

SEARO and WPRO states come together at WHA75

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Langue Anglais



Countries within the WHO South-East Asia (SEARO) and the Western Pacific (WPRO) regions collectively house over [a quarter of the world's population](#) [1]. As Ministers of Health and governments from these regions debated throughout the 75th World Health Assembly (WHA75), focused on “Health for Peace, Peace for Health”, NCDs came out as one of the top health priorities in the lead up to 2030.

NCDs (specifically cardiovascular diseases, cancer, diabetes and chronic respiratory disease) are a major contributor to the disease burden and mortality in SEARO, making up 62% of all deaths in this region. Over a period of ten years, SEARO was estimated to see [10.4 million deaths as a result of NCDs](#) [2]. In the Western Pacific, and NCDs are an even larger burden due to conditions such as obesity. 80% of deaths in WPRO are from NCDs, accounting for an estimated [44 million deaths](#) [3] in ten years. For low- and middle- income countries in both SEARO/WPRO regions, premature mortality - deaths occurring between the ages of 30 and 70 - from NCDs is of particular concern and accounts for 48% of deaths in SEARO.

Advocacy efforts championing the fight against NCDs

Advocacy efforts are currently under way in the SEARO and WPRO regions with the development of country-specific advocacy agendas to address human rights and social justice, accelerated NCD prevention, treatment, care and support, and share key challenges. These regions unite on the belief that the voices of people living with NCDs must be heard. In SEARO, [The India Advocacy Agenda of People living with NCDs](#) [4] speaks on India's progress and involvement of people living with NCDs in advocacy efforts. In a pledge to reduce premature NCD mortality by 2025, India has adopted ten additional national targets. In WPRO, advocacy efforts to address NCDs are under way in Malaysia and Vietnam, with the development of [The Malaysia Advocacy Agenda of People Living with NCD](#) [5] and [The Vietnam Advocacy Agenda for People Living with NCDs](#) [6], respectively. Advocates in both regions provided people living with NCDs with a platform to share their needs and challenges through virtual conversations, with Malaysia providing consultations in four local languages. Challenges plaguing people living with NCDs in both regions include accessing treatment and health resources, in addition to discrimination against people living with NCDs.

Leaders prioritise mental and oral health

Mental health was addressed by many distinguished leaders, including Bangladesh, Bhutan and Thailand, who used their statements to showcase the need to prioritise mental health, especially in the context of COVID-19 and UHC to ensure equity, accessibility and availability. Adapting health systems to better cater to people's needs should be central to resilience and recovery. Other interventions included calls to establish specialized mental health centers, focus on support for addiction counseling and adolescent health, strengthen the workforce, and integrate health promotion in schools and cities.

Oral health was another hot topic this year as Member States like Japan, Thailand, and Vanuatu shared their support for the global strategy on oral health and discussed oral health policy and implementations in the SEARO/WPRO regions. Substantial gaps remain in countries like Sri Lanka and Indonesia due to barriers such as high treatment costs, which make it difficult to address oral health. Sri Lanka and Vanuatu recommended shifting away from preventative methods, setting pragmatic targets to monitor and address oral health, and recognising the importance of oral health in the early stages of life.

The cost of alcohol and tobacco use

Whilst discussing an action plan (2022-2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority, a number of countries including Thailand, shared their dissatisfaction with the continued use of "harmful use of alcohol" in WHO documentation. Indonesia, Japan and Korea commented on the social and individual impacts of alcohol, particularly those from marginalised groups. The Philippines and the Republic of Korea shared examples of their own country strategies aiming to prevent alcohol use, with the Philippines suggesting development of a treaty focused on alcohol control, similar to that of the WHO Framework Convention on Tobacco Control (WHO FCTC), which would further support and strengthen country efforts. This is particularly pertinent as many countries, particularly low- and middle-income countries are vulnerable to alcohol industry interference in decision-making processes.

Japan, Laos, Malaysia, and the Republic of Korea, shared their support for the WHO FCTC measures. The Republic of Korea, Australia and New Zealand gave examples of their country strategies to reduce tobacco use through accelerating tobacco control regulations and protect public health policies from tobacco industry interference. The Republic of Korea requested international support to address tobacco control and shared challenges such as illicit product sales and trade.

Safeguarding breastfeeding and preventing obesity

Member States also called for action towards the marketing of breastmilk substitutes (BMS). There was a lot of support for breastfeeding from countries like Timor Leste and Tuvalu, and SEARO states mentioned concerns surrounding the emergence of digital marketing of BMS, which has made it difficult to protect breastfeeding. Digital marketing of BMS is an alarming issue across the globe as BMS regulation is not currently addressed in codes or national legislation. Thus, many Member States, such as Bangladesh, China, India, the Philippines, Thailand, and Tuvalu, aligned on statements surrounding the Code of Marketing of Breastmilk Substitutes and urged for WHO collaboration with the World Trade Organization to address marketing channels by formula industries. While the WHO mentions it is continuing to work with Member States on developing guidance surrounding this, it is no doubt that efforts safeguarding breastfeeding and protection against BMS must be scaled up.

Whilst discussing obesity, India shared progress regarding the promotion of exclusive breastfeeding on the reduction of childhood overweight rates. Furthermore, Australia shared its National Obesity Strategy to prevent, reduce, and treat obesity and spoke on the importance of commercial determinants to steer customers toward healthier foods aimed at preventing obesity. Japan supported the adoption of recommendations to address obesity while Thailand offered solutions to address affordability and access to healthy foods and beverages.

Going beyond the WHA75

Noncommunicable diseases are complex, interrelated, and require multisectoral and international collaboration

mechanisms. Although the COVID-19 pandemic has disrupted NCD service delivery and exacerbated the challenges of NCDs, it has also catapulted them onto the global stage. At the WHA75, SEARO and WPRO member states adopted global strategies to combat NCDs. Now, they must act. However, they cannot do this alone. Only through multi-sectoral engagement and action at the country level, with the support of international collaboration, can the impact of NCDs begin to lighten in these regions. Failure to do so denies both peace and health for all people everywhere.

About the author:

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[1] <https://www.who.int/southeastasia/about>

[2] <https://www.who.int/southeastasia/health-topics/noncommunicable-diseases>

[3] <https://www.who.int/westernpacific/health-topics/noncommunicable-diseases>

[4] <https://www.ourviewsourvoices.org/amplify/resources/publications/india-advocacy-agenda-people-living-ncds>

[5] <https://www.ourviewsourvoices.org/amplify/resources/publications/malaysia-advocacy-agenda-people-living-ncds>

[6] <https://www.ourviewsourvoices.org/amplify/resources/publications/vietnam-advocacy-agenda-people-living-ncds>

[7] <https://old.ncdalliance.org/fr/taxonomy/term/110>