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<tr>
<td>ACIH</td>
<td>Agency for Cooperation in International Health, Japan</td>
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<td>AGFUND</td>
<td>Arab Gulf Programme for United Nations Development Organizations</td>
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<td>AIDS</td>
<td>Acquired immunodeficiency syndrome</td>
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<td>AMEWPR</td>
<td>Association of Medical Education for the Western Pacific Region</td>
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<td>AMS</td>
<td>Activity management system</td>
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<td>ASEAN</td>
<td>Association of South-East Asian Nations</td>
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<td>CBLARS</td>
<td>Chinese Biomedical Literature Analysis and Retrieval System</td>
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<td>DOTS</td>
<td>Directly-observed treatment, short course</td>
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<td>EHC</td>
<td>WHO Western Pacific Regional Environmental Health Centre</td>
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<td>FAO</td>
<td>Food and Agriculture Organization of the United Nations</td>
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<td>GEMS-Food</td>
<td>Global Environment Monitoring System-food component</td>
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<td>HACCP</td>
<td>Hazard analysis critical control point</td>
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<td>HIV</td>
<td>Human immunodeficiency virus</td>
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<td>ICD-10</td>
<td><em>International Classification of Diseases, Volume 10</em></td>
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<td>JPMA</td>
<td>Japan Pharmaceutical Manufacturers Organization</td>
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<tr>
<td>MEDFLOR</td>
<td>Relational database for medicinal plants</td>
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<tr>
<td>ODA/UK</td>
<td>Overseas Development Administration of the United Kingdom</td>
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<td>PLF</td>
<td>Pacific Leprosy Foundation, New Zealand</td>
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<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
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<td>UNDP</td>
<td>United Nations Development Programme</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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<td>WHO</td>
<td>World Health Organization</td>
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<td>WPACHR</td>
<td>Western Pacific Advisory Committee on Health Research</td>
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INTRODUCTION

A major role for WHO is to work with the countries and areas of the Region to assess the health situation and its needs, and find the most effective and efficient ways of meeting those needs in a sustainable way. Looking at the past year, two principal themes run through our activities. The first relates to disease control. The second relates to advocacy and implementation of the development process initiated by the Regional Committee’s endorsement in 1994 of the document *New horizons in health*, and its new directions of public health. In both of these themes, we are working towards people making behaviour and lifestyle changes that will support longer healthier lives.

Looking at some of the statistics of our Region, it is clear where our priorities for action must lie. It is estimated that 35% of the population of the Region is under 15 years of age. Our programmes on disease prevention and control for this age group have never been more active. We have accelerated the initiative to eradicate poliomyelitis through supplementary immunization in all countries where the disease is still endemic. These efforts to interrupt transmission of the wild poliovirus are working. In 1995, only 432 cases meeting clinical criteria were reported. Of these, only 19 were found to be associated with wild poliovirus, and transmission was confined to one area in the Mekong Delta. The Region is now almost free of poliomyelitis. Regionwide, levels of more than 90% immunization coverage have been maintained for the vaccine-preventable diseases under the Expanded Programme on Immunization, and high levels in others.

Diarrhoal diseases and acute respiratory infections are still the most important causes of death among children below five years of age. In a number of countries and areas, there are now indications of a downward trend in infant and child morbidity and mortality, which can partly be attributed to successful health intervention programmes. For example, 80% of the inhabitants of the Region now have access to safe water and 70% have safe sanitation coverage.

Our efforts to eliminate leprosy as a public health problem are likewise showing clear signs of progress. Twenty-one countries and areas have now met the elimination target of a prevalence of less than one case per 10,000 population.

Where outbreaks of disease such as dengue haemorrhagic fever or diphtheria have occurred in the Region, governments have swiftly informed WHO, and together we have taken decisive and effective steps to deal with the outbreaks. In case of any such outbreaks or emergencies in the future, a special task force has been formed to provide a well-equipped and rapid response to the problem.

In addition to the challenges created by communicable diseases, there are problems which relate closely to the changing economies and social profiles of the Region. Urbanization is growing at an average of 3%-4% every year. There are increases in morbidity and mortality from occupational accidents and diseases related to exposure to chemicals, dusts and noise. There are increases in alcohol-
related problems, in tobacco consumption, in underweight children and overweight adolescents and adults, problems of overcrowding in cities at the same time as some rural populations are experiencing difficulties of access to even the most basic health services. Noncommunicable diseases are already taking a high toll of adult populations, with cancer among the three leading causes of adult mortality in 24 countries and areas. Governments, organizations, communities and individuals are now beginning to work to develop and implement more innovative and lasting solutions to these problems. In addition, strong health management and appropriate human resources for health are being developed throughout the Region.

Consensus on the issues to be confronted and on the right way to tackle them is a fundamental part of the way in which WHO works with Member States. This was first seen in our joint preparation of the national and regional strategies for health for all by the year 2000, with primary health care being the principal means to achieve them. Then, in 1991, the Regional Committee endorsed six regional priorities for action: human resources for health, eradication or control of selected diseases, health promotion, environmental health, exchange of information and experience and strengthening management. Work has continued in these areas in parallel with that on the themes articulated in the document *New horizons in health*, endorsed by the Regional Committee in 1994, of preparation for life, protection of life, and quality of life in later years.

All countries and areas in the Region have now started to think about redirecting their health actions in line with these themes as appropriate, and trying to operationalize the concepts. Although this is a slow process, some real progress has already been made. The concepts are becoming part of countries’ health plans, and the ideas are gradually becoming widely understood. The document has so far been translated into six languages. Workshops are being held on policy development and national planning. Medical curricula regionwide have been reviewed and research plans oriented to the themes. Efforts are being made to coordinate and promote the approaches throughout the Region.

In many ways, the directions for our work in the coming years seem clear. We have enjoyed a fruitful and cooperative relationship with the countries and areas in this Region and with our many extrabudgetary partners. This is at the heart of successful joint action on priority concerns. Where we can predict the problems that lie ahead, we have done so, and taken what precautions are possible to avert or mitigate the expected effects. Where we cannot foresee, we have ensured that the necessary emergency resources can be mobilized quickly. Wherever we have been able, we have worked with our Member States to develop or prepare national programmes and resources that will allow all peoples of this Region to attain better health and better quality of life.

Regional Director

S. Yap Tan Han
Chapter 1. The Regional Committee

The forty-sixth session of the WHO Regional Committee for the Western Pacific was held at the Regional Office in September 1995, under the chairmanship of Dr Joseph Williams, Minister of Health, Cook Islands.

Palau, a new Member State, and Mongolia, transferred from the South-East Asia Region, attended as Members for the first time.

Representatives endorsed the Regional Director’s report on the work of WHO in the Region from 1 July 1993 to 30 June 1995, which included a special review of health systems reform and of the work of the Regional Task Force on Cholera Control. They also noted the extent to which the concepts and approaches outlined in the document *New horizons in health* have been adopted in the Region and are forming part of national policy-making and activity implementation. They endorsed the work being done to realize the aspirations of better quality of life for the people of the Region and urged Member States to continue to provide political commitment to this initiative at the highest levels.

The Sub-Committee of the Regional Committee on Programmes and Technical Cooperation reported on its visits to Australia, China and Singapore to review WHO’s collaboration in the field of healthy lifestyles, with a focus on tobacco-or-health activities. The Committee urged Member States to give high-level policy commitment to the promotion of healthy lifestyles and to share resources and information on health promotion.

The Committee endorsed the report of the Sub-Committee on Programmes and Technical Cooperation on the WHO Response to Global Change, and called for continued participation by Member States in reviewing the health-for-all strategy.
UNAIDS The annual report on AIDS, including sexually transmitted diseases, was discussed at length by the Regional Committee, which also considered the operational implications of the new Joint United Nations Programme on HIV/AIDS (UNAIDS).

Technical briefings It was decided that, for the forty-seventh and forty-eighth sessions, the Technical Discussions will be replaced, on an experimental basis, by technical briefings arranged in coordination with the host countries.

Resolutions The Regional Committee adopted 21 resolutions following thorough discussions of topics such as poliomyelitis eradication, the elimination of leprosy, reproductive health, infant and young child nutrition, and the International Decade of the World’s Indigenous People.
Chapter 2. Health policy and management

2.1 General programme development and management

Regional situation

During the past five years there has been increasing attention paid to the reform of the United Nations system, and of agencies like WHO, in the context of global change. A major element of the WHO Response to Global Change is the ongoing refocusing of WHO's efforts on priority issues. In the Western Pacific, regional priorities were established by the Regional Committee in 1991, and subsequently modified. They have been given further focus by the concepts of the document *New horizons in health*.

Since the endorsement in 1994 of *New horizons in health* by the Regional Committee, there has been extensive collaboration with countries and areas on how best the approaches in the document can be implemented. Both at policy and implementation levels, *New horizons in health* has provided a clear response to global change in the Region. It has also been a framework for constructive discussions on the renewal of the health-for-all strategy, as well as for individual and collective country development plans for health.

One outcome from such discussions is the Yanuca Island Declaration on Health in the Pacific in the 21st century, which adopts "healthy islands" as the unifying theme for health promotion and health protection in the island nations of the Pacific for the future.

The work of WHO in the Region has also taken into account other major aspects of the WHO Response to Global Change, particularly the increasingly multisectoral nature of health development. The role of international, national and nongovernmental partner agencies is becoming an ever more important element of WHO collaboration with its Member States. Approximately US$ 29 million was provided in extrabudgetary support for a variety of important programmes in the Region. Technical cooperation and exchange of experiences between countries and areas are being encouraged and new partnerships for health development are being explored.
Managerial process for WHO's programme development

Overall, the programme seeks to ensure that the programmes of cooperation in the Region use effective managerial processes in health development, and that these are reflected in the cycle of formulation, implementation, monitoring and evaluation of the programmes. The Organization's policy guidelines are an important element in cooperation and coordination in this area.

WHO Response to Global Change

The Regional Committee considered the WHO Response to Global Change at its forty-sixth session in September 1995. It affirmed that New horizons in health and the associated Yanuca Island Declaration for Health in the Pacific are appropriate regional responses to global change and represent relevant regional directions and approaches to the renewal of the health-for-all strategy. The Sub-Committee on Programmes and Technical Cooperation met in June 1996 and reviewed progress and the regional implications of the response.

The majority of the points for action raised by the Executive Board Working Group on the WHO Response to Global Change have already been met by the Region. The principal ongoing task is the advocacy of the approaches proposed in the document New horizons in health, which articulates the health promotion and health protection measures necessary for better quality of life in the future.

The Regional Committee at its forty-sixth session reviewed the consultation document Renewing the health-for-all strategy produced by WHO. The Committee made clear the link between the consultative process started in the implementation stages of New horizons in health, and the proposed directions of the renewed strategy. It recognized that many Member States in the Region have already taken steps towards reorientation of policy and strategy which are directly relevant to the renewal process. The Sub-Committee on Programmes and Technical Cooperation considered the progress made in
reviewing the strategy in June 1996 and prepared a brief report for the Regional Committee, for consideration in September 1996.

A plan of action was prepared in order to document and further review the process of renewing the strategy in the Region. As part of this plan, a questionnaire for Member States has been prepared in order to seek the views of countries on significant health development issues in the twenty-first century and obtain information on progress in implementing the health-for-all strategies which may point to a need to review those strategies.

The 1998-1999 proposed programme budget has been developed with emphasis on the concepts outlined in *New horizons in health*. It was formulated using the classification reference list based on the 19 major programmes under the Ninth General Programme of Work. As requested by the Regional Committee at its forty-sixth session, the programme budget is presented under 50 programme headings to provide more comprehensive information.

The 1996-1997 programme budget was revised on the basis of the classification reference list and a WHO document providing procedural guidance on the preparation of plans of action.

A total of 445 plans of action for implementation of the 1996-1997 programme budget were developed to replace the 776 projects for the 1994-1995 biennium. It is expected that there will be a further decrease in 1998-1999 as a result of the efforts to integrate programme activities and implement the concepts of *New horizons in health*.

Each plan of action describes the products which will result from the specified collaboration. Comprehensive exchanges of letters were signed to cover the activities planned for the 1996-1997 biennium.
Management and support to information systems

Computer facilities were further upgraded. Training of WHO staff, including staff in country offices, emphasized making the best use of the available software.

The Regional Office collaborated in the development of a new global activity management system (AMS). However, at this stage of development the activity monitoring system component of the global AMS cannot support operations at country level. The Regional Information System was therefore further improved to support the development and monitoring of plans of action. The financial system for monitoring and recording expenditure was also upgraded.

Coordination with other organizations:
Mobilization of external health resources

The objective is to support the management and implementation of the Organization's programmes by ensuring effective coordination with other organizations, both intergovernmental and nongovernmental, and agencies within the United Nations system at both regional and national levels.

Technical consultations and comprehensive programme reviews continued with partner organizations, as well as with other agencies within the United Nations system, to ensure effective collaboration in areas of common concern. WHO also continued to develop and strengthen links with nongovernmental organizations active in health issues.

Activities in collaboration with the United Nations Development Programme (UNDP) were implemented mainly on a country-specific basis, in areas such as support for management development in Cambodia, control of iodine deficiency disorders and support for nursing development in China. WHO collaborated in UNDP's Capacity 21 initiative, supporting projects in the Philippines and Viet Nam, and incorporating health and environment considerations in national plans for sustainable development.
The main areas of technical cooperation with the United Nations Population Fund (UNFPA) were the strengthening of maternal and child health services, health education outreach, and family planning. Nineteen projects in the area of maternal and child health were carried out in 16 countries in 1995, while 14 were conducted in 13 countries early in 1996.

A three year UNFPA project entitled “Regional Training and Operational Research Center on Reproductive Health and Family Planning for the South Pacific” commenced in 1996, with WHO as executing agency.

WHO and the United Nations Children’s Fund (UNICEF) have collaborated closely in the Expanded Programme on Immunization, focusing on planning, training, and the development of logistics for supply systems.

In the area of diarrhoeal and acute respiratory diseases, WHO and UNICEF collaborated at intercountry level in the organization of a workshop for programme managers in Fiji in July and August 1995. Joint workshops and other collaborative activities were carried out in Cambodia, the Lao People’s Democratic Republic, the Philippines, Viet Nam and Pacific island countries. A plan for the integrated case management of childhood illness was drawn up and implementation started in the Philippines and Viet Nam.

Joint collaboration in Cambodia for the development and strengthening of health information systems and provincial management contributed to the success in these areas.

Participation in the United Nations Volunteer Programme continued, and seven volunteers were working on health projects in the Region at the end of 1995.

WHO collaborated actively with the Asian Development Bank and the World Bank in the development of programmes in the areas of health systems development, malaria, neonatal tetanus, leprosy, tuberculosis, urban health and women’s health. Collaboration with the Asian Development Bank concerned health services and health sector reform in Cambodia, the Lao People’s Democratic Republic, the Marshall Islands, Mongolia, the Philippines and Viet Nam.

Valuable contributions were provided by the Governments of Australia, Denmark, Finland, France, Japan, the Netherlands, Norway, the Republic of Korea, Sweden, the United Kingdom of Great Britain and Northern Ireland and the United States of America for the strengthening and development of a range of important programmes. Extrabudgetary resources for WHO programmes were also generously provided by the Agency for Cooperation in International Health, Japan (ACIH), the Arab Gulf Programme for United Nations Development Organizations (AGFUND), the Japan Pharmaceutical Manufacturers Association (JPMA), the Nippon Foundation, and the Pacific Leprosy Foundation, New Zealand (PLF). Rotary International has been a major supporter of the poliomyelitis eradication initiative.

WHO also collaborated with various regional nongovernmental organizations in fields such as malaria control and poliomyelitis eradication. The Association of Medical Education for the Western Pacific Region (AMEWPR) continued to promote and develop medical education in the Region and encourage exchange of information among members.

In Cambodia, WHO collaborated actively with nongovernmental organizations both in central coordination of health activities and in specific project implementation at district and provincial levels.

WHO's activities are increasingly involving other sectors and other partners in health and human development work. This is reflected in increased extrabudgetary support and in the emphasis on collaboration with other partners in the execution of programmes across the Region. At the end of 1995, extrabudgetary funds accounted for 34% of the total funds implemented by WHO during the 1994-1995 biennium, and had been used to support 40 programmes.

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There is considerable potential to further increase the involvement of external partners through intensive advocacy with governments and other parties involved, including institutionalization of various mechanisms for exchange of information (e.g. regular periodic reviews) and further strengthening of existing ones (e.g. tripartite review).
2.2 Health, science and public policy

Regional situation

The changing socioeconomic environment of most countries in the Region, together with significant structural and managerial changes within the health system, has required new approaches in national health development. One such approach is the development of strong leadership within the health sector. This calls for a new type of health manager, who must be a leader in the community as well as a manager of health services. There is still a need to further develop the communication and management skills of health leaders in some countries of the Region.

Both biomedical research and health systems research are carried out in many countries of the Region. Communication and exchange of ideas between research institutes and between countries are increasing. An increasing role is being sought for the Region's 217 collaborating centres in the exchange of information and experience.

Health in socioeconomic development

This programme sets out to develop national capabilities for international collaboration in health through effective communication and leadership, and to strengthen links between WHO and countries as well as between countries through networking between staff at different levels.

Learning Centre

To meet the need for strong leadership in the health sector, the Learning Centre at the Regional Office provides potential leaders from the Region with a unique opportunity to learn the latest managerial skills, to develop effective personal communication skills, and to learn how to collaborate fully with all the programmes of WHO. The revised Leadership and Communication for Management programme consists of two modules, the first concentrating on English communication skills, the second focusing on management and international health issues. Thirty fellows graduated in March 1996: 14 from China, five from Viet Nam, three each from the Lao People’s Democratic Republic and the Republic of Korea, two from Cambodia and one each from Japan, Macao and Mongolia. Twenty fellows enrolled for the first module of
the programme that started in May 1996 and ten others are to join them in October 1996 for the second module.

Learning centres in China and Viet Nam have progressed to a stage where consideration could be given to the enrolment of international students.

**Research policy and strategy coordination**

The programme promotes national capability in health research that is relevant to the objective of health for all.

The 217 WHO collaborating centres bear witness to the existence within the Region of institutions with knowledge and expertise in research and training activities for varied disciplines.

Health research activities in Member States are now coordinated and supported by 14 national focal points. The most recent, in the Republic of Korea, was established in 1995.

Activities to develop human resources in health research continued, with emphasis on providing a broad framework of research methodology for use in biomedical or health systems research. Workshops on research design and methodology were held in China in August 1995 and in the Lao People’s Democratic Republic in March 1996. The manual *Health research methodology: a guide for training in research methods* was translated into Lao and used for the workshop held in the Lao People’s Democratic Republic. Arrangements have been made to translate the manual into Mongolian.

Research training grants were awarded to researchers from Cambodia, Malaysia and the Republic of Korea. In addition, WHO supported eight research projects initiated by scientists from China, Japan, the Lao People’s Democratic Republic and Malaysia.
The fifth meeting of the heads of WHO collaborating centres in China held in Shanghai in July 1995 discussed collaborative activities focused on *New horizons in health*.

**Five-year plan for health research**

A draft five-year strategic plan for health research in the Region based on the themes of *New horizons in health* has been prepared by members of the Western Pacific Advisory Committee on Health Research (WPACHR) and WHO staff. The draft plan will be presented to the next joint meeting of the WPACHR and the directors of the Health Research Councils or Analogous Bodies in August 1996 for consideration and endorsement.

**Tropical diseases and nutrition**

The WHO Regional Centre for Research and Training in Tropical Diseases and Nutrition, located at the Institute for Medical Research in Kuala Lumpur, Malaysia, continued to undertake research on pertinent health issues and problems, to perform specialized diagnostic tests, to provide training in various specialized fields and to provide consultative and advisory services. Four years of activities in the field of clinical nutrition were successfully completed, and from 1996 onward WHO collaboration is focused on social and behavioural sciences.

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The programme’s efforts focused on human resources development in health research, particularly in developing countries. Many developing countries in the Region still lack sufficient funding, staff and infrastructure to undertake a regular programme on health research.
2. Health policy and management

2.3 National health policies and programme development and management

Regional situation

Changes in economic systems, rising costs, aging populations and urbanization are among the chief factors that make extensive reforms necessary in health care systems. At the same time, rapid advances in transportation and communications technology have enabled countries to cooperate more closely to deal with common health issues.

A thorough re-examination of all social sectors, including health, in the light of the wide-ranging changes that have occurred in the Region on many fronts, has given rise to a new perspective on public health as reflected in New horizons in health.

All countries of the Region are now fully aware of the value of the strategies for attaining health for all and all developing countries in the Region now have clearly articulated policies that reflect the principles of primary health care and have significantly improved the efficiency and effectiveness of care for all people, with special emphasis on the disadvantaged.

Natural disasters such as floods, tropical storms, earthquakes and volcanic eruptions occur frequently in the Western Pacific Region. It is the least developed parts of the countries of the Region that suffer most from the effects of natural disasters. All countries that have a high frequency of disasters have made progress in improving their response capabilities in terms of both technical facilities and resources allocated. However, much remains to be done to mitigate the impact of disasters in vulnerable communities, for which most countries have also set sound policies and strategies.

Technical cooperation with countries

The objectives of this programme are to provide governments with information concerning WHO policies, to support governments in the planning and management of national health programmes, and to collaborate with governments in identifying national programmes where WHO’s technical resources can be most useful and in mobilizing external resources for implementing the national health programmes.
The role of the WHO Country Office was reviewed by a development team as part of the study of the WHO Response to Global Change. The Director-General reported on the work of this development team to the Executive Board at its ninety-sixth, ninety-seventh and ninety-eighth sessions in May 1995, January 1996 and May 1996. The report recommends considerable strengthening and defining of the role of the WHO Country Office, as WHO's first level of contact with Member States. To support the work of WHO Representatives and Country Liaison Officers, new forms of communications and information technology have been introduced. This will further facilitate discussion of policy issues with national health departments and encourage the introduction of the concepts of New horizons in health into the planning and implementation of collaborative programmes.

For a few countries with limited resources, WHO has provided intensified collaboration as a means to further their own development efforts. This collaboration is typically to strengthen management so that the country's limited resources are used more effectively, and to provide appropriate technology adapted to their special needs. Special efforts to strengthen management at district level have been made in Cambodia, the Lao People's Democratic Republic, Mongolia and Viet Nam, while the use of appropriately developed health insurance schemes, with emphasis on improved access to care for the poorer segments of the population, is being supported in China and Viet Nam.

Emergency and humanitarian action; relief and rehabilitation operation and emergency preparedness programme

The objectives of this programme are to support countries in planning and implementing national emergency preparedness initiatives to mitigate the destruction and damage caused by natural disasters. The programme also collaborates with governments in the development of national policies for injury prevention.
WHO has promoted and strengthened disaster preparedness in several Member States and provided swift response to emergencies and disasters in coordination with other organizations. During the year it made a prompt though modest response to emergencies caused by floods in China, forest fires in Mongolia and a typhoon in the Philippines. Preparedness activities that were supported included planning, training, information and communication. The preparedness programmes in Mongolia, the Philippines, Samoa and Viet Nam made noteworthy progress during the past year. A more comprehensive regional programme is taking shape, with financial support from Japan. The programme now has a full-time coordinator for emergency and humanitarian action.

The Regional Working Group for the Prevention and Control of Accidents met in the Republic of Korea in October 1995 to review the magnitude and trends of road traffic accidents in eight countries in the Region over the last five years. Future directions and priority areas in injury prevention were identified, particularly the improvement of monitoring and data collection methods at country level in order to develop innovative intersectoral strategies for the prevention and management of injuries.

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Most countries, particularly those that experience repeated natural emergencies, are progressively improving their response capability when disaster strikes. The next phase will be to work at community level in preparing them to make more effective use of their local resources in response to disasters.
2.4 Biomedical and health information and trends

Regional situation
There is increasing awareness in most countries of the Region of the importance of good health information systems. The scope of an information system has expanded from the reporting of infectious diseases to the use of information for management purposes, such as data on financial and personnel matters. Significant improvements have been made in the automation of health information systems, and some systems are now working quite effectively down to the district and health centre levels. Advances in computer hardware and software provide many new opportunities in this area.

Access to the publications and other information material produced by WHO and to other health and biomedical information has improved through the increased use of information technology.

Epidemiology, statistics, trend assessment and country health information

The objectives are to develop and strengthen national capacity for collecting, assessing, using and disseminating up-to-date information on delivery of services. The programme also encourages research on new methods and regional databases for monitoring health activities, promotes the design and implementation of health management information systems, and selects and adapts appropriate information technology for data processing.

Surveillance of diseases
Disease surveillance systems and a network for rapid dissemination of epidemiological information in the Pacific island countries were further strengthened. National capabilities for laboratory diagnosis and vector surveillance were also updated. An interagency meeting on health information requirements, cosponsored by WHO and the South Pacific Commission, was held in New Caledonia in December 1995. Hardware for health information systems in the countries was maintained and updated.
Data stored in hospital records are gaining increasing relevance to the
determination of disease trends and priorities and achieving an economically
rational approach in health care expenditures. A training workshop on the use
of ICD-10 was conducted in Mongolia.

A major ongoing activity is the development of indicators for New horizons in
health which will permit the gathering of effective baseline data and the
monitoring and evaluation of health development progress in the Region
beyond the year 2000. These indicators address all the objectives of the three
themes: preparation for life, protection of life, and quality of life in later
years. In addition to the main set of indicators, a “minimum set” of indicators
is being developed.

WHO evaluated the capabilities of the health information system in Fiji,
including systems analysis, and provided hardware and staff training in
information technology. In China, Kiribati, Samoa and Solomon Islands,
equipment was supplied to enhance the capabilities of health information
systems.

An English-language version of the district health information system applied
in the Republic of Korea was prepared for WHO by the Yonsei University
Graduate School of Health Science and Management for use by other
countries and areas in the Region. Workshops on statistics and on the
monitoring and evaluation of vital statistics were organized at various
locations in the Federated States of Micronesia.

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To a greater degree than in the past, decision-makers in the field of health
have the information they need to manage and evaluate their health
programmes. More opportunities have been provided for training and
acquiring field experience to bring together the disciplines of management,
epidemiology and information services. There is still a need to improve the
capacity of countries to analyse and use health information systems to
evaluate their health situation, to support health management, and to monitor
and evaluate progress in achieving national objectives.
The reporting of cases of cholera, HIV infection and AIDS, and acute flaccid paralysis has improved in the Region. Almost every country and area has made progress in establishing an integrated epidemiological surveillance system. However, further strengthening of the epidemiological reporting system is still needed to address problems of inaccuracy, delays and incomplete data.

**Publishing, language and library services**

This programme is responsible for providing Member States with valid scientific, technical, managerial and other information relating to health.

*Publications*

To support the work of technical programmes and to provide health information on a regional basis, the Regional Office published a number of titles, including a series on women's health specially prepared for the Fourth World Conference on Women, held in China in September 1995, a *Health workers' manual on counselling for maternal and child health, Guidelines for dengue surveillance and mosquito control, Guidelines for clinical research on acupuncture*, and a series on health-promoting schools. *District hospitals: guidelines for development* was revised and reprinted. Publications under preparation include a manual on managing maternal and child health programmes at district level and guidelines on using health information for better management of family and reproductive health services.

Collaboration was strengthened with the People's Medical Publishing House in China, a WHO collaborating centre for promotion and translation of WHO publications. Certain WHO publications were translated into Japanese, Khmer, Korean, Lao, Bahasa Malay, Mongolian and Vietnamese.

WHO publications were displayed and made available at 20 international conferences in the Region. They continued to be distributed to ministries of health, depository libraries, national focal point libraries, medical associations and medical schools.
The editorial and translation services in the Regional Office supported the preparation of accurate and appropriate information and documentation for Member States.

Further upgrading of the Chinese Biomedical Literature Analysis and Retrieval System (CBLARS) enabled a number of municipal libraries to be connected to major medical libraries, thus facilitating the rapid retrieval of the most recent information. Support was also provided for a seminar in Beijing on strengthening the national medical information network for 35 directors of institutes of medical information.

Requests from Member States for health literature were processed by the Regional Office Library, the network of health libraries in the Western Pacific Region, and by headquarters and other regional offices. Complimentary copies of health publications were also provided to interested individuals and libraries in the Region.
Chapter 3. Health services development

3.1 Organization of health systems based on primary health care

Regional situation

Since the adoption of the Alma-Ata Declaration in 1978, all countries and areas of the Western Pacific Region have accepted primary health care as the main strategy to achieve the goal of health for all by the year 2000. Accordingly, health systems have been developed that focus on the delivery of basic health services at the most peripheral or primary care level. In order to provide technical and managerial support for these levels of service, district health services have also been strengthened.

Decentralization in varying degrees has been tried in all health systems of the Region. Efforts were made to ensure that this process improved accessibility to health care while maintaining quality. In some of the less developed countries, constraints in terms of human and financial resources hampered the effective implementation of the decentralization programmes. Cambodia, China, the Lao People's Democratic Republic, Mongolia and Viet Nam are currently engaged in managing the transition from centrally planned systems to market economies. These countries are now exploring various options for health financing and management in a market-oriented environment.

While the delivery of services needs to be made more effective at intermediate and peripheral levels, the basic infrastructure for health is in place in all countries and areas of the Region. Countries with well-developed health systems need to address evolving issues of rising costs, equity of access, quality assurance and efficiency. Further, rapid urbanization now requires many countries to redesign networks of health care facilities that were put in place to serve predominantly rural populations. This task is particularly difficult in the less developed societies with rapidly expanding urban slum areas.

Many countries and areas in the Region now have a comprehensive body of health legislation. New technologies are creating needs for further legislation, and increasing attention is being paid to the quality of health care.
Health systems research and development

The objective of the programme is to integrate health systems research with routine functions of management and to support research on priority health development issues.

The programme supported research on critical development issues such as financing, decentralization and quality of care. Health systems research capabilities have been enhanced in countries such as China, Malaysia, the Philippines, the Republic of Korea and Viet Nam. Pacific island countries such as Papua New Guinea, Samoa and Vanuatu have also initiated efforts to install health systems research as a tool for planning and management.

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The methods and practice of health systems research are now routine aspects of management training in most countries, giving operational managers a sound basis for decision-making.

National health systems and policies

This programme is aimed at delivering essential health programmes and services to the entire population. It focuses on programmes that attempt to ensure equity, quality, efficiency, consumer satisfaction and sustainability in the delivery of health services. Health sector reform, including issues related to decentralization, privatization, pricing of services, social and private health insurance, quality assurance and community participation, has been a major focus for activities in most countries of the Region.

WHO has cooperated in activities to improve the quality of health information used for planning and management functions. In addition, networks for exchange of information, especially among small island countries of the Pacific, have been encouraged.
Strengthening of planning at national level continues to be a priority in some countries, such as Papua New Guinea, Samoa and Vanuatu. Solomon Islands has undertaken a year-long comprehensive review of the health sector, leading to new reform initiatives for the next few years.

**Health financing**

All countries and areas continue to place some emphasis on strengthening the efficiency of their health care financing. Particular efforts have been undertaken in Cambodia to assess viable national financing options. Health insurance continues to be explored in China, Papua New Guinea and Viet Nam. Some of the insurance schemes under consideration focus on poor rural areas and State employees.

**Quality of care**

Most countries have expressed health reform outcomes in terms of improvements in the quality of care provided to their people. Particular activities to establish programmes on quality of care have been conducted in American Samoa and Samoa, and the development of such programmes in Malaysia is continuing.

**Health legislation**

Many countries use health legislation as a mechanism to strengthen the development of their health reform measures. For example, legislation was drafted in Cambodia for the strengthening of major initiatives in the areas of human resources and financing; in Cook Islands in connection with a review of Health Board operations; and in Samoa for the updating of public health measures.

China and Viet Nam have further reviewed their comprehensive health legislation to make it more relevant to health sector concerns.

A regional training opportunity for health legislation has been established at the School of Health Services Management, University of New South Wales, Australia, in collaboration with WHO. The first short course on health legislation was conducted in 1995, and it is planned to hold further courses at least every other year.
3. Health services development

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Valuable knowledge and experience continue to be gained on ways to address health care financing issues. It is quite clear that the issue is complex and unique to each country. Similarly, solutions for improving the quality of care must be adapted for each health system, and most countries in the Region are becoming much more aware of this need.

**District health systems**

The objective of this programme is to strengthen the capability at the district level to plan and implement the most effective care for the population.

In support of district health systems, a series of activities in 14 countries and areas of the Region resulted in the development of improved clinical and/or management capabilities, an orientation towards improving the quality of care, and a better understanding of the role of health sector reform, especially health financing, in support of primary health care.

The Ministries of Health of Cambodia and Viet Nam, in collaboration with WHO, each defined a set of activities to support delivery of health services on the basis of primary health care. The development of an improved information system to support rural health services and decentralized rural decision-making was initiated in Fiji.

Countries continue to emphasize the strengthening of health services development at provincial and district levels. Cambodia has made considerable progress in strengthening its national management functions and is now placing emphasis on revitalizing management at provincial and district levels. These efforts are expected to be given a significant boost by large-scale World Bank and Asian Development Bank projects. District management development in Viet Nam emphasizes new and strengthened supervisory methods at district and commune levels. Papua New Guinea has undertaken active district-level training in general management. The programme in China has a number of specialized emphases such as
programme management, financing and hospital administration. Mongolia also has undertaken activities aimed at strengthening provincial and district operations.

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All countries and areas have recognized the district level as the critical operational level of the health system. The strategies to strengthen this level are emphasizing that the district must have a reasonable degree of autonomy for planning and implementing its own activities, that it must provide focused services of good quality, and that it must receive continuous support from the next higher level.
Regional situation

Many countries recognize the need to ensure that health staff, especially for peripheral facilities, are adequately and appropriately trained. Networks and other cooperative arrangements have been established to meet the health personnel requirements of smaller island countries which cannot support a full range of training institutions. Mechanisms for certification and registration of health professionals, including appropriate legislation, are under review in all developing countries and areas in the Region.

Overseas training continues to play an important role in the acquisition of skills and technologies not otherwise available in countries of the Region. Three hundred and seventy-seven fellowships were awarded to health staff. For many of the smaller countries, the basic training of health professionals is a particular need. Post-basic and more sophisticated biomedical training are focused upon in some larger countries.

Development of human resources for health

The objectives of the programme are: to cooperate with countries in planning for the training and deployment of the types and numbers of health personnel they require and can afford; to help ensure that such personnel are socially responsible and equipped with the necessary scientific, technical and managerial competence; to help ensure that such personnel are utilized optimally to meet the requirements of national strategies to achieve health for all; and to promote policies and programmes for health workforce planning, production and management in order to meet the requirements of the health systems.

Member States have been encouraged to ensure that training programmes for new and existing health personnel are appropriately oriented towards a holistic, multisectoral, multidisciplinary, people-centred approach, with greater stress on health promotion and health protection.
To facilitate human resources planning at national level, health workforce planning tools have been developed, and then refined in each country in order to suit individual situations. For example, health workforce planning and training guidelines were prepared for the Pacific island countries. The guidelines cover the essential areas and processes involved in planning to support the human resources development urgently needed in these and other developing countries in the Region. For the smaller island countries, networks of programmes and institutions have been established to provide basic, postgraduate and continuing education for the health workforce. For all countries of the Region, the entire continuum of medical education has been reviewed to ensure that all programmes include provisions for developing the skills needed to pursue the New horizons in health approaches to health in the future. Recognizing the urgent need for and the importance of health planning, WHO supported the development of training in this area for implementation in countries.

The WHO intercountry workshop at the Regional Training Centre in Australia in July 1995 gathered staff from agencies responsible for health together with those dealing with environmental issues. They reviewed risks to health posed by specific environmental problems, and considered means of upgrading skills of personnel from the two sectors to deal with these common problems.

Countries throughout the Region regard local and appropriate training in biomedical engineering, including the maintenance and repair of medical equipment, as essential to improving the efficiency and effectiveness of health services. A decentralized approach to such training is being considered for small island countries in the Pacific.

The situation of postgraduate training for the medical specialties in the Pacific was reviewed at a meeting in Fiji in December 1995. Recommendations were made to establish a network of training sites in such specialties as paediatrics, surgery, obstetrics and gynaecology, and anaesthesiology. Programmes in these fields will be linked to the medical schools in Fiji and Papua New Guinea. Continuing education for health professionals was strengthened in China, Cook Islands, Fiji and Vanuatu.
WHO continues, in collaboration with UNDP, to work with the Chinese Government on the 1995-1998 projects to upgrade nursing education and provide continuing education to the over one million nurses now employed in health services.

Fellowships continued to play an important role in national health development activities. During the year, 377 fellowships were awarded to health staff of various countries and areas. Of these 57% took place within the Western Pacific Region, while 43% were in other regions. As part of the ongoing evaluation of the fellowships programme, questionnaires for the biennial survey on the status of fellows who completed their studies in 1994 and 1995 were sent to governments in June 1996.

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The effectiveness of the health workforce over the next five to ten years will depend increasingly on its ability to respond to pressures for change and on how well it takes advantage of opportunities to deliver services in new ways. If clinical and management practices are to continue to change and improve, considerable investment will be required to develop a health workforce and enhance the skills of the existing workforce.
3.3 Essential drugs

Regional situation

Two-thirds of the countries in the Region have developed a national drug policy with the aim of ensuring the availability of safe, effective drugs of acceptable quality and price. A survey among 28 developing countries shows that 19 have formulated national drug policies, 15 have adopted drug legislation, and ten countries are now participants in the WHO Certification Scheme on the Quality of Pharmaceutical Products Moving in International Commerce.

Procedures for drug registration have been established in most countries, although in some cases they need to be improved. Quality control programmes are being implemented in many countries. In some parts of the Region, the irrational use of drugs is widespread, owing to unacceptable prescribing patterns, excessive medication, unqualified and unlicensed drug sellers, unethical promotion of drugs and lack of standard treatment guidelines. Counterfeit drugs are a problem in some countries and areas.

Action Programme on Essential Drugs

Drugs and biologicals, quality, safety and efficacy

The objective is to ensure the continuous supply of essential drugs and biologicals of acceptable quality and affordable price and to support Member States in the establishment and implementation of effective national programmes for monitoring and maintaining the quality, safety and efficacy of pharmaceutical products.

In Cambodia, drug legislation has been approved by the Council of Ministers and the National Assembly and regulations have been drafted.

Three evaluation workshops on the implementation of the National Action Programme on Essential Drugs were conducted in the northern, central and southern parts of Viet Nam in 1995. These led to preparation of a draft
3. Health services development

national drug policy at a seminar in December 1995. A plan of action to strengthen the national drug policy in the Philippines was prepared after a review conducted in February 1996.

Under the ASEAN Pharmaceuticals Project, training manuals have been compiled on clinical pharmacy and improvement of communication skills for pharmacists and pharmacy staff.

A four-year plan of action for bi-regional technical cooperation among countries in essential drugs was drawn up in November 1995. It defines four areas for collaboration: good manufacturing practices, quality assurance, drug evaluation and human resources development.

A format for exchange of information on registered drugs in the ASEAN countries has been developed to facilitate the collection of data on registered drugs for dissemination between countries.

Quality control procedures for drugs were strengthened through the development of ASEAN analytical test methods. These were adopted at an intercountry expert meeting held in Malaysia in December 1995. A training course on the production and utilization of reference standards held in Thailand in November 1995 improved capabilities for quality control. Drug evaluation was strengthened through a training course conducted in the Philippines in January 1995.

In accordance with the Yanuca Island Declaration, a feasibility study on bulk purchase of pharmaceuticals for the Pacific island countries was conducted in February and March 1996. Four options were put forward, and a report containing a recommendation as to the most feasible option will be submitted for discussion among countries. The Fiji essential drugs list has also been revised. Staff in the Federated States of Micronesia have been trained in reporting procedures on narcotic and psychotropic drugs as required by the International Narcotics Control Board. In Papua New Guinea, the drug management system was reviewed in October 1995.
Quality assurance

Standard operating procedures have been drawn up in Cambodia for good manufacturing practices and drug registration procedures and staff have been trained in their use. Drug evaluation and registration have been strengthened in China and the Lao People’s Democratic Republic. A review of Viet Nam’s good manufacturing practices and quality assurance in vaccine production in July 1995 led to further steps to improve vaccine quality. In Mongolia, technical support was provided in October 1995 for the inspection and management of the quality control laboratory.

Rational use of drugs

Activities for improving the rational use of drugs in Cambodia were identified through a survey and workshop on doctors’ prescribing practices and on the sale of pharmaceuticals by private pharmacies. In July 1995, Cambodia’s essential drugs list was revised. A workshop on the implementation of the essential drugs list was held in China in October 1995.

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The impact of the implementation of national drug policies needs to be monitored through suitable indicators, so that effective interventions can be planned.

Access to drugs of affordable price and acceptable quality needs to be strengthened through continuous development of drug supply systems, drug legislation and quality assurance systems, including drug registration and quality control.

There is a need to determine the extent of the problem of counterfeit drugs. The WHO Basic Tests and the WHO Certification Scheme on the Quality of Pharmaceutical Products Moving in International Commerce should be promoted to combat the proliferation of counterfeit drugs.
3. Health services development

3.4 Quality of care and health technology

Regional situation

Health laboratory and radiology practices have undergone a marked expansion in industrialized countries of the Region during the last two decades, resulting in more laboratory and radiological examinations of varying degrees of sophistication, and in increasing costs. In developing countries, laboratory services are frequently far more developed at central level than at intermediate and peripheral level, particularly for clinical tests. Intermediate and peripheral laboratories, however, have improved their capability for the diagnosis of specific communicable diseases such as malaria, sexually transmitted diseases including HIV/AIDS, tuberculosis and leprosy in the last ten years in most countries and areas.

Almost all countries and areas have developed and strengthened their health laboratory services as an integral part of the national health system. Twenty-five countries and areas are participating in regional and international quality assurance programmes and almost all have established radiology services.

Traditional medicine is practised in several countries and areas in the Region, where it often provides a first-line and basic health service. In parts of China, 34\% of outpatients and 22\% of inpatients are given traditional medicine. In Singapore, an estimated 12\% of daily outpatients see traditional medical practitioners. In Hong Kong, a survey in 1991 revealed that 60\% of the population have consulted traditional medical practitioners at one time or another. The Western Pacific Region provides some of the most successful models in the world for the rational use of traditional medicine in national health service systems. Ten countries and areas have developed policies to promote its proper use.

Technology for health care

The objective of the programme is to strengthen national health laboratory and radiology services by using appropriate technology in order to meet the diagnostic, case management and monitoring needs of curative and preventive medicine throughout the lifespan of all individuals.
<table>
<thead>
<tr>
<th>Laboratory maintenance</th>
<th>A workshop held in November 1995 in Vanuatu established procedures for the operation, maintenance and repair of commonly used laboratory equipment.</th>
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<tbody>
<tr>
<td>Training for laboratory technicians</td>
<td>Local training courses for laboratory technicians continued in Samoa in collaboration with WHO and the Pacific Paramedical Training Centre in Wellington, New Zealand. Three fellows passed all examinations in the second cycle of the training programme which ended in 1995. The third cycle commenced in February 1996 with six new trainees.</td>
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<tr>
<td>Radiology training</td>
<td>Practical training conducted in the Republic of Korea in July 1995 strengthened the quality control of radiological diagnosis, including radiography, mammography, computed tomography and radiological safety measures.</td>
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<td>As a follow-up to the training on ultrasound techniques conducted in Tonga in November 1992, a survey in August 1995 showed that 420 examinations were performed, compared with only 256 examinations in 1992. Improvements were observed in the use of the techniques.</td>
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<tr>
<td>Laboratory network for poliomyelitis eradication</td>
<td>The regional laboratory network for poliomyelitis eradication, including two regional reference laboratories, ten national laboratories, and 29 provincial laboratories in China, has been strengthened. The network has a vital role to play as the Region approaches poliomyelitis eradication.</td>
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<tr>
<td>Bacterial resistance to antimicrobials</td>
<td>Bacterial resistance to antimicrobial agents is continuously monitored by 14 focal point laboratories in 13 countries. In September 1995, the annual data were collected from focal point laboratories, collated and distributed by the Regional Office, to enable countries to formulate their own guidelines on the appropriate use of antibiotics.</td>
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</table>
The regional external quality assessment programme continues to progress well in 14 Pacific island countries and the Lao People’s Democratic Republic. National quality assurance programmes for health laboratory services made good progress in 15 countries, particularly in Papua New Guinea where an active national quality assessment programme for basic laboratory tests covered most of the provincial, district and rural laboratories.

To ensure optimal mechanisms for improving blood transfusion services, a Working Group on Supply of Safe Blood and Blood Products was convened in November 1995 in the Regional Office. The participants identified a set of 30 indicators to monitor blood transfusion services in the Western Pacific Region. These indicators are set out in the document Safe blood and blood products, indicators and quality of care which was prepared in June 1996 for distribution to all blood transfusion centres in the Region.

In the Philippines, a campaign for a voluntary blood donation system and regulation of the blood banking system was launched in February 1996. Almost half the big commercial blood banks and some smaller outlets will be phased out by the end of 1996. A similar campaign has made good progress in China, the Lao People’s Democratic Republic and Viet Nam.

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All countries in the Region have developed or strengthened their health laboratory and radiology services. However, the shortage of qualified laboratory and radiology personnel remains a problem in developing countries, and is exacerbated by rapid staff turnover. The maintenance of equipment also remains a problem.
Traditional medicine

Objective
The objective of the programme is to promote the safe and effective practice of traditional medicine. The programme encourages the integration of traditional medicine into the mainstream of health delivery systems, where applicable.

Policy development
Ten countries and areas in the Region have now developed policies on traditional medicine, suited to their own situations.

The health authorities of Hong Kong and Singapore have recognized the role of traditional medicine as an alternative form of medical care and have initiated efforts to promote and ensure the safe practice of traditional medicine. In Singapore, a traditional medicine unit has been set up in the Ministry of Health.

The draft national policy on traditional medicine in the Lao People’s Democratic Republic was discussed at the national workshop on traditional medicine held in December 1995 and submitted to the Ministry of Health.

A workshop on future directions in traditional medicine was held in Hong Kong in November 1995. Participants from ten countries and areas shared experiences in policy development and regulation of practice. A seminar on the role of traditional medicine in the twenty-first century was held in the Republic of Korea in May 1996, leading to enhanced cooperation between traditional medicine and public health workers.

Community-based traditional medicine
A community-based traditional medicine programme has been developed and expanded in several provinces of the Lao People’s Democratic Republic and Viet Nam. The programme focuses on providing locally available, affordable and simple remedies used in traditional medicine by setting up herbal gardens in districts and villages, and on training village health workers in the safe use of plants. In Viet Nam, guidelines for the use of traditional medicine in communities and families were published by the Ministry of Health.
Activities related to the inventory and survey of medicinal plants are continuing in Cambodia and the Lao People’s Democratic Republic. The MEDFLOR database, a computer program for the systematic classification of medicinal plants, was installed in the Ministry of Health in Cambodia and the University of the Philippines. In the Lao People’s Democratic Republic, 26 district health workers, teachers and traditional healers attended a provincial training course on “The medicine in your garden”, held in July 1995.

Improving the quality of herbal medicines is one of the major concerns of the programme in several countries. In China, a WHO-supported research project on test methods and standard limits for heavy metals in 13 patented Chinese traditional medicines received a Government award for scientific research on traditional medicine. Information on medicinal plants recorded in pharmacopoeias, national standards, and other official documents is being collected by a WHO collaborating centre in Japan.

The first acupuncture clinic in a Singapore government hospital was opened in September 1995.

In September 1995, the Regional Office published the Guidelines for clinical research on acupuncture. Researchers and acupuncturists in China and Viet Nam engaged in clinical research on acupuncture have been trained in research methodology.

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Progress has been achieved, particularly in the areas of policy development, community-based programme activities, and improvement of capabilities for research and information exchange on traditional medicine. However, there is a need to increase awareness on the role of traditional medicine among health planners and health professionals. Insufficient resource allocation, shortage of trained personnel and lack of mutual understanding between practitioners of traditional and modern medicine are major constraints faced by the programme.
Chapter 4. Promotion and protection of health

4.1 Reproductive, family and community health and population issues

Regional situation

Considerable progress has been achieved in improving the health of women, children and adolescents. Improvements in the level of maternal mortality have varied widely between and within countries. In 11 countries of the Region the maternal mortality ratio remains above 100 per 100,000 live births, and is often 1000 or more per 100,000 live births in isolated or underserved communities. Nevertheless, better access to fertility regulation methods resulted in a significant decline in the total fertility rate in the Region from an average of 5.8 in 1960 to 2.5 in 1993. This has considerably contributed to reductions in maternal mortality. For example, in Malaysia and the Republic of Korea, the maternal mortality ratio has dropped by two-thirds since 1960.

Unwanted pregnancies are still prevalent. Illegal abortions, performed under unsafe medical conditions, are estimated to be the cause of 25%-35% of maternal deaths, and large numbers of permanent disabilities. Since abortion is often performed illegally, its complications are generally not reported and it is difficult to estimate the real dimension and consequences of this practice.

The infant mortality rate is 31 per 1000 live births in the Region as a whole and below the regional target of 50 per 1000 live births in 28 countries and areas.

Concerns remain as regards the health of adolescents, who still have limited access to appropriate information, to suitable medical services and to contraceptives. Lack of sex education and appropriate services accounts for the high rate of transmission of sexually transmitted diseases and HIV/AIDS, and for a large number of unwanted pregnancies among adolescents.

It is estimated that 35% of the population of the Region are under 15 years of age, and 5% are over 65 years. The number of people aged 60 years and over in the Region has been steadily increasing. It is expected to rise from 138 million in 1990 to 312 million in 2020. Average life expectancy for the people in the Region is expected to increase from 67.2 years in 1990 to 74.4 years in 2020.

The incidence of occupational ill health has risen with rapid industrialization and the modernization of agriculture, particularly the increased use of pesticides in many developing countries of the Region. There have been increases in morbidity and mortality from occupational accidents and diseases related to exposure to chemicals, dusts and noise. Notable among these are pesticide poisoning and chest diseases, in particular silicosis.
4. Promotion and protection of health

Reproductive health

The objectives are: to reduce morbidity and mortality among mothers and children; to improve the health of women and children through expanded use of fertility regulation methods, adequate antenatal coverage, and care during and after delivery; and to reduce unplanned or unwanted pregnancies.

Following a resolution adopted by the Regional Committee at its forty-sixth session in 1995, comprehensive guidelines were developed for recording all the major reproductive health indicators at different levels of the health system, together with a mechanism for their reporting, analysis, use and feedback. A computerized database system on reproductive health was developed in order to make the best use of the indicators as a tool for evaluating the status of reproductive health.

At a workshop on reproductive health held in Malaysia in December 1995, the participants from 20 countries stressed the importance of a holistic approach to reproductive health that includes sexually transmitted diseases and sex education, and noted the relevance of New horizons in health concepts to such an approach. They drew attention to the need for informed decision-making, improved management information systems, wider choice of fertility regulation methods, improved obstetric care, motivated personnel, increased community participation and male involvement in family planning programmes.

Available information on traditional and cultural practices related to reproductive health was reviewed in the Regional Office. A regional profile focusing on pregnancy, childbirth and infant health is being prepared, drawing attention to the need to take traditional practices into account when designing reproductive health programmes.
Training

Training needs in the area of reproductive health were assessed in the Lao People’s Democratic Republic and Viet Nam and recommendations were made to address those needs. Training materials for refresher courses for primary health care providers and a reference manual for provincial doctors were developed, reviewed and finalized in Viet Nam. Support was given to the strengthening of the pre-service midwifery training capability in Cambodia.

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A wider range of educational materials is needed for the general public and for health workers, and to improve and expand reproductive health care. More attention will have to be paid to the health of women from a life-cycle perspective.

Child health

The main objective of the programme is to reduce morbidity and mortality among children.

Improved health status

A steady decline has been observed in both these indicators. Infant mortality has reached values below the regional target of 50 per 1000 live births in 28 countries and areas.

Achievements in this area are also reported under the programmes on vaccine-preventable diseases, diarrhoeal and acute respiratory disease control, nutrition, health promotion and oral health.

Remarkable improvements in the health status of children have been achieved in most countries and areas of the Region, largely as a result of expanded coverage of immunization programmes, including tetanus toxoid given to mothers during pregnancy, better treatment of communicable diseases, increased use of oral rehydration therapy for diarrhoeal diseases and appropriate and timely antibiotic therapy in acute respiratory tract infections.
Exchange of information, provision of correct and scientific knowledge to improve quality of care, and the application of more effective teaching and learning methodologies have been among the priorities of the programme. In line with this, particular attention has been paid to developing educational material in order to improve health workers’ skills in providing care before, during and after delivery. This material has been used in training courses in reproductive health for health workers in 11 countries of the Region. Information and counselling material to improve the knowledge and education of women and couples for better care of their children continued to be disseminated and used in most countries and areas of the Region.

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A large number of infant deaths occur during the perinatal period. Additional emphasis is therefore required on appropriate obstetric care, including resuscitation practices, clean, atraumatic and safe delivery, and thermal control of the neonate.

Adolescent health

The objective is to further reduce adolescent morbidity and mortality and create a favourable environment for improving adolescent health.

Appropriate information and education for adolescents, to encourage them to adopt healthy and responsible behaviours, remain among the main thrusts of the adolescent health programme. Integration of sex education into the school curriculum was supported in Malaysia, and a comprehensive programme on adolescent health was developed in Viet Nam.

At a workshop held in the Philippines in October 1995, participants from five countries of the Region identified training needs and designed a regional training course on adolescent health to improve the knowledge and skills of health educators in dealing with adolescent health problems. Health programmes, training courses and specific activities for adolescents were conducted in five countries of the Region. In the Marshall Islands, “Youth to youth in health”, a peer counselling programme, proved very effective. Other
activities to protect and promote adolescent health were conducted under the programmes on substance abuse, nutrition and accident prevention.

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An increasing number of countries include adolescent health programmes among their priority activities. Additional technical cooperation and expert advice are required, however, in order to establish appropriate health services, and to deal with the often sensitive psychological issues during this period of life.

Women’s health

For the Fourth World Conference on Women held in China in September 1995, WHO compiled and widely distributed a series of monographs, covering such issues as: the regional reproductive health profile; women’s experiences of aging; maternal education and child health; and lifestyle changes and their impact on the health of women.

Safe motherhood policies

The formulation of a safe motherhood policy has been initiated in the Lao People’s Democratic Republic and Viet Nam, while in Cambodia WHO supported the formulation of a birth spacing policy. These policies provide a broad framework for the further development of programmes and activities geared to the improvement of the health of mothers and children.

Guidelines

Detailed guidelines have been prepared to improve the counselling and motivating skills of health workers. The guidelines reflect a coordinated approach to maternal and child health, covering the expanded programme on immunization, acute respiratory infections, control of diarrhoeal diseases, nutrition and sanitation.

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The decline in the total fertility rate in the Region has benefited the health of women. The advancement of women’s health is still hampered by the low status of women and cultural constraints in some parts of the Region.
Aging and health

In response to the increasing life expectancy throughout the Region, this programme aims to improve the quality of life in later years, using the approaches outlined in *New horizons in health*.

Comprehensive guidelines for use by countries in formulating their national policies and programmes for the care of the elderly are being prepared in collaboration with the Centre on Ageing Studies, Flinders University of South Australia, a WHO collaborating centre.

A symposium on community-based approaches to promoting the health of the elderly in the Western Pacific Region was organized in conjunction with the fifth Asia/Oceania Regional Congress of Gerontology, held in Hong Kong in November 1995. A workshop was also held at which participants from five countries and areas drafted guidelines on the development of community-based programmes to promote the health of the elderly.

In December 1995, health personnel in Viet Nam were trained in the care of the elderly, using the manual *Quality health care for the elderly*. WHO supported activities to promote and strengthen the integration of the care of the elderly into the nursing curriculum and strengthening the competencies of nursing faculty in the Philippines in October 1995 and in Malaysia in June 1996. In Samoa, two workshops were held to update nurses on the changing and special needs of the elderly.

A masterplan is being prepared in China for an integrated and multisectoral project to improve the quality of life of the elderly. An ongoing project in the Republic of Korea provides primary health care services for the elderly and seeks effective ways of enabling them to continue to live at home. Technical support was provided to Fiji, Kiribati and Tonga in May and June 1996 to review activities for the health of the elderly and conduct a workshop on promotion of the health of the elderly.

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While the attention given by governments to issues related to aging and health has improved, the programme still has relatively low priority in most countries of the Region. Budget allocations are inadequate, and countries lack...
appropriately trained personnel to conduct activities to improve the health of older people. Particular attention needs to be paid to care of the elderly in the light of increasing urbanization.

Special Programme of Research, Development and Research Training in Human Reproduction

Collaboration focused on the safety and acceptability of available contraceptive methods, and the introduction of new methods. In several institutions basic research was carried out with the aim of developing new methods and new approaches to fertility regulation. Collaboration in research on reproductive health issues has been gradually increasing among countries of the Region.

WHO support was provided to 39 institutions and research centres in ten countries. Of these institutions, 14 are WHO collaborating centres for research in human reproduction. The research projects supported covered a wide variety of issues related to reproductive health, including behavioural aspects. Support to building up national research capability in reproductive health has also continued in several developing countries.

Occupational health

The objective is to support Member States in the improvement of working conditions and in promoting the health of working populations. The programme encourages a close functional integration of occupational health and safety services with primary health care.

Dust-lung diseases

A meeting of experts involved in the multicentre study on the early diagnosis and treatment of pneumoconiosis, held in the Regional Office in November 1995, identified a future course of action relating to dust-lung diseases in the Region.

Courses on the safe use of pesticides and the diagnosis and treatment of pesticide poisoning were held in China and Viet Nam in November 1995. A working group on health and the use of pesticides which met in the Regional Office in December 1995 reviewed information on pesticide poisoning and prevention policies and activities in the Region. Strategies were identified for the prevention of pesticide poisoning and for the strengthening of cooperation among the various agencies involved in the control and use of pesticides.

“Occupational health risks in the workplace” was the topic for the technical discussions held in conjunction with the forty-sixth session of the Regional Committee in September 1995. The discussions raised awareness among Member States of the range of occupational health issues and alerted them to the need for action.

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Occupational health still takes relatively low priority at national and regional levels, mainly because of a lack of awareness of the nature, magnitude and the social, economic and health consequences of occupational diseases. There have been difficulties in ensuring that the health aspect receives due attention in occupational safety programmes.
Human resources for health: in every country, appropriately trained personnel are essential to carry out the planned health programmes.

Emergency response: Outbreaks of dengue haemorrhagic fever in Cambodia and of diphtheria in Mongolia prompted rapid response by WHO to government requests for support. Emergency vector control spraying combined with community mobilization to eliminate breeding places, arrested the spread of the epidemic in Cambodia. Vaccine against diphtheria, quickly mobilized and administered to the target populations, effectively dealt with the outbreak in Mongolia, saving thousands of lives.
National immunization days to eradicate poliomyelitis in the Region continued to be enthusiastically supported by all those involved: the governments, health sector workers, communities and families.

Leprosy: With elimination of the disease at a national level targeted for 1998, it is hoped that sights such as this woman's damaged hands will be a memory only. The focus is now on special action projects to detect cases at an early stage.
Healthy cities—healthy islands: green spaces and recreational facilities are needed and eagerly welcomed by every community, especially those in overcrowded urban environments. City planners, architects and engineers, decision-makers in health and other areas all need to work for more humane and healthful environments.

Safety of food, in particular, street-vended food, is still a concern in many countries, where care for the environment and for maintaining hygienic practices lag behind social and economic progress.

Tuberculosis is recognized as a global emergency. Treatment with directly observed short-course chemotherapy can, however, cure tuberculosis patients. Improved case detection through sputum analysis is also a focus of attention in the Region, together with investigation of drug resistance.
Malaria control, Solomon Islands: Environmental measures support the extensive community efforts to protect the community against malaria. A pipeline has been installed at the mouth of a river to eliminate sandbar blockage, permitting the flow of ocean water into the lagoon areas at high tide, thereby altering the mosquito breeding habitat and reducing the larval densities of the local malaria vector species, *Anopheles farauti*.

Health promotion: Learning and practising good habits can and should start as early as possible. What is learnt at school can be shared widely through the family and the community to make a better quality of life achievable for all.
4.2 Healthy behaviour and mental health

Regional situation

Rapid socioeconomic change, urbanization and population migration have led to serious psychosocial problems in many parts of the Region. These problems are exacerbated by post-traumatic stress disorders and neuroses in countries such as Japan and the Philippines among victims of natural disasters and in Cambodia in the aftermath of war. Suicide among young people continues to be prevalent in some Pacific island countries. Few countries have accurate data on morbidity and mortality rates associated with mental health problems.

As a result of an increase in alcohol consumption in the Region, alcohol-related problems such as physical and mental disorders, road traffic accidents, domestic violence and child abuse have become more serious.

The use of illicit drugs and abuse of licit drugs have increased with economic growth in many countries and areas such as China, Hong Kong, Macao and Malaysia. HIV infection is linked to the growing use of illicit drugs through unsafe drug-injecting practices. More and more young people are becoming addicted to drugs such as heroin, methamphetamine, and cannabis.

Tobacco contributes to far more deaths than all other psychoactive substances combined. Per capita cigarette consumption is higher in the Western Pacific than in any other region and still rising. In many countries more than 60% of adult males smoke, and the number of women smokers, especially young women, is increasing.

An estimated 100 million people in the Western Pacific Region are physically or mentally disabled. Reported disability rates range from 2% to 10% of the population. The prevalence of disability is expected to increase further with the growing number of older people, increasing prevalence of degenerative diseases, changing lifestyles, modernization of agriculture and use of high-technology equipment.
4. Promotion and protection of health

Mental health

The objective is to promote policies and programmes to deal with priority psychosocial and behavioural problems and to develop community-based programmes for the prevention and control of mental and neurological disorders.

Data from the 1994 regional mental health survey indicate that nearly all countries and areas in the Region have laws on mental health and most have national mental health policies and programmes. However, few countries have effective coordinating mechanisms for the implementation of these policies and programmes.

The regional mental health database was developed in 1995 for the purpose of planning, monitoring, implementing and evaluating mental health programmes and services at both national and regional levels. Currently available data show positive trends in most mental health programmes. However, the database will need to be substantially improved and updated to meet the needs of Member States.

Mental health workers and planners from 13 Pacific island countries and areas participated in a meeting on mental health and substance abuse held in Samoa in September 1995. The meeting identified common mental health and behavioural problems associated with the family, including serious mental illness, substance abuse and violence among young people. It highlighted the important role of the individual, family and church in reducing alcohol-related problems in the community. Further training for mental health workers, psychiatric nurses and health extension officers was recommended.

WHO provided support for the formulation of national mental health plans for Cambodia, the Lao People’s Democratic Republic and Viet Nam, and for the amendment of mental health laws in China and Papua New Guinea. The development of psychosocial rehabilitation programmes was recognized as necessary to support community-based mental health services in most countries, notably China and the Republic of Korea. Countries have been
encouraged to set up national coordinating bodies or advisory councils to oversee both their mental health and substance abuse programmes.

*A multisite mental health and substance abuse centre, comprising six participating institutes in Australia, was designated as a WHO Collaborating Centre for Mental Health and Substance Abuse in February 1996 to carry out research and training activities for the mental health and substance abuse programmes.*

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Most countries in the Region report a shortage of mental health staff, underdeveloped mental health facilities, educational and research organizations, and a continuous strong stigmatization of the mentally ill. In some countries, mental health care is considered a very low priority area and there is no budgetary provision for mental health service delivery.

**Substance abuse, including alcohol and tobacco**

The objective of the programme is to reduce problems related to alcohol, drug and tobacco abuse.

*WHO has continued to collaborate in assessing and monitoring changes and trends in the alcohol and drug abuse situation in individual countries. To facilitate this process, a substance abuse database is currently being developed so that information can be exchanged between countries and areas in the Region.*

A number of countries received support in developing policies and legislation on substance abuse. Strategic plans have been drawn up in Viet Nam to combat drug abuse, with emphasis on minimizing transmission of HIV infection among injecting drug users.
Seven Pacific island nations benefited from a joint WHO/UNICEF training course aimed to better equip health workers and health educators for promoting healthy lifestyles, as a primary approach to preventing substance abuse among youth.

A two-week training course, sponsored by WHO in Hong Kong on the prevention and treatment of substance abuse, provided an excellent opportunity for Chinese nationals to learn and observe treatment modalities for substance abuse, such as methadone treatment programmes.

The status of implementation of the regional Action Plan on Tobacco or Health for 1995-1999 was reviewed at a meeting in connection with the 4th Asia-Pacific Conference on Tobacco or Health. While substantial progress has been made, a strong commitment by governments is needed in order to reach the objectives of the Action Plan.

World No-Tobacco Day with the theme “Sports and the arts without tobacco: play it tobacco-free” was observed on 31 May 1996 in most countries and areas in the Region.

The regional database on tobacco or health and the country-specific record files were further developed and made available to all countries and areas.

WHO collaborated with Member States in the development of national tobacco control policies and programmes, and supported national meetings on tobacco or health in Cambodia, China, Malaysia and Viet Nam. WHO also supported a regional Tobacco Control Conference of Micronesian countries held in the Northern Mariana Islands in July 1995.

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The low priority given by countries to substance abuse programmes is making it difficult to achieve the goals of the United Nations Decade against Drug Abuse (1990-2000).
Health promotion

The objective is to encourage Member States to establish comprehensive policies and programmes which promote healthy lifestyles and health-supporting living conditions.

The health promotion programme was further developed in the light of *New horizons in health* and the Yanuca Island Declaration on “Health in the Pacific in the 21st Century”. The programme focuses on settings such as the home, school, workplace, or even the entire city, island or community.

Support was given to Papua New Guinea in the development of a national health promotion policy. In Viet Nam, WHO collaborated in a national orientation workshop on health promotion and *New horizons in health* and the development of a national plan for health promotion and education. The Philippines was supported in the development of health promotion indicators.

The adaptation and distribution of a press-kit on health promotion through the family with the theme “Health for all begins at home” was supported in China, the Lao People’s Democratic Republic, Papua New Guinea, Tonga and Viet Nam.

National coordinators of health-promoting schools in the Pacific attended a workshop in October 1995 in Fiji, organized in collaboration with the Institute of Education of the University of the South Pacific. Participants from 17 Pacific island countries and areas drafted a manual for the development of health-promoting schools, which was widely distributed by the Institute with WHO support.

A working group on the development of health-promoting schools was held in December 1995 in China. It drew up a five-year plan of action, and produced a final version of guidelines entitled “Development of health-promoting schools, a framework for action”. These guidelines and other outcomes of the workshop and working group have been published as part of a series on health-promoting schools.
Health-promoting schools projects were supported in five countries, and meetings to stimulate joint action by the health and education ministries were held in four countries.

A three-year project on health promotion among industrial workers in Shanghai, China, was completed successfully in December 1995. WHO supported the evaluation of the project, the production of guidelines, and symposia on workplace health promotion for factory managers in Shanghai.

WHO also collaborated with Singapore in international training courses on health-promoting workplaces. Regional guidelines for the development of health-promoting workplaces were drafted.

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Health promotion activities in the Region are at a very early stage in most countries and areas, and face many constraints on implementation and funding. Problems encountered include the lack of management capabilities in health promotion, the absence of programme linkages and inadequate community participation.

**Communications and public relations**

The objective is to create greater awareness of WHO, foster involvement in its work, and engage in advocacy for health for all and the WHO approach to health.

Focus on specific health issues on WHO theme days - World Health Day, World No-tobacco Day, World AIDS Day - and on particular diseases such as tuberculosis and leprosy has generated increased health awareness among the public and positive action by Member States.
Rapid dissemination of information

Health information was disseminated by the fastest and most effective methods available. Special attention was paid to international press agencies in order to gain rapid dissemination of information and wider publicity for WHO, thereby enhancing the Organization’s visibility and image as the leading international agency in health. The monthly newsletter *Health and Development* provided information on WHO’s work in the Region.

Visual aids

A 20-minute videotape is being prepared which illustrates the work of WHO in the Region. In addition, a set of slides was produced for use as a brief introduction to WHO programmes in the Region.

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Strong partnership with the media has resulted in wider exposure for WHO programmes and activities.

Rehabilitation

The objective is to promote the development of community-based rehabilitation services and appropriate rehabilitation technology.

National programmes

Most Member States have developed a programme on disability prevention and rehabilitation in the context of primary health care. Rehabilitation policies particularly for the delivery of community-based rehabilitation services have been defined in China, the Lao People’s Democratic Republic, the Philippines and Viet Nam. The strengthening and expansion of community-based rehabilitation has continued in these four countries.

Training

In order to address the recurring problem of lack of trained rehabilitation workers, a priority area for collaboration has been in training and transfer of technology. WHO has continued to support the training of rehabilitation therapists in applied rehabilitation techniques at Tongji Medical University and Anhui Medical University, China, in cooperation with the Hong Kong Society for Rehabilitation and the Ministry of Health, China. The WHO
4. Promotion and protection of health

manual *Training in the community for people with disabilities* is used by rehabilitation workers in several countries. In the Philippines, support was provided to strengthening the management of community-based rehabilitation programmes and for the development of health promotion activities for rehabilitation.

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Governments have collaborated actively with WHO and nongovernmental organizations in shifting the emphasis from institution-based to community-based rehabilitation services. However, government commitment to the disabled has not been sufficient to permit rapid expansion of programmes in developing countries. The main constraints remain the lack of adequate data on disability for planning purposes, low resource allocation, shortage of trained workers, and inadequate coordination among relevant units and agencies.
4.3 Nutrition, food security and safety

Regional situation

The sharp variations in socioeconomic conditions within the Region are reflected in a wide range of nutritional issues.

Undernutrition involving both protein-energy malnutrition and micronutrient deficiencies remains a serious problem. The proportion of low-birth-weight infants is still over 10% in eight countries and areas of the Region, the highest level being 46%.

Iodine deficiency disorders are endemic in eight countries, where more than 400 million people are at risk. Iron deficiency anaemia affects 40%-80% of pregnant women in developing countries and 5%-25% in developed or newly developed countries. Vitamin A deficiency is apparent in clinical form in seven countries, with night-blindness rates as high as 9%. Besides young children, lactating women are the most vulnerable.

The proportion of infants ever breast-fed ranges from 99% in some countries to around 30% in others. Rates of exclusive breast-feeding in the first four to six months of life are usually much lower.

With changing dietary habits and activity patterns, overweight is an emerging problem, especially in childhood and adolescence. These changes are also expected to lead to higher adult mortality rates from cardiovascular and cerebrovascular causes and a high incidence of non-insulin-dependent diabetes.

The FAO/WHO International Conference on Nutrition in Rome in December 1992 prompted almost all Member States to review or formulate a food and nutrition policy and national plans of action for nutrition. Vertical programmes have given way to an integrated approach involving several sectors including health, agriculture and education.

National food safety authorities are becoming more concerned with food additives, pesticide residues, and other food contaminants because of their potential public health hazard. The ability to analyse foods varies throughout the Region. Many laboratories are unable to undertake the most simple analyses for chemical contamination because they lack resources, appropriate equipment and trained staff.
4. Promotion and protection of health

**Nutrition**

The programme aims to promote appropriate dietary behaviours at both individual and national levels. It recognizes the role of nutrition in relation to both infectious diseases of childhood and noncommunicable diseases of adulthood.

In the Region, two workshops held to follow up the FAO/WHO International Conference on Nutrition generated new commitment in continuing or initiating national efforts to draw up and implement National Plans of Action for Nutrition. Most of the 22 National Plans of Action for Nutrition already drafted or finalized reflect a multisectoral approach and recognize that shared responsibilities are important for achieving the goals.

Programmes to control and prevent iodine deficiency disorders are well under way in all affected countries. Laws on salt iodization or import of iodized salt have been enacted in Papua New Guinea, the Philippines and Viet Nam. In the Lao People’s Democratic Republic and Mongolia, the national capacity for salt iodization and distribution is being extended. A major programme for the prevention of iodine deficiency disorders in China, funded by UNDP, UNICEF and WHO, is nearing completion.

Programmes to prevent vitamin A deficiency disorders through the six-monthly administration of a high dose (200 000 IU) of vitamin A supplement to children aged 6-60 months were supported in Cambodia, the Lao People’s Democratic Republic, the Philippines and Viet Nam.

Medium-term and long-term strategies, such as diet diversification through kitchen gardens and nutrition education, are the main interventions in Kiribati, the Marshall Islands, the Federated States of Micronesia and Viet Nam.
Iron deficiency anaemia
Iron deficiency anaemia remains a complex public health problem among women of child-bearing age and young children in most Member States. The main intervention included in National Plans of Action for Nutrition consists of daily supplements of iron folate tablets for pregnant women, supplied through the maternal and child health programme. National control programmes for iron deficiency anaemia are being set up in Malaysia and the Philippines. In the latter, fortification of rice or wheat is being explored.

Breast-feeding
The Baby-Friendly Hospital Initiative is the major component of the programme for promotion of breast-feeding in the Region. The number of baby-friendly hospitals increased from 133 in 1993 to more than 1800 by the end of 1995. Fiji’s Lautoka Hospital, the first hospital in the Pacific to achieve baby-friendly status, is playing a lead role as a regional training centre. WHO collaborated with UNICEF and with Wellstart (an institution which supports maternal and child health) in developing and implementing training courses on breast-feeding. The International Code of Marketing of Breast-milk Substitutes has been implemented or adapted in 20 countries and areas. The Code has recently been incorporated into legislation in China and Viet Nam, which brings to ten the number of countries in the Region that have enacted such legislation.

Obesity and noncommunicable diseases related to overnutrition or inappropriate nutrition are still on the increase. WHO has placed emphasis on health promotion programmes and nutrition education activities, using the media and individual counselling. Promotion of a healthy lifestyle has been included in the National Plans of Action for Nutrition in Fiji, the Marshall Islands, Samoa and Tonga.

National surveys
The availability of baseline and/or surveillance data remains an area for attention in many countries. National nutrition surveys formed the basis for the preparation of the National Plans of Action for Nutrition in Fiji and the Lao People’s Democratic Republic. The results of the fourth national survey on nutrition in the Philippines were published in 1995 and are being utilized to plan future activities. Brunei Darussalam has finalized a national survey. The first consumption survey is currently being undertaken in Mongolia.
Following the International Conference on Nutrition held in Rome in December 1992, all Member States have initiated steps to formulate or strengthen national policies and plans of action for nutrition. Further collaboration with countries will be important to ensure the implementation of these policies with effective coordination of all sectors involved. Countries have already stepped up their efforts to prevent and control problems of undernutrition such as protein-energy malnutrition, iron deficiency anaemia, vitamin A deficiency and iodine deficiency disorders.

Food safety

The overall objective of this programme is to reduce foodborne disease and intoxication by ensuring the safety of foods. More specific objectives are to formulate effective food safety policies, strategies, legislation, and administrative regulations; and to implement national food safety programmes based on standards consistent with those adopted by the Codex Alimentarius Commission.

With the active cooperation of Member States, good progress has been made towards assuring the safety of food in the Region. Most countries have established an institutional and legislative framework for food safety administration. Nevertheless, foodborne diseases continue to be a major problem in most developing countries.

The Lao People’s Democratic Republic has become the seventeenth country in the Region to join the Codex Alimentarius Commission.

To enhance the use of available resources, WHO has focused on strengthening the capabilities of health authorities to prevent contamination of food through the application of hazard analysis critical control point (HACCP) principles. WHO held a workshop on quality assurance in the microbiological analysis of food in Australia in June 1996 with participants from 16 countries and areas. Applied studies on street food safety employing the HACCP approach were
completed in Cambodia, China and Viet Nam. Application of the results of these studies will improve the safety of street-vended foods and reduce some of the foodborne risks to public health.

**Monitoring of food contamination**

WHO continues to promote the development of national contamination monitoring programmes and participation in the Global Environment Monitoring System (GEMS/Food), which also includes a training programme for consumers, producers, importers and exporters. To enhance these activities, a new collaborating centre in environmental health (University of Western Sydney, Australia) was designated, with food safety as one of its main terms of reference.

Cooperation was extended to Cook Islands in the drafting of regulations on food safety and to the Federated States of Micronesia in the revision of food safety regulations for each of the four states.

**Publications**

The *Manual for the inspection of imported food* and the WHO/FAO publication *Model food safety legislation* were widely distributed. Both documents have been translated into Khmer, Lao, Mongolian and Vietnamese and have proved valuable in supporting the formulation of national food safety legislation and facilitating trade in safe food in the Region.

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Most countries and areas in the Region have now established, or are in the process of establishing, modern legislative frameworks and infrastructures for administration of their food safety programmes. Despite this, ensuring food safety remains a difficult task in many countries as financial and human resources are limited. The lack of government attention and an unclear role for the health authorities often hamper the development of effective food safety programmes.
4.4 Environmental health

Regional situation

The Region has some of the fastest developing economies in the world; growth of over 6% per annum is common. Urbanization is occurring at an average rate of 3%-4% per annum. While providing job opportunities and material wealth, the economic and urban expansion has also had negative environmental impacts which adversely affect health.

These negative environmental impacts include traffic congestion and associated air and noise pollution and accidents; unsafe industrial settings; overuse of available water supplies; deterioration in water quality due to sewage and industrial wastewater discharges; adverse environmental conditions associated with inadequate solid waste management; and exposure to toxic chemicals and hazardous wastes. The resulting adverse effects on health include the aggravation of respiratory diseases and cardiovascular problems; increased incidence of waterborne diarrhoeal diseases; increased transmission of vectorborne diseases; and greater risks of chemical poisoning, skin diseases, and various forms of cancer.

Nevertheless, the basic infrastructure for addressing these problems is in place, and there is a growing understanding that a more holistic approach is essential to finding effective solutions. Governments, organizations, communities and individuals are beginning to work together to develop and implement more innovative and lasting solutions. Programme approaches such as WHO's "Healthy Cities-Healthy Islands" initiative, together with related initiatives of other international organizations, are providing the broad framework that facilitates this kind of cooperation and collaboration. In more traditional programme areas, a more outward-looking, teamwork approach is taking root and producing better results.

Member States are making good progress towards meeting their national water supply and sanitation plan targets. At present 80% of the inhabitants of the Region have access to safe water and 70% have safe sanitation coverage. Multidisciplinary approaches to reducing the incidence of vectorborne diseases such as malaria are producing promising results. Broad-based motor vehicle pollution control programmes are being implemented in some major urban areas. Finally, the legal and technical capabilities required to deal effectively with complex chemical safety issues are being significantly strengthened.
Water supply and sanitation in human settlements

The objectives of this programme focus on the control of diseases related to water and sanitation through the promotion and development of community water supply and sanitation services.

Support was provided to national programmes, focusing on, among other things, solid waste management in Cambodia, the Lao People’s Democratic Republic and several Pacific island countries; long-term operation and maintenance of community water supply and sanitation facilities; surveillance and monitoring of drinking water quality, including water supply monitoring in China.

WHO supported the development and field testing of appropriate technology to remove excess fluoride from drinking water in China. The technology will help reduce the incidence of dental and skeletal fluorosis, for which over 70 million people are at risk.

A regional workshop on the management of urban water supply and sanitation systems was held in Malaysia in August 1995, in cooperation with the Government of Japan. It provided a forum for introducing the WHO document *Operation and maintenance of urban water supply and sanitation systems - a guide for managers*, which is designed for strengthening national programmes and activities.

National training courses on the technical and managerial aspects of water supply and sanitation were supported in ten countries. Study tours and training opportunities were provided for water supply and sanitation technicians, engineers and managers from 15 countries.

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The majority of Member States have reached their national targets set for the International Drinking Water Supply and Sanitation Decade (1981-1990) as well as making good progress towards attaining their national water supply targets.
and sanitation plan targets. The remainder have achieved substantial increases in coverage and service levels.

**Environmental health in urban development**

The objectives of this programme are to improve environmental health in urban areas; to promote increased awareness and understanding of the interaction between health, the environment and urban development; to promote cooperation and coordination among programmes and organizations concerned with environmental health in urban areas; and to enhance institutional capacities for progressive improvement and implementation of related policies, plans and legislation.

A two-phase Healthy Cities-Healthy Islands strategy has been implemented which emphasizes the formulation of comprehensive health and environment plans and the implementation of priority activities. This strategy reflects the approaches and philosophy of *New horizons in health*.

Local action plans for health and environment were formulated and implemented in selected cities and districts in China, Malaysia and Viet Nam. National workshops were organized to disseminate the results of local planning studies to other cities in those three countries. As an outcome of the Yanuca Island Declaration on Health in the Pacific in the 21st Century, Healthy Island projects were initiated in Solomon Islands, where intensified malaria control is the focus, and in Fiji and Niue. Initiatives for health-promoting schools and workplaces were supported in several countries. Collaboration in this area with the programmes of other international agencies was strengthened.

A videotape was produced to record and promote community efforts for healthy living and health-supportive environments in China and Viet Nam. A resource kit was produced in Shanghai and three cities in Viet Nam to introduce the concepts and principles of health promotion in urban settings. In the Vietnamese cities, WHO also supported extensive campaigns through
mass media and community organizations to raise environmental awareness and stimulate community action for health-supportive environments.

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By generating strong leadership at the local level and achieving good community participation, this programme is attracting attention outside the traditional health sector. As more positive collaborative experience is gained at the local level, increased efforts must be made to involve all concerned in defining the priority issues and developing solutions. It is also important that the positive and negative experiences gained be shared widely among cities/islands with similar concerns. At the national level, greater interest and leadership support are needed among the many sectors concerned with urban health and environment issues.

Assessment of environmental health hazards

The objectives of this programme are to promote the central role of health in development; to improve technical capabilities for monitoring, assessing, controlling and managing environmental risks to health; to foster the development and application of appropriate, environmentally sound methods and technologies for the effective prevention, control, and treatment of environmental health-related disease and disability; and to strengthen environmental health information systems.

Two joint WHO/UNDP sustainable development projects focusing on making health and environment considerations an integral part of development decision-making were undertaken in 1994-1996 in the Region. The project in the Philippines focused on coordination and integration of the decision-making processes at the national level. In Viet Nam, efforts were directed towards demonstrating coordination and integration at the local/city level as a prelude to national-level reform. In a similar vein, Pacific island countries have adopted the concept of “Healthy Islands” as the approach to resolving health and environment issues in the next century (Yanuca Island Declaration on Health in the Pacific in the 21st Century, March 1995).
For a number of years the Western Pacific Regional Environmental Health Centre (EHC) has focused on traditional vertical programmes, such as air and water pollution control, community water supply and sanitation, chemical safety and food safety. More recently its activities have been reoriented, combining its resources with those of other WHO programmes and other organizations, to establish a more holistic approach to environmental health problem-solving. Future environmental health activities will build on this approach.

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The overall greater benefits of taking a more comprehensive, integrated approach to resolving health and environment problems, in the context of sound socioeconomic development, are beginning to be recognized. In a few countries, this recognition is beginning to be translated into effective action. In many countries, short-term economic gains continue to prevail over long-term health, environmental and economic benefits, and the global commitments of national leaders still need to be reflected in complementary action on a day-to-day basis.

**Promotion of chemical safety**

The objectives of this programme are to promote environmentally sound methods and technologies for the effective prevention of disease and disability related to the use of chemicals; to improve technical capabilities for monitoring, assessing, controlling and managing the risks to health related to the use of chemicals; to strengthen environmental health information systems as they relate to chemical safety; and to strengthen capabilities for emergency preparedness in relation to accidents involving toxic chemicals.
Most activities were carried out to strengthen the legal and technical capabilities of institutions, develop measures to mitigate specific priority problems, and train and develop human resources. Five institutes in the Republic of Korea focusing on different aspects of chemical safety have been designated as participating institutions in the International Programme on Chemical Safety. In the Philippines, work has continued on developing and refining a national inventory of toxic chemicals and on strengthening national capability in the areas of risk assessment and environmental health impact assessment.

A workshop on hazardous waste management for Pacific island countries in Fiji in October 1995 assessed alternative approaches for the management of the hazardous wastes of greatest concern, including waste oil, clinical waste and lead batteries. Furthermore, WHO collaborated in assessment of the chemical safety and hazardous waste situation in American Samoa, Samoa and Tonga.

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The level of concern and knowledge about chemical safety issues is improving; and the provision and exchange of technical information in readily usable forms continues to be an area of fruitful collaboration with Member States. Progress is being made towards the development of comprehensive programmes for the control of toxic chemicals and hazardous wastes. However, such programmes are not yet in place and effectively operating in most countries in the Region.
Chapter 5. Integrated control of disease

5.1 Eradication/elimination of specific communicable diseases*

Regional situation

The Region can look forward to the attainment of its goal of poliomyelitis eradication in the very near future. Whereas almost 6000 poliomyelitis cases were reported in 1990, only 432 cases met the clinical criteria for poliomyelitis in 1995. Of these only 19 were confirmed as being associated with wild poliovirus, and transmission was confined to the Mekong Delta area of Cambodia and Viet Nam. This progress was achieved through supplementing the routine activities of the Expanded Programme on Immunization by national immunization days, when more than 100 million children throughout the Region were immunized.

In view of the reduction in the number of cases and the improvement in the quality of surveillance, the first meeting of the Regional Commission for the Certification of Eradication of Poliomyelitis in the Western Pacific took place in Australia in April 1996 to set criteria to be met for certification of poliomyelitis eradication in the Region. Eight internationally renowned experts in the fields of virology, epidemiology and laboratory and public health administration were appointed as members of the Regional Commission.

Major progress on the goal of elimination of leprosy by the year 2000 has been made since WHO introduced multidrug therapy in 1982. The coverage rate for multidrug therapy in the Region increased from 70% in 1990 to almost 100% in 1995.

The elimination of leprosy is defined as the reduction of prevalence to a level below one case per 10,000 population. Of 36 countries and areas in the Region, 21 have already achieved the target, while the remaining 15 still need to intensify their national efforts.

*Neonatal tetanus is also targeted for eradication. Progress in the Region is described on page 77.
### Poliomyelitis

The objective is to maintain poliomyelitis eradication activities and proceed to certification of eradication.

**Eradication status**

The Region is now almost free from poliomyelitis. No indigenous cases associated with wild poliovirus were reported in 1995 in China, the Lao People’s Democratic Republic, Papua New Guinea, the Philippines, and the northern region of Viet Nam. The total number of reported cases meeting the clinical criteria fell from 5863 in 1990 to 432 in 1995. Of these only 19 were confirmed as being associated with wild poliovirus, and transmission was confined to the Mekong Delta area of Cambodia and Viet Nam. Technical guidance and support for poliomyelitis eradication from international partners has been coordinated through regular meetings of the Technical Advisory Group on the Expanded Programme on Immunization and Poliomyelitis Eradication in the Western Pacific Region, which held its seventh meeting in Australia in April 1996.

**National immunization days**

The dramatic reduction in poliomyelitis has been partly due to supplementary immunization given during national immunization days, which were conducted in the six remaining countries endemic for poliomyelitis, from 1992 to 1996.

**Surveillance**

The laboratory network has made impressive gains in improving the reliability and timeliness of virological surveillance. Surveillance and laboratory data are now routinely transmitted to the Regional Office by computer diskette and published in the weekly poliomyelitis surveillance report.

Surveillance for poliomyelitis improved dramatically in 1995. The laboratory network has made impressive gains in improving the reliability and timeliness of virological surveillance. Of the almost 6000 suspected poliomyelitis cases reported in the Region in 1995, 90% were virologically investigated to determine if the cause of paralysis was wild poliovirus. Surveillance and laboratory data are now routinely transmitted by countries to the Regional Office using computer diskettes, and summary data are published in the
weekly poliomyelitis surveillance report, which is sent to countries in the Region and to partner agencies.

The first meeting of the Regional Commission for the Certification of Eradication of Poliomyelitis in the Western Pacific took place in Australia in April 1996. This meeting set guidelines and criteria to be followed by all countries for the certification process.

**Leprosy**

The objectives of the programme are to eliminate leprosy as a public health problem in every country and area of the Region by the year 2000, to prevent disability by early detection and treatment, and to improve the quality of life of persons disabled because of leprosy.

In 1995, 31,908 registered cases of leprosy were reported, of which 12,124 were new cases. Almost all cases (more than 97%) were treated with multidrug therapy.

The Region as a whole achieved the target of elimination of leprosy, defined as less than one case per 10,000 population, in 1991. The prevalence rate dropped from 1.7 cases per 10,000 population in 1986 to 0.21 per 10,000 in 1995, largely because of the rise in multidrug therapy coverage from 8% to more than 97%. Twenty-one countries and areas have less than one case per 10,000 population. However, even in some of these countries, there are pockets of high prevalence. China and Viet Nam, for example, still have a few areas of high endemicity.

The 36 countries and areas in the Region are divided into four groups according to their leprosy prevalence.

Group 1 contains countries with very few cases or no cases of leprosy. These countries are Australia, Japan, Mongolia and New Zealand.
Group 2 comprises 17 countries and areas which have recently reached the elimination target of less than one case per 10,000 population. These are: Brunei Darussalam, China, Cook Islands, Fiji, French Polynesia, Guam, Hong Kong, the Republic of Korea, Macao, Malaysia, New Caledonia, Niue, Solomon Islands, Tokelau, Tonga, Viet Nam and Wallis and Futuna.

Group 3 comprises 11 countries and areas which have not yet reached the elimination target but, with sustained efforts, are close to reaching it during the next two years. These are: American Samoa, Kiribati, the Lao People’s Democratic Republic, the Northern Mariana Islands, the Marshall Islands, Nauru, Palau, Samoa, Singapore, Tuvalu and Vanuatu.

Group 4 comprises the countries which still have high prevalence rates. These are Cambodia, the Federated States of Micronesia, Papua New Guinea and the Philippines.

Taking into consideration the prevalence rate, the absolute number of reported cases and the level of operational difficulties, six countries have been identified for priority attention: Cambodia, the Lao People’s Democratic Republic, the Federated States of Micronesia, Papua New Guinea, the Philippines and Viet Nam.

At a regional workshop on the elimination of leprosy held in the Regional Office in March 1996, participants from 26 countries and areas concluded that the elimination of leprosy in the Region at a national level was feasible by the end of 1998. Elimination at subnational level should be achieved by the year 2000. Plans of action to sustain leprosy elimination or to reach the elimination goal according to the national leprosy situation were outlined for each country.
5. Integrated control of disease

Additional personnel were trained and regular assessments of the situation were conducted in 12 countries and areas in the Pacific, with support from the Pacific Leprosy Foundation.

National workshops on leprosy elimination were supported in most countries in which the disease was endemic. Comprehensive evaluation of the multidrug therapy programme was carried out in Papua New Guinea and the Philippines. These activities were supported by the Nippon Foundation.

Countries with high prevalence rates received special attention to strengthen their programmes. Intensified efforts to eliminate leprosy in Papua New Guinea started in 1996. In Cambodia and the Philippines, leprosy elimination campaigns were organized to increase case detection in areas of high prevalence. Special action projects were implemented in less accessible areas of China and Viet Nam.

A special action project launched in March 1996 in the Federated States of Micronesia, where the prevalence rate of 35 cases per 10,000 population is the highest in the Region, aims to achieve the elimination target within two years. This large-scale project includes total population screening for leprosy case detection, treatment of all identified cases and mass drug administration to all the non-diseased population as preventive therapy. The project is supported by a tripartite agreement between the Government of the Federated States of Micronesia, WHO and the Sasakawa Memorial Health Foundation.

The Leonard Wood Memorial Centre, a WHO collaborating centre in the Philippines, worked closely with Yonsei University, the Republic of Korea, to conduct epidemiological studies on treatment outcome and research on immunology of reactions. The centre also serves as a reference laboratory for the project in the Federated States of Micronesia.

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Leprosy has now been eliminated as a public health problem in 21 countries and areas of the Region. However, six countries need to strengthen their activities to attain the goal of elimination. In addition, patients living in areas
difficult to reach now represent an important proportion of the total case-load. To reach these patients, new approaches and additional resources are needed. The reporting system is still slow in transmitting information in many countries. As more countries reach the elimination target, there is a need to focus on remaining pockets of leprosy cases to ensure the total eradication of the disease in the first decades of the next century.
5.2 Control of other communicable diseases

Regional situation

The number of reported cases of diphtheria, pertussis, tetanus and measles in the Region is continuing to decline as a result of high immunization coverage, which is more than 90% for all the antigens for children. The number of reported diphtheria cases, for example, fell from 1000 cases in 1993 to 614 in 1994 and 304 in 1995. Measles outbreaks continue to occur, but there has been a steady decrease in incidence since the inception of the Expanded Programme on Immunization. Neonatal tetanus reporting has improved and the disease has been eliminated in most countries of the Region.

Acute respiratory infections and diarrhoeal diseases are still the most important causes of deaths among children under five years of age in the Region. The two conditions account for more than half of under-five mortality. Diseases which were thought to be under control, such as diphtheria and tuberculosis, are now re-emerging. High mobility of the population facilitated by modern transportation has resulted in a situation where no country is free from the importation of diseases.

The epidemiological situation of malaria has improved in the last decade. The number of cases detected by microscopy in 1994 (661,000) was more than 50% lower than in 1984. Incidence decreased by 90% in China during the same period, but remains high in Cambodia, the Lao People's Democratic Republic and Solomon Islands.

The notification rate for tuberculosis in the Region increased by 38% between 1984 and 1994. The re-emergence of tuberculosis, not only in developing countries but also in developed countries, is mainly due to the inadequate resources and measures devoted to its control in the past decade. WHO has recommended urgent implementation of control programmes based on the strategy of "directly-observed treatment, short course" (DOTS).

In some countries and areas, between 10% and 30% of the population are chronically infected with hepatitis B virus and face the possibility of serious disease such as cirrhosis and cancer of the liver. In 30 countries and areas of the Region, hepatitis B immunization policies have been initiated.
The dengue vector is found in most tropical countries and outbreaks occur somewhere in the Region every year. Outbreaks of dengue and dengue haemorrhagic fever have so far been recorded in 28 countries and areas, with more than 50,000 hospitalized cases reported annually for the last five years. The majority of dengue cases in the Region occur in young children.

It is well established that sexually transmitted diseases are an important co-factor in the transmission of HIV infection. It is estimated that more than 100 million new cases of curable sexually transmitted diseases occurred in the Region in 1995. The threat of HIV/AIDS is a continuing cause of concern for all Member States. Cumulative totals of 9846 cases of AIDS and 51,807 HIV infections were reported up to 30 April 1996. However, it is estimated that the real number of HIV infections in the Region is much higher. More than 77% of the reported infections were acquired through sexual contact, although in China, Malaysia and Viet Nam, a significant degree of transmission also occurs through intravenous drug use.

Blindness is estimated to affect over 8 million people in the Region, most of whom live in China, the Philippines and Viet Nam. The reported prevalence rates range from 0.2% in Hong Kong, Japan and the Republic of Korea to just over 1.0%. In addition to infections and vitamin A deficiency, major causes are cataract, trachoma and glaucoma. Prevalence rates for hearing impairment and deafness range from 2.1% to 4.6%. Infections of the middle ear, irrational use of ototoxic drugs and poor personal hygiene are major causes.

**Vaccine-preventable diseases**

*Objectives* The objectives of the programme are: to reduce morbidity and mortality from diphtheria, pertussis, poliomyelitis, measles, tetanus, tuberculosis and hepatitis B and to promote regional self-sufficiency in the supply of good quality vaccines, reliable cold chain and logistics systems and safe sterilization and injection practices.
5. Integrated control of disease

In 1995, the regional coverage for antigens delivered to children by the Expanded Programme on Immunization was sustained at over 90%. Routine immunization coverage of infants remained high in the Region as a whole and continued to improve in Cambodia and the Lao People’s Democratic Republic, two countries which had low coverage prior to 1994. The incidence of diphtheria, pertussis, tetanus, poliomyelitis and measles continued to decline as a result of the programme, although there was an outbreak of diphtheria in Mongolia in 1995. This outbreak was controlled promptly by an immunization campaign conducted in close collaboration by the Government and WHO, with support from the Government of Japan and UNICEF.

Activities to eradicate poliomyelitis are described in section 5.1.

By the end of 1995, 33 of the 36 countries and areas in the Region had met the neonatal tetanus elimination goal of less than one case per 1000 live births. Six countries reported cases of neonatal tetanus: Cambodia, China, the Lao People’s Democratic Republic, Papua New Guinea, the Philippines and Viet Nam. Three of these countries, China, the Philippines, and Viet Nam, have succeeded in reducing the incidence of neonatal tetanus to less than one case per 1000 live births, and all these countries made considerable progress in 1995 in improving surveillance and increasing tetanus toxoid immunization coverage for women of child-bearing age. All six countries are now concentrating on remaining areas of high incidence, to improve tetanus toxoid immunization coverage and ensure clean delivery practices.

Measles surveillance in the Region has improved and reporting is more complete in most countries than ten years ago. Most countries in the Region have attained the 1995 goal of reducing incidence by 90% compared with pre-immunization levels through maintaining good immunization coverage. However, countries experience periodic measles outbreaks, even when national immunization coverage is high, as the number of susceptible children accumulates over time. Countries need to identify districts at risk for measles, so as to raise coverage and improve surveillance and the clinical management of cases with complications.
The Work of WHO in the Western Pacific Region, 1995-1996

Sterile injections, cold chain and logistics
National plans of action have been developed for the supply and regular replacement of appropriate equipment for sterile injections and the cold chain, to ensure that all injected vaccines are potent and are given with sterile needles and syringes.

Vaccine production and quality control
Collaboration with centres of excellence for vaccine production and quality control continued, and technical support was provided to China, the Philippines and Viet Nam. In 1996 the major focus was on improving the capability and status of national quality control authorities.

Hepatitis B vaccine
There have been greater efforts to include hepatitis B vaccine in routine infant immunization schedules in countries throughout the Region, and in 1995 the coverage rate was 75%. In the Pacific island countries, the programme was successful in reducing the carrier rate of hepatitis B surface antigen. With the collaboration of international partners, many countries and areas in the Pacific have been assured continuity in the supply of hepatitis B vaccine.

Highly populated countries have a greater problem in providing routine hepatitis B immunization owing to the high cost of the vaccine, although several countries have increased coverage in urban areas. The efforts of China, Mongolia and Viet Nam to upgrade the quality and quantity of local vaccine production were supported.

International collaboration
The success of the Expanded Programme on Immunization owes much to the support of international partners. These include the governments of Australia, Canada, Finland, France, Japan, Malaysia, the Republic of Korea, and the United States of America, together with UNICEF and Rotary International.

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Substantial progress was made during the year, particularly for neonatal tetanus elimination. There were continued increases in coverage in both Cambodia and the Lao People’s Democratic Republic.

Major efforts are needed to improve surveillance and laboratory systems, particularly for poliomyelitis eradication. There is a need to identify high-risk
groups for the immunization programme’s target diseases (especially children who have never been immunized before), who will receive particular attention during routine and supplementary immunization activities.

**Diarrhoeal and acute respiratory disease control**

The objective of the programme is to reduce mortality and morbidity from diarrhoeal diseases and acute respiratory infections, particularly pneumonia, in children below five years of age.

In August 1995, an intercountry workshop for national programme managers and representatives of pre-service training institutions (medical and nursing schools) from 11 Pacific island countries and areas was organized in Fiji. In December 1995, a workshop for programme managers from seven countries was conducted in the Lao People’s Democratic Republic. Both workshops provided an excellent opportunity to discuss strategies and revise plans to further reduce the burden of acute respiratory infections and diarrhoeal diseases in the Region.

Training in case management remained the priority activity of the programme, with emphasis on enhancing training and communication skills.

In order to further improve health workers’ case management practices, training-of-trainers courses were conducted in Cambodia, the Lao People’s Democratic Republic and the Philippines.

Training of health personnel in the Philippines has been expanded to include staff of retail outlets for pharmaceuticals, in order to promote the rational use of drugs in the treatment of diarrhoeal diseases.

Integrated acute respiratory infections and control of diarrhoeal diseases (ARI/CDD) programme management training courses were conducted for provincial staff in the Philippines in 1995, and in Cambodia in 1996 with a view to improving the skills of mid-level managers in the effective planning and evaluation of the integrated programmes.
A new WHO/UNICEF approach of integrated management of major childhood illness, focusing initially on training in case management of diarrhoeal diseases, acute respiratory infections, measles, malaria and malnutrition at first-level health facilities, was introduced in the Philippines and Viet Nam.

In collaboration with the nutrition programme, efforts were made to promote breast-feeding. Training courses on breast-feeding counselling were carried out, in particular in the Philippines and Viet Nam.

More emphasis has been placed on improving the quality of case management training and interpersonal communication between health workers and caretakers. In 1995, a community study on diarrhoeal and acute respiratory diseases was carried out in the Lao People’s Democratic Republic. Ethnographic data collected through community-based studies on acute respiratory infections in China and on diarrhoeal diseases in Viet Nam were used to guide the development of materials for health education and training.

In a number of countries, surveys and data from routine reporting have indicated a downward trend in infant and child mortality and morbidity, partly due to successful health intervention programmes. For example in Mongolia, a considerable decrease in diarrhoea mortality played a large part in the reduction of overall infant mortality by nearly one-third between 1990 and 1995.

A health facility survey on acute respiratory infections carried out in Malaysia in 1996 indicated that health personnel trained in standard case management prescribe significantly less antibiotics for the common cold than untrained staff, which is an encouraging finding on the impact of training.
5. Integrated control of disease

Tuberculosis

The objectives of the programme are to reduce the transmission of tuberculosis and to lower the number of deaths due to the disease. The specific targets are to detect 70% of all infectious cases through sputum microscopy and to cure 85% of such cases.

The re-emergence of tuberculosis led to a rise in the number of reported cases in the Region up to 1991, but in recent years the number of cases has remained fairly stable.

A strategy whereby patients take a short course of drugs under supervision by health workers, known as “directly-observed treatment, short-course” or DOTS has been initiated in six high-priority countries: Cambodia, China, the Lao People’s Democratic Republic, Papua New Guinea, the Philippines and Viet Nam. For example, in Cambodia, three years of close collaboration between the Government and WHO has led to the implementation of DOTS in more than 55% of district health facilities and the treatment of more than 65% of newly notified cases. More than 80% of these cases were cured. DOTS is used in the tuberculosis component of the World Bank’s Infectious and Endemic Disease Control project in China, which covers 500 million people and has achieved a cure rate of over 90%. WHO has collaborated closely with the Philippines to start implementation of DOTS in four high-risk provinces.

Although tuberculosis/HIV co-infection is still low in the Region as a whole, the situation is being watched closely.

Since drug resistance has become a critical problem, WHO has strengthened the regional surveillance of drug resistance with the collaboration of three international reference laboratories. Technical support was provided to China, Fiji, Hong Kong, Malaysia, the Philippines and Viet Nam in order to strengthen laboratory capacity and improve surveillance methodology.
The implementation of directly-observed chemotherapy has raised the cure rate. The increase in the population placed under this treatment has led to stabilization of the number of tuberculosis cases reported. However, the implementation of the DOTS strategy is still low in many countries.

Emerging diseases including cholera and other epidemic diarrhoeas, zoonoses and antimicrobial resistance

The objectives of the programme are: to establish effective surveillance mechanisms to detect and control outbreaks of communicable diseases, including zoonoses; to develop programmes for prevention and control activities, particularly for viral hepatitis, dengue fever and dengue haemorrhagic fever, Japanese encephalitis, haemorrhagic fever with renal syndrome, rabies, plague, and influenza; and to respond to outbreaks of new, emerging and re-emerging infectious diseases.

Surveillance National capability in epidemiology was strengthened by conducting national training courses and through fellowships. The ability of national laboratories to diagnose infectious diseases was updated, and essential equipment and reagents were provided. A network for communicable disease surveillance among the Pacific island countries was strengthened in collaboration with the South Pacific Commission.

Japanese encephalitis Despite the existence of effective vaccines, thousands of cases of Japanese encephalitis are reported from China and Viet Nam every year. Two cases were recognized in Australia in 1995 for the first time. Support for national capabilities for vaccine development and production in China and Viet Nam continued, with the aim of achieving self-sufficiency in vaccine production.
WHO-coordinated dengue control projects have been established in Cambodia, the Lao People’s Democratic Republic, Viet Nam and Pacific island countries. An outbreak of dengue haemorrhagic fever occurred in Cambodia in 1995. The Government and WHO took prompt action to control the outbreak successfully (see below).

Support was provided for improving the influenza surveillance system of provincial institutes in China. The capability of the institutes for virus isolation and identification was strengthened by means of a training course and the supply of basic equipment. This activity contributed to the global influenza surveillance system of WHO, which serves to identify possible dominant strains of the virus so that vaccines can be developed to deal with the next epidemic.

In 1995, a number of outbreaks of communicable diseases, such as diphtheria, cholera and dengue haemorrhagic fever occurred in the Region. To prevent the outbreaks from spreading, the governments and WHO responded promptly. For example, when Cambodia reported an outbreak of dengue haemorrhagic fever in 1995, the Government and WHO, with the support of USAID, quickly instituted vector control in conjunction with a widespread public awareness campaign. Another example concerns the outbreak of diphtheria in Mongolia in 1995. WHO and the Government, with support from Japan and UNICEF, promptly mobilized enough vaccine to control the disease.

In order to further strengthen the capability of the Regional Office to deal with emergency situations, an outbreak response task force was established in April 1996. Stockpiles of supplies and equipment required for emergency response, such as insecticide and cholera kits, have been distributed at three strategic locations: Cambodia, Fiji and the Regional Office.
Sexually transmitted diseases and AIDS

The objective of the programme is to prevent and control sexually transmitted diseases (STDs), including human immunodeficiency virus (HIV) infection and acquired immunodeficiency syndrome (AIDS).

Regional epidemiological situation

It is well established that STDs are important co-factors in the transmission of HIV. It is estimated that more than 100 million new cases of curable STD (gonococcal and chlamydial infections, syphilis and trichomoniasis) occurred in the Region in 1995.

A cumulative total of 51,807 cases of HIV infection was reported up to 30 April 1996. Because of significant underreporting, the true number of cases is considered to be more than 200,000. The infection predominantly affects young adults in their most productive years of life, between 20 and 40 years of age. Cumulative totals of 9,846 cases of AIDS were reported up to 30 April 1996.

Australia and New Zealand, which have implemented intensive prevention programmes, are now witnessing a decrease in the incidence of HIV infection. The number of HIV and AIDS cases in most Pacific island countries has been limited and no rapid increase is expected in the near future. Other countries in the Region, however, are experiencing significant increases in the number of HIV and AIDS cases. It is projected that by the year 2000 a substantial increase in HIV infections will occur in these countries unless appropriate actions are taken.

UNAIDS

In December 1995, the WHO Global Programme on AIDS (GPA) ceased operations. In January 1996 the Joint United Nations Programme on HIV/AIDS (UNAIDS) became operational. The new programme is cosponsored by UNDP, UNESCO, UNFPA, UNICEF, the World Bank and WHO with the purpose of expanding and strengthening the response of the United Nations system to HIV/AIDS through enhanced collaboration and joint action on policies and programmes. At country level, UNAIDS theme groups have been formed, almost all of which are chaired by the WHO Representative.
Within the new UNAIDS framework, WHO is a focal point for the support of national STD and AIDS prevention and control programmes, particularly in the reinforcement of epidemiological surveillance for STD/HIV/AIDS and the development of health services and STD/HIV/AIDS education, including peer education programmes targeted at commercial sex workers.

In order to further strengthen the role of WHO, an STD unit has been established at the Regional Office. The unit is working closely with other programmes related to HIV/AIDS in order to accomplish its objectives.

To enhance information exchange with Member States, the last two modules of the HIV/AIDS reference library for nurses (concerning basic education and continuing education in human sexuality), the set of "aides-mémoire" for AIDS/STD programme managers, and the STD case management modules have been distributed to Member States. The regional AIDS surveillance report is widely distributed twice a year.

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The importance of adequate STD prevention and control as a means of HIV prevention is not sufficiently recognized and activities in this area need to be strengthened. The new UNAIDS framework should be used to create a more open dialogue between the United Nations agencies concerned.

Malaria

The objectives of the programme are to promote national, regional and international action for controlling malaria, to strengthen operational planning, implementation, evaluation and training so as to ensure cooperation between countries for greater impact on malaria control, and to involve the community more closely in malaria control activities, encouraging greater individual responsibility for protection against the disease.

In the nine malaria-endemic countries there were 661 000 cases detected by microscopy in 1994. A similar number (667 800) were reported in 1993.
Incidence was high in Solomon Islands (347 cases per 1000 inhabitants per year) but low in China (one case per 1000 inhabitants in areas at risk). The other countries reported an annual parasite incidence ranging from 4 to 37 per 1000 inhabitants.

**Regional malaria meeting**

A regional malaria meeting on intensified control measures was held in the Regional Office in October 1995. The lack of effective programme management was highlighted as an important problem. It was proposed that when the treatment failure rate reaches 25%, it is time to consider changing to a new drug. Continued support and coordination of national and intercountry training activities were recognized as a constant requirement for malaria control programmes. Since mothers make important decisions about their children's treatment, it was proposed that they should be the target of intensified health education programmes that stress the signs and symptoms of malaria as well as the proper treatment.

**Control programmes**

Activities to strengthen the control programme began in the Lao People's Democratic Republic, using funds from a World Bank loan. Priority provinces for pyrethroid-treated mosquito net distribution are Savannakhet, Luang Prabang and Oudomxay, where large rural populations (600 000) of the Lao Theung ethnic group reside. Cambodia continued to meet the challenge of moving from a predominantly curative hospital-based programme, focused on the reduction of mortality and morbidity, to a community-based programme of disease prevention and vector control. With the support of UK/ODA and several nongovernmental organizations, operational planning and large-scale utilization of permethrin-treated mosquito nets began in the provinces of Kampong Cham and Kampong Speu in 1995. The aim is to cover 195 000 people by 1997 and an additional 135 000 by 1998. Pyrethroid-treated mosquito nets protect about 13 million inhabitants among the 125 million at risk in the nine malaria-endemic countries.
Solomon Islands started an intensified malaria control programme in late 1995, beginning in the area with the highest incidence, the capital city of Honiara, where there were 822 malaria cases per 1000 inhabitants in 1994. The control measures directed against adult mosquitos included wide-scale use of permethrin-treated mosquito nets, and ultra-low-volume insecticide spraying around houses. An additional feature was the installation of pipelines at the mouth of the Mataniko River in central Honiara and two other sites to alter the breeding habitat and greatly reduce the larval densities of the local vector species, *Anopheles farauti*. Mass blood surveys of the target populations are promptly followed by treatment of all positive cases within 48 hours after the slides are taken. During the first four months of intensified control efforts in 1996, the number of malaria cases in the target areas was 75% lower than in the same period in 1995. Partners supporting these efforts include the Governments of Australia and the Republic of Korea and Rotary International.

A joint European Union/WHO meeting on malaria control in Cambodia, the Lao People's Democratic Republic and Viet Nam was held in Belgium in March 1996 with the participation of the national malaria programme managers. The European Union will make a substantial bilateral contribution for malaria control in these countries for a four-year period from 1996 onward.

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Progress is being made in controlling malaria in countries with high incidence. Comprehensive control measures still need to reach certain areas where the poorest and most dispersed populations live. Programmes are being revitalized by applying available resources to these priority areas. External partner support will be essential for maintaining control momentum in countries with insufficient resources. This involves expanded population coverage with early diagnosis, prompt treatment and large-scale vector control.
Schistosomiasis and filariasis

WHO's objective is to promote simple and cost-effective methods to prevent and control schistosomiasis and filariasis.

Schistosomiasis

Schistosomiasis is a public health problem in Cambodia and WHO collaborated with the Government in efforts to establish an effective control programme in Kratie province (212,000 inhabitants), where the prevalence in some communes along the Mekong River is 40%.

In the Philippines, schistosomiasis has almost been eliminated from Bohol Island, where prevalence was reduced from 4.7% in 1981 to 0.08% in 1995.

Filariasis

The prevalence of filariasis in Samoa in 1995 was 1.9%, compared with 4.3% in 1993 and 2.2% in 1994. Mass drug administration is planned in 1996 for the further reduction of microfilaria prevalence, using diethylcarbamazine combined with ivermectin.

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Control measures need to be strengthened in localities where schistosomiasis and filariasis are public health problems. Progress is being made in controlling these diseases where drugs and other appropriate measures are applied in a thorough manner.

Vector biology and control including vectors of dengue haemorrhagic fever

The objective of the programme is to reduce the number of vectors and animal reservoirs of major public health importance so that they no longer constitute a threat to public health and well-being.
5. Integrated control of disease

WHO collaborated in developing a national plan of action for controlling vectors of dengue haemorrhagic fever in Viet Nam, and in controlling an outbreak of dengue haemorrhagic fever in Cambodia in July and August 1995. Insecticide for emergency dengue vector control was provided to the Lao People’s Democratic Republic in April 1996.

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Efforts to promote community-based programmes and preparedness against dengue outbreaks have continued. Effective community action for eliminating dengue vector breeding places has not kept pace with population growth and adequate environmental management in urban areas.

**Special Programme for Research and Training in Tropical Diseases**

The objective of the programme is to promote and strengthen research activities and develop new and improved mechanisms and methods for the prevention, diagnosis and treatment of major tropical diseases.

The Special Programme for Research and Training in Tropical Diseases, a global programme jointly funded by governments, UNDP, the World Bank and WHO, provided a total of approximately US$ 1.9 million for various activities within the Region during 1995. The main fields covered were malaria, schistosomiasis, filariasis and leprosy in 11 countries and areas. Over a quarter of the total amount was allocated to institution strengthening and training activities and more than two-thirds to research projects.

* In vitro* kits for testing the sensitivity of malaria parasites to amodiaquine, chloroquine, mefloquine, pyrimethamine, quinine and sulfadoxine/pyrimethamine continued to be produced and distributed by the Malaria Control Service of the Philippines. During the reporting period, 30 basic kits, 78 replenishment kits and 1580 test plates were distributed.
A network of high-quality research and training centres has been established in developing countries, enabling a core of scientists to pursue their careers in their own countries.

**Prevention of blindness and deafness**

**Objectives**
The objectives of the programme are to reduce avoidable and curable blindness, promote eye health and make adequate eye care available to all, especially people in underserved rural and urban communities; and to reduce the incidence and consequences of hearing impairment.

**National programmes on blindness prevention**
The development of national programmes on blindness prevention in Cambodia, Fiji, the Lao People’s Democratic Republic and Viet Nam continued with technical support from WHO.

At an intercountry workshop held in the Lao People’s Democratic Republic in October 1995, participants assessed the national programmes in Cambodia, the Lao People’s Democratic Republic and Viet Nam and discussed collaboration with nongovernmental organizations. Sponsored by the WHO Collaborating Centre for the Prevention of Blindness at Juntendo University, Tokyo, Japan, the workshop also demonstrated how such centres can be effectively utilized in support of programme activities.

**Elimination of cataract**
A cataract intervention programme supported by the Government of the Republic of Korea was initiated in the Lao People’s Democratic Republic. Mass cataract operations will be performed on at least 80% of cataract-blind patients in six provinces along the Mekong River within a period of two years. The intention is to reduce the backlog of operable cataract and eventually to eliminate the condition in the Lao People’s Democratic Republic.
A working group on the training of mid-level eye care personnel in the prevention of blindness was held in the Regional Office in July 1995. Guidelines on the structure and content of a training curriculum for mid-level eye care personnel were drafted and are currently being refined.

WHO collaborated in assessing the nature and magnitude of hearing impairment and deafness in Fiji, Vanuatu and Viet Nam as an initial step to programme development.

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National programmes on blindness prevention are constrained by the lack of ophthalmologists and other trained personnel, and by the lack of national resources to implement programme activities.

Allocation of resources to programmes on hearing impairment and deafness is low in many countries. There is a need to raise awareness of the extent and consequences of the problem among the population, health personnel and policy-makers. Trained personnel for essential ear care are also needed.
5.3 Control of noncommunicable diseases

Regional situation

Aging of the population and changing lifestyles have led to an increase in the incidence of noncommunicable diseases, particularly cardiovascular diseases, cancer and diabetes, in most countries and areas of the Region.

Cancer is among the three leading causes of adult mortality in 24 countries and areas. Lung, stomach, liver, breast and cervical cancer are the major forms. In recent years, while there has been a decrease in stomach cancer, the morbidity and mortality due to lung cancer have increased in almost every country. Cancer control activities in the Region have included anti-smoking measures for prevention of lung cancer as well as noncommunicable diseases; hepatitis B vaccination to prevent liver cancer; and early detection and screening for breast cancer using mammography and physical examination, and for cervical cancer by Papanicolaou smear test.

Cardiovascular diseases are also one of the three leading causes of adult mortality in 28 countries and areas. Morbidity and mortality resulting from ischaemic heart disease are rising owing to such risk factors as hypertension, smoking, unhealthy diets and obesity. Cerebrovascular disease remains common, although prevention and improved case management has reduced mortality in five countries and areas. Rheumatic fever and rheumatic heart disease are still public health problems in some countries.

Non-insulin-dependent diabetes mellitus among populations in the Region is increasing and prevalence now exceeds 8% in 13 countries and areas. It is becoming more common not only in Pacific island countries but also in many other countries where significant socioeconomic changes have taken place. Insulin-dependent diabetes mellitus is still rare in developing countries.

Dental caries remains the most widespread of all dental problems, afflicting approximately 80% of the general population. Periodontal disease, the other widespread oral health condition, affects over three-quarters of all adults to some degree.

The objectives of the programme are to prevent and control noncommunicable diseases, particularly cancers, cardiovascular diseases and diabetes, and to improve case management; and to support Member States in developing their
oral health care programmes so that the highest possible level of oral health can be attained by all and maintained throughout life.

Integrated programmes for prevention and control of noncommunicable diseases are being developed in view of the similarity of the risk factors for diseases such as cancer, cardiovascular diseases and diabetes.

Through two programmes in Tianjin and Chengdu, China, activities were carried out to reduce the main risk factors for noncommunicable diseases, with emphasis on the management of hypertension and diabetes. Health workers in Fiji were trained in methods and skills for risk factor reduction and integrated control of noncommunicable diseases by a series of national and subnational workshops.

National workshops on the development of cancer control programmes were held in Fiji, Mongolia and Samoa in 1995 to assess cancer trends, formulate control strategies and identify priorities for action.

Training of health workers in the field of cancer prevention and control was strengthened with WHO support in Fiji, Malaysia, the Philippines and Viet Nam.

A regional cancer epidemiological profile and a manual on the prevention and control of common cancers were developed. WHO continued to support the extension of cancer registration in China through a national workshop on cancer registration and surveillance in November 1995 in Beijing. WHO collaborated with Fiji to review cancer surveillance and further directions for cancer registration activities in 1995.

Methods for early diagnosis of breast cancer were introduced to health workers nationwide in China with WHO support. At a national conference held in October 1995, steps were taken for the further improvement of early detection in Viet Nam.
### Cancer pain relief

WHO supported the introduction of the cancer pain relief methodology to Fiji and Samoa to improve the quality of life of patients with terminal cancer. Continuing work was done on the adjustment of drug regulations to make cancer pain relief drugs more readily available. Health workers' knowledge of and attitude to cancer pain relief were investigated through an ongoing multinational study in China, Japan, the Philippines, the Republic of Korea, Singapore and Viet Nam.

### Prevention and control of cardiovascular disease

Skills and knowledge in the areas of epidemiology and biostatistics and the strategies used for the prevention of cardiovascular and cerebrovascular diseases were introduced in two national workshops held in China in August 1995 and early 1996. Monitoring and evaluation of WHO-supported national cardiovascular diseases programmes in the Philippines in 1995 emphasized the need to improve the collection of mortality data and identify the most common risk factors for determining further interventions. Strategies for nutritional interventions to prevent cardiovascular diseases were formulated in Malaysia in August 1995.

### Community-based approach

A workshop held in China initiated community-based strategies for prevention and control of cardiovascular diseases and cerebrovascular diseases. As a result, guidelines were developed in August 1995 for implementation throughout China.

### Rheumatic fever and rheumatic heart disease

WHO and AGFUND continued to support the intensified programme on prevention and control of rheumatic fever and rheumatic heart disease in China, the Philippines, Tonga and Viet Nam in 1995. National and regional registry centres for rheumatic fever and rheumatic heart disease were established and connected to a computerized monitoring network in the Philippines. WHO supported the development of a videotape and brochures on the prevention of rheumatic fever and rheumatic heart disease in French Polynesia in 1995.
A national programme on prevention and control of diabetes was formulated at a WHO-supported symposium in October 1995 in China. Training seminars on the prevention and control of diabetes were supported in French Polynesia in 1995.

In 1996, the first group of dental assistants graduated from the Fiji School of Medicine as dental therapists under the reformed training programme. By 1996 a total of 70 students from ten countries and areas will have enrolled in this training scheme.

A recent survey in Ho Chi Minh City, Viet Nam showed significant improvement in the oral health of pre-school children since water fluoridation commenced in 1990.

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Countries have improved the prevention and control of noncommunicable diseases through the health promotion approach. While many countries have strengthened their cancer prevention and control activities, there is a need to develop comprehensive national policies and programmes, with emphasis on cancer prevention, early detection and pain relief.

Health promotion to change unhealthy lifestyles has played an important role in preventing cardiovascular diseases and diabetes. The next thrust will be to develop comprehensive public policies and to intensify community-based intervention programmes on the risk factors of cardiovascular diseases and diabetes, particularly control of hypertension.
Chapter 6. Administrative services

Personnel

There has been a need, in view of the ongoing budgetary constraints, for regular monitoring and review of staffing needs. A number of posts have been kept vacant and their functions and responsibilities assumed by other staff members. When the WHO Global Programme on AIDS ceased operations, all the general service staff and most of the professional staff assigned under GPA were absorbed into other programmes. With the transfer of Mongolia to the Western Pacific Region on 1 July 1995, professional and general service posts were re-established to reflect their inclusion in the Region. Action continued to be taken towards the achievement of the 30% target for the recruitment and participation of women in the work of WHO, including the appointment of the first woman director in a technical division at the Regional Office.

Shift work for certain categories of support staff was introduced at the Regional Office on a trial basis to make more rational use of their services and reduce costs. Initial findings show that overtime for drivers, for example, has been reduced by 60% or almost 400 person hours per month and the number of janitorial staff has been reduced from 35 to 19.

Communications

Emphasis was placed on increasing efficiency and reducing costs by the adoption of advances in communications technology as they became available in the Philippines. In particular, the internal electronic mail network at the Regional Office was linked to the Internet in May 1996 to facilitate communication with country offices and international development partners. Use of the new system is expected to lead to substantial savings.

Personal identification numbers for telephone calls were issued to all professional staff at the Regional Office, thus avoiding the more expensive operator-assisted calls. This reduces costs by almost 30%.

A direct inward dialling facility has also been made available to staff. Ten additional lines have been installed.
Better rates negotiated for the use of facsimile reduced the cost by almost 25% from 1994 levels, although volume increased. Further cost reductions are expected to result from the introduction of electronic mail in May 1996.

Supplies and equipment costing approximately US$ 11 400 000, utilizing all sources of funds, were procured. Purchases made through WHO headquarters amounted to US$ 5 800 000, while purchases made by the Regional Office from suppliers within the Region and elsewhere totalled US$ 5 600 000.