



2015 South Asian Regional Forum

# FROM EVIDENCE TO EFFECTIVE IMPLEMENTATION

Improving the prevention and control of  
diabetes and other NCDs in South Asia

## SUMMARY REPORT

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research to close the gap between  
evidence and implementation.”

## WHY THE FORUM?

This summary is based on a full report from the 2015 South Asian Regional Forum – ‘From evidence to effective implementation: Improving the prevention and control of diabetes and other NCDs in South Asia’ – held in Kalutara, Sri Lanka from 28–30 May 2015.

It summarises the objectives, proceedings and recommendations arising from the Forum, which was co-organised by the US National Institutes of Health-funded ASian Collaboration for Excellence in Non-communicable Disease (ASCEND) Program and the Sri Lankan National Institute of Health Sciences, the premier public health training institute of the Ministry of Health in Sri Lanka.

Non-communicable diseases (NCDs) are the leading cause of death globally, with more than 80 per cent of deaths from these diseases now occurring in low- and middle-income countries.

These deaths can be attributed to four main NCDs – cardio-vascular disease, cancer, chronic respiratory disease, and diabetes – with shared risk factors that include tobacco use, unhealthy diet, physical inactivity, poor mental health and harmful use of alcohol.

To date, too little evidence has been collected about how to implement programs that can change unhealthy behaviours, and the rising burden of chronic conditions constitutes one of the major challenges for development faced by the region. To address this burden, in 2013 the World Health Assembly endorsed the ‘Global Action Plan for the Prevention and Control of NCDs 2013–2020’.

While some countries are making progress on achieving the 2013 Global Action Plan's targets by 2025, including a 25 per cent relative reduction in premature mortality from NCDs, the required institutional and human resource capacities of most nations still need strengthening for NCD prevention.

To achieve this, we urgently need to promote and support national capacity for high-quality research to close the gap between evidence and implementation.

## ABOUT THE FORUM

The aim of the Forum was to identify how to improve the implementation of evidence for NCD prevention and control in this large and diverse region so as to achieve the targets set by the 2013 Global Action Plan, and to create a clear set of recommendations for achieving these.

Attended by more than 100 health professionals, researchers, program implementers, decision makers, policy makers, and funding organisations from South Asia and globally, participants recognised the significant policies and initiatives in the prevention and control of NCDs already implemented in countries such as Sri Lanka, India, Bangladesh and Nepal. The Forum showcased excellent examples of capacity building programs, research, health interventions and networks, examined current approaches and strategies, highlighted challenges and identified the best approaches for the future.

### SESSION 1

#### NCD prevention and control in countries in South Asia. Are they on track to meet NCD targets by 2025?

The aim of this opening session was to learn more about the current status quo of NCD prevention in the region – specifically in Sri Lanka, India, Nepal and Bangladesh – by assessing what has been achieved so far, what still needs to be done, and the major challenges for achieving the NCD targets by 2025.

Great strides have been made in the implementation of policies and interventions for the prevention and control of NCDs in the region; nonetheless renewed efforts are needed.

#### What is needed in the region?

- New methods and approaches focusing on the enhanced involvement of multi-sectoral stakeholders.
- A multi-sectoral, collaborative approach between academia, government health departments, professional organisations, the community, primary care physicians, health services and the private sector.
- Affordable technologies for screening, surveillance, integration of care and improvement of self-management in the prevention and control of NCDs.
- The strengthening of health systems and population-based surveillance systems.
- More contextualised research, particularly that incorporating the social determinants of health.
- The development of sustainable, low-cost and culturally appropriate interventions.
- The 'scaling-up' of effective prevention models and methods.

### SESSION 2

#### Building capacity for evidence development and implementation in countries in South Asia

During this session, examples of networks, institutes, training programs and initiatives that are building capacity at the country and/or regional level were presented, with the aim of examining what the network/institute/program want to achieve, achievements to date, and how initiatives could be more successful, sustainable and scalable in the future.

#### What is needed in the region?

- A greater focus on building capacity, particularly for the evaluation of programs, and the development of impact indicators and the use of registries.
- Working more closely with governments to promote a sharing of knowledge among stakeholders and to build capacity to use evidence to inform practice and policy.
- Teamwork to develop effective outreach programs and empower diabetes educators and other health workers in delivering NCD prevention and control interventions.
- Community strengthening, human resources development and retention, research evaluation and monitoring, and ensuring the sustainability of programs.
- Capacity building of both NCD researchers and of staff from outside the health sector in understanding and managing their role in these collaborations to avoid any potential conflicts of interest.

### SESSION 3

#### Implementing evidence to improve NCD prevention and control in countries in South Asia

Delegates presented and discussed case studies of real-world implementation and evaluation of programs. In particular, they looked at strategies that inform and evaluate the contextualised implementation of programs and policies, and reported on lessons learned from their experiences.

#### What is needed in the region?

- A life-course approach for NCD prevention, and aligning the NCD agenda with the Sustainable Development Goals.
- A breadth of stakeholders in NCD research and implementation processes – not only health and policy leaders but also those in the private and government sectors.
- Consider involving the agricultural and food industries, private funding agencies and other large, private corporations in NCD research, implementation and evaluation – useful for the collection and collation of contextualised data, funding, the roll-out of programs and sustainability.
- For the findings from community-based programs into NCD prevention and control approaches to enhance community engagement and ownership.
- A rigorous evaluation to build the evidence for both effective programs and further evaluation.
- A systematic integration of the evaluated implementation, behavioural and clinical outcomes in the roll-out of all NCD prevention and control innovations.

The Forum was designed around six sessions, with delegates in all sessions proposing excellent recommendations for curbing the NCD epidemic.



## SESSION 4

### How to improve research training, evidence development and implementation

Poster presentations by 30 ASCEND Program trainees were part of this session, which looked at how these trainees have made a difference over the past three years, and how research training, evidence development and implementation could be improved in the future.

The ASCEND Research Network has provided high-quality research training to 48 early career researchers and/or health professionals from India, Sri Lanka, Malaysia and other countries in the Asian region, with the aim of strengthening NCD research capacity across Asia and building a regional and international network of researchers and institutions.

The 18-month program has been delivered via a blended format of face-to-face teaching blocks and online lectures and webinars. Each trainee has pursued a 'real world' research project in their home country with support from supervisors and international mentors.

The six major themes for improvement of training and capacity building identified by this session are summarised here.

### Key recommendations for capacity-building and training topic areas:

#### COMMUNITY-BASED SURVEYS AND LIFE-COURSE EPIDEMIOLOGY

- Undertake more research to identify the socio-economic determinants of NCDs
- Monitor and evaluate NCD programs and policies
- Take a life-course approach in the prevention of NCDs
- Develop sustainable primary and secondary prevention strategies to tackle NCDs
- Identify and empower agents of change from the community
- Empower PHC providers to deliver preventive NCD services

#### EFFECTIVENESS OF INTERVENTIONS

- Train a multidisciplinary team for lifestyle modification
- Train health professionals to advocate on NCD risk factors and on the role of 'peer support' mechanisms
- Develop culturally and gender-tailored interventions
- Use mixed methods to determine 'why' it didn't work and 'how' to improve
- Address environmental determinants for sustainability

#### POLICY/PRACTICE UPTAKE

- Include NCD risk factor awareness in school curriculums
- Involve stakeholders in program development
- Engage the public sector and policy makers in all processes

#### CAPACITY BUILDING AND TRAINING

- Evaluate training programs using mixed methods
- Introduce continuous professional development (CPD)
- Increase awareness of guidelines and CPD opportunities
- Develop cross-sectoral, beyond the health profession, programs and training
- Build the capacity of researchers to speak policy language
- Build capacity to identify challenges and manage influential groups such as lobby groups, industry, etc.
- Explore how to work and build partnerships with industry

#### EPIDEMIOLOGY (HOSPITAL OR WORKSITE-BASED STUDY)

- Generate local and regional evidence
- Evaluate potential for future collaboration
- Implement online platform for constant interaction and support
- Strive to achieve leadership positions in our countries to make environment conducive for research

#### HEALTH SERVICES RESEARCH/HEALTH ECONOMICS

- Empower patients and care-givers in help-seeking behaviour
- Develop clinical practice guidelines
- Make available the essential drugs for chronic diseases
- Ensure efficient procurement, distribution and monitoring
- Rehabilitation and secondary prevention services have low accessibility and affordability despite availability – understand the barriers to accessing these services, and encourage physicians to focus on lifestyle modification

## SESSION 5

### How to implement the evidence?

Two streams of parallel presentations on implementation and evaluation of (i) mental health policy and programs, and (ii) NCD programs explored the development and implementation of these programs from several different countries, and what has been well implemented, what has not and the lessons learned.

#### What is needed in the region?

- Feasible, sustainable and economically viable solutions for long-term funding of programs for both current and future programs.
- Novel systems, such as different IT platforms and patenting innovations, to save on costs.
- Public-private partnerships as they offer an important opportunity for building the evidence base and implementing sustainable programs.
- Adaptive concepts, strategies and learnings from programs already implemented elsewhere as a method of contextualising programs to different settings.
- An ambitious vision for policy as even in the most difficult of settings remarkable progress can be made.
- Coordination between the Ministry of Health and other non-health government agencies (including Social Affairs, Education and Justice), and NGOs (including community service providers, the Royal College of Psychiatrists, consumer groups).
- Both community-based and specialised services (including child and adolescent, forensic and substance misuse services) as well as inpatient general services.
- Multidisciplinary teams so as to maximise public health outcomes – equal focus on rehabilitation and treatment.

## CONCLUSIONS AND KEY RECOMMENDATIONS

In Session 6, delegates drew together the learnings from the Forum proceedings and made the following recommendations for the effective implementation of evidence for the prevention and control of NCDs in the future:

- 1 To improve inter-sectoral and cross-border collaboration.
- 2 To continue to build the capacity of NCD researchers to carry out implementation research.
- 3 To build the capacity of stakeholders in private, public and government sectors, including in non-health related fields (such as agriculture, food, corporate industries), to utilise the evidence that will inform decisions around NCD prevention and control.
- 4 To generate contextualised evidence to inform implementation.
- 5 To increase and/or create new opportunities for community engagement in the knowledge translation and implementation process for the prevention and control of NCDs.
- 6 To integrate new technologies in the prevention and control of NCDs.
- 7 To encourage a life-course approach to the prevention and control of NCDs.
- 8 To improve monitoring and surveillance systems and encourage sharing of data to inform policy and practice within and between countries.

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#### FOR MORE INFORMATION

The full report from the Forum - which details the programs, networks, research institutions, and organisations discussed during the Forum, along with key achievements in the prevention and control of NCDs in the region – can be downloaded at:

[www.mspgh.unimelb.edu.au/ncd-forum](http://www.mspgh.unimelb.edu.au/ncd-forum)