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PROGRESS REPORTS ON TECHNICAL PROGRAMMES

As a follow-up to discussions at previous sessions of the WHO Regional Committee for the Western Pacific, progress reports on the following technical programmes and issues are presented herein:

- 16.1 Health security and the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies
- 16.2 Noncommunicable diseases
- 16.3 Tobacco-free initiative
- 16.4 Mental health
- 16.5 Tuberculosis
- 16.6 Hepatitis
- 16.7 Traditional medicine
- 16.8 Gender and health

The Regional Committee for the Western Pacific is requested to note the progress made and the main activities undertaken.

16.1 HEALTH SECURITY AND THE ASIA PACIFIC STRATEGY FOR EMERGING DISEASES AND PUBLIC HEALTH EMERGENCIES

1. BACKGROUND AND ISSUES

The *Asia Pacific Strategy for Emerging Diseases* (APSED) was first endorsed by the WHO Regional Committee for the Western Pacific in 2005. In October 2016, an upgraded APSED, known as the *Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies* (APSED III) was endorsed by the Regional Committee. APSED III continues to provide a common, stepwise approach for Member States to build generic capacities, serves as the regional action framework for strengthening Member State core capacities under the International Health Regulations or IHR (2005), and provides a platform for partnership and regional preparedness and response towards achieving collective health security.

Health security threats from infectious diseases and public health emergencies are inevitable, and the international community is universally vulnerable. In recognition of this situation, and following the Ebola virus disease outbreak in West Africa, WHO reformed its work in outbreaks and emergencies through the establishment of a WHO Health Emergencies Programme (WHE). In the Western Pacific Region, the Division of Health Security and Emergencies is now part of WHE. During this transition, WHO continues to seamlessly support Member State core capacity development, including strengthening surveillance, risk assessment and emergency operations.

Most recently, at the Seventieth World Health Assembly, the WHO Director-General was requested to develop, in consultation with Member States, a draft five-year global strategic plan to improve public health preparedness and response, and to continue to pursue and strengthen efforts to support Member States in the full implementation of the IHR (2005). APSED III has been used to provide a strategic action framework to strengthen national and regional preparedness through building IHR core public health capacities to meet the challenges posed by the changing global health security landscape.

2. ACTIONS TAKEN

The Western Pacific Region has been the epicentre of many emerging diseases and public health events that pose serious threats to both national and regional health security. The Region continues to face such threats, and the WHO regional event-based surveillance system detected and assessed more than 300 public health events during the past year. WHO provided technical support for a number of these events including: risk assessments; rapid deployment of experts such as epidemiologists, clinicians and risk communication specialists for field investigation and prevention and control efforts; laboratory testing; and information-sharing through IHR (2005) mechanisms and rapid publications in the *Western Pacific Surveillance and Response Journal*. WHO also activated its response operations to support Member State response to Tropical Cyclone Donna in Vanuatu in May 2017 and the conflict event in the Philippines in June 2017.

Under APSED, WHO supported Member States towards strengthening their core public health capacities. A number of priority actions taken in the Region through APSED are in line with and have contributed to building and strengthening IHR core public health capacities of Member States. This includes critical capacities in areas such as event-based surveillance, laboratory diagnosis, field epidemiology training and zoonosis coordination mechanism.

Monitoring and evaluation is an important focus area of APSED, which has promoted accountability and learning in the Region since 2010. This approach includes regular stakeholder review and progress reporting, such as the annual Technical Advisory Group (TAG) meeting, which serves as an important mechanism for the implementation of APSED III. The four components of the new *IHR (2005) Monitoring and Evaluation Framework* (IHR MEF) are annual reports, after-action reviews, exercises and joint external evaluation (JEE), and these are fully embedded in APSED III.

Conducting a JEE enables countries to identify priority actions to enhance their health security, to foster partnerships with stakeholders and to mobilize resources. To date the Regional Office has supported five of its Member States to complete JEEs: Cambodia, the Lao People's Democratic Republic, the Republic of Korea, Mongolia and Viet Nam. A JEE will take place in Australia in November 2017. JEEs for other Member States are at various stages of planning. The Regional Office provides technical support for Member States to develop, review or update national action plans using APSED III as a guiding framework to implement strategic priorities recommended following the JEE.

The newly created WHE adds to the Region's strong momentum towards regional and global health security. The regional WHE team is now part of the One WHO structure for building

operational capacities and capabilities, which will enable more effective response to outbreaks and emergencies.

As part of WHE, an emergency health adviser, risk communication officer and epidemiologists have been deployed from the Region to Congo, Ethiopia, Nigeria and Iraq to support response to public health emergencies. Under WHE, APSED III implementation is a top priority for the Region. Key activities include the JEEs of IHR (2005) core capacities and the development and implementation of updated national health security action plans for health security, guided by APSED III. There has been consistent use of EOCs and implementation of the Incident Management System, following the WHO Emergency Response Framework, to guide and coordinate responses to emergencies such as Tropical Cyclone Donna in Vanuatu and the conflict in Marawi, Philippines.

In consultation with Member States, including through regional committees, WHO is developing a five-year global strategic plan to improve public health preparedness and response (WHE/CPI/IHR). This plan will be submitted to the Seventy-first World Health Assembly in May 2018, through the 142nd Executive Board in January 2018. The plan will consist of guiding principles for sustained implementation of the IHR (2005), building on and aligning with existing global and regional strategies. In the Region, the global plan will build on the momentum of APSED III implementation.

3. ACTIONS PROPOSED

The Regional Committee for the Western Pacific is requested to note the progress in strengthening IHR core capacities through APSED III. The Regional Committee is also invited to provide feedback on the development of a draft five-year global strategic plan to improve public health preparedness and response.

16.2 NONCOMMUNICABLE DISEASES

1. BACKGROUND AND ISSUES

The WHO Regional Committee for the Western Pacific in 2013 endorsed the *Western Pacific Regional Action Plan for the Prevention and Control of Noncommunicable Diseases (2014–2020)*, which is aligned with the *Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020*.

The Regional Plan focuses action around six objectives: raising the priority accorded to NCDs through cooperation and advocacy; strengthening national capacity; reducing risk factors through health-promoting environments; strengthening health systems to prevent and control NCDs; promoting capacity for research and development; and monitoring progress on NCDs.

2. ACTIONS TAKEN

In raising the priority of action on NCDs, development and endorsement of national multisectoral action plans on NCDs are critical to make progress on NCD prevention and control within countries. The United Nations Interagency Task Force on the Prevention and Control of NCDs dispatched missions to Tonga and Mongolia in 2015 and to Viet Nam in 2016 to improve interagency coordination. A mission by the United Nations Global Joint Programme on Cervical Cancer Prevention and Control was held in Mongolia in June 2017. To ensure integrated support and to optimize NCD expertise from the three organizational levels of WHO, four countries (Mongolia, the Philippines, Tonga and Viet Nam) were selected for the accelerated implementation of multisectoral action plans to reduce risk factors and manage NCD cases at primary care level.

Strengthening national capacity has been supported through leadership development: 1) the Regional Workshop on Strengthening Leadership and Advocacy for the Prevention and Control of Noncommunicable Diseases (LeAd-NCD)(16 Countries attended workshops 2014–2016); 2) the Workshop on Leadership and Capacity-Building for Cancer Control (CanLEAD) (17 Countries participated in the workshops 2015-2017); 3) the Health Promotion Leadership (ProLEAD) workshops in China, Macao SAR (China) and the Northern Pacific (Guam, the Federated States of Micronesia, Commonwealth of the Northern Mariana Islands and Palau).

Action to reduce risk factors through health-promoting environments remains a priority for all countries. Salt reduction initiatives were supported in China, the Federated States of Micronesia, Mongolia and Viet Nam. Brunei Darussalam and Malaysia piloted a globally developed technical package to increase physical activity. The technical units of Tobacco Free Initiative and Nutrition will report separately in progress reports on the actions in tobacco control and in reducing unhealthy diets.

The healthy settings approach continues through health-promoting schools (Cambodia, Fiji, Tonga and Viet Nam), healthy cities (Cambodia, China, the Lao People's Democratic Republic and the Philippines), healthy islands and villages (Cook Islands, the Federated States of Micronesia, Fiji, Kiribati, Samoa, Solomon Islands and Vanuatu) and healthy restaurants (Brunei Darussalam).

In the area of strengthening health systems, the WHO Package of Essential NCD Interventions for Primary Care in Low-resource Settings (PEN) continues to be rolled out across the Region. The Global HEARTS Initiative has launched an expanded version of PEN. The *Noncommunicable disease education manual for primary health care professionals and patients* is a regional innovation that offers concise counselling guides for the prevention and management of hypertension and diabetes.

To promote capacity for research and development for NCD prevention and control, a set of activities has been identified with expert consultation for leading, convening and promoting cooperation and formulating guidance for high-quality research.

To monitor progress, NCD surveillance systems were strengthened by the WHO STEPwise approach to surveillance (STEPS) survey and the Global School-based Student Health Survey in 16 countries and areas since 2014. Tonga was the first in the world to pilot objective measurement of physical activity as part of the STEPS survey with a sample of 750 participants. Cambodia was the first country in the Region to do a trial of Android-based eSTEPS. WHO conducted the NCD Country Capacity Survey across all six WHO regions in 2015 and 2017. Since 2014 training support for cancer registration has been provided to Brunei Darussalam, Fiji, French Polynesia, Papua New Guinea, Solomon Islands and Tonga. In addition, online courses are offered on cancer control, e-CanLEAD and palliative care training in the Region.

3. ACTIONS PROPOSED

The Regional Committee for the Western Pacific is requested to note the progress in addressing NCDs in the Western Pacific Region.

16.3 TOBACCO-FREE INITIATIVE

1. BACKGROUND AND ISSUES

Smoking has declined in two out of three countries and areas in the Western Pacific Region in recent years. Seven countries recently raised tobacco taxes. Raising the price of cigarettes has proven to be the most effective intervention to combat tobacco use: an increase of just US\$ 0.80 per pack could prevent an estimated 7 million premature deaths among current smokers in the Region.

Still, significant challenges remain, including increasing interference by tobacco companies to hinder tobacco control efforts. So far, Mongolia is the only country in the Region to ratify the Protocol to Eliminate Illicit Trade in Tobacco Products.

In line with the *Regional Action Plan of the Tobacco Free Initiative in the Western Pacific (2015–2019)*, tobacco control efforts have been focused on three areas: strengthening sustainable institutional capacity; legislation and regulations; and working with stakeholders on enforcement.

2. ACTIONS TAKEN

2.1 Strengthening sustainable institutional capacity

Partnering with the Secretariat of the WHO Framework Convention on Tobacco Control (FCTC), the Regional Office organized subregional preparatory meetings prior to the Seventh Conference of the Parties (COP7). At the Secretariat's request to participating countries, Viet Nam excluded tobacco monopoly representatives from its delegation.

WHO signed a memorandum of understanding with the Oceania Customs Organization to prevent illicit trade in the Pacific, following a workshop on the Protocol to Eliminate Illicit Trade in Tobacco Products conducted with the WHO FCTC Secretariat in September 2016.

Thirty countries and areas reported full or partial government funding for tobacco surveys.

2.2 Legislation and regulations

Papua New Guinea announced a comprehensive tobacco control law in 2017.

Following Australia, New Zealand adopted plain-packaging. Vanuatu introduced the largest graphic health warnings in the Region, covering 90% of the pack. Hong Kong SAR (China) increased the size of its graphic health warnings from 50% to 85%, doubling the number of revolving images to 12. Fifteen countries and areas now have graphic health warnings covering at least 50% of the pack, including Cambodia, the Philippines and the Republic of Korea.

Kiribati, Singapore and Tonga banned point-of-sale display of tobacco products. Cambodia outlawed direct advertising of tobacco products, including online. China banned tobacco advertising in mass media and retail outlets, as well as in public transport and outdoors.

The Philippines issued an executive order banning smoking in public places and public transport as well as point-of-sale advertising. Cambodia, Kiribati, the Lao People's Democratic Republic, Malaysia, the Republic of Korea and Tonga expanded the coverage of smoke-free laws. In China, Beijing, Shanghai and Shenzhen – with populations totalling 58 million - passed comprehensive smoke-free laws.

All Olympic Games have been smoke-free since 1988. Following the tradition, Japan is working on smoke-free legislation in the run-up to the 2019 Rugby World Cup and 2020 Tokyo Olympics.

Thirteen countries and areas, including Australia, Brunei Darussalam, Cambodia, Fiji, Guam, Hong Kong SAR (China), Japan, Malaysia, the Commonwealth of the Northern Mariana Islands, New Zealand, the Philippines, the Republic of Korea and Singapore adopted regulatory measures on electronic nicotine delivery systems (ENDS). Brunei Darussalam, Cambodia and Singapore banned ENDS outright.

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_26046

