



NCD and Health through the Life-Course

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Well-planned cities encourage healthy behaviour. WHO works with Member States and other partners to foster national programmes that promote cost-effective ways to prevent and control NCDs.

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

WHO Regional Committee endorsed the *Regional Action Plan on Health Promotion in the Sustainable Development Goals (2018–2030)* in 2017. WHO is developing strategies and supporting country requests for capacity-building in health literacy and healthy settings.

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



A police officer in Vanuatu shows a colleague how to record the speed of passing vehicles. WHO supports training to control speeding and other efforts that promote road safety across the Region.

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 blind-

ness 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



A land-mine survivor poses with his family in Kampong Chhnang, Cambodia. WHO works with Member States to ensure that rehabilitation services are available and affordable.



Parents of premature twins in the Philippines were supported to perform Kangaroo Mother Care in 2017. The simple intervention reduces mortality by half for small babies.

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, the Marshall Islands, the Federated States of Micronesia, Mongolia, Palau, Papua New Guinea, 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. ■

1. Promoting healthy diets through taxation

Obesity is a public health problem in the Western Pacific Region with one in three adults overweight and prevalence of obesity above 20% in most countries. Overweight

and obesity prevalence among children under 5 years old is also rising. Consumption of sugary drinks is a major contributor to the obesity epidemic. Fiscal policies such as

taxing sugar-sweetened beverages (SSBs) are a cost-effective strategy to reduce consumption and tackle obesity. WHO has been providing technical support on the design and implementation of SSB taxation. These efforts have contributed to achievements and advancement in several countries.

Brunei Darussalam passed amendments to the customs and import and excise duties imposing a tax of US\$ 3 per 10 litres of high-sugar drinks and a 3% excise tax on sugar, confectionery and cocoa products in 2017. The aim is to raise general revenue and decrease demand and consumption of SSBs. A preliminary assessment showed 90% of consumers agreed that the tax is a good initiative to tackle NCDs, and the taxed SSB price jumped by 11% six months after it was introduced.

The Philippines passed the Tax Reform for Acceleration and Inclusion Act with provisions to tax SSBs up to US\$ 0.12 per litre of sweetened beverages depending on the type of sweeteners used. As a result, three major beverage firms have been recently reformulating soft drink mixes. This achievement was a result of a close collaboration between legislators and health advocates.

This fiscal measure is expected to decrease consumption of SSBs, thereby improving population health, reducing health-care costs and generating revenue for the government. ■



Sugar-sweetened beverages contribute to rising levels of childhood overweight and obesity, which increase the risk of obesity in adulthood and the threat of noncommunicable diseases such as diabetes and cardiovascular disease.

2. Smoke-free workplace campaign



The Revolution Smoke-Free campaign aims to kick-start an international grass-roots movement towards a future where all workplaces are free of tobacco smoke.

Protection from exposure to harmful second-hand smoke is one of the key demand reduction measures of the *WHO Framework Convention on Tobacco Control*. Despite international obligations, comprehensive smoke-free laws covering all public spaces and workplaces have been enacted in only nine of 27 countries of the Western Pacific Region.

Even in countries with smoke-free laws, enforcement may be problematic. Hence, a large number of people in the Region continue to be exposed to second-hand smoke. However, in the absence of strong smoke-free measures, some business leaders across the Region have voluntarily

introduced smoke-free policies to promote healthy workplaces.

WHO's campaign on smoke-free workplaces, *Revolution Smoke-Free: Breathing Change into the Workplace*, features these early adopters demonstrating strong leadership in protecting the health of employees and clients. Real-life examples of companies going smoke-free early on demonstrate that tobacco control policies are good for business in the long run. Highlighting the importance of such grass-roots efforts, the campaign aims to encourage and empower workplace leaders and employees to make workplaces smoke-free.

A series of launch events for Revolution Smoke-Free are planned in countries across the Region. The initial launch took place on World No Tobacco Day, 31 May, in Viet Nam, where thousands of restaurants and hotels received the campaign material and were invited to join the movement. On the same day, WHO sent letters to more than 70 business leaders across the Region to join the movement and share their experience in going smoke-free. The campaign will be sustained over the next year, aiming to eliminate tobacco smoke from all workplaces, not only to protect public health, but also to promote the well-being of businesses. ■

3. Dementia: a public health priority

In the Western Pacific Region, an estimated 16 million people suffered from dementia in 2016, a 45% increase since 2006. This corresponds to 11.9% of years lived with disability due to an NCD. More than 70% of people with dementia live in low- and middle-income countries (LMICs).

Dementia can overwhelm persons with dementia and their families and carers. The *Global Action Plan on the Public Health Response to Dementia 2017–2025* outlines seven action areas for reducing the risk of developing dementia and ensuring people with dementia live with respect, dignity and autonomy. WHO in the Region has collaborated with Member States to implement the global plan.

China, with 63% of dementia cases in the Region, and the Philippines have convened stakeholder meetings to develop multisectoral national action plans and strengthen dementia service delivery. The Government of the Republic of Korea has identified dementia as a national health-care priority and included it in long-term care insurance.

WHO supported China, Cook Islands, Fiji, Malaysia and the Philippines to participate in the Workshop to Support the Implementation of the Global Action Plan organized by the Indonesian Ministry of Health and WHO in November 2017.

To build community workers' capacity, WHO developed a community-based dementia management toolkit for use in LMICs. This complements the Mental Health Gap Action Programme (mhGAP),

which trains primary health-care providers to deliver mental health services. China and the Philippines have tested the toolkit and are conducting training on the toolkit and

mhGAP intervention guide. To raise awareness and reduce stigma, WHO has developed and disseminated dementia posters and information cards. ■



The Memory Café in Beijing, China, provides a place for people with early stage memory loss and their families to engage with peers. WHO supports community-based efforts to help people cope with emotional, behavioural and personality changes.

4. Making air and people healthier

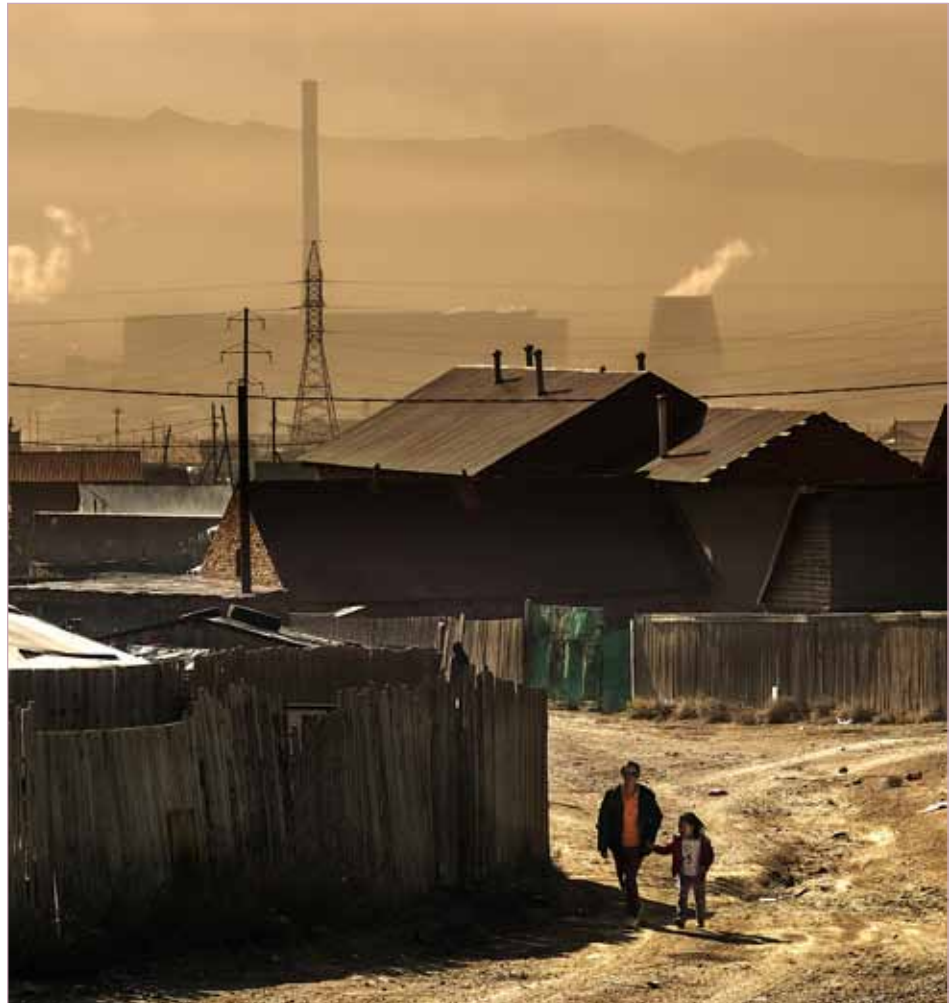
Air pollution, both outdoor and indoor, is the greatest environmental health hazard in the Region. Nearly one third of deaths from cardiovascular disease and one half of deaths from chronic obstructive pulmonary disease are associated with air pollution, amounting to 6.5 million deaths each year globally and 2.7 million in the Region.

The *Manila Declaration on Health and Environment (2016)* and the *Western Pacific Regional Framework for Action on Health and Environment on a Changing Planet (2016)* recommended that Member States and WHO take urgent action to ensure clean air for health and well-being.

Following this recommendation, the WHO Regional Office convened the first-ever Member States Consultation on Addressing the Health Impact of Air Pollution in Manila in October 2017. Fifty representatives of health and environment sectors from 13 countries shared views and formulated priority actions for WHO and Member States to undertake in coming years.

Countries identified the health impacts of sand dust in Northern Asia and haze in South-East Asia as major concerns of the Region. They agreed that transboundary air pollution should be addressed by international cooperation supported by WHO.

Member States committed to working with WHO to develop and implement national policies and action plans to reduce the morbidity and mortality related to household and ambient air pollution linked to Sustainable Development Goal target 3.9. Pacific island



Emissions from coal and other fossil fuels darken the sky over Ulaanbaatar, Mongolia. WHO works with countries to estimate the disease burden from pollution, promote clean energy and reduce air pollution.

and Mekong countries called attention to the Sustainable Development Goal and climate-related financing mechanisms for

small island developing states and vulnerable states to improve air quality. ■