The Work of WHO in the Western Pacific Region • 1 July 2011–30 June 2012

55

Alliance for Improved Nutrition, UNICEF and the World Bank—addressed the regulatory monitoring of salt and flour fortification in Asia. For the first time, a survey to assess iodine status was conducted in Guam, and a study on vitamin D status in adults was launched in Mongolia. A new standard for iodized salt was introduced in Samoa. Advocacy to strengthen salt iodization was conducted in Viet Nam.

The WHO Nutrition Guidance Expert Advisory Group produced new guidelines for sodium and potassium intake, fat intake and weight gain, and sugar intake related to tooth decay and weight gain. Implementation of the Framework for Action on Food Security in the Pacific was supported with a proposal to establish integrated food security information systems to inform policy-makers with data for planning. Collaboration with the Noncommunicable Diseases and Health Promotion unit in the Regional Office included meetings on the food industry role in the prevention of noncommunicable diseases and on marketing of food and beverages to children.

Future directions

The importance of good nutrition is poorly understood by many decision-makers. As a result, investments to address nutrient deficiencies and obesity remain inadequate. The Maternal and Child Health and Nutrition team in the Regional Office will increase efforts to scale up cost-effective nutrition interventions and to ensure relevant sectors do their part in addressing the multiple determinants of malnutrition, with special attention to high-risk groups. Capacity-building will focus on ensuring the availability of information on nutrition status for health planners, integrated planning and implementation of programmes to make optimum use of limited resources, improved communication skills, behaviour change approaches, and resource mobilization.

Noncommunicable Diseases and Health Promotion

Noncommunicable diseases

Strategic issues

An important milestone was achieved in September 2011 when the United Nations General Assembly convened the High-level Meeting on the Prevention and Control of Noncommunicable Diseases, marking only the second time the General Assembly met to act on a public health issue. The resulting political declaration signalled a clear global commitment and mandate to battle a group of diseases—principally cardiovascular diseases, diabetes, cancer and chronic respiratory diseases—responsible for nearly two-thirds of deaths worldwide. WHO was accorded the lead role in tackling the rising tide of noncommunicable diseases (NCDs).

A month later, the Regional Committee for the Western Pacific Region, after considering the outcomes of the United Nations meeting as well as the declarations of health ministers and other leaders in the Region, adopted resolution WPR/RC62.R2 on Expanding and Intensifying Noncommunicable Disease Prevention and Control in the Region. The resolution calls on Member States to fulfil urgently the commitments made in the political declaration.

For its part, WHO agreed to provide technical support and capacity-building for NCD prevention and control under five themes contained in the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and
Control of Non-communicable Diseases:
(1) national policies and multisectoral plans within national health and development plans;
(2) population-based, multisectoral actions for risk reduction; (3) health systems strengthening;
(4) surveillance, monitoring and reporting; and
(5) sustainable partnerships and advocacy.

Action and results

The Western Pacific Region was well represented at the United Nations meeting, with WHO facilitating the participation of its Member States. The following month, at the sixty-second session of the Regional Committee, a panel discussion highlighted regional and global best practices in NCD prevention and control. Within a year, WHO began to provide technical support to Member States in the five broad themes included in the political declaration.

National policies and multisectoral plans for NCD prevention and control. WHO provided policy support to the Philippines through a study of the socioeconomic determinants and economic impact of NCDs. In Cambodia, with technical support from WHO, the prevention and control of NCDs was discussed during a meeting of the Interministerial Committee for Environmental Health held in January 2012. Viet Nam was supported to develop a national action plan for NCD prevention. In the Lao People’s Democratic Republic, discussions were held with senior policymakers, and support was provided to strengthen institutional capacity and development of national multisectoral mechanisms. A regional meeting on national multisectoral plans for NCD prevention and control was organized in June 2012, in collaboration with the Ministry of Health, Malaysia, in Kuala Lumpur, where best practices were shared to strengthen national plans.

Population-based, multisectoral actions for risk reduction. The harmful use of alcohol, tobacco use, unhealthy diets and physical inactivity are the four main NCD risk factors. Mongolia received support for salt reduction and integrated NCD prevention in the cities of Darkhan and Ulaanbaatar. In Cambodia, the Health Department in the capital of Phnom Penh received support to carry out a healthy lifestyle campaign. A regional meeting in Shanghai, China, in September 2011, organized by the NCD and Health Promotion unit, focused on the advancement of healthy living and NCD prevention through the Healthy Cities approach. As a follow-up, activities were undertaken to examine street food in Singapore and to improve street food and safety in Taguig City, Philippines. The Japan–WHO Regional Consultation for Promoting Healthier Dietary Options for Children was held in Saitama, Japan, in March 2012. A regional meeting on NCD prevention and control through reduction of alcohol-related harm was organized in Hong Kong (China) in April 2011. And an informal dialogue with the food industry on salt reduction and WHO recommendations on marketing foods and non-alcoholic beverages to children was held in April 2012 in Manila.

Health systems strengthening for NCD prevention and management. NCD prevention and control have been integrated into the WHO package of primary health care interventions as an innovative approach for building capacity of rural health-care workers in Mongolia. A joint project of Hanoi Medical University and Duke–NUS (a collaboration between Duke University and the
National University of Singapore) was supported to study NCD prevention and control services in Viet Nam and to support the strengthening of risk management for cardiovascular diseases. Technical support was provided to the Philippines for the introduction of the WHO Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Care in Low-Resource Settings.

In the Lao People’s Democratic Republic, a draft strategy and operational plan for cervical cancer control was developed. WHO provided support to the Ministry of Health, Cambodia, for the development of a national strategy for cancer control. During the 4th International Cancer Control Congress, held in the Republic of Korea in November 2011, a satellite meeting was jointly organized by WHO and the International Atomic Energy Agency to discuss the constraints in advancing cancer control and priority interventions. That same month, the Regional Workshop on Cervical Cancer Control and Human Papillomavirus Vaccination provided updates on comprehensive cervical cancer control.

Documentation of patient self-help groups for chronic diseases in Shanghai, China, helped in the dissemination of an initiative for improving NCD management. The Consultation on Improving Access to Essential Medicines, Diagnostics and Medical Devices for the Management of Noncommunicable Diseases was held in Manila in August 2011.

Surveillance and monitoring. A regional NCD profile was developed to serve as a baseline for moving towards NCD targets. NCD interventions for the Western Area Health Initiative were supported in China through development of NCD profiles and the identification of priorities. The Lao People’s Democratic Republic received support for a national STEPS survey, which is a simple, standardized method for collecting, analysing and disseminating surveillance data.

Sustainable partnerships and advocacy. Support was provided to the Technical Consultation on Indicators for Non-Communicable Diseases and Situational Analysis on Cancer Data for the ASEAN Region in Kuala Lumpur, Malaysia, in November 2011, and the First Meeting of the Ad Hoc ASEAN Task Force on NCD organized in Cebu, Philippines, in March 2012. WHO participated in the ASEAN Plus Three Symposium on NCD Prevention and Control in conjunction with the Tripartite Health Ministers Meeting in November 2011 in Qingdao, China, which brought together officials from China, Japan and the Republic of Korea. In May 2012, the Regional Office hosted the steering committee of the Western Pacific Declaration on Diabetes, an alliance of the International Diabetes Federation Western Pacific Region, the Secretariat of the Pacific Community and WHO. Advocacy for NCD prevention and control was supported through the development of a Primer for the Media on Noncommunicable Diseases, issue briefs and other information, education and communication materials.

Future directions

NCD prevention and control is a high priority on the global health and development agenda. In line with this mandate, WHO will support countries to develop and strengthen national multisectoral NCD policies and plans; move towards time-bound targets and indicators; identify and act on priority risk factors; strengthen health systems for NCD management, especially in primary care; improve
the surveillance and monitoring of NCDs; and strengthen partnerships. At the request of the Regional Committee for the Western Pacific, a regional action plan for NCD prevention and control for 2014–2018 will be developed.

Prevention of avoidable blindness and visual impairment

Strategic issues

According to recent WHO estimates, 11 million blind people and 90 million visually impaired people are living in the Western Pacific Region. The main causes of blindness in the Region are infection, vitamin A deficiency, birth injuries and poor hygiene in childhood, injuries and trauma in adolescence, and cataracts and glaucoma in adulthood. An estimated 80% of blindness and visual impairment is avoidable.

The Sixty-second World Health Assembly resolution WHA62.1 on prevention of avoidable blindness and visual impairment called on WHO to provide support to Member States in implementing the *Action Plan for the Prevention of Avoidable Blindness and Visual Impairment, 2009–2013* in accordance with the national priorities. In January 2012, the WHO Executive Board decided that a new action plan for the prevention of avoidable blindness and visual impairment for 2014–2019 should be developed.

The goal of the programme is to expand efforts by WHO in preventing avoidable blindness and visual impairment by developing comprehensive eye-health programmes at national and subnational levels.

The objectives of the programme for prevention of avoidable blindness and visual impairment and the promotion of eye health are: (1) to strengthen advocacy to increase Member States’ political, financial and technical commitment; (2) to develop and strengthen national policies, plans and programmes; (3) to increase and expand research; (4) to improve coordination between partnerships and stakeholders at national and international levels; and (5) to monitor progress towards these efforts.

Action and results

The WHO programme for prevention of avoidable blindness and visual impairment was launched in June 2011 and a dedicated post was established.

Since its implementation, the programme has advocated for WHO’s existing strategies on prevention of avoidable blindness and visual impairment to Member States and other stakeholders, and a regional action plan covering the period from 2011 to 2013 was developed.

Technical support was provided for the development of national plans for prevention of avoidable blindness and visual impairment in China, the Lao People’s Democratic Republic, the Philippines, Mongolia and Viet Nam.

A needs analysis for the integration of eye care into general health care in the Western Pacific Region was carried out.

A resource tool on available WHO guidelines for eye health and recommendations by WHO expert groups was developed.

Future directions

The programme will support and facilitate the work of national eye-health committees and the implementation of sound national eye-health plans in line with World Health Assembly resolution WHA59.25. This will include technical support as well as advocacy for commitments by senior decision-makers to promote eye health.

The programme will focus on supporting the integration of eye care into general health care by assisting in the development of cross-cutting health issues relevant to eye health,
including diabetes mellitus, risk factors for chronic noncommunicable diseases, hygiene and the provision of sustainable health services.

Based on regional needs, the programme’s disease-specific priorities will be the prevention of blindness and visual impairment caused by cataracts, trachoma and diabetic retinopathy.

**Health promotion**

**Strategic issues**

WHO promotes health through advocacy, education and social mobilization in five priority areas: building healthy public policies; creating supportive environments; strengthening community action for health; developing personal skills; and reorienting health services.

Strengthened promotion and advocacy are urgently needed to address the effects of rapid urbanization, unhealthy lifestyles, widening inequities, environmental degradation and climate change. Whole-of-government and whole-of-society approaches are required to promote and protect health.

The Healthy Settings approach offers effective ways to address public health priorities and integrate health promotion and health protection into a national development strategy. Factors such as political commitment, multisectoral collaboration, community engagement and citizen participation are critical to success.

**Action and results**

Following the adoption of a Healthy Settings resolution (WPR/RC61.R6) by the sixty-first session of the Regional Committee for the Western Pacific in October 2010, Member States nominated Healthy Cities focal points to facilitate communication between WHO and other partners.

A Regional Meeting on Promoting Healthy Living and Preventing Noncommunicable Diseases Through Healthy Cities was held in August 2011 in Shanghai, China, in collaboration with the Shanghai Health Promotion Committee Office. The meeting coincided with the inauguration of the WHO Collaborating Centre for Healthy Urbanization.

The meeting also marked the launch of the *Regional Framework for Scaling Up and Expanding Healthy Cities in the Western Pacific (2011–2015)*. The framework outlines strategic approaches and recommends key action areas to scale up and expand Healthy Cities. Further support for Member States was provided through the Macao–WHO Noncommunicable Diseases and Healthy Cities Leadership Programme. Representatives from Phnom Penh (Cambodia), Ulaanbaatar (Mongolia) and Vientiane (Lao People’s Democratic Republic) participated in the first programme and visited settings that exhibited best practices in Hong Kong (China), Macao (China) and the Philippines in May 2012.

As high-level political commitment is critical in the Healthy Cities approach, WHO provided support to Member States in developing their national and local advocacy initiatives. WHO also provided technical support to Cambodia for a high-level meeting in January 2012. In China, WHO supported Healthy Cities workshops and seminars in Ninbo (June 2011), Changchun (September 2011), Hangzhou (November 2011) and Dalian (January 2012).

WHO also supported Healthy Cities development in Vientiane. At a meeting in Mongolia, WHO introduced a model city programme and presented on the integration of noncommunicable diseases and injury prevention and control in urban planning. The city of Ulaanbaatar also organized a multisectoral meeting and identified settings, such as workplaces, schools, markets, transportation and hospitals, for implementation of Healthy Cities activities. WHO advocated for the adoption of the Healthy Cities approach in Suva, Fiji, and supported health-promoting churches.
in Tonga, healthy workplaces in Vanuatu and health-promoting villages in Samoa. The Regional Office, together with the WHO Centre for Health Development, advocated for the development of city health profiles and the use of the Urban Health Equity Assessment and Response Tool (Urban HEART) to map health inequities. WHO worked with National and Provincial Patriotic Health Campaign offices in western China and in the cities of Changchun and Dalian. Changchun was the first pilot city to use the tool to address the social determinants of health. The NCD and Health Promotion unit also scaled up advocacy for health-promoting schools in an effort to create supportive environments for children. WHO supported initiatives in Cambodia, Fiji, Japan, the Lao People’s Democratic Republic, Mongolia, the Philippines and Viet Nam. Progress was made in obtaining political support for health-promoting schools; in strengthening partnerships for health; and in institutionalizing mobilization and helped obtain funding from the Australian Agency for International Development for health-promoting schools. There are seven pilot schools in Fiji, with plans to target 70 schools by December 2012. WHO, in collaboration with the Health Promotion Board of Singapore, funded and organized a short course on a Planned Approach to Promoting Community Health for the Pacific Islands.

Future directions
WHO will expand efforts to advocate for health in all government policies and for the adoption of Healthy Settings approaches. The
Fiji’s Healthy School Environment

In 2009, WHO supported Fiji in fostering a partnership between the Health and Education ministries to implement a national programme for Health Promoting Schools (HPS). St Mary’s Primary School, with 568 students and 21 teachers, was one of seven pilot schools to undertake priority health projects. The HPS team identified obesity and dental caries as priorities for St Mary’s, designing interventions to increase physical activity, improve the school canteen and encourage the consumption of water and fruits. A new canteen operator was briefed on the National School Canteen Guidelines. Junk food and carbonated drinks were replaced with affordable blended fruit juice and fresh local fruits. Offering healthier options “has not affected our sales and profit in the canteen,… In actual fact, we seem to be making more,” said Vereniki Rusaqoli, head teacher at St Mary’s.

More water drinking fountains were installed near classrooms and students were encouraged to participate in competitive sports, with teams fielded for interschool football, netball, rugby and athletics competitions. Teachers began to lead their children in gardening and physical education sessions. In addition to improving the physical environment, skills-based education was enhanced to reinforce positive behaviours. Students began to wash their hands before and after meals and after visiting restrooms, and they were encouraged to brush their teeth and wash their faces. They cleaned the restrooms as part of their general duties.

A Health Team Visit Report prepared for 2011 included no particular mention of obese students, and although the incidence of dental caries decreased, it is still the main health concern. The programme is continuing, with monitoring in place. A national programme will expand to other schools with funding support from the Australian Agency for International Development.

Organization also will intensify implementation of Healthy Cities, Healthy Islands, and health-promoting communities, schools and workplaces. To support healthy development, the Health Promotion unit will strengthen and support leadership and governance at city and municipal levels, promote strong intersectoral cooperation at the programmatic level, and encourage active participation by communities. This will be achieved through strengthening health promotion capacity in health and non-health sectors; establishing health promotion boards and foundations and exploring sustainable financing options for them; as well as advocating and establishing multisectoral coordinating mechanisms.