

# Introduction

## Information for action on health

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. 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.

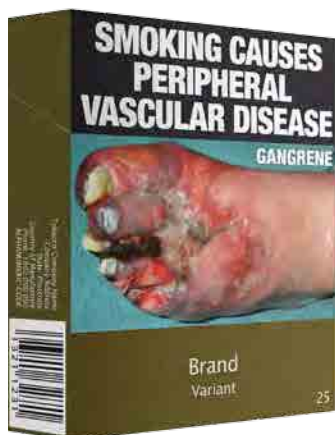
The process of developing effective ways to use information for action requires application of health promotion principles – framing of messages, advocacy, mediation and mobilization.

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.

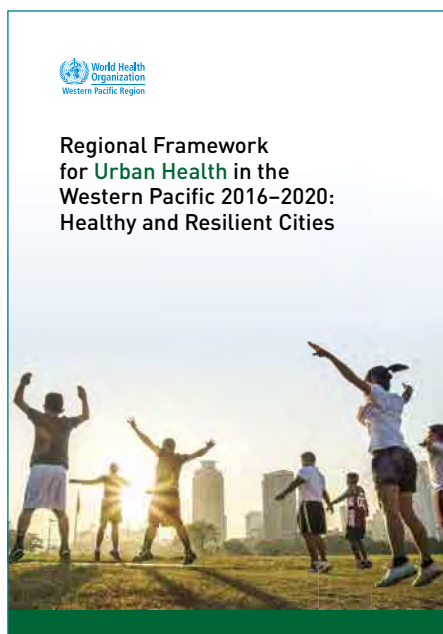
Several global technical documents have been disseminated on air pollution and air quality, including *Air Quality Guidelines*, *Health in the Green Economy* and *Measuring Health Gains from Sustainable Development*. These have been relevant to public health responses to instances of poor air quality 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.

