



In Cambodia, social media is helping disseminate public health messages and evidence.

NCD and Health through the Life-Course

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We live in an era of profuse and sometimes conflicting information that poses challenges for making healthy choices. Each day, an individual is bombarded directly and indirectly with thousands of messages. Advances in technology have enabled information from all over the world to reach us instantaneously 24 hours a day.

To stay relevant and better positioned in the communication space, it is imperative that the health sector invest time, as well as human and material resources, in purposive and strategic use of information for action on health.

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Information for action on health

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To stay relevant and better positioned in the communication space, it is imperative that the health sector invest time, as well as human and material resources, in purposive and strategic use of information for action on health. Bridging the gap between information and action is a challenge in all countries regardless of socioeconomic development, demography and geography. To be effective in influencing policy-makers and the public requires skill in articulating co-benefits and shared values in easily understood language.

Evidence-based public health requires knowledge translation and the capacity to distil and disseminate the best available evidence from research and practice, as well as enable use and adaptation of information for specific contexts. On the other hand, efforts are needed to improve health literacy, which is the ability of people to obtain, understand and apply information to advance and improve health. To use information for action on health, data must be organized in user-friendly ways: breaking complex messages into under-



Increased health literacy through communication tools and products protects vulnerable groups from misleading information and promotes healthy behaviours.

standable chunks, using simple language, defining technical terms, and effectively using visual aids and environmental cues.

The Division of NCD and Health through the Life-Course coordinates WHO's work with Member States to optimize knowledge translation and health literacy, as two components of a single objective: healthier people making healthier decisions.

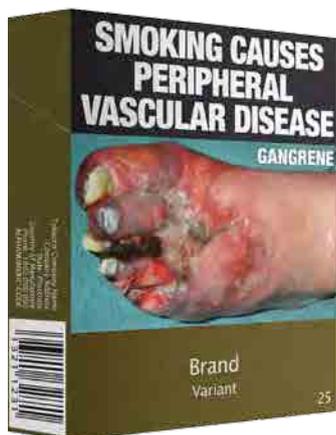
The process of developing effective ways to use information for action requires application of health promotion principles – framing of messages, advocacy, mediation and mobilization.

The *Regional Framework for Urban Health in the Western Pacific 2016–2020: Healthy and Resilient Cities* and the *Regional Action Plan for Violence and Injury Prevention in the Western Pacific (2016–2020)* were endorsed by the Regional Committee for

the Western Pacific in October 2015. Both documents use highly interactive methods for sharing evidence to arrive at a consensus on a way forward.

The first WHO *Nutrient Profile Model* for marketing of foods and non-alcoholic beverages was published in 2015 by the WHO Regional Office for Europe, and was adapted for the Western Pacific in the same year. The model for the Western Pacific reflects Region-specific nutrition information, and guides policy development to restrict marketing of unhealthy foods and non-alcoholic beverages to children and improve consumer information.

Plain packaging was the theme for World No Tobacco Day 2016. In the battle against tobacco use, standardized packaging in unattractive colours with graphic health warnings discourage young people



World No Tobacco Day 2016 encouraged countries to introduce plain (standardized) packaging of tobacco products to reduce their attractiveness and discourage people from smoking.

from smoking and convince smokers to quit. Evidence of the effectiveness of pictorial warnings has been disseminated to policy-makers who have enacted tobacco control laws, such as those passed over the past year in Cambodia, the Philippines and the Republic of Korea.

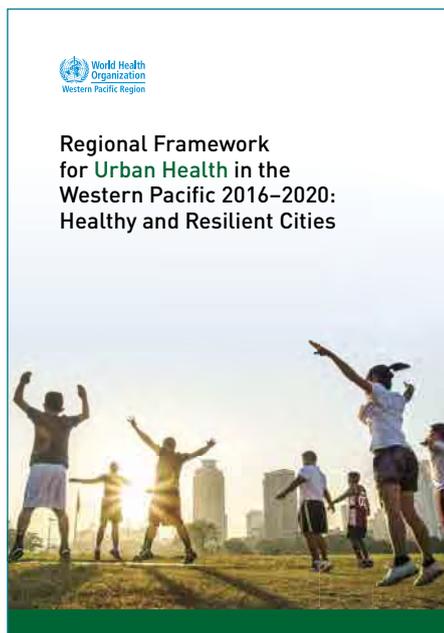
Several global technical documents have been disseminated on air pollution and air quality, including *Air Quality Guidelines*, *Health in the Green Economy* and *Measuring Health Gains from Sustainable Development*. These have been relevant to public health responses to instances of poor air quality in China, Malaysia, the Republic of Korea and Singapore. New materials, fact sheets and press statements have helped raise

public awareness on particulate matter in the air and its impacts on health.

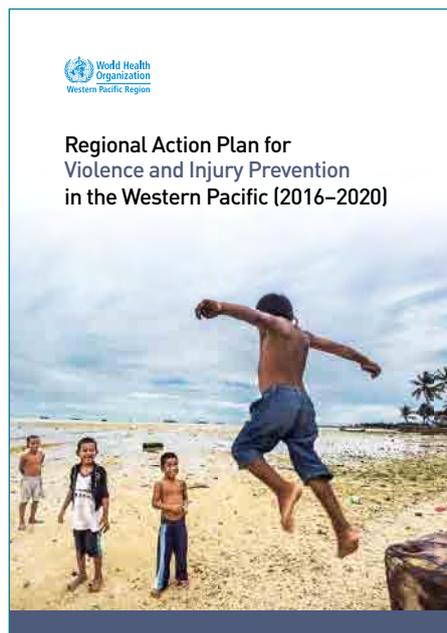
Rapid assessments of baby-friendly hospitals were conducted in Cambodia and the Lao People's Democratic Republic. The assessments have been used as a baseline to set measurable targets and accelerate progress on the institutionalization of the Baby-Friendly Hospital Initiative and to strengthen linkages to other programmes, specifically Early Essential Newborn Care (EENC).

WHO also developed, piloted and implemented survey tools for countries to generate information on capacity for eye care: 1) Eye Care Systems Assessment Tool, which was implemented in 11 countries (Australia, Brunei Darussalam, Cambodia, China, Fiji, the Lao People's Democratic Republic, Mongolia, Papua New Guinea, the Philippines, Singapore and Viet Nam); and 2) Tool for the Assessment of Diabetes and Diabetic Retinopathy Management Systems to support diabetic retinopathy management in eight countries (Cambodia, Fiji, Kiribati, the Lao People's Democratic Republic, Mongolia, the Philippines, Solomon Islands and Viet Nam).

Guided by the *WHO Global disability action plan 2014–2021: better health for all people with disability*, ministries of health have used evidence and data to support programmes on health and rehabilitation concerns of people with disabilities. The Lao People's Democratic Republic has developed a national rehabilitation strategy, and Fiji is in the process of finalizing a similar plan. In Pacific island countries considerable progress in community-based rehabilitation (CBR) has been made, with Kiribati and Vanuatu having developed national CBR plans that include raising awareness on health rights. ■



A new regional framework for urban health and the first regional action plan for violence and injury prevention emphasize linkages with the Sustainable Development Goals.



1. Urban Foresight: using data to predict health outcomes and guide policy and action in cities



The Urban Foresight tool helps governments use local data for better planning.

More than half of the people in the Western Pacific Region live in urban areas. Life in cities and towns has brought both health benefits and adverse health impacts. Authorities are better equipped to plan, anticipate and mitigate emerging urban health challenges when reliable data are available.

The *Regional Framework for Urban Health in the Western Pacific 2016–2020: Healthy and Resilient Cities* recommends actions for three partners: local government, national health agencies and WHO.

The framework contains five action domains:

1. **Governance and coordination infrastructure**
2. **Programme planning, management and quality improvement**
3. **Information and surveillance systems**
4. **Health workforce and network capacities**
5. **Health systems roles and functions**

From 28 February to 1 March 2016, participants from 17 Member States attended the Meeting on the Implementation of the Regional Framework for Urban Health in Manila. They used local data and applied tools to understand the impact of health problems on other urban systems. Using the Urban Foresight tool, they explored trends and prioritized the urban health challenges of water and sanitation, informal settlements, air pollution, traffic congestion and road accidents, waste management, obesity, physical activity, food safety, health literacy, ageing populations, noncommunicable diseases (NCDs), mental health and immunization, among others.

Participants acknowledged the need to move from a reactive to a proactive approach. They recognized that action for urban health occurs at the local level. Reliable local urban data are needed by national governments to steer and support intersectoral action for better urban health programmes.

Quality information is crucial to strategically respond to, anticipate, mitigate, adapt to and innovate for better health outcomes. Tools such as Urban Foresight, the Urban Health Equity Assessment and Response Tool (Urban HEART) and the Urban Impact Assessment have been used to enhance the understanding of possibilities, complexities and uncertainties, as well as the potential effects of the policies of other sectors on population health. ■

2. Raising public awareness: together on the front lines against diabetes

World Health Day 2016 called on stakeholders from all sectors to work collaboratively on halting the deadly rise of diabetes by raising awareness.

Diabetes is one of the four major NCDs, and its global prevalence has been steadily increasing. In the Western Pacific Region alone, an estimated 131 million people – a prevalence rate of 8.4% – were living with

diabetes in 2014, the most recent year with complete data.

A social mobilization plan was developed that included a primer, a broadcasters' manual and a guide for organizing local events. Social media played a major role in raising awareness. Key messages to improve health literacy on diabetes during World Health Day 2016 included:

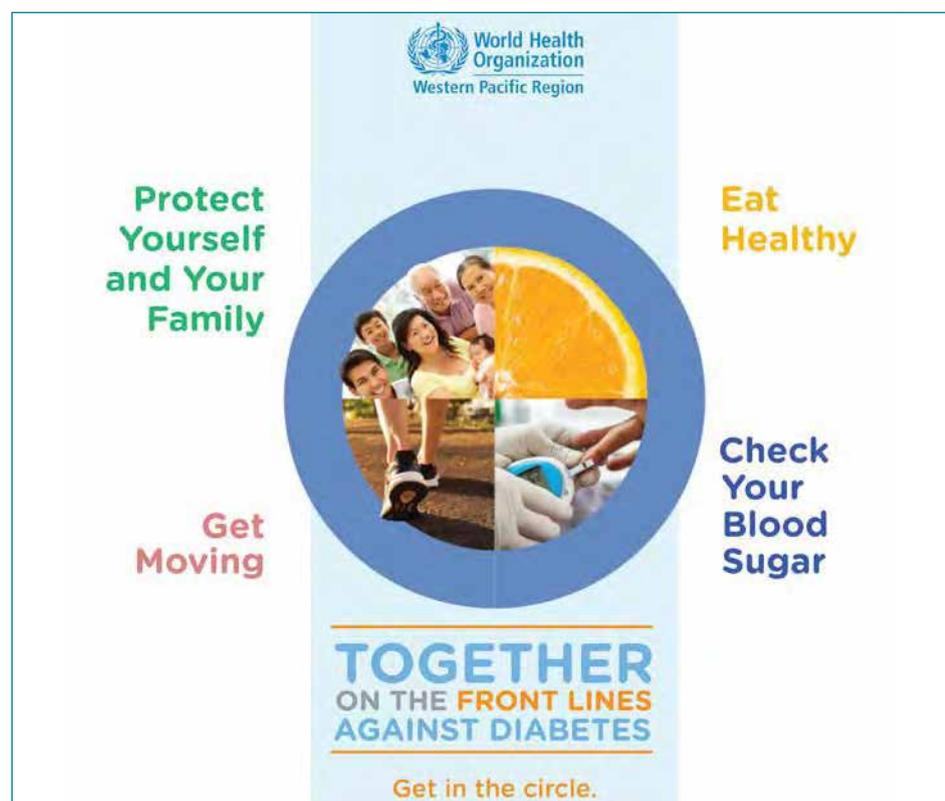
1) diabetes is a hidden killer that may not show symptoms in early stages; 2) if anyone in your family has diabetes, then you are at risk; and 3) the normal blood-glucose level is below 110 mg/dl.

In a nod to the Blue Circle logo that symbolizes commitment to join the fight against diabetes, the diplomatic community, diabetes associations and members of the media joined staff at the WHO Regional Office for the Western Pacific in Manila on 7 April 2016 for World Health Day. The theme of the campaign was: *Get in the circle. Together on the front lines against diabetes.*

The regional campaign was rolled out with ministries of health, civil society and partners engaged in blood-glucose testing, patient education and awareness-raising in Cambodia, China, Guam, the Lao People's Democratic Republic, the Marshall Islands, the Federated States of Micronesia, Mongolia, Palau, the Philippines, Solomon Islands, Vanuatu and Viet Nam.

On 6 April 2016, the WHO Regional Office for the Western Pacific convened a meeting of experts, professional associations, civil society groups and advocates on diabetes.

Consensus was reached on a call to action that outlines principles and approaches to improve governance, strengthen health systems, develop and implement policies, scale up multidisciplinary research, and strengthen partnerships with governments and non-state actors. ■



Health literacy: everyone should know how to take action to prevent diabetes.

3. Environmental health leaders focus on action priorities using data

Environmental risks and threats such as climate change contribute significantly to the burden of disease in the Western Pacific Region. Risks include not only unsafe water and sanitation, but also hazards arising from economic development, such as air pollution. Protecting health involves clearly communicating risks and translating knowledge to relevant policy-makers and stakeholders outside of the health sector.

The First Regional Training on Health, Environment and Development was held in Incheon, Republic of Korea, from 30 November to 5 December 2015. The training was part of WHO's work to build Member States' capacity on evidence-based approaches to protect communities and improve environments. One official each from the sectors of health and environment from 12 Member States attended the meeting.

The course featured in-depth discussions on environmental health issues and overcoming challenges in using information for action, as well as exercises on data management and analysis.

Two-person country teams identified priority environmental health issues and developed work plans to manage challenges in producing, collecting and analysing data, as well as using data to guide policy and interventions.

The issue of water, sanitation and hygiene was selected as the highest en-



The lack of access to safe water has severe consequences on the health of vulnerable groups.

vironmental priority by Mongolia, Viet Nam and three Pacific island countries and areas – Guam, the Federated States of Micronesia and Palau – while climate change was cited by Cambodia, Fiji and Samoa. The Philippines focused on emergencies, while the team from China named air quality as its top concern. All country teams developed strategies to commu-

nicate key messages to stakeholders to engender change in their countries.

Two publications on climate change and health were launched, namely *Climate change and health in the Western Pacific Region: Synthesis of evidence, profiles of selected countries and policy direction* and *Human health and climate change in Pacific island countries*. ■

4. Youth as effective health advocates

Social media has changed the communications landscape for mobilization and advocacy. It has been a very effective channel for marketing of commercial products. However, it is underutilized as a channel for improving health literacy.

Young people are highly engaged across various social media platforms, with one quarter to one half of active users aged 16–24 years. Through strategic communications, WHO has worked with Member States to multiply its effectiveness in alcohol and tobacco control.

One in three current drinkers in the Western Pacific aged 15–19 years has engaged in excessive drinking. Sixteen per cent of youth aged 13–15 years smoke cigarettes. Young people are especially vulnerable to alcohol-related harm from injuries, risky behaviour such as unsafe sex and suicide. Social media provides space for discussion and advocacy by young people.

The WHO Office in China uses social media to support its work on tobacco control. In partnership with universities, young people were asked to make their own videos and post them on social media. The theme was: *Why it is not cool to smoke*. In Singapore and the Philippines, youth have also developed video messages and posted them on social media in support of the “tobacco-free generation” – a growing movement to ban cigarette sales to anyone born after 2000.



A WHO forum in Hong Kong SAR (China) applied digital media strategies to raise awareness and engage young people on the harmful use of alcohol.

Through an initiative supported by the WHO Regional Office, films highlighting the harmful use of alcohol were produced by young people in Cambodia, Mongolia and the Philippines. The films have been posted on social media in order to raise awareness and foster critical discussion among young people.

The best films, as selected by peers, were showcased at the WHO Regional Forum on Protecting Young People from the Harmful Use of Alcohol held in Hong Kong SAR (China) from 29 to 30 April 2016.

Fifteen delegates from 11 Member States participated in the forum, including nine national youth representatives.

To guide policy and advocacy on cost-effective interventions, two regional publications – *Young people and alcohol: a resource book* and a brochure entitled *How alcohol harms young people and what you can do about it* – were launched during the forum. These publications translate knowledge into action points for parents, policy-makers, health-care providers and advocates – improving health literacy on the harmful effects of alcohol on youth. ■

5. Hospital data on newborn care are used to change clinical practices

A newborn infant dies every two minutes in the Western Pacific Region. In 2013, Member States endorsed the *Action Plan for Healthy Newborn Infants in the Western Pacific Region (2014–2020)*, which promotes universal access to early essential newborn care (EENC). As over 90% of women in the Region deliver in hospitals, the plan emphasizes EENC in health-care facilities.

The use of hospital data has helped change clinical practices, thereby improving quality of care. Hospitals implementing EENC form teams that regularly

assess care. The teams interview mothers, observe deliveries and hospital hygiene, and review patient charts, hospital policies, medicines and supplies. The teams then analyse data to identify priority concerns and actions to address them.

Many issues can be solved quickly and easily at the local level. In the Philippines, for example, newborn babies receiving uninterrupted skin-to-skin contact with their mothers increased from 11% (one out of nine) to 77% (more than three out of four) from 2008 to 2015. One hospital found that weighing newborn babies in

the delivery room interfered with uninterrupted skin-to-skin contact, which is a key priority of EENC, so the team simply moved the scale out of the delivery room.

Learning about EENC, the National Referral Hospital team in Solomon Islands revamped its delivery room to facilitate care. For example, resuscitation areas were moved to within two metres of delivery beds to accelerate aid to babies not breathing at birth. During a follow-up assessment, a mother recounted how her baby was not breathing at birth, but she witnessed as the team deftly brought back breath and life to her baby.

Through interviews with mothers, a private hospital in central Viet Nam found that if it stopped offering skin-to-skin contact, it would lose clients and profit. Nationwide in Viet Nam, similar assessments revealed a high demand for skin-to-skin contact and higher satisfaction of participating mothers. Although the duration of skin-to-skin contact needs to be improved, nine out of 10 newborn babies in Viet Nam are currently placed in immediate skin-to-skin contact with their mothers. This is quality time that saves lives. ■

In a hospital in Quang Nam Province, Viet Nam, health workers support mothers for Kangaroo Mother Care, which includes skin-to-skin contact and exclusive breastfeeding. This simple intervention can reduce mortality in preterm babies by up to 50%.



6. WHO global status reports lead to action for violence and injury prevention

Violence and injuries kill more than one million people each year in the Region. They are the leading cause of death among those aged 5–49 years. Quality data on the magnitude of violence and injuries, as well as the evidence base on effective interventions, were crucial to the rationale for the development and endorsement of the first *Regional Action Plan for Violence and Injury Prevention in the Western Pacific (2016–2020)*.

Much of this information came from a series of global WHO status reports with data from the majority of Western Pacific Member States. The *Global status report on road safety* was first published in 2009 and updated in 2013 and 2015. The *Global status report on violence prevention* was published in 2014. These reports provide a wealth of information on the baseline situation of violence and injuries in countries.

Upcoming status reports will support the monitoring of outcomes associated with the implementation of the regional action plan and related Sustainable Development Goals. Already, their findings and recommendations have informed regional action plan-related consultations across the Region, supplying quality data and evidence for efforts to coordinate across sectors and driving the development and implementation of national policies and programmes to prevent violence and injuries. For example, the *Global status report on road safety 2015* described the magni-



A new *Regional Action Plan for Violence and Injury Prevention in the Western Pacific* highlights the need for multisectoral collaboration and coordination.

tude and trend of road traffic injuries in 23 countries in the Region. With a 4.1% reduction in road traffic mortality between 2010 and 2013, progress is being made in the Western Pacific Region. But the pace

of change must accelerate if Sustainable Development Goal 3.6 (a 50% reduction in road traffic fatalities by 2020) is to be achieved. ■