CONSULTATION ON THE DRAFT "REGIONAL FRAMEWORK FOR HEALTH PROMOTION IN THE SUSTAINABLE DEVELOPMENT GOALS" AND REVIEW OF PROGRESS ON REGIONAL ACTION PLANS ON NONCOMMUNICABLE DISEASES, TOBACCO FREE INITIATIVE AND DOUBLE BURDEN OF MALNUTRITION

15–19 May 2016
Manila, Philippines
MEETING REPORT

CONSULTATION ON THE DRAFT “REGIONAL FRAMEWORK FOR HEALTH PROMOTION IN THE SUSTAINABLE DEVELOPMENT GOALS” AND REVIEW OF PROGRESS ON REGIONAL ACTION PLANS ON NONCOMMUNICABLE DISEASES, TOBACCO FREE INITIATIVE AND DOUBLE BURDEN OF MALNUTRITION

Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

Manila, Philippines
15–19 May 2017

Not for sale

Printed and distributed by:

World Health Organization
Regional Office for the Western Pacific
Manila, Philippines
March 2018
NOTE

The views expressed in this report are those of the participants of the Consultation on the Draft “Regional Framework for Health Promotion in the Sustainable Development Goals” and Review of Progress on Regional Action Plans on Noncommunicable Diseases, Tobacco Free Initiative and Double Burden of Malnutrition and do not necessarily reflect the policies of the conveners.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for Member States in the Region and for those who participated in the Consultation on the Draft “Regional Framework for Health Promotion in the Sustainable Development Goals” and Review of Progress on Regional Action Plans on Noncommunicable Diseases, Tobacco Free Initiative and Double Burden of Malnutrition in Manila, Philippines from 15 to 19 May 2017.
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Keywords: Regional health planning / Sustainable development / Chronic disease – prevention and control / Health promotion / Tobacco use cessation / Nutrition disorders
SUMMARY

The Consultation on the Draft “Regional Framework for Health Promotion in Sustainable Development Goals” and Review of Progress on Regional Plans on Noncommunicable Diseases, Tobacco Free Initiative and Double Burden of Malnutrition was held in the WHO Regional Office for the Western Pacific, Manila, Philippines from 15 to 19 May 2017. The draft Regional Framework for Health Promotion in the Sustainable Development Goals was presented during the first two days of the meeting (15–16 May). On 17–19 May, the Regional Consultation also reviewed draft progress reports on the implementation of three regional action plans: (i) the Western Pacific Regional Action Plan for the Prevention and Control of Noncommunicable Diseases (2014–2020), (ii) the Regional Action Plan for the Tobacco Free Initiative in the Western Pacific (2015–2019) and (iii) the Action Plan to Reduce the Double Burden of Malnutrition in the Western Pacific Region (2015–2020).

Health promotion is essential to address many public health challenges and needs to be recognized for its applicability to all public health issues and the achievement of the Sustainable Development Goals (SDGs). The draft Regional Framework for Health Promotion in the Sustainable Development Goals is an agenda item for the 68th session of the World Health Organization (WHO) Regional Committee for the Western Pacific in October 2017. An initial draft of this document was reviewed by experts during a consultation on 2–3 March 2017. Representatives from Member States, temporary advisers and resource persons provided recommendations to improve the current draft to ensure it is comprehensive, relevant and feasible for implementation in countries and areas. Following this Consultation, the working draft will be revised and will undergo a series of subsequent reviews and modifications by the Secretariat and experts.

In the second part of the Consultation, draft progress reports on the regional action plans for noncommunicable diseases (NCDs), the Tobacco Free Initiative (TFI) and reduction of the double burden of malnutrition (DBM) were reviewed. Progress has been made in many action areas across the three regional action plans, but there remain common challenges such as limited country capacity to implement and monitor programmes due to limited resources (human resources, infrastructure, drugs/medicine, devices, information systems, etc.), poor policy/legislation support and enforcement, high health-care costs, and industry interference. Important feedback provided during the consultation has been incorporated in the final drafts of the three progress report documents.

There was also a half-day field visit to Taguig City to learn how the local government strengthened the public health system to provide better and more accessible preventive and curative services to its citizens. Participants visited a super health centre and were able to observe and learn about the outpatient services, basic laboratory services, free essential medications, and 24-hour basic maternal care and emergency services.

Following this Consultation, Member States were encouraged to identify and allocate adequate resources (human and financial) for country implementation of priority public health interventions; identify sustainable financing mechanisms and schemes and promote universal health coverage; strengthen risk factor surveillance systems; improve access to quality, affordable and essential services and drugs at the primary health care level; strengthen legal and regulatory frameworks as well as enforcement; and prevent industry interference.

WHO was recommended to build country capacity to address risk factors and monitor progress; strengthen multisectoral implementation of the action plans; provide technical support to address industry interference; support health ministries in conducting high-level advocacy for policy change; and strengthen health systems to achieve universal health coverage and ensure optimal delivery of essential services.
1. INTRODUCTION

1.1 Meeting organization

The Consultation on the Draft “Regional Framework for Health Promotion in Sustainable Development Goals” and Review of Progress on Regional Plans on Noncommunicable Diseases, Tobacco Free Initiative and Double Burden of Malnutrition was held in the WHO Regional Office for the Western Pacific, Manila, Philippines from 15 to 19 May 2017. The draft Regional Framework for Health Promotion in Sustainable Development Goals was presented during the first two days of the meeting (15–16 May). It was attended by 26 representatives from 25 countries and areas, 3 temporary advisers, 3 resource persons, and 4 observers. A list of participants is available in Annex 1 and the meeting programme in Annex 2.

From 17 to 19 May, the Regional Consultation also reviewed draft progress reports on the implementation of three regional action plans: (i) the Western Pacific Regional Action Plan for the Prevention and Control of Noncommunicable Diseases (2014–2020), (ii) the Regional Action Plan for the Tobacco Free Initiative in the Western Pacific (2015–2019) and (iii) the Action Plan to Reduce the Double Burden of Malnutrition in the Western Pacific Region (2015–2020).

1.2 Meeting objectives

The objectives for the Consultation on the Draft “Regional Framework for Health Promotion in the Sustainable Development Goals” were:

1) to review the draft Regional Framework for Health Promotion in the Sustainable Development Goals; and
2) to discuss challenges and opportunities to strengthen and scale up health promotion.

The objectives for the Review of Progress on Regional Action Plans on Noncommunicable Diseases, Tobacco Free Initiative and the Double Burden of Malnutrition were:

1) to review draft progress reports on the implementation of:
   a. the Western Pacific Regional Action Plan for the Prevention and Control of NCDs (2014–2020);
   b. the Regional Action Plan for the Tobacco Free Initiative in the Western Pacific (2015–2019); and
   c. the Action Plan to Reduce the Double Burden of Malnutrition in the Western Pacific Region (2015–2020); and
2) to identify challenges and opportunities to accelerate progress in the implementation of the abovementioned regional action plans.

2. PROCEEDINGS

Day 1

2.1 Opening session

Dr. Susan Mercado welcomed by 26 representatives from 25 countries and areas, 3 temporary advisers, 3 resource persons, and 4 observers to the Consultation, which was convened to conduct a technical review of the draft Regional Framework for Health Promotion in Sustainable Development Goals as
well as to review the draft progress reports on the implementation of three regional action plans: (i) the *Western Pacific Regional Action Plan for the Prevention and Control of Noncommunicable Diseases (2014–2020)*, (ii) the *Regional Action Plan for the Tobacco Free Initiative in the Western Pacific (2015–2019)* and (iii) the *Action Plan to Reduce the Double Burden of Malnutrition in the Western Pacific Region (2015–2020)*.

Dr Shin Young-soo welcomed the delegates and shared the background for organizing this meeting. World leaders adopted the Sustainable Development Goals (SDGs) in 2015 and opened the door for far-reaching multisectoral discussion on the determinants of health. At the end of 2016, the 9th Global Conference on Health Promotion held in Shanghai, China brought together high-level representatives from various sectors, as well as more than 100 mayors from cities across the world to discuss the challenges of health and the SDGs. To achieve the SDGs, the WHO Regional Office for the Western Pacific developed the draft Regional Action Plan to guide health promotion capacity-building across the Region and to position health promotion as the health sector’s driving force for delivering on the SDGs.

**2.2 Global update on noncommunicable diseases and nutrition**

Dr Hai-Rim Shin provided the global update on noncommunicable diseases (NCDs) and presented on current progress and developments needed to reach SDG target 3.4: to reduce by one third premature mortality from NCDs through prevention and treatment. She presented on (i) burden of disease in the Region, (ii) political commitments made by world leaders to curb premature deaths from NCDs, and (iii) the WHO global monitoring framework to track implementation and progress. Currently, the rate of decline is not yet sufficient to meet SDG target 3.4, though progress is positive when looking at process indicators. In 2018, countries will attend the Third High-Level Meeting during which they will present on the four time-bound commitments adopted in the Second High-Level Meeting in 2014. Dr Shin then discussed bottlenecks that WHO and the United Nations aim to address and that governments have a primary role and responsibility to engage all sectors and society to respond to. These bottlenecks include: inadequate policy expertise to address NCDs in the national SDG response; unmet demands for technical assistance; slow progress in engaging whole of government and key sectors beyond health; lack of action to allocate funding to implement NCD prevention and control priorities by domestic mobilization or external aid; weak health systems and inadequate national capacity in public health (e.g. lack of analytical, tax and legal expertise to implement best buys); and opposing forces including industry interference that block key measures. Bolder measures and scale-up are needed to accelerate progress.

Dr Katrin Engelhardt provided the global and regional update on addressing all forms of malnutrition. She first highlighted that unhealthy diets and poor nutrition are the leading causes of the global disease burden, then presented about the changing context that is impacting food and nutrition such as globalization and the nutrition transition, fetal programming of chronic diseases, HIV/AIDS, biotechnology, micronutrient deficiencies, food safety, bird flu, antimicrobial resistance, severe acute respiratory syndrome and climate change, among others. Dr Engelhardt then clarified the definition of malnutrition, and discussed the changing context and global macro-policy environments related to food and nutrition from 1990 to 2008 and after 2008. Global policy developments after 2008 include the 2nd International Conference on Nutrition in Rome in 2014 that led to the Rome Declaration on Nutrition and the Framework for Action; SDG targets 2.2, 3.1–3.4 and 3.d; and the UN Decade of Action on Nutrition 2016–2025. She then explained how the food environment should look to support dietary goals to address malnutrition in all its forms, available policy options, available guidelines and the WHO e-Library of Evidence for Nutrition Actions (eLENA).
2.3 Sharing country practices on NCDs, health promotion, Tobacco Free Initiative and nutrition

Four countries presented their NCD, health promotion, tobacco control and nutrition programmes and briefly discussed the strategies they applied.

Cambodia presented on their surveillance activity; advocacy initiatives to get the sub-decrees passed to raise the tobacco excise tax, create smoke-free indoor public places and workplaces, and implement pictorial health warnings; communication activities to raise awareness about the impact of high salt consumption, physical inactivity and unhealthy diet on health; and efforts to enforce the sub-decree on the marketing of infant and young-child feeding products. Achievements included increased government investment in their NCD surveillance system; successful collaboration between the government and civil society to counter tobacco industry interference, to provide evidence for strong public policies, and to enforce existing legislation and regulations.

China presented improvements made on key health indicators and their four strategic focus areas: government leadership, multisectoral cooperation, whole-of-society participation, and people’s health literacy and self-management. For strong health governance, China established the Patriotic Hygiene Commission of the State Council (1952), the State Council Critical Disease Ministerial Level Coordination Mechanism (2015), the Healthy China 2030 (2016), and the “Healthy City” and “Health Promotion Cell” at different levels of government. Multiple sectors have collaborated to develop and implement the Guidance on Strengthening Health Promotion and Education (2016), the National Health Promotion and Education 13th Five-Year Plan (2017), and various policies. Several mass media campaigns on tobacco control and maternal and child health have also been conducted to mobilize society and foster healthy behaviours. To promote health literacy and self-management, China has the National Healthy Lifestyle Action (2007–2016, 2017–2026) and has promoted self-management groups to achieve health literacy targets. China has made health a priority in its overall national strategy, integrated Health in All Policies and demonstrated commitment in its organization of the National Conference on Health in August 2016 followed by the 9th Global Conference on Health Promotion in November 2016.

Fiji presented its experience with implementing the WHO Package of Essential NCD Interventions (WHO PEN). It was first introduced to the Ministry of Health and Medical Services in April 2012 and is a key strategy to reduce premature mortality and morbidity from NCDs in the Ministry’s National Strategic Plan 2016–2020 and the NCD Strategic Plan 2015–2019. The WHO PEN model is implemented at the specialist outpatient department in Fiji’s health centres with plans to expand to nursing stations in 2020–2024 and to the community level in 2025–2029. To facilitate implementation, a PEN Steering Committee has been established; cardiovascular risk assessment operational guidelines developed for use in primary health care facilities; and motivational interviewing applied to foster behaviour change. Another Ministry programme is Wellness Fiji, which implements an integrated strategy, empowering leaders and building capacity in all settings, and applying effective communication strategies, to promote health.

Vanuatu presented their experience with implementing the 2016 Amendments to the Tobacco Control Act of 2008 to create smoke-free public places and implement graphic health warnings. To enforce the new smoke-free regulation, campaigns were conducted to raise awareness about the harms of second-hand smoke and the importance of smoke-free environments, to inform about the regulation, and to mobilize communities to play a role in enforcing the policy. There were some initial concerns by restaurant and bar owners but these were allayed when other countries’ experiences were presented.
that there is no negative impact on their businesses. In implementing graphic health warnings, importers and retailers were made to understand the obligations under the new law and to comply with it. Penalties and strong enforcement are necessary to ensure compliance.

2.4 Country poster presentation I and II

During this session, participants were organized into four groups and took turns to present their posters on an intervention to address NCDs, address tobacco use and the double burden of malnutrition, or present a health promotion approach. Countries heard what others are doing to mobilize community involvement and partnerships, advocate policy change and create healthy environments, strengthen health systems, and increase personal skills.

Day 2

2.5 Global update on the Ninth Global Conference on Health Promotion (9th GCHP, Shanghai, China, 2016)

Dr Faten Ben Abdelaziz presented outcomes from the 9th GCHP in Shanghai, China, in November 2016. She gave an overview of the key programmes at WHO headquarters aimed at promoting good governance, healthy settings and oral health. A whole-of-government approach and action across sectors are vital to achieve the SDGs. Thus, efforts are on promoting Health in All Policies, health literacy and social mobilization. The healthy settings programme focuses on three settings: cities, schools and workplaces. The oral care programme focuses on preventing dental caries, periodontal diseases and oral cancer. Dr Ben Abdelaziz then presented the historical background of the Global Conferences on Health Promotion and the different thematic focus as priorities evolve. She discussed how the 2030 Agenda for Sustainable Development has now changed the context and brought opportunities for health promotion, and how countries are called on to adopt a transformative, cross-cutting, multisectoral approach to public health issues. The 9th GCHP took place in this new context and highlighted that health is a political issue, and therefore bold political choices and strong leadership are essential. She gave an overview of the conference programme, organized around four pillars of health promotion: (i) good governance, (ii) healthy cities, (iii) health literacy and (iv) social mobilization. Then Dr Ben Abdelaziz discussed the two conference outcome documents: (i) the Shanghai Declaration, a declaration of commitment by Member States, and (ii) the Shanghai Consensus on Healthy Cities, a commitment by mayors on actions to take to achieve the SDGs. WHO plans to develop a guide to support country implementation of the recommendations of the Shanghai Declaration. It is setting up a steering group and a technical advisory group that can deepen stakeholder engagement and partnerships, provide guidance, and advance knowledge. This builds on the ongoing work that WHO is engaged in with Member States and aims to accelerate progress towards achieving the SDGs.

2.6 Presentation on the draft Western Pacific Regional Action Plan on Promoting Health for Sustainable Development

Dr Susan Mercado gave an overview of the draft Western Pacific Regional Action Plan on Promoting Health for Sustainable Development. Health promotion can contribute to the SDG process through promoting healthy settings and healthy behaviours. The SDGs offer a platform to engage sectors and for people to participate in the global development process – and health promotion supports informed decision-making. She then presented the proposed vision for the action plan (“Healthy decisions for healthier people and healthier environments”) and the goal (“To ensure health is a key consideration in the decision-making process for sustainable development”). Four strategic approaches were
suggested: (i) mainstreaming of healthy settings into national and local sustainable development plans, (ii) accelerating expansion of the scope and reach of health promotion, proportionate to need, to achieve equity, (iii) policy support and cross-sectoral action to address the political, socioeconomic and cultural determinants of health and health equity, and (iv) strengthening health promotion capacity, sustainable financing mechanisms, accountability frameworks and data systems for health. Dr Mercado then briefly presented recommended actions under each of the strategic approaches.

2.7 Presentation on health promotion and the SDGs: Australia and the Republic of Korea’s action plan to achieve SDGs

Ms Jerril Rechter introduced the Victorian Health Promotion Foundation (VicHealth) and the strengths they have built over their 30-year history that have been critical to their success. These include their governance structure, social determinants of health focus, partnerships, knowledge base and health equity approach. In particular, the health equity approach has enabled them to respond to the socioeconomic, political and cultural context that results in inequitable health outcomes. They are guided by Fair Foundations, the VicHealth framework for health equity, which ensures that they focus on improving health proportionate to need, not just at the broader population level. This approach underpins the VicHealth Action Agenda for Health Promotion 2013–2023, through which they will contribute to Australia’s achievement of SDG 3 targets as well as those of SDGs 5, 10 and 11.

Ms Rechter indicated that VicHealth will continue to provide advice and capacity-building to support regional practice and policy through VicHealth’s designation as a WHO Collaborating Centre for Leadership in Health Promotion. This includes sharing the outcomes of their current investment in cross-sectoral research into the impact of global megatrends on specific SDGs. VicHealth also welcomes the opportunity to work further with Member States to support their achievement of the SDGs.

Professor Myoung-soon Lee presented the history of the Healthy Cities approach, gave an overview of the Korea Healthy Cities Partnership (KHCP) and how cities in the Republic of Korea are applying the approach, which will support achievement of the SDGs. KHCP organizes regular internal meetings; facilitates educational and technical support for capacity-building (e.g. training workshops, conferences and leadership programmes); connects healthy cities within and outside the country; develops white papers; disseminates information through newsletters and the website; and supports joint policies. Recent activities include: developing the Korea Healthy Cities Index (KHCI) to monitor and evaluate the progress of Healthy Cities; cooperating with external partners on global health issues and participating in global and regional events; establishment of the KHCP Award; promotion of joint policies such as on “active healthy environment” adopted in 2015; and advocating legislation of the Healthy Cities approach in the Republic of Korea. Professor Lee then described the approach of Gangdong-gu (Gangdong district) as an example of local actions to achieve the SDGs. The Republic of Korea adopted the Sustainable Development Act in 2007, enforced at the national and local levels. Gangdong-gu has, every two years, developed and implemented a basic multisectoral plan for sustainable development. Gangdong-gu has a healthy city task force responsible for implementing the Health in All Policies and whole-of-government approaches. There are now efforts to raise awareness of the 2030 Agenda for Sustainable Development among local governments, to assess which existing programmes can be integrated or coordinated, and to develop an action plan to support achievement of the SDGs. There is a momentum following the Mayors Forum during the 9th GCHP, and now local governments need the financial and technical support from national and international institutions to develop and implement action plans to achieve the SDGs.
2.8 Breakout session I and II: Review of the draft Framework on Health Promotion and SDGs

The participants were organized into breakout groups and discussions were facilitated by a WHO staff, consultant or temporary adviser, supported by a note-taker. Participants were randomly assigned into four groups according to the regional framework’s proposed strategic approaches:
(i) mainstreaming healthy settings in national and local sustainable development plans;
(ii) accelerating expansion of the scope and reach of health promotion, proportionate to need, to achieve equity; (iii) policy support to address health determinants; and (iv) strengthening health promotion capacity, sustainable financing mechanisms, accountability frameworks and data systems for health. Each group focused on critically reviewing a strategic approach, and, in the second breakout session, the groups reviewed the rest of the document.

2.9 Plenary session

During the plenary session, each group reported back on their group discussions. General feedback provided included: consider the title of the document, vision and the end goal; provide definitions for some of the terms; discuss health promotion within a context, such as NCDs; clarify how this is linked to other frameworks such as Healthy Islands; consider the language related to industry and commercial or private sector; review the indicators; clarify the target audience, and, if other sectors are targeted, ensure recommendations prompt them into action; shorten the background section but include more data; elaborate the health promotion strategies that have been effective; clarify and describe the diagrams; and strengthen the focus of each strategic approach.

Comments for the strategic approaches were the following: include identification or establishment of an interministerial or multisectoral coordination mechanism; consider other plans (e.g. NCD or medium- and long-term development plans) where health promotion can be mainstreamed and not just sustainable development plans; engage the media as partners in health promotion and not only view them as tools; make health literacy more prominent in the document; clarify certain terms (e.g. equitable outcomes); include coverage of preventive measures in health and social protection financial schemes; elaborate on health promotion capacity-building as broad skills are needed; and clarify recommendations on sustainable financing mechanisms for health. Other comments were to change words to make the language more appropriate or accurate, and to include additional reference documents or frameworks.

Day 3

2.10 Presentation of draft NCD progress report

Dr Hai-Rim Shin presented the Global Action Plan for the Prevention and Control of Noncommunicable Diseases (2013–2020) and the Western Pacific Regional Action Plan for the Prevention and Control of Noncommunicable Diseases (2014–2020). She also highlighted the importance of NCD prevention and control for the attainment of the 2030 SDGs, where for the first time a global target for the reduction of premature deaths due to NCDs has been defined.

Dr Shin, Dr Wendy Snowdon and Dr Warrick Kim then reported on the progress made towards achieving the six objectives of the global and regional NCD action plans. To raise the priority accorded to the NCD prevention and control through strengthened international cooperation and advocacy: WHO convened the First Global Meeting of National NCD Programme Directors and Managers in 2016 for NCD programme managers to exchange local insights and global perspectives on how to strengthen national NCD responses; UN Interagency Task Force for NCDs (UNIATF)
missions were conducted in Tonga, Mongolia and Viet Nam; NCD Care, Acceleration, Response and Demonstration (CARD) sites were established in Mongolia, the Philippines and Viet Nam; Healthy Cities initiatives were advocated through two publications on urban health: (i) Regional Framework for Urban Health in the Western Pacific 2016–2020: Healthy and Resilient Cities and (ii) the Healthy Cities: Good Health Is Good Politics – Toolkit for Local Governments to Support Healthy Urban Development; two global conferences of the Alliance for Healthy Cities were held in 2014 (Hong Kong SAR, China) and 2016 (Republic of Korea); and, for World Health Day 2016, a networking meeting with diabetes experts was held and Member States made a call to action on diabetes prevention and control in the Region. To strengthen national capacity to accelerate country response for NCD prevention and control, WHO published tools for developing, implementing and monitoring national multisectoral action plans for NCD prevention and control, and conducted several leadership workshops on NCD (LeAd-NCD), cancer control (CanLEAD), Healthy Cities and health promotion (ProLEAD), as well as cancer registration and cytology trainings. WHO will update guidance on very cost-effective interventions to reduce modifiable risk factors and publish a new Appendix 3 of the WHO Global NCD Action Plan 2013–2020. For salt reduction, WHO published SHAKE the Salt Habit: The SHAKE Technical Package for Salt Reduction to assist Member States with the development, implementation and monitoring of salt reduction strategies to enable them to achieve a reduction in population salt intake. In addition, the WHO Regional Office for the Western Pacific is developing a regional brochure, poster, video clip and primer and has conducted salt reduction workshops in Cambodia, China, the three Mekong countries and the Federated States of Micronesia. For physical activity, a draft WHO Physical Activity Technical Package that provides practical guidance on the development and delivery of effective physical activity interventions was field-tested in Malaysia and Brunei Darussalam recently, and a global action plan on physical activity will be presented at the Seventy-first World Health Assembly in May 2018 for possible endorsement. Aside from activities on Healthy Cities and urban health described above, WHO supports the creation of health-promoting schools and published a documentation of implementation experiences across several Member States.

To strengthen NCD prevention and control at the primary health care level, WHO continues to support the implementation of the WHO PEN. Moreover, based on PEN implementation gaps, WHO and the United States Centers for Disease Control and Prevention (US CDC) developed the Global Hearts Initiative, which was launched in September 2016. The Hearts Initiative contains three technical packages with evidence-based interventions that have a major impact on improving global heart health: (i) the SHAKE Technical Package for salt reduction, (ii) MPOWER package for tobacco control, and (iii) the Hearts technical package to strengthen prevention and management heart attacks and strokes at the primary health care level. Tools were also developed at the regional level: the NCD Education Manual, a set of educational modules on diabetes, hypertension and tobacco use for the primary health care professionals and patients; the HeartCare software that simplifies and makes accessible cardiovascular (CVD) risk records management; and the Action for Healthier Families toolkit, a health literacy tool for families and community health workers.

To promote and support national capacity for high-quality research and development for the prevention and control of NCDs, Australia participated in a Technical Meeting to Support the Work of the WHO Secretariat in Implementing Action 54 (Research) of the WHO Global NCD Action Plan held in Geneva in May 2015. Research support was also provided to Viet Nam as a basis for the country’s salt reduction strategy.
2.11 Discussion on draft NCD progress report and NCD Country Capacity Survey update

To monitor the trends and determinants of NCDs and evaluate progress in their prevention and control, WHO is conducting the 2017 NCD Country Capacity Survey, which together with tobacco and alcohol status surveys, will be used to report on the 2018 milestones and four time-bound commitments. This will be in preparation for a comprehensive review at the third UN High-level Meeting on NCDs in September 2018. Since 2005, NCD surveillance systems were strengthened by the WHO STEPwise approach to Surveillance (STEPS) survey and the Global School-based Student Health Survey (GSHS). In 2016, Cambodia undertook a STEPS survey, while in 2015 the Lao People’s Democratic Republic, Tokelau as well as Wallis and Futuna conducted a GSHS. Since 2014, training on NCD surveillance has been provided to review NCD progress and strengthen health information systems.

A pilot, Local Integration Options for Noncommunicable Disease Essential Surveillance Systems (LIONESS), was started to streamline the GSHS and STEPS surveys in one city district in the Philippines. Results will be used for health policy and programme purposes.

2.12 Presentation on the double burden of malnutrition and the importance of a life-course approach to good nutrition

Dr Katrin Engelhardt presented on the double burden of malnutrition in the Region and the importance of a life-course approach to good nutrition. A review of the current nutrition and health situation revealed that malnutrition still affects all countries in the Region. The prevalence of overweight and wasting among children under 5 years of age remains high in many countries in the region. Progress on wasting was on course in Australia, Brunei Darussalam, China, Hong Kong SAR (China), Mongolia, Nauru, the Republic of Korea, Solomon Islands, Tuvalu and Viet Nam. However, Cambodia, Papua New Guinea, the Philippines, Tonga and Vanuatu were all off course. Several countries were on course and making good progress on stunting: Cambodia, China, Mongolia, the Philippines, the Republic of Korea and Viet Nam. Only Vanuatu and Viet Nam’s progress in tackling anaemia among women of reproductive age were on course; the rest were off course. Target rates for exclusive breastfeeding for 6 months were on course in only three countries: the Lao People’s Democratic Republic, Vanuatu and Viet Nam. Cambodia was off course with no progress, while Mongolia was off course and undergoing a reversal.

Childhood overweight is highest in Wallis and Futuna at 61.8% and lowest in Cambodia at 3.7%. Inequities in childhood overweight exist within countries according to urban/rural residence, socioeconomic status and ethnicity.

The driving forces of malnutrition were presented. Rapid economic growth has changed the food system across the Region, making cheaper but energy-dense and nutrient-poor food more widely available and accessible. This changing food system in combination with powerful marketing techniques have driven the consumption of foods high in sugar, salt and trans-fats. The food environment has become conducive to unhealthy diets. The food environment includes food composition (quality), labelling, trade, prices, availability, marketing and literacy. These dimensions can be acted upon to improve the food environment.

A life-course approach to tackling the double burden of malnutrition was presented, with a focus on the first 1000 days and adolescents. Regulatory actions to create healthy food environments were presented, including setting food standards, reformulation, nutrient declarations, warning labels, health claims, healthy trade, subsidies for healthy foods, taxation on unhealthy foods, setting school
food standards, restricting marketing and capacity-building, among others. Examples of national policy responses were presented such as Malaysia’s Salt Reduction Strategy to Prevent and Control NCD for Malaysia: 2015–2020, in which product reformulation to reduce the sodium content in processed foods was included. Other examples presented were: the Republic of Korea’s restrictions on marketing of foods and non-alcoholic beverages to children; healthy choices logo in Brunei Darussalam, Singapore and Malaysia; mandatory kilojoule labelling for large-chain food outlets and large supermarkets in Victoria, Australia; sugar-sweetened beverages taxation in Brunei Darussalam; and school food standards in Kiribati, the Philippines and Vanuatu.

2.13 Group work assessment of progress on the double burden of malnutrition

Participants were divided into groups to review the progress made by countries using draft country profiles that described the progress on each of the five objectives of the Action Plan to Reduce the Double Burden of Malnutrition in the Western Pacific Region (2015–2020). Further questions, to generate discussion within the group and stimulate critical reflection, included why or why not action was taken, what action could be taken, and what the roles and responsibilities the participant, his/her team or his/her department could play in advancing the action. The group assessment revealed that many countries have made progress in elevating nutrition to the national agenda, school food standards and issues that involve the health ministries. However, only a few have taken action on restricting marketing of foods and non-alcoholic beverages to children, and one observation noted that issues involving the private sector or industry were not doing well. Participants emphasized the need to think about progress to outcomes especially on issues about the accuracy of data and the need to streamline global data reporting. Multisectoral engagement was cited as an ongoing challenge because the issues of food systems involve several sectors from farm to table. Industry was described as an essential actor, trade issues often are thorny issues for Member States, thus highlighting further that action on nutrition issues should be taken across government and in constant engagement with other sectors especially industry.

2.14 Protecting children from the harmful impact of food marketing: updates on the agenda item of the 68th session of the Regional Committee

Restricting marketing of food and non-alcoholic beverages and breast-milk substitutes is part of a comprehensive package to reduce malnutrition in all its forms. Global and regional action plans have called upon Member States to restrict marketing of food and non-alcoholic beverages, through implementation of the International Code of Marketing of Breast-Milk Substitutes and subsequent World Health Assembly resolutions and the WHO Set of Recommendations on Marketing of Foods and Non-Alcoholic Beverages.

The Region has been slow to adopt these mandates, in part due to limited practical guidance for Member States. Recognizing the importance of protecting children from potentially harmful marketing and the need to scale up action, Member States confirmed an agenda item for the 68th session of the Regional Committee on restrictions on marketing food and non-alcoholic beverages including breast-milk substitutes for children. In preparation for this, a report was drafted on the state of marketing of food and non-alcoholic beverages and breast-milk substitutes in the Region, evidence of its impact on children’s health, and measures that Member States in the Region have taken to mitigate the harmful impact of marketing of food and non-alcoholic beverages and breast-milk substitutes. An experts’ consultation on the draft report was conducted and forthcoming is the Member States consultation via videoconference and/or written comments.
2.15 Country progress on protecting children from harmful impact of food marketing: challenges and opportunities

Marketing of breast-milk substitutes, including infant formula, follow-up formula and growing-up milk to caregiver continues, undermining breastfeeding in the first 6 months and continued breastfeeding up to 2 years of age or beyond. Only five Member States (Fiji, Mongolia, Palau, the Philippines and Viet Nam) have fully incorporated the Code into national laws. The national law on the Code in the Philippines has the provision that neither the container nor the label shall have pictures or texts that may idealize the use of infant formula. The Code in Viet Nam prohibits the use of images on breast-milk substitutes similar to those on labels of milks for pregnant women. The Mongolian law includes a provision that prohibits the use of labels on complementary foods and beverages (for children up to the age of 24 months) that idealize the use of breast-milk substitutes. Hong Kong SAR (China) is currently finalizing its voluntary adaptation of the Code, and plans to collaborate with relevant nongovernmental organization and academia to conduct surveys to evaluate the effectiveness of the initiative. Monitoring and enforcement mechanisms remain a challenge for many countries. However, some countries (e.g. Cambodia) have adapted a monitoring protocol on their national implementation of the Code.

More than half of food marketing in nine Western Pacific countries promotes products high in salt, free sugars, saturated fats and trans-fatty acids. Studies show that exposure of children to food marketing is associated with changes in dietary consumption. Systematic reviews have reported that advertising exposure is associated with greater food intake.

Full implementation of the WHO Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children remains a challenge. One country in the Western Pacific Region (the Republic of Korea) has statutory regulations restricting food advertising to children (Special Act of Safety Management of Children’s Dietary Life). It regulates the sale and marketing of foods frequently consumed by children in areas where children gather and eat (in and around schools, through a “Green Food Zone” and restaurants) and during programmes children view on television. Since the introduction of the law, the total spent on advertising, including advertising to promote energy-dense and nutrient-poor foods, has decreased, and childhood obesity rates have levelled off.

Other countries such as Australia, Brunei Darussalam, Malaysia, New Zealand and Singapore as well as countries in the European Union have voluntary codes or industry self-regulation. A review of studies in 21 countries or subnational regions found exposure to advertising to be similar before and after self-regulation was implemented.

Pledges were found to have a small or no impact. These were attributed to having weaker criteria and a narrower scope. It was found that unless pledges for self-regulation are subject to stronger government oversight, they are unlikely to be sufficiently comprehensive to have the desired effect. In one country in the Region that uses self-regulation, a study found that nearly half of food marketing in schools was for unhealthy foods. Several countries have also used front-of-package labelling in an effort to suggest healthier food choices.

Day 4

2.16 Health promotion and nutrition programme of Taguig City

Taguig City presented a brief background of the city with a population size of 807 523, a land area of 45.18 square kilometres and 28 barangays (smallest administrative division) with 161 505
households. The city has one public hospital at the district level, 31 health centres, 3 super health centres with birthing facilities and 2 lying-ins, both of which operate 24 hours a day, 7 days a week. The number of public health providers has been increasing continuously from 182 in 2009 to 332 in 2016, from 600 to 747 barangay health workers and from 0 to 275 community health teams between 2009 and 2016.

To assess the nutrition situation in Taguig, Operation Timbang Plus conducts a mass weighing exercise annually of all children 0–71 months old. The exercise identifies barangays with high risk of malnutrition and prioritizes them for provision of nutrition intervention. In 2016, it was found that 0.35% were severely underweight, 0.10% were underweight and 0.71% were overweight. There has been a regular decline in prevalence of underweight and severely underweight among children aged 0–5 years, and Taguig City is performing better than the National Capital Region (NCR) averages. The prevalence of overweight for age among children 0–5 years old is also lower in Taguig City (0.71%) compared to the NCR average (0.76%).

Actions that Taguig City has undertaken to address malnutrition include: food assistance; complementary feeding; micronutrient supplementation; food fortification; home, school and community food production in coordination with the Agriculture Office; livelihood assistance; nutrition information; communication and education activities; nutritional guidelines for Filipinos; and nutrition in essential maternal and child health services. Other best or innovative practices include: in line with the Safe Motherhood Programme, the Buntis Congress Laging Alagaan Nutrisyon ni Inay is conducted quarterly to provide essential information and prenatal services to ensure safe delivery, especially among teenage mothers; the Taguig City Human Milk Bank; breastfeeding corners in all health centres; the Love Our Community programme of the mayor to deliver basic services at the community level (e.g. medical, dental, livelihood training, haircut, nutrition); Kulay Kamay, a supplementary feeding programme that also aims to promote consumption of fruits and vegetables among children; Nutribingo or Bingulay to promote importance of a balanced diet among mothers; Nutrilympics to increase awareness of the importance of nutrition during the first 1000 days for infants; Sama Sama Tulong Tulong Labanan Ang Diabetes, a club facilitated by health centre workers to support patients with hypertension and diabetes to promote exercise and good nutrition; and community parks to encourage physical activity.

2.17 Super Health Centre field trip

A half-day field visit to Taguig City, a model city in public health, was organized. Participants had an opportunity to meet the Mayor and learn how local officials reformed the public health system to provide better and more accessible preventive and curative services to its citizens. Through a site visit to one of the so-called super health centres, participants were able to observe and were impressed with the out-patient services for priority public health programmes, basic laboratory services, free essential medications, and 24-hour basic maternal care and emergency services.

Day 5

2.18 Global update on Tobacco Free Initiative

Dr Vinayak Prasad gave a presentation on the global progress in tobacco control. He highlighted that tobacco kills more people each year than malaria, HIV/AIDS and tuberculosis combined and that we must continue applying the best practice MPOWER measures to strengthen tobacco control policies. Dr Prasad showed the progress that has been made globally since the introduction of the MPOWER measures. He gave specific achievements for each of the six measures. Dr Prasad also gave mention
to the SDGs and the important role that tobacco control plays in working towards the achievement of Goal 3: good health and well-being.

In the second half of the presentation, Dr Prasad first spoke about using tobacco tax as a revenue stream for financing development. He cited the publication *The Economic and Health Benefits of Tobacco Taxation* and spoke of how tobacco taxation offers a so-called win–win policy option for governments.

A case study on Australia’s tobacco plain packaging laws was then presented along with some reflection on using mobile technology for cessation to support prevention and increase smoking cessation. Finally, Dr Prasad mentioned the global challenges that still exist for tobacco control. He spoke of ongoing tobacco industry interference, the lack of regulation around smokeless tobacco and water pipe tobacco products, new and novel products such as heat-not-burn tobacco, insufficient understanding of the impact of e-cigarettes (i.e. ENDS or electronic nicotine delivery systems), and a lack of donor funding.

### 2.19 Presentation of draft Tobacco Free Initiative progress report

Dr Katia de Pinho Campos gave a presentation on the progress of implementation of the *Regional Action Plan for the Tobacco Free Initiative in the Western Pacific (2015–2019)*. Overall, countries have made significant gains in the fight against tobacco since the endorsement of the Regional Action Plan, particularly on the demand-reduction measures contained in the WHO Framework Convention on Tobacco Control. Today, more people are protected from second-hand smoke due to comprehensive smoke-free laws in the Western Pacific Region. Cambodia, Kiribati, the Lao People’s Democratic Republic, Malaysia, the Republic of Korea, the Philippines and Tonga have strengthened national policies to ban smoking in public places. In countries without national smoke-free laws, cities are leading the way with their own smoking bans. In China, 58 million people in the cities of Beijing, Shanghai and Shenzhen are now protected from second-hand smoke by subnational bans. Nearly half of the countries in the Region now use strong, graphic, health warning labels on tobacco products. Following Australia, New Zealand has also adopted plain-packaging legislation. Vanuatu has introduced the Region’s largest graphic health warnings, while Hong Kong SAR (China) has increased the size of its pictorial health warnings from 50% to 85% of the package surface. Another important achievement in recent years has been better surveillance systems. Governments can now monitor tobacco use and develop policy using comprehensive, up-to-date national data collected by these surveillance systems.

### 2.20 Discussion on challenges, opportunities and next steps

Delegates participated in a breakout session to discuss challenges on specific tobacco control measures. Each country selected a priority area from the following five measures: (i) tobacco taxes; (ii) protection from exposure to second-hand tobacco smoke; (iii) banning advertising, promotion and sponsorship of tobacco products; (iv) ratification of the Protocol to Eliminate Illicit Trade in Tobacco Products; and (v) tobacco industry interference. Country representatives were then asked to identify the challenges, countermeasures and support needed to achieve the objectives of their chosen priority area.

Countries that selected tobacco taxes as their priority area identified two main challenges: (i) tobacco industry interference and (ii) getting government buy-in. Participants agreed that a countermeasure for both of these challenges is to educate policy-makers through the collection and dissemination of robust evidence regarding the advantages of tobacco tax, as well as best practice strategies for
combating tobacco industry interference. With regard to support needed, participants said that they would find it useful to have access to information about best practices from across the Region and tools for advocacy work with policy-makers.

For the second group, participants identified lack of awareness as a key challenge to ensuring protection from exposure to second-hand tobacco smoke. Suggested countermeasures included organising mass media campaigns and training for health workers, policy-makers and relevant civil society organizations. Support needed to achieve the abovementioned includes training in media and public awareness. Weak enforcement measures and a shortage of enforcement staff were also identified as key challenges. Increasing the number of enforcement staff was identified as a countermeasure which would require funding support. Building the capacity of existing enforcement staff was identified as an alternate countermeasure.

The third group looked at banning advertising, promotion and sponsorship of tobacco products. There were two main challenges faced by participants: (i) a lack of evidence around the effectiveness of banning legislation and (ii) the tobacco industry interference tactic of increasing the advertising of new products such as ENDS. Participants expressed the need for more research to be undertaken so that additional evidence can be collected. It was agreed that this requires the technical support of WHO.

Participants who contributed to the fourth group, which discussed the ratification of the Protocol, agreed that lack of awareness regarding the Protocol in countries is a key challenge. It was mentioned that some governments are unsure of its benefits. Support to develop mass media awareness campaigns was identified as a key countermeasure.

Finally, the group that discussed tobacco industry interference spoke on how the tobacco industry is seeking news ways to interfere with tobacco control efforts. The introduction and promotion of ENDS was presented as an example. The development of a code of conduct/government protocol on how government should interact with the tobacco industry was identified as a countermeasure. To develop such policy documents, participants said that they would find it helpful to have access to some form of information-sharing platform where ideas, best practices and country experiences on how the tobacco industry is innovating and interfering across the Region could be shared.

2.21 Presentation of the final draft Western Pacific Regional Action Plan on Promoting Health for Sustainable Development

Group feedback was consolidated from the session on day 2 (see Section 2.9) and a table reflecting all comments and possible ways of addressing them was presented. The NCD and Health Promotion Unit indicated that feedback will be taken into consideration in developing the next draft, which will then undergo an internal WHO review process before it is submitted to the Regional Committee for endorsement in October 2017.

3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

For the consultation on the draft Regional Framework for Health Promotion in the Sustainable Development Goals, representatives from Member States, temporary advisers and resource persons provided recommendations to improve the current draft to ensure it is comprehensive, relevant and
feasible for implementation in countries and areas. The working draft will be revised and will then undergo a series of subsequent reviews by the Secretariat and experts. During the Consultation, there were capacity-building requests from Member States in the following areas: health literacy, health impact assessment, motivational interviewing, health promotion leadership, health promotion foundations, urban health development programme and tobacco cessation (see Annex 3 for a list of Member States and their capacity-building requests).

Despite the efforts presented, many challenges for NCD prevention and control prevail. These include: inadequate human resources capacity to deliver NCD services; inadequate access to quality, affordable, essential NCD medicines at the primary health care setting; devolution of responsibility to regions without required funding and capacity; weak systems for NCD surveillance and monitoring; regulation of private sector; high out-of-pocket costs; and lack of confidence in public health services.

To address these challenges, WHO will continue to support actions towards more and better political commitment, strengthening national multisectoral responses (health, finance, human resources), adaptation of global and regional tools, and improving monitoring and surveillance systems.

For the session to review implementation of the Action Plan to Reduce the Double Burden of Malnutrition in the Western Pacific Region, Member States reaffirmed the importance of addressing all forms of malnutrition through adopting SDG 2 on “zero hunger” and the UN Decade of Action on Nutrition (2016–2025). Since then, countries have updated their nutrition-related action plans and have integrated actions and indicators on overweight and obesity. There are, however, other global nutrition targets and diet-related NCD targets that still need to be adopted by countries. Progress has been made in updating protocols on the integrated management of moderate malnutrition though there is still a need to update in-service and pre-service curricula of health and non-health professionals. Advancements have been made in improving the school food environment and in taxation of sugar-sweetened beverages. Progress has been slow in protecting children from the harmful impact of food marketing, and implementation of the International Code of Marketing of Breast-milk Substitutes is still weak.

Smoking has declined in two out of three countries and areas in the Region. Still, significant challenges remain, including increasing interference by tobacco companies to hinder tobacco control efforts at local, national and global levels of policy-making. The Region has observed significant delays in both ratifying the Protocol and raising tobacco taxes to reduce affordability of tobacco products.

Progress is significant as regards demand reduction measures such as large graphic health warnings and smoke-free laws and advertising bans. Most countries have at least partially funded their tobacco surveys. In addition, mega events provide countries with a strong entry point to pursue stronger tobacco control policies. Regulations over emerging products such as e-cigarettes are becoming common, and countries need to take action to protect people, particularly youth and other vulnerable groups from the harm of existing and new tobacco products.

3.2 Recommendations

3.2.1 Recommendations for Member States:

1) For the Regional Action Plan on Promoting Health for Sustainable Development, Member States are encouraged to:
a. provide a summary of key discussions on the draft Regional Action Plan to senior members of the ministry of health;
b. advocate endorsement of the document to advance health promotion strategies to achieve the SDGs; and
c. identify and allocate appropriate resources to support the country-based implementation of the draft Regional Action Plan.

2) For the progress report on the implementation of the NCD Regional Action Plan, Member States are encouraged to:

a. update country progress through the 2017 NCD Country Capacity Survey;
b. strengthen health workforce capacity to deliver quality NCD services across the continuum of care;
c. create sustainable health financing schemes and promoting universal health coverage to reduce high out-of-pocket costs for NCD management;
d. improve access to quality, affordable and essential NCD medicines (including pain relief medication) and public health service infrastructure at the primary health care level;
e. establish routine NCD surveillance and monitoring; and
f. ensure allocation of appropriate resources to devolved health services.

3) For the progress report on the implementation of the Tobacco Free Initiative Regional Action Plan, Member States are encouraged to:

a. continue strengthening legal measures to (i) protect people from second-hand smoke and to (ii) increase tobacco taxation and price to make tobacco products less affordable;
b. strengthen measures to prevent or avoid tobacco industry interference in policy-making and policy decision processes;
c. ensure enforcement mechanisms are in place to support implementation of tobacco control measures;
d. continue to conduct surveillance and monitoring of tobacco control to inform programme and policy direction, and demonstrate programme effectiveness;
e. use mass media as a method to raise awareness about the dangers of smoking and second-hand smoke and encourage community compliance to support tobacco control policies; and
f. expand the provision of cessation services at the community level and consider using innovating models such as mobile cessation (or mcessation).

4) For the progress report on the implementation of the Regional Action Plan on the Double Burden of Malnutrition, Member States are encouraged to:

a. continue adapting global nutrition-related targets to the national context, setting appropriate country targets for 2025, and using the Regional Action Plan to review and update national nutrition-related policies and law; and
b. continue strengthening legal measures to create and improve healthy food environments, such as food marketing restrictions, and strengthening capacity to ensure delivery of basic services essential to preventing malnutrition.

3.2.2 Recommendations for WHO:

1) For the Regional Action Plan on Promoting Health for Sustainable Development, WHO is requested to:

a. consider and address comments on the draft Regional Action Plan provided by Member States; and
b. present the *Western Pacific Regional Action Plan on Promoting Health for Sustainable Development* at the 68th session of the WHO Regional Committee for the Western Pacific in October 2017.

2) For the progress report on the implementation of the NCD Regional Action Plan, WHO is requested to:

a. report on the progress of countries and areas on the prevention and control of NCDs by publishing the results of the 2017 NCD Country Capacity Survey;
b. build capacity of countries to implement the new Global Hearts Initiative package tools;
c. continue providing technical support to develop or strengthen multisectoral plans on the prevention and control of NCDs, and specific NCD management and surveillance; and
d. hold a final review of the implementation of the Regional Action Plan in 2020.

3) For the progress report on the implementation of the Tobacco Free Initiative Regional Action Plan, WHO is requested to:

a. update the progress report based on the input from participants;
b. continue to strengthen capacity for enforcement, illicit trade, tobacco taxation and tobacco cessation;
c. continue to focus on and build capacity to address tobacco industry interference;
d. continue to provide technical support on tobacco control legislation and discuss possibilities to include parliamentarians and other high-level government representatives as part of advocacy plans;
e. publish the midterm review report on the progress implementation of the Regional Action Plan; and
f. hold a final review of the implementation of the Regional Action Plan in 2020.

4) For the progress report on implementation of the Regional Action Plan on the Double Burden of Malnutrition for the Double Burden of Malnutrition, WHO is requested to:

a. Support countries to set national targets based on the global nutrition and NCD targets
b. Continue to support countries to improve and scale up the delivery of essential services to prevent and manage malnutrition, and to create healthy food environments, particularly regulatory action
c. Support countries to implement measures to safeguard nutrition-related actions against conflicts of interest, in line with the recommendation of the implementation plan of the Report of the Commission on Ending Childhood Obesity
d. Hold a final review of the implementation of the Regional Action Plan in 2020.
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ANNEX 2

PROGRAMME OF ACTIVITIES

Day 1, 15 May 2017, Monday

Consultation on the Draft “Regional Framework for Health Promotion in the Sustainable Development Goals”

08:30–09:00 Registration
09:00–09:30 Opening ceremony
Welcome remarks Dr Susan Mercado
Director, DNH/WPRO
Opening address of the Regional Director Dr Shin Young-soo
Regional Director, WHO/WPRO
09:30–10:00 Group photo & mobility break
10:00–11:00 Global update on Noncommunicable Diseases, Health Promotion and Nutrition Dr Susan Mercado
Q & A
11:00–12:00 Sharing country practices on Noncommunicable Diseases, Health Promotion, Tobacco Free Initiative and Nutrition Dr Hai-Rim Shin
Coordinator, NCD/WPRO
Moderator
12:00–13:30 Lunch break
13:30–14:30 Country poster presentation I
14:30–15:00 Mobility break
15:00–16:00 Country poster presentation II
16:00–17:00 Walking gallery, plenary session and Q & A Dr Susan Mercado
17:30 Reception

Day 2, 16 May 2017, Tuesday

Consultation on the Draft “Regional Framework for Health Promotion in the Sustainable Development Goals”

09:00–09:30 Global update on the Ninth Global Conference on Health Promotion (Shanghai 2016) Dr Faten Ben Abdelaziz
Coordinator, Health Promotion WHO/HQ
09:30–10:30 Presentation of the draft "Western Pacific Regional Action Plan on Promoting Health for Sustainable Development” Dr Susan Mercado
Q & A
10:30–11:00 Mobility break
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<th>Time</th>
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<tr>
<td>11:00–12:00</td>
<td>Presentation on Health Promotion and the Sustainable Development Goals (SDGs): Australia and the Republic of Korea's action plan to achieve SDGs</td>
<td><em>Dr Hai-Rim Shin</em></td>
<td>Moderator</td>
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<td>(i) Ms Jerril Rechter, CEO, VicHealth</td>
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<td>(ii) Professor Myoung-Soon Lee, Sungkyunkwan University</td>
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<td>12:00–13:30</td>
<td>Lunch</td>
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<td>13:30–14:30</td>
<td>Break-out session I - Review of Draft Framework on HPR and SDGs</td>
<td><em>Dr Katia de Pinho Campos</em></td>
<td>Coordinator, TFI/WPRO</td>
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<td>14:30–15:00</td>
<td>Mobility break</td>
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<td>15:00–16:00</td>
<td>Break-out session II - Review of Draft Framework on HPR and SDGs</td>
<td><em>Dr Katrin Engelhardt</em></td>
<td>Technical Lead, NUT/WPRO</td>
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<td>16:00–17:00</td>
<td>Plenary session and Q &amp; A</td>
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**Day 3, 17 May 2017, Wednesday**

**Review of Progress on Regional Plans on NCDs, Tobacco Free Initiative and Double Burden of Malnutrition**

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<th>Time</th>
<th>Event</th>
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<tr>
<td>09:00–10:00</td>
<td>NCD: Presentation of draft NCD progress report</td>
<td><em>Dr Hai-Rim Shin</em></td>
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<td><em>Dr Wendy Snowdon</em></td>
<td>Coordinator, PND/DPS</td>
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<td>10:00–10:30</td>
<td>Mobility break</td>
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<td>10:30–11:30</td>
<td>NCD: Continuation of discussion on draft NCD progress report and NCD CCS update and Q &amp; A</td>
<td><em>Dr Warrick Kim</em></td>
<td>Medical Officer, NCD/WPRO</td>
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<td><em>Dr Wendy Snowdon</em></td>
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<td>11:30–12:00</td>
<td>Presentation on the double burden of malnutrition and the importance of a life-course approach to good nutrition</td>
<td><em>Dr Katrin Engelhardt</em></td>
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<td>12:00–12:30</td>
<td>Nutrition quiz</td>
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<td>12:30–13:30</td>
<td>Lunch</td>
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<td>13:30–14:00</td>
<td>Summary of quiz results and importance of nutrition labelling</td>
<td><em>Dr Katrin Engelhardt</em></td>
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<td>14:00–15:00</td>
<td>Protecting children from the harmful impact of food marketing: Updates on the agenda item on the 68th Session of the Regional Committee</td>
<td><em>Dr Katrin Engelhardt</em></td>
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<td>15:00–15:30</td>
<td>Mobility break</td>
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<tr>
<td>15:30–17:00</td>
<td>Country progress on protecting children from the harmful impact of food marketing: Challenges and opportunities</td>
<td><em>Dr Katrin Engelhardt</em></td>
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Day 4, 18 May 2017, Thursday

Field visit to Taguig City

Venue: 10th Floor, SM Aura Tower, Taguig City

09:00–09:30 Opening ceremony and self-introduction of participants
   Opening remarks Dr Susan Mercado

09:30–10:00 Welcome remarks Honourable Ma. Laarni Cayetano, Mayor, Taguig City

10:00–10:30 Group photo & mobility break

10:30–11:00 Health promotion and nutrition programme of Taguig City Taguig City Health Office

11:00–11:30 Discussion and Q & A

11:30–11:45 Briefing on Super Health Center field trip Taguig City Health Office

11:45–13:00 Lunch

13:00–15:00 Field trip to Super Health Center

Day 5, 19 May 2017, Friday

Review of Progress on Regional Plans on NCDs, Tobacco Free Initiative and Double Burden of Malnutrition

09:00–09:30 Global update on Tobacco Free Initiative Dr Vinayak Prasad
   Programme Manager, WHO-HQ

09:30–10:30 TFI: Presentation of draft TFI progress report Dr Katia De Pinho Campos

10:30–11:00 Mobility break

11:00–12:00 TFI: Discussion on challenges, opportunities and next steps Dr Katia De Pinho Campos

12:00–13:00 Lunch

Consultation on the Draft “Regional Framework for Health Promotion in the Sustainable Development Goals”

13:00–14:00 Presentation of the final draft "Western Pacific Regional Action Plan on Promoting Health for Sustainable Development” Dr Susan Mercado

Feedback

14:00–14:30 Wrap-up and next steps Dr Hai-Rim Shin
   Dr Katia De Pinho Campos
   Dr Katrin Engelhardt

14:30–15:00 Closing
## Capacity-building requests by Member States

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<thead>
<tr>
<th>Member State</th>
<th>Health Impact Assessment</th>
<th>Health Literacy</th>
<th>Motivational Interviewing</th>
<th>Tobacco Cessation</th>
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Health promotion enables people to increase their control over their own health.¹ Health promotion has a central place as a major contributor to and beneficiary of sustainable development policies. There are many linkages between the Sustainable Development Goal (SDG) for health and other health goals and targets, reflecting the integrated approach underpinning the SDGs. The Regional Action Agenda on Achieving the Sustainable Development Goals in the Western Pacific was endorsed at the the sixty-seventh session of the World Health Organization (WHO) Regional Committee for the Western Pacific in October 2016 to provide guidance to Member States on how to prioritize and implement actions that can accelerate the achievement of the SDGs.

In November 2016, the Ninth Global Conference on Health Promotion was held in Shanghai and culminated in the release of the Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development. The Shanghai Declaration recognizes that the interdependence and universality of the SDGs offer great potential benefits from investing in all determinants of health.

To respond to the Shanghai Declaration and integrate various recent frameworks and action plans linked to health promotion – on urban health and healthy cities, noncommunicable disease prevention and control, reduction of the double burden of malnutrition, tobacco free initiatives, mental health, violence and injury prevention, reproductive health, healthy newborn infants, vaccines, food safety, emergency preparedness and environmental health – the “Western Pacific Regional Action Plan on Promoting Health for Sustainable Development” is currently being drafted and is an agenda item for the sixty-eighth session of the WHO Regional Committee for the Western Pacific in October 2017.

The draft action plan was reviewed by experts at the expert consultation in Manila from 2 to 3 March 2017. The draft will be revised accordingly prior to its presentation to Member States at the consultative meeting to be held at the WHO Regional Office for the Western Pacific, Manila, Philippines on 15–19 May 2017.

**Objectives**

The objectives of the expert consultation were:

1. to review completed and ongoing initiatives on health promotion in the Region for the past five years;
2. to review outputs and commitments discussed by Member States at the Ninth Global Conference on Health Promotion in Shanghai; and
3. to provide recommendations to the draft regional framework for health promotion.

http://www.who.int/features/qa/health-promotion/en/
Conclusions

The expert consultation achieved its objectives.

The WHO Secretariat and advisers:

1) reviewed previous health promotion activities globally and in the region, and highlighted the commitments that came out of the Ninth Global Conference on Health Promotion: the Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development and the Shanghai Consensus on Healthy Cities 2016;

2) discussed the relationship between health promotion, the SDGs and universal health coverage, and identified linkages between the health promotion framework and existing relevant regional references – the Regional Action Agenda on Achieving the Sustainable Development Goals in the Western Pacific and Universal Health Coverage: Moving Towards Better Health – Action Framework for the Western Pacific Region; and

3) agreed on recommendations to improve the current draft of the regional action plan.

The working draft will be revised and then will undergo a series of subsequent reviews and needed modifications by the Secretariat and experts. A zero draft version will be shared with Member States prior to the Member States consultation meeting in Manila, Philippines on 15–19 May 2017.

Recommendations

The expert consultation agreed on recommendations from the review. In particular, comments were made on the following sections of the draft:

1) the title of the document, which was changed from “Regional Framework for Health Promotion in the Sustainable Development Goals” to “Western Pacific Regional Action Plan on Promoting Health for Sustainable Development”;

2) the background and introduction;

3) the vision and goal;

4) strategic actions, outputs and outcomes for Member States and WHO;

5) regional indicators for monitoring progress; and

6) health literacy topics.