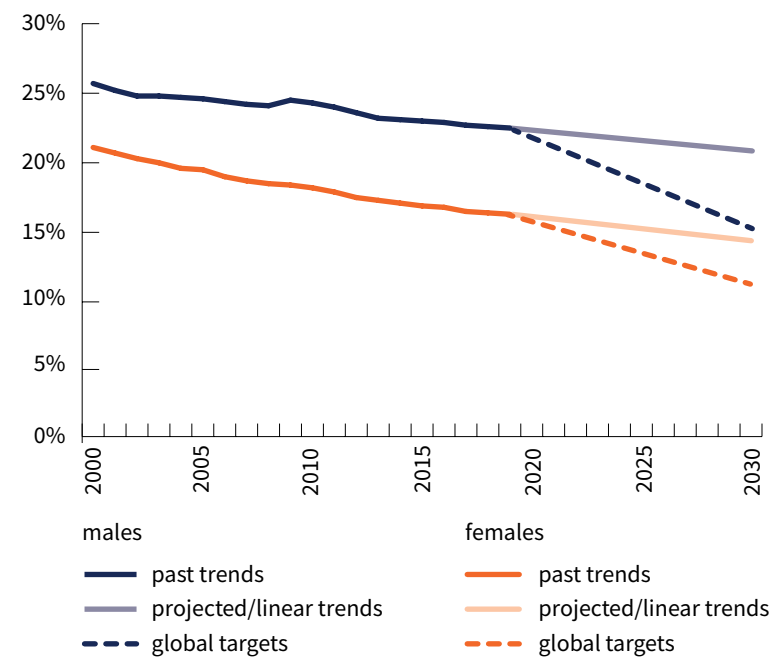
Fig. 1. Deaths from NCDs in the WHO South-East Asia Region (2019)



Source: Global Health Observatory (<https://www.who.int/data/gho>)

- The probability of dying between the ages of 30 and 70 years from a major NCD in the Region shows a declining trend.

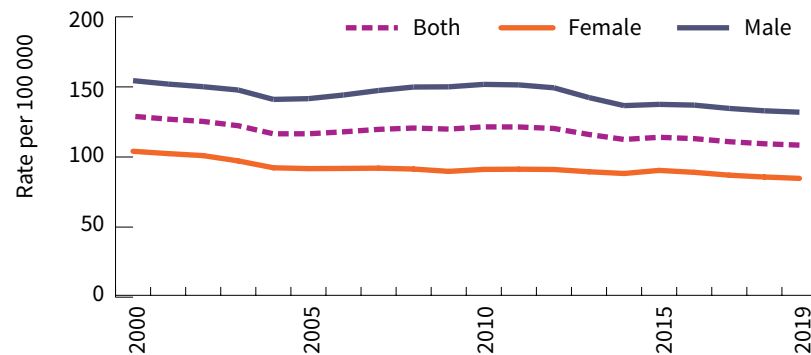
Fig. 2. Trends in probability of premature mortality due to NCDs in the WHO South-East Asia Region (2000–2019)



Source: Global Health Observatory (<https://www.who.int/data/gho>)

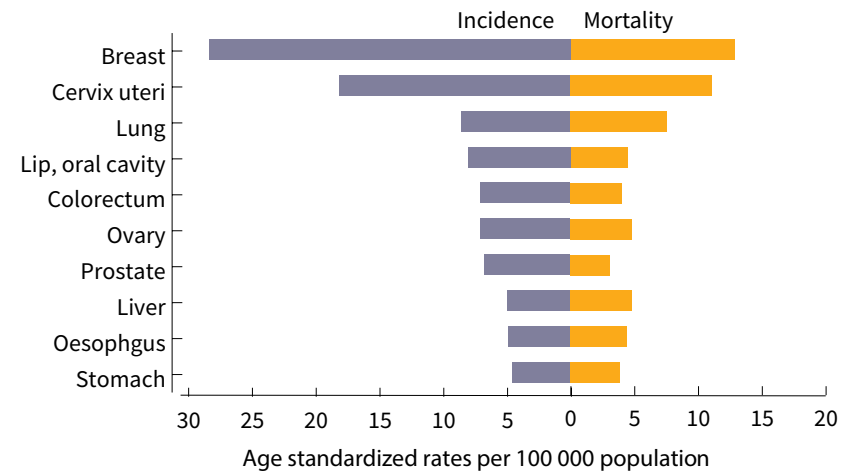
- The probability of dying from CVDs, cancers, diabetes, and chronic respiratory diseases between the ages of 30 and 70 years declined from 23.4% in 2010 to 21.6% in 2019, the decline being slightly greater in males than in females.
- In the Region, every 1 in 4 adults has raised blood pressure, with just 1 in 10 having it under control; 1 in 10 adults has diabetes.
- Approximately half (52.4%) of the premature deaths from major NCDs, are due to premature CVD deaths while 26.7% premature deaths are due to cancer.
- An estimated 2.2 million people developed cancer in 2020 and 1.4 million died in the Region.

Fig. 3. Trends in age-adjusted premature death rates due to CVD in the WHO South-East Asia Region (2000–2019)



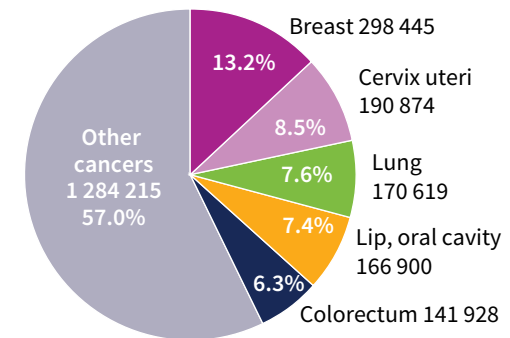
Source: Global Health Observatory (<https://www.who.int/data/gho>)

Fig. 4. Age-adjusted rates of incidence and mortality of leading cancers in the WHO South-East Asia Region (2020)



Source: Globocan 2020 (52)

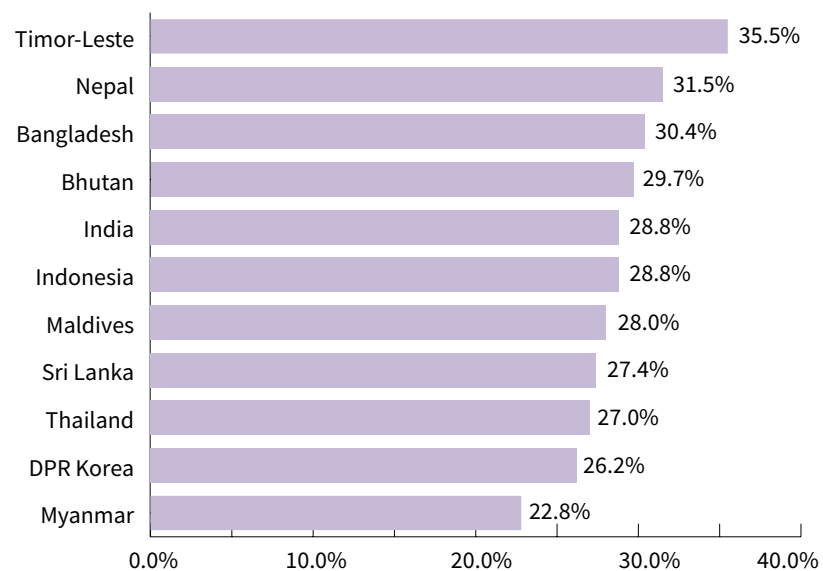
Fig. 5. Number of new cases of cancer in the WHO South-East Asia Region (2020) (both sexes, all ages)



Source: Globocan 2020 (52)

- In 2019, there were 900 million cases of untreated dental caries, severe periodontal diseases and edentulism across the Region

Fig. 6. Estimated prevalence of caries of permanent teeth in people aged 5 years or older by country in the WHO South-East Asia Region (2019)



Source: Global oral health status report (53)



## Key results

### Leadership: Setting the global and regional NCD agenda through policies, norms and standards

- The *Implementation roadmap for accelerating the prevention and control of noncommunicable diseases in South-East Asia 2022–2030 (54)* was endorsed.

The Roadmap provides strategic directions and tools to support the prioritization and acceleration of high-impact interventions to tackle NCDs that are feasible within local contexts. A regional workshop to implement the roadmap was held in Dhaka, Bangladesh in June 2023 to support countries to accelerate NCD prevention and management, while another workshop was held in Colombo, Sri Lanka in October 2023 on expanding the availability and access to palliative care.
- The *Action plan for oral health in South-East Asia 2022–2030 (55)* was endorsed.

The plan has six strategic action areas to move towards UHC for oral health and has two targets to track progress on the implementation of impactful action: a 33.3% relative reduction of premature mortality from oral and a 25% relative reduction of prevalence of untreated caries of permanent teeth. A regional meeting was held in Bangkok, Thailand, to support countries to adapt and implement the plan according to national priorities and context.
- The Region is rolling out the SEAHEARTS (4) initiative that brings together efforts to control tobacco, reduce salt consumption, eliminate *trans*-fatty acids and control the harmful use of alcohol, along with improved coverage of hypertension and diabetes control services through the primary health care approach. The Seventy-sixth session of the WHO Regional Committee for South-East Asia endorsed a Resolution that urges countries to accelerate the implementation of WHO technical packages according in their national context to reach the interim milestones of the Dhaka Call to Action – accelerating the control of cardiovascular diseases in a quarter of the world’s population (56).

Six countries have set national targets, which amounts to placing 80 million people with hypertension and/or diabetes on protocol-based management by 2025, with other countries in the process of setting targets that will help the Region progress towards the goal of 100 million people with hypertension and/or diabetes placed on protocol-based treatment by 2025.



## Guiding policy choices: Prioritizing NCD management through strengthening data, cross-learning and advocacy

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| <ul style="list-style-type: none"> <li>WHO developed an NCD impact simulation tool (57) to help countries prioritize NCD interventions. It assesses the impact of NCDs on premature mortality reduction and the costs associated with it.</li> </ul>   | <p><i>This valuable tool can also be used to prioritize high-impact interventions using relative burden and cost-effectiveness as criteria, supporting countries to take impactful decisions.</i></p>   |
| <ul style="list-style-type: none"> <li>A webinar on the SEAHEARTS Initiative (58) brought together more than 300 experts to mobilize and strengthen political will and accountability for the full implementation of the WHO HEARTS package (59) that supports the strengthening of CVD management in primary health care settings.</li> </ul>             | <p><i>Deliberations among ministry of health staff, experts, research organizations, institutions and NGOs led to identifying actions required to improve cardiovascular health in primary health care.</i></p>   |
| <ul style="list-style-type: none"> <li>A follow up webinar, “HEARTS Plus: Scaling up capacity for the management of acute coronary syndrome and stroke” (60), brought together over 200 stakeholders from the Region and beyond.</li> </ul>  | <p><i>The webinar was an opportunity for those involved in national NCD programmes to share their experiences in managing acute coronary syndrome and stroke, and to learn good practices from across the Region.</i></p>   |
| <ul style="list-style-type: none"> <li>The South-East Asia Regional NCD Network was established with the participation of more than 60 academic and research institutes working in CVDs, stroke, NCD capacity building, childhood cancer, oral health, palliative care and cancer registry.</li> </ul>   | <p><i>The network is building synergy between institutions, and opportunities for cross-learning and collaboration among countries to implement impactful NCD interventions.</i></p>  |
| <ul style="list-style-type: none"> <li>The WHO SEARO NCD dashboard (61) was developed, pilot tested and launched along with a webinar to orient the potential users.</li> </ul>  | <p><i>The dashboard is a dynamic, interactive and responsive tool that provides users with WHO regional and country estimates that are comparable across countries and over time.</i></p>   |
| <ul style="list-style-type: none"> <li>The South-East Asia Cancer Grid (SEACanGrid) (62), a network comprising of key institutions providing cancer care to help drive change for scaling up cancer services across the Region, was established.</li> </ul>  | <p><i>SEACanGrid is supporting the implementation of resource-stratified treatment guidelines and has a platform for the sharing of knowledge and experiences through virtual tumour boards, technical dialogues and meetings. It is also fostering bilateral collaboration among institutions for workforce development and clinical care and strengthening cancer registries.</i></p> |
| <ul style="list-style-type: none"> <li>Four NCD PEN-HEARTS online courses were launched in the OpenWHO Universal Health Care channel (63). These provide an integrated approach to the management of NCDs in primary health care, NCD interventions, diabetic foot care and palliative care, models of service delivery and symptom management.</li> </ul> | <p><i>The courses are building the capacity of the health workforce across the Region to deliver NCD services at the primary health care level.</i></p>   |

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## Supporting country actions: Supporting country-specific NCD policy programme design, adaptation and implementation

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- WHO supported the WHO Country Office for India and the Ministry of Health and Family Welfare to organize an event on “Accelerating the prevention and management of hypertension and diabetes” that brought together seven countries in the Region.

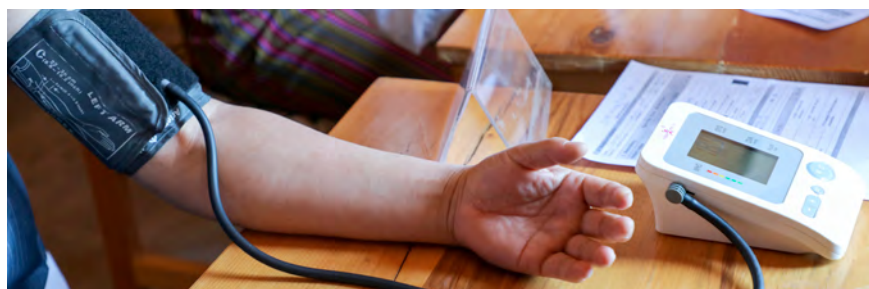
*At the event, India announced its commitment to place 75 million people with hypertension and diabetes on protocol-based management by 2025 (64).*

- The WHO Regional Office and Country Office for Maldives collaborated with the Government of Maldives to design a primary health care demonstration site in Faafu Atoll as part of efforts to reorient and strengthen primary health care services for NCDs.

*The project will conduct population-level screenings for NCDs, strengthen healthy lifestyle counselling and identify and refer patients for treatment for common NCDs, cancers and mental health conditions, and is an important step towards achieving universal health coverage.*

- In collaboration with the WHO Country Office for Bhutan and the Ministry of Health for Bhutan, Bhutan’s Service with Care and Compassion initiative, a people-centred approach to the delivery of NCD services in all 20 districts of the country, was reviewed to expand CVD management and to digitalize the monitoring of NCD services.

*Such improvements will help Bhutan to reach its goal of placing at least 50 000 people with hypertension or diabetes on protocol-based management by 2025.*



- In collaboration with the WHO Country Office for Timor-Leste, a joint mission was carried out to support the development of a roadmap for Aileu Municipality to improve its diabetes care cascade, to support a plan for the scale up of hypertension control, and to plan for a childhood cancer care centre.

*Scaling up hypertension control across the country will help Timor-Leste to reach its goal of placing 50 000 people with hypertension or diabetes on protocol-based management by 2025.*

- WHO supported Maldives, Sri Lanka and Timor-Leste to improve stroke care and build sentinel stroke surveillance systems under the stroke care improvement initiative.

*By strengthening stroke management and referrals through the development and training of multidisciplinary teams, countries are better equipped to provide stroke care to reduce morbidity and mortality.*

- WHO supported the development of the National cancer control plan of Maldives 2022–2026 (65) and the National cervical cancer elimination plan for Indonesia 2023–2030 (66). These plans have helped the countries to streamline the efforts on cancer control in a coordinated manner.

- A regional NCD conclave on “Advancing NCD prevention and control in South-East Asia” was organized to build the capacity of regional and country office NCD teams to effectively support countries in achieving national NCD targets as one team.

*The conclave provided an opportunity to address NCDs in a coherent manner, in collaboration with other departments across the Region.*

- WHO developed training packages for countries to integrate palliative care services at the primary health care level with a focus on symptom management. It supported palliative care service expansion in Bhutan and India and planned for the development of national palliative and end-of-life care in Maldives, along with palliative care services at the institutional level.

*Expanding palliative care services will improve the quality of life of patients and their families.*

- In collaboration with the Timor-Leste country office, WHO supported Timor-Leste in a novel approach to conducting an integrated survey to obtain data needs on NCDs, NCD risk factors, NCD costs, NCD service availability and nutrition-related indicators.

*This approach is to serve as a model to fulfill nationally relevant data needs on different aspects, with efficient use of resources within a short time period.*

- In collaboration with WHO country offices, eight countries were supported in initiating or strengthening their population-based cancer registry.

*The data from these registries feeds into the global database at the International Agency for Research on Cancer.*

### Box 7: Scaling up hypertension and diabetes control across the WHO South-East Asia Region

In recent years the Region has made significant strides in strengthening the screening, early detection and management of hypertension and diabetes at the primary health care level, primarily through the implementation of WHO HEARTS (59) and WHO PEN (34), tailored to national contexts.

This biennium, hypertension and diabetes detection, management and follow up were scaled up across the Region by adapting the WHO HEARTS package. India currently has more than 161 000 functional health and wellness centres that deliver a comprehensive range of services spanning preventive, promotive, curative, rehabilitative and palliative care. The centres specifically focus on the screening, prevention, control and management of NCDs. By August 2023, thanks to the deployment of additional human resources and efforts to measure outcomes, more than 24 million patients with hypertension and/or diabetes had been placed on protocol-based management at primary health care centres. The India Hypertension Control Initiative has led to improved disease outcomes and has achieved a control rate of 45% among registered patients.

Meanwhile, by leveraging the support of over 1 million community health volunteers for NCD services, Thailand has screened 85% of the population aged over 35 years for hypertension, and over 7 million are now under protocol-based

management. As a result, Thailand has achieved a 54% control rate among registered hypertensive patients. In addition, Thailand's commitment to achieving universal health coverage (UHC) has laid the foundation for expanding hypertension, diabetes and other NCD services from the primary health care level to tertiary care. Importantly, this biennium Bhutan and Nepal adopted the evidence-based management protocols outlined in the WHO HEARTS package, which is expected to







### Box 8: Expanding childhood cancer care in the WHO South-East Asia Region

In 2018, WHO, the St Jude Children's Research Hospital and global partners launched the Global Initiative for Childhood Cancer to improve cancer care across all WHO regions. The Initiative aims to reach a survival rate of at least 60% for children living with cancer by 2030 and to save 1 million additional lives this decade. An estimated 59 000 children are diagnosed with cancer in the South-East Asia Region every year, and almost 60% of them die.

In 2020, the Regional Office established the South-East Asia Childhood Cancer Network as a platform for the exchange of best practices, to nurture collaboration among key institutions, and to improve patient care. This biennium, the Network improved cancer care across the Region with activities including:

- More than 4500 children in 2022 with newly diagnosed cancer received improved care via member institutions.
- Monthly virtual tumour boards were conducted to discuss difficult cases. During the meeting, experts from other cancer centres share their experiences in managing similar cases along with their best practices. More than 90% of participants said they integrate the board's recommendations into the management of their patients.

- The pathology external quality assurance system was established to build capacity among health care workers to interpret pathology slides via an online platform. Six institutions from four countries have enrolled in the first phase.
- Nepal established five shared care centres (SCCs) for childhood cancer that provide non-complex care which can be administered closer to the patient's home.
- Myanmar supported the capacity-building of health care workers through training and mentoring of staff working at its 39 shared care centres by staff at its two principal treatment centres.
- The imPACT Review for Nepal was carried out with a focus on childhood cancer, the first of its kind. The Review, which was conducted jointly with WHO and the International Agency for Research on Cancer (IARC), assessed Nepal cancer control capacities and needs and identified priority interventions. This helped to inform the development of Nepal's national cancer control strategy, which is in its final stages.
- Preparations are under way in Myanmar and Nepal to establish hospital-based cancer registries. The registries will help to further refine childhood cancer plans and programmes.

## Way forward

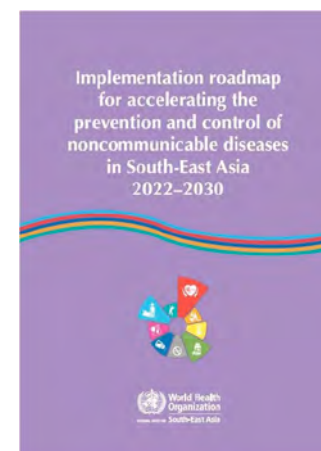
The South-East Asia Region, like other WHO regions, is still recovering from disruptions caused by the COVID-19 pandemic, which hampered efforts to prevent, control and treat NCDs. Nevertheless, the pandemic illustrated the role digital solutions and technologies can play in improving disease outcomes that can be further leveraged with increased investment. The Region can also tap into the huge potential of local manufacturers, along with the prequalification of medicines and other health products to improve accessibility and affordability of NCD medicines and devices.

This biennium, WHO has taken significant steps to support countries to prioritize the control of CVD risk factors and to integrate the delivery of NCD services into primary health care settings – work that will continue next biennium. With the SDG deadline just seven years away, the Dhaka Call for Action provides an important opportunity to accelerate the control of CVDs and move the Region towards achieving NCD and SDG targets. Next biennium, WHO will support Member States to develop and prioritize country-specific plans with baselines and roadmaps and to set up a platform for countries to share and exchange best practices on the implementation of SEAHEARTS. In addition, WHO will support countries to leverage legislative, regulatory, fiscal policies and other measures to reduce risk factors for CVDs.

## Box 9: The Dhaka Call to Action aims to achieve four interim milestones

1. 100 million people with hypertension and/or diabetes are placed on protocol-based management by 2025;
2. One billion people are covered by at least three WHO MPOWER measures for tobacco control;
3. One billion people are covered by at least one of the WHO SHAKE package measures for reducing salt intake; and
4. Two billion people are protected from the harmful effects of *trans*-fatty acids through the WHO REPLACE package.

Source: Dhaka call to action 2015 (67)



# 5 Mental health

## Overview

The COVID-19 pandemic had a major impact on people's mental health around the world. It shone a light on the importance of addressing mental health, providing renewed impetus to make it a priority in the reorientation of primary health care.

Mental health is fundamental to health and plays a crucial role in enabling individuals, families and communities to function at their highest level, work productively and contribute to society. The Region has a large burden of mental health conditions, including a high prevalence of suicide and self-harm. Many mental health conditions can be effectively treated at low cost but the gap between people needing care and those with access to care remains large.

This biennium the mental health and substance abuse unit of the Department of Healthier Populations and NCDs has supported the 11 countries of the Region to improve the mental health of their populations by assisting in the strengthening of primary health care systems as the foundation for the provision of services, along with raising awareness of mental health, supporting the mobilization of funds to bridge the treatment gap and conducting research to identify new treatments and improve existing treatments,

## Key figures

- One in seven people (around 260 million) live with a mental health condition in the WHO South-East Asia Region.
- Suicide is the fourth leading cause of death among those aged 15–29 years, with more than 200 000 deaths per year.
- Mental, neurological, substance use and self-harm (MNSS) makes up 31.9% of the disease burden in the Region among four causes of disease (communicable, maternal, perinatal and nutritional conditions, NCDs, and injuries).
- Treatment gaps for mental health conditions in many Member States are as high as 90%.
- Loss of productivity across the life-course attributed to mental health conditions will cost the global economy US\$ 6 trillion by 2030.

*Source: Addressing mental health through primary care and community engagement in the WHO South-East Asia Region (68).*



## Key results

### Leadership: Setting the global and regional mental health agenda through policies, norms and standards

- In 2021, ministers of health adopted the Paro Declaration (69), committing to universal access to people-centred mental health care and services. The Declaration urges countries to develop and implement multisectoral policies to address mental health risks and reduce treatment gaps by increasing the availability of mental health services close to wherever people live, without financial hardship.

*Expanding mental health services to the primary health care and community level will allow millions more to access care with the full engagement of community and community health workers, who play an invaluable role in treatment, prevention and promotion.*

- The *Mental health action plan for the WHO South-East Asia Region 2023–2030* (70) was developed to support the implementation of the Paro Declaration. It identifies responses under four pillars: policies and laws, strengthening services, prevention and promotion, and surveillance and research.

*The Plan has numerous targets that will, beyond other measures, expand mental health services, increase government expenditure on mental health, address stigma, decrease suicide, and prioritize young people in promotion and prevention efforts.*

**WHO has been strongly advocating for the reorganization of mental health services away from institutional care to community-based care to increase accessibility, close treatment gaps, reduce stigma and promote human rights. This is an essential component of the Paro Declaration and the Mental health action plan for the WHO South-East Asia Region (2023–2030). Making mental health services available close to where people live will dramatically decrease the treatment gap and realize WHO's vision.**

- WHO began drafting the Community Mental Health Toolkit (CMHT). The Toolkit will provide countries with guidance on how to expand community-based mental health services, as part of implementing the Paro Declaration.

- To further support the implementation of the Paro Declaration, the Mental Health Regional Expert Group (MH-REG) was established, which includes membership from the majority of countries in the WHO South-East Asia Region.

*The MH-REG has held several meetings that proved critical in shaping the Mental health action plan.*

## Guiding policy choices: Prioritizing mental health policy through strengthening data, cross-learning and advocacy

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| <ul style="list-style-type: none"> <li>■ An interactive dashboard (71) that provides data on the prevalence and burden of mental and neurological conditions, substance abuse and self-harm was developed, which provides regional and country-specific disaggregated data visualizations.</li> </ul>                       | <p><i>By strengthening data gathering and reporting, countries are now able to better understand their true burden of disease, treatment gaps and priorities to better serve their populations with appropriate mental health resources.</i></p>  |
| <ul style="list-style-type: none"> <li>■ Country context reports on mental health for all Member States were published. The reports summarize laws, policies and regulations, data, challenges and gaps.</li> </ul>   | <p><i>The reports provide detailed insight into the status of mental health in all 11 countries, making them useful tools for country-specific advocacy and context-sensitive improvement of mental health systems.</i></p>   |
| <ul style="list-style-type: none"> <li>■ A three-day regional meeting on expanding community mental health services was held in Colombo in June 2023, bringing together mental health experts, WHO country office focal points, partner agencies and stakeholders from governmental and nongovernmental sectors.</li> </ul> | <p><i>The meeting facilitated the exchange of knowledge and experiences to address gaps and scale up services, with particular focus on expanding community mental health services.</i></p>   |
| <ul style="list-style-type: none"> <li>■ A webinar series on the prevention of suicide was initiated, targeting policy-makers, mental health leaders, programme planners and the media. One webinar focused on the role of limiting access to means of suicide, including to pesticides.</li> </ul>                         | <p><i>Following this, recommendations were developed that include banning selected hazardous pesticides, adding pesticide bans into broader suicide prevention plans, and periodically reviewing country progress. Four webinars on different topics have been completed so far, reaching 200 people across the Region.</i></p> |
| <ul style="list-style-type: none"> <li>■ WHO collaborated with Member States to develop the publication <i>Policy response to alcohol consumption and tobacco use during the COVID-19 pandemic in the WHO South-East Asia Region: preparedness for future pandemic events</i> (33).</li> </ul>                              | <p><i>The publication provides valuable guidance on responding to future pandemic events to help protect public health, such as introducing stronger regulations and increasing alcohol and tobacco taxes.</i></p>  |

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## Supporting country actions: Supporting country-specific mental health programme and policy design, adaptation and implementation

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- WHO supported Indonesia to establish and expand community mental health services in three districts, while WHO headquarters and the WHO Country Office of India supported the Government of India in evaluating its national tele-mental health programme, Tele Mental Health Assistance and Networking Across States (Tele-MANAS), which provides free tele-mental health services around the country through a network of tele-mental health centres of excellence.

*Since its launch in October 2022, the helpline has received hundreds of thousands of calls through its 42 Tele-MANAS cells across 31 states and union territories in 20 languages.*

- WHO partnered with UNICEF to provide technical support to the Helping Adolescents Thrive (HAT) project in Bhutan and Maldives, and conducted a regional HAT workshop in collaboration with UNICEF.

*The workshop provided an opportunity to improve understanding of the available HAT tools for adolescent psychological intervention, share lessons learnt and to develop country-specific action plans for HAT implementation and scale-up. The HAT initiative is strengthening policies and programmes to promote mental health, help prevent mental health disorders and help prevent self-harm and risky behaviours among adolescents across the Region.*

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### Box 10: Bringing mental health services to the community level in Bangladesh and Nepal

Mental, neurological and substance disorders account for more than 10% of the global disease burden. Up to 90% of people in low- and middle-income countries receive no treatment at all, which not only impacts their quality of life, but has a huge impact on economies.

The WHO Special Initiative for Mental Health (72) was launched in 2019 with the objective of establishing access to quality and affordable care for mental health conditions – as an integral component of UHC – for 100 million people by the end of 2023. Mental health is also a key area for the WHO Thirteenth General Programme of Work (GPW13) (73), which originally spanned 2019 to 2023 but has been extended, like the Initiative, until the end of 2025 due to disruptions caused by the COVID-19 pandemic. Nine countries have been engaged with the Initiative, which includes two countries from the Region: Bangladesh and Nepal. The Initiative has been advancing mental health policies, advocacy and human rights, and scaling up quality interventions and services for individuals with mental health, substance-use, self-harm and neurological conditions.

The unit has supported Bangladesh and Nepal to establish mental health services at the primary and secondary level in places where there were previously no such services. It did this by supporting countries from the planning to implementation

stages, which also involved training health care professionals. Both countries have made progress in not only bringing services to where people live, but in educating people about mental health, training health care workers and deploying innovative solutions such as helplines.



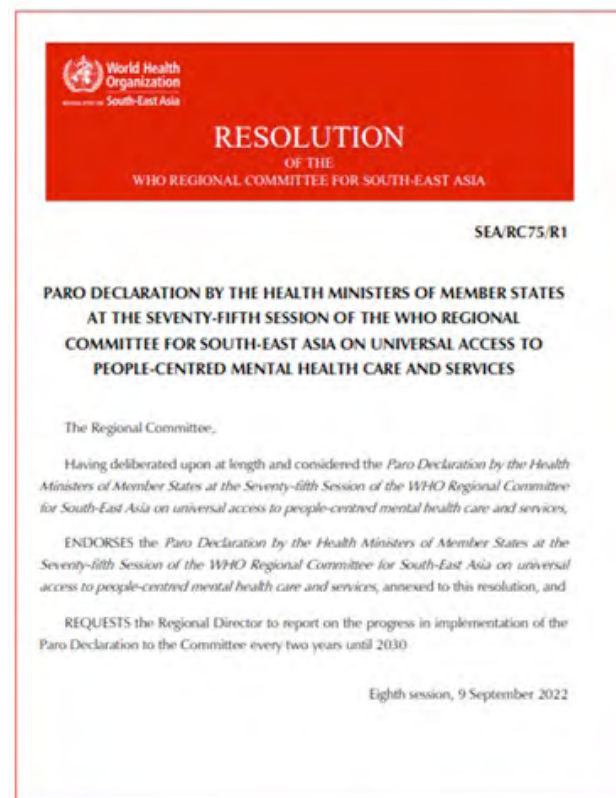


## Way forward

While the importance of addressing mental health and well-being has gained traction in recent years – spurred on by the effects of the COVID-19 pandemic – the Region faces ongoing challenges. These include: a lack of trained professionals, financial resources and prevention and promotion interventions, stigma and discrimination, and high out-of-pocket costs that fuel the treatment gap. In the face of climate change, disasters and other humanitarian emergencies, addressing these challenges now is paramount.

The Paro Declaration represents a solid foundation for moving the mental health agenda forward in the Region by expanding community-based mental health services, addressing risk factors, and reducing treatment gaps.

The next biennium WHO will, among other work, map available initiatives, services and programmes on community-based mental health in the Region to facilitate cross-learning, advocacy and improve knowledge, and will produce a regional community-based mental health toolkit to support the transition towards community networks and UHC.



# 6 Research and innovation

## Overview

As the world's leading health agency, WHO has the core mandate of promoting public health based on the best available evidence. One of WHO's six core functions is to "shape the research agenda and stimulate the generation, translation and dissemination of valuable knowledge". The COVID-19 pandemic served as a reminder of the importance of investing in research and innovation.

In alignment with *The WHO strategy on research for health (74)*, that was endorsed by the Sixty-third World Health Assembly in 2010, the South-East Asia Regional Office developed a Regional Strategy on Research for Health (2012–2016) (75), followed by a strategy for 2018–2022 (76). The strategies, with their vision of generating quality evidence, knowledge and innovation to accelerate health for all, have guided the Region's work in the last decade. The Regional Strategy (2018–2022) aimed to generate evidence for action, facilitate research capacity and

investment, and translate research into products, policies and practices (3Ps), and to convert these 3Ps into available and accessible public goods. Work has now begun on a new Regional Strategy for 2024–2030.

In 2022, taking into account the lessons learned from the COVID-19 pandemic, and to reflect the creation of a new science division at WHO headquarters, the Research Policy and Cooperation unit was renamed the Research and Innovation Unit to drive focus on innovation and research translation, with four key pillars of action: (1) research prioritization, ethics and governance; (2) knowledge/evidence to impact; (3) innovation scale up; and (4) institutional networks and leadership.

Since the unit revamp at the beginning of the biennium, the department has carried out a wide range of important activities that include the following:

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- The unit has supported more than 40 research proposals with an investment of US\$ 4.5 million in 10 countries on a variety of key research areas including COVID-19, malaria drug-resistance and NCDs.

*The Regional Office issued a special call for research proposals focused on accelerating the prevention and control of NCDs. Four research projects from Bangladesh, India and Thailand were selected for funding as part of efforts to advance the NCD research and development agenda in the Region.*

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- The unit published four issues of the *WHO South-East Asia Journal of Public Health* (77).

*This scientific publication publishes important research from budding public health researchers across the Region and in doing so helps to build the capacity of researchers and expand the evidence base.*

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- The unit established a 17-member Research Ethics Review Committee (SEARO-ERC) comprised of WHO staff from the Regional Office and its respective country offices and external members.

*The Committee reviews all research proposals to ensure the ethical and technical quality of research supported by WHO, setting an example for countries in the Region.*

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- An online research portal was launched in order to digitally manage the submission and review process by SEARO-ERC to ensure efficiency and transparency. The system generates a real-time research and researcher registry that brings visibility to the research done by WHO and also helps to reduce duplication.

*The system is now being customized and developed further so that it can be offered to Member States as a National Health Research Portal. Initial consultations are being held with Bhutan and Maldives.*

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- An online searchable database was established for all public health institutions in the Region.

*The South-East Asia Region has an extensive network of public health institutions, and the database, which is accessible through the WHO external website, facilitates collaboration among them.*

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- The unit strengthened research capacity by setting up an online resource that allows institutions and individual researchers to search for WHO short courses and accredited online courses on public health research methodology and health research ethics.

*The BESMART initiative is a mentoring and research tool for operational research training.*

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- It supported Bhutan to build capacity in operational research through a hands-on BESMART initiative in collaboration with the Special Programme for Research Training on Tropical Diseases.
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<ul style="list-style-type: none"> <li>■ The unit conducted a face-to-face training workshop on research ethics for nearly 20 members of the National Health Research Council of Maldives in August 2023.</li> </ul>	<p><i>The training contributed to improving the quality of research conducted in Maldives.</i></p>
<ul style="list-style-type: none"> <li>■ Efforts are ongoing to support capacity-building workshops on manuscript writing in Bangladesh and to improve the overall quality of four scientific journals in the country.</li> </ul>	<p><i>One workshop has been completed, with more planned for 2024.</i></p>
<ul style="list-style-type: none"> <li>■ The unit developed a diagnostic tool to assess the status and performance of national health research governance and management systems.</li> </ul>	<p><i>The results will help to design interventions and strategies to further support such systems, along with informing the development of the next Regional Strategy on Research for Health.</i></p>
<ul style="list-style-type: none"> <li>■ The unit continued to support innovation across the Region.</li> </ul>	<p><i>A concept note was developed for a mobile app to collect household data to improve data quality and reduce duplication, while a mobile app, “Care and Share”, was developed to help facilitate patient-to-patient support among those suffering from long-term diseases.</i></p>

## Way forward

It is essential that health research – aligned with population health and health system needs – is prioritized across the Region. This is something the unit will work on during the next biennium.

The Regional Office will also set clear priorities for supporting research across all 11 countries, along with providing technical support to build functional research governance and management systems. In addition, it will facilitate research

data sharing in order to maximize the returns on research investments and explore the feasibility of establishing Regional Research Clinical Research Networks to generate evidence on a range of possible future infectious disease outbreaks. The Networks will provide a ready-to-use infrastructure that can generate timely evidence on regional health research priorities, especially during emergencies.

# 7 Disability, injury prevention and rehabilitation

## Overview

The WHO South-East Region has the third-highest prevalence of disability among all WHO regions at 15.6%. People with disabilities are vulnerable to stigma and discrimination and can experience limited access to health care, education and employment opportunities.

Injuries caused 4.4 million deaths around the world in 2019, and constitute 8% of all deaths.

As stated in the *Global status report on road safety 2023 (78)*, the WHO South-East Asia region accounts for 28% of global road traffic deaths, with 330 222 estimated deaths in 2021. There is an overall 2% decline in the number of fatalities as compared to the 2010 report. Drowning causes more than 70 000 deaths every year (79) in the Region.

With the Region experiencing a high burden of disability and injuries, improving access to rehabilitation and assistive technology (AT) needs are paramount. The number will only increase over the years, with a growing number of older persons and increasing burden of NCDs in the region.

This biennium, WHO continued to support countries to implement initiatives to mitigate injuries, strengthen disability inclusion and improve access to rehabilitation and AT services to improve the lives of millions of people across the Region.



## Key figures

- Globally, there are 2.5 billion people who could benefit from AT, of which approximately 600 million live in the WHO South-East Asia Region.
- More than 70 000 died from drowning in 2019, the second-highest regional burden.
- Drowning is the leading cause of death for children aged 5–14 years.
- Globally, 28% of all fatalities due to road traffic injuries occur in the WHO South-East Asia Region, with an estimated 330 222 deaths in 2021.
- Nearly 1 in 3 of the world's blind and vision-impaired population live in the Region.
- 401 million people in the region live with hearing loss and the number is projected to increase to 666 million in 2050.
- 590 million people in the South-East Asia Region live with health conditions that would benefit from rehabilitation; this is approximately 2 in 7 people.

*Sources: WHO Fact Sheet. Assistive technology (80); Regional status report on drowning in South-East Asia (81); Global status report on road safety (78); Action plan for integrated people-centred eye care in South-East Asia 2022–2030 (6); Ear and hearing care – SEARO (82).*

## Key results

### Leadership: Setting the global and regional disability, injury prevention and rehabilitation agenda through policies, norms and standards

- The Regional Office established the South-East Asia Region Steering Committee and Working Group to implement the United Nations Disability Inclusion Strategy (UNDIS) (83).

*The UNDIS aims to ensure that WHO is inclusive of persons with disabilities in business operations as well as in programmatic areas.*

- The *Action plan for integrated people-centred eye care in South-East Asia 2022–2030* (6), endorsed at the Seventy-fifth Regional Committee, envisions all people in the WHO South-East Asia Region as having equitable access to high-quality comprehensive eye services to achieve universal eye health by 2030.

*Since its launch at a High-level Meeting in Bhutan, India (north-eastern states), Nepal and Sri Lanka have conducted stakeholder meetings to strengthen country-specific eye care action plans.*

#### The Action plan for integrated people-centred eye care aims for:

- a 40-percentage point increase in effective coverage of refractive errors;
- a 30-percentage point increase in effective coverage of cataracts;
- at least 80% of people with diabetes being screened regularly for retinopathy and 80% of those identified with sight-threatening diabetic retinopathy to be treated by 2030; and
- to eliminate trachoma by 2025.

- The Regional Office supported the development of several policy and strategic documents across countries and celebrated numerous world days, including World Sight Day, World Drowning Prevention Day and International Day for Persons with Disability. By celebrating such days, WHO increases awareness and understanding around pressing public health issues.



## Guiding policy choices: Prioritizing disability, injury prevention and rehabilitation policy through strengthening data, cross-learning, and advocacy

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| <ul style="list-style-type: none"> <li>■ Through a series of multisectoral consultations with sectors that included education, the coastguard, maritime safety and transport, and collaboration with country offices, WHO developed country reports on the status of drowning (79).</li> </ul>  | <p><i>The country reports are assisting Member States to develop policies and strategies to address drowning.</i></p>   |
| <ul style="list-style-type: none"> <li>■ WHO focused on the provision of rehabilitation and assistive products through primary health care and community-based approaches.</li> </ul>   | <p><i>The Regional Office is supporting Nepal and Sri Lanka to develop a rehabilitation strategy.</i></p>   |
| <ul style="list-style-type: none"> <li>■ The WHO developed and launched a mobile application, WHO eyes, which enables individuals to check their vision without the need for an eye care provider.</li> </ul>   | <p><i>The free app supports eye screening at the primary health care level, in the community or in the workplace, where eye professionals are scarce.</i></p>   |
| <ul style="list-style-type: none"> <li>■ WHO has launched the programme Training on Assistive Products at a few selected centres in Nepal, India and Myanmar.</li> </ul>  | <p><i>The training programme will build capacity of the countries to scale up to the national level.</i></p>  |
| <ul style="list-style-type: none"> <li>■ The Regional Office collaborated with several WHO Collaborating Centres (WHO CCs) to generate data, develop strategies and provide training. This included a virtual training conducted in collaboration with Khon Kaen Regional Hospital, WHO Collaborating Centre for Injury Prevention and Safety Promotion, Thailand to build capacity of trauma care doctors and nurses.</li> </ul> | <p><i>The training is helping to strengthen hospital emergency and trauma care systems.</i></p>   |
| <ul style="list-style-type: none"> <li>■ A two-day meeting on road safety was convened to focus attention on reducing road traffic injuries and deaths. It brought together more than 60 participants involved in road traffic incidents, from the police to urban planners, along with WHO Collaborating Centre partners and international agencies.</li> </ul>  | <p><i>The meeting discussed ways of accelerating road safety within the Region and developed key country-specific priority actions to implement.</i></p>  |
| <ul style="list-style-type: none"> <li>■ A three-day regional workshop on establishing sentinel sites for integrated injury and trauma registry was held, which brought together more than 60 participants from across the Region, including nurses, medical doctors and policy-makers.</li> </ul>  | <p><i>A well-developed injury and trauma system, with the effective use of injury surveillance data, can help to reduce morbidity and mortality through improved prevention, care and policy development.</i></p> |

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**The Seventy-second World Health Assembly in 2019 highlighted the importance of emergency care systems for universal health coverage and of ensuring timely care for the acutely ill and injured. There are gaps in injury and trauma care systems in most countries across the Region. Regional workshops are an integral part of building capacity for countries to establish sentinel sites and provide hands-on-training on the use of WHO tools.**

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- The period 2021–2030 is the Decade of Action for Road Safety (84), with a target to reduce by at least 50% the number of road traffic deaths and injuries by 2030. The WHO South-East Asia region accounts for 28% of global road traffic deaths, with 153 972 deaths reported in 2021.
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### **Supporting country actions: Supporting country-specific disability, injury prevention and rehabilitation policy programme design, adaptation and implementation**

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- With consistent WHO leadership and advocacy, Bhutan ratified the United Nations Convention on the Rights of Persons with Disability, meaning that all countries in the Region have ratified the Convention, legally binding all state parties to affirm human rights for persons with disabilities.

*Bhutan's ratification demonstrates government commitment to adapt its laws, policies and practices to improve the lives of those with disabilities.*

- Myanmar, Nepal and Thailand conducted a situational assessment using the WHO Ear and Hearing Situational Analysis Tool to strengthen ear and hearing services.

*The findings from the assessments will inform the development of country-specific policies, plans and strategies.*

- A national workshop was held in Nepal for government representatives and national and international government agencies as part of efforts to address the inequities that exist among persons with disabilities in all areas of health care delivery.

*WHO also conducted advocacy on the inclusion of persons with disabilities for Nepal and India WHO country office staff.*

- WHO continued to support countries to reduce deaths from road traffic accidents.

*More specifically, WHO supported Nepal's initiative to ensure that on two-wheelers both driver and pillion passenger are required to wear helmets, and helped to draft India's national injury prevention strategy.*

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### Box 11: Moving the needle on improving access to AT services

Assistive technology (AT) enables people to live healthy, independent lives, but global estimates indicate that only one in 10 people has access to such services due to high costs, and a lack of awareness, availability and trained professionals. In the Region, the unmet need among people with disabilities is even higher.

In response, this biennium WHO supported countries to launch several initiatives to improve access to rehabilitation and AT services. This includes:

- AT skills laboratories: WHO identified nine institutions in five countries (India, Nepal, Bangladesh, Myanmar and Maldives) which have set up demonstration centres for experiential learning across the Region to equip rehabilitation centres to strengthen themselves and in turn strengthen other organizations. WHO also procured AT products for the new AT skills laboratories, adding to the three that have already been established in India. Establishing hubs for skills-building that offer both virtual and in-person training greatly enhances the ability of health care workers and other caregivers to properly use AT.
- To generate data and evidence for effective AT policy, Myanmar, India, Bhutan, Maldives, Indonesia, Bangladesh and Nepal undertook WHO's rapid Assistive Technology Assessment (rATA) to measure unmet need and barriers to access AT with WHO support.
- Bhutan, India, Nepal and Timor-Leste developed their priority Assistive Products List (APL) while Bangladesh, and Maldives are in the process of developing theirs. The APL follows in the footsteps of the WHO Model List of Essential Medicines, and includes hearing aids, wheelchairs, artificial limbs and many other essential items, to improve access to AT and to incorporate assistive products into national health plans.
- To prepare primary health and other personnel with the necessary knowledge and skills to provide simple assistive products and to refer to other services, WHO's online Training in Assistive Products (TAP) was launched in India, Myanmar and Nepal. Regional and in-country partners have been identified, with a range of modules to be rolled out and the procurement of AT products to be finalized.
- The first regional meeting on "Streamlining and prioritizing actions in the areas of disability, rehabilitation and assistive technology (AT) in the South-East Asia Region" was held. The meeting brought together focal points from country offices, the Regional Office and WHO headquarters involved in managing disability, rehabilitation and AT to collectively come up with ways to contextualize global WHO commitments to the Region's 11 countries.



## Way forward

With an ageing population and the rise in NCDs, the Region's population who will require rehabilitation services and one or more assistive products is only going to grow. However, the rollout of rehabilitation and AT services across Member States is an ongoing challenge, along with advocating for disability-inclusive health care.

In response, next biennium WHO will support countries to strengthen the availability and accessibility of rehabilitation and AT services at the primary health care level through training, policy development and the development of priority APLs in additional Member States, and will continue to advocate for the establishment of disability-inclusive health services at the primary health care level.

In addition, next biennium WHO will continue to support countries to improve eye and hearing care services to achieve the regional and global targets, while the status report on road safety in the WHO South-East Asia Region will be published, and the report on drowning in the Region will be developed to guide countries on developing and implementing evidence-based actions to tackle the unacceptable number of preventable deaths.



## 8 Ageing

The WHO South-East Asia Region's population is ageing rapidly. In 2017, the proportion of people aged 60 or above was 9.8%; it is projected to increase to 13.7% by 2030 (289 million people) and 20.3% by 2050 (480 million people) (85). Older people face diverse health issues, from NCDs to disabilities and mental health conditions, including dementia. As the number of older people increases across all 11 countries of the Region, it is paramount to ensure they can access the health services they need, when they need them, without financial hardship.

### Key results

Towards the end of this biennium, the Healthy Ageing Unit, which moved from the Family, Gender and Life Course department to the Department of Healthier Populations and NCDs, had implemented the following:

- It has completed the digitization of Integrated Care for Older People (ICOPE) training packages for physicians, nurses, and frontline health workers to help strengthen their capacity and thereby improve service delivery to older people.
- The unit had supported the WHO Collaborating Centre for Health Ageing at AIIMS, New Delhi, India, to organize a national conference on geriatrics. The Regional Director addressed participants on the need to strengthen person-centred, integrated primary health care for older people in the Region.



*The training packages help health and care professionals put into practice recommendations to prevent, slow or reverse declines in the physical and mental capacities of older people.*

*More than 300 health care providers were educated on WHO's ICOPE approach in a post-conference workshop.*

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■ A background paper was developed on understanding the implementation status of ICOPE, long-term care and other action areas in the WHO's work on the United Nations Decade of Healthy Ageing (2021–2030) (86).

*The paper will help inform an update of the Regional strategy for healthy ageing (2018–2022) (85) in the next biennium.*

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■ The unit facilitated participation of stakeholders and experts from the Member States in various technical forums, including the Clinical Consortium on Health Ageing, Global Network on Long Term Care, and Global Network of Age-Friendly Cities and Communities.

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■ The unit has been collaborating with WHO country offices, partners, and civil society to move the agenda of healthy ageing forward.

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Next biennium the Healthy Ageing Unit will continue to support countries to strengthen their capacity to provide integrated and long-term care to older people, along with targeted advocacy. It will continue to facilitate the sharing of best practices among countries in developing age-friendly environments. Importantly, based on the progress of Member States and in consultation with them, the Regional Strategy on Healthy Ageing will be updated.

**WHO is committed to supporting the countries in putting in place policies and services that promote health and provide person-centred integrated care and long-term care to older persons without causing financial hardship. “Health For All” means health for everyone – no matter what our age.**

## 9 The next chapter: 2024–2025 and beyond

The work achieved this biennium has set the agenda for 2024–2025.

The COVID-19 pandemic was a reminder of the delicate link that exists between humans, animals and the environment, and the importance of addressing environmental health hazards and taking strong action on climate change. With climate change threatening the essential ingredients of good health, from clean air to safe drinking water, next biennium WHO will continue to support countries as laid out in the Malé Declaration – to build health systems’ resilience to climate change, improve WASH services and scale up actions to reduce the impact of air pollution, among other critical work.

While population-level changes take time to manifest, WHO’s progress – for example in reducing tobacco use through the implementation of evidence-based control policies and measures such as the MPOWER package – signals that policies, legislation and fiscal measures to address the commercial determinants of health are not only effective, but feasible. Next biennium, work on addressing the commercial determinants of health will continue, such as accelerating action on regulating the marketing of unhealthy foods and beverages

to children to help prevent rising obesity levels, supporting countries to counteract the popularity of novel and emerging nicotine and tobacco product (NENTPs) that are being marketed as a healthier option to smoking, and supporting countries to implement SAFER measures, including raising prices on alcohol through excise taxes and pricing policies.

Meanwhile, the *Implementation roadmap for the prevention and control of noncommunicable diseases in South-East Asia 2022–2030* provides a clear way forward for Member States to prioritize and accelerate the most impactful interventions to tackle NCDs. With the Region at a critical juncture to combat its CVD burden, the SEAHEARTS initiative, which brings together efforts made for risk-factor reduction, including tobacco control, salt reduction and eliminating industrially produced *trans*-fatty acids, along with improved coverage of hypertension and diabetes control, provides an important opportunity to accelerate the prevention and control of CVDs. Importantly, the “Dhaka Call to Action – Accelerating the control of cardiovascular diseases in a quarter of the world’s population”, charts a roadmap for implementing the SEAHEARTS initiative. As part of realizing this, countries have committed to providing 100 million hypertensive and diabetes



patients with standard health care by 2025, which includes India's commitment of 75 million people. Such a commitment will help to address the existing treatment gap and the inadequate control among those already on treatment.

With an ageing population which, in time, will require more expansive rehabilitation services and assistive products, next biennium WHO will improve the availability and accessibility of rehabilitation and AT services at the primary health care level across the Region and will help to improve eye and hearing care services.

This is just a snippet of the work the Department of Health Populations and NCDs will accomplish next biennium.

The Region's increased focus on addressing NCD risk factors and the integrated delivery of NCD, mental health and rehabilitation and disability services in primary health care settings will advance progress towards achieving the NCD and SDG targets and, in doing so, will save lives and ensure health for all.

With just seven years left to achieve the 2030 global goals, time is of the essence.





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The Department of Healthier Populations and Noncommunicable Diseases of the WHO South-East Asia Region envisions a long and healthy life for every person. We work to create healthier environments, better food choices, safer settings and inclusive health services for prevention and control of noncommunicable diseases and mental health.

The report presents a snapshot of each technical area, with key achievements in countries and progress made in advancing the agenda during 2022 and 2023. It highlights the support given to countries and provides an array of case studies. It also brings out several priorities for the coming biennium and beyond.

