Introduction

The Division of NCD and Health through the Life-Course implements multisectoral action plans to support leadership and capacity development, and the adoption of best practices. Working across sectors makes technical programmes more cost-effective and boosts their benefits to Member States.

As efforts to combat noncommunicable diseases (NCDs) must be multisectoral, WHO brings together a wide range of stakeholders to strengthen NCD management and healthy settings that reduce risk factors.

The United Nations Interagency Task Force on the Prevention and Control of NCDs coordinated joint missions in Cambodia and the Philippines. The WHO Western Pacific Regional Meeting of National Senior Officials for NCDs in May showcased best practices to strengthen collaboration on global NCD targets. WHO continues to guide workers in primary health centres across the Region to use WHO tools developed to strengthen NCD prevention and control, including the Noncommunicable Disease Education Manual, HeartCare and Action for Healthier Families Toolkit.

To foster health literacy, expand healthy settings and strengthen governance, the

The *Regional Agenda for Implementing the Mental Health Action Plan 2013–2020 in the Western Pacific* aims to address the determinants of mental health. Sectors outside health provide services that affect mental health, such as employment, housing, welfare and education. Intersectoral collaboration also addresses services within workplaces that affect mental health, such as human resources management, training and occupational hazards.

The Meeting on Accelerating the Raising of Tobacco Taxes and the Ratification of the Protocol to Eliminate Illicit Trade in Tobacco Products in the Western Pacific in November 2017 offered guidance and best practices in these areas. Participants from ministries of health, finance and foreign affairs from 20 Member States in the Region highlighted the importance of multisectoral collaboration for effective tobacco control. Coalition-building was emphasized to achieve tobacco tax reform, as were country-specific strategies to combat illicit trade in tobacco products.

Implementation of the *Regional Action Plan for Violence and Injury Prevention in the Western Pacific (2016–2020)* has engaged a wide range of stakeholders. Police training to enforce alcohol and speed offences was supported in Fiji, Kiribati, Samoa, Solomon Islands and Vanuatu. Drowning prevention training was facilitated for Cambodia, China, Fiji, the Philippines, Solomon Islands and Viet Nam. Consultations were conducted to strengthen efforts to prevent violence against children in Cambodia, Mongolia, Papua New Guinea and the Philippines. Regional participation was strengthened in the *Global Status Report on Road Safety* and the *Global Status Report on Violence Against Children*. WHO also disseminated information and advocacy products on the magnitude and preventability of violence and injury.

Momentum to strengthen rehabilitation services increased in the Region. With health system improvements, people are living longer, but often with impairment and chronic illness. Rehabilitation plays an essential role in the Region’s ability to address health priorities, especially ageing populations and rising NCD rates. Rehabilitation services build on curative interventions to restore daily functions, so that people can enjoy health and well-being. Based on Member State and expert consultations, a regional framework on rehabilitation will be presented to the Regional Committee in 2018.
With support from WHO, the national eye care programme in Papua New Guinea is mounting a campaign to help cataract patients. Using the WHO rapid assessment tool, a national survey conducted from January to March found that 5.6% of adults aged 50 and older were blind (41 000 people) and nearly 90% of blindness was due to untreated cataract. The campaign launches on World Sight Day in October 2018. The goal is to perform 20 000 sight-restoring surgeries by 2020.

WHO also addresses the double burden of malnutrition through multisectoral approaches. Most countries in the Region face the coexistence of undernutrition and overweight, obesity or NCD – sometimes within households and even individuals. Actions across health and non-health sectors on such factors as food, education, water, sanitation and hygiene, and social protection – ranging from national policy initiatives to community action to change
inappropriate behaviour – are needed to prevent undernutrition and escalation of overweight and obesity. By engaging multiple sectors, WHO helps address the determinants of malnutrition across the life-course in a coordinated way.

WHO continues to support strengthening of family planning and maternal, newborn, child and adolescent health in Cambodia, China, Kiribati, the Lao People’s Democratic Republic, Mongolia, Papua New Guinea, the Philippines, Solomon Islands and Viet Nam. Recent publications show Early Essential Newborn Care (EENC) has been sustained and improved in eight priority countries: Cambodia, China, the Lao People’s Democratic Republic, Mongolia, Papua New Guinea, the Philippines, Solomon Islands and Viet Nam. EENC support was also provided to three countries in other regions.

Impacts of climate change on health are among the greatest threats in the Region, particularly for Pacific island and Mekong countries. WHO worked with environment and climate sectors in the Region’s most vulnerable countries to build climate resilience into health systems. As a result, the Global Environment Facility’s Least Developed Countries Fund is expected to provide multi-year, multisectoral financing starting in 2018 to Cambodia, Kiribati, the Lao People’s Democratic Republic, Solomon Islands, Tuvalu and Vanuatu. WHO also worked with environment and health ministries in 13 countries in the Region to address health impacts from air pollution.