Promoting Health throughout the Life-course

Department of Family Health and Research
Regional Office for South-East Asia
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Introduction

Promoting health and well-being from conception to old age needs clear strategies addressing population health needs, with a special focus on key stages of life. This approach enables the development of integrated strategies that are responsive to evolving needs, changing demographics, and epidemiological, social, cultural, environmental and behavioural factors, as well as to widening health inequities or equity gaps.

The Department of Family Health and Research in the WHO Regional Office for South-East Asia has the responsibility to support Member States to carry this forward in the Region, in collaboration with all stakeholders and partners. This profile highlights the vision, key strategies and expected outcomes while promoting health at the key stages of life.

For more information on the work of the department, we invite readers to look at our web site at http://www.searo.who.int/about/administration_structure/fhr
Objective and organization of the Department of Family Health and Research

The objective of the Department of Family Health and Research in the WHO Regional Office for South-East Asia is to help individuals and families to stay healthy during the key stages of life, so that they may lead productive lives and live to their full potential.

The organizational structure of the team in the WHO Regional Office for South-East Asia is shown below.
Vision, strategies, expected outcomes and challenges
1. Newborn, child and adolescent health

Vision
To improve newborn and child survival, reduce the burden of child morbidity and disability, promote child health and development, and ensure that adolescents enjoy the highest standards of health and development. Thereby ensuring that the needs and rights of all newborns, children and adolescents are fulfilled and respected.

Strategies
The child and adolescent health (CAH) unit works in close collaboration with Member States and partners to develop and strengthen national plans and strategies to improve
the health and development of neonates, children and adolescents in the Region. The following are some important strategies.

**Universalize access to essential interventions and sustained quality of care**

CAH supports Member States to work towards rapid and equitable scale-up of coverage of evidence-based interventions throughout the life-course, with a focus on the periods of adolescence, pre-pregnancy, postnatal, neonatal, infancy and childhood; especially to reach the unreached population. Regional strategies for Improving Neonatal and Child Health, Improving Adolescent Health, Promoting Early Childhood Development, and Prevention and Control of Birth Defects are available to guide countries to strengthen their newborn, child and adolescent health programmes.

**Beyond child survival**

While sustaining efforts to ensure the survival of newborns and children, it is also necessary to sustain advocacy for investing in their overall health and well-being to ensure quality of survival. Strengthening nutrition and child care, including health care and protecting rights from birth, is essential.

**Integrated approaches**

CAH works in close coordination with other health programmes such as maternal and reproductive health, immunization and vaccines, nutrition and food safety, and HIV/AIDS, tuberculosis and malaria. Support is provided to implement the Integrated
Management of Newborn and Childhood Illness (IMCI) strategy and the Integrated Global Plan for Prevention and Control of Pneumonia and Diarrhoea (GAPPD) to address newborn and child mortality. Focus is placed on “healthy transitions” to adulthood to promote the overall health, development and well-being of adolescents to ensure life-long benefits. To address the social, economic and cultural determinants of newborn, child and adolescent health, a close coordination is promoted with other sectors such as water, sanitation and health, social development, and environmental health.
Collaboration and partnership

CAH works towards a strong coordination with national governments, the private sector, donors and development partners in order to ensure efficient use of resources and avoid duplications.

Expected outcomes (medium-term)

- Strengthened national newborn and child health programmes, to accelerate progress towards achieving Millennium Development Goal (MDG) 4 – the global target of reduction of child mortality by two thirds between 1990 and 2015 – and progress beyond, as well as to promote early childhood development.

- Development of national plans for prevention of birth defects to reduce newborn mortality and prevent disability.

- Strengthened national adolescent health programmes and progressive scaling-up of implementation, to ensure easy and timely access for adolescent boys and girls to good quality preventive and curative services to ensure a healthy transition to adulthood.

- Strengthened programme review, planning and management capacity.

- Improved competencies of health workforce and improved quality of care.

- Strengthened monitoring and information systems for newborn, child and adolescent health programmes.
Challenges

• Investment for newborn, child and adolescent health programmes needs to be progressively increased, within an environment of competing demands in the health sector, to ensure the equitable scaling-up of essential life-saving interventions.

• Sustained advocacy is needed to ensure due priority is given to prevention of birth defects, early childhood development and promotion of adolescent health and development, while continuously working towards reducing newborn and child mortality to achieve MDG 4.

• Health systems strengthening is critical, especially in terms of human resource capacity, access and availability of essential life-saving medicines and commodities, good information systems, and strong monitoring and supervision to ensure quality service delivery.

• Optimizing coordination and accountability among national governments, development partners, donors, the private sector and civil society is an ongoing challenge.
2. Maternal and reproductive health

Safe pregnancy and child birth

A world in which women go through pregnancy and childbirth safely, and newborn babies are assured health. Where pregnancy, childbirth, postpartum and newborn care are highly valued and quality interventions for universal coverage are sustained within changing social, economic and political conditions, as well as in settings with diverse social values.

Strategies

Advocacy for policy and strategy development

In close collaboration with Member States and partners, the maternal and reproductive health (MRH) unit supports the development and strengthening of national policies, strategies and plans to improve health and development of mothers and newborns in the Region.

Technical support

In collaboration with WHO headquarters and country offices, MRH extends the necessary technical support and knowledge management in terms of standards,
evidence-based guidelines and tools for implementation and monitoring. Support is extended to Member States on an ongoing basis to facilitate the adaptation, dissemination and utilization of these tools and guidelines.

**Promoting continuum of care across the life-course, scaling-up and integrated approaches**

MRH, along with other technical units, supports Member States to work towards rapid and equitable scale-up of evidence-based interventions across the life-course, with a focus on pre-pregnancy, pregnancy, delivery and the postnatal and neonatal periods; especially to “reach the unreached” populations. Ensuring good quality of care for mothers and newborns improves cost-effectiveness for saving lives.

**Capacity building**

Support is extended to develop appropriate training manuals and approaches, with a focus on increasing the numbers, distribution and appropriate skills mix of the health workforce – especially skilled birth attendants and providers for emergency obstetrics care.

**Collaboration and partnership**

MRH works closely with other United Nations (UN) agencies, donors, international government organizations, nongovernmental organizations and WHO collaborating centres.
Expected outcomes (medium-term)

- Strengthened national maternal and newborn health policies, strategies and programmes in Member States to accelerate progress to achieve MDG 5 – the global target of reduction of the maternal mortality ratio by three quarters by 2015 from 1990 levels.

- A national review process of quality of care, including review mechanisms such as maternal death surveillance and response, which will address shortcomings in quality of care that lead to maternal death or other adverse maternal or neonatal health outcomes.

- Strengthened programme review, planning and management capacity for maternal and newborn health.
• Increased availability of a competent health workforce at all levels of the health system.

• Robust coordination, monitoring and information systems for reproductive, maternal, newborn, child and adolescent health programmes.

• Sustained funding for maternal and newborn health programmes.

Challenges

• Sociocultural determinants including poverty, gender inequality, low access to education (especially for girls), early marriage, adolescent pregnancy, low access to sexual and reproductive health services.

• Reaching the unreached, and ensuring access to women in difficult and remote areas.

• Ensuring equity and addressing disparities in access to care within and between countries, between rural and urban areas and, most importantly, across different wealth quintiles – as women from poor and rural areas are less likely to receive care.

• Competition with other health and development priorities.

• Insufficient numbers of skilled attendants, alongside a lack of appropriate skill mix.

• Suboptimal quality of services, resulting in poor utilization of services.

• Limited availability of reliable data and inadequate use of data for decision-making. In order to reduce maternal deaths, we must understand why mothers die.
Reproductive health

For all people to attain the highest possible level of sexual and reproductive health. To strive for a world where the right of women and men to enjoy sexual and reproductive health is promoted and protected, and all women and men – including adolescents and those who are underserved or marginalized – have access to sexual and reproductive health information and services.

Strategies

Advocacy for policy and strategy development

Supporting Member States to develop and strengthen their national policies, strategies and programmes to improve access to, and quality of, sexual and reproductive health services that meet the needs of diverse populations, particularly the most vulnerable groups.

Technical support

Supporting Member States in implementing WHO’s global Reproductive Health Strategy.

Research, including capacity-strengthening for research

Supporting Member States to undertake research of national and regional relevance, especially in the areas of family planning, improving skilled birth attendance and issues related to scaling up.
Adaptation and dissemination of technical guidelines and tools

Supporting country-level adaptation and dissemination of technical guidelines for family planning such as: medical eligibility criteria for contraceptive use; selected practice recommendations for contraceptive use; the decision-making tool for clients and providers; comprehensive cervical cancer control guidelines and safe abortion guidelines; and technical and policy guidance for health systems.

Capacity building

Supporting and working with Member States to ensure the competence of reproductive health service providers, especially for family planning, and facilitating the development of appropriate training packages.

Collaboration and partnerships

Working closely with UN agencies, donors, international government agencies, nongovernmental organizations and WHO collaborating centres.

Expected outcomes (medium-term)

- Due priority to reproductive and sexual health is ensured, with adequate resources in national health policies, strategies, plans and programmes.

- Evidence-based norms, standards and tools for reproductive health are adapted and implemented in Member States, in line with human rights frameworks.
• Evidence for successful approaches is generated through operational research, and utilized for strengthening integrated reproductive health services.

• Review mechanisms will provide evidence of progress towards achieving MDG 5b – universal access to reproductive health – and support further actions to accelerate progress.

Challenges

• Access to reproductive health services – especially for adolescents and concerning unsafe abortion – remains a sensitive issue in several Member States.

• Sustained advocacy with Member States is needed to ensure progress towards the achievement of MDG 5b.

• Family planning requires special attention in many Member States, concerning both fulfilling unmet needs and the contraceptive method mix.

• Poor quality of services, limited contraceptive method mix, lack of secure availability of commodities and ineffective distribution of contraception.

• Lack of integrated delivery, which means family planning and maternal and child health are sometimes conceptualized and carried out separately.

• Inadequate attention has been paid to gynaecological morbidities, such as cancer of the cervix and other issues of sexual health that carry greater sensitivity.
3. Nutrition and food safety

Nutrition

To assist Member States in developing a multisectoral approach and measures for the promotion of nutrition among all population groups following a life-course approach, while identifying and prioritizing nutrition-related activities in all relevant sectors.

Vision

Strategies

The emergence of the dual problem of under- and overnutrition is a major challenge to the general population, as well as to the health and nutrition services in Member States. The health sector alone will not be able to make a significant difference in improving the health and nutritional status of the population. A multisectoral approach, involving several sectors including education, agriculture, fisheries, finance, media, civil society and government, is needed to address the nutritional challenges facing Member States.

A Regional Nutrition Strategy has been formulated to encourage Member States to initiate, develop and sustain a multisectoral approach and measures for the promotion of nutrition among all population groups following a life-course approach. To assist Member States, the following interventions are required.
1. Developing a country-driven, outcome-oriented, integrated multisectoral nutrition policy and plan of action.

2. Addressing malnutrition and micronutrient deficiencies through a multisectoral approach and the involvement of all sectors.

3. Addressing obesity and dietary prevention of chronic diseases.

4. Developing effective and functional nutrition surveillance systems.

**Expected outcomes (medium-term)**

- Comprehensive national nutrition polices and plans of action established, alongside comprehensive macro- and micronutrient intervention programmes that also address the dietary prevention of chronic diseases.
• Effective national nutrition surveillance, at regular intervals, to detect changes in the nutrition status of the population and introduce appropriate remedial actions.

Challenges

• Although most of the countries and the majority of households in the Region are food secure, there are still pockets with food insecurity.

• Food price inflation in the past few years has led to an increase in food-insecure households, and the prevalence of undernutrition in all segments of the population continues to be quite high.

• The South-East Asia Region also accounts for over 70% of the world’s malnourished children. While children with severe malnutrition have high mortality, larger numbers of deaths occur among the more numerous but less severely malnourished children.

• Lack of dietary diversification and poor bioavailability of iron from plant-based diets have resulted in the Region reporting the highest levels of anaemia in the world.

• Nearly half of preschool children and pregnant women have low levels of plasma vitamin A.

• In spite of legislation mandating universal iodization of salt, a substantial proportion of households still use non-iodized salt.
Since the health sector alone will not be able to make a real difference in improving the health and nutrition status of the population, there is an urgent need for a multisectoral approach involving all relevant sectors, such as education, agriculture, fisheries, transport, food processing, finance, media and civil society, as well as members of parliament. A multisectoral approach, with systematic and comprehensive application of available nutrition interventions, can prevent two thirds of all deaths while contributing to child survival and the emergence of a healthy population in the Region.

**Food safety**

**Vision**

To encourage and support Member States in initiating, developing and sustaining multisectoral approaches and measures for the promotion of food safety among all population groups.

**Strategies**

Establishing and strengthening national programmes to ensure food safety from production to consumption, through a multisectoral approach along the following four strategic elements.

1. Country-oriented, integrated and multisectoral food safety policies and plans of action.

2. Appropriate food control systems that encompass the entire food chain, with a focus on consumers and in alignment with international systems.
3. Control and prevention mechanisms for foodborne disease and effective foodborne disease surveillance systems.

4. Partnerships and networking in standards-setting meetings.

**Expected outcomes (medium-term)**

- Establishment of comprehensive food safety policies and plans of action, with updated food safety legislation and regulations.

- Improved food quality control systems for preventing foodborne illnesses, and effective foodborne disease surveillance systems.

- Increased coordination between all stakeholders along the food chain, leading to effective food safety management.
Challenges

• Access to safe foods remains a major challenge for the populations of the Member States.

• Although food safety programmes are in place in all the countries of the Region, their effectiveness and magnitude of activities do not conform to the desired standards nor to the policy and approaches of the regional food safety strategy.

• Some of the key constraints encountered in Member States are: weak food control systems; lack of effective surveillance, control and prevention systems for foodborne illnesses; inappropriate or out-of-date food laws, acts and standards; inappropriate food safety policies/plans of action; and insufficient alignment with the international standards and alert systems.

• Rapid changes in globalization; the impact of climate change on food production, distribution and consumption; and biological and environmental contamination of the food chain are affecting national food safety programmes.
4. Immunization and vaccines

To ensure that all children in the South-East Asia Region are protected against vaccine-preventable diseases based on the principles of equity, sustainability and access to quality-assured vaccines and immunization services.

Strategies

The following strategies are in support of increasing and sustaining routine immunization coverage, certifying the Region polio-free, eliminating measles and controlling rubella and congenital rubella syndrome (CRS), introducing new and under-utilized vaccines, and making safe and affordable vaccines available.

Integrated approach

The immunization and vaccine development (IVD) unit promotes the integration of immunization with maternal, neonatal, child and adolescent health programmes for the control and eventual eradication of priority vaccine-preventable diseases in the Region.

Intensification of routine immunization

Efforts are being made to increase and sustain immunization coverage through intensification of routine immunization, with a focus on reaching the unreached and sustaining the intensification initiative through multi-year plans linked with the
Global Vaccine Action Plan (2011–2020) and the Monitoring and Evaluation/Accountability Framework. New and under-utilized vaccines are being introduced in the immunization schedule and the package of opportunities available is being used to strengthen the system.

**Strengthening capacity of immunization systems**

The lessons learnt from polio eradication are being applied to strengthen the capacity of immunization staff for improved planning, service delivery and monitoring, and provision of training and tools and guidelines, and to sustain the gains of polio eradication to move towards measles elimination.
Ensuring availability of quality-assured vaccines

Vaccine manufacturers are supported to increase production capacity, strengthen national regulatory authorities, and establish monitoring systems for adverse events following immunization (AEFI).

Surveillance and research

Support is provided to countries to: strengthen their surveillance system, especially capacity building to support disease elimination/eradication as per need, backed by a network of accredited laboratories; build capacity for data management, analysis and interpretation at the subnational level; and, promote research and the use of surveillance and research evidence for policy decisions.

Partnerships

Strengthening and extending partnerships at regional, national and local levels, with the engagement of multisectoral stakeholders to ensure a strong, sustainable and accountable immunization delivery system.

Expected outcomes (medium-term)

- Increased routine immunization in low-performing districts as targeted in country strategies.
- Regional polio-free certification achieved and sustained.
- Measles elimination and rubella/CRS control targets agreed and strategies implemented in Member States.
- New and underutilized vaccines introduced where appropriate.
- Vaccine safety and national regulatory authority institutions strengthened.

**Challenges**

- Supporting Member States to increase routine immunization coverage in low-performing areas/districts with high-risk population groups and poorly accessible areas due to conflict or geographical difficulties.
- Maintaining high population immunity and sensitive surveillance for polio eradication and certification by the target date in 2014.
- Reducing the number of children with no immunity against measles.
- Expanding the surveillance network to include case-based measles surveillance.
- Introducing new vaccines while sustaining immunization programme capacity and ensuring financial sustainability.
- Improving capacity of national regulatory authorities and AEFI surveillance networks.
5. Healthy ageing

To promote healthy ageing and care of the aged throughout the life-course. For healthy ageing to be a process for optimizing opportunities for physical, social and mental health to enable older persons to take an active part in society without discrimination, and to enjoy an independent and good life.

Strategies

A Regional Strategy for Healthy Ageing has been formulated, based upon several guiding principles and key policy directions. The purpose of the regional strategy is to assist Member States to establish core interventions for promoting and strengthening healthy ageing in their countries. There are six strategic interventions.

1. Developing a country-driven, outcome-oriented, integrated multisectoral policy and plan of action for healthy ageing.

2. Adaptation of the health systems to meet the challenges of population ageing and to meet the health needs of the elderly.

3. Long-term care of the elderly population.

4. Developing appropriate human resources necessary for meeting the health needs of older persons.

5. Adoption of a life-course approach to promote healthy ageing.

6. Multisectoral approach and partnerships.
Expected outcomes (medium-term)

- Improved promotion and protection of human rights and fundamental freedoms of elderly persons while eliminating all forms of age discrimination, neglect, abuse and violence against elderly persons and enhancing their dignity in society.

- Promotion of age-friendly primary health care and age-friendly communities/cities as the cornerstone of healthy ageing.

- Strengthened long-term care services for the elderly population at the family, community and household levels.
Challenges

• In traditional societies of the South-East Asia Region, caring for elderly family members has been considered a private issue and confined within the family home. Care and responsibility for elderly family members were considered best dealt with at the family level.

• However, rapid changes in lifestyle and family composition – joint families being replaced by nuclear families, and migration of the younger generations leaving the older family members behind – have rendered the traditional arrangement untenable.

• The changing structure of societies, where large joint families are now giving way to small nuclear families, is leading to socioeconomic and dependency issues for the growing elderly population thus rendering them more vulnerable.
6. Research policy and coordination

**Vision**
All Member States in the South-East Asia Region ground their health policies, strategies and programmes for improving health of the population and enhancing equity on evidence-based research.

**Strategies**
- Building national health research capacities, with particular emphasis on the smaller countries.
- Supporting the setting of national research priorities that meet health needs.
- Creating an environment for good research practice and to enable the better sharing of research evidence, tools and materials.
- Ensuring quality evidence is turned into products and policy.
- Promoting research for health by non-health sectors.

**Expected outcomes (medium-term)**
- All Member States have the capacity to generate and use research evidence for solving national health problems.
- Establishment of an ethical review board for ensuring accessible, efficient, high-quality and ethical health research.
• Promotion of research for health by non-health sectors.

Challenges

• The value of research is widely recognized; however, exploiting research optimally to resolve priority health problems is not a straightforward matter.

• At times, health research is not focused on the areas of greatest need.

• Even where there is agreement on existing or new research priorities, the best way of financing the discovery, production and delivery of these public goods for health, and making them affordable to poor countries, is seldom clear.

• Existing challenges to managing health research include:
  – uncoordinated and fragmented research activities;
  – an insufficient number of researchers;
  – a lack of sufficient incentives and encouragement to ensure that competencies in research or research-related activities are improved.
Overcoming the challenges and moving forward

The Department of Family Health and Research, working with Member States and partners, aims to increase and strengthen universal access to evidence-based interventions in the six priority areas of work. We aim to generate evidence and guidelines where they are required, and catalyse health systems strengthening. The department will continue to provide policy guidance and technical support to Member States with an emphasis on evidence-led, high-quality and successful real-world experiences. Partners include other UN organizations, bilateral and multilateral agencies, and nongovernmental organizations.

In all areas of work, the department aims to ensure that services are rooted in human rights, gender equity, and concern for the poor and the marginalized. Therefore, considerable emphasis is placed on promoting conducive environments for implementing policies and programmes along with encouraging leadership, advocacy and transfer of technical knowledge.

Major emphasis will be placed on strengthening health systems. Engagement of WHO collaborating centres, and the expansion and strengthening of networks to share knowledge and enhance the overall capacity of the health workforce, particularly at the community level, are important considerations. Emphasis will also be placed on collecting and sharing information by improving monitoring and surveillance systems at both the national and regional levels.

Adequate resources will be required to overcome these challenges.
Promoting health and well-being from conception to old age needs clear strategies addressing population health needs with a special focus on key stages in life. This life-course approach enables the development of integrated strategies that are responsive to evolving needs, changing demographics, epidemiological, social, cultural, environmental and behavioural factors, and widening health inequities or equity gaps. This profile highlights the work of Department of Family Health and Research in the WHO Regional Office for South-East Asia. The Department, in collaboration with various stakeholders and partner agencies, provides support to the Member States in promoting health at key stages of life.