**Child Health.** The successful launch of the WHO/UNICEF Regional Child Survival Strategy in the six countries with the highest burden of childhood mortality\(^1\) helped catalyze country-specific actions in support of Millennium Development Goal 4. For example, Cambodia has developed a national child survival strategy and operational plan with costing data, while China has finalized the national assessment of maternal and child survival strategies and developed an essential package of maternal and child health care. The Lao People’s Democratic Republic is working towards an integrated maternal and child health strategy, and Papua New Guinea has reviewed current approaches to develop a strategic plan for child survival. The Philippines has completed a child health situation analysis and drafted a national strategic plan, including a package of services suited to the needs of children in different geographical areas. Viet Nam has conducted a national workshop on child survival and has started developing a national plan of action. Country profiles were published to provide baseline information on child survival interventions and issues, as well as key child survival indicators.

In addition, WHO has continued to support efforts to increase the coverage of evidence-based child survival interventions in line with the Strategy, particularly to expand the Integrated Management of Childhood Illness (IMCI) and improve infant and young child feeding and the quality of referral care for children.

Mongolia now has implemented IMCI nationwide, and the Philippines has achieved coverage in more than 50% of its targeted districts. Another 12 countries have varied geographical coverage. National guidelines have been updated to reflect the latest international and technical evidence in many countries in the Region. To ensure sustainable implementation over the long run, Mongolia, the Philippines and Viet Nam have pursued strengthening of preservice education activities.

Improving quality of care for children at health facilities has become a global priority in child survival, particularly strengthening neonatal health interventions in hospital settings as substantial reductions in neonatal mortality are necessary to achieve MDG 4. To assess and improve health worker performance, Papua New Guinea conducted its first IMCI health facility survey, while Mongolia included an analysis of an IMCI survey as part of a short programme review on child health.

Along with country representatives, partner institutions and WHO staff, officials from the Ministries of Health of Cambodia, Solomon Islands and Viet Nam participated in a Global Meeting to Review Hospital Improvement for Children in Developing Countries, held in Indonesia in January 2007. At the country level, Cambodia continued to build capacity for emergency triage assessment and treatment training, as well as for improving diarrhea and pneumonia management and newborn care. China assessed the quality of hospital care in two pilot provinces, built capacity.

---

\(^1\) Cambodia, China, the Lao People’s Democratic Republic, Papua New Guinea, the Philippines and Viet Nam.
through training in evidence-based care and devised national child health care standards at the hospital level. The Lao People’s Democratic Republic introduced emergency triage assessment and treatment in five regional hospitals and 13 provincial hospitals. Papua New Guinea focused on improving oxygen management in hospitals, while Solomon Islands further expanded the training coverage on referral care as part of a national child health plan. The Western Pacific Region has advocated the *Pocketbook of Hospital Care for Children* as the standard for referral care in child survival priority countries, with local translations available in Chinese and Khmer, and distribution of English copies in Fiji, Papua New Guinea, the Philippines, Solomon Islands and Tonga.

Improved infant and young child feeding has been a focus of support in child survival efforts in several countries. Cambodia has translated the integrated infant and young child feeding counselling training into Khmer, while China has conducted 15 provincial courses and one at the national level. A national breastfeeding conference was organized in the Philippines in August 2006 to support the ongoing efforts to promote and support breastfeeding as a key intervention for child survival. An infant and young child feeding training course in the Pacific jointly supported by WHO and United Nations Children’s Fund was conducted in May 2007 to enhance capacity among health workers in Fiji, Kiribati, Solomon Islands, Tuvalu and Vanuatu.

A joint WHO/United Nations Children’s Fund intercountry consultation on breastfeeding promotion was conducted in June 2007 to discuss issues related to the Baby Friendly Hospital Initiative and the implementation of the International Code on Breast-milk Substitutes. The workshop designed a strategy that will promote a breastfeeding culture among mothers and the health community. Included in the workshop were breastfeeding advocates working in child health, nutrition, reproductive health, health regulation, nongovernmental organizations and other partners supporting breastfeeding from a range of countries and areas.

Collaboration with partner agencies in child survival was significantly strengthened over the past year. WHO and the United Nation’s Children’s Fund conducted a joint staff meeting and consultative workshops. The joint Regional Child Survival Strategy implementation in priority countries received support from Australia, and Japan continued its support for child survival efforts. The United States Agency for International Development and its Basic Support for Institutionalizing Child Survival programme invested in partnerships to improve child survival, particularly in Cambodia, including a joint child survival costing exercise with WHO. A Child Survival Initiative funded by the European Commission Humanitarian Aid Office was concluded in Cambodia.

**Adolescent Health.** A technical officer’s post was established in the

---

![National Technical Conference on Breastfeeding held in Manila in August 2006.](image)
Regional Office for the Western Pacific to support adolescent health. In March 2007, technical support on adolescent health was provided to an interregional workshop on linking services for the prevention and management of sexually transmitted infections, including HIV, to reproductive, maternal and child health programmes. Technical advice also was provided to an intercountry workshop on accelerating action for improving the sexual and reproductive health of young people. Meanwhile, adolescent health programmes at the country level have shown continued development, with WHO support. Activities have focused on issues such as the development of youth-friendly health services, healthy lifestyles initiatives, advocacy activities, and targeted work on the most at-risk adolescents living in urban and slum areas.

For example, support has been provided to Mongolia in building the capacity of health workers and expanding the provision of adolescent-friendly health services in targeted provinces. This has been accomplished through in-service training of health service staff and the incorporation of adolescent health in the undergraduate medical school curriculum.

In Malaysia, the emphasis has been on supporting healthy lifestyles, particularly on obesity-related chronic diseases among adolescents through the development and wide use of the Adolescent Friendly Health Educational Kit. In Fiji, the programme has focused on strengthening adolescent reproductive health through training, advocacy for access of adolescents to services and peer education. In the Philippines, efforts have focused on supporting adolescents from indigenous communities living in urban slum areas and assisting them in developing healthy lifestyles. Specific support has been given to develop a national plan of action and policy for adolescents most difficult to reach, within the national framework for Reaching Unreached Populations.

In Viet Nam, a national multisectoral youth health master plan was completed and widely disseminated through advocacy workshops to raise the awareness and encourage the participation of non-health sectors in aspects of the plan. This has led to provincial planning for the mainstreaming of the master plan into regular health planning and specific training for health care providers working with most-at-risk adolescents. The effort is linked to the development of adolescent-friendly health services and the testing of training and orientation materials to be used in building the capacity of health care workers in working with adolescents more effectively.

**Nutrition.** The Western Pacific Region continues to work towards the eradication of hunger as called for in the Millennium Development Goals. A number of countries in the Region have reached the annual rate of reduction necessary to achieve the target of halving the proportion of people suffering from hunger between 1990 and 2015.
Nevertheless, low-income countries have been progressing more slowly.

Cambodia, Fiji, the Lao People’s Democratic Republic, Malaysia, the Philippines and Viet Nam held meetings to discuss adoption of the new growth standards for children following a WHO/UNICEF workshop on the introduction of the WHO child growth standards for children under 5.

In the Lao People’s Democratic Republic, a review of the existing national plan of action on nutrition and nutrition programmes has been completed. The review led to a draft National Food and Nutrition Strategy and Action Plan, currently being analysed by government sectors and agencies involved in implementation and funding. In collaboration with the Australian Agency for International Development, the Secretariat of the Pacific Community and WHO, the Third Regional Training Course for Policy-Makers on Development and Implementation of Intersectoral Food and Nutrition Plans and Policies was held in July 2006 in the Federated States of Micronesia. It was attended by participants from Guam, the Federated States of Micronesia, the Marshall Islands and Solomon Islands.

Support was provided for the formulation of a combined strategy for national plans of action on nutrition and noncommunicable diseases in the Marshall Islands and Solomon Islands and a review of the national plan of action on nutrition in Guam. In the Federated States of Micronesia, a national plan of action on nutrition was finalized and state-by-state plans have been earmarked for the 2008 budget. In February 2007, the Fourth National Plans of Action on Nutrition Training Course was conducted in collaboration with the Japan International Cooperation Agency, the Secretariat of the Pacific Community and WHO in Fiji, attended by participants from Fiji, Nauru, Niue, the Commonwealth of Northern Mariana Islands and Tokelau.

A WHO/UNICEF consultation on Breastfeeding Protection, Promotion and Support was held in Manila in June 2007 with the participation of teams from 19 countries. It defined actions needed to improve exclusive breastfeeding rates, strengthen the Baby-Friendly Hospital Initiative and the implementation of the International Code of Marketing Breastmilk Substitutes, and it identified priority interventions for
supporting and protecting breastfeeding under difficult circumstances.

In Cambodia, preservice training of health professionals related to integrated management of childhood illnesses and infant and young child feeding was conducted in late 2006, with technical support from WHO. Additional technical support also was given for the adaptation of infant and young child feeding training materials to the Cambodian context.

A workshop on the implementation of the Global Strategy on Diet, Physical Activity and Health for 14 Asian countries was held in October 2006 in Manila, following a similar gathering for Pacific countries. Related activities in selected countries were supported with funds from the Australian Agency for International Development.

Reports originally prepared for a workshop on child nutrition in the Pacific were key to developing a proposal for a Pacific food fortification programme that was discussed and approved at the Meeting of Ministers of Health for the Pacific Island Countries held in Vanuatu in March 2007.

A WHO Global Consultation on Weekly Iron and Folic Acid Supplementation was held to review all published work and reports on preventive supplementation, with special reference to women of reproductive age, and decided that global recommendations can be made on the use of this new approach. In the Lao People’s Democratic Republic, the operational trial of weekly iron and folic acid supplementation to women of reproductive age was completed in May 2007. Cambodia has strengthened its programme for the prevention of anaemia in secondary school girls through the purchase and use of weekly iron and folic acid supplements in 10 target provinces.

WHO provided continuing support for monitoring and evaluation of an iodine deficiency disorder project in the Tibet Autonomous Region of China. A review of progress has made clear the need to maintain the project’s achievements, including the funding of iodized oil capsules by the Government and provision of some subsidies for iodized salt. It also served to highlight that new solutions are needed to achieve universal salt iodization in the Region, such as the iodization of raw salt.