7. Child and adolescent health and development

Child health. Progress has been made in reducing child mortality in the Western Pacific Region, with several countries on track to meet Millennium Development Goal 4—reducing the under-5 mortality rate by two thirds between 1990 and 2015. But all countries and areas in the Region must intensify their efforts to address inequities in child survival. Cambodia and the Philippines continue to be guided by national child survival strategies adapted from the WHO/UNICEF Regional Child Survival Strategy and are implementing plans to prioritize areas for increased support and improved delivery of services.

The Lao People’s Democratic Republic finalized an Integrated Maternal, Newborn and Child Health Strategy and Action Plan in April 2009 and is launching it in a number of districts. Viet Nam finalized its National Plan of Action for Child Survival in May 2009. Cambodia conducted its first national training course in October 2008 on Managing Programmes to Improve Child Health in an effort to strengthen programme management skills in implementation, planning and advocacy, as well as in resource mobilization, monitoring and supervision. It also has started rolling out training at the provincial level. Similar courses are planned for Viet Nam.

Planning workshops for household surveys on maternal, newborn and child health were conducted in Papua New Guinea (September 2008), Viet Nam (March 2009) and Cambodia (April 2009). The surveys will gauge coverage of key interventions and collect client perspective on the quality and availability of essential services. The surveys also will guide countries in improving their child survival action plans.

A review of the Integrated Management of Childhood Illness (IMCI) implementation and training coverage revealed the need for alternative approaches to facilitate the updating of guidelines and the scaling up of training. Countries were strongly encouraged to adapt the IMCI Computerized Adaptation and Training Tool (ICATT) for this purpose. Fiji and the Philippines have finalized their country adaptations using ICATT. Fiji introduced ICATT in pre-service training in 2008, and it was well received by teachers and students. The Philippines has proposed ICATT-based training in medical, nursing and midwifery schools, following a review of pre-service IMCI training that revealed slow progress, especially in the medical field. In the Pacific, Kiribati reviewed its nursing curriculum and postgraduate nursing course to enable IMCI integration.

In the field of community child health, the case management training package and counselling for health promotion materials designed for community health workers were adapted and rolled out in three provinces in the Philippines in February 2009. A complementary module for home-based newborn care was field tested in Cambodia and the Philippines.

To match the progress made in introducing evidence-based standards for child care at community and first-level facilities, the guidelines outlined in the Pocketbook of Hospital Care for Children were promoted through an emergency triage assessment and treatment course in Mongolia in September 2008 and in the Lao People’s Democratic Republic in March 2009. A consensus meeting on the adaptation of the pocketbook in China held in April 2009 paved the way for the country to introduce these evidence-based standards for pediatric referral care.

In the area of advocacy, WHO supported the preparation of documents to showcase successes in IMCI implementation. Mongolia’s enviable success in IMCI is chronicled in the draft publication Child Survival Series: IMCI implementation in Mongolia. The regional IMCI information package was prepared in collaboration with the Menzies School of Health Research and contains updated information on the status of IMCI implementation in 14 countries.

Adolescent health. Adolescents make up nearly one quarter of the population of the Region and can be vulnerable to many risks that can have a negative impact on their health. The major health concerns among adolescents in the Region relate to their reproductive and sexual health, injuries and accidents, undernutrition and overnutrition, anemia, and substance use and mental health problems that significantly contribute to morbidity and mortality. Many adolescents have unmet health needs, and they need greater access to health care.

A technical officer in Adolescent Health began work in the Regional Office in the third quarter of 2008. Progress has been made in advocacy, information sharing and consensus building, laying the foundation for future collaborative efforts within the Organization and with key partners such as the United Nations Children’s Fund (UNICEF) and the United Nations Population Fund (UNFPA) for initiatives at the regional and country levels. The Framework for Improving Health Sector Response to Adolescent Health in the Region also was drafted.

The Meeting on Improving Adolescent Health in the Region, a joint undertaking with UNICEF and UNFPA, was held in Manila in December 2008 to share experiences, plan a regional strategy for the implementation of the “4S Framework”—a framework that outlines the health sector response for promoting adolescent health—and strengthen collaboration at various levels. Experts from Cambodia, China, the Lao People’s Democratic Republic, Mongolia, Papua New Guinea, the Philippines and Viet Nam participated, along with the country office staff of WHO, UNICEF, UNFPA, key nongovernmental organization partners and other representatives of the civil society. The meeting also provided an opportunity to identify resources and build country-level teams, and lay the foundation for further collaboration between United Nations agencies.

The gap in strategic information related to adolescent health status in Viet Nam has been reduced through the Survey Assessment of Vietnamese Youth. Lessons learnt from delivering services to vulnerable and most-at-risk adolescents and youth in Viet Nam over the past two years were documented.

Cambodia and the Philippines accelerated their efforts to develop national strategies and policies to provide political and administrative support to adolescent health, with technical support from the Regional Office and their respective country offices. Efforts were made to initiate similar processes in China and the Lao People’s Democratic Republic.

WHO also supported capacity-building for adolescent-friendly health services in Member States. The Philippines adapted JobAid—an algorithmic tool for health workers—and supported health care workers through the provision of adolescent-friendly services. Support also was given for capacity-building of the health workforce in Viet Nam, with a particular focus on those who work with highly vulnerable and the most-at-risk adolescents.

Nutrition. Good nutrition is essential for health, vitality, learning and productivity. Some 40% of deaths worldwide are due to 10 main risk factors, seven of which are related to nutrition deficiencies or inappropriate diets that lead to chronic diseases. More than one half of all deaths in children under age 5 are attributed to being underweight.
Poor nutrition leads to ill-health, which in turn, contributes to further deterioration in nutritional status. These effects are most dramatically observed in infants and young children who bear the brunt of malnutrition and suffer the greatest burden in terms of disability and premature death.

The importance of nutrition as a foundation for healthy development is often underestimated. As a result, effective solutions that exist to address nutritional problems are too often ignored. One of the main challenges for countries in the Region is persuading decision-makers in health and other sectors involved in determining food consumption to invest in the prevention of nutritional disorders.

Following a recommendation of the Pacific ministers of health at their biennial meeting in March 2007, WHO worked with the Food and Agriculture Organization of the United Nations, the United Nations Children’s Fund, the Secretariat of the Pacific Community and the Pacific Islands Forum Secretariat to develop intersectoral approaches to bolster health by improving the quality of the food supply and ensuring food security and safety. A Pacific Food Summit is being organized so that national leaders can consider and adopt a declaration and plan of action to achieve these goals. The focus of the proposed summit will be on increasing production of healthy traditional foods, improving micronutrient status through fortification, and ensuring that processed foods are not excessively high in salt, fat and sugar in an effort to help prevent noncommunicable diseases such as obesity, hypertension, heart disease, stroke, diabetes and cancer.

As part of the effort to fortify foods, Pacific health ministers have recommended that staple foods and condiments be enriched with vitamins and minerals to help prevent anaemia and to combat iodine, vitamin A and other deficiencies, including low folate levels that can lead to severe birth defects. To strengthen the evidence base for these actions, a study was conducted on the availability of foods that are—or could be—fortified and on those processed foods high in fat, salt and sugar sold in the Pacific islands.

A recent review of policy influences on food supply and diets in Pacific countries led to a framework for selecting priority interventions at country and regional levels. The findings of these studies helped guide three meetings held in November 2008 in Sydney with intersectoral teams from a majority of Pacific countries, partner agencies and representatives of the food industry. The first two meetings focused on food safety and quality legislation and improving food supply to reduce noncommunicable disease risk factors, and the final meeting was a food industry dialogue on adding value to Pacific Islands foods.

The meetings, organized by WHO and the Global Health Institute in Sydney, were partly funded by the Australian Agency for International Development. The development and implementation of national plans of action for nutrition and nutrition policies were supported through a February 2009 workshop on Nutrition, Diet and Lifestyle: Scaling Up Action in the Pacific, organized by WHO and partners for intersectoral teams from Cook Islands, Fiji, Niue, Papua New Guinea, Tokelau and Tonga. In addition, a tool kit to develop domestic legislation to prevent obesity and noncommunicable diseases in Pacific island countries was produced. An International Course on Physical Activity and Public Health for 15 Pacific countries was held in Sydney in July 2008.

Support was provided through technical advice and visits by WHO staff and consultants to develop national nutrition policies and action plans in the Lao People’s Democratic Republic and in Solomon Islands, and for a plan of action to accelerate the reduction of stunting in Viet Nam.

Several proposals were developed for funding multisectoral interventions, including: nutrition, food safety, water quality and sanitation in Shanzu province in the Lao People’s Democratic Republic; and the improvement of the nutritional status of infants and young children in China and the Philippines.

To promote improved infant and young child feeding, implementation of the International Code of Marketing of Breastmilk Substitutes was strengthened in Cambodia, Papua New Guinea and Viet Nam through visits by experts. Communication plans to promote breastfeeding were developed through training and consultancies using the WHO COMI (Communication for Behavioural Impact) approach in China, the Lao People’s Democratic Republic, Papua New Guinea and the Philippines.

In the Philippines, three publications were produced with support from WHO, the International Code Implementation Centre (Penang) and UNICEF to provide guidance on code implementation for policy-makers and health workers. A community-based code monitoring system and workplace and community-based interventions to promote breastfeeding also were supported.

A position paper on weekly iron and folate acid supplementation for preventing anaemia in women of reproductive age was produced in collaboration with WHO Headquarters, based in part on the results of trials and pilot projects conducted in the Western Pacific Region and other parts of the world over the past 15 years. This statement was approved by the WHO Guidelines Review Committee and distributed broadly to promote the use of this new approach. Guidelines for using weekly iron and folate acid supplementation in different settings also were produced and made available, including through a symposium at the Micronutrient Forum in Beijing held in May 2009.

A proposal to assess the iodine status of populations and the availability of iodized salt in Pacific island countries and areas was produced with the International Council for the Control of Iodine Deficiency (ICCID), UNICEF and the United States Centers for Disease Control and Prevention to obtain baseline information for universal salt iodization programmes in these countries. Progress in the elimination of iodine deficiency disorders in Tibet, China, was assessed in relation to a programme supported by ICCIDD, UNICEF and WHO. The establishment of fortification programmes in Asian countries was supported in collaboration with the Flours Fortification Initiative and UNICEF.

Nutrition surveillance and emergency preparedness were strengthened in response to global food price fluctuations, facilitating collaboration of international institutions with countries and through participation in various regional meetings. Training courses and technical support were provided in Cambodia and the Lao People’s Democratic Republic on the assessment and management of child malnutrition in hospitals and communities.