MEETING OF THE TECHNICAL ADVISORY GROUP ON NONCOMMUNICABLE DISEASE PREVENTION AND CONTROL IN THE WESTERN PACIFIC REGION

21–22 March 2024
Manila, Philippines
MEETING REPORT

MEETING OF THE TECHNICAL ADVISORY GROUP ON NONCOMMUNICABLE DISEASE PREVENTION AND CONTROL IN THE WESTERN PACIFIC REGION

Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

Hybrid Meeting

Manila, Philippines
21–22 March 2024

Not for sale

Printed and distributed by:

World Health Organization
Regional Office for the Western Pacific
Manila, Philippines

May 2024
NOTE

The views expressed in this report are those of the participants of the Meeting of the Technical Advisory Group on Noncommunicable Disease Prevention and Control in the Western Pacific Region, and do not necessarily reflect the policies of the conveners.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for Member States in the Region and for those who participated in the Meeting of the Technical Advisory Group on Noncommunicable Disease Prevention and Control in the Western Pacific Region in Manila, Philippines from 21 to 22 March 2024.
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Keywords:
Disease outbreaks – prevention and control / Noncommunicable diseases / Regional health planning
SUMMARY

Noncommunicable diseases (NCDs) account for the largest disease burden in the World Health Organization (WHO) Western Pacific Region. Progress towards achieving Sustainable Development Goal (SDG) target 3.4, which aims to reduce premature mortality from NCDs, is markedly different across countries and areas in the Western Pacific Region. Currently the Region exhibits diverse trajectories, with only one country anticipated to meet the SDG target, three worsening and the rest falling off track.

Prevention measures including risk factor reduction, screening, early diagnosis and treatment, as well as palliative care, are key components of the NCD response. The need for action has never been more urgent. Although countries could still meet the 2030 targets, the window of opportunity to successfully implement policies and actions with the highest return on investment is closing fast.

To support Western Pacific Member States in integrating innovative multisectoral approaches beyond the health sector that will strengthen NCD prevention and control at national and community levels, WHO developed the Regional Action Framework for Noncommunicable Disease Prevention and Control in the Western Pacific (NCD RAF), which was endorsed by Member States at the seventy-third session of the Regional Committee in October 2022.

To bolster the NCD agenda and effectively implement the NCD RAF, the WHO Regional Office for the Western Pacific established the Technical Advisory Group on Noncommunicable Disease Prevention and Control in the Western Pacific Region (NCD TAG) in 2020. The NCD TAG focuses on critical areas related to NCD prevention and control, extending its engagement beyond the health sector by involving experts from diverse fields. Its overarching goal is to contribute to the strategic vision of the Region being the safest and the healthiest region, aligning with efforts to meet SDG target 3.4 and improve overall well-being.

A meeting of the NCD TAG was convened from 21 to 22 March 2024 in Manila, Philippines, in hybrid format. The goal of the meeting was to share and collect valuable insights and develop recommendations and guidance to enhance regional efforts to address NCDs. By involving experts from different countries in the Region and various sectors, such as public health, policy, law, academia, economics and civil society, the NCD TAG fostered a multidisciplinary approach to tackle the complex challenges posed by NCDs.

The importance of multisectoral collaboration and community engagement were emphasized during the meeting. Participants discussed how a community-based approach is best coupled with top-down policies and governance that reinforce behaviour change, accessibility of services and health-promoting environments. They also discussed the difficulty of connecting interventions to evidence and outcomes when the latter is the result of complex social, cultural and behavioural interactions. The need for reliable data from the community to the national level was underscored.

The integration of NCD prevention and control services into primary health care (PHC) is a priority, and this may involve the inclusion of community health workers, engaging the community in programme design and implementation, and integrating health-care practices into PHC frameworks. It was noted that universal health coverage (UHC) is a necessary prerequisite for delivering these services. The importance of targeted, multisectoral interventions to protect vulnerable groups was also discussed, together with the potential to integrate NCD prevention and control into larger efforts, such as those in response to climate change. Participants emphasized that further work is required across a range of sectors to implement existing WHO recommendations, such as the Global action plan for the prevention and control of noncommunicable diseases 2013–2030 and its associated road map and NCD “best buys”.

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The meeting ended with the participants expressing cautious optimism and emphasizing the importance of and challenges in creating multisectoral, societal change. While progress has been made, significant challenges remain as the NCD burden continues to climb, requiring ongoing commitment, resourcing and innovation in addressing NCDs in the Western Pacific Region.

1. INTRODUCTION

1.1 Meeting organization

The Meeting of the Technical Advisory Group on Noncommunicable Disease Prevention and Control in the Western Pacific Region was held as a hybrid meeting from 21 to 22 March 2024. The meeting spanned two days and its overall aim was to come up with recommendations on innovative and practical strategies to implement the *Regional Action Framework for Noncommunicable Disease Prevention and Control in the Western Pacific* (NCD RAF).

Members of the Technical Advisory Group on Noncommunicable Disease Prevention and Control in the Western Pacific Region (NCD TAG), resource persons, observers and the Secretariat met in person in Manila and additional observers joined the meeting via videoconference. Nine NCD TAG members who are experts from various sectors, such as public health, policy, law, academia and economics were present at the meeting. Resource persons representing local and national government agencies from Member States of the World Health Organization (WHO) Western Pacific Region also attended, as well as observers from civil society organizations and the Pacific Community. Staff from WHO regional and country offices provided secretariat support.

A list of participants is available in Annex 1, and a programme of activities is in Annex 2.

1.2 Meeting objectives

The objectives of the NCD TAG meeting were:

1. to advise the WHO Western Pacific Regional Office and provide recommendations on strategies for implementing the NCD RAF;
2. to advise on specific topics related to NCD prevention and control, such as multisectoral engagement, investment in NCD prevention and health promotion, integration of NCDs in universal health coverage (UHC) and primary health care (PHC), and innovative approaches to reverse the trends of NCDs;
3. to analyse country progress and identify good practices, shared challenges and lessons learnt in relation to NCDs; and
4. to make recommendations in relation to NCD prevention and management in the Region, with a specific focus on country-level actions considering their different contexts, and to provide country-specific technical support per request.

2. PROCEEDINGS

2.1 Opening session

The opening session began with a welcome address from Dr Huong Thi Giang Tran, Director of the Division of Programmes for Disease Control, WHO Regional Office for the Western Pacific. Dr Tran cited the magnitude of the NCD challenge in the Western Pacific and thanked the NCD TAG members
for their service. This was followed by the nomination and election of Dr Tomofumi Sone as Chair and Dr Gade Waqa as Co-chair of the NCD TAG.

In his opening message, Regional Director for the Western Pacific, Dr Saia Piukala, reiterated the need for greater progress in the fight against NCDs and how most countries are off-track to meet the targets of the Sustainable Development Goals (SDGs). He called for health system transformation through multisectoral action with PHC as a cornerstone for achieving UHC.

In addition, messages presented from WHO headquarters highlighted the greater burden of NCDs in low- and middle-income countries and areas (LMICs) and the need for resilient health systems, and called for the implementation of cost-effective interventions known as the NCD “best buys” while taking into account the social and commercial determinants of health that impact populations.

2.2 Updates on the Regional Action Framework on NCD Prevention and Control in the Western Pacific

An update on NCD prevention and control in the Region was presented showing increasing life expectancy and a rapidly ageing population accompanied by a shift of disease burden to NCDs, without an increase in services for NCDs. SDG progress rates have been challenging, with the latest projections suggesting that only the Republic of Korea will meet the 30% reduction target for NCDs, while some countries – such as the Federated States of Micronesia, Papua New Guinea and the Philippines – are moving in the opposite direction.

The perception of health must shift from the conventional perspective of infectious disease where there is a clear delineation between healthy and sick conditions, towards viewing a person’s status within a spectrum between excellent health and poor health. There is a general lack of awareness of NCD risk factors, and low diagnosis and control rates for top NCDs like hypertension and diabetes. Improved data collection is needed to craft strategies addressing both evidence-based policies and advocacy within the health system.

2.3 Updates from country offices

During the focal points meeting, participants from Western Pacific country offices expressed enthusiasm for the Regional Director’s prioritization of NCDs and the need to monitor progress in this new era. The meeting showcased diverse realities and challenges in the Region, with presentations on cancer initiatives, the importance of quality in care access, community engagement within PHC, and reaching hard-to-reach populations in Mongolia, Viet Nam and Pacific island countries and areas (PICs).

In China and Malaysia, NCDs have been integrated into PHC, thus addressing policy and service delivery challenges. Experiences from the Lao People’s Democratic Republic were shared, highlighting service delivery perspectives, resource mobilization, surveillance and human resource challenges. These challenges were complemented by a presentation from the PICs, which noted the diverse contexts among PICs, the difficulty in integrating fiscal policies and the need for more concerted efforts to address obesity and childhood obesity, which pose significant risks. Subsequent discussions highlighted the need for effective implementation of policies.

2.4 Sharing experiences from Member States

Presentations from Cambodia and Philippines highlighted the current status of NCD risks and mitigation efforts in the two countries. The presentation on Cambodia emphasized the high prevalence of NCDs and behavioural risk factors, noting that the country is focusing on empowering individuals in tobacco control and health promotion through education, despite challenges in implementation. Also shared was Cambodia’s experience in utilizing a multisectoral approach and community engagement.
The Philippine presentation discussed hypertension control, including successful pilot programmes to evaluate various factors and services through community health workers. Presenters noted that medicine stock-outs, weak governance and behavioural risk factors remain challenges; the plan is to expand the programmes in 2024 in collaboration with the Department of Health and WHO.

Subsequent discussion topics included sustainable funding, behaviour change strategies, improving engagement and participation, and effective advocacy. The importance of evidence-based measures and WHO’s role in addressing legal and cost issues were noted.

2.5 Breakout session 1

In breakout sessions, participants divided into smaller groups to discuss two questions.

2.5.1 How can we effectively address social and commercial determinants of health?

Participants discussed the critical role of community diagnosis in understanding and addressing social and commercial determinants of health. They pointed out that while guidelines exist for multisectoral work and determinants, implementation is challenging, especially in less developed countries, where cultural behaviours and community contexts need to be considered. Tailored interventions, evaluation and thorough community diagnoses were deemed essential for meaningful change.

A multisectoral approach that considers social, cultural and commercial factors, with a focus on equity and human rights, is crucial. Strategies such as taxation and aligning determinants with climate crisis solutions were proposed. It was noted that WHO can support countries in developing and implementing regulation and legislation for NCD risk factors to change the behaviours of those most at risk of being harmed by commercial interests.

Three key discussions were targeted: rebuilding community trust, utilizing evidence-based information in interventions and engaging civil society inclusively. The group stressed collaboration and dialogue for holistic, culturally sensitive interventions. There was advocacy for coordinated efforts to prioritize policies that promote equality and justice, and participants urged for innovative solutions to interconnected challenges.

2.5.2 What are innovative approaches to tackle NCD prevention and management?

Innovation in NCDs was introduced as the effective use of existing knowledge and evidence-based recommendations alongside new strategies and technologies. While noting the importance of being open to innovation, participants acknowledged that there is a range of existing evidence-based recommendations from WHO that could be better implemented. Emphasis was placed on multisectoral collaboration, highlighting the need for co-creation and idea-sharing among stakeholders, along with accountability and a call for ministries to ensure effective outcomes.

Challenges in NCD prevention and management were discussed, including the complexities of the nature of prevention and its delayed results. Community engagement was identified as crucial for driving behavioural change, with a suggestion to incentivize community health workers for on-site activities.

Concerns regarding the allocation of funding were discussed, particularly in PHC, which plays a vital role in NCD management, and especially in low-income countries. The varying goals of NCD prevention across different countries were acknowledged, underscoring the need for tailored approaches that consider each country’s unique context. Overall, the session highlighted the multifaceted challenges posed by NCDs and the importance of innovative, collaborative approaches in addressing them effectively.
2.6 NCDs and social determinants of health

Dr Michael Marmot from the Institute of Health Equity delivered a presentation supporting the intersection of NCDs and social determinants of health, highlighting the impact of income inequality, life expectancy and child poverty across different countries. Income inequality affects the distribution of health rights and life expectancy, with wealthier nations generally exhibiting longer life spans. However, disparities persist even in high-income countries like Australia and Hong Kong SAR (China), where child poverty rates remain high.

Social mobility is limited, as evidenced by the strong correlation between parental wealth and children’s socioeconomic status. Health inequities are prevalent – with NCD rates linked to poverty, education level and living conditions – and are particularly evident in areas in the Western Pacific Region with higher rates of obesity, smoking and cancer mortality. Dr Marmot stressed the importance of local initiatives in addressing these challenges and concluded with a call for hope and sustained efforts to tackle the social determinants of health, emphasizing the need for optimism and commitment to achieving health equity.

2.7 Systems approach to NCDs

Dr John P. Ansah from Case Western Reserve University presented on a systems approach to NCDs, which involves understanding these health challenges as interconnected and complex systems. The presentation reflected on some aspects of the real world, focusing on patterns of behaviour and underlying structures that drive these patterns. By adopting this systems approach lens, stakeholders can gain insights into the diverse and evolving forces contributing to NCDs.

To effectively implement systems-based approaches, it is necessary to map the forces contributing to NCDs. This mapping considers understanding perspectives, interrelationships and boundaries related to situations involving NCDs. Mapping serves to visualize complexity through diagrams, aiding communication and comprehension among stakeholders. It also reveals feedback structures, illustrating how interventions can have ripple effects. However, despite its benefits, mapping also has limitations. Oversimplification or omission of critical aspects can lead to misrepresentations and erroneous conclusions. Therefore, ensuring sound data, assumptions and logic is crucial when employing systems mapping for NCDs.

This approach moves beyond addressing symptoms to identifying root causes and intervention points, enhancing understanding, and guiding targeted strategies for improving outcomes related to NCDs.

2.8 Breakout session 2

In the second breakout session, participants discussed two other questions in smaller groups.

2.8.1 How can PHC address NCD prevention, health promotion and management?

Participants emphasized that there is a crucial need to understand and engage communities effectively to tailor health-care initiatives to their specific needs. Key topics included diverse approaches to PHC, NCD prevention and health promotion, challenges in screening and processing, and the varied PHC systems across the Region.

The pivotal role of community workers in facilitating community engagement and mobilization efforts was also underscored. Strategies to enhance community involvement in programme design and implementation, emphasizing education, public participation and data-driven decision-making, are essential. Examples from LMICs highlight the potential of PHC education centres to deliver essential health advice and interventions, utilizing volunteers and partners to address NCD risks early on.

The integration of alternative medicine into PHC frameworks was noted as a strength. Additionally, actions in evidence-based NCD prevention, screening effectiveness and comprehensive referral systems...
are necessary for health promotion and management. Finally, collaborative efforts among local authorities, private sectors, health-care providers and communities are crucial to build trust and implement sustainable, community-centred solutions, such as local pharmacies and social centres, to support local NCD prevention.

2.8.2 How can we effectively tackle and prevent obesity?

The immense and growing burden of obesity throughout the Region was discussed, highlighting the complexities of cultural and contextual factors influencing obesity.

Challenges in policy implementation were highlighted, especially in holding industries accountable. Strategies discussed included targeted interventions to protect vulnerable age groups, especially children, from the influence of unhealthy food companies, the need for comprehensive approaches that address both social and commercial determinants of obesity, and the need to emphasize healthy environments that allow better choices.

Cross-border collaboration was also highlighted as a strategic approach to tackling obesity, with discussions extending to the linkages between obesity, malnutrition, climate change, food security and trade. Integration with broader health initiatives, including mental health and climate change, was explored.

The session emphasized technical capacity-building on laws and policies to create healthy environments, persuasive communication strategies, and global collaboration for policy enforcement and progress tracking. The role of WHO in supporting governments and fostering regional frameworks and consensus was underscored, concluding with the need for multifaceted approaches to combat obesity effectively.

2.9 Summary of discussion

At the close of the activities, NCD TAG members and participants were asked for feedback on the meeting. They shared very positive thoughts about the event and especially appreciated the opportunity to discuss different challenges with participants representing various countries highlighting the importance of work at the community level. They raised the need for development of technical guidance to integrate work for Member States with a tailored approach depending on each context.

Multisectoral coordination, community engagement and collaborations with civil society are crucial for NCD prevention. It was noted that while parts of the private sector play an important role – for example, in the delivery of private health-care services – other aspects of the private sector include unhealthy industries that may have a fundamental conflict of interest with health goals. Therefore, a cautious approach was recommended when involving the private sector. WHO can work with Member States to ensure alignment of the private sector for NCD prevention and control – for example, through legislation to support healthy behaviours in environments with strong commercial interests.

Emphasis was placed on bridging evidence and practice, highlighting local initiatives’ impact through tailored evaluation. Contextual relevance emerged as a recurring theme, emphasizing the need for localized frameworks within broader regional and global contexts.

Proposed principles included PHC reforms to empower communities, especially marginalized groups like the youth and Indigenous populations. Discussions among the participants underscored the need for deliberate engagement with underrepresented communities to ensure interventions are inclusive and effectively address diverse societal challenges. Participants also reinforced the emphasis on actionable strategies to enhance health sector collaboration and impact at local, regional and global levels.

2.10 Closing remarks

Dr Hiromasa Okayasu, Director of the Division for Healthy Environments and Populations, Regional Office for the Western Pacific, highlighted that this first in-person NCD TAG meeting post-COVID
served as a key platform for assessing progress, gathering regional and national perspectives, and seeking expert guidance. The cautious optimism from the Regional Director about NCD prevention and control efforts was shared, recognizing persistent challenges in accelerating progress.

Transformation from a “sick system” to a “health system” approach is crucial for addressing social and health system barriers. It is necessary to take a comprehensive approach to system transformation, considering dynamics shaped by technology and community factors. Examples from Cambodia and the Philippines highlighted innovative strategies despite resource constraints, demonstrating effective multisectoral coordination and community-focused interventions. The importance of cross-sector collaboration, co-benefits and capacity-building in NCD control was also emphasized.

Lastly, Dr Okayasu reminded participants that the Western Pacific Regional Office and country offices are committed to working alongside Member States and to support them in adopting new, simple and practical ideas in NCD prevention and control in their unique contexts.
3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

Multisectoral collaboration and community engagement were emphasized during the meeting and integrated approaches to combating NCDs were underscored. Participants discussed how a community-based approach is best coupled with top-down policies and governance that reinforce behaviour change, accessibility of services and health-promoting environments. In addition, the importance of effective implementation was reinforced.

Participants also discussed the difficulty of connecting interventions to evidence and outcomes when the latter is the result of complex social, cultural and behavioural interactions. The need for data from the community to the national level was emphasized. The integration of NCDs into PHC is a priority, and this may involve the inclusion of community health workers, engaging the community in programme design, and integrating health-care practices into PHC frameworks. The importance of targeted, multisectoral interventions to address the social and commercial determinants of health and protect vulnerable groups, such as children, from the influence of unhealthy environments was also discussed, together with the potential to integrate NCD prevention and control into larger efforts, such as those in response to climate change.

Final discussions were made with cautious optimism, emphasizing the importance of and challenges in creating multisectoral, societal change. While progress has been made, significant challenges remain as the NCD burden continues to climb, requiring ongoing and greater commitment to the existing evidence-based measures and innovation in addressing NCDs in the Western Pacific Region.

3.2 Recommendations

3.2.1 Recommendations for Member States

Member States are encouraged to consider the following:

(1) Conduct community diagnosis and in-depth analysis of the current situation surrounding NCDs.
(2) Take a multisectoral approach to combating NCDs, paying attention to co-creation, co-benefits and win-win solutions and sharing innovative approaches.
(3) Effectively harness the influence of public and private sectors in preventing and controlling NCDs within rules on engagement and conflicts of interest.
(4) Build trust in the health system and prioritize policies that promote equity and justice.
(5) Utilize existing knowledge to implement recommendations and evidence-based strategies for NCDs in innovative and effective ways.
(6) Include community engagement from the development of health policies up to their implementation.
(7) Use PHC sites as education centres for the delivery of essential health advice and interventions. Incorporate NCD prevention and control into PHC – that is, managing the process from screening to early detection and treatment in PHC systems.
(8) Strengthen data collection at the national level regarding NCD prevention and monitoring programme implementation.
(9) Apply the “bibingka” approach underscoring the importance of working simultaneously at the national policy level and at community level implementation.
3.2.2 Recommendations for WHO

WHO is requested to do the following:

(1) Develop technical guidance for multisectoral engagement to support Member States.
(2) Facilitate alignment of public and private sectors in creating and supporting policies for equitable NCD prevention and control while working within the boundaries of WHO’s rules on engagement and conflicts of interest.
(3) Support governments to work towards regional consensus and action against NCDs.
(4) Develop new indicators for “health systems” versus indicators for “sick systems”.
(5) Provide technical support to countries for capacity-building in their NCD prevention and control efforts.
(6) Share local insights and experiences in the prevention and control of NCDs in the Region, including national and subnational policy and legislation, and PHC- and community-level interventions.
ANNEXES

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WHO PHILIPPINES

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### MEETING OF THE TECHNICAL ADVISORY GROUP FOR NONCOMMUNICABLE DISEASE PREVENTION AND CONTROL IN THE WESTERN PACIFIC REGION

Manila, Philippines
21 to 22 March 2024

**DRAFT PROGRAMME OF ACTIVITIES**
21 March 2024

<table>
<thead>
<tr>
<th>Time</th>
<th>Activities</th>
<th>Speaker</th>
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</thead>
</table>
| 0900 – 0915 | Welcome                  | **Dr Huong Tran**
                      |                                          | Director, Division of Programmes for Disease Control, WHO-WPRO, Manila |
|           | Nomination of Chair      | **Dr Eric Domingo**
                      |                                          | Coordinator, NCD Management |
| 0915 – 0930 | Opening remarks          | **Dr Saia Piukala**
                      |                                          | WHO Regional Director for the Western Pacific, Manila |
| 0930 – 0940 | Group Photo              | **Dr Bente Mikkelsen**
                      |                                          | Director, WHO HQ |
| 0940 - 1000 | Coffee break             | **Dr Ruediger Kreh**
<pre><code>                  |                                          | Director, WHO HQ |
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<p>| 1000 – 1020 | Messages from HQ         |                                             |</p>
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Presenter/Coordinator</th>
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<tbody>
<tr>
<td>1020-1050</td>
<td>Updates on the Regional Action Framework on NCD Prevention and Control in the Western Pacific</td>
<td><strong>Dr Eric Domingo</strong> Coordinator, NCD Management</td>
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<tr>
<td>1050 – 1130</td>
<td>Updates from country offices</td>
<td><strong>Ms Sara D’Amore</strong> Consultant, NCD Prevention</td>
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<td><strong>Dr Yu Lee Park</strong> Coordinator, Health Systems/LAO</td>
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<td><strong>Dr Tomo Kanda</strong> Team Coordinator/DPS</td>
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<tr>
<td>1130 - 1230</td>
<td>Sharing experiences from Member States</td>
<td><strong>Dr. Chhea Chhordaphea</strong> Director, NCHP, Cambodia</td>
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<td><strong>Dr. Maria Javellana Colmenares-Quinon</strong> PHO, Iloilo, Philippines</td>
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<tr>
<td>1230 - 1400</td>
<td>Lunch break</td>
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<tr>
<td>1400 – 1500</td>
<td>Breakout Session 1</td>
<td><strong>Moderator:</strong></td>
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<tr>
<td></td>
<td>Group 1: How can we effectively address social and commercial determinants of health?</td>
<td><strong>Chair</strong></td>
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<td></td>
<td>Group 2: What are innovative approaches to tackle NCD prevention and management?</td>
<td><strong>Co-chair</strong></td>
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<tr>
<td>1500 – 1530</td>
<td>Mobility break</td>
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<tr>
<td>1530 – 1630</td>
<td>Presentation of summaries from the breakout groups session 1</td>
<td><strong>Moderator:</strong></td>
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<td><strong>Ms Xi Yin</strong> Coordinator, NCD Prevention</td>
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<tr>
<td></td>
<td></td>
<td>Discussion</td>
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<tr>
<td>1630 – 1700</td>
<td>NCDs and Social Determinants of Health</td>
<td><strong>Professor Michael Marmot</strong></td>
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<td>1700</td>
<td>Welcome Reception</td>
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**End of Day 1**
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<tr>
<th>Time</th>
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<th>Speaker</th>
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<tbody>
<tr>
<td>0900 – 0910</td>
<td>Welcome, Introduction of Day 2</td>
<td>NCD TAG Chair</td>
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<tr>
<td>0910 - 0930</td>
<td>Systems approach to NCDs</td>
<td>John Pastor Ansah</td>
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<td>NCD TAG Member</td>
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<tr>
<td>0930 – 1030</td>
<td>Breakout session 2</td>
<td>Moderator:</td>
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<tr>
<td></td>
<td>Group 1 - How can PHC address NCD prevention, health promotion and management?</td>
<td>Chair</td>
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<td>Group 2 – How can we effectively tackle and prevent obesity?</td>
<td>Co-chair</td>
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<tr>
<td>1030 – 1100</td>
<td>Mobility break</td>
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<tr>
<td>1100 – 1200</td>
<td>Presentation of summaries from the breakout group session 2</td>
<td>Moderator:</td>
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<td>Ms Xi Yin Coordinator, NCD Prevention</td>
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<tr>
<td>1200 – 1330</td>
<td>Lunch break</td>
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<tr>
<td>1330– 1400</td>
<td>Summary of discussion</td>
<td>NCD TAG Chair</td>
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<tr>
<td>1400 – 1430</td>
<td>Closing Remarks</td>
<td>Dr Hiromasa Okayasu</td>
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<td>Director Division of Healthy Environment and Populations WHO-WPRO Manila</td>
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**End of Meeting**