Combating NCDs and promoting health at all ages

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*Schools can help promote life-long healthy eating like this one in Darkhan-Uul Province, Mongolia. Combined with regular physical activity, the right diet supports optimal physical and intellectual development and decreases the risk of noncommunicable diseases.*
Introduction

Noncommunicable diseases (NCDs) – primarily cancer, cardiovascular disease, chronic respiratory diseases and diabetes – are responsible for four out of five premature deaths in the Western Pacific Region. These diseases were once considered the problem of wealthier developed nations, but they now take an increasingly tragic toll on countries large and small throughout the Region.

As a result, NCDs, as well as population ageing, ranked among the highest concerns of Member States when consulted for the Regional Director’s white paper, *For the Future: Towards the Healthiest and Safest Region*, which spells out priorities for WHO’s work with Member States and partners in the coming years. In an effort to combat NCDs and promote healthy ageing, WHO in the Region will continue to focus on country initiatives over the next five years to further explore innovation, increase health advocacy by “champions” inside and outside the health sector, and promote strategic dialogue and partnership.

These initiatives are helping address Member State needs. For example, the response to disasters and emergencies for many years focused on immediate material needs, such as clean water, food and shelter. Now mental health interventions for distressed communities and training of local teams in psychosocial responses are integrated into WHO’s emergency response.

In an effort to stem the NCD epidemic, Member States are transforming health systems, building on commitments global leaders made in the *Political Declaration of the Third United Nations High-level Meeting on Non-communicable Diseases* in September 2018 and the *Declaration of Astana* endorsed by the Global Conference on Primary Health Care in October 2018.

Climate change and environmental pollution are among the greatest threats to health in the Western Pacific Region, particularly for low-lying Pacific island countries and areas, Greater Mekong Subregion countries and rapidly industrializing countries. In fact, intensified work on mitigating the health impacts of climate change and the environment is one of the priorities highlighted by Member States in the Regional Director’s white paper.

Several countries, including Cambodia and the Lao People’s Democratic Republic, have initiated programmes to build climate-resilient health systems. An agreement to establish the WHO Asia-Pacific Centre for Environment and Health in the Western Pacific Region was signed in Seoul in January 2019, with partial funding for 10 years from the Republic of Korea including the Seoul Metropolitan Government. The Centre will complement available resources in three technical areas: (1) air quality, energy and health; (2) climate change and health; and (3) water and the living environment.

Over the past decade, WHO has prioritized work to more directly address the needs of individual Member States. The Regional Director has vowed to continue to “keep countries at the centre” by working directly with health ministries and local partners. The commitment is backed by the impressive gains made across the Region in cardiovascular health, tobacco control, maternal and child health, and mitigating the health impact of climate change.

For example, tobacco use in the Region peaked at 392 million adult smokers in 2010, but by 2025, the total is projected to decline by 21 million adults, thanks in large part to Member State actions, including: increased taxes on tobacco; graphic warnings on tobacco packaging; the expansion of smoke-free public places; and bans on advertising and promotion. Neonatal mortality has been reduced to less than 10 deaths per 1000 live births in four of the eight...
countries with the highest burdens in the Region. In an effort to combat cancer, WHO has collaborated since 2013 with the National Cancer Center of the Republic of Korea to organize annual workshops for leadership and capacity-building for cancer control. In fact, elements of the workshop curriculum were included in the National Integrated Cancer Control Act of the Philippines, which became law in February 2019.

With NCDs on the rise and populations ageing, rehabilitation has become an essential element in helping people function at the highest possible level as they age or manage impairment and disability. NCDs and population ageing also put pressure on health planning and the health workforce, making engagement with partners beyond the health sector more important than ever. In Tonga, WHO supported the Ministry of Internal Affairs to lead a coalition of nongovernmental service providers and organizations working to improve access to services for people with disabilities. The success of the initiative has prompted the Government to explore opportunities for expansion.

WHO developed the HeartCare software application to simplify and standardize cardiovascular disease risk prediction and management based on the WHO Package of Essential Noncommunicable Disease Interventions for Primary Health Care in Low-resource Settings, known as PEN, and the HEARTS technical package. Designed for primary care, HeartCare also includes clinical decision support and automated reporting functions. It has been pilot-tested in Cambodia. There is ongoing revision of health software in Mongolia to include key HeartCare functions for a local launch of PEN to be called MongPEN.

The Global Action Plan on Physical Activity 2018–2030: More Active People for a Healthier World was

Rehabilitation services in China are an important part of universal health coverage and are essential for the well-being of older people and people with health conditions that affect their daily functioning.
launched regionally in October 2018 at the sixty-ninth session of the Regional Committee for the Western Pacific in Manila and the 8th Global Conference for Healthy Cities in Kuching, Malaysia. To build capacity on strategic health communications for behaviour change to reduce NCD risk factors, national workshops were conducted in Malaysia, Mongolia and Viet Nam. Global monitoring and evaluation frameworks for physical activity were supported.

Health advocacy in Viet Nam led to the rescue of a draft law restricting the marketing and availability of alcohol. Key provisions of the law were restored, after having been stricken following alcohol industry pressure. A key factor in the legislative battle was a WHO advocacy workshop to inform policy-making on youth and alcohol, held in April 2019 in Hanoi for government officials and partners. The workshop was co-organized by the WHO Collaborating Centre for Research and Training in Alcohol and Drug Abuse in New Zealand and the Global Alcohol Policy Alliance.

Eight countries with the Region’s highest neonatal and maternal mortality rates introduced life-saving Kangaroo Mother Care, which refers to the practice of continuous skin-to-skin contact and exclusive breastfeeding for preterm and low-birthweight infants in national hospitals. Five priority countries conducted assessments of reproductive, maternal and child health services at the primary level. Health ministries used the findings to identify actions to improve the quality of services and develop national plans. In addition, four countries strengthened nutrition integration into the health system through the Baby-friendly Hospital Initiative and training of health workers in nutrition in primary health care.

Participants in the Alliance for Healthy Cities Global Conference held in Malaysia in October 2018 hold soccer balls to show their commitment to act on the Global Action Plan for Physical Activity.
Mental health support in emergencies

WHO often serves as a first responder during emergencies, disasters and outbreaks. To meet the many challenges of that role, WHO has developed psychological support capacity and other interventions for use in public health emergencies. The support can make a huge difference in the aftermath of events that often leave people without food, shelter and livelihood.

The Mental Health and Substance Abuse (MHS) programme at the WHO Regional Office for the Western Pacific collaborated with the WHO Health Emergencies Programme and the WHO country office in the Lao People’s Democratic Republic to support the Ministry of Health’s mental health and psychosocial response in the aftermath of the July 2018 flash floods in Attapeu Province. MHS helped prepare the team – four mental health clinicians from Mahosot Hospital and two WHO staff members – deployed to Samanxai District on 31 July 2018.

The WHO response team organized outreach activities to four evacuation camps, providing psychological first aid to more than 700 people and identifying and treating 30 people with severe distress reactions.

The team also provided six psychological first-aid training sessions to local groups, including 125 participants from the four main camps, representing the youth union, community leaders, district hospital staff and village health workers. These activities were coordinated with health authorities and partners involved in the emergency response.

Since the crisis, mental health has been integrated into emergency response policies. The strengthened capacity at the provincial and district levels has enabled the scale-up of mental health services. The Mental Health Gap Action Programme Humanitarian Intervention Guide provides guidance for the clinical management of mental, neurological and substance use disorders in non-specialized health settings.

After more than a decade of investment in cross-cutting and multisectoral enhancements to health security, countries in Region are now better prepared to face outbreaks and other health emergencies, including their impact on mental health and well-being of affected populations.
Securing the best start in life for all children

As part of the Region’s effort over the past decade to keep countries at the centre of WHO’s work and ensure that vulnerable groups are served, efforts to improve neonatal care have gained urgency, with neonates accounting for half of all under-5 deaths in the Region.

Neonatal mortality – the death of children 28 days old or younger – has long been a concern in the Western Pacific Region. In 2013, the Action Plan for Healthy Newborn Infants in the Western Pacific Region (2014–2020) was endorsed to provide guidance to Member States in reducing the neonatal mortality rate (NMR) to less than 10 per 1000 live births by 2020, a more ambitious target than 12 per 1000 live births in the Sustainable Development Goals.

Eight countries in the Western Pacific Region with the highest neonatal mortality burden – Cambodia, China, the Lao People’s Democratic Republic, Mongolia, Papua New Guinea, the Philippines, Solomon Islands and Viet Nam – were targeted for intensive support to systematically improve the quality of care. By 2018, three of the eight countries had achieved the regional NMR target ahead of schedule, with reductions up to 43%.

Over the past year, more than 50 000 health workers have participated in Early Essential Newborn Care (EENC) in 6921 health facilities – double the number just two years ago, according to WHO data. Kangaroo Mother Care, which refers to the practice of continuous skin-to-skin contact and exclusive breastfeeding for preterm and low-birthweight infants, has been introduced in nearly 200 provincial, regional and national hospitals in seven countries, more than doubling since 2016. This expansion of EENC has led to vast improvements in newborn health.

WHO has prioritized the unfinished agenda of child and maternal health – as well as related issues of childhood development, injury prevention and exposure to toxins among children – as part of the mission to make the Western Pacific the healthiest and safest region in the world in the coming five years.
Over the past decade, the Tobacco Free Initiative in the Western Pacific Region has intensified engagement with non-health sectors – including customs, finance, tourism and environment – in an effort to advance comprehensive tobacco control focusing on key demand reduction measures.

Guided by the WHO Framework Convention on Tobacco Control (WHO FCTC), these efforts have led to impressive results. More than half of the Member States in the Region now require large graphic health warnings on tobacco packages. Even in countries without national smoke-free laws, many of the Region’s largest cities – including Beijing, Shanghai and, as of November 2018, Xi’an – have been declared smoke free.

Meanwhile, many countries continue to make tobacco products less affordable by increasing taxes. Engagement with finance officials and support from civil society led to legislative approval to increase taxation on tobacco products in June 2019 in the Philippines. Since the July 2018 launch of Revolution Smoke-Free in the Region, hundreds of companies have pledged to support the smoke-free workplace campaign – another successful engagement with the private sector by WHO in the Region.

These successes in championing health beyond the health sector are reflected in a decreasing regional trend in tobacco smoking. The number of tobacco smokers in the Region has been in decline since its peak of 392 million adult smokers in 2010, with projections of 21 million fewer smokers in the Region by 2025.

Still, tobacco remains the leading preventable cause of death globally and in the Region. Efforts to improve health outcomes require further reductions in tobacco use and renewed engagement beyond the health sector. At the same time, new challenges increasingly threaten gains made in tobacco control. As more countries and cities have strengthened tobacco control measures, the tobacco industry has intensified its interference in policy-making and aggressive marketing of emerging tobacco products and electronic nicotine delivery systems, including e-cigarettes and vaping devices.

WHO is employing innovative strategies with partnerships beyond the health sector to help countries confront challenges from new tobacco and nicotine products while anticipating future challenges. These tobacco control measures will help WHO and Member States to strengthen economic development, environmental sustainability and poverty reduction, while protecting the health of people in the Region.

WHO works with the private sector in Malacca, Malaysia to expand smoke-free zones.