Health Promotion. Building human resources capacity in health promoting settings continued to be a priority during the past year. Ministers of Education from the 14 Pacific forum countries formally adopted the Health Promoting Schools mechanism for strengthening the inextricable link between health and education to achieve the common goals of health and productivity for young people. The Pacific Island Forum Education Ministers called for closer collaboration between the education and health sectors, with support from WHO, the Secretariat of the Pacific Community and the Pacific Regional Initiative for Development of Basic Education (PRIDE). To support Health Promoting Schools at the regional level, the Health Promoting Schools Registry was developed by the Chinese University of Hong Kong to encourage countries to designate a central agent to track health promoting schools and to share lessons learnt. The Urbani School Health Kit, developed in 2004 in collaboration with the WHO Malaria unit and with support from the Government of Japan, was completed and pilot tested in the Philippines in 2006. A CD containing the kit’s educational materials is being prepared for countries to adapt locally for use in health promoting schools.

A consultative process for updating the Regional Health Promoting Schools Guidelines first published in 1995 was initiated. The new guidelines will feature a resource packet, including evaluation tools. At least seven countries showcased their health promoting schools programmes at a Global School Health Meeting and case studies were disseminated throughout the Region. The gathering was a satellite meeting of the International Union for Health Promotion and Health Education held in Canada in June 2007. The Status of Health Promoting Schools in the Western Pacific Region will be published following these international meetings and will be periodically updated to monitor progress of health promoting schools in the Region.

Healthy settings networks and activities continued to be supported. The Alliance for Healthy Cities held its 2nd General Assembly and Conference in October 2006 in Suzhou, China. There were over 400 participants and experts in healthy cities and urban public health from 20 countries, which included local executives and delegations from...
A total of 64 cities had become either full or associate members of the Alliance by the commencement of the Suzhou meetings. At the meeting, 41 mayors signed the Proclamation by the Mayors of Healthy Cities which promotes cooperation as an international community to address issues that promote healthy city environments. WHO awards were given to recognize achievements. Good Practice awards were presented in four categories: Financing Health Promotion; Gender-based Violence and Improving the Quality of Care for Mothers; Breastfeeding Promotion; and Making Cities Safer through Health Emergency Preparedness and Response Planning. Initial funding was provided to five cities for Healthy Cities Best Proposals to stimulate new initiatives, and the Regional Director’s Award for Healthy Cities honoured four cities that have a track record in sustained improvement in the overall quality of life of their citizens.

A capacity mapping tool was further refined and validated in Brunei Darussalam, Papua New Guinea and the Philippines. The tool assesses strengths and gaps in health promotion infrastructure, human resources and programming and will be used to help countries plan, prioritize and build partnerships to promote health. The new cohort of ProLead Plus² fellows selected in 2007 from five Asian countries and six Pacific island countries will apply the Capacity-Building Mapping Users’ Guide to assess priorities and define ProLead Plus projects.

Health promotion foundations in Fiji, Malaysia, Mongolia, the Republic of Korea and Tonga, which were strengthened through Prolead twinning projects, continued to develop their organizational capacity to manage small grants and build health promotion partnerships with non-governmental organizations.

**Injury and Violence Prevention.**
A regional meeting of national focal points on injury and violence prevention for Pacific island countries and areas was conducted in Fiji in April 2007, following a similar meeting for Asian countries in May 2006 in Manila. Through these meetings, a regional framework for action in injury and violence

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² ProLead Plus is the next phase of the applied health promotion leadership and management course. It offers blended learning via residential and online modalities delivered by members of the Prolead Plus Partnership, i.e. University of the Philippines Open University, La Trobe University, Pacific Open Learning Health Network, and the University of the Philippines Colleges of Public Health and Nursing.
prevention for 2008–2013 has been developed. Country profiles on injury and violence prevention also have been developed for eight countries and areas.

Road safety has continued to be a major injury prevention issue in the Western Pacific Region. The First United Nations Global Road Safety Week was coordinated in the Western Pacific Region by WHO and the United Nations Economic and Social Commission for Asia and the Pacific. Some 17 countries and areas in the Region organized country events during the week of 23 April 2007. Cambodia, China, the Lao People’s Democratic Republic, Mongolia and Viet Nam carried out multisectoral intervention activities during the year to reduce road traffic injuries and deaths, with WHO support.

Viet Nam hosted an international conference on safe communities and injury prevention, with participants from several countries and areas from the Region. A Biannual Workshop on Injury Surveillance was held in Thailand in December 2006, and another was held in June 2007 in Manila to discuss the planned world report on child and adolescent injury prevention.

**Health and Environment.** In collaboration with the United Nations Environment Programme and other partners, plans were made to convene the First Regional Forum on Environment and Health in August 2007. The Forum will consider the charter for a regional initiative on environment and health and will establish regional thematic working groups on six priority areas: air quality; water supply, sanitation and hygiene; solid and hazardous waste; toxic chemicals; climate and ecosystem change; and environmental health emergencies. Three-year workplans have been prepared by the six thematic working groups.

The East Asia Ministerial Conference on Sanitation and Hygiene, organized by the World Bank Water and Sanitation Programme, UNICEF and WHO, will be held in China in November 2007. The conference will focus on increasing political awareness and support for improving sanitation and hygiene in 16 countries in the WHO Western Pacific and South-East Asian Regions and on accelerating action towards achieving the targets for sanitation included in the Millennium Development Goals.

At the country level, WHO collaborated with Cambodia, China, the Lao People’s Democratic Republic, Mongolia, the Philippines and Viet Nam in strengthening interaction between health and environmental authorities through the ongoing development of national environmental health action plans. Mongolia has started implementing its plan. WHO collaboration also has been extended to strengthen capacity for water quality management in all these countries, as well as for health care waste management in Cambodia, the Lao People’s Democratic Republic, Mongolia, Papua New Guinea, Solomon Islands and Viet Nam. In addition, WHO extended support for health impact
assessments in Cambodia, China, the Lao People’s Democratic Republic and Viet Nam; for indoor air quality assessment and management in China and the Lao People’s Democratic Republic; for chemical emergencies in China and the Philippines; for transport-related health risk assessment and management in Cambodia, China, the Lao People’s Democratic Republic and Viet Nam; and for climate change and its health impacts and adaptation policies in China and Fiji.

In the Pacific, WHO has worked with the South Pacific Applied Geoscience Commission (SOPAC) in the development of water safety plans in Cook Islands, Palau, Tonga and Vanuatu, with funding support provided by the Australian Agency for International Development and technical support also provided by the New Zealand Ministry of Health. A related programme also was initiated with SOPAC to build capacity for drinking water quality monitoring, beginning with selected Pacific island countries. WHO continued to support the training course on solid waste management organized by the Pacific Regional Environment Programme with the support of the Japan International Cooperation Agency, most recently held in February and March 2007 in Samoa.

**Food Safety.** Priority countries and areas in the Western Pacific Region continued to face serious challenges in reducing hazards in food and morbidity due to foodborne diseases. Further progress has been made to strengthen capacity and collaboration in food safety at both the country and regional levels.

Major programmes in food safety in the Region focused on four areas: strengthening food safety policies, legislation, standards and enforcement; foodborne disease surveillance and food hazards monitoring and response; capacity-building in priority countries to apply risk profiling and risk assessment; and improvement of food safety education.

A programme implemented by WHO, with funding from the Asian Development Bank, supported China in the development of a strategic framework for food safety. Food safety legislation was enacted in Nauru and Kiribati and has been drafted in the Marshall Islands. Food safety regulations have been drafted in Cook Islands, Nauru and Kiribati and similar regulations are being prepared in Fiji. Food standards are in the process of being drafted in the Federated States of Micronesia and Fiji. Guidance manuals addressing the management of food recalls and the investigation of food complaints in Pacific island countries and areas have been drafted and are now being reviewed for finalization.

A meeting of the Northern Pacific Environmental Health Association was supported in Guam to address a coordinated approach to strengthening legislation, foodborne diseases surveillance, and monitoring of hazards in food in the Federated States of Micronesia, Guam, Kiribati, the Marshall Islands, the
Commonwealth of the Northern Mariana Islands and Palau.

An agreement was finalized between the Pacific Islands Forum Secretariat and WHO to undertake a food standards gap analysis and develop a plan of action to facilitate standards setting and the harmonization of standards in the Pacific. It is a joint project with the Food and Agriculture Organization of the United Nations (FAO) and, where appropriate, the University of the South Pacific.

To facilitate the advancement of imported food control in the Pacific, a draft guidance manual for imported food inspection was developed and training and guidance provided to Papua New Guinea. In addition, training on imported food control was provided to authorities in Malaysia.

Training activities in the countries targeted for strengthening foodborne disease surveillance were organized in Cambodia, the Lao People’s Democratic Republic and Viet Nam. In addition, training in outbreak investigation was carried out in China for health officials from China and Mongolia.

In addition, work is under way to facilitate the sharing of information on foodborne disease surveillance and food hazard monitoring among countries in the Region. An automatic group e-mail management system on food safety was created and is on trial.

Support in risk assessment training was provided to Malaysia and Papua New Guinea. Between October 2006 and March 2007, the National Centre for Health Promotion in Cambodia, the Department of Drugs and Food of the Ministry of Health in the Lao People’s Democratic Republic and the Viet Nam Food Administration participated in a joint FAO/WHO project to address food safety education in rural communities. Trainings focused on food safety education based upon the WHO Five Keys to Safer Food messages and information on safe pesticide use and reducing residues on fruit and vegetables. An intercountry workshop on Strategies to Improve Food Safety Education in Rural Communities of Cambodia, the Lao People’s Democratic Republic and Viet Nam was held in Cambodia in February 2007. It provided a unique opportunity for representatives from the three countries to share ideas and experiences in food safety education.

In addition, the WHO Five Keys to Safer Food were introduced to schools through the Health Promoting Schools initiative in Pacific island countries.

Introducing the healthy marketplace concept in Port Vila will make food safer.
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 to 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 diarrohea 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...
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.
Making Pregnancy Safer. A regional consultation on human resources development for making pregnancy safer was held in Shanghai in October 2006. The leaders of obstetrician and gynaecologist associations and midwifery societies from the seven priority countries—Cambodia, China, the Lao People’s Democratic Republic, Mongolia, Papua New Guinea, the Philippines and Viet Nam—attended. In addition, the directors of 10 WHO collaborating centres on maternal and newborn health participated. Several important recommendations were made, including a call to strengthen partnerships among governments, professional associations and WHO collaborating centres. The workshop also encouraged professional associations and WHO collaborating centres to make full use of evidence-based guidelines for making pregnancy safer.

An intercountry workshop on active management of the third stage of labour was conducted in Viet Nam in July 2006. Seventeen obstetricians and midwives from Cambodia, the Lao People’s Democratic Republic, Mongolia and Viet Nam focused on updating their knowledge and skills on the prevention and management of postpartum haemorrhage, which is the leading cause of maternal mortality in priority countries. Following the workshop, Mongolia sent 25 midwives from remote areas to training in the Central Hospital of Darkhan-Uul. Evaluations conducted after the 21-day training programme showed significant improvements in knowledge and skills in the management of the third stage of labour.

Most countries in the Western Pacific Region are not on track to meet the millennium development goals target of reducing the maternal mortality rate by three quarters by 2015. Some countries have demonstrated that progress is possible, even with limited resources, though time and commitment are required. Successful reductions in these and other countries were largely due to skilled attendance at delivery, functioning referral systems, available essential obstetric care, and policies promoting equitable access to reproductive health services, including family planning, and antenatal, delivery and postpartum care.

Reproductive Health. In order to prevent and control HIV/AIDS and reduce mother-to-child transmission, a biregional consultation on integrating the prevention and management of sexually transmitted infections, including HIV/AIDS, into the reproductive, maternal and newborn health services was co-organized in Malaysia in November 2006 by WHO, the United Nations Children’s Fund (UNICEF), the United Nations Population Fund (UNFPA) and the Joint United Nations Programme on AIDS. More than 130 participants from...
Young people in the Western Pacific Region continue to face significant reproductive health threats, such as teenage pregnancy, unsafe abortion and sexually transmitted infections, including HIV/AIDS. In order to assist governments to adapt and implement the regional framework for accelerating action for the sexual and reproductive health of young people, regional workshops cosponsored by UNICEF, UNFPA and WHO were conducted in February 2007 in Fiji and in March 2007 in Manila. Country plans for next steps, especially those intended to foster cooperation among various sectors and vertical programmes, were developed. Based on the framework, a pilot study on integrating intervention and services for unmarried pregnant women was conducted in China. The adolescent-friendly service was very helpful in reducing the rate of induced abortions.

Cervical cancer is the second-most common cancer in women worldwide. In order to assist countries in strengthening informed decision-making on the prevention of cervical cancer, a biregional consultation has been held with the aim of bringing together programme managers, policy-makers, key stakeholders from international institutions and organizations, vaccine producers, and clinical providers from selected developing countries in the WHO South-East Asia and Western Pacific Regions. It is expected to guide informed policy decisions and programme design for the primary prevention of cervical cancer, which includes the introduction of human papillomavirus vaccine within the context of other public health interventions.

Gender and Rights. A training manual on integrating gender and human rights into reproductive and maternal health has been published. Using the manual, Malaysia conducted a national workshop on integrating gender and rights into reproductive, maternal and newborn health care in November 2006. The workshop has increased the awareness of social determinants, particularly gender and rights issues, in health programmes. China has translated the training manual, and a national workshop has been scheduled for October 2007.
Noncommunicable Diseases. Efforts in the Western Pacific Region to combat noncommunicable diseases (NCD) expanded over the past year, with an increase in funds from the regular budget and extrabudgetary sources. There are now five NCD national programme officers in country offices in the Region. In September 2006, the Regional Committee for the Western Pacific adopted resolution WPR/RC57.R4 that urged Member States to develop or strengthen their national NCD strategies in line with global and regional mandates. Key recommendations called for strengthened national NCD strategies and increased budgets, stronger managerial structures, the scale up of demonstration projects, and the establishment of effective multisectoral partnerships, strengthened surveillance systems, improved access to preventive and curative care, and the development of national NCD knowledge management networks.

These recommendations were reinforced at the Meeting of the Ministers of Health for the Pacific Island Countries in Vanuatu in March 2007 when a discussion paper on noncommunicable diseases in the Pacific was presented in an effort to gain commitment from Member States to develop or strengthen national NCD strategies. The ministers agreed to report at their next meeting on benchmarks for strengthening NCD-related health systems and on a subregional coordinated intervention on prevention of diabetes. As a follow-up to the Vanuatu meeting, the WHO Integrated Chronic Disease Prevention and Control Programme is being revisited and an overall framework of action for NCD in the Pacific has been developed and will be used as a basis for resource mobilization.

A draft discussion paper has been developed on Making Health Systems Work for Chronic Disease. The paper is the first step in the development of a regional framework to assist low- and middle-income countries in developing a sustainable health system response to chronic disease. Planning has begun for a multidisciplinary regional meeting to be held late in 2007 to guide development of the framework.

Four country surveillance reports using the WHO STEPwise approach for noncommunicable disease surveillance in American Samoa, Fiji, Mongolia and Nauru have been published and circulated widely. Draft reports have been produced for five Pacific island countries and areas. Overall, noncommunicable disease STEPS surveys have been completed or are under way in 16 countries in the Region. STEPS survey results from seven countries show that risk factor prevalence rates are alarmingly high. Newly identified cases of hypertension and diabetes exceed existing cases by a ratio of as much as 4.5 to 1. The data indicate that the noncommunicable disease epidemic will continue its rapid increase unless effective prevention programmes are put in place. Existing health services will need to be strengthened to deal with the continuing surge of newly identified cases. Based on the STEPS survey outcomes, follow-up activities
in most of these countries have been developed, and some have been implemented.

In Cambodia, 1 in 10 adults has diabetes and 1 in 4 adults has hypertension. In 2006, a national NCD situation analysis was completed and a national conference was held. In 2007, a collaborative diabetes programme by WHO, the Ministry of Health in Cambodia, the Cambodia Diabetes Association and the World Diabetes Foundation commenced in five provinces. The National Strategy for the Prevention and Control of Noncommunicable Diseases 2007-2010 also was developed. In Viet Nam, a similar diabetes programme by WHO, the Ministry of Health and the World Diabetes Foundation is coming to a close. It is designed to test a model for effective, affordable, community-based diabetes prevention and control as a basis for developing an appropriate national system. Medical staff have been trained and infrastructure created. As a result of improved screening for those at high risk, health centres have seen a threefold increase in patients.

Capacity-building activities continue to be supported. In April 2007, the third Japan-WHO International Visitors Programme on NCD Prevention and Control was conducted in collaboration with the National Institute of Public Health, Japan. Specific action plans were developed for implementation upon their return to their countries. In addition, a monograph on NCD and poverty has been produced in collaboration with the Health Care Financing unit.

The Western Pacific Declaration on Diabetes ended its first period of collaboration (2000-2005) and a new Action Plan 2005-2010 was produced. The plan provides an up-to-date framework for action that responds to the NCD epidemic.

**Mental Health.** The WHO Pacific Islands Mental Health Network (PIMHnet) was officially launched during the Meeting of the Ministers of Health for the Pacific Island Countries in March 2007 in Vanuatu. Pacific island countries and areas that have joined PIMHnet include American Samoa, Cook Islands, the Federated States of Micronesia, Fiji, Kiribati, Nauru, New Zealand, Niue, Northern Mariana Islands, Palau, Papua New Guinea, Tokelau, Tonga, Samoa and Vanuatu. More countries are expected to join. WHO has received funding for three years from the New Zealand Ministry of Health and the New Zealand Agency for International Development to support network activities.

PIMHnet seeks to bring the Pacific island countries and areas together to pool resources and share information, knowledge and experience to improve mental health services and treatment. While most countries have health systems oriented towards primary care, mental health is often not part of those services.

Key PIMHnet activities this year include an assessment of the mental health workforce and future needs; best-practice guidelines for clinicians; engagement of strategic partners to provide expertise, resources and
support for mental health services in the Region; training workshops on mental health policy and planning; and a workshop for Pacific island nongovernmental organizations involved in the area of mental health.

Recorded suicide rates in the Western Pacific Region are among the highest in the world. Despite this, understanding of suicide in the Region is limited, due largely to the scarcity of data as many countries do not track suicide statistics. The Region is an area of great socioeconomic diversity with wide variations in culture and traditions. Available evidence suggests that not only is suicide increasing, but suicide trends and patterns clearly differ from Western models.

The Suicide Trends in At-Risk Territories (START) study was initiated in 2006 by WHO, with technical coordination by the Australian Institute of Suicide Research and Prevention, a WHO collaborating centre. The project is studying suicidal behaviours in the Region, with hopes of establishing reliable assessments of the incidence of both fatal and non-fatal behaviour and gaining an understanding of the underlying causes. This is a four-component study: registration of all suicides and their related behaviour; an intervention model for those who have attempted suicide; a standardized psychological autopsy investigation; and a follow-up component focusing on suicide attempters who require medical attention. The START study has finalized the translations of the assessment instruments after having conducted a four-day training workshop for principal investigators. 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.

**People at the Centre of Care Initiative.** This is a special, overarching initiative of the Western Pacific Region in response to resolutions WPR/RC54.R2 and WPR/RC55.R1 of the Regional Committee for the Western Pacific, requesting the Regional Director to prepare a draft policy framework reflecting the significance of psychosocial factors in determining health outcomes. The resolutions also ask the Regional Director to support Member States in ensuring that health policies lead to improvements in the quality of health care, and that they take into account issues on patient safety, patient rights and needs, and the role of the family, culture and society.

In 2006, the draft policy framework and an annotated outline for a popular publication were developed through consultations with experts and stakeholders, with support from the Government of Japan. In the process, valuable information has been accumulated which was used to develop an advocacy document. Experts met in Manila in July 2006 to advise the Regional Office and provide guidance on advancing the People at the Centre of Care Initiative. Country-level stakeholder consultations were held later in the year in Bhutan, the Republic of Korea, Malaysia and Thailand to further inform the framework that spans four policy domains corresponding to four health care constituencies: patients, families and communities; health practitioners; health service organizations; and health care systems. The draft framework was presented to the Regional Committee for the Western Pacific at its fifty-seventh session in September 2006 in New Zealand. A template for the Initiative’s website also was developed to serve as a platform for continuing development of the evidence base, technical exchange, advocacy and resource mobilization.

The reference group met again in March 2007 and reviewed the updated drafts of the policy framework and the publication. The policy framework will be submitted to the Regional Committee for consideration at its fifty-eighth session in September 2007 in Jeju, Republic of Korea.
Tobacco Free Initiative.

Tobacco use is the second major cause of death in the world, claiming about 5 million lives 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.

Tobacco’s damage goes far beyond the smoker. Tobacco use costs governments, businesses, communities and families. In fact, the World Bank has estimated that tobacco use results in a global net loss of over $200 billion annually. In many developing countries, especially in the Western Pacific Region, scarce family income is spent on tobacco, often given priority over basic necessities such as food, clothing, health care and education. Millions of nonsmoking adults and children in this Region also are harmed by exposure to tobacco smoke pollution.

The WHO Regional Office for the Western Pacific has continued to provide focused, country-level technical assistance, capacity-building and other support to Member States for implementation of the WHO Framework Convention on Tobacco Control, the world’s first tobacco control treaty. All 27 eligible Member States in the Region and more than 145 countries globally have become Parties to the Convention, agreeing to implement its provisions. Almost all Parties in the Western Pacific Region are on track to meet Convention requirements. 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.

New York City Mayor Michael Bloomberg donated $125 million for a two-year global
tobacco initiative, providing 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 is one of five partners selected to help implement the Bloomberg Initiative, along with the Campaign for Tobacco Free Kids, the United States Centers for Disease Control and Prevention Foundation, Johns Hopkins University and the World Lung Foundation. With support of the Bloomberg Initiative, WHO has expanded staff and increased its activities to strengthen country capacity in the public sector and tobacco use surveillance, particularly in China, the Philippines and Viet Nam.

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. 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 has updated and improved its online database, the Global Information System for Tobacco Control. With support from the United States Centers for Disease Control and Prevention, WHO also expanded its global tobacco surveillance efforts: more than 26 countries and areas in the Region have now completed, or are in the process of completing, their first Global Youth Tobacco Survey, and several countries are now repeating the survey as well as conducting the Global School Personnel Survey, the Global Health Professional Survey, or both.

WHO supported country advocacy efforts to promote comprehensive smoke-free policies in line with the 2007 World No Tobacco Day theme "Smoke-free Environments". A rapidly increasing number of countries and areas including many in the Western Pacific Region, such as Australia, Hong Kong (China), New Zealand and Singapore, are enacting comprehensive bans on smoking to protect the public, including women and children, and people at their workplaces from exposure to second-hand tobacco smoke.

WHO also 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, with emphasis on provisions for tobacco product packaging and labelling and bans on advertising, promotion and sponsorship, as these provisions will become effective within the next two years for most Parties. WHO will also continue to expand and update its surveillance activities and 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. The Western Pacific Region will actively engage Member States to encourage their participation in the Bloomberg Initiative.