Introduction

The Division of Building Healthy Communities and Populations covers areas ranging from noncommunicable diseases (NCDs) and maternal health to mental disorders and the way environmental factors impact public health. Overall goals are to provide leadership and action for the promotion of health and the prevention of premature death and disability.

Building healthier communities requires active participation of stakeholders at all levels in the decision-making process. WHO has worked with Member States on broadening engagement and participation in setting priorities and taking decisions on public health issues, such as nutrition, physical activity, the provision of wheelchairs and community-based rehabilitation. Communities can take steps to widen access to health care and improve local health conditions. These initiatives may include the creation of healthy settings, such as smoke-free areas or cafeterias stocked with nutritious food.

Building healthier populations requires enlightened decision-making as well as effective advocacy and communication. In reaching out to target audiences, for example, public health recommendations should include the rationale behind these proposals in order to convince more people to adopt them. Whether raising awareness about tobacco taxes, promoting breastfeeding or consulting with journalists on how to responsibly report suicides, WHO is working with Member States and the media on better ways to transmit important information on health to the general public.

Programmes to strengthen public health systems and universal health care have been identified as critical entry points for WHO’s efforts.

For example, the WHO-developed Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Health Care in Low-resource Settings has been introduced in many countries, garnering strong support and commitment from governments. A life-course approach in primary care to integrate NCD and maternal and child health service packages is being developed. A document also is being developed by WHO to map issues and resources for the growing number of people with disabilities.

WHO and Member States are cooperating with other sectors to address upstream health factors. These include the raising of tobacco taxes by finance ministries, addressing tobacco control in trade agreements, working with the transport sector to reduce road injuries, and cooperating with environment ministries on issues such as access to clean water and sanitation, air quality, asbestos exposure and climate change.

Over the past year, three Regional action plans have been developed in consultation with Member States as they pursue global strategies, targets and indicators. The draft Western Pacific Regional Action Plan for the Prevention and Control of Noncommunicable Diseases (2014–2018) outlines specific actions to meet the nine global voluntary indicators to reduce premature mortality. The draft Action Plan for Healthy Newborn Infants in the Western Pacific Region (2014–2020) focuses on why newborn deaths constitute half of all childhood deaths in the Region and how this can be addressed. The draft Western Pacific Regional Action Plan for the Prevention of Avoidable Blindness and Visual Impairment (2014–2019) identifies concrete steps that can be taken to avert the loss of vision and poor vision, which cause widespread suffering and debilitation.

In addition, health promotion foundations and regional leadership programmes could help pave the way for a new generation of public health leaders. Their knowledge and skills will help prevent and control cancer and other NCDs, tobacco use and other public health burdens resulting from social, political, economic and environmental factors.
Environmental Health

Strategy and actions

WHO supports Member States in addressing environmental health risks and threats, which are among the most serious public health issues in the Western Pacific Region. Despite progress, 31% of people in the Region still lack access to basic sanitation.

Safe water would greatly improve health outcomes for millions of families in poor areas. Improvements in air quality could dramatically reduce respiratory illnesses.

Fatalities and property losses could be reduced through rational land use, the preservation of watersheds, flood-control measures, safe waste disposal, and the enforcement of environmental and occupational health and safety regulations. The health impacts from energy policies and unplanned urbanization must be taken into account, while health systems must be prepared to adapt to climate change.

Resolution WPR/RC56.R7 on environmental health, adopted by the fifty-sixth session of the WHO Regional Committee for the Western Pacific in 2005, provides a clear mandate. It recommends that countries develop and implement national environmental health action plans. It calls for strengthening capacity in environmental health risk assessment and management and improving multisectoral coordination mechanisms and opportunities. Health sectors, in turn, must encourage the implementation of international environmental agreements.

Results achieved

The AusAID–World Health Organization Water Quality Partnership for Health includes Cambodia, the Lao People’s Democratic Republic, Mongolia, the Philippines, Viet Nam and the Pacific island countries of Cook Islands, Samoa, Tonga and Vanuatu.

About 200 water safety plans — serving about 20 million people in the Region — will be in place by mid-2016.

WHO has provided support for the safe storage and treatment of household water, as well as for the development of national standards and guidelines on drinking-water quality in Cambodia, the Lao People’s Democratic Republic, the Philippines and Viet Nam. These same countries plus Mongolia received support for monitoring progress in water and sanitation through the WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation and the UN–Water Global Annual Assessment of Sanitation and Drinking-Water.

WHO continues to collaborate with Member States on developing national environmental health plans to address issues such as air pollution, the management of toxic chemicals and climate change. WHO serves as secretariat for the Regional Forum on Environment and Health in Southeast and East Asian Countries, which brings together 14 Member States to share knowledge and discuss best practices on environmental health issues. For example, officials...
from Seoul, Republic of Korea, and Tokyo, Japan, described their efforts to use vehicle and industrial emission controls and other measures to improve air quality in the world’s largest cities.

On the vital issue of climate change and health, WHO is collaborating with Member States to implement the Regional Framework for Action to Protect Human Health from the Effects of Climate Change in the Asia-Pacific Region. WHO supported the drafting of a status report on the use of asbestos and the prevalence of asbestos-related diseases, such as lung cancer in China, Japan, the Lao People’s Democratic Republic, Malaysia, Mongolia, Palau, the Philippines, the Republic of Korea and Viet Nam.

Future directions

Providing more people with access to safe drinking-water and sanitation remains one of WHO’s top priorities for the Region. Support for national environmental health action plans will continue. Strategic priorities for the Region will include climate change, children and the environment, occupational health and applying environmental-health risk assessment principles to energy projects. The Regional Forum on Environment and Health in Southeast and East Asian Countries will continue to serve as a strategic platform for advocacy and action.

Maternal and Child Health and Nutrition

A mother at a hospital in Ho Chi Minh City, Viet Nam, keeps her newborn baby close and warm, reducing by half the risk of infant death.

Maternal and Child Health

Strategy and actions

The Global Strategy for Women’s and Children’s Health (2010) calls for accelerating efforts to meet Millennium Development Goal (MDG) 4 on reducing child mortality and MDG 5 on improving maternal health. To ensure the full involvement of countries in the Global Strategy, WHO, other United Nations agencies and the World Bank formed the H4+ partnership to assist in mobilizing political support and building technical capacities to address reproductive, maternal, newborn and
child health issues. Member States in the Western Pacific Region have increased their political and financial commitments for improving the health of women and children. As countries spend more on these programmes, official development assistance now accounts for a smaller percentage of the total investment in maternal and child health programmes. Most Member States have registered major reductions in maternal mortality and the under-five mortality rate, which is a leading indicator of the level of child health and overall development. In Cambodia, for example, the maternal death rate fell from 830 deaths per 100 000 live births in 1990 to 206 deaths in 2010. Every year, however, more than 10 000 women in the Region die from pregnancy or childbirth-related complications and 384 000 children die before the age of five. In addition, progress among and within countries towards meeting the health needs of women and children is uneven. Although the availability of maternal, reproductive and child health-care services has improved, quality and equal access to these services remain important challenges. Overall, the number of childhood deaths has declined, but more than half of these fatalities occur among newborn infants. Simple interventions, such as thorough drying of newborn infants and immediate skin-to-skin contact with their mothers, can radically reduce fatalities. Development partners, including WHO, must become more strategic and cohesive to respond to the needs of Member States.

Results achieved

Two WHO documents, the Regional Framework for Reproductive Health in the Western Pacific Region in 2013 and Experiences in Expanding National Reproductive Health Programmes in 2012, provide important guidelines. To accelerate progress towards universal access to reproductive health, they call for integration of reproductive health-care services. To develop a coordinated response, China, the Philippines and Viet Nam held a workshop on the Minimum Initial Service Package for Reproductive Health in Crisis Situations to respond to problems such as sexual violence, HIV transmission and neonatal mortality. The Lao People’s Democratic Republic, Papua New Guinea, the Philippines and Viet Nam analysed their maternal care programmes to improve quality and reduce maternal deaths. Member States and technical experts reviewed and supported the draft Action Plan for Healthy Newborns in the Western Pacific (2014–2018). Tools and support from WHO and UNICEF are available to assist countries to carry out the action plan. WHO’s comprehensive implementation plan spells out recommendations for improving maternal, infant and young child nutrition in the Region. Cambodia, China, the Lao People’s Democratic Republic, Papua New Guinea, the Philippines and Viet Nam studied ways to promote breastfeeding in places where the practice has diminished amid the marketing of breast-milk substitutes and the growing number of working mothers. Member States are looking for ways to address the findings in their national plans and strategies on the health of newborn children.

In accordance with the recommendations of the Commission on Information and Accountability for Women’s and Children’s Health, seven countries improved their oversight of resource use in pursuit of the health-related MDGs.

In addition, senior officials from 17 countries attended the Asia-Pacific Leadership and Policy Dialogue for Women’s and Children’s Health in November 2012 and signed The Manila Declaration, which sets out concrete and measurable steps for improving the health of women and children.

Future directions

MDGs 4 and 5 are high priorities on the global health agenda. Through better policies, more equitable health systems, and stronger monitoring and accountability, Member States and development partners, including WHO, are bolstering their efforts to upgrade the quality and coverage of reproductive, maternal and child health care.
Nutrition

Strategy and actions

Malnutrition causes a broad range of public health problems in the Western Pacific Region. Maternal and child undernutrition in the Asia Pacific region is responsible for more than 100,000 child deaths annually. Iron deficiency anaemia is responsible for 12.8% of maternal deaths. Half of all preschoolers in the Western Pacific Region are anaemic and one third suffer from vitamin A deficiency. Breastfeeding and improved diets, including fortified foods and supplements, can help address these problems, but more action is needed. Progress has been made in reducing cases of iodine deficiency, but this problem persists among vulnerable and marginalized groups.

Malnutrition can hurt social and economic development. In some countries, the rate of stunting among children under five may be as high as 48%. Stunting harms the overall development of children and reduces their productivity as adults. At the same time, the rate of obesity in the Region is projected to increase, which would increase the risk of chronic illness and premature death.

Improving nutrition in the Region will require strategic interventions and cooperation among many government sectors, including the ministries of trade, environment and education. Stronger policies on agriculture, land use, trade and urban development can help improve food security and food systems. Gender equality and more education for women can improve household nutrition. Stronger efforts are needed to regulate the advertising and sale of infant formula as well as the marketing of unhealthy foods and beverages to children. WHO supports the development of national nutrition plans, which should recommend optimal breastfeeding and complementary feeding and measures to improve the health and nutrition of women. These plans should also promote safe and good-quality food, improved diets, and food fortification and supplementation as a way of preventing vitamin and mineral deficiencies.

Results achieved

Most countries in the Region have national action plans for nutrition. Cambodia and Solomon Islands lead the Region in exclusive breastfeeding rates, with three out of four infants receiving only breast milk during their first six months. Viet Nam passed laws to improve compliance with the International Code of Marketing of Breast-milk Substitutes and to provide mothers with six months of paid maternity leave.

WHO continues to support the Philippines and other countries in drafting new policies and legislation to promote optimal infant feeding and in introducing new strategies, such as using a web site to report violations of marketing regulations. Viet Nam has a model programme to prevent and control iron deficiency anaemia in Hai Duong and Yen Bai provinces. The success of this programme gave rise to a national strategy to eliminate anaemia among all age groups. WHO supported training on
School programmes in Cambodia and the Lao People’s Democratic Republic seek to develop cost-effective ways to improve the quality of food and water and to address micronutrient deficiencies.

**Future directions**

WHO will continue supporting efforts to address micronutrient malnutrition in Member States. WHO will also support efforts to strengthen food fortification and labelling and to regulate the marketing of infant formula and unhealthy food and beverages to children. WHO will stress the importance of nutrition in national development and will work with ministries of health to influence policies on food systems, urban development and land use. WHO will also provide Member States with support in their efforts to restrict, regulate and tax unhealthy food products.

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**Noncommunicable Diseases**

**Noncommunicable diseases**

**Strategy and actions**

Noncommunicable diseases (NCDs) are the leading cause of death and disability in the Western Pacific Region. Cardiovascular diseases, cancer, diabetes and chronic respiratory infections impose a growing burden on health and development and cause 80% of all deaths in the Region.

The prevention and control of NCDs has been stifled by the lack of data, indicators and targets. Countries vowed to step up the fight in November 2012 when WHO and Member States set voluntary global targets for rolling back NCDs. Countries pledged to create a comprehensive global monitoring framework with indicators for measuring progress. They also stressed the importance of “best buys”, or evidence-based and cost-effective interventions, for controlling alcohol and tobacco, reducing salt intake, reducing and replacing trans fats, and providing essential drugs, medicines and services to manage NCDs.

**Results achieved**

Significant progress has been made in surveillance, the reduction of risk factors, the provision of services, and the strengthening of capacity for NCD prevention and control. Ten Member States took part in a workshop on NCD prevention and control in primary health care at a regional consultation in Beijing, China, in August 2012. Support was provided in 14 countries for the introduction and expansion of the WHO Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Health Care in Low-resource Settings.

WHO convened a capacity-building workshop for NCD surveillance and monitoring in Seoul, Republic of Korea, in December 2012. Training was held in Auckland, New Zealand, on WHO’s STEPwise approach to Surveillance (STEPS), a simple, standardized method for collecting, analysing and disseminating data. STEPS surveys were completed in the Lao People’s Democratic Republic, Niue and Vanuatu. Health officials from three Member States also received training in Manila, Philippines, on the Global School-based Student Health Survey, which measures behavioural risks and protective factors among young people.

WHO held a capacity-building workshop on cancer control (CanLEAD) for nine countries in Seoul in June 2013. WHO also helped Cambodia, Fiji, the Lao People’s Democratic Republic and Mongolia strengthen national cancer-control programmes. WHO worked with five countries to develop NCD action plans that go beyond the health sectors to bring in ministries of agriculture, finance, planning and trade.
and Health Promotion

Students get some exercise in China, which has one of the highest rates of childhood obesity in the Region. WHO promotes initiatives to increase physical activity and well-being in a variety of setting, from schools to entire cities.

**Future directions**

In response to Regional Committee resolution WPR/RC62.R2, a draft *Regional Action Plan for the Prevention and Control of NCDs in the Western Pacific (2014–2018)* was developed. The proposals and goals of this action plan are aligned with the *Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020* and will help countries meet their voluntary global targets.

There is broad consensus as well as a growing body of evidence on the most efficient and cost-effective ways to control NCDs and save lives. Additional financial and material support will be important for sustaining progress in surveillance, policy development, capacity-building, services and access to drugs for managing NCDs.

WHO helped all Pacific island countries and areas to develop an NCD crisis-response package for their national strategies.

WHO supported efforts by 10 countries to strengthen salt-reduction policies. Mongolia and the Philippines carried out feasibility studies on WHO guidelines for marketing food and non-alcoholic beverages to children. WHO worked with Brunei Darussalam, China, Cook Islands, Fiji, the Federated States of Micronesia, Kiribati, the Marshall Islands, Nauru, Palau, Samoa, Tuvalu and Vanuatu on campaigns to promote more physical activity in daily life.

Kiribati, the Marshall Islands, Nauru, Palau, Samoa, Tuvalu and Vanuatu on campaigns to promote more physical activity in daily life.

Future directions

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Prevention of avoidable blindness and visual impairment

Strategy and actions

Blindness and visual impairment are extremely debilitating and reduce opportunities for education and productive employment. These problems are more pronounced among the poor who often lack access to basic eye care. Globally, the main causes of avoidable blindness and visual impairment are cataracts and uncorrected refractive error, which occurs when the eye cannot focus on images and vision becomes blurred.

Cost-effective interventions can avoid or cure 80% of these cases. For example, cataract surgery should cost less than US$ 150 in most low- and middle-income countries, while eyeglasses to correct refractive error should cost less than US$ 5. Yet neither intervention is widely available to poor people because cataract surgery and eyeglasses are rarely included in public health programmes and cost far more in the private sector.

WHO estimated that the number of people with visual impairment in the Western Pacific Region in 2010 stood at more than 90 million, including more than 10 million cases of blindness. Another survey predicted that global economic losses from blindness and visual impairment would reach US$ 110 billion by 2020.

Blindness and visual impairment are also linked to other illnesses. Trachoma, for example, is the most common infectious cause of blindness.

Diabetes and hypertension can cause visual problems such as retinopathy, in which the vessels supplying blood to the retina become damaged. However, nine out of 10 patients with retinopathy do not go blind when treated early.

Therefore, it is critical that such cost-effective interventions are included in national eye-care plans and that capacities are built to integrate these programmes into primary health-care systems.

Results achieved

WHO supports countries in their efforts to develop national eye health plans. In Mongolia, for example, WHO provided support for a national blindness survey that also identified potential policies and actions to respond to the problem.

WHO is also working with Member States and partners to combat trachoma. Support and technical assistance have been provided for trachoma surveys in Cambodia, the Lao People’s Democratic Republic and Viet Nam. New survey data, collected with support from WHO, revealed that trachoma is a public health problem in parts of Fiji and Solomon Islands.

A draft Towards Universal Eye Health: Regional Action Plan for the Western Pacific (2014–2019) has been developed in consultation with Member States to guide strategic interventions. This action plan closely coincides with the WHO’s Universal Eye Health: A Global Action Plan 2014–2019.

Future directions

Policies, programmes and training are needed to provide poor people with better access to quality eye care. WHO will continue to work with Member States to build capacity to integrate eye care with primary health care and health insurance systems, address equity issues and explore financing options. WHO will also support efforts to mobilize political and public support for quality eye care, especially for the poor.
An elderly farmer in rural Viet Nam is examined for trachoma, which causes blindness. Studies show that 80% of visual impairment and blindness can be treated and prevented.

Trachoma

Trachoma is the most common infectious cause of blindness in the world. Chronic infection usually starts during childhood and continues into adulthood. The infection can distort the eyelid causing the lashes to turn inward, rub on the eye and scar the cornea.

In the Western Pacific Region, 10 nations are suspected of being endemic for trachoma, including China and countries in the Mekong region and the South Pacific. The disease hits poor people living in unhygienic surroundings hardest.

Better access to education, clean water and sanitary living conditions can help eliminate trachoma, and antibiotics may be required to stop the cycle of reinfection. This is why WHO continues to promote a combination of interventions known as SAFE, which stands for surgery for in-turned eyelashes, antibiotics, facial cleanliness and environmental improvement.

While substantial progress has been made towards the goal of eliminating trachoma in the Region by 2020, new data suggest that it remains a serious public health problem in some Pacific island countries and areas.

Accurately identifying trachoma cases requires detailed clinical surveys. In 2012, WHO organized a workshop at the Regional Office on strategies and methodologies for carrying out clinical surveys in Cambodia, the Lao People’s Democratic Republic and Viet Nam. WHO is also helping to fund a workshop with the goal of putting together a trachoma action plan for Solomon Islands and is supporting the training of nurses in Vanuatu to carry out clinical surveys.

Results achieved

The Western Pacific Region is the only WHO region that has sustained and expanded foundations, boards and councils tasked with...
carrying out innovative health promotion. Since 2003, new health promotion foundations have been established in Malaysia, Mongolia and Tonga supported by the WHO-organized capacity-building programme called ProLead.

Increasingly, countries are allocating a percentage of tax revenue from tobacco and other products harmful to health for health promotion infrastructure and action. WHO is also working with the Lao People’s Democratic Republic, Samoa and Viet Nam to use tobacco taxes to create special funds for health promotion. In Solomon Islands and Vanuatu progress has been made in proposing health promotion foundations through laws or executive decrees.

WHO is encouraging governments to put health issues high on their agendas through the Macao–WHO Healthy Cities Leadership Programme, in which officials from well-established Healthy Cities mentor less-experienced officials from other urban areas.

Local governments, for example, in China’s Western Area Health Initiative areas and in Viet Nam have participated in the programme. WHO has also supported Healthy Cities and Healthy Islands initiatives in Phnom Penh, Cambodia, Ulaanbaatar, Mongolia, and Vientiane, Lao People’s Democratic Republic. In partnership with the Alliance for Healthy Cities, WHO continues to recognize cities making the most progress on health issues, such as Tagaytay, Philippines, and Owariasahi, Japan. In 2012, WHO also recognized national governments for expanding the Healthy Cities initiatives.

Another priority is Health Promoting Schools, which focus on providing healthy settings for living, learning and working. To do so, WHO has supported pilot projects in Cambodia, the Lao People’s Democratic Republic, Pacific island countries and areas, and Viet Nam. A new publication, The Role of Schools in Promoting Health: Lessons Learnt in the Western Pacific Region, will share best practices and highlight effective policies.

**Future directions**

Priorities will be centre on advocacy and capacity-building for health promotion foundations, boards and councils in the Region. WHO will continue to support Healthy Cities, Healthy Islands and other initiatives. Health will continue to be held up as a critical issue at the heart of development efforts. WHO will support specific areas, such as the health of workplaces, transportation systems and urban development. Tools, such as training manuals for health-in-all-policies approaches, will be tested, adapted and disseminated.
Mental Health and Injury Prevention

Mental health

Strategy and actions

Mental disorders are generally characterized by some combination of abnormal thoughts, emotions, behaviour and relationships. Examples are depression, disorders due to substance abuse, mental retardation and schizophrenia.

Most of these disorders can be successfully treated, yet they are among the leading causes of disease burden in the Western Pacific Region and can have significant social and economic consequences. For example, about one third of global suicides, which are often brought on by mental disorders, occur in the Region. Although suicide rates are highest among elderly males, suicide among young people has become a major concern, particularly in Pacific island countries and areas.

Many factors impact mental health, including fears about natural hazards in the Region, rapidly ageing populations, and dramatic changes in social norms and values that come with globalization and socioeconomic development.

Results achieved

In September 2012 in Seoul, Republic of Korea, WHO convened the Seoul Forum on Suicide Prevention in the Western Pacific Region. The forum brought together experts from 19 countries and areas who discussed trends and risk factors for suicidal behaviour in the Region. They also shared best practices and lessons learnt on suicide prevention and made specific recommendations to WHO and Member States.

Some countries reported significant progress in restricting means of suicide, such as access to firearms and toxic substances. Still, policy-makers and the public tend to underestimate the urgency of the issue.

Sensational media coverage of suicides can provoke increased suicidal behaviour. To address this issue, WHO has facilitated discussions between journalists, governments and nongovernmental sectors on the way the media covers the issue of suicide in China, Hong Kong (China), the Philippines, the Republic of Korea and Viet Nam.

WHO continues to support efforts to strengthen mental health systems in Member States. These efforts include the development or updating of national policies on mental health, capacity-building for integrated mental health services and the improvement of mental health-related information systems. WHO also supported the implementation of strategies to promote mental health and prevent mental disorders in China, Cambodia, the Federated States of Micronesia, Fiji, Japan, the Lao People’s Democratic Republic, Nauru, Papua New Guinea, the Republic of Korea, Samoa and Tonga.

Future directions

In May 2013, the Sixty-sixth World Health Assembly endorsed the Comprehensive Mental Health Action Plan 2013–2020. Guided by this strategy, WHO will collaborate with Member States to strengthen regional networks and partnerships and monitor information on regional trends and risk factors for such conditions as depression, suicidal behaviour and epilepsy.

WHO will also support documentation and pilot projects on the effectiveness of evidence-based interventions to improve the ability of health and social systems to prevent and manage mental disorders.
Alcohol-related harm

Strategy and actions

Each year, an estimated 640 000 people in the Western Pacific Region die from complications related to the harmful use of alcohol. Alcohol is also associated with many social and developmental problems, including road crashes, violence, suicides, child maltreatment and absenteeism in the workplace.

Excessive drinking is linked to more than 60 diseases, including hepatitis, cirrhosis, hypertension, stroke and coronary heart problems, and is responsible for 5.5% of the global disease burden. It also increases the risk of developing noncommunicable diseases (NCDs) because consuming alcohol can increase caloric intake, lower dietary quality and lead to a reduction in physical activity.

Regulations aimed at reducing the harmful use of alcohol require action from many actors, including the health sector, which must raise awareness and promote a comprehensive approach. With WHO’s support, Cambodia, China, the Lao People’s Democratic Republic, Mongolia and Viet Nam are developing public health-oriented alcohol policies through multisectoral action, the building of national capacity and the implementation of cost-effective interventions.

Results achieved

Under President Elbegdorj Tsakhia, Mongolia initiated a multisectoral campaign to reduce alcohol consumption. President Tsakhia is also promoting legal reforms covering the production, sale and distribution of alcohol. In October 2012, the President received WHO’s Special Recognition Award for public health leadership for his work on alcohol control. A national network of 80 governmental and nongovernmental organizations is actively engaged in raising public awareness on alcohol-related harm. WHO has also supported the development and implementation of two successive national programmes on alcohol control.

In Cambodia, WHO has supported the Government’s working group on alcohol. Since 2010, this working group has supported policies that raised the alcohol tax from 20% to 25%, banned alcohol use in schools, and ensured that public celebrations and sporting events are alcohol-free. The Ministry of Education, Youth and Sport is implementing these new measures with support from WHO.

In addition, the Ministry of Information banned the promotion of rewards, incentives, prizes and lottery draws by alcohol companies. Several members of the National Assembly are supporting national capacity-building and awareness-raising activities.

WHO called attention to the links between the harmful use of alcohol and NCDs at the Regional Meeting on NCD Prevention and Control through the Reduction of Alcohol Related-Harm in Hong Kong (China) in April 2012. WHO conducted the Biregional Workshop on Building Capacity for Reducing the Harmful Use of Alcohol at the Country Level in Coordination with NCD Prevention and Control in Bangkok, Thailand, in October 2012.

Future directions

WHO will continue to support advocacy and political mobilization to reduce the harmful use of alcohol. In particular, WHO will collaborate with Member States in implementing the Regional Strategy to Reduce Alcohol-related Harm and the Global Strategy to Reduce the Harmful Use of Alcohol.

The main priorities of these strategies will be pricing and taxation, regulation of marketing and availability, drink-driving, screening for harmful drinking, and brief interventions, such as counselling sessions by physicians on the consequences of drinking alcohol.
Injury and violence prevention

Strategy and actions

Injuries kill an estimated 1.2 million people each year and account for 9% of all deaths in the Western Pacific Region. Road traffic injuries, falls, drowning and interpersonal violence are leading causes of death and disability. Reflecting the growing priority of this issue, Member States called for stronger action to prevent injuries and violence at the sixty-third session of the WHO Regional Committee for the Western Pacific in September 2012 in Hanoi, Viet Nam.

Results achieved

The Global Status Report on Road Safety 2013: Supporting a Decade of Action provides a baseline to measure progress during the United Nations Decade of Action for Road Safety 2011–2020. The report highlights the increase in road traffic injuries on the Region’s roads, where more than 900 people are killed each day. Member States must take urgent steps to reverse this trend if the goal of the United Nations Decade for Action for Road Safety of saving 5 million lives by 2020 is to be achieved.

WHO and partner organizations continued to support the implementation of the Road Safety in 10 Countries (RS10) programme in Cambodia, China and Viet Nam.

Country programmes are addressing speeding, drink-driving and the use of motorcycle helmets, and important progress is being made in all countries.

In two RS10 provinces in Viet Nam, for example, road traffic mortality rates decreased by 20% and 25% between 2009 and 2011. By contrast, the rate increased by 26% in a comparison province during the same time period. Cambodia and China are closing loopholes in road safety legislation and improving capacity for police enforcement.

In the Philippines, WHO has been working with the province of Guimaras to implement local legislation to reduce drink-driving. Community health education and police enforcement helped reduce road traffic mortalities by 22% and road traffic injuries by 38% between 2009 and 2011. The success of this pilot project has been instrumental to the current efforts by the Government of the Philippines towards a national drink-driving law.

WHO has piloted low-cost drowning prevention programmes in Cambodia. These community-based interventions have restricted child...
access to water bodies, provided personal floatation devices to children and provided training for bystander resuscitation. In Mongolia, WHO support has focused on the prevention of burns among children, particularly in remote areas.

WHO provided guidance for crash-scene and hospital-based trauma care in Cambodia, the Lao People’s Democratic Republic, Malaysia, Mongolia, the Philippines and Viet Nam.

Future directions

Data collection continues for the Global Status Report for Violence Prevention, to be published in 2014. The findings from this survey will be instrumental for advocating and supporting effective programmes for the prevention of violence in the Region. An expert consultation will be held in August 2013 to develop a framework for regional engagement with Member States on the prevention of violence against women and children.

To facilitate effective support to Member States as requested by the Regional Committee, a comprehensive situational assessment has commenced. It will be followed by a meeting of regional focal persons, who will debate the objectives and targets of a new five-year regional action plan for violence and injury prevention.

Disability and rehabilitation

Strategy and actions

The lack of access and availability of quality care for people with disabilities is a major issue in the Western Pacific Region. People with disabilities are usually less healthy than the general population and do not receive the care they need.

They are also far more likely to find the skills of health-care providers inadequate, be denied care or receive poor medical treatment. This is often due to a lack of medical specialization or access to services such as physiotherapy.

In many countries, rehabilitation is a low priority. Rehabilitation may be the responsibility of ministries of health, welfare or education or a combination of government agencies. Nongovernmental organizations and civil society also play key roles. As a result, the lines of accountability and leadership on issues affecting the disabled are often blurred. Because these multiple players interact in complex ways, it can be difficult to lead, manage, navigate and coordinate strategic policies and action.

Quality comparable data and information about people with disabilities and their service needs are often unavailable. Although such data are essential building blocks for putting together effective national programmes and sustained actions on disabilities, the lack of timely and accurate information should not be an excuse for inaction.
Results achieved

WHO contributed to regional events to discuss policies on people with disabilities. This work included the development of three background papers for the 2nd Forum Disability Ministers’ Meeting held in Port Moresby, Papua New Guinea, in October 2012.

WHO also supported the designation of the current decade as the Asian and Pacific Decade of Disabled Persons 2013–2022 and promoted the Incheon Strategy to “Make the Right Real” for Persons with Disabilities in Asia and the Pacific. National events were organized to launch the World Report on Disability 2011 in Cambodia, the Lao People’s Democratic Republic and Samoa.

WHO supported Cambodia and the Lao People’s Democratic Republic in carrying out national rehabilitation sector analyses. WHO also helped Fiji to establish and Mongolia to implement national rehabilitation strategies.

High-quality wheelchairs that are appropriately fitted can make a huge difference in the lives of people with mobility impairments. Member States took part in a regional training workshop focusing on the new WHO Wheelchair Service Training Package: Basic Level. WHO also supported national training initiatives in Cambodia, Mongolia, the Philippines and Viet Nam.

In June 2012, the First Pacific Islands Community-based Rehabilitation (CBR) Forum endorsed an action plan and established a Pacific CBR Network group. Kiribati, Samoa, Solomon Islands and Vanuatu carried out follow-up activities to support these rehabilitation efforts. WHO worked with Pacific island countries and areas on a preliminary estimate of the extent of disabilities related to noncommunicable diseases.

Future directions

WHO is currently conducting a regional situational analysis on disability and rehabilitation. Support will be sustained to strengthen national leadership in the rehabilitation sector.

Community-based rehabilitation will continue to be a priority to ensure that services are accessible to those who need them most. More effort will be made to integrate disability issues in public health programmes. Mechanisms to enhance disability prevention principles and rehabilitation services in universal health care will be a priority.
Tobacco Free Initiative

Strategy and actions

Tobacco use is one of the main risk factors for a number of chronic diseases, including cancer and lung and cardiovascular diseases. Evidence shows that tobacco-control initiatives can help reduce risks for noncommunicable diseases. The WHO Framework Convention on Tobacco Control (WHO FCTC) provides a global mandate and a call to action. Many Member States have responded by taxing tobacco, forming smoke-free areas, and banning advertising, promotion and sponsorship by tobacco companies.

In November 2012, Member States adopted the Protocol to Eliminate Illicit Trade in Tobacco Products at the fifth session of the Conference of the Parties to the WHO FCTC in Seoul, Republic of Korea. This treaty means all parties to the WHO FCTC must work to curb the smuggling of tobacco products.

In December 2012, the President of the Philippines signed a so-called “sin tax” law that includes steeper taxes on tobacco. The tax on cigarettes will double to about US$0.72 per pack by 2017. The law is expected to reduce tobacco consumption and raise revenue to be set aside for universal health care and for upgrading health facilities and prevention programmes.

Several Pacific island countries and areas have bolstered community partnership programmes and settings-based policies to protect the public from second-hand smoke through the Blue Ribbon Campaign.

The campaign aims to empower people and institutions to promote smoke-free environments and build political constituencies to lobby for stronger smoke-free laws.

WHO's Pacific Tobacco Taxation Project, supported by the Australian Agency for International Development (AusAID), provided training to finance ministry tax officials. A training software called “TaXSIm” was introduced to estimate the impact of tobacco tax increases. A WHO team travelled to Cambodia, Samoa, Solomon Islands and Tonga to consult with government officials about raising tobacco taxes. In 2012, Cook Islands, Fiji, Papua New Guinea and Tonga raised their tobacco taxes.

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WHO provided technical support to both the Department of Finance and the Department of Health in the Philippines for a successful communications campaign to counteract lobbying by the tobacco industry against the tax increase.

At the Western Pacific Region’s first-ever meeting on tobacco and trade issues in July 2012, senior government officials discussed how the tobacco industry is exploiting trade and investment agreements to challenge implementation of the WHO FCTC. Fifteen countries and areas from the Region participated.

In September 2012, paediatricians from 13 countries met in Kuching, Malaysia, to form an alliance of child and family health-care professionals

Results achieved

Viet Nam passed its first comprehensive tobacco control law, which took effect in May 2013. The law expands the number of smoke-free public places and includes a ban on smoking in all restaurants. It requires graphic health warnings on tobacco packaging and extends the ban on tobacco advertising to include the international media. Bans on promotions and sponsorships by tobacco companies have also been extended. Revenue from tobacco taxes will be used to help enforce the new law and to implement other Government tobacco control programmes.

The High Court of Australia dismissed an appeal by the tobacco industry to halt the introduction of plain tobacco packaging. As of December 2012, all tobacco products in Australia were sold in plain packaging. In February 2013, New Zealand announced plans to introduce similar legislation.
“Sin tax” used to fight cancer

In January 2013, President Benigno S. Aquino III of the Philippines signed into law a controversial tobacco tax. The tax is projected to raise US$ 817 million in its first year. The lion’s share of these funds—US$ 694 million, or about 85%—will be spent on universal health care to provide insurance for 40 million poor Filipinos who earn less than US$ 130 per month.

The tax has raised the price of the most popular cigarettes from US$ 0.73 to US$ 1.20 per pack. The price of an individual cigarette has jumped from US$ 0.05 to US$ 0.12.

The tobacco industry lobbied hard to derail the tax bill. WHO worked with the Government’s health and finance departments to develop an effective communications strategy to frame the law as a vital health necessity rather than just another tax. The effort paid off. The first major newspaper story about the campaign was headlined: “Sin tax is anti-cancer tax”.

Civil society, anti-smoking activists and the media worked together to spread this message. Scientists and well-known health experts testified at senate hearings. The massive media campaign led to a broader discussion about the harms of tobacco and the critical importance of raising tobacco prices to curb youth smoking. More than 450 news stories appeared in mainstream Filipino media during the three-month senate debate.

Senator Franklin Drilon, Chairperson of the Ways and Means Committee, credited WHO for providing vital support. “We profusely thank WHO for helping operationalize our crucial strategy to sponsor the bill as a health measure, which ultimately clinched for us popular support and victory in the legislative deliberations,” he said.

WHO will continue to support Member States to accelerate implementation of the WHO FCTC and will work to ensure that they sign and ratify the Protocol for Eliminating the Illicit Trade on Tobacco. High priority will be given to building capacity in Member States to monitor the impact of tobacco control policies at both national and subnational levels. Continued support will be provided for efforts to counteract tobacco industry interference. WHO will continue to engage with other government sectors, such as finance, trade and agriculture, to strengthen multisectoral action for tobacco control. WHO will also sustain partnerships with nongovernmental organizations that serve as advocates for the protection of child and adolescent health from tobacco harm. Strengthening of cessation systems will also continue to be a priority.

Future directions