



Summary: NCDs at WHO Regional Committee Meetings 2016

<p>AFRO: 66th Session, 19-23 August, Addis Ababa, Ethiopia NCD Alliance Network Representatives: Professor Joseph Mucumbitsi, Mr Wondu Bekele, Dr Anastase Dzudie, Dr Muluaalem Tegegnework Statements: NCD Alliance EA NCD Alliance and others, Union for International Cancer Control and NCD Alliance, FDI World Dental Federation Tentative details for next meeting: August 28th - September 1st 2017, Victoria Falls, Zimbabwe</p>	
<p>Health in the 2030 Agenda for Sustainable Development – document AFR/RC66/7</p>	<p>Member States expressed strong commitment to the 2030 agenda for sustainable development and the actions proposed by the Secretariat. They emphasized the need to focus on primary health care and community involvement, as well as on strengthening human resources for health. Member States underscored the importance of accountability and transparency in monitoring and evaluating progress, which would require strong information systems. NCDs were well featured in NGO statements.</p>
<p>Regional oral health strategy 2016–2025 - document AFR/RC66/5</p> <p>Resolution AFR/RC66/R1</p>	<p>The report notes that oral diseases share risk factors with the leading NCDs, including tobacco use, harmful alcohol consumption and unhealthy diets high in sugar, all of which are increasing in the Region.</p> <p>Participants reflected on the different levels of development of oral health programmes in the Region and agreed that the oral disease burden was fast becoming a major health problem. However, they noted the absence of data to define the magnitude of the problem and to inform policy in the context of Universal Health Coverage. They also mentioned the low level of awareness and resources for the prevention of oral diseases and promotion of oral health. They recognized that there were many ways that needed to be explored to increase access of the population to fluorides, such as fluoridated milk, salt and water. Participants also underscored the limited involvement of the communities and private sector in promoting oral health both within and outside the health sector.</p>
<p>Multisectoral action for a life course approach to healthy ageing: global strategy and plan of action on ageing and health – document AFR/RC66/8</p>	<p>The Regional Committee noted the attention given to addressing issues affecting the elderly population in the Region. It also stressed that the focus should be on elderly women, since they are more vulnerable and live longer than men.</p> <p>The report notes that NCDs are responsible for most of the morbidity and mortality among people aged 60 years and over. The need to prevent NCD-related disabilities, to plan for long-term care, appropriate preventive care in younger ages and age-friendly primary health care minimize are clearly stated. The report contains a recommendation to Member States to include specific interventions to address issues that affect the elderly including Alzheimer’s, dementia and other mental diseases.</p>
<p>Global strategy for Women’s, Children’s and Adolescents’ Health 2016–2030 – document AFR/RC66/9</p>	<p>Member States recalled the high return on investment in women’s, children’s and adolescents’ health. In addition, they stressed the need for integrated high-quality health services and for innovative ways to address the shortage of human resources, especially in the rural areas. They also highlighted the peculiar issues of adolescents, including the need for innovative service delivery models for them. Member States committed to implementing the Global Strategy by building and sustaining strong health systems to deliver high-quality services for women, children and adolescents.</p> <p>NCDs are mentioned in the report under the ‘survive’ objectives and targets, and in intervention packages for children and adolescents.</p>
<p>Additional Advocacy</p>	<p>For development of an AFRO Regional Strategy on NCDs for discussion and adoption at 67th WHO AFRO Regional Committee Meeting</p>



SEARO: [69th Session](#), 5-9 September, Colombo, Sri Lanka
NCD Alliance Network Representatives: Ms Radhika Shrivastav, Dr Raman Krishna Kumar, Mr Pubudu Sumanasekara
Statements: [Alzheimer’s Disease International and NCD Alliance](#); World Heart Federation
Tentative details for next meeting: 4-8 September 2017, Maldives

Strengthening health systems response to address NCDs at the primary health care level (Ministerial Roundtable) – document [SEA/RC69/3 Rev.1](#)

Resolution: Colombo Declaration [SEA/RC69/R1](#)

The ‘Colombo Declaration’ was adopted on the opening day of the five-day Sixty-ninth WHO Regional Committee Meeting, inaugurated by the Prime Minister of Sri Lanka, in the presence of Dr Margaret Chan, and health ministers and senior health ministry officials of the 11 member countries of the Region.

In the Colombo Declaration, Health Ministers Committed to:

- (1) Improve access to and quality of integrated NCD management at the primary health care level
- (2) Ensure adequacy and efficiency of resource mobilization and allocation to NCD management at the national and subnational levels
- (3) Address the availability and accessibility of competent health workforces to manage NCDs at primary health care level
- (4) Increase the availability of and access to essential medicines and basic technologies for NCD management at the primary health care level
- (5) Strengthen and integrate health information systems for NCD services at all levels
- (6) Promote a multisectoral approach to address major social and environmental determinants of NCDs
- (7) Support knowledge and experience-sharing mechanisms, including national and international learning processes
- (8) Establish a high-level national multisectoral taskforce to monitor and ensure the implementation of the Declaration and report back in a timely manner

Sustainable Development Goals (SDGs) and Universal Health Coverage (UHC) (Ministerial Roundtable) – document [SEA/RC69/4](#)

The document draws attention to the inclusion of NCDs, social and environmental determinants of health in SDG3, noting that this focus is reflective of the current needs in the Region. The document notes that ‘medicines – especially for NCDs – are another major source of out-of-pocket payment which needs attention...in discussions about the design of benefit packages’. The document also reports that ‘many countries are already expanding frontline services to address the unfinished MDG agenda and the rise in NCDs’.

As part of the meeting, Ministers were requested to reflect upon lessons learned from the MDGs, identify obstacles to achieving the health-related SDGs with a focus on UHC, and define priorities, targets and next steps for a more unified approach to improving access to care including through community engagement. Ministers were also requested to share ideas on new ways of working with other sectors, non-State actors and development partners. WHO was requested to continue to refine the background document for RC69 (*Health, the SDGs and the role of Universal Health Coverage: next steps in the South-East Asia Region, to reach those being left behind - [here](#)*); as well as to consider holding a regional consultation on the monitoring and evaluation framework for the health SDGs, following the Regional Committee session.

Promoting physical activity – document [SEA/RC69/15](#)

The report notes that inadequate physical activity is the fourth leading health risk factor in terms of global burden of diseases. Throughout the resolution, consistent reference is made to sedentary lifestyles, as well as



<p>Resolution SEA/RC69/R4</p>	<p>physical inactivity. Conversations to elevate such a focus on physical activity to the global level (with discussion at a future Executive Board or World Health Assembly TBC) continue.</p>
<p>Regional Strategic Plan to address Double Burden of Malnutrition – document SEA/RC69/16 Rev.3</p> <p>Resolution SEA/RC69/R5</p>	<p>The document notes that while undernutrition, including micronutrient deficiencies, contributes to about 45% of preventable deaths of children under five years of age annually, overweight resulting from unhealthy diets and sedentary lifestyle underpins high rates of NCDs in Member States, and that increased rates of overweight and obesity mainly resulting from unhealthy diets and sedentary lifestyle have led to unprecedented rates of NCDs, with 55% of all deaths attributed to NCDs. The Plan details salt intake and fruit and vegetable consumption in its section on dietary risk factors for NCDs. Overweight and obesity, including specifically in children, are comprehensively integrated throughout the Plan.</p> <p>Member countries discussed the trans-generational impact on future generations caused by maternal under nutrition as well as overweight and obesity resulting from inadequate and unhealthy eating habits and low physical activity.</p>
<p>Migration and Health – document SEA/RC69/17</p>	<p>NCDs are mentioned in the scope of report: ‘Against the background of inequity and suboptimal measures, movement exposes mobile, migrant and refugee populations to risks that increase their vulnerability to mental health disorders, reproductive health related problems, rise in infant mortality, use of psychotropic drugs, nutrition disorders, alcoholism, injuries and violence, and uncontrolled and untreated NCDs. Lack of targeted and user-friendly access to appropriate care during the transit and early arrival phases of migration increases this burden.’</p>

<p>EURO: 66th Session, 12-15 September, Copenhagen, Denmark NCD Alliance Network Representatives: Mr Jeremiah Mwangi, Ms Rebecca Morton-Doherty, Dr Bo Norrving, Dr Julie Ling, Dr Katherine Pettus Statements: World Heart Federation and NCD Alliance, Joint statement on NCDs, Union for International Cancer Control, World Heart Federation, World Heart Federation, International Diabetes Federation European Region, International Association for Hospice and Palliative Care, World Cancer Research Fund International, World Stroke Organization Tentative details for next meeting: 11-14/15 September 2017, Budapest, Hungary</p>	
<p>Action plan for the prevention and control of NCDs – document EUR/RC66/11</p> <p>Resolution EUR/RC66/R11</p>	<p>NCDs are still a main cause of mortality and morbidity in the Region, and large inequalities persist both within and between countries. Trends suggest, however, that the Region as a whole will reach its goal of reducing NCDs by 25% by 2025, and that hitting the Sustainable Development Goal target to reduce premature mortality by one third by 2030 is also possible. While maintaining the original vision and strategic objectives of the earlier European NCD strategy, the updated Action plan focuses on what is needed to achieve both global and regional targets. For the first time, it recognizes the impact of shared risk factors and co-morbidities such as oral, musculoskeletal and mental health, and identifies air pollution and infectious diseases as risk factors. The Action plan focuses on a balance of prevention and treatment to reduce premature mortality, and acknowledges the contributions of vaccinations and relevant communicable disease control, treatment and secondary prevention. Member States strongly supported the resolution and adopted it by consensus.</p>



	Of note in the list of actions outlined in the resolution was the request to Member States to continue to strengthen their efforts in achieving the timebound national commitments included in the 2014 UN Review Outcome Document.
<p>Towards a roadmap to implement the 2030 Agenda for Sustainable Development in the WHO European Region – document EUR/RC66/17</p> <p>Resolution EUR/RC66/R4</p>	The Regional Director described the establishment of a United Nations issue-based coalition on health, led by WHO/Europe, to facilitate and promote the implementation of the health goal (SDG3) and health-related targets in the Region in cooperation with partners. She also expressed her intention to develop a regional roadmap to guide implementation. This roadmap, to be presented to the WHO Regional Committee for Europe in 2017, builds on existing initiatives and will include a stronger focus on areas such as partnerships, intersectoral action, equity and the means of implementation.
<p>Midterm progress report on Health 2020 implementation 2012–2016 – document EUR/RC66/16</p>	<p>Since 2012, WHO/Europe has supported 25 Member States in developing their national health policies, and provided extensive support at the subnational level.</p> <p>See full report for additional detail.</p>
<p>Document on development of draft global action plan on public health response to dementia for regional committees – document EUR/RC66/6 Add.1</p>	<p>The document notes that dementia is a public health issue currently affecting more than 47 million people worldwide. These figures are expected to rise to 75 million by 2030. Nearly 60% of people with dementia currently live in LMICs and most new cases (71%) are expected to occur in those countries. Yet, the gap between the need for treatment and care for dementia and their provision is wide, ranging from 50% to 80% in high-income countries and as high as 90% in LMICs. In 2015 the global cost of caring for people with dementia was estimated to be US\$818 billion – 1.1% of GDP. By 2030, this figure is estimated to have more than doubled to a staggering US\$2.0 trillion, which would undermine social and economic development globally. In high-income countries, informal care (45%) and formal social care (40%) account for the majority of costs, while the proportionate contribution of direct medical costs (15%) is much lower. In LMICs direct social care costs are small and informal care costs (i.e. unpaid care provided by the family) predominate.</p> <p>Outlined steps in development of draft action plan:</p> <ul style="list-style-type: none"> - Early September to mid-October 2016: Consultation via web-based platform - October 10-11 2016: Informal consultation at mhGAP Forum - End-October 2016: Summary of comments available - November 2016: Revised draft prepared and submitted to Executive Board
<p>The Minsk Declaration on the Life-course Approach in the Context of Health 2020 – document on financial and administrative implications EUR/RC66/22</p>	Introducing this agenda item, the Minister of Health of Belarus, noted that the Minsk Declaration has resulted in governments’ better understanding of the importance of investing in their people and future generations through a life-course approach, which encourages them to “act early, act in time and act together”. Delegates unanimously adopted the official resolution on the Minsk Declaration, which among its recommended action urges Member States to make greater use of the life-course approach as a basis for assessing and monitoring the effectiveness of policies and programmes, for defining vulnerability and groups in need, and for the selection and delivery of high impact interventions.



<p>Resolution EUR/RC66/R3</p>	
<p>Strategy on women’s health and well-being – document EUR/RC66/14</p> <p>Resolution EUR/RC66/R8</p>	<p>The document notes that women’s increasing exposure to risk factors for NCDs increases the risk of developing diseases and disabilities earlier in life. More than 50% of women in the European Region are overweight, with higher prevalence of obesity among women with lower levels of education than is the case for men. In addition, adolescent girls have reduced physical activity and, in many countries, are catching up with males in their use of tobacco and alcohol, abetted by the tobacco and alcohol industries through marketing that specifically targets young people.</p>
<p>Strategy and action plan for refugee and migrant health – document EUR/RC66/8</p> <p>Resolution EUR/RC66/R6</p>	<p>The strategy and action plan is the first of its kind. It covers nine priority areas for Member States and WHO/Europe. This includes a specific strategic area dedicated to preventing and reducing the risks posed by NCDs, with an objective to ‘ensure that the needs of refugees and migrants form part of the national strategy for the prevention and control of NCDs.’</p>
<p>Progress report on the European Environment and Health Process - document EUR/RC66/23</p>	<p>Air pollution, climate change, chemical safety are all referenced throughout the report, but there is limited mention as to how these issues relate to NCDs. The Sixth Ministerial Conference on Environment and Health will be held from 13–15 June 2017, Ostrava, Czechia.</p>
<p>The role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond: Consultation with Member States – document EUR/RC66/6 Add.2</p>	<p>The document notes that in 2012, 1.3 million deaths (2.3% of all deaths) and 43 million disability-adjusted life years (1.6% of all disease burden in disability-adjusted life years) were attributable to exposures to a number of selected chemicals.</p> <p>As requested by WHA Resolution 69.4, the WHO Secretariat prepared a draft roadmap outlining concrete actions to enhance health sector engagement towards meeting the 2020 goal and contributing to relevant targets of the 2030 Agenda for Sustainable Development. An electronic consultation on the draft roadmap was held from August to early September. The draft is currently being revised and a draft will be prepared for discussion at the 140th WHO Executive Board in January 2017.</p>

<p>PAHO: 55th Directing Council / 68th Session of the Regional Committee of WHO for the Americas, 26-30 September, Washington D.C., USA NCD Alliance Network Representatives: Dr Beatriz Champagne, Mr Laurent Huber, Mr Mike Splaine, Diana Vaca McGhie Statement: World Heart Federation, InterAmerican Heart Foundation, Coalición Latinoamérica Saludable and NCD Alliance (ENG) (ESP) Tentative details for next meeting: 18-22 September, Washington DC</p>	
<p>Plan of Action for the Prevention and Control of NCDs: Midterm Review –</p>	<p>Almost all countries in the Region show a stable or modest decline in NCD premature mortality, and 14 countries and territories are on target to meet the overall regional NCD goal of a 15% reduction in premature mortality by 2019. All countries were committed to establishing national NCD plans and</p>



<p>document CD55/INF/12</p>	<p>national targets by 2015. However, only about half of the countries and territories in the Americas that provided responses (22 of 38, 58%) report having an operational, multisectoral national NCD policy, strategy, or action plan, and only 17 countries (45%) report having set national NCD targets. Of the countries with national NCD plans, 13 have developed them since 2013, the year in which the Regional NCD Plan was adopted. Only 12 countries (32%) report having established NCD commissions with several government ministries and civil society; 19 countries (50%) have integrated NCDs into their national development agenda.</p>
<p>Implementation of the Sustainable Development Goals in the Region of the Americas – document CD55/INF/6</p>	<p>PAHO has conducted various national consultations to further enhance the capacities of the PAHO/WHO Representative Offices, health ministries, and other public institutions to achieve the SDGs. At a regional consultation in Medellin, Colombia, in November 2015, PAHO and country representatives discussed programmatic and technical resources. A core recommendation that emerged from the discussions was that each country should provide information on its preparedness to engage in the SDGs process, making special reference to the programs, actions, technical materials, and human resources available in the country to support achievement of the SDGs agenda. So far, eight countries have presented their reports: Argentina, Barbados, Colombia, Ecuador, Guatemala, Guyana, Honduras, and Paraguay.</p>
<p>Plan of Action to Reduce the Harmful Use of Alcohol: Midterm Review – document CD55/INF/12 D.</p>	<p>Neither the WHO Global Strategy nor the Regional Plan of Action has established indicators to measure reductions in consumption and harmful use of alcohol. Since the adoption of these two resolutions, however, a 10% relative reduction in the harmful use of alcohol has been included as one of the outcome indicators of Category 2 in the PAHO Strategic Plan 2014-2019.</p>
<p>Regional Strategy and Plan of Action on Nutrition in Health and Development, 2006-2015: Final Report - document CD55/INF/8</p> <p>Strategy and Plan of Action for the Reduction of Chronic Malnutrition: Final Report - document CD55/INF/9</p>	<p>Overweight and obesity have increased in children under 5 from 3.5% in the 1990s to 7% in more recent years. This increase is observed not only in children under 5, but also in school-age children and adolescents. It is estimated that more than 50% of women of reproductive age are either overweight or obese.</p> <p>During the period under review, 24 Member States updated their food-based dietary guidelines and promoted physical activity by constructing “open streets” programs in at least 350 cities in the Region</p>
<p>Plan of Action on Adolescent and Youth Health – document CD55/INF/12 B.</p>	<p>As of 2014, Argentina, Bolivia, Guyana, Honduras, Nicaragua, Brazil, Colombia, Mexico, and Peru reported having policies aimed at increasing access of adolescents and youth to health care. All nine countries have included sexual and reproductive health (SRH), HIV, mental health in these policies, eight have nutrition, physical activity, substance use, violence,</p>



	seven have tobacco, alcohol, and six have injury prevention included in these policies.
Health of Migrants - document CD55/11 Resolution CD55.R13	There are some 61.4 million migrants in the Americas, more than 85% of whom live in the United States or Canada, while the others live in Latin America and the Caribbean. The resolution on the health of migrants calls on countries to develop health policies and programs to address health inequities affecting migrants and to move forward in giving migrants—regardless of their migratory status—access to the same levels of financial protection and comprehensive health services enjoyed by the rest of the population.
Report on the Development of the Roadmap on: The Role of the Health Sector in the Strategic Approach to International Chemicals Management Towards the 2020 Goal and Beyond - document CD55/INF/6, Add. I	<p>About 22.7% of total deaths and 21.8% of the total burden of disease per year are linked to modifiable environmental factors. In 2012, around 2.3% of all deaths and 1.6% of the overall disease burden in disability-adjusted life-years were attributable to exposures to a number of selected chemicals. Due to the complex nature of the issue, disease burden information is available for only a small number of chemical exposures, although people are exposed to many more chemicals in their daily lives. Furthermore, the adverse effects associated with acute, chronic, and combined chemical exposures can be significant, especially among vulnerable populations.</p> <p>See EMRO table for more information on Roadmap</p>
Framework of Engagement with Non-State Actors – document CD55/8, Rev.1	The information papers clarified that, due to PAHO’s independent legal status, once FENSA was adopted by the World Health Assembly, it would not automatically apply to PAHO until such time as PAHO Member States expressly approved and adopted it through PAHO’s Governing Bodies. Such action is required pursuant to PAHO’s Constitution. Upon consideration however, the Directing Council took the decision to adopt the Framework of Engagement with Non-State Actors which was adopted by the 69th World Health Assembly through Resolution WHA69.10.

EMRO: 63rd Session, 3-6 October, Cairo, Egypt NCD Alliance Representative: Dr Wael Safwat Abd Elmeguid, Mr Alastair White, Professor Azza Abul-Fadl Statement: NCD Alliance; World Heart Federation Tentative details for next meeting: 9-12 October, Islamabad, Pakistan	
Prevention and control of NCDs – document EM/RC63/INF.DOC.3 Award of the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean Region	<p>In his opening address, Dr Ala Alwan urged Member States to strengthen prevention and control of NCDs, stating that the four major NCDs are ‘increasing in epidemic proportions in some countries’.</p> <p>Data from 2015 show that some Member States recorded progress in the 17 strategic interventions outlined in the regional framework for NCD prevention and control; however, the majority of countries were not on track in meeting those commitments. Only nine countries (Bahrain, Islamic Republic of Iran, Iraq, Lebanon, Morocco, Oman, Palestine, Saudi Arabia, United Arab Emirates) developed national multisectoral action plans and six countries (Bahrain, Islamic Republic of Iran, Iraq, Morocco, Saudi Arabia, United Arab Emirates) set targets for 2025. Despite the</p>



<p>– document EM/RC63/INF.DOC.8</p>	<p>challenges in surveillance, several Member States have either conducted a STEPwise (risk factor) survey in the recent past or plan to conduct one in 2016. For cause-specific mortality, only five countries (23%) had a functioning system to generate reliable data on a routine basis.</p> <p>The Foundation of the State of Kuwait Prize for the Control of Cancer, Cardiovascular Diseases and Diabetes in the Eastern Mediterranean was awarded to Dr Nizal Sarrafzadegan (Islamic Republic of Iran) in the area of cardiovascular diseases. She is the Director and Founder of Isfahan Cardiovascular Research Center, a WHO collaborating centre for research and training in prevention and control of cardiovascular diseases.</p>
<p>UHC and the development of a package of essential health services – document EM/RC63/INF.DOC.5</p> <p>Scaling up family practice: progressing towards UHC – document EM/RC63/Tech.Disc.1 Rev.1</p> <p>Resolution EM/RC63/R.2</p>	<p>The paper for the technical discussion on this matter highlights that ‘Despite significant advances in people’s health and life expectancy, relative improvements have been deeply unequal both between countries and within them. Significantly, the nature of health problems is increasingly shaped by ageing populations, urbanization and the globalization of unhealthy lifestyles. Increasing numbers of people living with noncommunicable diseases, mental health problems, and long-term and multiple comorbidities means that care has become more complex and more costly. The fragmented nature of today’s health systems, however, is increasingly unable to respond to these demands. The continued and disproportionate focus on specialized and disease-based curative care models undermines the propensity of health systems to provide universal, equitable, high-quality and economically sustainable care.’</p> <p>Integration of care for noncommunicable diseases and mental health in the essential health services package continues to be a challenge. A WHO assessment in 2014 found that only 50% of primary health care services in five countries conducted screening for diabetes and hypertension.</p>

<p>WPRO: 67th Session, 10-14 October, Manila, Philippines NCD Alliance Representative: Dr Saunthari Somasundaram, Ms Joanna Markbreiter, Dr Marian Abouzeid Statements: Union for International Cancer Control and NCD Alliance, World Heart Federation, World Heart Federation, World Heart Federation Tentative details for next meeting: 2-6 October, Brisbane, Australia</p>	
<p>NCDs throughout discussions (commentary adapted from World Heart Federation)</p>	<p>While there was no official agenda item dedicated to NCDs, NCDs were discussed throughout the meeting. Outgoing Chairperson Mr James Gillam (Director, Department of Public Health, Guam) opened the sessions by reminding participants that ‘the overwhelming burden of NCDs still haunts us, especially in this Region’. Dr Margaret Chan, Director-General of the WHO also raised her concerns that there are 6.2 million overweight or obese children in the Western Pacific, and that 8 of the world’s 10 fattest countries are Pacific Island States.</p> <p>Over the course of the four-day meeting, several Ministers of Health raised their concerns about NCDs. Singapore drew attention to its success in tackling diabetes and other NCDs. Hong Kong presented its Strategic Framework for</p>



	<p>NCDs, which includes ambitious work towards a smoke-free culture. Samoa spoke about its adaption of the WHO PEN Package for NCDs, and how working collaboratively has brought about success in tackling hypertension. However, it was Tonga who proved the strongest NCD champion, suggesting the creation of a dedicated Pacific funding mechanism for NCD prevention and control, and requesting the WHO to make NCDs a standing item for discussion at every WPRO Regional Committee Meeting in the future.</p>
<p>Sustainable Development Goals – document WPR/RC67/8</p> <p>Resolution WPR/RC67.R2</p>	<p>Member States discussed and endorsed the Regional Action Agenda on Achieving the Sustainable Development Goals in the Western Pacific. The document notes that core health issues also reside within other goals beyond goal 3, such as nutrition (SDG 2), violence against women (SDG 5), water and sanitation (SDG 6) and birth registration (SDG 16). Globally, noncommunicable diseases (NCDs) are increasing, with the highest numbers of deaths between 2010 and 2020 predicted in the Western Pacific.</p> <p>In 1995, the Pacific health ministers declared their vision of Healthy Islands in the Yanuca Island Declaration. It embodies a comprehensive and integrated approach that has served as a unifying theme to protect and promote health in the Pacific by addressing priority health issues, including NCDs.</p> <p>Appendix 6 on decision making tools cites that ‘increasing people’s awareness about healthy diets and physical activity may be a low risk but low return option. If the government is able to stand up to the tobacco lobby, increasing the tobacco tax may be a high return/low risk strategy. If the food industry is politically powerful, tackling marketing to children may be a high return/high risk option. If people are accustomed to the existence of bicycle lanes in the country’s larger cities, rezoning to promote physical activity might be both low return and high risk.’</p>
<p>Environmental Health – document WPR/RC67/7; WPR/RC67/7 Corr. <u>1</u></p> <p>Resolution WPR/RC67.R2</p>	<p>The Regional Committee endorsed the <i>Western Pacific Regional Framework for Action on Health and Environment on a Changing Planet</i>. The framework indicates measures for stronger health sector focus on pressing environment-related health issues.</p> <p>The Framework outlines how determinants of health are responsible for more than a quarter of the burden of disease in the Western Pacific Region. Communicable and noncommunicable disease, disability and death result from a lack of safe water and sanitation, indoor and outdoor air pollution, hazardous chemicals, occupational hazards and climate-related disasters. It further notes that displaced communities that are relocated to temporary shelters are also prone to a wide range of infectious diseases, and are at risk for NCDs and domestic violence.</p> <p>On 15 March 2016, WHO launched the second edition of Preventing disease through healthy environments: a global assessment of the burden of disease from environmental risks. While the burden of infectious and parasitic diseases has generally decreased outside of Africa, DALYs related to noncommunicable diseases attributable to the environment have shown significant increases in all regions since the last data from 2002.</p>