RESOLUTION
OF THE
WHO REGIONAL COMMITTEE FOR SOUTH-EAST ASIA

SEA/RC76/R5

SEAHEARTS: ACCELERATING PREVENTION AND CONTROL OF CARDIOVASCULAR DISEASES IN THE SOUTH-EAST ASIA REGION

The Regional Committee,

RECOGNIZING that cardiovascular diseases (CVD) stand out as the primary cause of premature mortality in the Region and that accelerated efforts in prevention and control of CVD is imperative for achieving faster reductions in premature mortality resulting from noncommunicable diseases,

NOTING that the interim milestones have built on the progress and commitments made by Member States, especially in setting up targets for placing people with hypertension and diabetes on protocol-based management by 2025; and that the countries in the Region have made good progress in reducing tobacco use and population salt intake, and eliminating transfatty acids,

ACKNOWLEDGING that the SEAHEARTS Initiative that brings together WHO technical packages 1 of HEARTS, SHAKE, REPLACE and MPOWER, and implements them in the national context, holds the potential to save lives and improve the well-being of millions,

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REALIZING that only seven years remain for the SDG target deadline of 2030, requiring an acceleration of the national responses with time-bound commitments to reduce CVD risk factors and strengthen and reorient health systems to add to the momentum for CVD control in the Region, and

TAKING NOTE of the “Dhaka Call to Action – Accelerating the control of cardiovascular diseases in a quarter of the world’s population” (annexed),

1. **URGES** Member States to:
   a. Implement the SEAHEARTS Initiative to sustain and expand the gains achieved by implementing WHO HEARTS, MPOWER, SHAKE, REPLACE, and other effective technical packages, to reduce risk factors of CVD;
   b. Consider implementing the interventions in the Dhaka Call to Action at the national and subnational levels, as appropriate, and allocate adequate resources for their implementation;
   c. Strengthen political commitment and leadership, along with adequate capacity in the health systems, and promote accountability through timely, reliable and quality data; and

2. **REQUESTS** the Regional Director to:
   a. Support Member States to develop and prioritize country-specific roadmaps with baselines and targets to accelerate the implementation of SEAHEARTS;
   b. Support Member States to leverage legislative, regulatory and fiscal policies and other measures to reduce risk factors for CVD;
   c. Provide technical support in monitoring and evaluation, and documenting good practices and lessons learnt in implementing SEAHEARTS; and
   d. Set up a platform for Member States to regularly share and exchange best practices on the implementation of SEAHEARTS.

*Eighth plenary session, 2 November 2023*
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 non-communicable 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;

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ACKNOWLEDGE that the SEAHEARTS Initiative\(^3\) that brings together WHO technical packages of PEN\(^4\), HEARTS\(^5\), SHAKE\(^6\), REPLACE\(^7\) and MPOWER\(^8\), 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\(^9\), ACTIVE\(^10\), CHEST\(^11\) 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,

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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 also

**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
   - Enhanced community engagement and social participation for cardiovascular disease prevention and control interventions; 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; and

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\textsuperscript{12} 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; and

4. Promote healthy diet by:

a) Scaling 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; and

b) Scaling up implementation of the REPLACE technical package to eliminate industrially produced transfatty 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 policy-makers, producers, suppliers and the public, and
- 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.