

FINAL TECHNICAL REPORT - JVC 2019-2020

# Division of Healthy Environments and Populations (DHP)

Implementation period: 1 April 2019 - 31 March 2020

Implementation site: Western Pacific Region

Addressed to the Government of Japan

Issued from: World Health Organization, Regional Office for the Western Pacific

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FINAL TECHNICAL REPORT

# Regional Workshop on Leadership and Advocacy for the Prevention and Control of Noncommunicable Diseases

Implementation period: 1 April 2019 - 31 March 2020

Implementation site: Western Pacific Region

Addressed to the Government of Japan

WHO Award number: 68968

Award budget: US\$ 100 000

WHO Category: 2: Noncommunicable Diseases

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## Final technical report: Overview

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<b>From:</b>	Division of Healthy Environments and Populations (DHP), WHO Regional Office for the Western Pacific (WPRO)
<b>To:</b>	Government of Japan
<b>Title of the project:</b>	Regional Workshop on Leadership and Advocacy for the Prevention and Control of Noncommunicable Diseases
<b>Implementation period:</b>	1 April 2019 – 31 March 2020
<b>Implementation site:</b>	Western Pacific Region
<b>Implementing partners:</b>	National Institute of Public Health, Japan
<b>WHO Category:</b>	2: Noncommunicable Diseases
<b>WHO Award number:</b>	68968
<b>Award budget:</b>	US\$ 100 000

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## 1. Background

Since 2005, the World Health Organization (WHO) Regional Office for the Western Pacific (WPRO), with the National Institute of Public Health (NIPH) in Japan, has developed a course to build and strengthen capacity for noncommunicable disease (NCD) prevention and control of participants from countries with a high burden of NCDs. Based on this experience, the Regional Workshop on Leadership and Advocacy for the Prevention and Control of NCDs (LeAd-NCD) was first launched in 2013 to strengthen national leadership capacity for multisectoral action on NCDs in areas that need collaboration beyond the health sector.

Each year, in line with emerging priorities, a thematic area was selected for the workshop, including an overview of NCD prevention and control (2013), global coordination mechanisms for NCDs (2014), workers' health (2015), childhood obesity (2016), physical activity (2017) and strengthening legal frameworks for NCDs (2019). Following participation in the workshop, some countries established a formal graduate-level academic programme in a national university (Brunei Darussalam) or an alumni network as an officially recognized nongovernmental organization (NGO) (Malaysia). Beyond national borders, the Pacific LeAd-NCD alumni have generated the Pacific Ending Childhood Obesity (ECHO) community.

Given the recent global and regional developments – including the Political Declaration of the Third High-level Meeting of the General Assembly on the Prevention and Control of NCDs, the Thirteenth General Programme of Work 2019–2023 approved by the Seventy-first World Health Assembly, and NCDs as one of the three priority areas for the new Regional Director of the Western Pacific – it is proposed that the LeAd-NCD curricula be evaluated with country representatives and relevant experts in the field to identify ways by which the programme may be strengthened to more effectively respond to the NCD crisis in the Region.

As the higher burden of NCDs lies in the Pacific, with premature mortality double that of high-income countries and prevalence of diabetes more than twice as high as the regional average, a consultation with Member States and partners was proposed to first be held in the Pacific islands countries and areas (PICs) subregion.

## 2. Outcomes

The project is contributing to the following WHO programme budget outcome and outputs:

**Outcome 2.1:** Increased access to interventions to prevent and manage NCDs and their risk factors.

**Output 2.1.1:** Development and implementation of national multisectoral policies and plans to prevent and control NCDs accelerated.

- **Activity 1.1:** Expert consultation on leadership and advocacy for the prevention and control of NCDs.
- **Activity 1.2:** Follow-up technical support to Member States (based on requests and recommendations from the previous LeAd-NCD workshops).

### 3. Activities

Activity implementation status		
Output 2.1.1: Development and implementation of national multisectoral policies and plans to prevent and control NCDs accelerated		
Activities	Completed / Delayed / Cancelled	Changes and Challenges
<b>Output 2.1.1: Development and/or implementation of national multisectoral policies and plans to prevent and control NCDs accelerated</b>		
Activity 1.1 Expert consultation on leadership and advocacy for the prevention and control of NCDs <ul style="list-style-type: none"> <li>• Baseline: Not applicable</li> <li>• Target: One regional consultation conducted in Fiji with one participant from at least 10 countries in the Western Pacific Region</li> </ul>	Completed	Scope of the consultation shifted towards monitoring and legislative frameworks due to requests from the PICs (see details below).
Activity 1.2: Follow-up technical support to Member States (based on requests and recommendations from the previous LeAd-NCD workshops) <ul style="list-style-type: none"> <li>• Baseline: Not applicable</li> <li>• Target: Direct support provided to at least two Member States, in accordance with requests and recommendations from the previous LeAd-NCD workshops.</li> </ul>	Completed	Technical support was provided to only one country as the approved budget was US\$ 30 000 less than what the technical unit originally proposed.

#### Activity 1.1 Expert consultation on leadership and advocacy for the prevention and control of NCDs

- The purpose of this activity was to conduct a regional consultation on leadership and advocacy for the prevention and control of NCDs to strategically plan a mechanism to ensure stronger multisectoral action at the national level.
- In consideration of a recently endorsed Memorandum of Understanding (MOU) between WHO and the Pacific Community (SPC), which included “the preparation and development of joint activities, strategies and programmes to address major public health concerns, it was decided to co-host a ‘Consultation on the Pacific Monitoring Alliance for NCD Action (MANA) and the Pacific NCD Legislative Framework (PLF)’” with the SPC.
- The workshop was held in Nadi, Fiji, 25–28 November 2019, with 31 participants representing 21 PICs, namely: American Samoa (USA), Cook Islands, Fiji, French Polynesia (France), Guam (USA), Kiribati, Marshall Islands, Federated States of Micronesia, Nauru, New Caledonia (France), Niue, Commonwealth of the Northern Mariana Islands (USA), Palau, Papua New Guinea, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu, and Wallis and Futuna (France). Three temporary advisers from the NIPH and Sydney University also attended the workshop.
- The workshop was organized into eight sessions: (1) NCD leadership and governance, (2) health promotion financing and taxation, (3) marketing of breast-milk substitutes, (4) unhealthy food, (5) tobacco control, (6) alcohol harm reduction, (7) health system response programmes and (8) monitoring. The NIPH of Japan participated in the meeting to provide expert advice on strengthening leadership and advocacy and policy change.
- The workshop was successful in: (1) allowing the country representatives to discuss their experiences with completing the MANA dashboard; (2) reviewing recent progress and challenges with priority NCD actions at country level and identifying opportunities to strengthen

programmes, legislation and leadership; (3) reviewing and discussing the draft Pacific NCD Legislative Framework (PLF) in view of its future implementation and to identify recommendations to strengthen the framework; and (4) exploring coordination mechanisms for countries and partners in a concerted manner to support country priority actions. A summary meeting report is provided as Annex 1.

#### **Activity 1.2 Follow-up technical support to Member States (based on requests and recommendations from the previous LeAd-NCD workshops)**

- As a follow-up to the sixth LeAd-NCD workshop, which focused on the role of parliamentarians for NCD prevention and control:
  - Support was provided to the “Forum on Parliamentary Roles to Achieve the NCD-related SDGs” at the National Assembly in Cambodia on 27 August 2019. All 125 Members of Parliament (MPs), as well as the Minister of Health of Mongolia and the WHO Western Pacific Regional Director were in attendance, where there was strong consensus that active political engagement is needed to address the NCD burden. Participants discussed how MPs can bring forward the National Multisectoral NCD Action Plan 2018–2027 by tackling risk factors such as smoking, strengthening health systems focusing on primary health care, and mobilizing sustainable financing to increase NCD efforts.
- A short-term consultant from Japan was recruited to provide support in preparing for the regional consultation (activity 1) and country support (activity 2).

## **4. Communications and visibility - see Annex**

- A summary report for the “Strengthening Implementation of NCD Priority Actions in the Pacific: Consultation on the Pacific Monitoring Alliance for NCD Action (MANA) and the Pacific NCD Legislative Framework (PLF)” has been prepared (Annex item 1; group photo as Annex item 2). A full meeting report is being prepared jointly by SPC and WHO.
- The “Forum on Parliamentary Roles to Achieve the NCD-related SDGs” at the National Assembly in Cambodia in August 2019 was featured in local mass media and on the WHO website (Annex item 3).

## **5. Conclusions**

NCDs are the cause of a critical and growing health and development burden for the Western Pacific Region. A key component to realizing progress in reducing the burden of NCDs within the Region is sufficient capacity at the national level to implement effective strategies for NCD prevention and control. Leadership and technical competence are fundamental components of capacity-building. Participant feedback indicates that the LeAd-NCD workshops provided an effective regional mechanism to strengthen capacity and build leadership for addressing NCDs in the Western Pacific.

In several countries, the LeAd-NCD curriculum was adapted for in-country use and integrated into a formal graduate-level academic programme in a national university (Brunei Darussalam) or expanded into a national capacity-building initiative for health professionals (Malaysia). In Malaysia, graduates of LeAd-NCD have created an alumni network and incorporated as an officially recognized NGO for NCD prevention and control. Beyond national borders, the Pacific LeAd-NCD alumni have formed a subregional peer learning community known as Pacific ECHO.

The LeAd-NCD training workshops have fulfilled their function of facilitating capacity enhancement for NCD prevention and control among a key set of influential national and subnational NCD stakeholders and decision-makers, with substantive outcomes and impact at the individual, local, institutional, national and subregional levels. Recognizing the multisectoral nature of NCD work, mechanisms to engage representatives of other sectors will have to be expanded in future events.

## 6. Annex

1. **Summary report for the “Strengthening Implementation of NCD Priority Actions in the Pacific: Consultation on the Pacific Monitoring Alliance for NCD Action (MANA) and the Pacific NCD Legislative Framework (PLF)” in Nadi, Fiji, 25–28 November 2019**



Summary  
Report\_NCD\_NADI\_2

2. **Group picture of “Strengthening Implementation of NCD Priority Actions in the Pacific: Consultation on the Pacific Monitoring Alliance for NCD Action (MANA) and the Pacific NCD Legislative Framework (PLF)” in Nadi, Fiji, 25–28 November 2019**



3. **National Assembly Forum on “The Role of Parliamentarians to Achieve the NCD-related SDGs” in Cambodia, 27 August 2019**



FINAL TECHNICAL REPORT

# Accelerating implementation of tobacco control measures

Implementation period: 1 April 2019 - 31 March 2020

Implementation site: Western Pacific Region

Addressed to the Government of Japan

WHO Award number: 68968

Award budget: US\$ 70 000

WHO Category: 2 Noncommunicable Diseases

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## Final technical report: Overview

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<b>From:</b>	WHO Regional Office for the Western Pacific (WPRO), DHP, TFI
<b>To:</b>	Government of Japan
<b>Title of the project:</b>	Accelerating implementation of tobacco control measures
<b>Implementation period:</b>	1 April 2019 – 31 March 2020
<b>Implementation site:</b>	Japan, Lao People’s Democratic Republic, Philippines and the Western Pacific Region
<b>Implementing partners:</b>	Ministries of health and other relevant government agencies and civil society organizations
<b>WHO Category:</b>	2: Noncommunicable diseases
<b>WHO Award number:</b>	68968
<b>Award budget:</b>	US\$ 70 000

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## 1. Background

The tobacco epidemic is persistent in the Western Pacific Region, where one fourth of adults (388 million people) are estimated to be current tobacco smokers. Despite the downward trend in smoking prevalence, the Region will still fall short in meeting the global voluntary target of 30% reduction by 2025. Countries are also persistently challenged to quickly respond to new and emerging issues, such as increasing marketing and sale of novel products, as well as aggressive interference by the tobacco industry. In this regard, coordinated efforts to strengthen implementation of the WHO Framework Convention on Tobacco Control (FCTC) is crucial.

The Tobacco Free Initiative (TFI) in the Western Pacific Region has been developing periodic regional action plans (RAPs) since 1990 in order to guide countries in the development of their national action plans for the implementation of measures contained in the WHO FCTC, and to coordinate the work at the regional level. In 2019, TFI's new RAP for tobacco control was developed based on the existing gaps and emerging challenges identified through a consultation with regional experts and Member States, and included specific targets and actions to be achieved by countries and WHO. The new RAP covering 2020–2030 was fully endorsed at the Seventieth session of the Western Pacific Regional Committee in October 2019 and finalized after reflecting the discussion made at the Regional Committee meeting.

Recognizing the importance of participation of the (non-tobacco) private sector in promoting tobacco control, TFI launched a regional campaign on smoke-free workplaces, "Revolution Smoke-Free" (RSF), in July 2018 with the support of the Government of Japan. In the following year, five country launches were carried out and generated 300 pledges from companies that support smoke-free workplaces. Building on the initial success, TFI planned several activities to further expand the reach and the network of participating companies.

In this regard, two activities were proposed: (1) facilitating the implementation of the new RAP at country and regional levels and (2) broadening the RFS campaign to involve more companies in other countries in the Region.

## 2. Outcomes

### **Outcome 2.1: Increased access to interventions to prevent and manage NCDs and their risk factors**

- Increased readiness to achieve the regional and country targets outlined in the new RAP
- Increased number of pledges made by companies to commit to smoke-free workplaces
- Increased number of smoke-free public places in the private sector
- Engagement from the private sector in promoting tobacco control.

### 3. Activities

#### **Output 2.1.2 Countries enabled to implement strategies to reduce modifiable risk factors for NCDs (tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol), including the underlying social determinants**

##### **Activity 1.1 Facilitation of implementation of the new Regional Action Plan for Tobacco Control (2020–2030)**

Since its endorsement, the new RAP for Tobacco Control (2020–2030) has been used by Member States to advocate for stronger tobacco control. The final RAP, reflecting the discussion at the Regional Committee meeting, was recently finalized and disseminated to countries and partners in the Region. With the support of the award, the RAP was translated into Chinese, Khmer, Mongolian and Vietnamese to facilitate its use in respective countries.

Soon after the adoption of the RAP, TFI has started planning activities to support countries to implement recommended actions and policy options from the RAP. One of the first country support activities was facilitated using the award:

In the Region, some of the most effective measures to reduce tobacco use, such as providing comprehensive cessation support – including free national “quit lines” and cost-covered nicotine replacement therapies and other cessation services – remains insufficient. To address this gap, Strategic Area 2 of the new RAP calls for the accelerated implementation of tobacco control measures, including tobacco cessation. Support was provided to Lao People’s Democratic Republic for the roll-out of the national cessation programme, including provision of appropriate cessation medications. Training of trainers on brief tobacco intervention in Vientiane was originally planned to complement the efforts; however, this activity was postponed due to the coronavirus disease (COVID-19) outbreak.

Another activity that was initially included in the plan was to support regional participation in a Global Consultation on Novel and Emerging Nicotine and Tobacco Products, convened by WHO headquarters. However, this meeting was also postponed due to the COVID-19 outbreak. Therefore, TFI focused on strengthening the cessation programme in Lao People’s Democratic Republic.

##### **Activity 1.2 Scale-up of the Revolution Smoke-Free campaign**

**The launch in Japan** was led by the Japan Cancer Society (JCS). Together with the Tokyo Medical Association, JCS supported a group of companies in establishing a Smoke-Free Consortium aimed at supporting cessation among employees. Leveraging on the existing momentum among corporate leaders in Japan and the recent introduction of national smoking bans, the launch aimed at increasing public support from high-level executives in the private sector for smoke-free policies. The launch was held during the Annual Conference of Tobacco-Induced Diseases on 15 October 2019. More than 100 participants, including CEOs, high-level executives, human resource managers, occupational health focal points in the private sector, and the Japanese media attended the launch. The event highlighted the commitment and support from the increasing number of businesses that have joined the campaign. Companies/organizations that are already part of the RSF campaign shared their experiences during the launch, which was also attended by the Governor of Tokyo and the WHO Regional Director. The companies/organizations included Yahoo Japan Corporation, Sompo Himawari Life Insurance, Inc., CEO Roundtable for Cancer-China and the Philippines Economic Zone Authority, and newly joined companies/organizations such as Rhoto Pharmaceutical, Chikaranomoto Holdings, Inc., Softbank and Tokyo Medical Association. The Japanese version of the RSF toolkit was distributed during the launch to help them make their offices smoke free.

**The Philippines' expansion** of the RSF campaign was done in collaboration with the Philippine Economic Zone Authority (PEZA), which led the launch in 2018, and the WHO Philippine Country Office. A training was conducted to build the capacity of PEZA employees and locators in implementing the RSF campaign and other tobacco control measures contained in the MPOWER package. More than 30 companies participated in the training and some have already joined the RSF campaign.

The RSF campaign website was enhanced to further expand its reach and improve interaction with target audiences. The website enhancement included a multilingual feature that enabled the Japanese version of the campaign site in time for the Japan launch to further facilitate the participation of Japanese companies. The Chinese version is planned to be installed shortly. Case studies of some companies that have joined the campaign were shared through the campaign website. These good practices in implementing smoke-free workplaces have encouraged other businesses to implement their own smoke-free policies and eventually join the campaign.

Through these activities, nearly 100 additional pledges were submitted by companies across the Region.

Activity implementation status		
Activities for Output 2.1.2	Completed / Delayed / Cancelled	Changes and Challenges
<p><b>Activity 1:</b> Facilitation of implementation of the new Regional Action Plan</p> <ul style="list-style-type: none"> <li>• Baseline: Not applicable</li> <li>• Target: Selected countries receiving technical support on specific RAP targets</li> </ul>	Completed	Readiness and capacity of countries to implement recommended actions to achieve regional targets.
<p><b>Activity 2:</b> Scale-up of Revolution Smoke-Free</p> <ul style="list-style-type: none"> <li>• Baseline: Not applicable</li> <li>• Target: Companies completing the campaign pledge</li> </ul>	Completed	Securing buy-in from non-health sector and private sector.

## 4. Communications and visibility - see Annex

Please refer to the Annex for examples of communications materials and photographs from the activities.

## 5. Conclusions

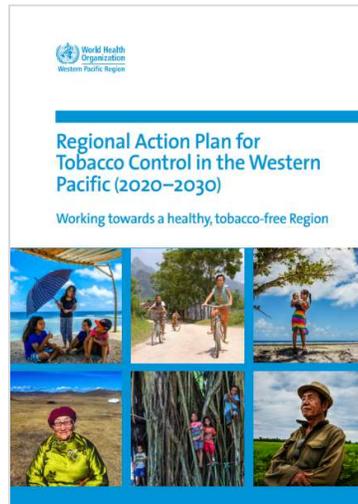
The new RAP for Tobacco Control in the Western Pacific (2020–2030) is the overarching strategy for countries and areas in the Region in curbing the tobacco epidemic. Activities implemented to date will trigger further actions by countries to implement the new RAP in the coming years.

The growing momentum among business leaders in the Region to support smoke-free policies permitted the expansion of the RSF campaign, enabling the participation of an additional 100 companies to the campaign. As both activities were implemented successfully, further efforts to continue these innovative and strategic measures are needed to accelerate full implementation of the WHO FCTC.

## 6. Annex

### Activity 1: Facilitation of implementation of the new Regional Action Plan

Finalized RAP



### Activity 2: Scale-up of the Revolution Smoke-Free campaign

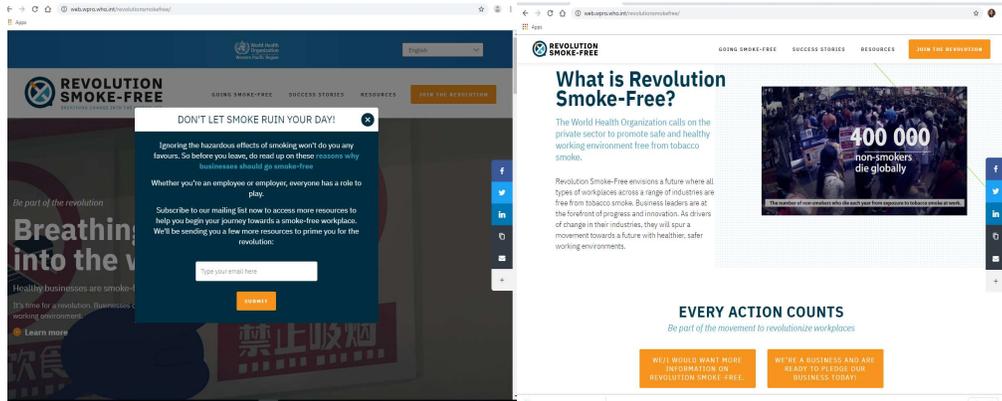
Online news article about the launch



### Revolution Smoke-Free training in Baguio City, Philippines



## RSF website enhancement



## Japanese version of the website



FINAL TECHNICAL REPORT

# Ending all forms of malnutrition through primary health care and improved food environment

Implementation period: 1 April 2019 - 31 March 2020  
Implementation site: Western Pacific Region

Addressed to the Government of Japan

WHO Award number: 68968  
Award budget: US\$ 100 000  
WHO Category: 2.5: Nutrition

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## Final technical report: Overview

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From:	Division of Healthy Environments and Populations (DHP), WHO Regional Office for the Western Pacific (WPRO)
To:	Government of Japan
Title of the project:	Ending all forms of malnutrition through primary health care and improved food environment
Implementation period:	1 April 2019 – 31 March 2020
Implementation site:	Western Pacific Region
Implementing partners:	
WHO Category:	2.5: Nutrition
WHO Award number:	67820
Award budget:	USD 100 000

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## 1. Background

In the context of a changing global nutrition landscape, influenced by economic and income growth, urbanization and globalization, dietary pattern has changed significantly in recent decades. The double burden of malnutrition remains a major challenge among Member States in the Western Pacific Region. In 2018, it was estimated that 8.3 million children under 5 years were chronically malnourished, 2.7 million were wasted and 6.5 million were overweight in the Region. While there has been considerable progress in reduction of undernutrition, the prevalence of overweight and obesity are rising, especially among children aged 5–19 years and adults, across all income groups and countries in the Region. Childhood obesity is one of the most serious regional public health challenges that is affecting almost every country in the world. In 2016, the number of school-age children and adolescents aged 5–19 years with overweight has risen to 84 million – a 48% increase from 2010 to 2016. While technical recommendations on managing childhood obesity are available globally, operationalizing and contextualizing these at country level are needed to help countries who often have limited technical capacity to implement the recommendations in their context.

Addressing these nutrition challenges require working within the primary health care delivery system where, ideally, 90% of a person's health needs across their lifetime can be covered. However, many countries in the Region have fragmented health care delivery systems, where nutrition services – similar to other services – are managed and/or delivered in silos and are not part of the routine primary health care delivery system. This results in suboptimal outcomes and inefficient use of limited resources.

This double burden of malnutrition offers a unique and important opportunity for integrated action on malnutrition in all its forms. Addressing the double burden of malnutrition will be key to achieving the Sustainable Development Goals (SDGs) (in particular Goal 2 and Target 3.4) and the Commitments of the Rome Declaration on Nutrition, within the United Nations Decade of Action on Nutrition.

## 2. Outcomes

### **Outcome 2.5. Reduced nutritional risk for improved health and well-being**

**Output 2.5.1:** Countries enabled to develop and monitor implementation of action plans to tackle malnutrition in all its forms and achieve the global nutrition targets 2025 and the nutrition components of the SDGs.

Expected outcomes include:

- strengthened primary health care system through an established model for integrated nutrition services in primary health care delivery system;
- strengthened national actions to address childhood obesity through adoption and operationalization of global recommendations, including improvement in food environment.

### 3. Activities

#### **Activity 1: Support select Western Pacific countries to develop the integration of nutrition services into the primary health care delivery system**

- Timeline: April 2019 – March 2020
- Target: Select Western Pacific countries supported to develop the integration of nutrition services (addressing both under- and over-nutrition, as well as healthy diet) into the primary health care delivery system.

#### **Mongolia – Nutrition beyond health: Support to National Intersectoral Nutrition Programme Consultation in Mongolia**

The National Programme on Nutrition (2016–2025) was endorsed by the Mongolian Government with the aim of improving the nutritional status of the Mongolian population through the involvement of all relevant sectors. However, the implementation of interventions to improve the nutritional status needs to be strengthened to ensure sustainability across sectors. At the request of the Ministry of Health (MOH) Mongolia, WHO supported an intersectoral consultation on nutrition in October 2019, aiming to:

- discuss, coordinate and exchange views among policy-making and implementing officials in the health and non-health sectors on measures for improving nutrition of the population and for restricting unhealthy foods;
- improve support for multisectoral collaboration beyond the health sector for improving the nutritional status of the Mongolian population.

The participants of the consultation were from the MOH; Ministry of Food, Agriculture and Light Industry; National Center for Public Health; General Agency for Specialization Inspection; Mongolian National University of Medical Sciences; Authority for Customs; Authority for Fair Competition and Consumer Protection; Mongolian Union of Food Producers and representatives of local food production companies.

**Mongolia – Training for and launching of national food guide “GER”.** The national food guide of Mongolia is represented by the “ger” – a Mongolian tent – which is divided into three levels of recommended consumption. Cereals and cereal products are placed at the bottom of the tent; vegetables, meat, fish and eggs are on the second level; and fruits and dairy products on the final level. Following last year’s support for revision of the food guide, a launch of the newly updated guide and capacity-building for health workforce at primary health centres was held in October 2019. The training aimed to improve the knowledge and skills of physicians at soum and family health centres on promoting the newly updated recommendation on healthy diet and facilitating local capacity-building for nutritional counselling.

#### **Viet Nam – Updating National Guidelines on Baby Friendly Hospital Initiative (BFHI)**

Breastfeeding plays an important role in the nutritional status, growth, development, health and survival of infants and young children. The Baby Friendly Hospital Initiative (BFHI) is one of the strategies for improving breastfeeding practice of mothers. The purpose of the BFHI is to promote early initiation and exclusive breastfeeding in the hospitals through the Ten Steps of Successful Breastfeeding. On 30 October 2016, the Viet Nam Ministry of Health issued Circular No. 38/2016/TT-BYT on measures to promote breastfeeding at health facilities with the purpose to promote early initiation and exclusive breastfeeding in Baby Friendly Hospitals through the Ten Steps of Successful Breastfeeding. The MOH requested technical support to strengthen and update the national guidelines for BFHI.

WHO supported MOH to conduct a national workshop on Baby Friendly Hospitals that was held in May 2019 aimed to:

- discuss progress and challenges of implementation of the national BFHI;

- revision of national implementation guidance, which is intended for all those who set policy for, or offer care to, pregnant women, families and infants – governments; national managers of maternal and child health programmes in general, and breastfeeding- and BFHI-related programmes in particular; and health-facility managers at different levels (facility directors, medical directors, chiefs of maternity and neonatal wards).

The updated implementation guidance emphasized scaling up to universal coverage and ensuring sustainability over time. The guidance focuses on integrating the programme more fully in the health-care system, to ensure that all facilities in a country implement the Ten Steps. Countries are called upon to fulfil nine key responsibilities through a national BFHI programme, including establishing or strengthening a national coordination body; integrating the Ten Steps into national policies and standards; ensuring the capacity of all health-care professionals; using external assessment to regularly evaluate adherence to the Ten Steps; incentivizing change; providing necessary technical assistance; monitoring implementation; continuously communicating and advocating; and identifying and allocating sufficient resources.

The guidelines aimed to strengthen Baby Friendly Hospitals and 10 steps for successful breastfeeding to help improve hospitals staff's breastfeeding counselling skills, and improve breastfeeding awareness and skills of lactating mothers and caregivers.

## **Activity 2: Development of National Operational Guidelines on Growth Monitoring Promotion as an integral part of health system in Cambodia**

### **Reprogramming from activity “Conduct a regional workshop on development of national actions to end childhood obesity”:**

- Timeline: April 2019 – March 2020
- Target: One regional workshop conducted on the development of national actions to end childhood obesity.

The regional workshop was being prepared, background documents developed, invitations sent to all participants and speakers confirmed. However, due to unforeseen circumstances arising from the coronavirus disease (COVID-19) outbreak that affected participation by Member States, the meeting had to be postponed. The background document that was developed as part of this meeting preparation will be used in the future regional workshop on prevention of childhood obesity.

A reprogramming has been done for the activity, aligned with the objectives of this grant. The funding was used to support another country – Cambodia – to develop national guidelines on Growth Monitoring and Promotion as an integral part of the primary health care delivery system as requested by the Cambodian Ministry of Health (see below).

### **Development of National Operational Guidelines on Growth Monitoring Promotion as an integral part of health system in Cambodia**

Addressing malnutrition has been a long and recognized priority of the Government of Cambodia. At the request from the National Nutrition Program (NNP), National Maternal Child Health Centre (NMCH), Ministry of Health Cambodia, WHO provided technical support for development and finalization of national operational guidelines on growth monitoring and promotion (GMP). A consultant was hired to assist development of the guidelines.

Building upon the existing government platform, GMP is a prevention activity comprising growth monitoring linked with promotion that serves as the core activity in an integrated child health and

nutrition programme and as an integral part of the health system. Growth monitoring may improve utilization of health services and may ultimately improve nutritional status and/or survival of young children. The GMP could provide valuable direction and support to the health worker in efforts to: (1) improve child health; (2) improve interactions with mothers and communities; (3) bring about nutrition education; and (4) assess the impact of efforts on the child’s nutritional status and demonstrate the impact to the mother.

A draft national interim guideline has been developed in consultation with key stakeholders and partners at national and subnational levels. The guidance ensures that the quality of the GMP practices of health workers at health facilities and in communities are in place. A national consultation workshop with relevant MOH institutions at national and subnational levels and health partners was organized on 23–24 March 2020 to finalize the operational guideline for GMP.

**Activity implementation status**

Activities for Output 2.5.1	Completed / Delayed / Cancelled	Changes and Challenges
<p><b>Activity 1:</b> Support select Western Pacific countries to develop the integration of nutrition services into the primary health care delivery system</p> <ul style="list-style-type: none"> <li>• Baseline:</li> <li>• Target: Two countries supported in integrating nutrition services into primary health care (Mongolia and Viet Nam).</li> </ul>	Completed	
<p><b>Activity 2:</b> Development of National Operational Guidelines on Growth Monitoring Promotion as an integral part of health – system in Cambodia.</p> <ul style="list-style-type: none"> <li>• Baseline:</li> <li>• Target: National operational guideline is developed in consultation with key stakeholders at national and subnational levels (Cambodia).</li> </ul>	Completed	Reprogramming - due to unforeseen circumstances arising from the COVID-19 outbreak.

## 4. Communications and visibility - see Annex

- Mongolia – New updated “GER” and training materials were printed and disseminated to all health facilities and used for training of health workers in various provinces.
- Viet Nam – The revised national BFHI has been disseminated to ensure that mothers and newborns receive timely and appropriate care before and during their stay in a facility providing maternity and newborn services, to enable the establishment of optimal feeding of newborns, which promotes their health and development.
- Cambodia – The national guideline will be used and implemented through the World Bank “Cambodia Nutrition Project”.

## 5. Conclusions

- Mongolia – The national food-based dietary guidelines “GER” promotes healthy diet and prevention of obesity and diet-related NCDs for Mongolians. It was updated based on the national evidence-informed and context-specific actions. Consuming a healthy diet throughout the life-course helps to prevent obesity and malnutrition in all its forms as well as a range of diet-related NCDs and conditions.
- Viet Nam – The updated/revised national guidelines for implementing the Baby Friendly Hospital Initiative (BFHI) in facilities provides guidance on maternity and newborn services, as well as guidance for coordination and management of the BFHI at national (or subnational where applicable) level. These activities are part of the regional efforts to mainstream nutrition in primary health care settings for universal health coverage.
- Cambodia – The operational guidelines on Growth Monitoring Promotion (GMP) provides valuable direction and support to the health worker in efforts to improve child health and nutrition through regular interactions with mothers and communities, nutrition education and assessment of nutritional status as an integral part of the primary health care system. The GMP guidance will be used and replicated in the World Bank-funded project and will increase availability of GMP in health facilities and communities in Cambodia.

## 6. Annex

### 1. Mongolia: Launching and Training of National Food Guide “GER”, 26–30 October 2019



### 2. Mongolia: Health worker explained the Healthy Diet Guide “GER” to mothers and caregivers



### 3. Mongolia: Media news related to National Intersectoral Nutrition Programme Consultation.

Search Results

The UB Post

## Deputy health minister and WHO discuss nutrition

6 Nov 2019 +1 more

Deputy Minister of Health L.Byambasuren received Technical Lead for Nutrition at the World Health Organization (WHO) Regional Office for Western Pacific Dr. Juliawati Untoro on November 1.

The deputy minister introduced data on food nutrition and expressed her gratitude for consistent partnership and support from WHO. The sides discussed global policy, a program on enhancing the nutritious value of food, and measures that need to be taken in Mongolia.

During her visit to Mongolia, Dr. Untoro participated in a training organized for health care specialists of Tuv Province and the handing over ceremony for a fully furnished consultancy room for healthy diet at the Health Center of the province.

Dr. Untoro held a meeting with Head of Food Industry Policy Management Department of the Ministry of

Food, Agriculture and Light Industry T.Gantogtokh, and executives and food studies specialists of the National Center for Public Health of Mongolia, and became acquainted with the measures being taken on improving the nutrition of food consumed by Mongolian citizens.

She also attended the inter-sectoral meeting on “Partnership of sectors, participation and support in improving food nutrition”, and discussed enhancing cooperation and measures for improving food nutrition in the next two years.

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### 4. Viet Nam: Workshop on National Baby Friendly Hospital Initiative, 2–3 May 2019, Hanoi



## 5. Cambodia: Development of Operational Guidance on Growth Monitoring Promotion



FINAL TECHNICAL REPORT

# Universal Occupational Health Coverage in the Western Pacific Region

Implementation period: 1 April 2019 - 31 March 2020

Implementation site: Western Pacific Region

Addressed to the Government of Japan

WHO Award number: 68968

Award budget: US\$ 40 000

WHO Category: 3: Promoting health through the life-course

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## Final technical report: Overview

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<b>From:</b>	Division of Healthy Environments and Populations (DHP), WHO Regional Office for the Western Pacific (WPRO)
<b>To:</b>	Government of Japan
<b>Title of the project:</b>	Universal Occupational Health Coverage in the Western Pacific Region
<b>Implementation period:</b>	1 April 2019 – 31 March 2020
<b>Implementation site:</b>	Western Pacific Region
<b>Implementing partners:</b>	The International Labour Organization (ILO), Chinese Academy of Medical Sciences (CAMS)/Peking Union Medical College (PUMC), University of Occupational and Environmental Health (UOEH) Japan, Japan National Institute of Occupational Safety and Health (J-NIOSH), Catholic Industrial Medicine Centre (CIMC), Seoul National University, National Institute of Occupational Health of Viet Nam
<b>WHO Category:</b>	3: Promoting health through the life-course
<b>WHO Award number:</b>	68968
<b>Award budget:</b>	US\$ 40 000

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## 1. Background

In the Western Pacific Region, approximately 250 000 deaths of workers every year are attributable to occupational risks. The rate of deaths attributed to occupational risks in the Region is the highest among all WHO regions. Major losses take place in the poorest countries and among the poorest and most vulnerable workers. Well-functioning occupational health policies and occupational health services are needed in the rapidly growing Western Pacific economies to protect their working people from occupational injuries and diseases. It is obvious that countries cannot achieve universal health coverage (UHC) without universal coverage of occupational health for the working population.

The current coverage of occupational health services in the Western Pacific Region is less than one fifth of the total workforce. Only in four out of 37 countries and areas of the Region is occupational health coverage higher than 50% of the workforce. In most countries, more than 95% of the enterprises are small-scale enterprises. However, employees at small and medium-sized enterprises (SMEs) are often not provided with even basic occupational health services. This situation is aggravating health inequity among the working population.

The Global Plan of Action on Workers' Health (WHA60.26) for 2008–2017 and Western Pacific Regional Framework for Action for Occupational Health for 2011–2015 are no longer valid as of 2019. In the meantime, WHO is promoting UHC through the Thirteenth General Programme of Work (GPW13) and the regional vision white paper, *For the Future*. In this context, WPRO plans to consult with Member States on a new Regional Framework for Action on Occupational Health.

This proposal is to continue the work that was supported through the JVC funds since 2014. In 2018–2019, WPRO developed a regional report on occupational health and drafted a regional action plan on universal occupational health coverage (UOHC) in the Western Pacific Region. In 2019–2020, WPRO will consult with Member States and WHO collaborating centres (CCs) to finalize the development of a regional framework for action on UOHC. In 2019–2020, WPRO is seeking to fill a consultancy for further refinement of the UOHC strategy and its implementation through basic occupational health services in the Region.

The objectives are to:

- (1) organize inputs of the countries and the WHO country offices and WHO CCs for occupational health on further refinement of UOHC at the national level;
- (2) support the WHO country offices and WHO CCs in the development of roadmaps for a national UOHC process as a part of their national health strategies; and
- (3) provide technical guidance and support to the Member States for UOHC implementation.

## 2. Outcomes

This project supported the achievement of **Programme Budget Outcome 3.5. “Reduced environmental threats to health”**. A special focus was on improving the health and safety of the working population through an expanded coverage of occupational health services to protect vulnerable workers.

The following outputs and indicators were produced and measured:

### **Output 1: Strengthened national occupational health system aligned with WHO global strategy for occupational health and global plan of action on workers’ health**

Output 1.1: “Regional Plan of Action for the Development of Universal Occupational Health Coverage (UOHC) for 2020–2025”

Output 1.2: National roadmaps for development of occupational health policies in Cambodia, China, Mongolia, Philippines and Viet Nam

### **Output 2: Improved coverage of occupational health services for informal sector workers to contribute to the accomplishment of UHC in countries.**

Output 2.1: A regional report: “Development of Universal Occupational Health Coverage (UOHC) for the Western Pacific Countries”

#### **Indicators measuring outputs:**

- a. Number of regional strategic documents promoting the concept of UOHC (baseline = 0, after the project = 1)
- b. Number of national profiles/roadmaps for development of occupational health policies (baseline = 0, after the project = 4)
- c. Number of regional reports assessing the situation of occupational health coverage and providing guidance for expanding UOHC for the countries in Region (before the project = 0, after the project = 1).

## 3. Activities

From April to August 2019, the WPRO Health and Environment (HAE) Coordinator consulted on the outline of the regional plan of action on UOHC with experts at selected WHO CCs for occupational health. These included Peking Union University, University of Occupational and Environmental Health (UOEH) Japan, Japan National Institute of Occupational Safety and Health (J-NIOSH), Catholic Industrial Medicine Centre (CIMC), Seoul National University and the National Institute of Occupational Health of Viet Nam. Based on the comments from the experts, a regional plan of action was drafted as an internal document.

WPRO contracted Dr Jorma Rantanen (former President of the International Commission on Occupational Health and former WHO consultant) to produce final outputs. Dr Rantanen worked in the Regional Office as a short-term consultant from 1 October to 15 December 2019. Under the guidance of the HAE Coordinator, Dr Rantanen consulted with national focal points for occupational health in China, Lao People’s Democratic Republic, Mongolia, Philippines and Viet Nam with the support of the respective country offices and WHO CCs.

On 18–20 November 2019, WPRO co-sponsored three national conferences with Professor Zhang Min of the Chinese Academy of Medical Sciences (CAMS)/Peking Union Medical College (PUMC) in Beijing, China, to promote the national policy for UOHC. Dr Jorma Rantanen and the HAE Coordinator attended the workshop to present several lectures and serve as chairs of the session. The workshop on UOHC was attended by approximately 100 participants, including Director of the Occupational Health Bureau of the National Health Commission. The conference was found to be well organized and the content was of high quality.

- Day I (18 November 2019) Theme: Occupational and Environmental Health Committee of the National Association of Health Industry and Enterprise Management, Beijing Chaoyang Hospital
  - Session I: International progress of occupational health for health-care workers
  - Session II: Gender equality, elimination of discrimination, Convention on Violence
  - Session III: Control workplace violence at hospitals in China
- Day II (19 November 2019) Theme: Assurance of Universal Coverage of Basic Occupational Health Service – Implementation of the National Occupational Health Action Plan. School of Public Health, CAMS/PUMC
  - Session I: Overview of legislation progress and challenges
  - Session II: Improvement of national occupational diseases list
  - Session III: Inclusion of occupational health into programmes of disease prevention and control
- Day III (20 November 2019) Theme: National Special Campaign on Pneumoconiosis: Key Issues and Urgent Resolutions, School of Public Health, CAMS/PUMC
  - Session I: National and international occupational exposure limits on fibrogenic mineral dust
  - Session II: Diagnosis criteria and compensation of fibrogenic mineral dust-related occupational diseases.

Through the above activities and conferences, all planned outputs were produced. Professor Zhang Min drafted the Profile and Roadmap. The HAE Coordinator, Dr Rantanen and Dr Thomas Gassert of Harvard University provided comments and prepared the final reports.

Viet Nam – WPRO and the WHO Vietnam Country Office organized a workshop in collaboration with two WHO CCs – CIMC and UOEH – to train health workers on basic occupational health services at the National Institute of Occupational and Environmental Health in Hanoi, Viet Nam, on 14 November 2019. The training objectives were to provide training on the pathophysiology of occupational lung disease and asbestos-related diseases, and how to make a diagnosis of interstitial lung diseases (focusing on pneumoconiosis, including silicosis and asbestosis) and classification of pneumoconiosis as International Labour Organization (ILO) classification.

Philippines – WHO consultant Dr Rantanen presented “Development of the Universal Occupational Health Package” and promoted UOHC and basic occupational health services at the 2nd Environmental and Occupational Health Forum in Manila, on 27 November 2019.

Cambodia – A national workshop was organized by WHO and a WHO CC for occupational health on 11–12 February 2020. The objective of this training was to draft the Cambodian National Profile on Occupational Health with the support of stakeholders. In collaboration with the University of Occupational and Environmental Health, WHO CC in Kitakyushu, Japan, and with technical and financial

support from the WHO Country Office in Cambodia, the Outlines Questionnaire of the Cambodian National Profile on Occupational Health was drafted. With Country Office support, the Ministry of Health (MOH) established an interministerial Working Group on Occupational Health. Furthermore, three meetings of the Working Group from October to December 2019 were conducted and a draft of the National Profile developed. The following ministries and agencies contributed to the documents: the Ministry of Labor and Vocational Training, Ministry of Industry and Handicraft, Ministry of Mine and Energy, Ministry of Land Management and Construction, Ministry of Agriculture Forestry and Fishery, Ministry of Environment, and institutions under the MOH such as the Department of Planning and Health Information, Department of Hospital Services, Personnel Department, Department of Human Resources, Institute of Public Health, Preventive Medicine Department, Kossamak Hospital, Khmer-Soviet Friendship Hospital, Calmet Hospital, ILO and WHO.

The Preventive Medicine Department of the MOH in Cambodia conducted a two-day consultative workshop at Sunway Hotel in Phnom Penh on 11–12 February 2020 to review and obtain more inputs from WHO CC experts, the Department of Preventive Medicine, Department of Hospital Service, Department of Human Resources, Department of Planning and Health Information, Department of Essential Drug and Food, Department of Mental Health and Substance Abuse, University of Health Sciences, National Institute of Public Health, other national hospitals, Ministry of Labour and Vocational Training, Ministry of Industries and Handicraft, Ministry of Mine and Energy, Ministry of Land Management, Urban Planning and Construction, Ministry of Commerce, Ministry of Agriculture, Forestry and Fishery, Ministry of Environment and WHO. In total, 35 government representatives and relevant stakeholders participated in the two-day workshop. The workshop concluded and committed the following: (1) WHO and UOEH in Japan will revise the content of the Profile within a two-week time frame and send it back to the Preventive Medicine Department; (2) UOEH will review and make comments; and (3) the Profile will be finalized by the MOH.

In carrying out the above activities, WHO established partnerships with the following institutes:

- International Labour Organization (ILO)
- Chinese Academy of Medical Sciences (CAMS)/Peking Union Medical College (PUMC)
- University of Occupational and Environmental Health (UOEH) in Kitakyushu, Japan
- Japan National Institute of Occupational Safety and Health (J-NIOSH)
- The Catholic Industrial Medicine Centre (CIMC)
- College of Medicine Seoul National University
- The National Institute of Occupational Health (Hanoi)
- College of Public Health, University of the Philippines (Manila)

Activity implementation status		
Activities for outputs	Completed / Delayed / Cancelled	Changes and Challenges
Activity 1: Develop a regional action plan on expanding occupational health services to promoting the concept of UOHC in countries <ul style="list-style-type: none"> <li>• Baseline: 0</li> <li>• Target: 1</li> </ul>	Completed	
Activity 2: Develop national profiles/roadmaps for development of occupational health policies <ul style="list-style-type: none"> <li>• Baseline: 0</li> <li>• Target: 4</li> </ul>	Completed	
Activity 3: Develop a regional report on the situation of occupational health coverage and the guidance for expanding UOHC in the Region <ul style="list-style-type: none"> <li>• Baseline: 0</li> <li>• Target: 1</li> </ul>	Completed	

## 4. Communications and visibility - see Annex

Please refer to the Annex for examples of communications materials and photographs from the activities.

## 5. Conclusions

Approximately half of the whole population in the Western Pacific Region are workers. However, the majority work in the informal sector in unsafe working environments. WHO aims to reduce the risk of occupational diseases and injuries by providing a Regional Framework for Action for Occupational Health in the WHO Western Pacific Region, particularly for SMEs and informal sector workers. Protection of the working population from occupational hazards is not only important for the economy but also for the achievement of UHC. Without UOHC, there will be no UHC.

This project accomplished the objectives of the proposal by: (1) organizing inputs of the countries and the WHO country offices and WHO CCs in occupational health on further refinement of UOHC at the national level; (2) supporting the WHO country offices and WHO CCs for the development of roadmaps of national UOHC process as a part of national health strategies; and (3) providing technical guidance and support to Member States for UOHC implementation.

In the next step, WHO will work with stakeholders in the countries from ministries, government agencies, academia, private sector and labour representatives to build a consensus on expanding the coverage of occupational health services for the informal sector and SMEs, further developing the national strategies based on the roadmaps. WHO will also work with WHO CCs for occupational health in developing technical guidance and building national capacity in the Member States on UOHC implementation in 2020–2021.

## 6. Annex

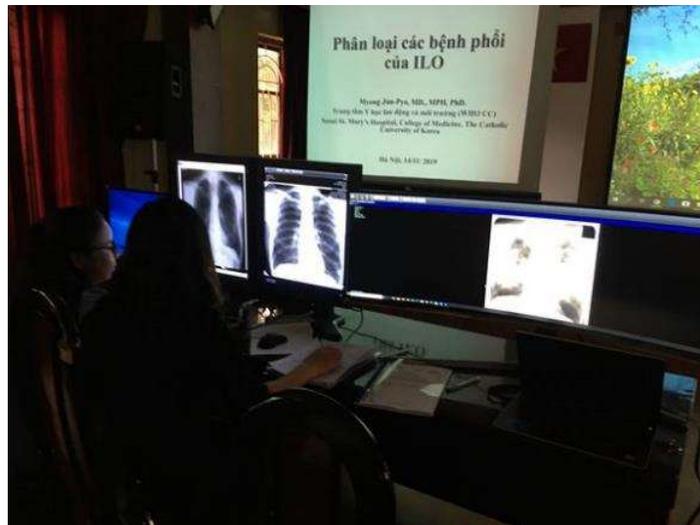
1. National conference on universal occupational health co-sponsored by WHO, 18–20 November 2019, Beijing





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**2. Training at the National Institute of Occupational and Environmental Health in Hanoi, Viet Nam, on 14 November 2019**



**3. National Workshop to Develop National Profile on Occupational Health in Cambodia, February 2020**



FINAL TECHNICAL REPORT

# Water, Sanitation and Hygiene and Health-care Waste Management in Health-care Facilities

Implementation period: 1 April 2019 - 31 March 2020  
Implementation site: Western Pacific Region

Addressed to the Government of Japan

WHO Award number: 68968

Award budget: US\$ 40 000

WHO Category: 3: Promoting health through the life-course

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## Final technical report: Overview

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<b>From:</b>	Division of Healthy Environments and Populations (DHP), WHO Regional Office for the Western Pacific (WPRO)
<b>To:</b>	Government of Japan
<b>Title of the project:</b>	Water, Sanitation and Hygiene and Health-care Waste Management in Health-care Facilities
<b>Implementation period:</b>	1 April 2019 – 31 March 2020
<b>Implementation site:</b>	Western Pacific Region
<b>Implementing partners:</b>	WHO Philippine Country Office, LCI Envi Corporation, Boracay Island Water Company, Boracay Tubi System Inc., Malay Municipal Health Office
<b>WHO Category:</b>	3: Promoting health through the life-course
<b>WHO Award number:</b>	68968
<b>Award budget:</b>	US\$ 40 000

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## 1. Background

Effective UHC can only be achieved when all health-care facilities (HCF) have access to fully functioning basic water, sanitation and hygiene (WASH) services. These services are indispensable to provide quality care, ensure sufficient infection prevention and control (IPC) practices, and guarantee environments that respect the dignity and human rights of all care seekers, especially mothers, newborns and children.

Having well-performing WASH services in all HCFs can significantly decrease the global disease burden by reducing risk exposure to hospital-acquired infections and conclusively lowering unnecessary use of antibiotics, thus reducing antimicrobial resistance (AMR).

The 2019 WHO/UNICEF JMP Baseline Report on WASH in HCFs shows that in the least developed countries (LDCs) only 55% of HCFs had basic water, 21% had no sanitation services, and 16% had no hygiene services in place. Only 27% of HCFs had functioning basic waste management services. There were insufficient data to estimate basic cleaning service levels.

Aware of this emergency-like situation, all 194 WHO Member States unanimously approved Resolution WHA72.7 on WASH in HCFs at the World Health Assembly in May 2019. All countries committed to achieve universal access to “safely managed” WASH services in all HCFs by 2030. “Safely managed” services include provision of certified quality drinking-water, sex-separated sanitation facilities not shared by staff and patients and where toilet excreta is safely disposed of and treated off-site. Safely managed hygiene services refer to the availability of handwashing facilities with soap and water. The WHA72.7 resolution calls on countries to establish baselines and set targets, embed WASH in key health programmes and budgets, and regularly report on progress.

To support countries to achieve the goal that every HCF has the necessary and functional WASH services and practices in order to provide essential, quality health services for everyone, WHO set itself several targets for WASH services in HCFs:

- By 2021, all countries have completed baseline WASH in HCF assessments, have set national targets, and have developed and are implementing national standards.
- By 2022, 60% of all HCFs globally to have at least basic WASH services.
- By 2023, all countries have included WASH in health plans, budgets and implementation efforts (e.g. quality of care, IPC, AMR, UHC/primary health care).
- By 2025, at least 50 countries that did not have universal access in 2016 have met or exceeded their own national targets.
- By 2030, universal coverage of WASH in all HCFs.

The Seventieth session of the Regional Committee held in 2019 approved Programme Budget (PB) 2020–2021 to operationalize the vision paper *For the Future* by also committing to support “national efforts to ensure full coverage of water supply in health-care facilities in the Region by 2023, and promote safe, green and resilient health-care facilities.”

In 2019, HAE-WPRO prepared the “Regional Programme to Improve WASH Services in Health-care Facilities, Focusing on Five Asian Countries”. It is based on the report of the status of WASH services in HCFs in Cambodia, Lao People’s Democratic Republic, Mongolia, Philippines and Viet Nam. These are the Western Pacific countries currently with the most complete set of data. All five countries plan to complete national baseline surveys before the second quarter of 2020. The Programme aims to support

countries to achieve universal access to water services, minimal sanitation services and functional hand hygiene facilities in all HCFs by 2023.

This project used the new methodology proposed by WHO and UNICEF titled “water and sanitation for health facility improvement tool (WASH FIT)”, as adapted to the specific requirements of the Western Pacific Region.

## 2. Outcomes

The project developed the draft version of a Western Pacific regional programme for WASH in HCFs, with country-specific programmes elaborated in detail. The project supported the formulation of governmental policies on the subject. Overall, communities along the catchment areas, health personnel and patients in HCFs benefited from this project. The national and local governments now have a baseline assessment and roadmap to improve WASH in HCFs by 2023.

The project supports the achievement of PB outcomes and outputs.

### **Outcome 3.5. Reduced environmental threats to health**

#### **Output 3.5.1: Country capacity enhanced to assess health risks and to develop and implement policies, strategies or regulations for the prevention, mitigation and management of the health impacts of environmental and occupational risks**

##### **Output 3.5.1.1: An updated situation analysis of WASH and waste management in HCFs**

Baseline assessment was made on the actual status of WASH and waste management in HCFs in six countries (Cambodia, Lao People’s Democratic Republic, Mongolia, Papua New Guinea, Philippines, Viet Nam). A guide was provided to the WHO country offices for rapid assessment of WASH and waste management in health care. A report of baseline rapid assessment addressed the situation on the establishment of WASH in HCF Working Groups, set-up of coordination mechanisms, institutional arrangements, policy framework and resource allocation to develop baselines/national surveys, targets and roadmaps, national standards and accountability mechanisms.

##### **Output 3.5.1.2: Strengthened national and WHO capacities on WASH and waste management in HCFs**

The HAE focal points of WHO country offices and their respective national counterparts were trained on the activities to improve WASH in HCFs. WHO/UNICEF guides were compiled on WASH in HCFs with WHO country offices on the use of the guidance documents.

##### **Output 3.5.1.3: National programmes in five countries on WASH in HCFs**

National programmes were drafted in five countries for improvement of the existing WASH in more than 12 HCFs.

### 3. Activities

Activity 1: Two consultants were contracted to develop country-specific action plans to improve WASH in HCFs based on detailed assessment of five countries (Cambodia, Lao People's Democratic Republic, Mongolia, Philippines, Viet Nam).

- Mr Alex von Hildebrand was contracted as STC in October – December 2019 to update and analyse the results from the systematic assessment of WASH in HCFs in the above six countries with the support of WHO country offices.
  - The findings of the country assessments were compiled as a regional report.
  - Country-specific action plans were developed through application of the tools on improving WASH in HCFs in collaboration with national counterparts as well as WHO country offices.
  - Findings as of 2019 were:
    - i. Approximately 65% of all public HCFs in the five selected countries had basic water services, with water available from an improved water source on premises. To achieve 100% access to basic water services there is a need to improve an estimated 18 560 HCFs in the five countries: 720 in Cambodia; 310 in Lao People's Democratic Republic; 86 in Mongolia; 11 300 in Philippines; 6134 in Viet Nam.
    - ii. A total of 82% of all HCFs have access to limited sanitation services, meaning that one improved sanitary facility is available. For all HCFs to have access to at least limited sanitation services, an estimated total of 6970 HCFs need interventions: 26 in Cambodia; 388 in People's Democratic Republic; 257 in Mongolia; 5800 in Philippines; 500 in Viet Nam.
    - iii. A total of 84% of HCFs have limited functional hand hygiene facilities, available either at points of care or close to the sanitary facilities.
- LCI Envi Corporation was contracted on APW through the WHO Philippine Country Office. A technical exchange event was organized for capacity-building of national counterparts on WASH in HCFs in Manila and Boracay from 19 to 22 November 2019.
  - The event was well attended and participants were eager to ask questions and share insights and experiences in their various Drinking Water Quality Surveillance (DWQS) and WASH programmes. The forum notes are presented in the next section.
  - The field visit in Boracay was successfully conducted with assistance from the Boracay Island Water Company (BIWC), Boracay Tubi System Inc. (BTSI) and the Malay Municipal Health Office.
  - The participants were divided into three groups:
    - Group 1: WASH in HCF visited and assessed Ciriaco S. Tirol Hospital and Malay Municipal Health Office Annex using the WASH FIT.
    - Group 2: Sanitation Services visited BIWC sewage treatment plant and observed BTSI septic tank desludging service at Boracay Haven Suites.
    - Group 3: DWQS/Water Safety Planning visited BIWC treated water reservoir and Alkaville water refilling station and made a side trip to Wetland Number 4.

### Activity implementation status

Activities	Completed / Delayed / Cancelled	Changes and challenges
<p><b>Activity 1:</b> Development of country-specific action plan to improve WASH in HCFs based on detailed assessment of six countries</p> <p>Indicator: Number of countries with action plan on WASH in HCFs</p> <ul style="list-style-type: none"> <li>• Baseline: 0</li> <li>• Target: 5</li> </ul>	Completed	

## 4. Communications and visibility

Group picture of the Technical Exchange on WASH in HCFs in Selected Countries in the Western Pacific Region, 19–22 November 2019



Top row left to right: Ms. Clarisse Jallorina (TIEZA), Mr. Darren Fernandez (TIEZA), Mr. Gau P. Gau (PNG), Ms. Marissa Guerrero (TIEZA), Ms. Rebecca Husayan (Center for i-WASH), Ms. Bounthanome Phimmason (Lao PDR), Mr. Ray Kangu (PNG), Dr. Guy Perez (DOH R7), Mr. Julius Solano (DOH CAR), Engr. June Philip Ruiz (DOH Central), Engr. Angelo Christopher B. Tagacay (DENR-EMB)  
Second row left to right: Engr. Arturo Fernando (LWUA), Dr. Bolormaa Idesh (Mongolia), Ms. Daisy Hapay (Unicef), Dr. Bumaa Sanduijav (Mongolia), Ms. Phuong Hien Do (Vietnam), Ms. Thi Quynh Trang Pham (Vietnam), Ms. Jamborette Pangsiw (DOH CAR), Ms. Phoebe Mae Nieto (DENR-EMB), Mr. Phouvang Siriphanthong (Lao PDR), Engr. Jose Marie Lim (LCI)

## 5. Conclusions

Through this project, progress was made in developing the Western Pacific regional programme for universal WASH in HCFs. This project was crucial for WPRO to implement the WASH in HCFs component of the *Western Pacific Regional Framework for Action on Health and Environment on a Changing Planet* (2016) and the *Vision Paper for the Future* (2019).

To achieve universal WASH coverage in HCFs by 2023, six countries were provided with technical support. The baseline assessment and national action plan was prepared for each country. As a result, countries are seriously committed to effectively and sustainably resolve the gaps and failures in their WASH in HCFs.

A regional programme on WASH in HCFs will be further developed, based on the situation assessment and national action plans in Member States, in collaboration between WHO headquarters, the Western Pacific Regional Office and country offices on the improvement of WASH in HCFs with working groups in the countries in 2020–2021.

FINAL TECHNICAL REPORT

# Advancing Health through Attention to Gender and Equity

Implementation period: 1 April 2019 - 31 March 2020

Implementation site: Western Pacific Region

Addressed to the Government of Japan

WHO Award number: 68968

Award budget: US\$ 50 000

WHO Category: 3: Promoting health through the life-course

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## Final technical report: Overview

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From:	WHO Regional Office for the Western Pacific (WPRO), Division of Healthy Populations and Environments, Social Determinants of Health and Equity
To:	Government of Japan
Title of the project:	Advancing Health through Attention to Gender and Equity
Implementation period:	1 April 2019 – 31 March 2020
Implementation site:	Country/Western Pacific Region
Implementing partners:	
WHO Category:	3: Promoting health through the life-course
WHO Award number:	68968
Award budget:	US\$ 50 000

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## 1. Background

On the whole, the Region saw a decrease in extreme poverty, an increase in life expectancy and a decrease in infant mortality. Yet, despite dramatic improvements in health in the Region in recent decades, these achievements have not benefited all population groups in an equitable manner, which threatens the sustainability of progress made. It is estimated that 900 million people in the Western Pacific Region still live on less than US\$ 2 a day. Every year in the Region, an additional 105 million people suffer financial catastrophe and more than 70 million people are impoverished as a result of paying for health care. Stark inequities persist in health and access to care. The majority of deaths in children under 5 occur in the poorest households; only one in five people with multidrug-resistant tuberculosis are diagnosed and those populations mostly affected by HIV infection are disproportionately in need of testing and interventions. Thus, health inequities continue to pose challenges to health and development efforts in the Western Pacific Region.

Attention to gender and equity in health is central to the principle of leaving no one behind; action to reduce avoidable differences in access to quality health care is critical if UHC is to be achieved. WPRO's approach clearly frames attention to gender and equity as a way to improve the effectiveness of health programmes and services, thus a qualification (brand) to be aspired to by all programmes as part of continuous quality improvement. This is in line with language in the WHO's 13th General Programme of Work (GPW13), which frames attention to gender equality, health equity and human rights as not a stand-alone area of work but a corporate function. This also reiterates commitments made under the SDG agenda, which places the principle of leaving no one behind at the centre of health and development and not only frames attention to gender and equity as ends in themselves, but importantly, also as necessary tools for achieving all goals and targets.

## 2. Outcomes

Outcome 3.6: Improved capacities in WHO, the health sector and across all government departments and agencies (whole-of-government) for addressing social determinants, gender inequalities and human rights in health, and producing equitable outcomes across the SDGs.

Output 3.6.1: Equity, gender equality, human rights and social determinants addressed across WHO programme areas, and Member States enabled to promote, design and implement related health strategies, policies, plans, programmes and resolutions or laws.

Output 3.6.2: Improved country policies, capacities and intersectoral actions for addressing social determinants, in order to improve health equity through Health-in-All Policies and whole-of-government approaches.

## 2. Activities

### **Activity 1: Strengthen systematic consideration and integration of gender and equity across WPRO activities and programmes:**

- In line with WPRO's white paper (*For the Future*), from November 2018 to September 2019, the Divisions of Social Determinants of Health (SDH)/Violence and Injury Prevention (VIP) supported the application of "a gender and equity lens in everything that we do" by implementing the Equity Project, which was a series of three meetings (including two three-day workshops) on strengthening governance for health equity to advance the SDGs. The last workshop was held on 24–26 September 2019 in Manila, Philippines. Cambodia, China, Lao People's Democratic Republic, Mongolia, Philippines and Viet Nam participated in this initiative. At the first workshop (March 2019), participants created action plans to address health equity; in the second workshop, they shared lessons identified at the last workshop. Cambodia, Mongolia and Viet Nam received funds to move forward their action plans within the context of the Health Equity Project. In this workshop, temporary advisers and technical officers delivered presentations on the social determinants of health, championing health beyond the health sector, thematic priorities of the Western Pacific Region, and communication skills to work across sectors. Delegates completed an evaluation of the workshop and indicated that the capacity training was both relevant and applicable to their work in their respective countries.
- In the first quarter of 2019, SDH/VIP supported the development of WPRO's white paper (*For the Future*), particularly ensuring inclusion of the application of gender and equity lens in all that we do. To accompany the white paper, from April 2019 to December 2019, SDH drafted a concept note on "Applying a gender and equity lens in all that we do" in consultation with country offices to provide conceptual background and proposed ways forward to apply a gender and equity lens across programme areas to country offices and Member States.
- In 2019, SDH/VIP worked closely with the WHO country office in Papua New Guinea (PNG) to prepare a policy dialogue on Gender-based Violence and Violence Against Children for the Ministry of Health (MOH) of PNG. SDH/VIP also prepared a workshop on Gender, Equity and Rights mainstreaming training to build capacity in the PNG country office and MOH. With JVC funds, SDH secured technical support for the preparation of these activities. The policy dialogue and gender mainstreaming workshop will support the strengthening of systematic consideration and integration of gender and equity across activities and programmes of WPRO. The content for these activities was developed in 2019 and these were expected to take place in February 2020. However, these activities have been postponed in view of travel restrictions due to the current COVID-19 outbreak in the Western Pacific Region. To mitigate the impact of the delay in activities, SDH/VIP is currently in the process of developing a virtual gender mainstreaming capacity-building workshop, expected to be launched in August of 2020.
- After implementation of this activity in PNG, SDH/VIP expects to replicate a similar methodology to provide technical support to other countries that have requested support in this technical area, such as the Solomon Islands and Viet Nam.

Activity implementation status		
Activities for output 3.6.1	Completed / Delayed / Cancelled	Changes and Challenges
Activity 1: Strengthen systematic consideration and integration of gender and equity across WPRO activities and programmes	Ongoing	The activities in PNG that were set to take place in Q1 2020 have been postponed in view of travel restrictions due to the current COVID-19 outbreak in the Western Pacific Region.

### 3. Communications and visibility - see Annex

Throughout the duration of the project a number of key communications and visibility elements were generated, as enumerated in below:

- Group photo of the Workshop on Strengthening Governance for Health Equity to Advance the Sustainable Development Goals (Collaborative Workshop 2).
- Implementation of the policy dialogue and gender mainstreaming in PNG has not yet taken place given the COVID-19 outbreak. As such, there are no news clippings, photos, or communications about these activities yet.

### 3. Conclusions

Evidence suggests that there is no simple or one-size-fits-all approach for policies, programmes and services to contribute to gender and equity in health. Ongoing review and learning from experience – including from innovative practices on the ground – are important for creating further change.

The proposed activities are aimed at contributing to such change and to advancing the SDG agenda, which emphasizes health and well-being for all, ensuring that no one is left behind.

Next steps include replicating the methodology from the Equity Project that was completed with the “Workshop on Strengthening Governance for Health Equity to Advance the Sustainable Development Goals (Collaborative Workshop 2)” with other countries to leverage on the richness of country-to-country knowledge sharing and build on lessons identified for championing health beyond the health sector to promote gender and health equity. Additionally, as soon as travel restrictions have been lifted, WPRO will be implementing the policy dialogue on gender-based violence in PNG, as well as the gender mainstreaming workshop, will take note of lessons identified and replicate a similar methodology for policy dialogues and workshops in other countries upon their request, such as for Mongolia, Philippines, Solomon Islands and Viet Nam.

## 4. Annex

**Group picture of the Workshop on Strengthening Governance for Health Equity to Advance the Sustainable Development Goals (Collaborative Workshop 2), 24–26 September 2019, Manila**

