

出國報告（出國類別：開會）

第 17 屆國際健康促進機構網絡年會
17th INHPF Annual Meeting
From Evidence to Action
出席會議報告

服務機關：國民健康署

姓名職稱：王怡人主任秘書

派赴國家/地區：馬來西亞吉隆坡

出國期間：107 年 10 月 28 日 - 10 月 31 日

報告日期：108 年 01 月 15 日

（本出國經費由菸品健康福利捐支應）

摘要

國際健康促進機構網絡（The International Seminar of International Network of Health Promotion Foundations, INHPF）由各國致力於健康促進業務之機構組成，旨在透過機構間之交流、學習及聯合行動，強化健康促進工作之成效。第 17 屆年會由馬來西亞的健康促進基金會 MySihat 主辦，為期二天。我國國民健康署除參與討論不同組織體制對於健康促進工作之影響外，並分享台灣健康識能的倡導經驗。我國健康識能之推動架構、策略、工具開發以及試行結果等面向之經驗，獲得與會人士高度讚譽，現場並提出多個問題加以說明及討論，可見健康識能是國際上普遍關切的議題，未來我國可就健康識能提升對於健康服務結果產生的影響，可作更全面的評估。此外，新加坡保健促進局近年來在各種不同會議中，皆以「日行萬步」及「食品健康選擇(Healthier Choice)標章」二項政策作為主打議題，但每次報告的政策脈絡、推行範圍以及成效評估之說明日益完整精細。顯示該國以「十年磨一劍」的精神，有計畫地打造該國政策櫥窗成為國際亮點。我國的健康促進亦有多項創新作為，應有計畫地使其逐年熟成，善加發揚，建立國際標竿形象。

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壹、第17屆國際健康促進機構網絡年會簡介

一、國際健康促進機構網絡簡介

國際健康促進機構網絡（The International Seminar of International Network of Health Promotion Foundations, INHPF）於1988年成立，由各國致力於健康促進業務之機構組成，旨在透過機構間之交流、學習及聯合行動，強化現有健康促進工作之成效，並指導、支持成立新的健康促進機構。世界衛生組織（WHO）及國際健康促進及教育聯盟（The International Union for Health Promotion and Education, IUHPE）皆為該網絡之夥伴。該網絡除了積極促使更多健康促進機構成立之外，更聯合現有健康促進機構，支持各類健康促進活動，協助發展健康促進專業，從而提升該國家或地方之人民健康水準。

INHPF正式會員目前有七個國家八個機構，包括我國國民健康署、泰國健康促進基金會（Thai Health Promotion Foundation，簡稱ThaiHealth）、澳洲維多利亞健康促進基金會（Victorian Health Promotion Foundation，簡稱VicHealth）、西澳健康促進基金會（Western Australia Health Promotion Foundation，簡稱Healthway）、近期內有可能併入馬來西亞衛生部的健康促進機構（Malaysia Health Promotion Board，簡稱MySihat）、韓國健康促進基金會（KHealth）、東加健康促進基金會（Tonga Health Promotion Foundation，簡稱TongaHealth），以及去年才加入的新加坡保健促進局(Singapore Health Promotion Board)。網絡合作夥伴則有世界衛生組織（World Health Organization，簡稱WHO）、世界健康促進及教育聯盟（International Union for Health Promotion and Education，簡稱IUHPE）等。隨著全球非傳染性疾病防治工作的推動，參加網絡是非常好的國際交流平台，加上會員國基金會的CEO 多為該國重要公共衛生官員或大學教授，經由每年的固定年會，不但可進行實質交流，並能藉由人脈的建立，依各國實際需要，發展雙邊或多邊互動。例如：在2016年第16屆INHPF年會之後，新加坡保健促進局來信欲瞭解我國肥胖防制成果，本署則請該局分享「日行萬步」計畫辦理經驗；韓國KHealth亦請本署提供監測系統的建置經驗。

目前INHPF主席由澳洲VicHealth的CEO Jerril Rechter女士擔任。

二、第17屆INHPF年會簡介

在2016年11月30日至12月2日第16屆INHPF年會的CEO會議上，決議第17屆年會由馬來西亞的MySihat主辦，原訂會議時間為2017年11月，惟因種種因素MySihat在2017年未及辦理，展延至2018年3月，又再度展延至2018年10月29日及30日，為期二天（第二天下午為會員CEO閉門會議）。

本次年會除了西澳健康促進基金會Healthway因面臨角色調整，未能派員外，其他網絡會員都派有代表參加；此外，WHO西太平洋合作辦公室，及馬來西亞衛生部及各洲衛生局亦派員，與會者超過百人。重要與會者名單與簡介如附件1。各會員代表分別報告各國健康促進業務推動現況與成果，以及未來挑戰。本人報告台灣健康識能的倡導，獲得多位與會人士迴響。

貳、目的

- 一、藉由非官方組織進行官方交流。
- 二、出席 INHPF 第17 屆年會。
- 三、與各國專家與官方代表互動，建立區域合作網絡。

參、過程

- 一、出國日期：107年10月28日至10月31日
- 二、日期行程

日期	行程內容
10月28日	出發（台北-馬來西亞吉隆坡）
10月29日	全日出席第17屆國際健康促進機構網絡年會
10月30日	全日出席第17屆國際健康促進機構網絡年會
10月31日	返程（馬來西亞吉隆坡-台北）

三、年會議程

AGENDA

17TH ANNUAL MEETING OF THE INTERNATIONAL NETWORK OF HEALTH PROMOTION FOUNDATION

(INHPF), WP PUTRAJAYA,

29 – 30 OCTOBER 2018

From Evidence to Action

Date: Day 1, Ballroom 2 (29 October 2018 – Monday)

<i>TIME</i>	<i>SESSION DESCRIPTION</i>	<i>SPEAKER</i>	<i>NOTES</i>
<i>8.00 – 8.30</i>	<i>Registration</i>		
<i>9.00 – 10.00</i>	<p><i>Arrival of Hon. Datuk Dr. Noor Hisham bin Abdullah, Director-General of Health, Ministry of Health Malaysia</i></p> <p><i>National Anthem “Negaraku”</i></p> <p><i>Welcoming Performance</i></p> <p><i>Welcoming Remarks by Hon. Tan Sri Dato’ Sri Dr. Hj. Mohd Nasir Bin Mohd Ashraf, Chairman, Malaysian Health Promotion Board (MySihat)</i></p> <p><i>Remarks by Ms. Jerril Retcher, Chairman, International Network of Health Promotion Foundation (INHPF)</i></p> <p><i>Opening Speech by Hon. Datuk Dr. Noor Hisham bin Abdullah, Director-General of Health, Ministry of Health Malaysia</i></p> <p><i>Video Montage Presentation</i></p> <p><i>Introduction Session of INHPF Delegates to Hon. Datuk Dr. Noor Hisham bin Abdullah, Director-General of Health, Ministry of Health Malaysia</i></p> <p><i>Group photo session</i></p>		
<i>10.00 – 10.30</i>	<i>Tea Break</i>		
<i>10.30 – 11.30</i>	<i>Technical Discussion on why we need HPF and what other countries are doing for NCD prevention</i>	<i>All CEOs/ Representatives of the CEOs</i>	

<i>TIME</i>	<i>SESSION DESCRIPTION</i>	<i>SPEAKER</i>	<i>NOTES</i>
11.30-12.00	<p><i>Update of Health Promotion Foundations' (HPF) work on policy advocacy in the past 2 years</i></p> <ul style="list-style-type: none"> • <i>What policy advocacy each HPF has been done in the past few years.</i> • <i>Ongoing policy advocacy by the HPF</i> 	<p>a) <i>VicHealth</i> b) <i>ThaiHealth</i></p>	
12.00 - 14.00	<i>Lunch</i>		
14.00 - 14.45	<p><i>Update of Health Promotion Foundations' (HPF) work on policy advocacy in the past 2 years</i></p> <ul style="list-style-type: none"> • <i>What policy advocacy each HPF has been done in the past few years.</i> • <i>Ongoing policy advocacy by the HPF</i> 	<p>a) <i>MySihat</i> b) <i>TongaHealth</i> c) <i>KHealth</i></p>	<i>(10 mins presentation, 5 min discussion)</i>
15.00 - 18.00	<i>Sight Seeing Tour</i>		<i>(INHPP Delegates only)</i>
19.30 - 22.30	<i>Welcoming Dinner (Ballroom 1)</i>		

Date: Day 2, Ballroom 2 (30 October 2018- Tuesday)

<i>TIME</i>	<i>SESSION DESCRIPTION</i>	<i>SPEAKER</i>	<i>NOTES</i>
8.30 - 9.00	<i>Registration</i>		
9.00 - 9.30	<p><i>Update of HPF' s work on policy advocacy in the past 2 years</i></p> <ul style="list-style-type: none"> • <i>What policy advocacy each HPF has been done in the past few years</i> • <i>Ongoing policy advocacy by the HPF</i> 	<p>a) <i>Singapore HPB</i> b) <i>Taiwan HPA</i></p>	<i>(10 mins presentation, 5 min discussion)</i>
9.30-9.45	<i>Tea Break</i>		
9.45 - 10.15	a) <i>Stakeholder engagement in policy making</i>	<p>a) <i>Singapore HP</i> b) <i>VicHealth</i></p>	<i>(10 mins presentation, 5 min discussion)</i>

<i>TIME</i>	<i>SESSION DESCRIPTION</i>	<i>SPEAKER</i>	<i>NOTES</i>
	<i>b) Stakeholder engagement: How do we manage stakeholder expectations?</i>		
<i>10.15- 11.00</i>	<p><u>Hot Issues :</u></p> <p><i>a) Smoking Ban In Public Places & Tobacco Control Regulation</i></p> <p><i>b) Update work on salt intake restriction</i></p> <p><i>c) Other measures to reduce sugar intake (programs/projects)</i></p>	<p><i>a) Malaysia MOH</i></p> <p><i>b) VicHealth</i></p> <p><i>c) ThaiHealth</i></p>	<i>(10 mins presentation, 5 min discussion)</i>
<i>11.00-12.30</i>	<p><i>Overall trends, directions, challenges faced by HPFs</i></p> <p><i>Regional movement on health promotion policy</i></p>	<p><i>Secretariat</i></p> <p><i>a) WPRO</i></p> <p><i>b) SEATCA</i></p>	
<i>12.30-14.00</i>	<i>Lunch</i>		
<i>14.00-15.00</i>	<p><i>Chief Executive Officer Meeting</i></p> <p><i>*(Kuala Lumpur Meeting Room)</i></p>	<i>CEO Private Meeting</i>	

肆、會議重點

一、10/29 第一天

本日會議的重點有二:

(一)討論各基金的會的財務永續力、組織穩定度、治理能力及領導力。

(二)由澳洲維多利亞省的 VicHealth、馬來西亞、東加與韓國的健康促進基金會報告過去二年業務重點以及倡議主題。

多數國家的健康促進組織或機構的情況大致良好。但是馬來西亞因為今年上半年大選結果，政黨輪替，新政府執政後，擬將原本是獨立組織的馬來西亞健康促進基金會 Mysihat 收歸於衛生部之下，或是維持基金會形式但是財務自主，造成 Mysihat 組織定位不明，財源不確定，而且原本的 CEO 已經離職，因此領導階層亦不穩定。

本人代表報告國民健康署在財務永續力、組織穩定度、治理能力及領導力的特色，如附件一。由於本署與新加坡 Health Promotion Board 是唯二的政府單位，因此與會人士特別關注與其他政府機構之間的合作關係。這部分新加坡與我國情況相似，政府機關之屬性使得健康促進業務較容易與其他政府業務整合，但是每一個機關有其政策的優先順序，仍必須靠持續溝通，才能整合彼此業務，發揮一加一大於二的效果。

各國健康促進基金會過去二年業務重點以及倡議主題:

(一) 澳洲維多利亞省(如附件二):

VicHealth 在過去二年進行健康飲食調查、酒類成品的酒精程度標示、性別平權、餐廳全面禁菸、婚姻平權等議題。

(二) 泰國(如附件三):

ThaiHealth 的特色之一在於其積極參與聯合國 NCD 防治的國際合作計畫，爭取聯合國高層會議在泰國召開，使泰國的健康促進工作充分與國際接軌。

在政策倡議部分，ThaiHealth 採行政策倡議、研究與社會運動三管齊下模式，過去二年的重點包括:

菸害防制: 在 2017 年促成菸害防制法修訂，採行菸盒素面包裝，配合提高菸稅等措施，使得 15 歲以上國民吸菸率逐年下降。

酒害防制: 在大學周圍 300 公尺範圍內禁止販酒，佛教齋期及節慶不飲酒，配合 FCAC 政策，開徵酒稅。因此從 2015 到 2017 年間，15 歲以上人口飲酒率顯著下降，特別是男性。

運動: 遵循健康運動曼谷宣言，泰國政府制定 2018-2030 長程計畫，推動路跑等大規模運動活動。

健康飲食: 從食物到營養到健康，推動減鹽(鈉)、嬰幼兒食品管制、開徵累進式 (progressive)糖稅、規範反式脂肪。

特定群體保護: 鼓勵機構進用殘障人士，2017 年底實施佛教僧侶健康憲章，促進修行人的健康，並藉由佛教網絡進行社區健康促進。

(三) 馬來西亞(如附件四):

遵循聯合國永續發展目標以及 WHO 上海宣言，Mysihat 的主要策略在於健康城市、跨部門合作、社區動員及健康識能四項。

健康城市:健康的硬體規劃與綠色都市設計。

跨部門合作: 為提升健康狀態及平等，在所有公共決策及推動中皆關注對健康的影響。

社區動員:以新的中央政府所在區域 Putrajaya 為示範區。致力於青年與社區培力及賦權、職場健康與慢性病防治，與教育部共同培育體適能志工(Programme Fit & Cool)。

健康識能: 為有學習障礙的特教生推動健康生活介入計畫。

(四) 東加(如附件五):

東加王國的健康促進經費主要來自紐西蘭的捐贈，致力於非傳染性疾病防治。該國使用目的主要在於菸害防制，首度成立戒菸專線，於 2016 及 2017 各展開為期 6 週的拒菸活動，分別強調二手菸的健康的危害(特別是對胎兒與兒童)，以及吸菸對吸菸者自己的健康危害。

復因東加肥胖問題嚴重，因此，運動、健康飲食推廣、酒害教育等也是工作項目。對有害健康的產品課稅，則是目前正在努力的目標。

(五) 韓國(如附件六):

韓國健康促進院 KHealth 是個半官方機構，過去二年韓國中央政府領導人的更迭影響到 KHealth 的管理階層，而間接影響該院的運作。所幸目前政局已穩定，KHealth 繼續推動政策倡議，建立監測系統，並為地方政府規劃健康促進計畫，包括菸害防制、降低酒害以及肥胖防治。

菸害防制: 更新菸盒警示圖文，將於 2018 年底實施；全國性媒體宣導，菸品廣告監測以及青少年菸害教育。

降低酒害: 以重新出發(Restar)為活動標語，以漫畫形式製作文宣，招募大專志工，在國家公園及職場堆動公司應酬((company night-out)飲酒節制，監測酒品廣告，管制大眾媒體飲酒畫面，特別是最受歡迎的電視節目。

肥胖防治: 韓國衛生福利部在 2018 年公布肥胖防治五年計畫，結合教育、農業、文化、勞動、交通及食品藥物管制部門共同合作。KHealth 負責提供實證資料即召開化部門會議，製作衛教素材並支援教育訓練計畫。為了強化以實證為基礎的決策與成果評估，KHealth 未來將更強化公共衛生服務資訊系統。

二、10/30 第二天

本日續由新加坡及我國報告過去二年業務重點以及倡議主題，另有數個專題報告，包括健康促進利害關係人的參與、公共場所禁菸、減鹽及減糖、如何在亞太區域堆動健康促進政策。下午則是 CEO meeting。

(一) 新加坡報告過去二年的政策倡議及健康促進利害關係人參與(如附件七):

及加坡採行政府、健康夥伴與及人民三方協力的系統方式(system approach)，打造引導行為改變的支持環境。政府公權力最有利的展現是推動無菸環境；健康夥伴合作的範例則是在民眾改變飲食習慣的同時，食品業者改變配方，提供更多較健康的食品選擇；而以創新形式帶動民眾健康行為的活動莫過於日行萬步計畫。

(二) 台灣: 由本人報告台灣健康識能的倡導(如附件八)。

(三) 公共場所禁菸(如附件九):

由東南亞拒菸聯盟 Southeast Asia Tobacco Control Alliance 工作現況。

在新加坡 49%的疾病負擔可歸因於 NCDs，而最重要的危險因子是體重過重。因此，新

(四) 減鹽及減糖(如附件十、十一)

1. VicHealth 介紹其 2014-2018 間 5 年減鹽計畫之策略一藉由政策倡議、公共認知及食品產業承諾三管齊下以降低食鹽攝取。主打口號是 Unpack the Salt (不用鹽包)。

2. ThaiHealth 介紹泰國課糖飲稅的經驗。Mahidol 大學調查顯示 72.9%泰國人會飲用瓶

(罐)裝飲料，另一項研究則顯示課稅是效果第一、成本效果第二的介入方式，因此從 2015 年起，泰國政府開始推動糖飲稅，2016 年 4 月通過，自 2017 年 9 月開始針對含糖量在 10% 以上的包裝飲料按零售價課以累進糖稅，惟為減低對產業的影響，配合調整相關產品的稅制。ThaiHealth 的 CEO 私下表示，他們知道零售業有種種避稅對策，也因此有水貨崛起，但是他們並不擔心，相信假以時日市場會回歸正常。

(五) 如何在亞太區域推動健康促進政策(如附件十二)

由新任 WHO 西太平洋地區主任說明健康促進政策的區域動向，包括出版

1. 城市健康的區域架構—健康與韌性城市
2. 健康城市工具書—好健康就是好政策
3. 拯救生命花費少—對抗四大健康危險因子及防治癌症、心臟血管疾病與糖尿病。

因 WHO 西太平洋地區辦公室位於菲律賓的馬尼拉，故提及菲律賓 2012 年通過修正菸酒稅法後，駛 2018 年菸酒稅收入與政府健康預算高達 2012 年的 3 倍。

(六) CEO meeting


決議明年第 18 屆年會在新加坡召開，日期暫訂為 11 月初。另在明年於紐西蘭舉辦的國際健康促進與教育聯合會(IUHPE)上，INHPF 要辦理一個 symposium，希望參與該會議的 CEO 們能協助擔任引言人。

伍、心得與建議

- 一、本次年會上報告台灣健康識能的倡導，獲得與會人士高度讚譽，並提出多個問題討論。對於我國健康識能的發展架構、策略、工具發展及試行結果等面向的問題本人皆於會上一一答覆，惟有對於民眾健康結果(health outcome)的影響，只能說明因導入時間不長，只有試辦階段的結果。健康識能提升對於健康服務結果的影響，未來可

作更全面的評估。

- 二、新加坡保健促進局 CEO 報告過去二年的政策倡議，仍是以日行萬步及食品健康選擇 (Healthier Choice) 標章二項政策為例，與 2016 年第 16 屆年會報告的主題相同，但是今年的報告提供更完整的政策脈絡、更廣闊的推行範圍以及更周延的成效評估。新加坡在其他的健康國際會議上亦主打日行萬步及食品健康選擇標章，顯示新加坡政府是以「十年磨一劍」的精神，很有計畫地打造該國的政策櫥窗，成為國際注目的亮點。我國許多創新的健康促進作為亦應有計畫地使其逐年熟成，建立國際間的標竿形象。
- 三、本組織的成員為各國提供健康促進政策倡議及實務工作的主要機構，在形式上有三種類型，一種是純粹政府機構，如本署；一種是公法人，如新加坡的 Health Promotion Board；還有一種則是由政府撥付經費成立的法人基金會。三種組織模式可說各擅勝場，在運作上，基金會最具彈性，但是如果沒有法律保障其財源及任務，容易在政黨輪替或是國內政局變化中受到影響。另一方面，純粹政府機構卻因為人事調整困難，面對全方位的健康促進工作不易面面顧到。
- 四、年會是會員交流經驗的平台，藉由年會的召開不但可以瞭解各國健康促進最新進展，而且建立網絡後，平日亦可分享工作資訊或安排會員間的雙向深度交流。
- 五、目前我國外交處境受到若干限制，間接影響到國際專業會議的參與，但是本組織因沒有接受 WHO 的任何財務補助，故不受制於 WHO 種種對我國不利的約束，為健康促進實質交流的絕佳平台。



Technical Discussion

Why we need HPF

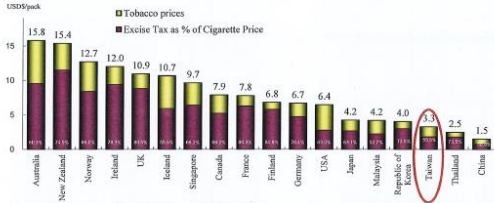
Yi-Ren Elizabeth Wang
 Chief Secretary
 Health Promotion Administration Ministry
 of Health and Welfare

1


I. Financial Sustainability

Tobacco Tax and Surcharge

➤ Tobacco excise tax is consisted of the **Tobacco Tax (USDS1/pack)** and **Tobacco Health and Welfare Surcharge (USDS0.62/pack)** etc.



Source: WHO Report on The Global Tobacco Epidemic 2017



I. Financial Sustainability

Taiwan HPA's Budget from 2007 to 2018

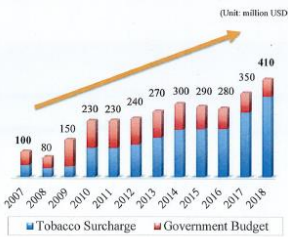
Government Budget
70 million

81.89%


Tobacco Surcharge
330 million

**2018 Budget:
410 million USD**

(Unit: million USD)



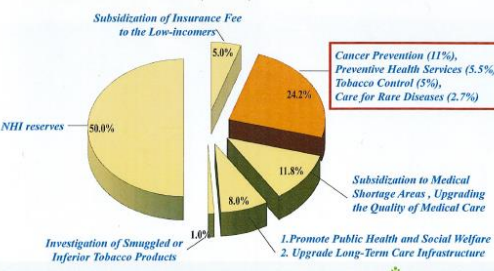
■ Tobacco Surcharge ■ Government Budget




I. Financial Sustainability

Allocation of the Tobacco Surcharge

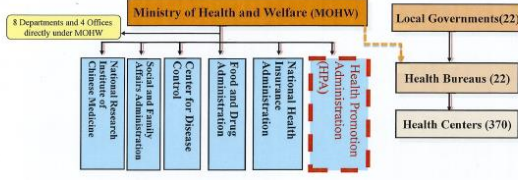
➤ According to The Regulation of the Tobacco Health and Welfare Surcharge Distribution and Utilization (Article 4)






II. Structure for Implementation

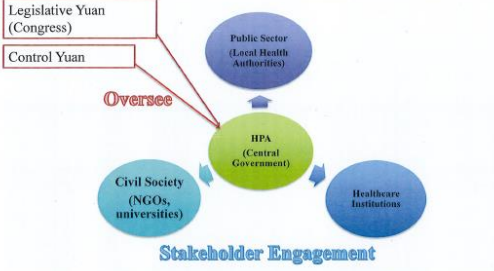
Organizational Structure






III. Governance

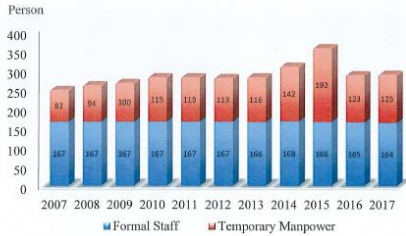
HPA and Our Partners






II. Structure for Implementation

Taiwan HPA's Manpower from 2007 to 2017




■ Formal Staff ■ Temporary Manpower



III. Governance

Key Performance Indicators

Necessary Items		
General Goal and Strategy	Performance Evaluation on the Local Authorities by MOHW and HPA	
Enforcement of Tobacco Control Law		
Adolescent Smoking Prevention		
Smoking Cessation Services		
Tobacco-Free Environments Promotion		
Creating a Healthy Environment		
Health Promotion for Middle-Aged and Elderly Citizens		
Cancer Screening and Other Personal Health Prevention Services		
Maternal and Child Health Promotion		
Designated Program		
Betel Nuts and Alcohol Prevention and Control		
Other innovative programs		



IV. Leadership

Add Value - Partnership since 2016



Intersectoral Initiatives:

- Ministry of Education: Health Promotion Kindergarten
- Sports Administration: Physical Activity Guidelines for Elderly
- Ministry of Labor: Integrating Database System for Health Checkup

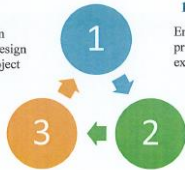
The Latest NCD Prevention Initiative

IV. Leadership

Innovation – beyond the Carrot and Stick

3. Move Fast

Finding target problem from evidence-based research, Design thinking and implement project now!



1. Think Big

Enhance the partnership of health promotion capacities
ex. Taipei Statement

2. Start Small

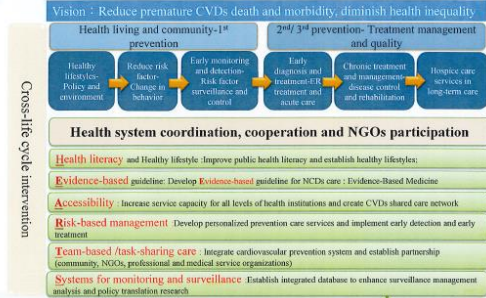
Reengineering and streamlining of work processes, creation of new cost-effective systems
Ex. Lean management project

National HPV Vaccination Program

- For the prevention of cervical cancer, WHO recommended HPV vaccination for the girls aged 9–14 years, prior to becoming sexually active.
- The national HPV vaccination program will be introduced in the end of 2018.
 - All seventh-grade (13-14 year olds) girls have access to free HPV vaccine.
 - About 100,000 girls are expected to benefit annually.
 - The program is informed-consent based (SDM).



HEARTS - National CVDs Prevention Strategic Action Plan 2018-2022



Thank you
for your listening.

Advocating for Change
Victorian Health Promotion Foundation
29 October 2018

Advocating for change

VicHealth's policy advocacy activity in 2017-19



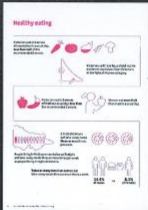

1 | ©VicHealth | Advocating for Change | VicHealth

Alcohol labelling




1 | ©VicHealth | Advocating for Change | VicHealth

VicHealth Indicators Survey



2 | ©VicHealth | Advocating for Change | VicHealth

Gender equality and PVAW



4 | ©VicHealth | Advocating for Change | VicHealth

Smokefree areas



5 | ©VicHealth | Advocating for Change | VicHealth

Marriage equality



6 | ©VicHealth | Advocating for Change | VicHealth

THAIHEALTH'S WORKS ON POLICY ADVOCACY 2017-2018

17th INHPF Annual Meeting
Putrajaya, Malaysia
29 October 2018

Dr. Supreda Adulyanon
Chief Executive Officer
Thai Health Promotion Foundation

Outline 1: **THAI HEALTH – WHO COLLABORATIONS**

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Global level			MoU ThaiHealth – WHO HQ 2010-2012 (Health Promotion)					MoU ThaiHealth – WHO HQ 2015-2017 (Health Promotion)		MoU ThaiHealth – WHO HQ 2018-2020 (Health Promotion)	
Regional level								MoU ThaiHealth – SEARO 2015-2017 (NCDs)		MoU ThaiHealth – SEARO 2018-2020 (NCDs)	
National level						RTG-WHO CCS 2012-2016 (NCD is one of 6 programs)				RTG-WHO CCS 2017-2021 (NCD is one of 6 programs)	

PRESENTATION OUTLINE

1. ThaiHealth's international collaborations and participations
2. Policy advocacy 2017-2018 on:
 - Tobacco control
 - Alcohol control
 - Physical activity
 - Healthy diet
 - Others:
 - Vulnerable populations
 - Organization strengthening
3. Thailand NCD Progress Monitor

UN INTERAGENCY TASK FORCE ON NCDs

#NCDs @un_ncd

UN INTERAGENCY TASK FORCE ON NCDs

"Maintain the sustainable financing mechanism for NCDs prevention"

Outline 2: **POLICY ADVOCACY 2017-2018 TOBACCO CONTROL**

3rd UN High-Level Meeting on Prevention and Control of NCDs

26-28 September 2018

Alcohol NCDs & SDGs

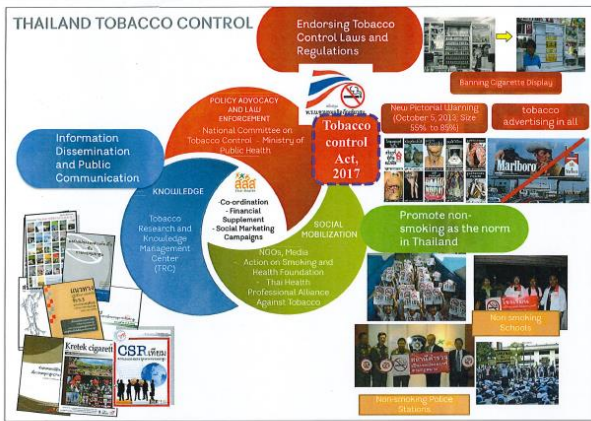
TRI-POWER STRATEGY THAILAND TOBACCO CONTROL

Policy Advocate and Law Enforcement
• National committee on tobacco control
• Ministry of public health

TABACCO CONTROL PLAN
Co-ordination
financial supplement

Knowledge
Tobacco Research and Knowledge Management Center (IRK)

Social Mobilization
• Action on Smoking and Health Foundation (Ash)
• Thai Health Professional Alliance Against Tobacco (THPAAT)
• Thailand health Promotion Institute (THPI)



TOBACCO LAWS

Tobacco Products Control Act 2017

Increase measures to protect non-smokers' rights and try to prevent youth from getting into the habit of smoking

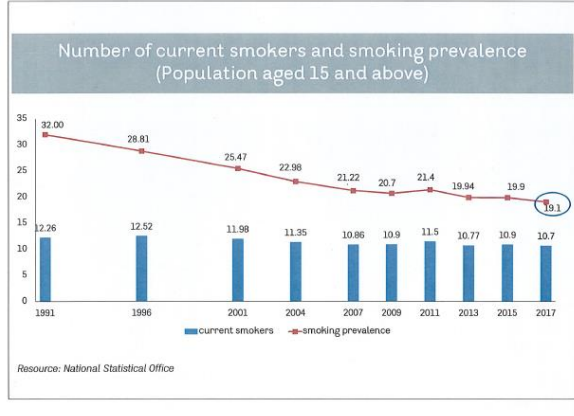
Excise Act 2017

Bring together seven excise duty regulations (Tobacco Act, Liqueur Act, Card Act, Excise Tax Act and Excise Tariff Act) into one Act

THAIHEALTH'S ROLE IN TOBACCO CONTROL MOVEMENT

Key: Strategic and Well Coordinated Movement & Measures according to MPOWER

1. Provide catalytic **funding and coordination** to Key Players (in all 3 angles: **Knowledge, Social Mobilization, Policy Advocacy**)
2. Provide Synergistic **media campaigns**
3. Advocate regular increase of **tobacco tax**
4. Advocate tobacco **laws & regulations & enforcement** new tobacco control law 2017, smoke-free environment, pictorial warnings, etc.)
5. Support **National Quitline** (Toll Free 1600)
6. Leverage **international policies and movements (e.g. FCTC)** to support domestic movement and vice versa



Outline 2: POLICY ADVOCACY 2017-2018 ALCOHOL CONTROL

THAIHEALTH'S ROLE IN ALCOHOL CONTROL MOVEMENT

- Alcohol sale restriction within 300 meters around universities
- Alcohol Free Festival
- Stop Alcohol Drinking during the Buddhist Lent Period
- International movement for FCAC and alcohol tax policy

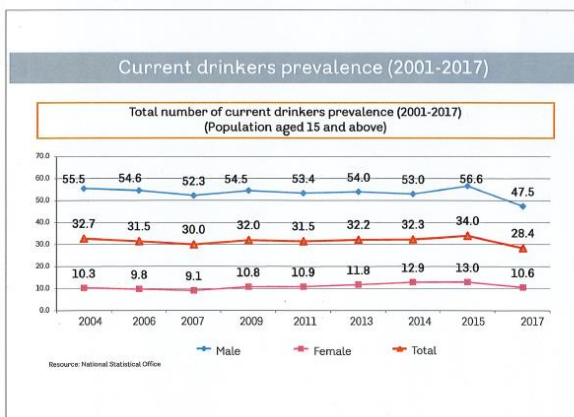
TRI-POWER STRATEGY

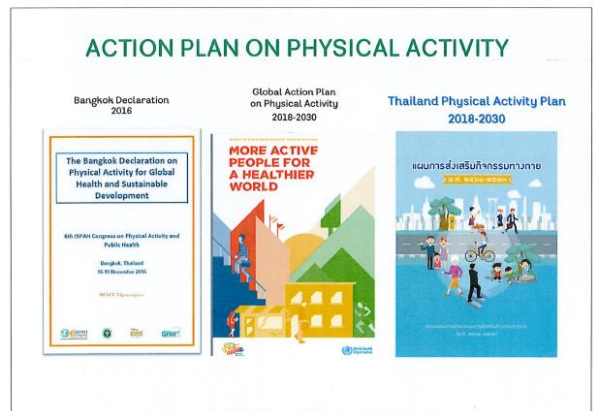
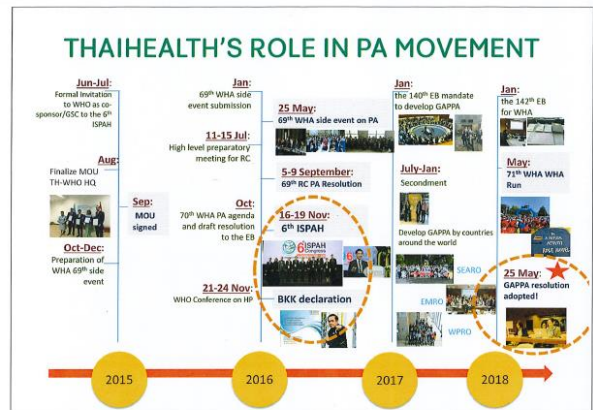
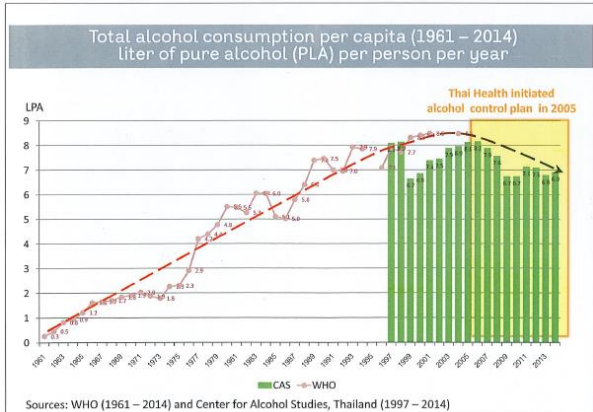
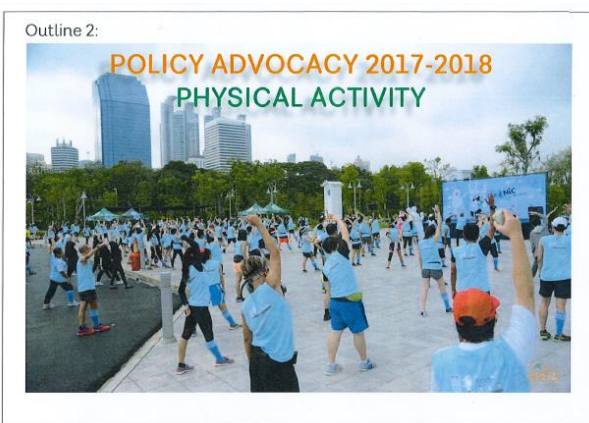
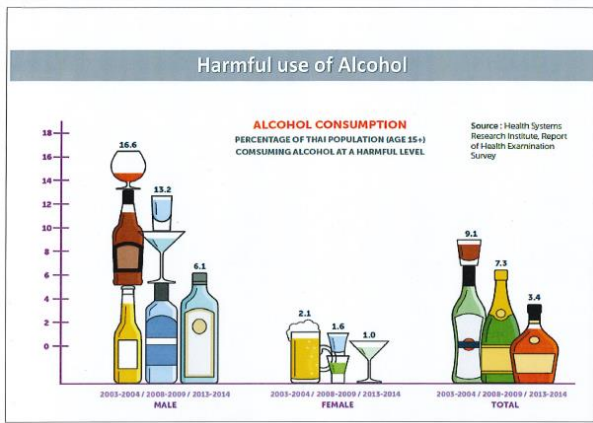
Policy Advocacy

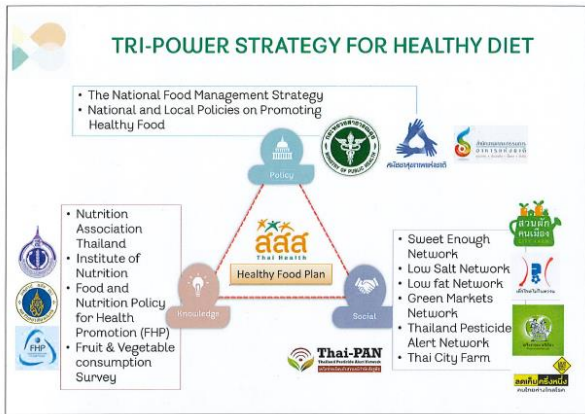
- The Office of Alcohol Control Committee
- Ministry of Interior
- Ministry of Public Health
- National Office of Buddhism

Knowledge for Alcohol Studies

Social Movement

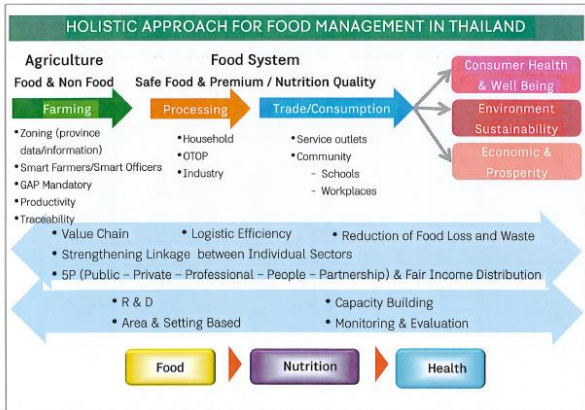






Salt/Sodium

Thailand's Salt and Sodium Reduction Policy 2016-2025



Breast-Milk Substitutes

The Control of Marketing of Infant and Young Child Food Act, 2017

Sugar-Sweetened Beverages

Thailand's new Excise Tax law, officially called the **Excise Tax Act B.E. 2560 (2017)**, came into effect on **16th September 2017**.

Tax on sugary drinks with over 6% sugar content per 100ml and will be levied at a progressive tax rate

Outline 2:

POLICY ADVOCACY 2017-2018

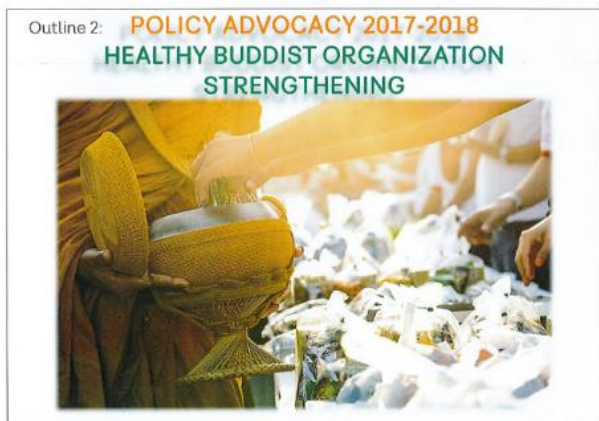
Tran-Fat

Ministry of Public Health's Decree **Tran-Fat Free Thailand, 2018**

THAIHEALTH'S ROLE IN VULNERABLE POPULATIONS MOVEMENT

The Employment of People with Disability

- > 6,000 disabled people
- > 1,800 implemented partners
- private sector: > 400 companies



Health Charter for Buddhist Monks

Health Charter for Buddhist Monks B.E. 2560 (2017)

5 อนุตัม

ธรรมนูญสุขภาพพระสงฆ์แห่งชาติ พุทธศักราช 2560

The Health Charter for Buddhist Monks is aimed at guiding health promotion for monks and communities in the country, came into effect on 31st December 2017

Outline 3: THAILAND NCD PROGRESS MONITOR 2017

ISSUE	2017	CURRENT STATUS	REMARKS
Consider setting national NCD targets for 2025:			
1. National NCD target and indicator	fully achieved		
2. Identifying data	partially achieved		
3. Risk factor surveys	fully achieved		
Consider developing national multisectoral policies and plans to achieve the national targets by 2025:			
4. National integrated NCD policy/ strategy/ action plan	fully achieved		
Reduce risk factors for NCDs, building on guidance set out in the WHO Global NCD action Plan:			
5. Tobacco demand reduction measures:			
- taxation/ increased excise taxes and prices	partially achieved	Excise Tax Act B.E. 2560 (2017)	effective: 16 Sep 2017
- smoke-free policies	fully achieved		
- health warnings/ large graphic	fully achieved		
- advertising bans	partially achieved	Tobacco Product Control Act B.E. 2560 (2017)	effective: 4 July 2017
- mass media campaigns	fully achieved		
6. Harmful use of alcohol reduction measure:			
- availability regulation	fully achieved		
- advertising and promotion bans	fully achieved		
- pricing policies	partially achieved		
7. Unhealthy diet reduction measures:			
- salt/sodium policies	fully achieved		
- saturated fatty acids and trans-fats policies	not achieved	Ministry of Public Health notification published in the Royal Gazette on 13 June 2018 trans-fats from Thailand	effective: 180 days from the publication date (9 Jan 2019)
- marketing to children restriction	not achieved	Thailand's Control of Marketing of Infant and Young Child Food Act, 2017	effective: 8 Sep 2017
- marketing of breast-milk substitutes restrictions	not achieved		
8. Public awareness on diet and/or physical activities			
Strengthen health systems to address NCDs through people-centred primary health care and universal health coverage, building on guidance set out in WHO global NCD Action Plan:			
9. Guidelines for the management of major NCDs	fully achieved		
10. Drug therapy/counselling for high risk persons	fully achieved		



Malaysian Health Promotion Board

UPDATES



Sustainable Development Goals (SDG)


- 17 SDGs – 2030 Agenda for Sustainable Development
- Goal 3: Good Health & Well Being
- Whilst majority of the Goals are interrelated with Health
- Eradication of poverty, hunger, access to clean water, hygiene, reduced inequalities, sustainable cities, etc. calls for Health Promotion strategies & actions



UNITED NATIONS - HEALTH

From the start in 1945, one of the main priorities of the United Nations was to "achieve international co-operation in solving international problems of an economic, social, cultural, or humanitarian character and in promoting and encouraging respect for human rights and for fundamental freedoms for all without distinction as to race, sex, language, or religion." Improving people's well-being continues to be one of the main focuses of the UN.

The global understanding of development has changed over the years, and countries now have agreed that sustainable development – development that promotes prosperity and economic opportunity, greater social well-being, and protection of the environment – offers the best path forward for improving the lives of people everywhere.



Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development

9th Global Conference on Health Promotion
Shanghai, 21-24 November, 2016

We recognize that health and well-being are essential to achieving sustainable development.

We call for a renewed commitment to health promotion and to the role of health in the 2030 Agenda for Sustainable Development.

We call for a renewed commitment to health promotion and to the role of health in the 2030 Agenda for Sustainable Development.

Cities and communities are critical settings for health

We commit to:

- promote policies that create co-benefits between health and wellbeing and other city policies, making full use of social innovation and innovative technologies;
- support cities to promote equity and social inclusion, harnessing the knowledge, skills, and priorities of their diverse populations through strong community engagement;
- improve health and social services to optimize for access and for people and communities at the margins.



Health City

Multisectoral Collaboration

Community Mobilization

Health Literacy


Healthy City

"A healthy city is one that is continually creating and improving those physical and social environments and expanding those community resources which enable people to mutually support each other in performing all the functions of life and developing to their maximum potential"

(Health Promotion Glossary, 1998)

WHO Healthy Cities – long-term development project that seeks to place health on the agenda of cities around the world, and to build a constituency of support for public health at the local level.

The healthy cities concept is evolving to encompass other forms of settlement including healthy villages and municipalities.




Multisectoral Collaboration

Good Health and Well-being

Malaysia Healthy City

10 RECOMMENDATIONS

Community Mobilization



Physical Planning and Urban Design

- Cleanliness
- Pedestrian Path
- Bicycle lanes
- Landscaping
- Elderly and disabled facilities
- Solid waste management

Social and Community Programme

- Community farming
- Recycle campaign
- My Beautiful Neighbourhood
- CSR Programs for elderly
- Solid waste management

Healthy Lifestyle Programme

- Healthy lifestyle campaign
- Cycling campaign
- Tree planting campaign
- Promoting use of public transport

Jumpa anda Ahaad ini!

5 Ogos 2018 di Putrajaya, 7.00am

SELAMAT MENYAMBUT
'ASEAN CAR FREE DAY'
& 'K1 SMOKE FREE ZONE'

Sejahtera Bersama & peribadi secara bersama-sama mencapai visi bersama!

Project 1 : SMK Presint 5, Putrajaya
Project 2 : SMK Presint 9(2) Putrajaya

Volume 1 - Community
 Location : 14 – Klang Valley & Seremban
 Duration : 6 Months
 Participant : 364
 Achievement : **28 kg weight reduction**

Volume 2 - Community
 Location : 7
 Duration : 3 Months
 Participant : 128
 Achievement : **23 kg weight reduction**

Volume 3 - Ministry of Higher Education
 Location : 11
 Duration : 3 Months
 Participant : 199
 Achievement : **16 kg weight reduction**

Community Mobilization

"...No country, however rich, can afford to simply treat the sick. We must protect the healthy, by addressing the root causes of NCDs. The only option is to focus our attention and our investments on health promotion and disease prevention."

Dr Tedros Adhanom Ghebreyesus,
 Director-General WHO
 7 May 2018

World Health Organization

TOP VOLUNTEERS MINISTRY OF HIGHER EDUCATION (MHE) PROGRAMME FIT & COOL

VOLUNTEERS MOE

Community Mobilization

TERIMA KASIH

MALAYSIAN HEALTH PROMOTION BOARD (MySihat)
 Unit No.13-4, Aros 4, Galleria Cyberjaya
 Jalan Tekonoret 6, Cyber 5,
 63000 Cyberjaya, Selangor

Tel : +603 8311 9300
 Fax : +603 8322 5959
 website: www.mysihat.gov.my

FB : Malaysian Health Promotion Board (MySihat)

附件五

TongaHealth

Overview & Update

Our Functions as set out in the Tonga Health Promotion Foundation Act 2007.

- Act as guardian of the Fund
- Make grants from the Fund for activities, facilities and projects or research programmes
- Keep statistics and other records relating to the achievements of the Foundation
- Provide advice on matters referred by the Minister to the Foundation and matters which are relevant to the operation of the Foundation
- Consult regularly with relevant Government departments and agencies and to liaise with persons and organizations affected by, or who may have an interest in, the operation of the Foundation
- Seek and secure funds for the Foundation ; and
- Perform such other functions as are conferred on the Foundation by the Act or any other Act.

Our Vision
 A healthy Tonga where everyone is responsible for promoting health and everyone shares in the benefits of a healthy population

Our Mission
 To prevent and reduce harm from non-communicable diseases (NCDs)

TongaHealth Organizational Structure

```

  graph TD
    Minister[Minister for Health] --- Governance[Governance Board]
    Governance --- CEO[CEO]
    CEO --- FinanceMgr[Finance Manager]
    CEO --- ProgCoord[Program Coordinator]
    CEO --- MHEMgr[M&E Manager]
    CEO --- AdminMgr[Administration Manager]
    FinanceMgr --- FinanceAss[Finance Assistant]
    ProgCoord --- ASHP[Acting Senior Health Promotion Project Officer]
    ProgCoord --- AVT[AVT Volunteer Health Program Officer]
    MHEMgr --- MHEOff[M&E Officer]
    AdminMgr --- CommOff[Communications Officer]
    AdminMgr --- Driver[Driver]
    AdminMgr --- AdminAss[Administration Assistant]
    ASHP --- HPO[Health Promotion Project Officer]
    MHEOff --- MHEOffSub[M&E Officer Sub]
    AdminAss --- AdminAssSub[Administration Assistant Sub]
  
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Challenges

- Changing role in 2016 away from small grants and into larger grants with line ministries and NGOs – adjusting to new grant management process
- New staff – newly appointed CEO, M&E manager, Administration manager, new Project officer, new AVI volunteer.
- Capacity gaps - M&E and report writing
- Limited implementing partners. Some potential partners do not meet capacity assessment criteria
- Impacts of Grants and Activities being funded
- Reviving and sustaining of the National NCD committee and the 4 sub-committees
- Prior years annual reports to be completed



Success stories – PHYSICAL ACTIVITY

Expansion of Fiefia Sports

(Health Promotion Unit/ Ministry of Internal Affairs)

- 8 week Fiefia Sports competition – approx. 400 participants from 30 workplaces
- Other additional activities for workers include bootcamp, funwalk, aerobics



Success Stories - TOBACCO

National Anti-tobacco Campaign

(Tobacco Control Unit – MOH)

- Two six week campaigns:
2016 – Dangers of smoking and secondhand smoke, especially to unborn babies and children
2017 - Personal effects on the smoker
- Tonga's first 'Quitline' cessation services launched



Success stories – HEALTHY EATING

Egg Hatchery Distribution

(Ministry of Agriculture – Livestock Division)

- Shipments from NZ of day old chicks for distribution throughout Tonga
- Training for farmers and staff



Vegetable nursery installation & seedlings distribution

(Ministry of Agriculture – Extension Division)

- Total of five nurseries in Hourma, Fo'ui, Kolomotu'a, Kololo'u and 'Alaki

Special Management Areas

(Ministry of Fisheries)

- Five new special management areas have been established – increase consumption of locally caught fresh fish
- Implementation of NCD government tax intervention on tobacco, alcohol and unhealthy food.



Mai e Nima

(Mai e Nima Committee/Nishi Trading)

- 10 schools in Tongatapu
- School vegetable gardens
- Health eating training from MOH nutritionists
- Inter-school Annual Cooking Competition



Sponsorships

- TongaHealth has provided numerous sponsorships for events incl. workplace challenges, hip-hop dance competitions, sport competitions, healthy initiatives such as nurses fun walk/run etc.



Success stories – ALCOHOL

- Enforcement activities with Police
- Awareness of alcohol related harm – distribution of educational materials
- Youth alcohol awareness training sessions – TNYC/Salvation Army



Current Activities

HEALTHY EATING

- Continuation of grants with MAFF (cooking demonstrations), Fisheries (Special Management Areas) and Mai e Nima in primary schools
- TongaHealth in collaboration with HPU will launch a healthy eating campaign – first phase focusing on sugar, specifically sugar-sweetened beverages

TOBACCO

- 2018 Mass media campaign "SMOKING KILLS" – focusing on the effect smoking has on the brain

ALCOHOL

- Working with film production company, Tutu On the Beach to explore alternative awareness strategies to engage youth – through the production of a short TV series on alcohol related harm.

PHYSICAL ACTIVITY

- Continuation of grant with MIA/HPU for workplace physical activity 'Fiefia Sports'

CROSS CUTTING

- TongaHealth in collaboration with Health Promotion Unit have worked with Revenue and Customs on the excise schedule to provide health-based recommendations for taxation in 2018



Tonga National NCD Strategy 2015-2020 Update
Outcome 1: Tongan infants (aged 2 and under) have a healthier start to life

Strategy 1.1 Halt the number of babies exposed to the risks associate with being born to a mother with diabetes (GDM or Type 2)

- National GDM database development

Strategy 1.2 Improve infant and toddler nutrition



Tonga National NCD Strategy 2015-2020 Update

Strategy 2.2 more Tongans are eating a healthier diet

- Vegetable nursery installation and seedling distribution
- Egg hatchery distribution
- Establishment of special management areas (SMAs)
- Strengthening Mai e 5 Program
- Health & Nutrition Promoting School Environment
- Media and Community Mobilisation
- Implementation of Special Management Areas
- Vegetable Garden and Cooking Training Project



Tonga National NCD Strategy 2015-2020 Update

Outcome 2 : Tongan are leading healthier lifestyles (with a focus on children and adolescents)

Strategy 2.1 more Tongans are meeting the WHO Global Physical Activity guidelines

- Expansion of Fiefia sports
- Volunteer led community programs



Tonga National NCD Strategy 2015-2020 Update

Strategy 2.3 Reduce alcohol related harm

- Strengthening community collaboration with Police

Strategy 2.4 Reduce tobacco related harm

- 2017 Anti-tobacco Campaign
- 2018 Ant-tobacco Campaign
- Tobacco Enforcement Activities for the Outer Islands



Tonga National NCD Strategy 2015-2020 Update

- Strategy 2.5 Build evidence about the health impact of kava use in Tonga



Tonga National NCD Strategy 2015-2020 Update

- Outcome 4: Strengthen monitoring and surveillance supports evidence based action
- Goal : Strengthen the collection , collation and timely reporting of NCDs data for improved policy and program decision making.



Tonga National NCD Strategy 2015-2020 Update

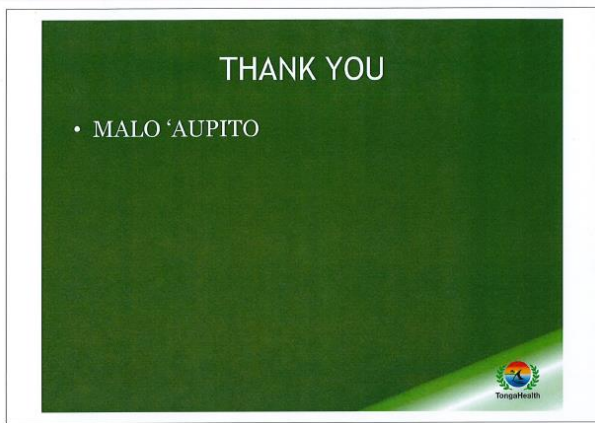
- Outcome 3: Improved early detection , treatment and sustained management of people with or at high risk of NCDs
- Strategy 3.1 Improve early detection , treatment and sustained management of people with or at high risk of NCDs



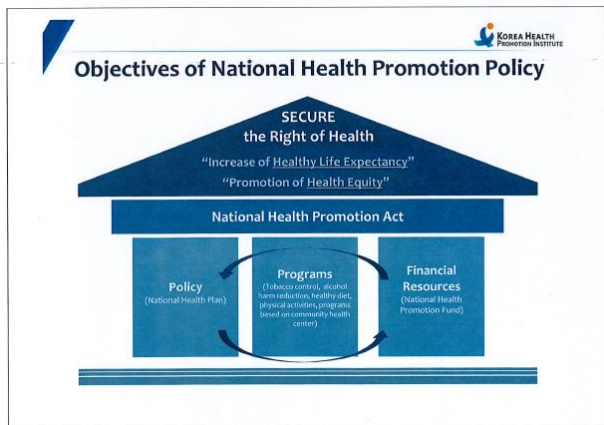
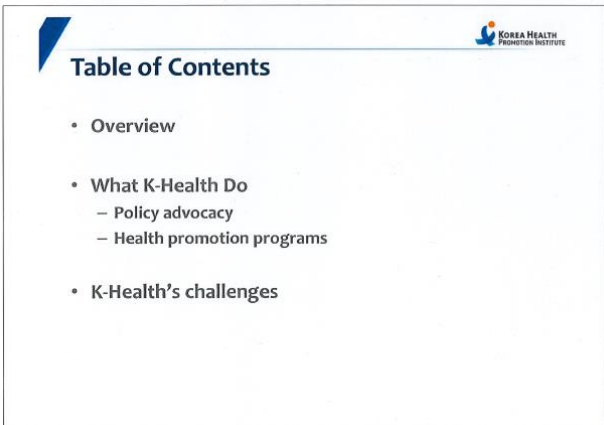
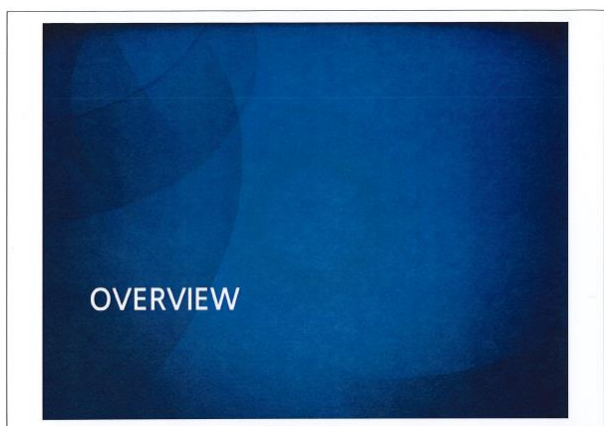
WAY FORWARD

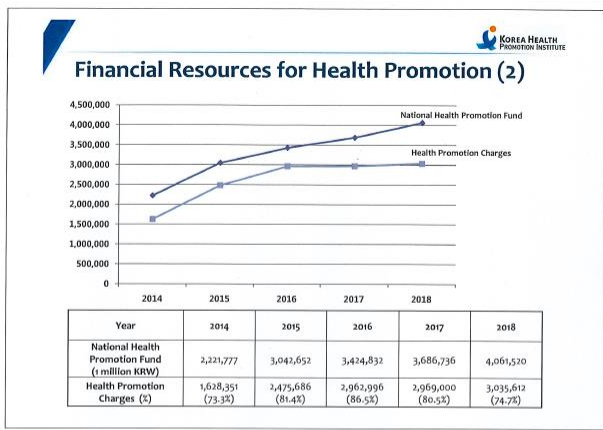
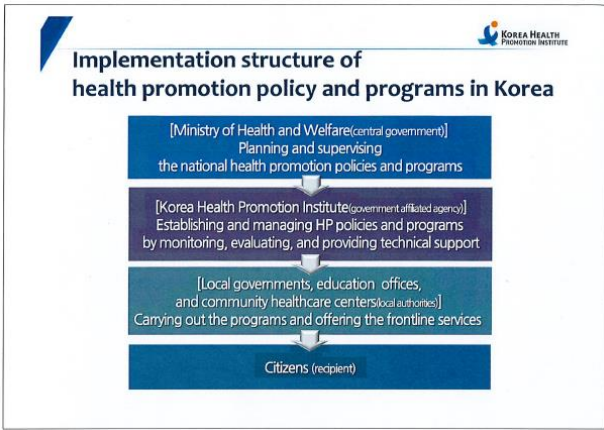
- Complete Outstanding Annual reports
- Strengthen Monitoring and Evaluation
- Staff Capacity Development in the area of M&E , Programming and Communication
- How to revive multi-sectoral committee and sustaining it.
- How to develop quality workplan with implementing Partners to align to National NCD Strategy (underspent)





附件六





Financial Resources for Health Promotion (1)

- Financial resource for Health Promotion Fund comes from health promotion charges levied on tobacco products
- Total 7 types of charges and taxes imposed on tobacco

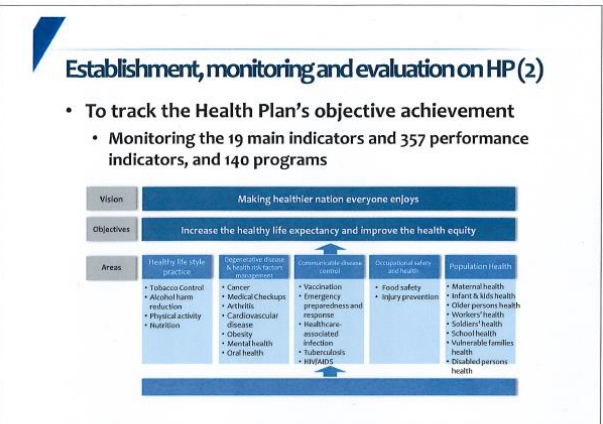
Charges	Related Department	Levies		
		KRW	USD	%
Health Promotion Charges	Ministry of Health and Welfare	841	0.24	18.7
Tobacco excise tax	Ministry of the Interior and Safety	1,002	0.88	22.4
Local education tax	Ministry of the Interior and Safety	443	0.39	9.8
Waste management charges	Ministry of Environment	34	0.02	0.5
Value added tax	Ministry of Economy and Finance	499	0.36	9.1
Special consumption tax	Ministry of Economy and Finance	594	0.51	13.2
Tobacco growing stabilization charges	Ministry of Economy and Finance	5	0	0.1
Manufacturing Cost, etc.	-	1,077	1.03	26.2
Total		4,600	3.94	100.0

WHAT K-HEALTH DO

Policy advocacy
National Health Plan
Community Healthcare Plan

Health promotion programs
Tobacco control
Alcohol harm reduction
Obesity prevention

POLICY ADVOCACY



Establishment, monitoring and evaluation on HP (1)

- What is Health Plan?
 - A comprehensive plan to suggest policy directions for Korean's health promotion and disease prevention
 - Medium and long-term plans which is established by Article 4 of National Health Promotion Act

Area	HP2010 ('02-'10)		HP2020 ('11-'20)		HP2030 ('21-'30)
	1st term (2002-2005)	2nd term (2006-2010)	3rd term (2011-2015)	4th term (2016-2020)	5th term (2021-2030)
Subject	-	24	32	27	Developing HP2030
Program	39	108	140	140	
Main indicator	-	12	16	19	
Performance indicator	40	244	405	357	

Supporting the establishment of Community Healthcare Planning(1)

- Community Healthcare Plan
 - A comprehensive plan for improving healthcare status in local communities
 - Local governments (cities, provinces, etc) establish this mid-long term plan every 4 years, and annually formulating action plans
 - CHP Progress
 - 1st term (1997-1998) initially started as a partial proposal for improvement of rural community healthcare services
 - 3rd term (2003-2006) settled down as a comprehensive and regular healthcare plan
 - 7th term (2019-) on going process to establish the plan and to offer consultations for local communities



Supporting the establishment of Community Healthcare Planning(2)

- Offering technical support for planning in general
- Developing & distributing the planning guidelines and evaluating
- Connecting central and local governments for policy consistency




<Central Government>
 (Ministry of Health and Welfare)
 Establishing national policy

<Local Government>
 Planning the local level
 healthcare planning


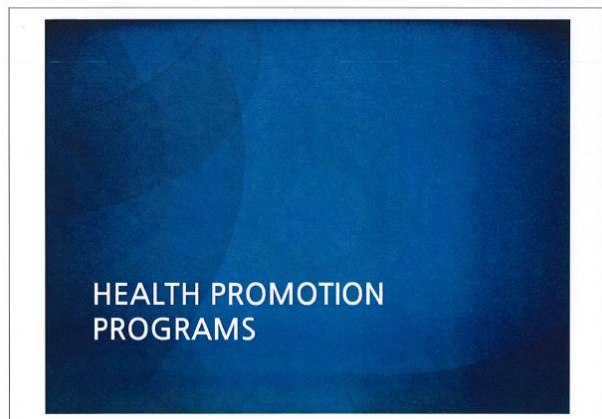
[K-Health]
 Providing technical support,
 Monitoring and evaluating


Increasing the plan quality and enhancing implementation ability



Tobacco Control (1)


- Renewal of health warning on tobacco package
 - K-Health contributed to develop and renew the warning pictures and messages
 - In December 2018, the 2nd round of pictorial warning, total 12 types, will be applied
 - * 10 pictures for cigarettes, 2 pictures for e-cigarette(liquid nicotine, heat-not-burn tobacco, and other products)







Tobacco Control (2)


- Nationwide anti-smoking campaigns
 - Slogan : Smoking, it makes yourself and your neighbors die
 - Mass media and outdoor advertising
 - Participatory campaigns with college students named "Anti-smoking Supporters" (100 teams, more than 500 students)
 - Digital comic contents for raising public awareness and distributing on social media






Tobacco Control (3)

- Monitoring on tobacco product marketing
 - Sales and advertising on the web
 - Smoking scenes on media
- Education for children and adolescents
 - Developing and distributing education materials
 - Training for teachers and tracking the program implementation




Alcohol harm reduction(2)


- Monitoring on marketing and media
 - Advertising and marketing
 - Monitoring the alcohol advertising via TV, radio, magazines, social medias and point of sale marketing at subway station, theater, and liquor stores
 - K-Health informs the monitoring results and ask the corrective measures to Korea Communications Standards Commission
 - Monitoring on health warning messages on bottles(200 best selling liquors)
 - Alcohol drinking scenes on media
 - Developing guideline for drinking scenes in media
 - Monitoring highly impacting television programs(top 20 soap operas and reality shows to teenagers)



Alcohol harm reduction (1)


- Alcohol harm reduction campaign
 - Slogan : RESTART! Stop drinking alcohol, start again new life
 - Digital comic contents for raising public awareness and distributing on social media
 - Participatory campaigns with college students named "Drinking Reduction Supporters"(50 teams)
 - Campaigns at national parks and workplace(company night-out)





Obesity prevention

- Supporting national obesity prevention measures
 - July 2018, Ministry of Health and Welfare announced a Comprehensive obesity prevention measure plan(2018-2022)
 - * 7 Ministries collaborated (Health, Education, Agriculture, Culture, Labor, Transportation, FDS)
 - K-Health provided the evidence, arranged and coordinated the advisory meeting and trans-government meetings
- Operating obesity prevention program for children
 - Carried out based on children care center at elementary school and community
 - * Target : from 1st to 4th grade elementary school students
 - Developing and distributing the education materials regarding nutrition, healthy diet and physical activities
 - Technical support by workshops and capacity building programs





Future Directions for K-Health

KOREA HEALTH PROMOTION INSTITUTE

- To enhance the evidence based policy and programs, we need to systematically collect and analyze on information, and conduct the effectiveness evaluation
- Public Healthcare Information System, PHIS

附件七

Policy Advocacy and Stakeholder Engagement in Singapore

17th INHPF Annual Meeting

Mr Zee Young Kang
CEO, Health Promotion Board, Singapore
30th October 2018

These can be attributed to the interaction of complex factors, many of which are not health-related

Source: Tackling Obesity: Future Choices Project Report (2nd edition)

49% of the disease burden in Singapore is attributed to Non-Communicable Diseases (NCDs), caused by common risk factors

DALYs* by broad cause group

Risk factors associated with burden of disease†

Source: Singapore Burden of Diseases Study 2014, Ministry of Health Singapore
*DALYs: Disability-adjusted life years / Burden of years of life lost due to premature mortality (YLL) and years of life lost due to living with ill health or disability (YLD).
†The percentage refers to the proportion of disease burden in DALYs contributed by the respective risk factor.
*PHIS, Population Health Survey

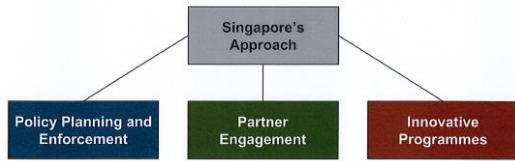
Singapore adopts a systems approach to build supportive environments and drive behavioural change

Government
Whole-of-Government approach to develop health promoting policies, programmes and infrastructure, and lead by example

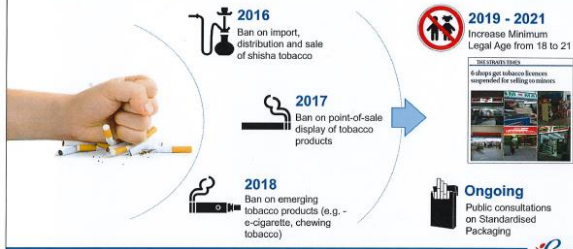
Private
Engaging partners to increase the availability of healthy options through comprehensive support schemes and strategic collaborations

People
Shaping the public discourse to empower individuals to live healthily, and normalise healthy living in the community

Our approach integrates various combinations of policy, partnerships and programmes to reduce risk factors and lower disease burden



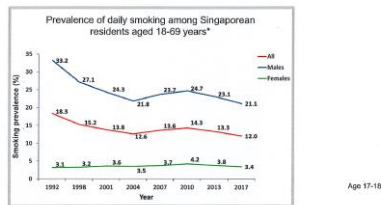
Singapore adopts a strong policy-driven approach to de-normalize the use of tobacco products




This is complemented by programmes to support smoking cessation among adults, and prevent initiation among youth



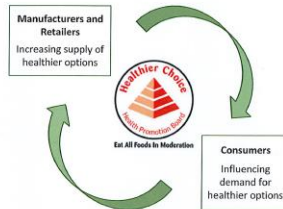
Policy-driven efforts to control use of tobacco have resulted in a decline in smoking prevalence



*Source: National Health Survey (NHS) 1992, 1996, 2001, 2004, 2007, 2010, 2013, 2017; National Health Development Survey (NHDS) 2001, 2002, 2012; National Population Health Survey (NPHS) 2017 Pilot Study



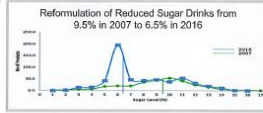
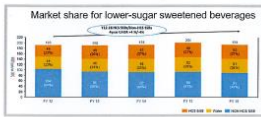
The "chicken or egg" dilemma: Should consumers change habits first, or should industry change their product mix?




Leveraging strategic PPP Partnerships to directly influence the environment and individuals' choices



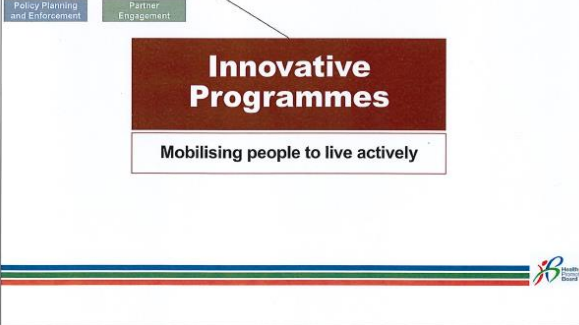
Strengthened ties between the public and the private sector have skewed the market towards healthier products



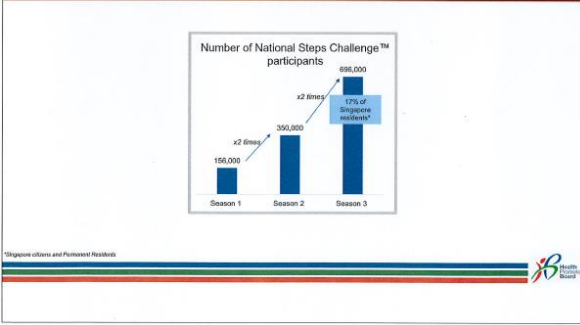
The National Steps Challenge™ incentivises participants to “Sit Less; Move More” in their daily routines



Innovative Programmes



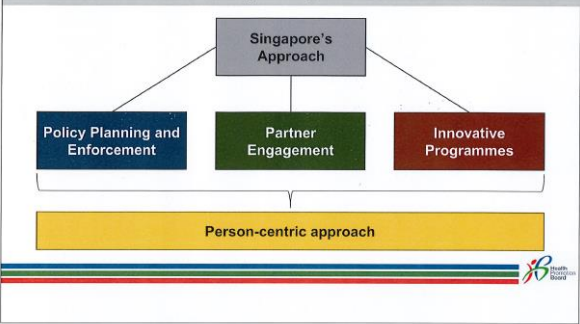
The Challenge was scaled up every year, attracting a more diverse mix of participants with each run



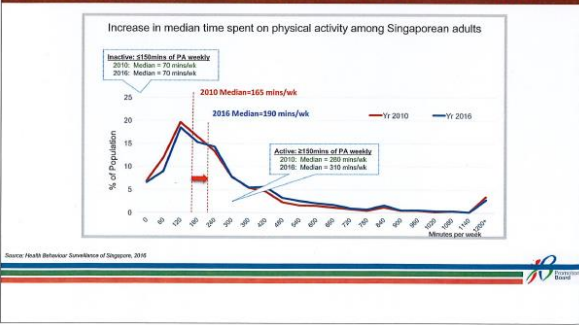
Over 1,000 weekly workouts at high-traffic public spaces attract an increasing number of participants every week




The next step is to integrate efforts to empower each individual to lead a healthy lifestyle



The wide prevalence of physical activity programmes has resulted in an increase in time spent on physical activity



Thank you


 Promoting Your Health
 Health Promotion Administration,
 Ministry of Health and Welfare


Actions to Improve health literacy in Taiwan (2016-2018)

Yi Ren Wang
 Chief Secretary
 Health Promotion Administration
 Ministry of Health and Welfare
 Taiwan

1

Taiwan HPA's Action during 2016-2018

- I ∨ Developing assessment guideline for effective communication to the general public
- II ∨ Empowering communication skills for both healthcare providers and recipients
- III ∨ Embedding health literacy friendly practice to health promotion hospitals


 Health Promotion Administration,
 Ministry of Health and Welfare

3

9th Global Conference on Health Promotion, Shanghai 2016

- Health literacy is an important factor in improving health outcomes
- Improvement in health literacy also helps reducing health inequities



#CHOOSEHEALTH

GOOD GOVERNANCE

1 HEALTH LITERACY

2 HEALTHY CITIES

3

3 PILLARS OF HEALTH PROMOTION

World Health Organization

Health Promotion Administration, Ministry of Health and Welfare


2

I ∨ Developing assessment guideline for effective communication to the general public

Work out Taiwanese version of health literacy and communication index for assessment

- Reference: CDC Clear Communication Index, The Patient Education Materials Assessment Tool (PEMAT), and Suitability Assessment of Materials(SAM).
- 6 domains and 21 items were included

A. Content 1. The main message is clearly presented on the cover or top of the page 2. Emphasize the implementation of healthy behavior 3. A reasonable scope of the content and is closely related to the subject 4. Have a summary or key point review 5. Content reliability	B. Word Choice and style 6. Use daily colloquial expressions 7. Clearly explanation of proper nouns 8. Cultural appropriateness	C. Organization and editing 9. Logical coherence 10. Adequate learning sections 11. When the material has many items, no more than 7 items
D. Use of Numbers 12. Numbers in the material are easy to understand 13. Avoid calculation	E. Visual images 14. Visual images assistance instructions 15. Visual images are mainly used to help readers understand the content. 16. Visual images should not distract readers attention. 17. Visual images information are clear and easy to understand.	F. Layout and design 18. Use visual cues to draw attention 19. Layout is easy to read 20. Visual aesthetics 21. Clear audio-visual effect


 Health Promotion Administration,
 Ministry of Health and Welfare

4

Prepare a user guide for assessing Health literacy and communication index

Health Promotion Administration, Ministry of Health and Welfare

Health literacy friendly materials

before and after comparison -1

Health Promotion Administration, Ministry of Health and Welfare

Application of the user guide

Since May 2017, every new design of health education material from HPA must pass the assessment by trained reviewers.

- New designs from HPA

Category	Initial review		Second review		Failed	Total
	Number of submissions	Pass rate	Number of submissions	Cumulative pass rate		
Printable Materials	20	36%	30	90%	5	55
Audiovisual Materials	17	63%	5	81%	5	27
Total	37	45%	35	88%	10	82

- Materials from other sources (local health authorities, hospitals, or NGOs)

Category	Number of submissions	Pass rate
Printable Materials	418	43%
Audiovisual Materials	170	53%
Total	588	46%

Health Promotion Administration, Ministry of Health and Welfare

Health literacy friendly materials

before and after comparison -2

Health Promotion Administration, Ministry of Health and Welfare

II 、Empowering communication skills for both patients and healthcare providers

2016 Health Literacy Survey on patients

Subjects

Healthcare institutes	Medical center	Regional hospital	District hospital	Health center	total
Organizations	5	17	12	3	37
patients	753 (30.4%)	1,269 (51.3%)	363 (14.7%)	90 (3.6%)	2,475 (100%)

From Survey and intervention program for improving of health literacy of healthcare recipients and providers at health promotion hospitals (2015-2018)

Health Promotion Administration, Ministry of Health and Welfare

2016 Health Literacy Survey on Healthcare Providers

n=1,083

Institution	Percentage
Regional hospital	57%
District hospital	21%
Medical center	18%
Health center	4%

Profession	Percentage
Nurse	57%
Physician	17%
Others health professions	26%

Health Promotion Administration, Ministry of Health and Welfare

2016 Health Literacy Survey on patients

Results

Score in MMHLQ

MMHLQ: Mandarin Multidimensional Health Literacy Questionnaire, developed by HPA in collaboration with Tzu Chi University

Health Promotion Administration, Ministry of Health and Welfare

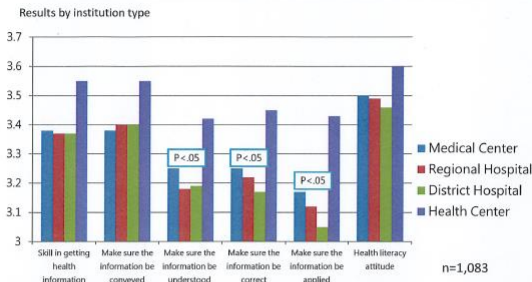
2016 Health Literacy Survey on Healthcare Providers

Results by profession

n=1,083

Health Promotion Administration, Ministry of Health and Welfare

2016 Health Literacy Survey on Healthcare Providers



Healthcare Providers Empowerment

Development of health literacy training materials

- Module on health literacy concepts
- Module on verbal communication
- Module on written communication
- Module on community care

Provide a series of training programs in 2017-2018

- e-learning + flipped classroom with team based learning

Patient Empowerment-Ask 3 Questions

- Q1: What are my options?
- Q2: What are the benefits and harms of those options?
- Q3: How likely are each of those benefits and harms to happen to me?



III、Embedding health literacy friendly practice into health promotion hospitals

Integrate SDM program into HL friendly practice

- 8 HPHs joined the pilot program in 2016 with 4 Patient Decision Aids(PDAs) developed for hypertension, diabetes, colorectal cancer and breast cancer.
- A total of 16 PDAs have been made so far
- Collaboration with MOHW's SDM platform to provide PDAs for NCDs



Integrate SDM into HL friendly practice

From 2018, the focus lies in optimizing SDM processes.

Currently, 72 HPHs participate in the optimization activities for disease-oriented SDM, 40 themed on chronic kidney diseases, 23 on diabetes, and 9 on children's optical health care.

All HPHs are encouraged to optimize the SDM for obesity.

Emphasize on Patient Empowerment and Health Literate Organization

3.1.7 SDM

- Launch Shared Decision Making(SDM) project, creating greater communicating environment for patients and families, to empower patients' ability and right to make decisions.

- Hospitals **should** set up policies and guides to promote patient and family participating in SDM.
- There **should** be regular review mechanism.
- **Proof** on patients' and families' participate in clinical decisions.

3.2.4 Health Literacy

- With health literacy friendly promotion strategy in the hospital, enables patients easily observe, understand, utilize information and services, and provide care and promote health.

- Training to strengthening employees' health literacy
- Providing information about the clinical environment
- Health information that meets the index of health literacy.
- Health literacy activities or facilities that empowers patients and families
- Activities or facilities that increases community health literacy.

New Standards for "Healthy Hospital" since 2017

Standard	Contents	No.
Standard 1	Policy and Leadership	7
Standard 2	Patient Assessment	5
Standard 3	Patient Information and Intervention	11
Standard 4	Promoting a Healthy Workplace and ensuring capacity for Clinical Health Promotion	4
Standard 5	Implementation and monitoring	8
Standard 6	Age-friendly Healthcare	2
Standard 7	Environment-friendly healthcare	1

- 3.1.7 Shared Decision Making(SDM)
- 3.2.4 Health Literacy



Thank you for your attention!



Southeast Asia Tobacco Control Alliance



SEATCA Updates

INHPF Annual Meeting
30 November 2018

Dr. Ulysses Dorotheo
Executive Director

seatca.org



Countries supported by SEATCA for the past year



SEATCA and health promotion funding

- Sustainable financing: TC and HP
 - FCTC Article 6 and 26
 - Addis Ababa Action Agenda
- ThaiHealth support
 - promotion of HPF
 - INHPF Secretariat



2017-2018 Regional Activities

- Mentoring/technical assistance
 - "new" TCF/HPF (Vietnam and Lao PDR): ThaiHealth study visits and in-country meetings
 - Myanmar, Philippines, Cambodia: policy advocacy for sustainable TC financing e.g. National Seminar on Tobacco Taxation for Myanmar parliamentarians
 - Tobacco tax modeling (MOF & MOH): Cambodia, Lao PDR, and Myanmar
 - HPF advocacy meetings with MOH
 - Closely working with local partners to engage media
- Sharing country knowledge and experiences (Thailand, Philippines): Vietnam, Myanmar
- Resource Center on tobacco tax and sustainable financial mechanism (www.seatca.org)



2017-2018 Regional Activities

- SEARO
 - regional forum to accelerate NCD prevention and control in the context of SDGs
 - Nepal: learning to operationalize the Fund
 - Sri Lanka: HPF basics



2017 study visit for Vietnam parliamentarians and officials on ThaiHealth's experiences on Alcohol Taxation

- National Assembly
- VNTCF Control Board
- Ministry of Health (Legislation Department)
- Ministry of Finance (Department of Public Expenditure)
- Ministry of Justice (Department of Criminal and Administrative Laws)
- Government Office
- Ministry of Home Affairs



2017-2018 Regional Activities

- Global and regional sharing of ASEAN experiences on earmarking tobacco taxes for health promotion
 - 17th World Conference on Tobacco or Health, Cape Town
 - 12th Asia Pacific Conference on Tobacco or Health, Bali



2017/2018 study visits for Myanmar Parliamentarians and Finance officials on earmarking tobacco taxes and ThaiHealth's experiences



2018 study visit for Myanmar and Vietnam media to Thailand



- What is ThaiHealth?
- Tobacco tax system in Thailand
- How is the ThaiHealth Fund used for different programs?
- Important role of media for healthy life of Thai people



WHO FCTC Secretariat's Knowledge Hub for Article 5.3

at the
Global Center for
Good Governance in Tobacco Control (GGTC)
www.ggtc.world



Challenges

- Limited commitment from legislators and policy makers
- No clear direction from MOH leadership
 - Perceived technical difficulties in establishing the fund
 - Little or no resources for a technical team to work specifically on the fund
- Poor support or resistance from MOF
- Tobacco industry interference



Smoke-free Cities Asia Pacific Network (SCAN)



Smoke-free Heritage Sites & Cities Alliance (SHA) Support Smoke-free Tourism!

Hoi An, Vietnam, 20-21 November 2018



INHPF: Strength in numbers

- Sharing and solving challenges together
- Sharing lessons externally and regularly
- Recruiting new INHPF members and partners



THANK YOU



Southeast Asia Tobacco Control Alliance

Thakosuk Place, Room 2B, 115 Thoddamri Road, Dusit, Bangkok 10300, Thailand

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info@seatca.org

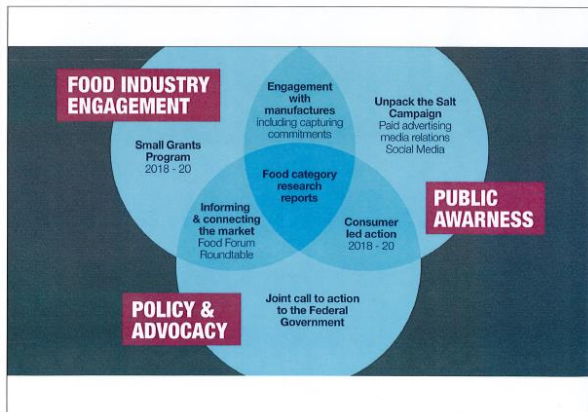
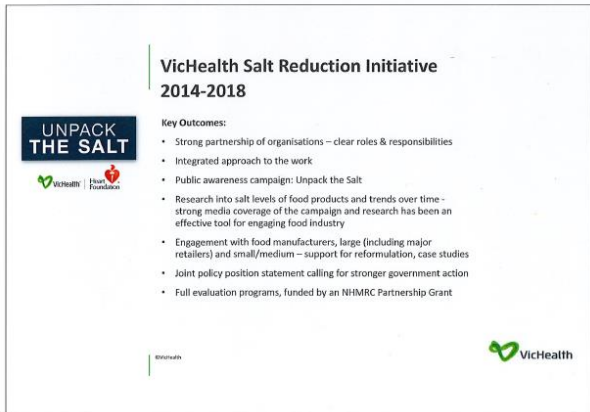
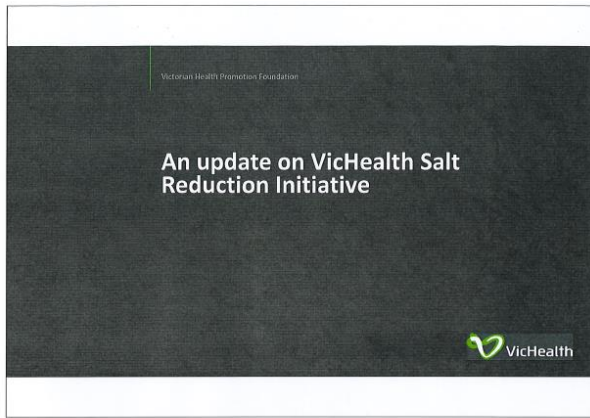
www.seatca.org

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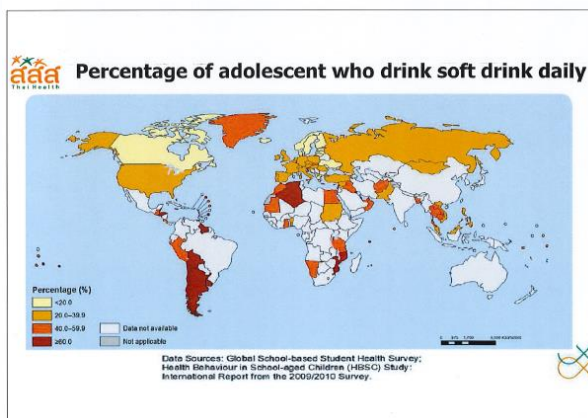
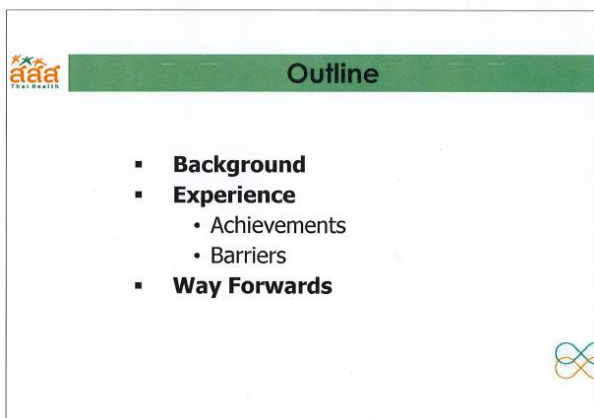
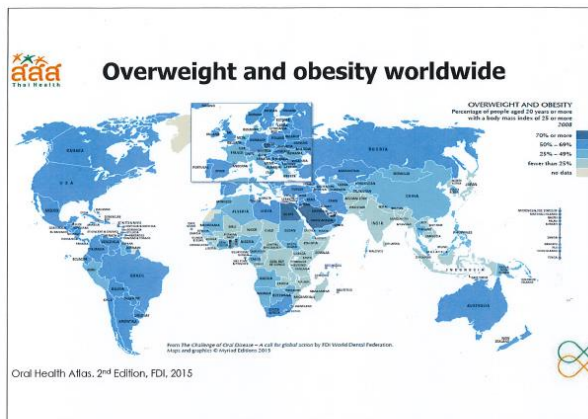
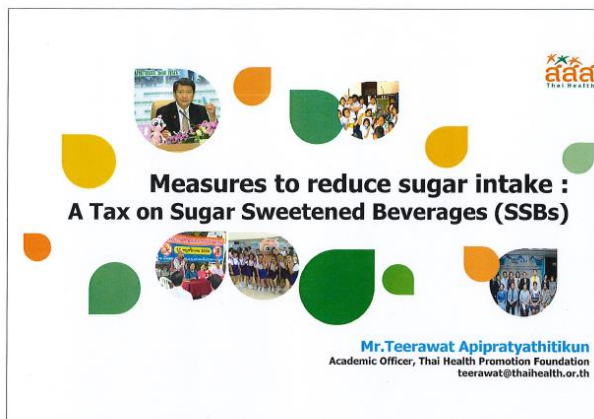
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附件十一



WHO recommended daily sugar intake for children and adults

Recommendations:

- WHO recommends a reduced intake of free sugars throughout the life-course (strong recommendation).
- In both adults and children, WHO recommends reducing the intake of free sugars to less than 10% of total energy intake.
- WHO suggests a further reduction of the intake of free sugars to below 5% of total energy intake (conditional recommendation).

WHO suggests a further reduction of the intake of free sugars to below 5% of total energy intake (conditional recommendation).

The sugars guideline is part of the WHO's effort to reach targets set by the Global Action Plan for NCDs 2013-2020 to halt the rise in diabetes and obesity and reduce the burden of premature deaths resulting from NCDs. Courtesy of Dr. Hiroshi Ogawa

3 principal factors that policymakers should consider;

- Obesity prevalence**
...% general population gain benefit from SSB tax
- Soft drink consumption (frequency and amount)**
...reduction of caloric intake from SSB to decrease individual BMI
- Existing baseline taxes on soft drinks**
 - SSBs tax be most effective in countries that no or low existing tax rate
 - Negative reaction from industries
 - Population opinion

Judy Jou. Health Policy 107(2012) 83-90

Food policies for healthy diet

1. Restriction on supply of high caloric foods
2. Product labeling
3. Restriction of advertising
4. Price control
 - Tax increasing for unhealthy foods
 - Subsidization healthy foods

Why Consider SSBs tax? THAILAND CONTEXT

Evidence: showed increasing trend of NCDs and negative effects

Increasing trend of Non-communicable diseases (NCDs)

- Reduced quality of life and productivity
- Health care cost of obesity, diabetes, cancer and heart = 2.14% of GDP (2009)
- Increase Health Expenditure

Why Consider SSBs tax?

Sugar consumption in Thai people (2002-2014)

Teaspoon/day

4 times more than WHO recommendation

Indirect source of sugar consumption in Thai people

Beverages consumption in Thai people age ≥6 yrs. by Type of Beverages in Bangkok (n=929)

Source: National Food Consumption Survey 2015, Mahidol University

Dietary behavior among children and adolescents

Behavior	2015 (%)	2008 (%)
Ate from fast food restaurant >2 days per week	54.7	25.4
drank carbonated drinks ≥ 1 times per day	56.1	47.3
Regularly eat vegetable during past 30 days	32.5	31.8
Regularly eat fruit during past 30 days	41	22.2

Source: Global School-based Student Health Survey 2008, 2015

Cost effectiveness of interventions to tackle obesity

Intervention	Strength of evidence	DALYs saved (1,000)	Cost (million A\$)	A\$/DALYs saved
Tax	4	559	18	32.2
Traffic light front of package label	5	45.1	81	1,796.0
Reduce advertising of junk food	2	37.0	0.13	3.5
		8.6	27.7	3,238.9
		8.0	40.0	5,000.0
		5.3	3.3	622.6
		7.7	11.9	4,074.1

By effectiveness

1. Tax
2. Traffic light label
3. Reduce ad of junk foods

By cost-effectiveness

1. Reduce ad of junk foods
2. Tax
3. Education to reduced SSB
4. Traffic light FFP label

Intervention	Strength of evidence	DALYs saved (1,000)	Cost (million A\$)	A\$/DALYs saved
School program without PA component				
Diet and exercise campaign				
Low fat diet campaign				
Active after school campaign				
Weight watcher campaign	1	6.5	5.0	10,000.0
Orlistat	1	2.1	1500	714,285.7

C. Dr. Winnee Nitiyanant Thai-Flat Belly Network (Gortmaker (2011), Changing the future of obesity: science, policy, and action)

Benefits

Taxes on sugary drinks help reduce consumption and prevent obesity

- Evidence shows that a tax of 20% on sugary drinks can lead to a reduction in consumption of around 20%, thus preventing obesity and diabetes (7).

Savings on healthcare

- Estimates suggest that, over 10 years, a tax on sugary drinks of 1 cent per ounce in the United States of America would result in more than US\$ 17 billion in healthcare cost savings (8).

Revenues raised from taxes can be used to promote the health of the population

- This tax could generate approximately US\$ 13 billion in annual tax revenues in the United States of America in 2016 (9).

- Based on 2014 data, a tax on sugary drinks of 1 yuan (US\$ 0.16) per litre in China would generate an estimated 73.6 billion yuan (US\$ 11.8 billion) in revenues (10).
- Revenue generated by these taxes could be spent on efforts to improve health care systems, encourage healthier diets, increase physical activity, or build capacity for effective tax administration, further increasing the value of this measure.

Low-income consumers and young people get the greatest health benefits from taxes

- In Mexico, a year after the introduction of a tax on sugary drinks, households with the fewest resources reduced their purchases of sugary drinks by 17%, compared to 12% for the general population (11).

WHO. Tax on sugary drink. Why do it? URL: <http://apps.who.int/iris/bitstream/10665/250303/1/WHO-NMH-PND-16.5-eng.pdf>

Movement on SSBs Tax

2008: Review tax & price intervention to tackle obesity

2009: Tax & Price strategy for SSBs is recommended by NHA resolution

2010-14: Work Closely with networks and generate evidence for movement

2015: SSBs tax is considered by National Reform Steering Assembly under HEC

Apr. 2016: Pass the approval of National Reform Steering Assembly

Sep. 2017: Enacted new excise act tax on drinks with over 10% sugar content and will be a progressive tax rate

Why Consider SSBs tax?

Thailand context: Taxing beverages under Excise Tax Act 1984

- SSBs are taxed at a lower rate
- Juice and herbal drinks with high sugar content, are less taxation.
- Objective is intended to tax based on luxury commodity aspect, but the lack of dimension on public health concern.

Excise Taxation Reform

7 Relevant Acts (Before 16th September 2017) → 1 Act (Effective 16th September 2017)

- Excise Tax Act
- Playing Cards Act
- Liquor Act
- Tobacco Act
- Excise Tax Code Act
- Excise Tax Allocation Act
- Liquor Tax Allocation Act

Excise Tax Act B.E. 2560

- Clearer/More Inclusive Definitions
- Reforming Tax Base
- Revenue Neutral
- Reforming taxpayer method
- Mixed system of Ad Valorem and Specific tax
- Reduce Consumption on Health-Damaging Products**

Principles of SSBs Taxation

Principles of Taxation

Unnecessity + **Unhealthiness**

Ad Valorem (Percentage of Suggested Retail Price) + **Specific (Concentration of Sugar)**

SSBs are proved as a major contribution to Non-Communicable Diseases (NCDs)
 - SSBs or caloric beverages are not a substitute for proper meals
 - SSBs containing high amount of caloric sugar causes excessive calories intake

- Progressive Rate - Persuade less sugar-sweetened beverages
- Adjusted time to time
- Balance Impact on Economy

SSBs Taxation in Thailand

% Sugar gram/100 ml	Ad Valorem Tax (Percentage of Suggested Retail Price)*	Unit Tax Based on Sugar Contained			
		Constant	Sep. 17 – Sep. 19	Oct. 19-Sep. 21	Oct. 21-Sep. 23
0-6	0	0	0	0	0
>6-8	14%	0.10	0.10	0.30	1.00
>8-10	14%	0.30	0.30	1.00	3.00
>10-14	14%	0.50	1.00	3.00	5.00
>14-18	14%	1.00	3.00	5.00	5.00
>18	14%	1.00	5.00	5.00	5.00

* Juice and Herbal drink : Exempted, except import juice product tax at 10%

SSBs Taxation in Thailand

Taxable Items (Ready to Drink)	Before 16 September 2017	16 September 2017 onwards	
	Ad Valorem Tax / Specific based on Package Size (Whichever is Higher)	Ad Valorem Tax	Specific Tax based on Sugar Content
Soda	✓	✓	✗
Carbonated Soft Drinks	✓	✓	✓
Sport Drinks Energy Drinks	✓	✓	✓
Sport Drinks	✓	✓	✓
Energy Drinks	✓	✓	✓
Coffee Tea and Juice	✗	✓	✓
Juice (with ingredients as specified by the Excise Department)	✗	✗	✓
Beverage Vending Machine	✗	✓	✓
Instant Drink Power and Concentrate with Sugar Contained (*To be announced)	✗	✗	✓

SSBs Taxation in Thailand

Comparison of Price Structures under Former Taxation and Current Taxation

Former Taxation (Before 16th September 2017)

- Production Cost + Ex-factory Price
- Excise Tax 20% of Ex-factory Price
- Administrative Cost + Profit
- VAT 7%

Current Taxation (Effective 16th September 2017)

- Production Cost + Administrative Cost + Average Profit
- Excise Tax T % of Suggested Retail Price + Specific Rate (Baht/ Litre)
- VAT 7%

Challenges & Suggestions

Challenges	Suggestions
<ul style="list-style-type: none"> • Smuggling and Illicit Trade • Substitution to Untaxed Products or Products with Lower Tax Burden • Lack of Proper Information for Policy Assessment 	<ul style="list-style-type: none"> • Legal Procedure and Prosecution • Health Literacy and Non Tax Measure • Data Availability

Thank You

Way forwards

- Engagement of private sectors in moving effective Measures on non-tax movement.
- Work with all stakeholders in tackling with advertising on sugary drinks especially with gambling advertising.
- Communication with public raise concern of negative impact on overconsumption of sugar.
- Evaluating of taxing implementation.

附件十二

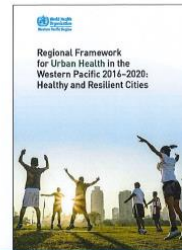
Overall trends, directions, and challenges faced by HPFs
Regional movement on health promotion policy

The International Network of Health Promotion Foundations
Kuala Lumpur, Malaysia 29-30.10.2018

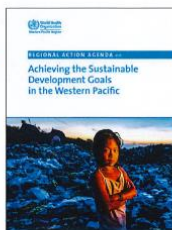
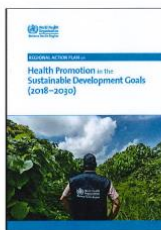
Riitta-Majja Hämäläinen
Western Pacific Regional Office
Manila, Philippines
Contact: hamalainen@who.int



Regional frameworks & toolkit



Regional action plans



Spend Wisely on Interventions for Healthy Lifestyle - Best Buys



- Non-smoking**
 - Increase taxes and prices of tobacco products
 - Promote smoke-free policies
 - Enforce graphic health warnings and plain packaging
 - Ban advertising, promotion and sponsorships on tobacco products
 - Use media for campaigns for non-smoking
- Alcohol**
 - Increase taxes and prices
 - Limit advertising
 - Regulate availability and physical access (licensing...)
- Healthy food and physical activity**
 - Reduce salt content of foods
 - Build healthy parks and environments
 - Aim to change behaviors by campaigns
 - Improve labelling with regulated healthy tags
 - Improve walkability in cities by connectivity and enhancing physical activity by campaigns
- Cancer, Cardiovascular diseases and diabetes**
 - Counseling for high-risk persons and drugs
 - HPV vaccination for girls
 - Cervical cancer screening

14010219

Conditions for health promotion

- Domestic resource mobilization**, particularly taxation, is a necessary but not sufficient condition for sustainable health promotion financing – budgetary resources!
- Spending wisely** – effective, efficient and accountable – is equally important to make an impact
- Taxes on tobacco, alcohol and other health taxes** are largely underutilized domestic revenue sources that can provide win-win solutions (public health-> equity -> revenue booster) and can be used to finance health promotion actions
- Implementing cost-effective interventions** for NCD prevention and healthy lifestyle shows it is possible to spend wisely, save lives while spending less
- Decision makers** are well positioned to support health promotion foundations and use of taxes through their legislative and oversight functions – Advocate! Inform! Justify!



Health taxes – sustainability – health promotion

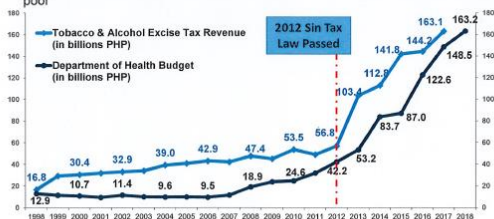
- Health taxes are part of the solutions for health promotion, but there needs to be other sources of funding as well to improve health
- The main aim of the taxation of unhealthy products is to decrease the consumption of harmful products
- To avoid dependency on health taxes for health promotion, create other sources of revenue – use taxes as a starter or supplementary for health promotion activities
- For financing to be sustainable, increasing health taxes must be coupled with increased prioritization (resource allocation) from the government (**general revenues**)



PHILIPPINES Sin Tax Reform: Higher Tobacco and Alcohol Taxes



- US\$5.2 billion** additional revenues generated in first 4 years of implementation, bulk of which came from tobacco taxes.
- Health budget in 2018 **triple** over 2012 levels, including health insurance for the poor



Source: Philippines Bureau of Internal Revenue (BIR), Anonuevo Paul (2018)

PHILIPPINES: Benefits from the Sin Tax Reform



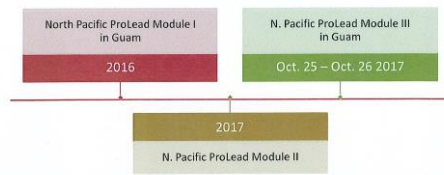
Global Adult Tobacco Survey Philippines

GATS	2009	2015
Current tobacco users	29.7%	23.8%
Current cigarette smokers	27.9%	22.5%

- Vaccinations for HPV, PCV, Influenza
- Booster shots for Measles/Rubella Tetanus/Diphtheria
- More TB, Malaria, HIV/AIDS cases diagnosed and treated
- Expanded Insurance Coverage
 - Over 10 million indigent families
 - 2.8 million senior citizens
- New health facilities
 - 956 Health Centers
 - 1623 Urban/Rural Health Units
- Deployment of >1000 skilled health workers
- Construction of health & dental clinics in schools

Source: Philippines Department of Health, Anonuevo Paul (2018)

North Pacific ProLEAD



Country/Area	Dates	Priority area
Federated States of Micronesia	3-7 April 2017	Salt reduction
Guam	18-21 April 2017	Primary Health Care (Hypertension)
Commonwealth of the Northern Mariana Islands	18-20 April 2017	Strategic communications
Palau	25-27 April 2017	Alcohol Control Coalition

Thank you!

- **Contact:**

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Conclusions

- Engage the appropriate private sector and civil society organizations to ensure wide support for HP Foundation
- Involve patients and communities for planning health promotion interventions – citizen participation
- Foster collaboration between health and other sectors, such as finance, trade, education and agriculture – multisectoral collaboration in implementation
- Regulate and set standards for health taxes (e.g. human resources, infrastructure, budgetary support); monitor and evaluate actions
- Link budget allocation to more efficient spending on tax based revenues
- Promote multi-sectoral work and budget synergies among the various sectors to achieve the SDGs.
- Ensure accountability mechanisms for health promotion foundation performance (e.g. quality, equity, and efficiency); transparency in use of funds/taxes

