SEAHEARTS: Accelerating prevention and control of cardiovascular diseases in the South-East Asia Region – Dhaka Call to Action

Cardiovascular diseases (CVD) are the leading cause of deaths accounting for nearly 30% (3.9 million) of the total number of 13.2 million deaths in the South-East Asia Region in 2021. Most of CVD deaths occur prematurely among individuals between the ages of 30 and 69 years. Tobacco use, alcohol consumption, unhealthy diet, physical inactivity, high blood pressure and raised blood glucose are the major risk factors.

Countries in the Region have implemented a range of ‘best buys’ steered by the Regional Noncommunicable Disease (NCD) Flagship Priority and had contributed to the reduction of age-adjusted premature mortality (for men and women combined) from CVDs from 129 per 100 000 in 2000 to 108 per 100 000 in 2019. However, the rate of decline is uneven across countries and not sufficient to achieve the Regional NCD targets and SDG 3.4 target for 2030. More than 245 million people in the Region aged above 30 years have hypertension, and approximately 100 million adults are living with diabetes, with an estimated half of these individuals not aware of their conditions. The Regional Committee in 2022 endorsed the ‘Implementation Roadmap for accelerating the prevention and control of noncommunicable diseases in South-East Asia 2022–2030’ (SEA/RC75/R2).

A Regional Workshop for implementing the WHO South-East Asia NCD Roadmap 2022–2030 was held on 12–15 June 2023 in Dhaka, Bangladesh. Member States of the WHO South-East Asia Region participated in the workshop, the outcome of which was the ‘Dhaka Call to Action – Accelerating the control of cardiovascular diseases in a quarter of the world’s population’ (Annexure 1). The Call to Action represents a set of prioritized actions and interim milestones that are based on the SEAHEARTS Initiative.

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SEAHEARTS brings together efforts made for risk factor reduction (tobacco control, salt reduction and eliminating industrially produced trans-fatty acids) and improving hypertension and diabetes treatment cascade in the broader context of NCD prevention and control. The Call to Action emphasizes the accelerated implementation of WHO technical packages – WHO HEARTS (technical package for CVD management in primary health care), WHO MPOWER (measures to reduce the demand for tobacco, contained in the WHO Framework Convention on Tobacco Control), WHO SHAKE (technical package for salt reduction) and WHO REPLACE (technical package for eliminating industrial produced trans-fatty acids) within the local context settings to reduce the incidence and outcomes of CVD.

Member States may consider endorsing the ‘Dhaka Call to Action’ for accelerating the control of cardiovascular diseases in the Region. Countries can sustain and scale up the gains achieved in tobacco control and progress on salt reduction and trans-fatty acids elimination. Health system strengthening measures focusing on primary health care can help to expand coverage and control of hypertension and diabetes.

WHO will provide advocacy and technical support to Member States to develop and prioritize national efforts to accelerate the implementation of the ‘Dhaka Call to Action’ following endorsement. Documenting good practices, successful interventions, innovative approaches and lessons learnt in implementing the ‘Dhaka Call to Action’ along with monitoring and evaluation of its progress will be the essential features of the support provided by WHO.

With the deadline for SDG targets only a few years away, the Region needs to consistently sustain, accelerate and innovate CVD interventions towards achieving the targets on NCDs as well as universal health coverage.

The attached Working Paper was presented to the High-Level Preparatory (HLP) Meeting for its review and recommendations. The HLP Meeting reviewed the paper and made the following recommendations for consideration by the Seventy-sixth Session of the Regional Committee:

**Actions by Member States**

1. Consider endorsing the ‘Dhaka Call to Action: Accelerating the control of cardiovascular diseases in a quarter of the world’s population’.
2. Implement the SEAHEARTS initiative to sustain and expand the gains achieved by implementing WHO HEARTS, MPOWER, SHAKE, REPLACE, and other technical packages to achieve the interim milestones of the Dhaka Call to Action.
3. Strengthen political commitment and leadership, along with adequate capacity in the health systems and promote accountability through timely and reliable data.

**Actions by WHO**

1. Support Member States to develop and prioritize country-specific roadmaps with baseline and targets to accelerate the implementation of the Dhaka Call to Action and achieve the interim milestones through the SEAHEARTS initiative.
2. Support Member States to leverage legislative, regulatory, and fiscal policies and other measures to reduce risk factors for CVDs.
3. Provide technical support in monitoring and evaluation, documenting good practices, and lessons learnt in implementing the Dhaka Call to Action.

This Working Paper and the HLP Meeting recommendations are submitted to the Seventy-sixth Session of the WHO Regional Committee for South-East Asia for its consideration and decision.
Introduction

1. Noncommunicable diseases (NCD), which include cardiovascular diseases (CVDs), cancers, chronic respiratory diseases and diabetes, account for nearly two thirds (9 million) of the total number of 13.2 million deaths annually in the WHO South-East Asia Region. CVDs are the leading cause of NCD-related deaths, with approximately 3.9 million total annual fatalities in the Region. The age-adjusted premature mortality (for men and women combined) from CVDs have reduced from 129 per 100 000 in 2000 to 108 per 100 000 in 2019. The trends are not uniform across countries, and there is scope for acceleration.

2. Tobacco use, harmful use of alcohol, unhealthy diet, physical inactivity, high blood pressure and raised blood glucose levels are the leading causes of CVD-related morbidity and mortality. In the SE Asia Region, an estimated 198 million people smoke tobacco, while approximately 266 million individuals use smokeless tobacco products. The Region also faces a double burden of malnutrition, with one in five adults (21%) being overweight. The mean daily salt intake per person in the Region is 8–10 grams, almost double the limit recommended by WHO. Every 1 in 4 adults have hypertension and 1 in 10 adults have diabetes in the region. In addition to these, uncontrolled hypertension, diabetes and hyperlipidaemia (high levels of lipids in the blood), and suboptimal management of acute cardiovascular events contribute to the CVD mortality.

3. The Implementation Roadmap for accelerating the prevention and control of noncommunicable diseases in South-East Asia 2022–2030 (SEA/RC75/R2) adopted by the Regional Committee in September 2022 provides strategic directions to guide the Region in prioritizing and accelerating the most impactful interventions and in promoting accountability. As guided by the Implementation Roadmap, the Workshop for implementing the WHO South-East Asia NCD Roadmap 2022–2030, held on 12–15 June 2023 in Dhaka, Bangladesh, attended by nine Member States of the Region discussed the actions to facilitate progress towards the 2030 targets in the local context with a focus on cost-effective interventions that will have high impact on reducing the NCD burden in the Region.

4. The outcome of the workshop was the “Dhaka Call to Action – Accelerating the control of cardiovascular diseases in a quarter of the world’s population” (Annexure 1), which calls for realistic but ambitious interim milestones for 2025, namely, that

   (1) 100 million people with hypertension and/or diabetes are placed on protocol-based management,

   (2) One billion people are covered by at least three WHO MPOWER measures for tobacco control,

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4 WHO Health Statistics, 2023 https://www.who.int/data/stories/world-health-statistics-2023-a-visual-summary/
5 WHO Report on Global Tobacco Epidemic, 2021
6 WHO NCD Portal https://ncdportal.org/
7 Implementation Roadmap for accelerating the prevention and control of noncommunicable diseases in South-East Asia 2022–2030 https://apps.searo.who.int/whoroad/
(3) One billion people are covered with 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 best practices or complementary policy measures of WHO REPLACE.

5. The Call to Action is built upon the SEAHEARTS Initiative\(^2\), which combines risk factor reduction measures (tobacco control, salt reduction and eliminating industrially produced trans-fatty acids) with interventions to improve the treatment cascade of hypertension and diabetes in primary health care, and is aimed at reducing the burden of CVD. SEAHEARTS offers a framework for countries to align their efforts and actions towards implementing key WHO technical packages – WHO HEARTS (for CVD management in primary health care), WHO MPOWER (for tobacco control under the WHO Framework Convention on tobacco control), WHO SHAKE (for salt reduction), and WHO REPLACE (for eliminating industrially produced trans-fatty acids), even in resource-constrained settings. This integrated approach empowers countries to address the challenges of CVD more effectively.

Current situation, response and challenges

6. The countries in the Region have taken several measures over the past decade that have contributed to address the CVD burden. Progress made by countries in tobacco control, salt reduction, eliminating industrially produced trans-fatty acids, and improving NCD service delivery at primary health care were guided by the Regional Flagship Priority Programme on NCD and Regional Committee resolutions, and will provide a strong foundation for implementing actions outlined in the Dhaka Call to Action.

7. The Dili Declaration on Tobacco Control (SEA/RC68/R7), and the Strategic Action Plan to reduce the double burden of malnutrition in the South-East Asia Region 2016–2025 (SEA/RC69/R5), were key Regional Committee resolutions that enabled accelerated implementation of the WHO technical packages for tobacco control (MPOWER), salt reduction (SHAKE).\(^8,9,10\) Trans-fatty acids (TFA) elimination was promoted with WHO’s global commitment to eliminate TFA from the world’s food supply by 2025 and the ensuing REPLACE technical package.\(^11\) The Colombo Declaration on strengthening health systems to accelerate delivery of NCD services at the primary health care level (SEA/RC69/R1) played a crucial role in improving NCD management through the implementation of the WHO Package of Essential NCD Interventions (WHO PEN) and WHO HEARTS technical packages across the Region to address CVDs.\(^12,13\)

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\(^8\) WHO South-East Regional Committee Sessions https://www.who.int/southeastasia/about/governance/regional-committee  
\(^9\) MOPWER technical package for tobacco control https://www.who.int/initiatives/mpower  
\(^10\) SHAKE technical package for salt reduction https://apps.who.int/iris/bitstream/handle/10665/250135/9789241511346-eng.pdf?sequence=1  
\(^11\) REPLACE trans fat: an action package to eliminate industrially produced trans-fatty acids https://www.who.int/publications/i/item/9789240021105  
\(^12\) Regional Office for South-East Asia, World Health Organization. (2016) SEA/RC69/R1 - Colombo declaration on strengthening health systems to accelerate delivery of NCD services at the primary health care level (who.int)  
\(^13\) HEARTS: Technical package for cardiovascular disease management in primary health care https://www.who.int/publications/i/item/9789240001367
8. The SEAHEARTS Initiative adapting WHO HEARTS elements in the SE Asia Region was introduced on World Heart Day 2022 as a response to accelerate the efforts in countries for the prevention and control of CVDs. The SEAHEARTS Initiative has immense potential to leverage and accelerate the actions proposed in the Dhaka Call to Action and bridge the policy and programmatic gaps that exist between the current status and the best achievable levels.

9. The Region is on track to achieve an average reduction of tobacco use prevalence of nearly 32% by 2025 and is also the WHO Region showing the fastest decline in tobacco use. Most countries in the Region have implemented a range of “best buys” for tackling the tobacco epidemic. Three countries (Nepal, Sri Lanka and Thailand) have implemented three MPOWER measures at the best-practice level. Most countries have adopted large-sized and visually prominent graphic health warnings with Thailand implementing plain packaging. The WHO QuitTobacco app in English for both android and iOS versions was launched to strengthen global tobacco cessation services. Timor-Leste has substantially raised tobacco tax to reduce affordability and access to tobacco products. All countries are conducting tobacco surveillance periodically to monitor tobacco use prevalence and policy implementation.

10. Four countries (Bangladesh, India, Sri Lanka, and Thailand) have adopted regulations for the elimination of trans-fatty acids (TFA) from their national food supplies, potentially benefiting over 1.6 billion people by reducing their exposure to harmful TFA. Many others have identified sources of TFA in their food supplies and are at various stages of policy development.

11. National salt/sodium reduction targets aligned with the regional goal have been defined in 10 countries along with identification of baseline population mean salt/sodium intakes. Bangladesh, India, Indonesia, and Sri Lanka have strengthened food labelling policies to include sodium content and empower individual choices. Six countries have implemented evidence-based interventions to reduce salt intake, but progress in population sodium reduction needs accelerated efforts. Actions to tackle physical inactivity are in early stages and are guided by the Regional Roadmap to implement the Global Action Plan on physical activity. Several countries of the Region have implemented best buys for reducing harm from alcohol including imposing bans on advertisements and restrictions on the physical availability of alcohol by using the WHO “SAFER package”.  

12. Adaptation of the WHO PEN and HEARTS technical package in the country context has shown positive impacts on improving the NCD subindex of universal health coverage from 57 in 2010 to 61 in 2019. India and Thailand initiated the implementation of the HEARTS package for hypertension control in 2017 at the primary health care level. The use of simplified protocols, team-based care, monitoring systems, and the availability of drugs have nearly doubled the control rates for hypertension among 9 million people put on standard care. Positive treatment outcomes have encouraged countries in the Region to strive towards achieving the regional target of placing 100 million people with hypertension and or diabetes on protocol-based management by 2025.

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14 WHO report on the global tobacco epidemic, 2023: protect people from tobacco smoke  
16 SAFER initiative – a world free from alcohol related harms https://www.who.int/initiatives/SAFER  
17 WHO Global Health Observatory  
18 SEAHEARTS for accelerating CVD control https://www.who.int/southeastasia/activities/seahearts-for-accelerating-cvd-control
13. Progress has been made in countries by conducting periodic population-based surveys and strengthening disease registries to monitor changes in NCD risk factors and coverage of NCD services. Information and data on NCDs in the Region are being updated on the SEARO NCD Dashboard and South-East Asia Region NCD Impact Simulation Tool to provide simplified, dynamic, and interactive data analysis and use for enhanced decision-making across the continuum of care for NCDs.5,19

14. Despite the priority accorded to NCDs in the Region, progress in addressing risk factors through a multi-sectoral approach and management of cardiovascular diseases within the health system is uneven in countries. The COVID-19 pandemic has further exacerbated disruptions in essential NCD services, impacting individuals living with CVDs.

15. Diverse sectoral priorities, lack of political will, limitations of policies, regulations and fiscal interventions, commercial determinants, and the lack of implementation capacity, is hampering the efforts for CVD risk reduction. Primary health care is often not adequately equipped with the required workforce, medicines, technology, and patient tracking systems to effectively cover CVD services. More funds are being spent on curative services for CVDs at the tertiary care level, and equitable access to care is not yet achieved. This highlights the inadequate investments in the prevention and control of CVDs as well as inappropriate prioritization of services.

The way forward

16. The Region is at a critical juncture to combat CVD burden. Member States may consider endorsing the “Dhaka Call to Action – Accelerating the control of cardiovascular diseases in a quarter of the world’s population”. The political commitment along with prioritized and accelerated efforts, undertaken at both policy and programmatic levels, are necessary for the successful implementation of the ‘Dhaka Call to Action’. This will have a significant impact on reducing the incidence of heart attacks, strokes, cases of renal failure and other adverse outcomes and deaths from CVDs.

17. Member States have to sustain the gains in tobacco control and make efforts to step up implementation of MPOWER measures to reach the highest levels of achievement through the conducive policy and programme environment. Countries in the Region which have introduced and adapted REPLACE technical packages can enforce policies, laws, and regulations to achieve high rates of compliance. Countries yet to implement national policies can draft a country roadmap for TFA elimination and establish a legal or regulatory framework in the country context. Member States need to prioritize their national salt reduction strategies in the local contexts based on the guidance provided in the SHAKE package.

18. Member States can scale up and accelerate implementation of the WHO HEARTS approaches and ensure that protocol-based management of hypertension and diabetes are incorporated in primary health care services with adequate resources. Uninterrupted availability of medicines and diagnostics linked to protocol, multidisciplinary teams with diverse competencies, clinical care pathways with referral linkages, robust and digitalized health information systems for monitoring and patient tracking, and community participation are needed for scaling up coverage and control of CVD.

19. Member States can share experiences and learn from the good practices across the Region and beyond. Implementation research and innovative approaches are needed to address the challenges in implementation and monitoring.

20. WHO will support Member States to assess, prioritize, scale up, document and monitor the progress in implementing the “Dhaka Call to Action”, once endorsed, through country-specific roadmaps.

Conclusions

21. The South-East Asia Region has prioritized control of CVD risk factors and integrated delivery of NCD services in primary care settings and all countries have shown progress in reducing risk factors and improving health systems to manage CVDs. Given that seven years remain towards the SDG target deadline of 2030, an acceleration of the national responses is essential. The “Dhaka Call to Action – Accelerating the control of cardiovascular diseases in a quarter of the world’s population”, charts a roadmap for implementing SEAHEARTS initiative to accelerate the control of cardiovascular diseases and progress towards the NCD and SDG targets.
Acronyms

**WHO MPOWER**
- Monitor tobacco use and prevention policies
- Protect people from tobacco smoke
- Offer help to quit tobacco use
- Warn about the dangers of tobacco
- Enforce bans on tobacco advertising, promotion and sponsorship
- Raise taxes on tobacco

**WHO SHAKE**
- Surveillance: measure and monitor salt use
- Harness industry: promote reformulation of foods and meals to contain less salt
- Adopt standards for labelling and marketing: implement standards for effective and accurate labelling and marketing of food
- Knowledge: educate and communicate to empower individuals to eat less salt
- Environment: support settings to promote healthy eating

**WHO REPLACE**
- Review dietary sources of industrially produced trans fatty acids and the landscape for required policy change.
- Promote the replacement of industrially-produced trans fatty acids with healthier fats and oils.
- Legislate or enact regulatory actions to eliminate industrially produced trans fatty acids.
- Assess and monitor trans fatty acids content in the food supply and changes in trans fatty acids consumption in the population.

Create awareness of the negative health impact of trans fat among policymakers, producers, suppliers, and the public.
Enforce compliance with policies and regulations.

**WHO HEARTS**

*Healthy-lifestyle counselling*
- Brief interventions as an approach to providing counselling on risk factors and encouraging people to have healthy lifestyles

*Evidence-based treatment protocols*
- Protocols to standardize a clinical approach to the management of hypertension, diabetes and complications

*Access to essential medicines and technology*
- Improve CVD medicine and technology procurement, quantification, distribution, management and handling of supplies at facility level

*Risk-based CVD management*
- Total risk approach to the assessment and management of hypertension, diabetes and CVDs through risk charts

*Team-based care*
- Team-based care and task shifting, improving skills of health care providers, encourage self-care management

*Systems for monitoring*
- Standardized indicators and data-collection tool, maintain longitudinal case records, conduct monthly review, reduce missed visits, measure hypertension and diabetes control rate
Annexure
Dhaka Call to Action

Accelerating the control of cardiovascular diseases in a quarter of the world’s population

15 June 2023
Dhaka, Bangladesh
We, the participants at the Workshop for implementing the WHO South-East Asia NCD Roadmap 2022–2030, held in Dhaka, Bangladesh, on 12–15 June 2023:

Recognize that the WHO South-East Asia Region’s Flagship Priority Programme of “Prevention and management of noncommunicable diseases through multisectoral policies and plans, with a focus on ‘best buys’” has made tangible progress in the prevention and control of major noncommunicable diseases (including cardiovascular disease, cancer, diabetes and chronic respiratory diseases) and their risk factors (tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity), resulting in the probability of premature death from NCDs declining from 23.4% in 2010 to 21.6% in 2019;

Understand that the current speed of decline is not adequate to reach the NCD target of 2025 and Target 3.4 of the Sustainable Development Goals which is to “by 2030, reduce by one third premature mortality from NCDs through prevention and treatment, and promote mental health and well-being”, and recognize the guidance adopted through resolution SEA/RC75/R2 on “Implementation Roadmap for accelerating the prevention and control of noncommunicable diseases in South-East Asia 2022–2030” adopted at the Seventy-fifth Session of the WHO Regional Committee for South-East Asia in Paro, Bhutan, in September 2022;

Realize that cardiovascular diseases (CVD) are the major cause of premature mortality in the Region and that accelerated efforts for their prevention and control are vital to reducing premature mortality from NCDs at a faster pace;

Reaffirm the commitments contained in the Colombo Declaration on “Strengthening health systems to accelerate delivery of noncommunicable diseases services at the primary health care level”, endorsed at the Sixty-ninth session of the WHO Regional Committee for South-East Asia in Colombo, Sri Lanka, in September 2016;

Acknowledge the high burden of hypertension and diabetes in the Region and the suboptimum coverage and control of these two conditions at the population level;

Appreciate the progress made in reducing tobacco use and population salt intake, eliminating artificial trans-fatty acids and improving the management of hypertension and diabetes mellitus in primary health care;

Acknowledge that the SEAHEARTS initiative that brings together WHO technical packages of PEN, HEARTS, SHAKE, REPLACE and MPOWER, and implements them in the national context, can greatly add to the momentum for CVD control in the Region;

Agree to sustain the efforts to reduce the cardiovascular disease risks from the harmful use of alcohol, physical inactivity and air pollution and underling social determinants using a range of policy options, public health policies and programmes, measures provided in SAFER, ACTIVE, CHEST and other cost-effective interventions provided in the WHO technical packages;

Recognize the targets set in the 2030 Agenda for Sustainable Development and the updated NCD targets for 2025, and the time-bound commitment to strengthen and reorient health systems to address NCD through people-centred primary health care by 2025; and
COMMIT TO ACCELERATE the progress towards the following targets in support of the SDG target on NCDs:

1) 100 million people with hypertension and/or diabetes are placed on protocol-based management,

2) One billion people are covered by at least three WHO MPOWER measures for tobacco control,

3) One billion people are covered with 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 best practices or complementary policy measures of WHO REPLACE; and

CALL UPON national governments, health service providers, non-State Actors and developmental partners to undertake the following actions as appropriate to their constituency to reach the above targets and thereby accelerate the progress towards SDG 3.4:

1. Advocate for national actions through

- Policies that promote healthy diets, focusing on reducing dietary sodium intake, eliminating industrial trans-fatty acids, and reducing tobacco use, through adaptation of WHO technical packages such as SHAKE, REPLACE and MPOWER, and accelerate their implementation,

- Programmes and service delivery models for scaling up detection, diagnosis, management and monitoring of hypertension and diabetes through adaptation of the WHO HEARTS package,

- Allocation of adequate human, financial and technical resources to achieve the targets, and


2. Strengthen primary health care for scaling up coverage of hypertension and diabetes services by measures to

- Adapt and implement the WHO HEARTS package in the national context and develop a service delivery model, including guidelines and standard operating procedures with an emphasis on primary health care,

- Develop national and subnational plans to rapidly scale up the coverage and quality of hypertension and diabetes management to reach the planned coverage,

- Promote integrated screening for hypertension and diabetes to be implemented at all clinical encounters and through outreach efforts,

- Ensure that screen positives are followed up for diagnosis along with a mechanism to trace the defaulters,

- Mandate and facilitate protocol-based management for hypertension and diabetes at the primary care level,
• Establish clinical care pathways for hypertension and diabetes within primary care with referral linkages to higher levels of care for specialized services,
• Ensure adequate numbers of competent staff and team-based care,
• Procure and enforce the use of quality assured devices for the measurement of blood pressure and blood sugar,
• Ensure continuous supply of medicines as per the protocols,
• Guide patients to follow healthy lifestyles, with regular blood pressure and blood sugar checks, and adopt context-specific approaches to ensure compliance to treatment,
• Adopt an information system that allows longitudinal monitoring and follow-up of the individuals and to measure a minimum set of indicators using digital solutions,
• Develop a supportive supervision system with adequate personnel for continuous quality improvement,
• Emphasize the importance of extending treatment for hypertension and diabetes to people living in fragile, conflict-affected and vulnerable (FCV) settings, especially since access to treatment for complications is often difficult in these settings,
• Develop linkages with antenatal care, TB control programmes and other relevant areas of work to ensure that people with hypertension and diabetes are detected and managed, and
• Engage the private sector, professional associations, academic institutions and civil society organizations to scale up strategies and activities.

3. Scale up implementation of WHO MPOWER measures to reduce tobacco use to

• Monitor tobacco use and prevention policies. Make use of the data to advocate for strengthening of tobacco control laws and policies to reduce tobacco use among adults and youth,
• Protect people from tobacco smoke by eliminating exposure to second-hand tobacco smoke in all indoor workplaces, public places and public transport,
• Offer help to quit tobacco use through provision of cost-covered effective population-wide support (including brief advice, national toll-free quitline services and mCessation) and use of the WHO QuitTobacco app for tobacco cessation to all tobacco users,
• Warn about the dangers of tobacco by implementing large graphic health warnings on all tobacco packages, or implementing plain/standardized packaging,
• Implement effective mass media campaigns to educate the public about the harms of tobacco use and second-hand smoke, and encourage behavioural change for quitting,
• Enact and enforce comprehensive bans on tobacco advertising, promotion and sponsorship, and
• Progressively, increase excise taxes and prices of tobacco products.

4. Promote healthy diet
a) **Scale up context-specific actions to implement the SHAKE technical package to reduce population salt intake by executing the following**

- Measure and monitor population salt consumption patterns and sodium content of food, and evaluate the impact of salt reduction programmes,
- Implement integrated education and communication strategies to raise awareness about the health risks and dietary sources of salt and ultimately change behaviour,
- Set target levels for the amount of salt in foods and meals and implement strategies to promote reformulation based on regional reformulation targets,
- Adopt interpretive front-of-pack nutrition labelling systems as part of comprehensive nutrition labelling policies for facilitating consumers’ understanding and choice of food for healthy diets,
- Implement strategies to combat the marketing of foods and beverages high in salt, sugar and fats to children, and
- Implement multicomponent strategies to promote healthy diets including salt reduction in settings such as schools, workplaces and hospitals.

b) **Scale up implementation of REPLACE technical package to eliminate industrially produced trans-fatty acids from the food supply through the following measures**

- Review dietary sources of industrially produced trans-fatty acids and the landscape for required policy change. Introduce the REPLACE action package, based on initial scoping activities, and draft a country roadmap for trans-fatty acids elimination,
- Promote the replacement of industrially produced trans-fatty acids with healthier fats and oils,
- Legislate or enact regulatory actions to eliminate industrially produced trans-fatty acids. Develop regulations suitable to the country context or update the existing legal framework to match the approach recommended by the World Health Organization,
- Assess and monitor trans-fatty acids content in the food supply and changes in trans-fatty acids consumption in the population,
- Create awareness of the negative health impact of trans-fatty acids among policymakers, producers, suppliers and the public,
- Enforce compliance with policies and regulations and map existing and create new enforcement powers and mechanisms, public communications, penalties, funding and timelines.

*We, the participants at the Workshop for implementing the WHO South-East Asia NCD Roadmap 2022–2030, held in Dhaka, Bangladesh, on 12–15 June 2023, request the Regional Director of the WHO South-East Asia Region to continue to provide leadership and technical support to countries along with partners to collectively achieve the targets set in this Dhaka Call to Action.*