Child and Adolescent Health.
The WHO/UNICEF Regional Child Survival Strategy was endorsed by the Regional Committee for the Western Pacific at its fifty-sixth session in September 2005. The Strategy is now being used by Member States as an advocacy tool and guide in their efforts to reduce inequities in child survival. It also is expected to accelerate progress towards the achievement of the health-related Millennium Development Goals.

The Child Survival Strategy is intended to improve access to and the utilization of an essential package of child survival interventions. It also calls for greater political will, as well as increased financial and human resources, to meet the burden of disease among children. The essential package of interventions includes seven components: skilled attendance during pregnancy, delivery and the immediate postpartum period; newborn care; breastfeeding and complementary feeding; micronutrient supplementation; immunization of children and mothers; the integrated management of sick children; and the use of insecticide-treated bednets in areas with malaria.

These components will be monitored using 10 core child survival indicators. As a way forward, the Strategy urges the establishment of one national coordinating structure, one national plan and one monitoring mechanism, with special emphasis on strengthened advocacy and resource mobilization.

To launch the Strategy in countries and areas of greatest need in the Region, a WHO/UNICEF Workshop on Child Survival was held in May 2006. The workshop’s opening session included addresses by the Minister of Health of the Lao People’s Democratic Republic, the WHO Regional Director for the Western Pacific and the United Nations Children’s Fund (UNICEF) representative to the Lao People’s Democratic Republic. More than 100 participants took part, including representatives from the six countries with the highest burden of childhood deaths (Cambodia, China, the Lao People’s Democratic Republic, Papua New Guinea, the Philippines and Viet Nam), international experts on child health and health care financing, numerous partner agencies, major donors in child health, and members of the WHO and UNICEF secretariats. Country representatives included decision-makers and managers of child survival-related programmes, such as the Integrated Management of Childhood Illness, maternal health, the Expanded Programme on Immunization, malaria and nutrition, as well as other areas. The participants expressed a strong commitment to intensify action on child survival. In country-level discussions, concrete plans for next steps were discussed. Participants agreed that the minimum essential package of key child survival interventions is affordable. But in order for the package to reach as many children as possible, governments will need to reallocate and mobilize funds, include the package in insurance schemes, and identify partners to support these efforts. Finally, a framework for monitoring the implementation of national strategies intended to expand coverage of the essential package for child survival interventions was agreed upon.

Child survival profiles for the six countries with the highest burden of childhood deaths were finalized. Each country profile includes
information on under-5 mortality disaggregated whenever possible by gender, age, geography, ethnicity and socioeconomic group, as well as the main causes of those deaths. The profiles also include information on health systems, human resources and child-health financing. A capacity-building process to strengthen rights-based action also is under way in the Region, including a review of and training on the Convention on the Rights of the Child.

Several countries have taken steps to put the Child Survival Strategy into action. Support for these efforts has been provided by WHO, UNICEF and other key partners. China, for example, conducted a national assessment of maternal and child survival strategies under the leadership of the Ministry of Health with the collaboration of WHO, UNICEF and the United Nations Population Fund. The assessment resulted in a list of evidence-based interventions most likely to improve the survival of mothers and children in China, criteria for the selection of provinces and counties as early implementers of the recommended interventions, human and financial resource needs, and suggestions for key indicators to measure progress. The results of this exercise will be published in 2006 and used as a guide for strengthening action on child and maternal survival.

Cambodia developed a National Child Survival Strategy that includes a child survival scorecard and an implementation matrix as a guide for government and nongovernmental organizations. Meetings were conducted in the Lao People’s Democratic Republic to discuss policies for child survival, and working groups were set up to develop an essential package for maternal and child health care there. Papua New Guinea hosted a meeting of technical experts to discuss gaps and improvements in the survival of children and proceeded with an action plan. In the Philippines, the Department of Health gathered key stakeholders to review child survival policies and drafted an implementation plan to improve the survival of children. In Solomon Islands, a child health committee composed of representatives from different child health-related programmes of the Ministry of Health was established, a child mortality monitoring system was reviewed, and a draft child health plan was developed as part of the national child and maternal health plan. Viet Nam reviewed the gaps in child survival and developed a strategy to improve newborn survival.

WHO has continued to support the implementation and expansion of evidence-based approaches that contribute to child survival, mainly the Integrated Management of Childhood Illness, including referral care and improved family and community child care behaviours. The Integrated Course on Infant and Young Child Feeding was introduced in the Region with participants from Cambodia, China, the Lao People’s Democratic Republic, Mongolia, Papua New Guinea, the Philippines and Viet Nam. China and Viet Nam translated the course materials for training in selected provinces. The Philippines also started training health professionals and community health workers. China finalized a national infant and young child feeding plan of action and is developing provincial plans.

As a sustainable way to improve public health knowledge and the skills of health care providers, WHO has continued to support activities to strengthen teaching of public health approaches in child health in medical universities and nursing and midwifery schools. A study tour to the Philippines was
organized for the faculty of nursing schools from Cambodia so that they can adapt the Integrated Management of Childhood Illness into their teaching activities. China, the Lao People’s Democratic Republic and the Philippines also have started to review curricula and train medical faculty. Viet Nam conducted an evaluation of the integration of the scheme in medical schools by interviewing and observing newly graduated doctors. As part of an effort to strengthen capacity for the monitoring and evaluation of child health activities, Cambodia conducted an Integrated Management of Childhood Illness health facility survey with the participation of colleagues from Mongolia and Papua New Guinea. Mongolia subsequently carried out a similar survey.

**Nutrition.** National plans of action for nutrition provide a framework for nutrition interventions. To help countries and areas in the Western Pacific Region develop, review and effectively implement their national plans, WHO produced a training course that has been conducted in the Western Pacific Region as well as in other WHO regions. WHO held a meeting in January 2006 to review the effectiveness of the course and to develop plans to sustain it with greater involvement from other agencies, including the Food and Agriculture Organization of the United Nations, the United Nations Children’s Fund, the Rockefeller Foundation and nongovernmental organizations.

In collaboration with these and other partners, WHO has supported nutrition interventions in several countries and areas in the Western Pacific Region. These included support for the implementation of national plans of action for nutrition; the introduction of PROFILES software to facilitate nutrition policy analysis and advocacy; and support for school health programmes to improve nutrition, food safety, water and sanitation.

Implementation of the Global Strategy on Diet, Physical Activity and Health has received new impetus in the Pacific thanks to a three-year commitment of support by the New Zealand Agency for International Development. The funding is being used to support a nutrition and physical activity officer to help plan and implement priority activities to improve diets and promote active lifestyles in the Pacific. In an effort to review successes and constraints and identify priority activities, a workshop on strategy implementation was conducted with teams from 19 countries in April 2006 in Fiji. A review of domestic and international legislation on food trade and other regulatory measures to promote the consumption of healthy foods was presented at the meeting. Additional support from the New Zealand Ministry of Health was provided to Pacific countries through a project intended to build capacity for planning, implementing and evaluating consumer awareness and motivation for healthy diets and lifestyles in Fiji and Tonga.

Programmes for the prevention of anaemia were promoted through a supplement of Nutrition Reviews that included the results of pilot projects supported by WHO in Cambodia, the Philippines and Viet Nam. These projects have reduced anaemia and improved iron status by promoting the purchase and intake of weekly iron and folic acid supplements among 30,000 women of reproductive age in each country through
social marketing and community mobilization. These are expected to contribute to the revision of WHO recommendations on the prevention of anaemia through supplementation and make this approach part of anaemia prevention programmes conducted at schools and workplaces and by the sale of the supplements through pharmacies and other channels. Weekly iron and folic acid supplementation for women of reproductive age was introduced at schools and churches in Kiribati. In Cambodia and the Philippines, this approach was expanded in schools in several provinces. In China, a social marketing campaign was developed to introduce new supplements. In the Lao People’s Democratic Republic, a similar project was launched to identify the best channels for introducing the new approach.

WHO produced a proposal for a food fortification programme in the Pacific and conducted studies to determine its feasibility. Consideration was given to both the availability and consumption of foods likely to be used for food fortification and the legislative framework that would make it possible to have a common programme for Pacific island countries and areas. The findings of these studies were presented at a workshop on removing barriers for child survival and development in the Pacific, organized by the United Nations Children’s Fund with participation by WHO, the Food and Agriculture Organization of the United Nations, the Secretariat of the Pacific Community and the United States Centers for Disease Control and Prevention.

A final report on the Tibet Iodine Deficiency Disorders Elimination Project, supported by WHO and the Australian Agency for International Development, was published. A follow-up visit to monitor progress was conducted in June 2006. In collaboration with the Child and Adolescent Health unit, the Nutrition programme introduced new WHO child growth standards, based on exclusively breastfed children, at a regional workshop held in the Philippines in June 2006. The new growth curves are expected to provide a single international standard that represents the best description of physiological growth for all children from birth to 5 years of age and to establish the breastfed infant as the normative model for growth and development.

WHO’s integrated infant and young child feeding course was introduced for teams of doctors and nurses from several countries in the Western Pacific and South-East Asia Regions. In the Philippines, the programme was strengthened through the adoption of a national plan on infant and young child feeding and pilot testing of new models to promote breastfeeding in communities. The programme also received support from local governments, workplaces and employee unions. Also in the Philippines, a study on strategies to promote breastfeeding in light of sociocultural norms and another study on the burden created by the marketing of infant formula were conducted. In addition, a social marketing campaign to promote breastfeeding was undertaken.