In slums and informal settlements threats to public health have arisen from rapid and unplanned urban growth.
NCD and Health through the Life-Course

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Unprecedented changes in our environment – cultural, economic, physical, political and social – pose new risks and threats to health. Whether it is urbanization and the built environment, severe air pollution, climate change, unregulated marketing of tobacco and other harmful products, easy access to nutrient-poor and calorie-dense food and unsafe roads and transport systems – it is imperative that leaders find innovative solutions to complex health challenges in ever-changing environments.
Introduction

Investing in health leadership in changing environments

Unprecedented changes in our environment—cultural, economic, physical, political and social—pose new risks and threats to health. Whether it is urbanization and the built environment, severe air pollution, climate change, unregulated marketing of tobacco and other harmful products, easy access to nutrient-poor and calorie-dense food and unsafe roads and transport systems—it is imperative that leaders find innovative solutions to complex health challenges in ever-changing environments.

Factors that predispose certain population groups to unique risks interact with changing environments. At each developmental stage of life, human beings exhibit different vulnerabilities and are exposed to different risks. Hypothermia in newborn children, for example, is a significant risk factor for disease and death during infancy. Injuries are the leading cause of death of children aged 5–14 years. Adolescent boys are at high risk for taking up lifelong habits of smoking and alcohol use and increasing the risk of developing noncommunicable diseases (NCDs) as adults. Unplanned pregnancies create unforeseen risks for women of all ages. Preventable blindness is highest among older people. At all stages of life, good nutrition is an underlying protective factor.

The Division for NCD and Health through the Life-Course (DNH) coordinates WHO’s work with Member States to invest in leadership for health in changing environments in a range of programmatic areas: blindness prevention and control; disabilities and rehabilitation; health and the environment; health promotion; mental health and substance abuse; NCD prevention and control; nutrition; reproductive, maternal, newborn, child and adolescent health; and the Tobacco Free Initiative.

Coastlines and sea levels are dramatically changing in Pacific island countries such as Kiribati, where the impact of climate change is increasingly felt.

Leaders from various sectors have been engaged to identify and prioritize emerging health threats and to develop multisectoral plans. Support has been provided to countries to integrate NCD programmes into national health planning. The Technical Consultation on Urban Health held in April 2015, with multisectoral teams from 19 Member States, focused on a road map that prepares cities for change through the draft Regional Framework for Urban Health in the Western Pacific (2016–2020).

WHO initiated a global consultation on electronic nicotine delivery systems, which was convened with the Southeast Asia Tobacco Control Alliance. Monash Injury Research Institute cooperated on a workshop on the prevention of road traffic injuries, which was attended by 20 senior multisectoral officials from eight countries. National partners from the health and environment sectors have been convened to strengthen action on water and sanitation through the United Nations Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS) and on climate change through the National Adaptation Programmes of Action (NAPA) on Climate Change. Ministries of social affairs and health have worked together on community-based rehabilitation projects in three countries. Salt reduction strategies have been implemented through country workshops with participation from the health, commerce and trade sectors in several countries.

Leaders have been supported in generating and using data for policy. The Workshop for NCD Surveillance and Reporting of the Global Voluntary Targets, held in September 2014, supported countries in prioritizing NCD targets and
indicators. Accelerated implementation of the WHO Framework Convention on Tobacco Control is based on solid data from the Global Adult Tobacco Survey and the Global Youth Tobacco Survey, implemented in nine countries. Two tools to assess eye health systems and services were developed: the Eye Care Systems Assessment Tool (ESCAT) and the Tool for the Assessment of Diabetes and Diabetic Retinopathy Services. The Atlas for Mental Health, Neurological Disorders and Substance Abuse, completed in 2014, informs policy on the magnitude of mental health issues.

Recognizing the essential role of law in mitigating NCD risk factors, support to countries in developing their legal frameworks for health promotion has been scaled up. Fiji was supported in convening a multisectoral national workshop to advocate stronger NCD-related regulations, such as restrictions on the marketing of foods and non-alcoholic beverages to children. Papua New Guinea was supported in strengthening the country’s tobacco control. In collaboration with the Republic of Korea, a high-profile international symposium was convened on litigation against the tobacco industry.

Strengthening the capacity of NCD and maternal and child health (MCH) sector leaders for managing limited health resources in a changing environment continues to be a priority. In four countries, ministries of health are developing plans to address gaps in the provision of rehabilitation and assistive devices. Leaders from 15 countries gathered to develop implementation plans for blindness prevention, including innovative approaches to eye-care financing. New knowledge and skills in newborn care have been introduced through the *Early Essential Newborn Care: Clinical Practice Pocket Guide*. Training in delivery of mental health services was conducted in 10 countries. A cancer registry training course has been developed in collaboration with the International Agency for Research on Cancer with participation from eight countries.

Partnership networking remains an important platform for advancing leadership in changing environments. The Alliance for Healthy Cities celebrated its 10th anniversary in October 2014. More than 160 cities across the Western Pacific Region share best practices and experiences through the alliance.

In the future, leadership development approaches will be adapted and adopted from national to local levels. Highly-localized approaches at the district level have been implemented through the Western Area Health Initiative (WAHI) in China, the Package of Essential NCD Interventions for Primary Health Care in Low-Resource Settings in Samoa and the subnational initiative in the Philippines. Lessons learnt from the local sites show how leaders can improve health with vision, skills in mobilizing partners, access to data, and engagement with partners and networks.

A community in Fiji discusses healthy eating. Overweight and obesity contributes significantly to the burden of high blood pressure, heart disease and diabetes in the Pacific.
1. Learning by doing helps leaders overcome tobacco control bottlenecks in China

Since 2004, WHO has worked with teams of health promotion leaders to create new infrastructure and sustainable financing through the regional Health Promotion Leadership Training (ProLEAD) programme. Recently, the Government of China requested adaptation of the ProLEAD model to overcome national-level bottlenecks in health promotion, tobacco control and health reform.

ProLEAD emphasizes “learning by doing”. Teams of leaders use quality improvement tools to identify root causes of problems and design solutions.

In China, 52 leaders are participating in three modules: Beijing in September 2014; Chongqing in January 2015; and a third “graduation” module in the second half of 2015.

ProLEAD in China seeks to enhance communication, negotiation and strategic thinking skills and to apply these skills to real world challenges in communities. Lessons learnt from this national adaptation of the regional initiative have now been applied to the ProLEAD roll-out in Macao SAR (China), the Philippines, Samoa, Tonga and Viet Nam.

As China is on the cusp of some major breakthroughs in tobacco control – including a draft national tobacco control law and Beijing’s 100% smoke-free law started on 1 June 2015 – the ProLEAD teams can use their projects to accelerate change.

“I used to focus on very narrow issues in my work,” said one participant. “As a result of ProLEAD, I have learnt to think like a leader: to have a clear vision, strategy and plan, and to communicate this to achieve my goals.”

Anti-tobacco banners in Beijing, China. Health promotion leadership has contributed to more legislative breakthroughs, such as Beijing’s 100% smoke-free law that went into effect on 1 June 2015.
2. Interactive learning platforms accelerate country leadership for NCD prevention and control

A substantial part of health expenditures go to hospital-based treatment of severe and complicated NCD conditions. The cost and suffering associated with these conditions are immense. WHO works with Member States, using innovative learning platforms, to ensure health workers have the skills to manage NCDs effectively.

Leadership and Advocacy for the Prevention and Control of Noncommunicable Diseases (LeAd-NCD) is an annual training organized by WHO in collaboration with the National Institute of Public Health in Saitama, Japan. The programme, which began in 2013, combines lectures, interactive learning exercises, facilitated group work, experiential learning and site visits. In 2014, 20 NCD focal points and representatives from ministry of health international cooperation units across 15 countries and areas participated. The LeAd-NCD model has been adapted to a national-level workshop in five countries, while other participating countries have expressed interest in doing the same.

“This was one of the best NCD leadership trainings I have ever attended, and I would like to suggest that we replicate this training back home,” said one participant. “Our NCD leaders and counterparts could benefit from this leadership training.”

Another leadership initiative, the biennial Workshop on Leadership and Capacity-Building for Cancer Control (CanLEAD), was launched in 2013. The first of its kind, the workshop is organized by WHO and the National Cancer Center of the Republic of Korea. CanLEAD aims to enhance participant leadership skills and create national champions for cancer prevention and control. The second workshop was held in June 2015.

An online course called eCanLEAD, based on WHO’s Cancer Control: Knowledge into Action, was introduced. The course was developed in collaboration with the Graduate School of Cancer Science and Policy of the National Cancer Center of the Republic of Korea.

Health workers in Samoa roll out WHO-recommended interventions to address the NCD crisis there. WHO supports platforms such as LeAd-NCD and CanLEAD to ensure local ownership and sustained action on NCDs.
3. Leaders from health and non-health ministries make safer water available to communities in Cambodia

Access to safe drinking-water and sanitation is a basic human right. Water safety plans in Cambodia provide safer drinking-water, averting childhood deaths from waterborne diseases.

WHO and the Australian Government, working together through the Water Quality Partnership for Health, aim to provide access to safer drinking-water to an additional 25 million people in the Region by June 2016. The partnership empowers communities through participatory development and implementation of water safety plans.

In Cambodia, water safety plans are being institutionalized by bringing together the Ministry of Rural Development, the Ministry of Industry and Handicraft, and the health sector, supported by WHO. Through testing drinking-water at the point of consumption – rather than at the hand pump or standpipe – long-standing assumptions have been challenged. Data from a study led by the Ministry of Rural Development revealed that only 23% out of the 900 Por Pus Commune households consumed safe water. Risks to public health appear significantly higher than previously believed. These findings led to changes in the design and monitoring of rural water supply programmes.

Safer drinking-water is now available in 90% of Por Pus Commune households in Svay Antor district of Prey Veng province. Two primary schools of Por Pus Commune have requested support to provide safe drinking-water for their students. Having undergone training, teams from the provincial Government and the commune raised funds and engaged stakeholders.

One satisfied school director observed: “The number of students absent from class due to illness has significantly decreased.” Ownership at the provincial, district and community levels of the Government ensures sustainability. The response from communities has been very positive, with calls for water safety plans to be fully integrated into local governance.

Future directions for leaders in water and sanitation in Cambodia include interventions for testing the impact of climate change on health, ensuring the availability of safe water and sanitation in all health-care facilities, and linking these efforts with maternal and child health programmes towards delivering sustained universal health coverage.
4. Coaching health leaders to prevent newborn deaths in Mongolia

Mongolia declared 2014 the Year of Women and Children. The minister of health committed to reduce newborn deaths, which are often caused by substandard quality of care. After national planning and review, the minister endorsed the National Action Plan to Scale Coverage of Early Essential Newborn Care (EENC) and a decree to establish the Newborn Steering Committee. EENC, which prioritizes inexpensive and effective interventions to address the major causes of newborn deaths while eliminating harmful practices.

In June 2014 during Mongolia’s first two-day EENC coaching session, 30 neonatologists, obstetricians and midwives from six hospitals trained to become national EENC facilitators. Training was practice based – with no lectures or presentations. All participants scored 90% or better on the skills assessment conducted after the training. “Before I understood what to do,” one participant explained, “but now I know how to do it.”

With WHO technical support, facilitators coached staff at the four major maternity hospitals of Ulaanbaatar. At the same time, hospitals formed working groups and issued administrative orders, indicating the roles and responsibilities of the groups and their members.

All four hospitals are now practising the new techniques for all newborn infants. When asked what they observed, working group members from three hospitals agreed that their delivery rooms are now quiet. One group said they were worried that the babies were too quiet, so they prodded the babies to make them cry.

Coaching has proven to be an effective way to modify behaviours of health practitioners who delivered 6000 newborn infants in a three-month period in four hospitals. Coaching will be the main approach for expansion of EENC to provincial and inter-district hospitals.
5. Mental health, a priority of health leaders in the Philippines

More than 800,000 people have experienced mental health disorders due to trauma and shock since Typhoon Haiyan devastated the Philippines in November 2013.

Beyond support for psychosocial needs in the acute phase, WHO worked with mental health leaders in the Philippines on measures to establish services through a new law, shifting support towards building a sustainable and resilient mental health-care system for the whole country. WHO supported a proposal from the Department of Health Program Management Committee for Mental Health to overhaul the national mental health system.

Leaders in mental health focused on solving problems related to scaling-up services and care, providing essential drugs and medicines and strengthening information systems for mental health.

In collaboration with nongovernmental organizations and WHO, the Department of Health enabled local leaders to provide immediate and timely assistance and refer patients to specialist services when needed. Health workers at all levels are provided training on the intervention guide of the WHO Mental Health Gap Action Programme (mhGAP) to meet the mental health needs of the millions of displaced people.

Young children in the Philippines mourn the loss of loved ones in Typhoon Haiyan. WHO supports sustainable mental health-care systems to meet the continuing psychosocial needs in the recovery and reconstruction phases of disasters.