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FOLLOW-UP REPORTS

Prevention and Control of Noncommunicable Diseases

Resolutions WPR/RC51.R5 and WPR/RC57.R4 mandated the preparation of a regional response to fight noncommunicable disease (NCD) and the development of regional guidelines and norms for the implementation and evaluation of NCD programmes. Political commitment is evident in the growing number of national initiatives, and WHO continues to provide forums for updates and sharing of experiences.

The third Japan-WHO International Visitors Programme on NCD Prevention and Control was held in Saitama in April 2007 to identify interventions to achieve the goal of a 2% annual reduction in NCD mortality.

Three countries have final reports on the WHO STEPwise approach to NCD surveillance (STEPS). The majority of Pacific island countries have adopted STEPS. The Vanuatu Commitment from the Meeting of Ministers of Health of the Pacific Island Countries in March 2007 endorsed a "whole-of-society" approach to NCD prevention and control. A Plan of Action (2006–2010) for the Western Pacific Declaration on Diabetes also was finalized and published.

Tobacco control

Tobacco use is the second-largest cause of death in the world, responsible for about 5 million deaths each year. If current smoking patterns continue, it will cause about 10 million deaths annually by 2020. Each day in the Western Pacific Region alone, it is estimated that more than 3000 people die prematurely from diseases related to tobacco use.

The Region is making good progress in reversing these trends as demonstrated by the commitment of Member States to implement the WHO Framework Convention on Tobacco Control (the Convention) that became international law in 2005. This treaty provides the means to reduce tobacco use and improve health.

Many Member States already have implemented minimum Convention requirements, with significantly increased support of international partners. However, there must be sustained commitment at all levels to implement priority, evidence-based measures.

A follow-up report is provided. The Regional Committee is urged to continue to give highest priority to rapid implementation of the Convention, even beyond its minimum requirements, and to make all efforts to sustain tobacco control measures.

Mental health

Mental and neurological disorders accounted for 17.6% of the total disease burden in the Western Pacific Region in 2002, the latest year for which data are available, with depression alone responsible for more than 6% of the burden. Despite the high burden of mental and neurological disorders, the resource allocation for mental and neurological disorders is less than 1% of the total health budget in half of the countries and areas in the Region. A WHO survey found that 76.3%–85.4% of patients in less-developed countries did not receive treatment for such disorders.

The Regional Committee for the Western Pacific is asked to note the increasing trend of mental, behavioural, neurological and substance use disorders and the unmet needs for treatment of these disorders. Comments on major barriers to improving mental health services and guidance on overcoming these barriers are welcome.

Traditional medicine

During the fifty-second session of the Regional Committee for the Western Pacific in September 2001, the Regional Committee adopted resolution WPR/RC52.R4 where it endorsed the *Regional Strategy for Traditional Medicine in the Western Pacific Region (2001–2010)*.

To implement the strategic objectives outlined in the Strategy, the Regional Office for the Western Pacific has undertaken a number of activities in the areas of policy, education, research, regulation and standards, including terminology, acupuncture point locations and clinical practice. These activities led to two important publications: *Guidelines for Quality Assurance of Traditional Medicine Education in the Western Pacific Region* and *WHO International Standard Terminologies on Traditional Medicine in the Western Pacific Region*. Two additional publications, *WHO Standard of Acupuncture Point Locations* and the *Revised Guidelines for Clinical Research on Acupuncture*, are expected to be available later this year.

The Regional Office for the Western Pacific will continue to work closely with Member States to secure the efficacy, safety and quality of traditional medicine. Member States are encouraged to collaborate with the Regional Office to promote and ensure the proper use of traditional medicine in the Region. The Regional Committee is asked to note this report.

PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES

1. BACKGROUND AND ISSUES

Pursuant to resolution WPR/RC51.R5 that mandated the preparation of a regional response to fight noncommunicable disease (NCD) in the Western Pacific, the fifty-sixth session of the Regional Committee for the Western Pacific in September 2005 reviewed and endorsed a conceptual framework for action spanning four fronts: national planning; surveillance; health promotion; and clinical prevention.

Noting the progress of work presented to the fifty-seventh session of the Regional Committee for the Western Pacific in September 2006, resolution WPR/RC57.R4 requested further review and, where appropriate, development of regional guidelines and norms for the implementation and evaluation of noncommunicable disease prevention and control programmes, taking into account the need for continuing relevance to the health systems of countries and areas of the Region. It also mandated the establishment of a regional mechanism for networking and knowledge management in noncommunicable disease.

2. ACTIONS TAKEN

Political commitment to noncommunicable disease control is evident in the growing number of national plans and programmes. WHO continues to provide forums for technical and programmatic updates and for sharing of experiences to strengthen national action.

The Third Japan-WHO International Visitors Programme on NCD Prevention and Control was held at the National Institute of Public Health in Saitama, Japan, in April 2007, bringing together 22 participants from 12 countries and from the Secretariat of the Pacific Community. The programme aimed to provide participants with a better understanding of national interventions needed to achieve the goal of a 2% annual reduction in noncommunicable disease mortality and to give participants experience in developing projects for preventing NCD.

Most Pacific island countries have initiated the use of the WHO STEPwise approach to NCD surveillance.¹ Two technical meetings were held in Fiji in 2006 to support 15 Pacific island countries in the analysis of STEPS survey data. To date, three countries have published their STEPS report, five have completed their draft report, while others are in various stages of data collection and analysis. The published results have provided for the first time, clear evidence of the problem, as well as a clear focus for cost-effective interventions at the country level.

The Vanuatu Commitment that emerged from the Meeting of Ministers of Health for the Pacific Island Countries in March 2007 called for a "whole-of-society" and not just a "whole-of-government" approach to noncommunicable disease prevention and control, and for the use of social marketing of healthy lifestyles in all settings. Subsequently, a framework for the prevention and control of noncommunicable disease in the Pacific was developed. This document provides a sound basis for assessing and profiling progress in countries, identifying appropriate areas of intervention, and prioritizing resource mobilization efforts.

A Plan of Action (2006–2010) for the Western Pacific Declaration on Diabetes has been finalized and published, calling for action and participation from governments, policy-makers, parents, teachers, communities, employers and strategic partners in the fight against this debilitating disease.

As a broader response to the external evaluation of the NCD programme conducted in 2005, as well as to WPR/RC57.R4, a regional framework for strengthening health systems to improve noncommunicable prevention and control is being developed. A workshop is planned for November 2007 to review evidence and share experiences on best practices and to identify facilitators and barriers to the implementation of successful policies and interventions, including tools and methods that may assist in assessing and improving health system performance in chronic disease prevention and control.

3. ACTIONS PROPOSED

The Regional Committee for the Western Pacific is asked to note both this update and the progress in the area of prevention and control of noncommunicable diseases, and to provide guidance to strengthen further work.

¹ *The WHO STEPwise approach to surveillance NCD surveillance (STEPS) is a framework to define core variables for population-based surveys, surveillance and monitoring instruments to achieve data comparability over time and between countries. STEPS is based on the concept that surveillance systems require standardized data collection as well as sufficient flexibility to be appropriate in a variety of country situations. The approach allows for the development of an increasingly comprehensive surveillance system depending on local needs and resources.*

TOBACCO CONTROL

1. BACKGROUND AND ISSUES

Tobacco use is the second-largest cause of death in the world, responsible for about 5 million deaths each year. If current smoking patterns continue, it will cause about 10 million deaths annually by 2020. Each day, in the Western Pacific Region alone, it is estimated that more than 3000 people die prematurely from tobacco-use related diseases. The costs of tobacco use to governments, businesses, communities and families far outweigh the profits. In fact, the World Bank has estimated that tobacco use results in a global net loss of over \$200 billion annually. In addition, millions of non-smoking adults and children in this Region are seriously harmed by exposure to tobacco smoke pollution.

In response to this pandemic, WHO Member States adopted the world's first tobacco control treaty, the WHO Framework Convention on Tobacco Control (the Convention) that became international law in 2005. All 27 eligible WHO Western Pacific Member States have become Contracting Parties to the Convention and are bound by its provisions. The Western Pacific Region is currently the only WHO Region where 100% of its eligible Member States have become Parties.

The fifty-seventh session of the Regional Committee for the Western Pacific encouraged Member States to maintain the commitments made at the fifty-fifth session of the Regional Committee, including implementation of tobacco control measures beyond those required by the Convention and its protocols, and to use the Convention and the Tobacco Free Initiative Regional Action Plan (2005–2009) to guide national tobacco control policies and programmes.

2. ACTIONS TAKEN

Globally, Parties began implementation of the Convention at the first session of the Conference of Parties in February 2006. Twenty-six Western Pacific Member States participated as Contracting Parties at the Second Session of the Conference of Parties—or COP2—held 30 June to 7 July 2007 in Bangkok, Thailand. By any measure, COP2 was a critical success. Among the decisions that were taken at COP2, Parties decided to:

- (1) formally adopt strong guidelines on second-hand smoke and establish an intergovernmental negotiating body to commence negotiation of a protocol on illicit trade;

- (2) start work on several guidelines including guidelines on packaging and labelling and advertising, promotion and sponsorship with the aim of adopting guidelines at COP3; guidelines on tobacco industry interference; guidelines on education, communication, training and public awareness, as well as on cessation; and
- (3) give lower priority to work on product testing, measurement and disclosure, and also economically viable alternatives, but still agreed to continue work in these areas.

A few Western Pacific Member States already have met Convention requirements, several more are making good progress in implementing Convention provisions, and some are seeing decreases in smoking prevalence through the enforcement of evidence-based tobacco control measures. Unfortunately, in some countries action continues to be seriously delayed. The Republic of Korea continues to significantly decrease its smoking rates through concerted action, including tax increases and public education campaigns, and will introduce new graphic health warning labels on cigarette packs in 2008. Australia introduced new graphic health warnings on all tobacco products imported and manufactured for retail in Australia. New legislation banning smoking in areas of bars, restaurants and clubs, backed by extensive communication campaigns, has led to rapid, significant and unexpected decreases in smoking among young women and a drop in overall smoking prevalence to just 20.1%. Guam, Hong Kong (China), New Zealand, Palau and Singapore have implemented strong smoke-free policies, providing good regional models and contributing valuable lessons learnt. Other countries, such as Cambodia, Cook Islands, Niue, Samoa and Viet Nam are developing new legislation and programmes to meet the requirements of the Convention.

With support from the Government of Japan and the United States Centers for Disease Control and Prevention, WHO has continued to provide targeted, country-level technical assistance, capacity-building and other support to Member States for implementation of the Convention on Tobacco Control.² In addition to country-level assistance, WHO conducted subregional workshops to build capacity for Convention implementation and prepare the Region's Parties for active participation in the Second Session of the Conference of Parties (COP) that was held in Bangkok in June 2007. WHO supported country advocacy efforts to promote comprehensive smoke-free policies in line with the 2007 World No Tobacco Day theme "Smoke-free Environments". WHO also has provided continued support to healthy lifestyles communication and tobacco-free/smoke-free policies for the 2007 South Pacific Games in Samoa and implementation of smoke-free policies for the 2008 Beijing Olympics.

WHO also is working to mobilize increased regional and country-level resources for tobacco control. WHO is one of the partners selected to help implement the Bloomberg Global Initiative to

² During this reporting period, WHO provided in-country technical assistance, training or other support to Cambodia, China, Cook Islands, Hong Kong (China), the Lao People's Democratic Republic, Malaysia, the Federated States of Micronesia, Mongolia, Niue, Papua New Guinea, the Philippines, Samoa, Tonga, Vanuatu and Viet Nam.

Reduce Tobacco Use, a two-year, \$125 million initiative funded by New York City Mayor Michael Bloomberg that provides grants with special focus on 15 developing countries, including China, the Philippines and Viet Nam. The grants will support projects that lead to substantial, sustainable improvements in tobacco control laws, regulations, policies and programmes.

WHO continues to build the regional evidence-base for tobacco control, for example, WHO-funded research on betel nut and tobacco use in the Pacific community. This research, conducted by the Secretariat of the Pacific Community, has provided concrete recommendations for developing effective policy and programmatic interventions on betel nut and tobacco use. WHO also expanded its global tobacco surveillance efforts: 27 countries and areas now have completed or are in the process of completing the Global Youth Tobacco Survey, the Global School Personnel Survey and the Global Health Professional Student Survey. WHO also is spearheading the development of the new Global Adult Tobacco Survey (GATS) in partnership with the CDC Foundation. GATS will, for the first time, provide a standardized, comparable adult household survey on tobacco use knowledge, attitudes and behaviours.

3. ACTIONS PROPOSED

WHO will continue to put the highest priority on providing technical assistance and capacity-building to support the effective implementation of the Convention by Parties in the Region, and aggressively promote evidence-based strategies such as expansion of smoke-free policies, comprehensive bans on advertising and promotion, stronger health warnings on tobacco products, and tax and price measures. WHO will actively engage all Member States to encourage their participation in the Bloomberg Initiative and continue to make efforts to mobilize resources for tobacco control. WHO will also continue to expand and update its global surveillance activities.

Member States are asked to continue to make progress on strategies and action detailed in the *Tobacco Free Initiative Regional Action Plan (2005–2009)*, and to continue to make progress to fully implement the Convention, at the earliest opportunity, if they already have not done so.

Further, Member States are asked to reinvigorate commitments originally made at the fifty-fifth session of the Regional Committee for the Western Pacific, including implementation of tobacco control measures consistent and beyond those required by the Convention. Priority should be given to evidence-based measures such as increasing tobacco prices, strengthening smoking restrictions, implementing comprehensive bans on advertising and promotion, effectively communicating the health risks from smoking to include strengthened health warnings on tobacco products, and where possible, increasing access to cessation therapies.

The Regional Committee is asked to note this report.

MENTAL HEALTH

1. BACKGROUND AND ISSUES

Mental and neurological disorders have continued to increase in many countries of the Western Pacific Region. They create a major and unnecessary burden for individuals, communities and societies. For 2002, the most recent year for which comprehensive data are available, mental and neurological disorders accounted for 17.6% of the total disease burden in the Western Pacific Region, with depression alone responsible for more than 6% of that burden. According to WHO estimates, there were approximately 331 000 suicides in the Region in 2002. Worldwide, suicide accounts for 33% of all violent deaths among men and 57% of all violent deaths among women.

Mental and neurological disorders cut across age, gender, class and cultural groups. The notion that mental disorders are problems of only wealthy, industrialized parts of the world is simply wrong. The poor are more likely to suffer from these disorders. Mental and neurological disorders can have a severe impact on the ability to earn a living, thereby contributing to the cycle of poverty.

Despite the high burden of mental and neurological disorders, the resource allocation for mental and neurological disorders is less than 1% of the total health budget in half of the countries and areas in the Western Pacific Region. A WHO survey conducted between 2001 and 2003 looked at the prevalence, severity and unmet need for treatment of mental disorders, finding that 76.3%–85.4% of patients in less-developed countries did not receive treatment in the previous 12 months compared with 35.5%–50.3% in developed countries.

2. ACTIONS TAKEN

National legislation, policies and plans of action are institutional guarantees for the promotion of mental health and the development of mental health services. WHO has continued to collaborate with Member States in this field through support of situational analyses and need assessments at the country level, development and delivery of guidelines and other resource documents, the organization of intercountry workshops, and ongoing technical and financial support.

Human resources development, particularly through the strengthening of education and training, should be a priority area. Following recommendations made by the previous consultation meetings, WHO supported Cambodia, China, Mongolia and Solomon Islands in the development and

updating of mental health teaching and training curricula for medical and nursing students, general health care workers, and psychiatric residents.

Integrating mental health care into general health services, particularly at the primary level, will improve screening and treatment, limit the stigma associated with accepting treatment, and improve the treatment of physical problems of those suffering from mental illness. With WHO support, quite a number of countries have introduced innovative programmes and have further developed workforces necessary for modern mental health care.

In order to address geographical and resource constraints in the field of mental health in the Pacific, the WHO Pacific Islands Mental Health Network (PIMHnet), a joint initiative of the WHO Regional Office for the Western Pacific and WHO Headquarters, was launched during the Meeting of Health Ministers for the Pacific Island Countries on 14 March 2007 in Vanuatu. Seventeen countries and areas are currently members of the PIMHnet, and more countries are expected to join this year. WHO has received funding from the New Zealand Ministry of Health and the New Zealand Agency for International Development for three years to support PIMHnet activities.

The national focal contacts from 16 PIMHnet member countries met in Samoa in June 2006 to attend the inaugural meeting of PIMHnet. The meeting endorsed PIMHnet's framework and workplan for 2008. Guided by the WHO mental health policy and planning modules, the participants completed exercises to map out key components of the mental health policy and planning in their respective countries.

Other key PIMHnet activities this year included:

- a detailed assessment of the current mental health workforce needs in each country across all health system levels;
- best-practice guidelines for clinicians;
- engagement of strategic partners to provide expertise, resources and support to ensure the sustainability of mental health services in the Region; and
- a workshop with Pacific island nongovernmental organizations working in the area of mental health.

The Suicide Trends in At-Risk Territories (START) study was initiated in 2006 by the WHO Western Pacific Regional Office, with technical coordination by the Australian Institute of Suicide Research and Prevention. The study seeks to establish reliable assessments of the incidence of both fatal and non-fatal suicidal behaviour and gain an understanding of their underlying causes. The study has four components: a monitoring mechanism to register all suicidal deaths and behaviours; an intervention model for suicide attempters; a standardized psychological autopsy investigation; and a

follow-up component focusing on medically serious suicide attempters. The study is expected to contribute significantly to the establishment of a powerful network of investigators and to the effective appraisal of different cultural settings in suicide prevention.

3. ACTIONS PROPOSED

The Regional Committee for the Western Pacific is asked to note the increasing trend of mental, behavioural, neurological and substance use disorders and the unmet needs for treatment of these disorders. Member States are urged to continue to consider mental health as a priority area and to continue to increase political, financial and technical commitment in order to address mental, behavioural and neurological disorders.

TRADITIONAL MEDICINE

1. BACKGROUND AND ISSUES

After the Declaration of Alma-Ata mentioned the role of traditional practitioners in primary health care, WHO began to pay greater attention to traditional medicine. Traditional medicine has been widely used in most countries and areas in the Western Pacific Region, and recent years have seen a significant growth in interest. Although traditional medicine is practised in many countries, governments do not always recognize it as part of the health system.

During the fifty-second session of the Regional Committee for the Western Pacific in September 2001, the Regional Committee adopted resolution WPR/RC52.R4 where it endorsed the *Regional Strategy for Traditional Medicine in the Western Pacific Region (2001–2010)*.

Following the adoption of the Strategy, the Regional Office was faced with a number of challenges and issues, including the development of standards and regulations for training in and practice of traditional medicine, broadening research to encompass the holistic nature of traditional medicine, and maximizing the economic potential of traditional medicine. The Strategy includes seven strategic objectives for traditional medicine for the 2001–2010:

- develop national policies
- promote public awareness and access
- evaluate economic potential

- establish appropriate standards
- encourage and strengthen research into evidence-based practice
- foster respect for the cultural integrity in the practice of traditional medicine
- formulate policies on the protection and conservation of indigenous health resources.

2. ACTIONS TAKEN

To implement the strategic objectives included in the Regional Strategy for Traditional Medicine in the Western Pacific, the Regional Office has undertaken a number of activities. In the area of policy development, a Regional Meeting on a Network for Policy and Programme Development in Traditional Medicine was held in Shanghai, China, in December 2003. At this meeting, participating countries recommended that an appropriate national policy and programme be developed by each Member State and that a network for national policies and programmes be established and maintained for the dissemination of information on the development and review of existing national policies and the training of personnel.

In the area of education, the Regional Office in November 2003 convened a Working Group Meeting on the Quality of Academic Education in Traditional Medicine, which was held in Australia, where experts developed *Guidelines for Quality Assurance of Traditional Medicine Education in the Western Pacific Region*, and which was published in 2005.

Efforts continue to further develop traditional medicine research. The Regional Office in September 2003 convened the Second Consultation Meeting on Traditional and Modern Medicine: Harmonizing the Two Approaches, which was held in the Republic of Korea. The research network on traditional medicine was further enhanced at this meeting. A Meeting on the Revision of Guidelines for Clinical Research on Acupuncture was also convened in August 2005 in the Republic of Korea, during which *Guidelines for Clinical Research on Acupuncture*, which was published in 1995, was revised. It should be available later this year. The Regional Office continues to collaborate with Member States in the regulation of traditional medicine through participation in the Annual Standing Committee Meetings of the Regional Forum on Harmonization of Herbal Medicines.

Standardization of the various scopes of traditional medicine is another priority area. A series of informal consultations on the development of international standard terminologies were held, a significant project that culminated at the Meeting on the Development of International Standard Terminologies on Traditional Medicine in the Western Pacific Region held in the Republic of Korea in October 2005. More than 3500 terms were selected and translated into English, with definitions.

The WHO International Standard Terminologies on Traditional Medicine in the Western Pacific Region was published in June 2007.

Acupuncture continues to be a major focus of the Regional Office. A series of informal consultations and task force meetings on the development of standard acupuncture point locations were held, concluding at the Meeting on the Development of Standard Acupuncture Point Locations held in Japan in October 2006. From a total of 361 acupuncture points, 92 acupuncture points were identified as controversial and, after a series of comprehensive discussions among participating countries, the standard acupuncture point locations were finalized. Publication of the findings is expected by the end of the year.

Traditional medicine information standardization was also an area that received significant attention from the Regional Office. A network of experts was established to work towards standardization of three areas of traditional medicine information, including the development of a thesaurus, the International Classification of Traditional Medicine (ICTM) and clinical ontology. Two informal consultations were held at the Regional Office to explore the development of a regional ICTM, which could be included in the WHO Family of International Classification.

The Regional Office also provided support for the development of clinical practice guidelines for targeted diseases, working with selected Member States in developing an appropriate template that can be used to formulate guidelines.

3. ACTIONS PROPOSED

Member States are asked to maintain commitments, made at the fifty-second session of the Regional Committee for the Western Pacific, and continue to make progress on action detailed in the Regional Strategy for Traditional Medicine in the Western Pacific.

In addition, Member States are asked to continue collaboration with the Regional Office for the Western Pacific on traditional medicine standardization and to work with the Regional Office to ensure that the standardization of traditional medicine is appropriately disseminated to all health professionals, academic institutes, regulatory authorities and other interested parties.

The Regional Committee is asked to note this report.