

REPORT OF THE REGIONAL DIRECTOR

The work of WHO in the Western Pacific Region
1 July 2019 – 30 June 2020



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Report of the Regional Director: the work of WHO in the Western Pacific Region 1 July 2019 - 30 June 2020.

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Khoksivilay Health Center in Xaithany District, Lao People's Democratic Republic.

01

Message from the Regional Director

I am pleased to present my second annual report to Member States on the work of the World Health Organization (WHO) in the Western Pacific Region.

Covering the period from July 2019 to June 2020, this Report shows a world truly changed. It highlights how we have been responding to the largest, most challenging public health event in a hundred years, COVID-19, while at the same time driving forward our vision to make the Western Pacific the healthiest and safest region.

Member States unanimously endorsed our shared vision *For the Future: Towards the Healthiest and Safest Region* in 2019. Recognizing the need to address the challenges of tomorrow, the vision lays out four priority themes: health security, including antimicrobial resistance; noncommunicable diseases (NCDs) and ageing; climate change and the environment; and reaching the unreached.

Few could have predicted just how quickly one of those future priorities, health security, would arrive and challenge not only the capacity of our health systems, but also the resilience of our societies and economies.

This year's Report describes how we have been supporting Member States to respond to the pandemic. In this Region, we have been investing for decades in health emergency preparedness and response. Since the first report of a cluster of pneumonia cases of unknown origin in Wuhan, China, on 31 December 2019, WHO in the Western Pacific has been supporting Member States to translate that preparedness into action. Our shared experiences with SARS and H1N1 influenza have taught us invaluable lessons that we are now leveraging to strengthen the response to the pandemic together.

This Report also highlights how we have been driving forward the *For the Future* vision during the time of COVID-19. The pandemic has changed many of our plans, but it has not changed our resolve to make that vision a reality. While responding to COVID-19, WHO in the Western Pacific has continued to deliver on our other essential work for Member

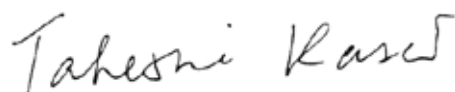
Countries and communities have demonstrated an overwhelming drive to develop innovative approaches, form new partnerships and build solutions from the “grounds up”.

States. COVID-19 reminded us how quickly the world around us can change, and why the *For the Future* vision is more relevant than ever.

In many ways, the COVID-19 response has been a springboard for priority actions that we were already committed to take. Countries and communities have demonstrated an overwhelming drive to develop innovative approaches, form new partnerships and build solutions from the “grounds up”.

The pandemic was a predictable encounter with the future. As we work to mitigate its effects and strengthen health security overall, we must also continue to move forward on our other priorities for the future: ageing and the surge of NCDs; climate change and environmental degradation; and reaching the unreached. All represent inevitable challenges for the Western Pacific Region. Over the coming years, it will be vital that we continue to work towards the challenges of today, and the future.

Thank you for your continued trust as we work together to make this Region the healthiest and safest in the world.



Takeshi Kasai, MD, Ph. D.
Regional Director



Cao Bang Province, Viet Nam.

WHO Western Pacific Region



Representative Offices

- Cambodia
- China
- Lao People's Democratic Republic
- Malaysia (area of responsibility: Brunei Darussalam, Malaysia, Singapore)
- Mongolia
- Papua New Guinea
- Philippines
- Samoa (area of responsibility: American Samoa, Cook Islands, Niue, Samoa and Tokelau)

- Solomon Islands
- South Pacific (area of responsibility: Fiji, French Polynesia, Kiribati, the Marshall Islands, the Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Nauru, New Caledonia, New Zealand, Palau, Tonga, Tuvalu, Vanuatu, and Wallis and Futuna)
- Viet Nam

Country Liaison Offices

- Northern Micronesia (area of responsibility: the Marshall Islands, the Federated States of Micronesia and Palau)
- Kiribati
- Tonga
- Vanuatu



As we respond to COVID-19, WHO in the Western Pacific remains steadfast in delivering all that was envisioned in *For the Future*.



02

Responding to COVID-19 as we drive the vision of *For the Future*

COVID-19 has presented an unprecedented challenge to implement effective public health measures while minimizing social and economic disruptions. Maintaining the education of this child in Vanuatu, for example, is critical for her future.

One year ago, the Regional Committee for the Western Pacific overwhelmingly supported and endorsed *For the Future: Towards the Healthiest and Safest Region* as the regional vision and implementation plan for the global WHO Thirteenth General Programme of Work and the health-related Sustainable Development Goals.

For the Future was the result of extensive consultation. We used every opportunity to get input—through discussions with Member States, during the Regional Director’s frequent visits to countries and through all of the regional meetings of experts. We even held an extraordinary three-day online consultation involving nearly 500 partners from around the world.

For the Future recognizes that each country in the Western Pacific Region requires tailored support because they are all unique. At the same time, however, they all face four common challenges that pose significant risks to the health and well-being of their people: health security, including antimicrobial resistance (AMR); noncommunicable diseases (NCDs) and ageing; environmental health and the health impact of climate change; and reaching the unreached.

The *For the Future* vision describes operational shifts to more effectively address the challenges of the future. They include defining a desirable future by back-casting, “grounds up” and systems approaches, partnership, innovation and strategic communications—which proved to be effective approaches in the COVID-19 response.

As soon as *For the Future* was endorsed in October 2019, we began to operationalize this vision in our programme budget to be ready to start implementation on the first day of January 2020. Then our plans changed – along with those of the rest of the world—when on 31 December 2019, the WHO disease surveillance system detected a cluster of pneumonia cases of unknown origin in Wuhan, China.

The trajectory of our work changed immediately. WHO activated our response mechanism and began a cycle of risk assessment. Member States triggered their emergency plans, based on the decade-long investment that the Region has made in health security and preparedness through the *Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies*, which guides Member States in implementing the International Health Regulations.

Just as countries refocused their health systems, WHO in the Western Pacific mobilized its resources for one overriding mission: to support

Member States to control COVID-19 and minimize the death toll and social and economic impact. *(Chapter 3 contains a detailed account of how WHO and Member States have been responding together to COVID-19.)*

From the initial risk assessment, it was clear that to respond to the unprecedented challenge that COVID-19 posed to Member States, we would have to repurpose our staff and deliver on commitments differently than planned. We were obliged to answer a critical question: While we support countries to respond to COVID-19, what other critical deliverables do we need prioritize?

In response, we developed a reprioritized workplan, calling it the “red box workplan”. Essential services, such as for measles and tuberculosis, had to continue. The work on health systems components—which are essential for the COVID-19 response—had to be fast tracked. At the same time, we could not fail in responding to requests from Member States for specific needs.

We also committed not to let COVID-19 delay our actions to address four common challenges identified in *For the Future*. As planned, the Universal Health Coverage Technical Advisory Group (UHC TAG) was revitalized, based on input from experts, partners and Member States. The TAG will serve as a regional platform to connect stakeholders and advance the agenda with an effective action framework and monitor its

progress. *(Summaries of the UHC TAG and other WHO technical advisory groups are captured in boxed pull-out stories throughout this Report.)*

By activating our business continuity plan, WHO in the Region remained fully operational, even as much of society went into lockdown. We ensured that our staff were safe, healthy and supported in ways that allowed them to continue working. Taking the approach that WHO in the Region has always applied to reform efforts, we learnt more, adapted and improved our methods. *(For more details of changes in our way of working, please see Chapter 4.)*

Discussions about the links between the programmes we knew we had to maintain and our COVID-19 response—involving all the offices in the Region—led to the formulation of a regional COVID-19 strategy: *Responding to COVID-19 as we drive the vision of For the Future*. This framework details how we can enlist our whole Organization to leverage all parts of health systems, drive the vision of *For the Future*, foster partnerships and build the capacity of countries and our Organization as we respond to COVID-19. *(The work is guided by these principles and described in Chapter 4.)*

With the strategy, we developed a structure with two points of accountability: COVID-19 response with emergency funding and our revised workplan with non-emergency funding. Our Programme Committee was refocused and met more frequently to ensure our effective response. We used this opportunity to further strengthen our risk management system.

While COVID-19 created new challenges for 2020, it also fostered new ways of working and a profound transformation of regional health systems, which are also at the core of the *For the Future* vision. Before us is a formidable opportunity to embrace the “new normal” as a step towards a “new future” to ensure that we make our Region safe and healthy.



WHO has supported Member States not only to respond to COVID-19, but also to ensure continuity of services. This includes ensuring that hospitals are managed so they are not overwhelmed by COVID-19 patients and have capacity to treat other conditions.



03

The COVID-19 response in the Region: standing in solidarity

Training on personal protective equipment—undertaken here in the Lao capital of Vientiane with support from WHO—is essential to ensure that health workers can provide services with safety for patients and themselves.

WHO and Member States in the Western Pacific Region have worked together over the years to prepare for public health emergencies. The past six months have undoubtedly been the most challenging times for our health, economy and security. However, the culture of learning, improving and continuous health systems strengthening, guided by the *Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies* (APSED III), and the commitment to work and support each other have enabled the entire Region to respond to the COVID-19 pandemic and move forward together in a “new normal” for the future.

Activating the COVID-19 response

On 31 December 2019, WHO through its regional surveillance detected information on a cluster of pneumonia cases of unknown etiology related to a seafood market in Wuhan, China. Immediately, WHO at all levels initiated the validation and risk assessment cycle.

Since then, all WHO offices in the Western Pacific Region have been in full operation in accordance with the International Health Regulations (2005), known as IHR (2005). The WHO Health Emergencies Programme (WHE) connected the three levels of the Organization following the Emergency Response Framework (ERF) introduced in the new WHE. While maintaining one emergency response, WHO has further tailored that response to the Region and to each country following the practice and capacity developed through APSED and Technical Advisory Group (TAG) recommendations over the past 15 years.

On 6 January 2020, WHO alerted all country offices in the Region to activate their Incident Management Team (IMT) to support emergency preparation and response in their countries. IMTs are directly linked to the Incident Management Support Team (IMST) at the Regional Office, which provides oversight and continuous support to country-level operations. The Division of Pacific Technical Support activated a joint IMT for the Pacific with partners (details in Chapter 4) by transforming the existing team structure for an earlier measles outbreak to prepare for and respond to COVID-19.

WHO role defined in IHR (2005)

Under IHR (2005), WHO is mandated to validate and facilitate sharing of information about health emergencies. To fulfil that function, WHO strengthened its Representative Office in China and its response structure by augmenting and repurposing staff. The WHO China office

coordinated with the National Health Commission of the People's Republic of China and shared information using the IHR website, Disease Outbreak News reports and Twitter to reach the public.

On 11 January, China identified the virus and shared its genetic sequence, allowing countries around the world to set up laboratory diagnosis. WHO received information on the ongoing response and situation in Wuhan to assess the severity, transmissibility and impact of the outbreak. On 20–21 January, WHO sent a team to Wuhan to validate the information first-hand and observe the evolving situation.

At WHO headquarters, a meeting of the IHR Emergency Committee was convened. Composed of independent experts, the Committee was developed after the severe acute respiratory disease (SARS) epidemic as a mechanism under IHR (2005) to ensure a more transparent and objective decision-making process. The Committee assesses the situation based on the information submitted by Member States and advises the WHO Director-General. After the first meeting on 22–23 January, the experts were divided. But after meeting again on 30 January, the Committee unanimously concluded that the outbreak constituted a public health emergency of international concern. Accepting their advice, the Director-General declared a public health emergency of international concern, prioritizing preparation for a pandemic and expeditiously adopting a “no regrets” policy. The decision for

the control required careful consideration and a risk assessment cycle, which have continued until today to improve response.

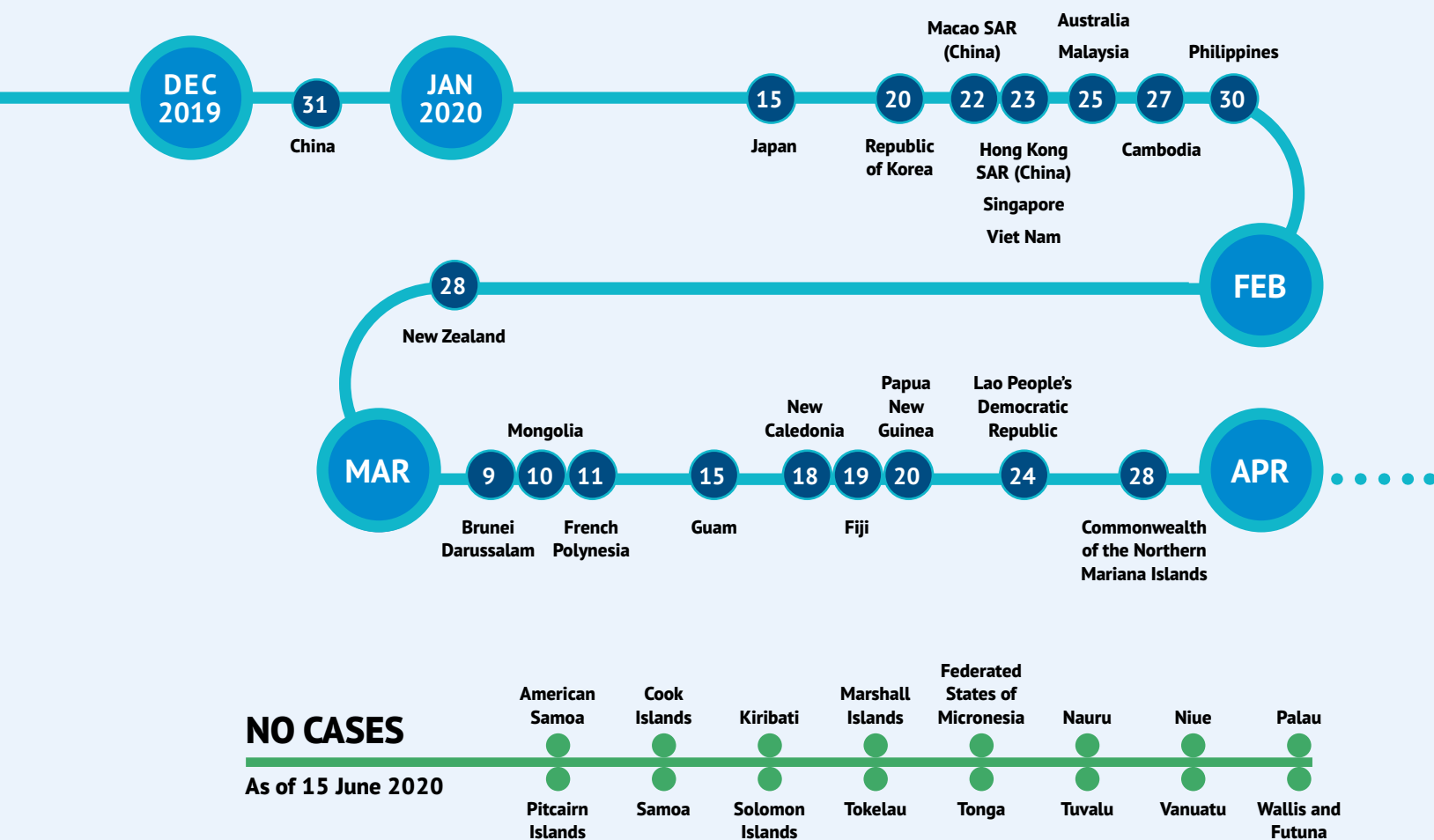
APSED as a foundation for the COVID-19 response

The Western Pacific Region has a long history of investing in health security with a consistent and tailored approach. The Region was hit hard by SARS in 2003 and learnt that no one country can control a pandemic alone. Member States participated actively in the global discussion on revising the International Health Regulations, which was complemented in the Region by the then-titled *Asia Pacific Strategy for Emerging Diseases* (APSED) to develop core capacities required under the revised IHR (2005). The Region has been consistently strengthening core capacities through implementation of APSED, which is now in its third iteration (APSED III).

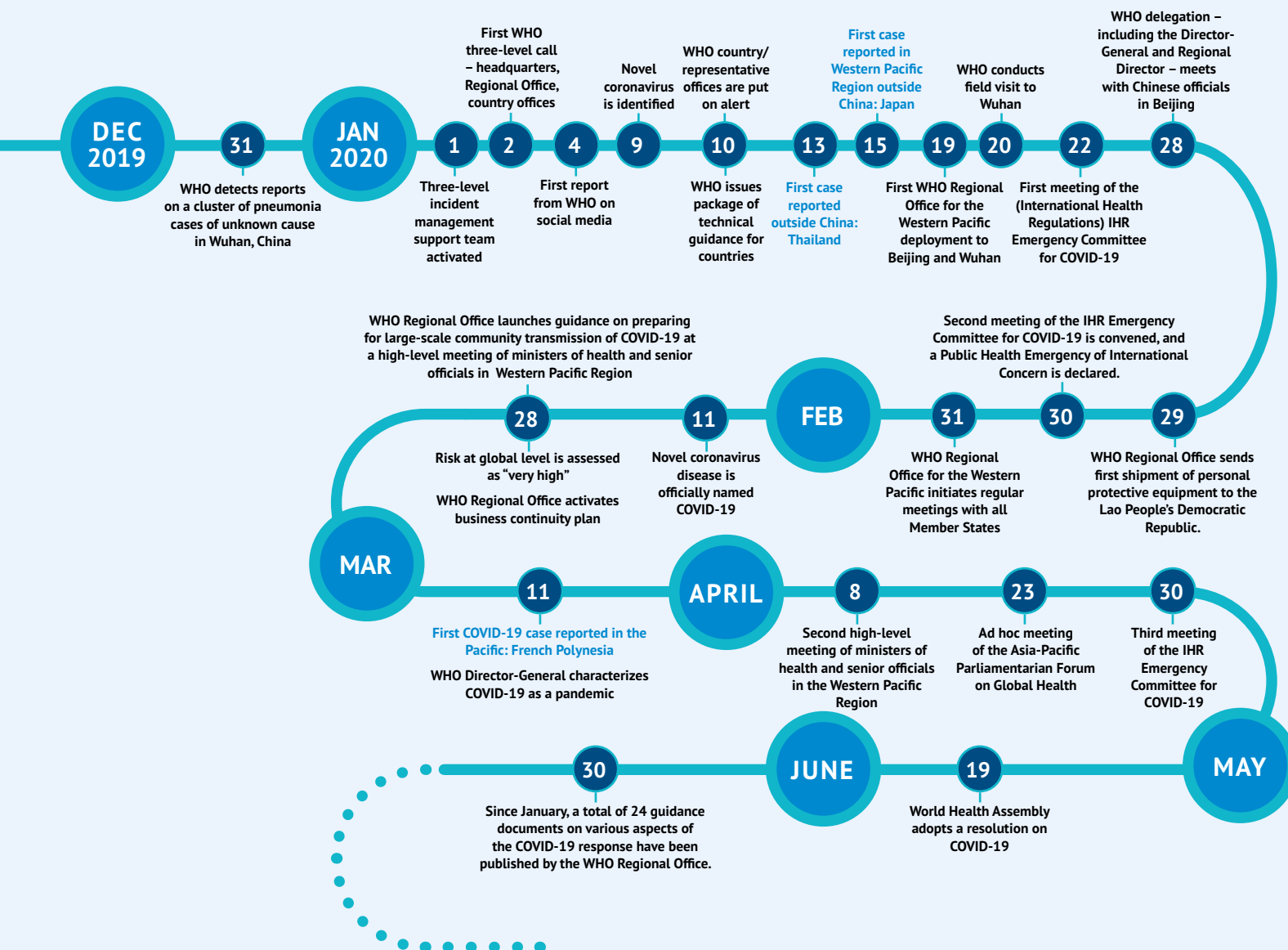
Member States have been utilizing the systems established and strengthened under APSED to respond to COVID-19. For instance, the TAG has been recommending more rigorous contact tracing since 2006. Following this recommendation, Cambodia rolled out its contact tracing system using rapid response teams developed after intensive training from 2006 to 2008. Graduates from the field epidemiology training programme established in many Member States are now on the front lines of the COVID-19 response. National laboratory systems strengthened for influenza and tuberculosis diagnosis have been repurposed for COVID-19. Many Member States have excelled in risk communication, an APSED focus area, as part of the COVID-19 response.

The Region has made investments over many years to improve capacity step by step—using a systems approach that has been adapted to different contexts—continuously learning and improving. WHO in the Region has gained experience and knowledge through implementation of APSED that has helped us to effectively tailor our support to Member States.

Date of first case for each Member State and area



Selected COVID-19 response timeline





A nurse “high-fives” a COVID-19 patient hospitalized in China. WHO has worked closely with Chinese health experts to develop some of the earliest guidance for doctors and hospitals regarding testing and treatment, and infection prevention and control practices.



WHO supports Member States to ensure essential health services are provided to hard-to-reach groups, such as this nomadic family in Mongolia, even during the current pandemic.

Seven functions of the WHO response

WHO's response in the Region can be described under seven functions:

- 1) facilitate information-sharing and keep Member States and the public informed;
- 2) assess data and develop guidance;
- 3) provide technical support to countries;
- 4) support logistics;
- 5) coordinate research and development;
- 6) facilitate partnership; and
- 7) fight misinformation.

To ensure effective implementation, the WHO Regional Office put into effect a whole-of-Organization approach that goes beyond the WHO Health Emergencies Programme, drawing resources and expertise from different technical divisions and forming agile teams to catalyse lessons and innovate systems, tools and processes for the COVID-19 response. This approach enabled WHO to mount a speedy and steady response in the Region and ensure the resilience of its operations throughout the pandemic.

1) Connect Member States and facilitate information-sharing

In addition to information-sharing under IHR (2005), WHO has been holding videoconferences across countries and partners to facilitate the exchange of information about the virus and the response. These regular exchanges have supported countries to improve their response and preparation.

With data from Member States, WHO has continued to assess the situation and keep the Region and the public informed, developing a regional dashboard and webpages for this purpose. While WHO headquarters in Geneva has served as the focal point for communicating about the pandemic globally, the Regional Office has actively used its social media platforms and website to share timely and contextualized information with audiences in the Region since January.

In the first six months of 2020, the Regional Office published more than 200 infographics and more than 40 videos and animations, the vast majority (88%) of which were developed to directly address concerns and misunderstandings from signals picked up via social listening. Materials published on the Regional Office's social media accounts have reached more than 600 million people. Visits to the

WHO Western Pacific Region website have increased sevenfold compared with last year.

2) Develop guidance relevant to the Region

Informed by the experience, challenges and needs of countries, WHO worked with experts and partners to develop guidance for countries and areas in the Western Pacific Region, including *Preparing for Large-scale Community Transmission of COVID-19*, which was launched at the first Ministers Meeting on 28 February. Between January and June, WHO in the Region published 24 guidance documents on a range of COVID-19 topics, including the role of primary care, a risk communication package for health-care facilities, mental health and psychosocial support, the care of older people, and the continuity of public health programmes and essential services.

3) Support countries

Providing tailored support to countries has been the cornerstone of WHO's response in the Region. To do so, the Organization carefully assessed and analysed the situation and capacity of each Member State. In the Region, WHO paid particular attention to the Pacific islands, sending staff to countries to provide advice and support on the ground. Information on laboratory capacity has been updated through the implementation of APSED III and the influenza laboratory network. Country offices coordinated and facilitated partner activities to support countries in setting up surveillance and laboratory systems.

Like many countries in the Region, Viet Nam has displayed strong leadership in its response since early January. WHO has supported the country from the start, providing training on specimen collection, biosafety and laboratory diagnosis. Local universities were tapped to overcome language barriers in the training sessions.

The WHO Mongolia office worked with the Ministry of Health in setting up a multi-source surveillance system following APSED and TAG recommendations. WHO in Mongolia supported the conduct of a simulation exercise, which was also undertaken in the Federated States of Micronesia, Tonga and other countries in relation to the repatriation of people. Working with partners, WHO supported the strengthening of screening systems at the point of entry in many countries of the Region.

WHO also supported assessments and strengthening of health-care capacity. In the Lao People's Democratic Republic, WHO and the Ministry of Health provided on-site support to all 17 provincial hospitals to set up requirements for safe screening, triage, zoning, referral, patient pathways, use of personal protective equipment (PPE), environmental cleaning and disinfection, sample collection and clinical management. WHO staff working on health systems were fully mobilized (details in Chapter 4), and a network of modelling experts was established to support planning, for instance, in Malaysia.

Contact tracing—a traditional component of APSED—was further strengthened, and many country offices, including the Philippines, were supported to further strengthen contact tracing as a scalable system.

Teams from WHO country offices were also involved in the field response. WHO staff and partners in Cambodia, for instance, were dispatched to the Thai border to support the Government in managing the return of migrant workers from Thailand after the border closure. At the request of Member States, WHO dispatched staff to support specific activities, such as epidemiological analysis on cruise ships in Japan. Many countries also strengthened community engagement, with WHO country offices in Fiji, the Federated States of Micronesia, Papua New Guinea, Samoa and Tonga, among others, supporting such activities. Many country offices also advised governments on technical elements, such as border closures and other non-pharmaceutical interventions.

WHO works closely in countries to improve communication, fully incorporating the vision of *Communicating for Health* (C4H), its strategic framework for effective communications. WHO has encouraged Member States to use surveys and polls, traditional and social media monitoring, two-way communications and community engagement mechanisms. Data collected through these initiatives have helped WHO and national authorities to better understand communities, their perceptions of risks, potential barriers, and their beliefs and practices.

Supplies and logistics

Personal protective equipment for health workers shipped to 21 countries and areas (as of 30 June 2020)



2 108 050
surgical masks



14 545
face shields



62 995
particular respirators



26 212
bottles (100 ml) of
alcohol-based hand rub



51 282
medical gowns



880 500
pairs of gloves



19 877
goggles



177 312
laboratory tests shipped

4) Provide supplies to countries

To assist with global shortages of supplies including PPE, WHO has provided 22 000 kilograms of equipment to 21 countries and areas, as of 30 June. WHO also provided 177 312 diagnostic tests to 26 countries.

5) Expedite research and development

WHO coordinated at the regional and global levels of the Organization to facilitate research and development. Experts from the Western Pacific Region participated in the working group on science. In order to ensure timely access to these new products, WHO in January initiated support to countries for regulatory preparedness and facilitated participation of countries in the WHO Solidarity Trial for therapeutics.

6) Foster partnership

The COVID-19 response in the Region has leveraged partnerships founded or strengthened in pursuit of the vision of *For the Future*. For example, joint IMTs in countries were strengthened through the participation of partners, including the Global Outbreak Alert and Response Network, or GOARN. Country

operations were also strengthened through partnerships, such as with the United States Centers for Disease Control and Prevention and other United Nations agencies. WHO in the Region also strengthened collaboration with the Asian Development Bank, the International Monetary Fund and the World Bank to monitor the financial impact of COVID-19.

7) Fight misinformation

WHO has been supporting countries to establish and scale up mechanisms to monitor public sentiment, track rumours and misinformation, and ensure data are better utilized to inform decision-making, assess risk and guide response activities.

A Region in solidarity

Member States have significantly improved their capacities compared to when the SARS epidemic occurred in 2003, yet we have continued to face significant challenges in responding to COVID-19. Learning and improving, which are key principles of APSED, have proven to be vital in responding to this new disease. As in the SARS response, the Region reconfirmed its strong culture of solidarity, which connects us and is vital to keep the people of the Region healthy and safe.

“We are in this together, and we can only get out of it together.”

Regional Director Dr Takeshi Kasai, presiding over COVID-19 Western Pacific Ministers Meeting on 8 April 2020



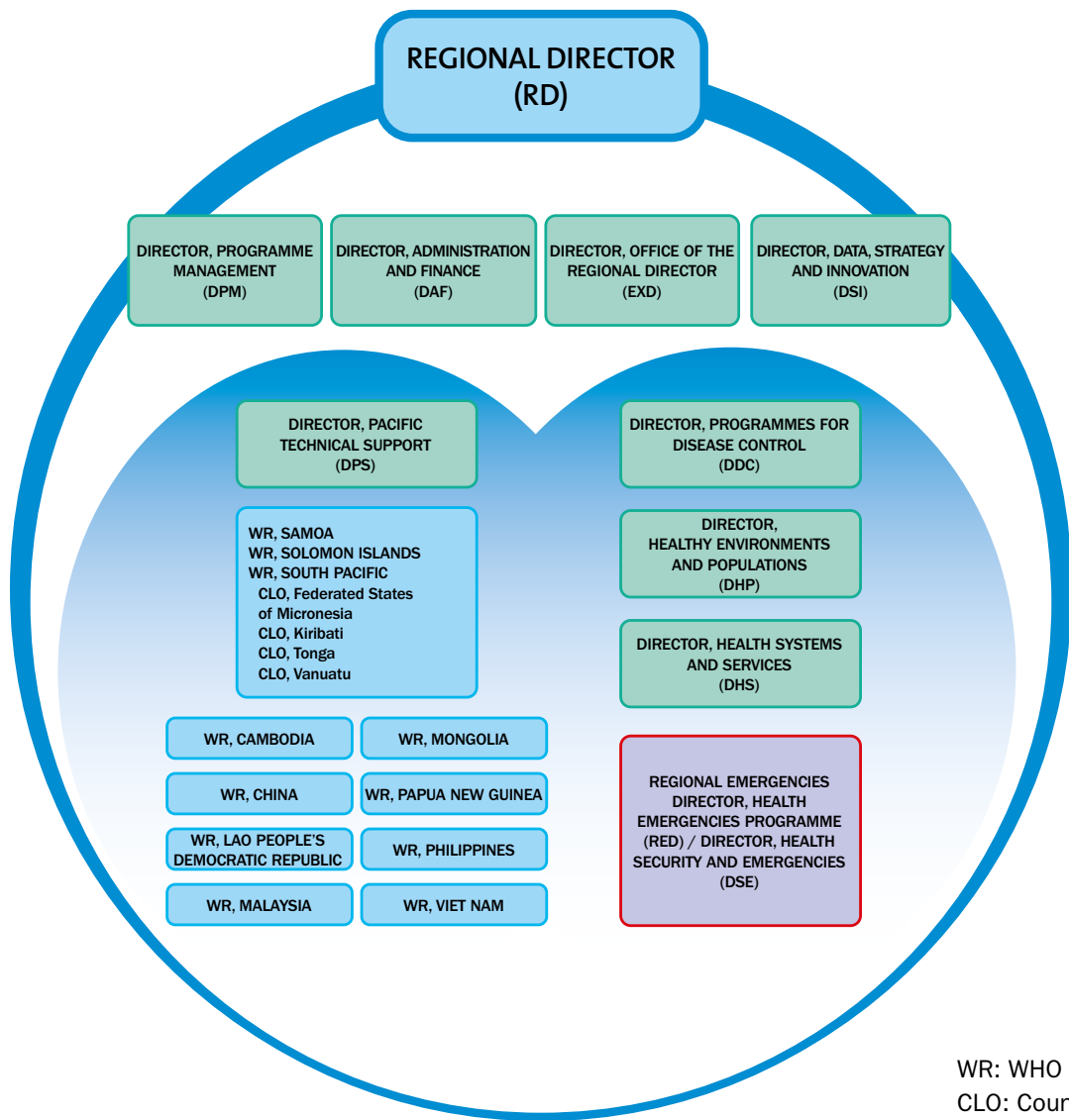
04

Delivering results

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Health workers put on masks and clean their hands before seeing patients at a mobile immunization site in Phnom Penh, Cambodia. It is important that services such as immunization continue to be provided for communities, utilizing appropriate infection prevention and control measures to minimize risks of COVID-19 for patients and health workers.

WHO in the Western Pacific Region



WR: WHO Representative
CLO: Country Liaison Officer

Western Pacific Regional Office Structure

The structure of divisions in the WHO Regional Office for the Western Pacific is designed to streamline operations and strengthen country-level support under the regional reform agenda.

DIRECTOR	PROGRAMMES/UNITS	DIRECTOR	PROGRAMMES/UNITS
Director, Programme Management (DPM)	Programme Development and Operations (PDO) Country Support (CSU) Editorial Services (EDT)	Director, Healthy Environments and Populations (DHP)	Health and the Environment (HAE) Social Determinants of Health (SDH) <i>Incl Equity and Social Determinants (ESD), Violence and Injuries (VIP) and Alcohol (ALC)</i> NCD Prevention and Health Promotion (PND) Tobacco Free Initiative (TFI) Nutrition (NUT)
Director, Administration and Finance (DAF)	Budget and Finance (BFU) Human Resources Management (HRM) Information Technology (ITG) Administrative Services (ASU)	Director, Health Systems and Services (DHS)	Essential Medicines and Health Technologies (EMT) Health Policy and Service Design (HPS) Health Law and Ethics (HLE) Maternal Child Health and Quality Safety (MCQ)
Director, Office of the Regional Director (EXD)	External Relations and Partnerships (ERP) Communications (COM) Information Products and Services (IPS)	Regional Emergencies Director, Health Emergencies Programme (RED) / Director, Health Security and Emergencies (DSE)	Country Health Emergency Preparedness and IHR (CPI) Health Emergency and Risk Assessment (HIM) Emergency Operations (EMO) Food Safety (FOS)
Director, Data, Strategy and Innovation (DSI)	Health Information and Intelligence (HII) Universal Health Coverage (UHC) Innovation and Research (INR) Healthy Ageing (AGE) Strategic Dialogue (DIA)	Director, Pacific Technical Support (DPS)	Pacific Health Security and Communicable Diseases (PSC) Pacific Climate Change and Environment (PCE) Pacific NCD and Health through the Life-Course (PNH) Pacific Health Systems and Policy (PHS)
Director, Programmes for Disease Control (DDC)	Vaccine-Preventable Diseases and Immunization (VDI) Malaria and Neglected Tropical Diseases (MTD) Mental Health and Substance Use (MHS) Management of Noncommunicable Diseases (MND) HIV, Hepatitis and Sexually Transmitted Infections (HSI) End TB and Leprosy Elimination (ETB)		
A compliance and risk management officer reports directly to the Regional Director.			



Data, Strategy and Innovation

The *For the Future* vision of WHO in the Western Pacific Region has placed health sector transformation at the core. In August 2019, the Data, Strategy and Innovation (DSI) group was created to stimulate new ways of working across the Region and in country offices to drive this process.

DSI comprises five units: Strategic Dialogue; Innovation and Research; Health Information and Intelligence; Universal Health Coverage; and Healthy Ageing. The work is grouped as such because those areas are particularly relevant and suitable for designing and driving transformative actions that will help future-proof the Region.

The Strategic Dialogue team focuses on developing a culture and methodologies through which countries can identify a strategic, long-term vision and develop transformative agendas for our health systems. This has now become even more relevant as we consider a “new future” shaped by COVID-19 and other emerging challenges.

The Innovation and Research team aims to maximize the potential of digital and non-digital innovation for transforming our health sectors and building the partnerships for innovation and research that ensure new approaches fit the characteristics of our Region.

Measuring progress is important, whether checking an infant's growth at a clinic in Kiribati (as shown here) or checking overall country health indicators. *For the Future* places a fresh focus on addressing fragmentation in health information systems so they can better inform evidence-based decision-making.

The COVID-19 pandemic has in many ways confirmed the relevance of our countries' commitment to new ways of working.

The Health Information and Intelligence team brings together existing health information systems within WHO to detect emerging signals in a timely fashion and support evidence-based decision-making and measurement of impact in countries.

The Universal Health Coverage team promotes universal health coverage (UHC) as a platform and a shared enterprise for various parts of the health sector and key actors beyond health to drive health sector transformation to meet the demands of a rapidly changing world.

The Healthy Ageing unit works to promote healthy ageing as an entry point for stimulating new perspectives on accountability and health as a societal issue and for reshaping our health systems.

In its first year, DSI has served as an incubator to test operational shifts described in *For the Future* and prepare them for broader use in the Region in the coming years. It is working to create an environment that fosters new ideas and work streams to enable new ways of working. One example is engaging older adult communities to generate a new social perspective for health in the regional action plan on healthy ageing.

DSI is actively engaging staff from across the Organization and beyond in the delivery and development of products and programmes. DSI uses agile approaches by creating time-limited teams with budgetary autonomy and temporarily reassigning staff from across the Organization to deliver specific products. Further, DSI is building momentum for change by supporting staff to develop knowledge and understanding about new ways of working through peer-to-peer learning and staff seminars on new approaches. The application of foresight methodologies to strategic planning is an example of this principle in practice.

The COVID-19 pandemic has in many ways confirmed the relevance of our countries' commitment to new ways of working. COVID-19 presented itself both as an obligation and an opening to ensure that we make our health systems more responsive, not only to health emergencies, but also to other challenges such as ageing populations, the rise in noncommunicable diseases (NCDs) and climate change. COVID-19 has challenged us to accelerate the development of new approaches and put them to immediate use for epidemic control, while harvesting knowledge for their further development.



WHO brought together experts from across the Region to generate “futures wheels” that describe the relationship between events happening now and how they might shape the future. This wheel examines how diverting health personnel and resources for the COVID-19 response could affect other health priorities.

Exploring a “new future” shaped by COVID-19

At the Regional Committee for the Western Pacific in October 2019, Member States committed to explore their health futures to determine transformative actions that would equip health and social systems to better confront challenges. Over the past year, using a process called “back-casting”, WHO has convened leading experts to develop methodologies that can guide Member States in exploring their health futures as a compass for health system transformation.

The unfolding of the COVID-19 pandemic made it critical to understand how this event would affect health systems in the Region more broadly. WHO used the methodologies developed to explore longer-term health futures to rapidly investigate how the pandemic is changing our world and shaping a “new future”.

Four “futures” think tanks were rapidly convened with experts from across the Region to look at future political, societal, health and economic developments. They generated so-called futures wheels that describe the relationship between events happening now and the potential consequences that could shape the future (see left).

Their work identified the main dimensions of a “new future” and a set of ideas for concrete transformative actions for Member States and for WHO.

Two complementary think tanks were also established. The first brought together leading global experts on the history of pandemics. The group examined a range of dimensions of change to explore how past pandemics have shaped the world. The second group focused on the economic outlook for the Region in collaboration with the Asian Development Bank, the International Monetary Fund and the World Bank.

By applying refined foresight approaches and processes to COVID-19, we are now ready to support countries to investigate their health futures and develop transformative agendas to help future-proof their health systems.

Stimulating regional research on COVID-19

The Western Pacific Region has been home to some of the most advanced research and innovation in health. In the time of COVID-19,

the Regional Office has focused on ensuring that these capacities are fully in sync with global efforts and receive recognition. At the same time, we have stimulated complementary research that addresses the unique characteristics of our Region.

WHO has spearheaded a massive global effort to stimulate and coordinate research leading to fast-track development of new diagnostics, treatments and vaccines for COVID-19. All levels of the Organization (global, regional and country) have worked together to ensure seamless integration of Western Pacific Members States in these efforts, including participation in the Solidarity Trial, the Unity Studies and a health-care worker study.

Recognizing that some solutions require more regional approaches, the WHO Regional Office has initiated research into community engagement, health system development and modelling. These efforts will benefit the COVID-19 response in the Region, as well as other health challenges in the future.

At present, seed funding is furthering research for health system and community engagement in Cambodia, Fiji, the Lao People's Democratic Republic and the Philippines. A regional modelling consortium has also been providing support to Cambodia, the Lao People's Democratic Republic, the Philippines and Pacific island countries and areas. This work has generated epidemic models and health system utilization models that are helping inform decision-making across the Region.

Through these initial collaborations with regional research institutes, we have taken a first step in establishing sustainable networks of researchers that can eventually become a platform for broader research in health system transformation for the Western Pacific Region.

Supporting countries to maximize COVID-19 innovations and beyond

With the rapid pace of innovation in health, countries face challenges to make use of the most promising innovations. COVID-19 has heightened these challenges due to the accelerated development of new products that have raised expectations for health benefits.

In fact, COVID-19 has been a test case for how the Regional Office can provide meaningful support to Member States at the interface of innovators and public health decision-makers. Based on a virtual agenda-setting meeting with a wide range of partners, WHO initiated an expansive innovation portfolio for COVID-19 to help Member States harness these innovations according to their national contexts. In the Western Pacific Region, WHO took an approach that is driven by objectives (rather than technologies) to help countries generate or adopt innovations that are most appropriate for their setting and context. As a result, WHO has developed guidance documents on how countries can use digital approaches for contact tracing and quarantine and telemedicine in the COVID-19 response.

WHO is now systematizing this approach in the Region by building a platform on which a wider range of innovations (including social and non-digital) can be featured and critically examined. The first Western Pacific Regional Innovation Forum "Achieving the Health Future We Need" is scheduled for September 2020. It will provide an opportunity to explore jointly how innovations can support countries in future-proofing their health systems.

Bringing information systems together to inform decision-making

Fragmentation of health information systems represents a barrier to making evidence-based decisions on all public health matters. The COVID-19 pandemic has heightened the need for timely information to shape the response.

At the WHO Regional Office, this need triggered the creation of a cohesive unit, bringing together data focal points from across all divisions. All members of the team pursue their specific, disease-related mandates to work towards a unified health information system.



Foresight approaches have helped us to understand how the COVID-19 pandemic is shaping the “new normal”.

To make this happen, the team pursued flexible arrangements that have facilitated responsive ways of working. Using this approach, WHO in the Region stimulated the rapid creation of platforms that bring together pandemic intelligence to support timely COVID-19 response decisions.

The COVID-19 experience in pandemic intelligence formed the starting point for a larger effort to integrate data systems at country and regional levels and to create data warehouses. At the same time, existing efforts to strengthen and integrate health information systems at the country level produced real benefits for pandemic responses. In the Lao People’s Democratic Republic, strengthening the District Health Information Software, or DHIS, tool to harvest and integrate data from multiple sources enabled the Government to evaluate the resilience of the health system and track the effectiveness of the COVID-19 response. In the Philippines, WHO

supported the roll-out of a tracking system based on the Sustainable Development Goals (SDGs) that links data chains from villages to a central database. And in China, WHO worked with health authorities to link global frameworks monitoring the SDGs and the WHO Thirteenth General Programme of Work 2019–2023 with tracking of the Healthy China 2030 plan.

This engagement has laid the foundation for a systems approach to health information in the years to come.

Using healthy ageing as an entry point to transform health systems and stimulate new perspectives on health as a societal issue

The Western Pacific Region has one of the largest and fastest-growing older populations in the world. Ageing has been a predictable change to our society that tests our ability to transform and future-proof our health systems and environments. At the Regional Committee in October 2019, Member States acknowledged that early action to prepare for ageing populations is critical to



Staying socially connected is vital for older adults and healthy ageing. Technology helps this grandmother in the Philippines stay connected, as she video chats with her family during a COVID-19 lockdown.

turn the challenges of population ageing into opportunities to address the health issues of today and prepare for the future. Member States unanimously called for a whole-of-society approach. But the health sector must be proactive and continue to forge partnerships with other sectors responsible for financing, labour, urban planning and welfare to enable changes required to achieve healthy ageing.

COVID-19 has drawn particular attention to the needs of ageing populations. Older people are at high risk of severe COVID-19 and are significantly impacted by the public health measures aimed at reducing the spread of the disease. To support countries, WHO rapidly convened groups of internal and external experts to develop tools and guidance to safeguard older adults in the Region during the pandemic. This included guidance on COVID-19 for the care of older people living in long-term care facilities and guidance for infection prevention and control.

The heightened interest in the health of ageing populations also serves as an entry point for addressing the needs of older people beyond COVID-19. Countries of the Western Pacific Region are actively improving care for older people as part of this “new future” approach. Mongolia and Viet Nam have started advocating self-care and training for community volunteers and health-care workers to encourage older people to take more ownership of their health and to practise self-care to maintain their well-being.

In taking steps towards making health systems and environments more attuned to ageing populations, countries have been setting the scene for the broader transformation of our health systems.

As requested by the Regional Committee in 2019, WHO in the Western Pacific has been working with experts and countries to develop the draft regional action plan on healthy ageing. The plan proposes cross-sectoral actions for Member States and WHO to better support the diverse needs of older people in the Region and to regard population ageing as an opportunity to transform societies. This long-term approach aims to foster a regional culture in which older people are healthy, thriving and contributing to their societies. The plan is slated for presentation to the Regional Committee in October 2020.

UHC: a platform for the future



For the Future identifies universal health coverage or UHC as a foundation to ensure that all disease control, health services, health security, public health and preventive health programmes are designed as part of and contribute to building future health systems.

The vision to make UHC a foundation for building the health systems of the future has led into the revitalization of the UHC Technical Advisory Group (TAG), broadening engagement for policy development and innovation for health systems in the Region.

The new UHC TAG will serve as an umbrella under which other TAGs in the Region—on NCDs, climate change, emerging diseases, violence and injury prevention, tuberculosis and an expert group on reaching the unreached—come together and rally behind a coordinated approach to transform health systems for UHC. The TAG will also take up the many challenges observed during the COVID-19 pandemic, which will deepen the process of building and strengthening health systems.

The centrality of UHC in making the Western Pacific the safest and healthiest region has been further accentuated by COVID-19. The new TAG aims to help countries take bold steps towards innovation prompted by the urgency to formulate UHC in the “new normal”, based on countries’ needs and contexts. These steps may include rethinking service delivery for UHC by empowering people and communities, restructuring service delivery and models of care and redefining the role of institutions within and beyond health to deliver public health goals. Additional areas may include fostering information for action, strengthening strategic communications and rapid uptake of innovations, and creating an enabling environment for strong governance and accountability.

In August 2020, the new UHC TAG will convene to set these directions in motion and to open the new journey for UHC into the “new normal” and the new future.



Division of Health Systems and Services

Strong health systems are the backbone of Member State efforts to achieve universal health coverage (UHC) in the Western Pacific Region. The Region's vision, *For the Future*, emphasizes the importance of robust health systems for achieving sustainable, improved health outcomes. Strong health systems are vital for addressing the four thematic priorities in the vision: health security, including antimicrobial resistance; noncommunicable diseases and ageing; climate change, the environment and health; and reaching the unreached. The COVID-19 pandemic has brought forward the urgency to strengthen and transform health systems.

The Division of Health Systems and Services (DHS) works with other WHO divisions to contribute technical expertise so that health systems can be resilient to emergencies, deliver outputs for communicable and noncommunicable disease prevention and control and optimize public health investments for improved health outcomes. DHS comprises four units that support Member States with policy and technical advice on key aspects of the health system: Health Policy and Service Design; Essential Medicines and Health Technologies; Maternal Child Health and Quality Safety; and Health Law and Ethics.

WHO has supported many Member States to improve outcomes for preterm and low-birthweight newborns using "Kangaroo Mother Care", as this mother in Viet Nam demonstrates. Quality health services are central to achieving universal health coverage.

Strong health systems are the backbone of Member State efforts to achieve universal health coverage (UHC) in the Western Pacific Region.

The Health Policy and Service Design team supports Member States to develop and implement policies, strategies and plans to strengthen health systems. It focuses on health financing policies to reduce out-of-pocket payments and financial barriers to accessing health care, analysis of health expenditure to inform policy-making, policy advice on health workforce planning, and management of and support for service delivery, including primary health care and rehabilitation.

The Essential Medicines and Health Technologies team supports Member States to strengthen pharmaceutical systems and regulations, including for traditional medicines, to ensure equitable access to quality-assured, safe and effective therapies and health technologies. The team works alongside other programmes to accelerate the fight against antimicrobial resistance in the Western Pacific Region. It supports strengthening national regulatory authorities, exchanging experiences between Member States, addressing antimicrobial resistance through national leadership, and improving surveillance of antimicrobial use and resistance.

The Maternal Child Health and Quality Safety team supports Member States to provide the best and safest possible health services to all people under UHC, making the health of women and children a priority. The team focuses on improving the quality of reproductive, maternal, newborn and child health care, health facility services and patient systems. It also runs the Global Health Learning Centre to train future health leaders from the Region.

The Health Law and Ethics team supports Member States to understand, develop and implement quality and ethical legal frameworks for health. Legal frameworks for health, which are grounded in human rights and international good practices, guide transformative policies and innovative programming. The team supports Member States to review and develop legislation and to exchange experiences on legislation and the role of parliamentarians in health leadership.

Overall, the Division supports Member States in strengthening health systems that will contribute to achieving UHC. In 2020, the Division led in supporting the health-care delivery aspects of the COVID-19 response. It helped countries put in place care pathways and strengthen health care for COVID-19 with an early focus on intensive care capacity. The Division worked with national legislators to share legislation and strengthen regional solidarity to address COVID-19. The Division also worked with the Asian

Development Bank, the International Monetary Fund and the World Bank to analyse the economic impacts of the pandemic and prepare for a future fiscal crisis, which could negatively impact government expenditure on health.

In April 2020, WHO marked World Health Day in the Region with a virtual event honouring health-care workers. The event recognized the importance of investing in nursing and strengthening nurse leadership and paid tribute to the selfless role and sacrifices of nurses in the COVID-19 response as they work tirelessly on the front lines.

In 2020, the Division is working with Member States to encourage policy dialogues that highlight the leadership role of nurses and midwives and the need to invest more in their education and career development. In Viet Nam, WHO collaborated with the Ministry of Health and the Viet Nam Nurses Association on two advocacy events to celebrate the International Year of the Nurse and the Midwife and to call for increased investments in education, creation of decent jobs and leadership roles for nurses and midwives. WHO also held a week-long social media campaign highlighting the contributions of nurses and midwives in communities and primary care systems. WHO released a video about two nurses, one of whom worked for the national paediatric hospital and cared for the first COVID-19 paediatric patient in Viet Nam. These personal stories highlighted the critical role of nurses and midwives, including on the front lines of the COVID-19 pandemic, as well as the importance of infection prevention and control.

Strengthening health-care systems for COVID-19 and beyond

COVID-19 has presented the urgency to accelerate health systems strengthening in the Region. The *WHO Western Pacific Regional Action Plan for Response to Large-Scale Community Outbreaks of COVID-19* highlights the importance for Member States to put in place a care pathway to minimize morbidity and mortality from COVID-19, and to ensure that hospitals are not overwhelmed but rather prepared with surge capacity when needed. WHO supported countries in the Region to strengthen hospital and intensive care unit capacity to provide treatment for patients with severe and critical illness.

In the Lao People's Democratic Republic, for example, the COVID-19 response built on an existing WHO-supported initiative to develop hospital accreditation criteria, including standards for hospital management and other areas such as human resources and finance, infection prevention and control (IPC), and emergency preparedness. Before the pandemic, WHO and the Ministry of Health conducted a national baseline survey of hospital management, which showed that the largest gaps were in IPC and emergency preparedness. In addition, to facilitate implementation of accreditation criteria in specific programme areas, WHO worked with national reproductive, maternal, newborn and child health programmes to roll out nationwide quality improvements to monitor and enhance service readiness and quality. This approach was introduced in more than 80 hospitals and primary health centres in all Lao provinces during 2019.

When COVID-19 struck, WHO worked with the Lao Ministry of Health to conduct simulation exercises on IPC in all 17 provincial hospitals. These exercises led to actions such as organizing registration and screening during triage, zoning patient and health worker pathways to avoid potential contamination, and identifying the necessary space, staff and equipment for surges in COVID-19 cases. These same activities focused on strengthening IPC capacity will be conducted in primary health centres in the second half of 2020. Sustainability is maintained by including essential IPC measures in updated standards for hospital accreditation.



COVID-19 has accentuated the need for effective infection prevention and control practices in health facilities. WHO has supported many training sessions like this one in the Lao capital of Vientiane to help keep staff, patients and visitors to facilities safe.



In June, the Papua New Guinea legislature enacted the National Pandemic Act 2020. The pandemic has spurred more Member State requests for WHO support to develop legal frameworks for health, as legislative frameworks increasingly underpin health security and health systems development.

Partnership with parliamentarians on legislation for health

WHO has established an active partnership with parliamentarians for national leadership and oversight of health policies and programmes. Strong legal frameworks and parliamentary processes underpin the organization, financing and regulation of health-care delivery and enable extraordinary measures during emergencies such as the COVID-19 pandemic, while promoting individual rights.

The direct support WHO provides to countries in strengthening legal frameworks for health and WHO's leadership as the Secretariat of the Asia-Pacific Parliamentarian Forum on Global Health complement each other in bolstering national health systems. This includes supporting national efforts during the COVID-19 response. At the fifth meeting of the Parliamentarian Forum in Fiji in 2019, parliamentarians discussed the challenges of climate change, the environment and health. In April 2020, WHO organized an extraordinary virtual meeting of parliamentarians to share experiences about their roles in leading national responses to COVID-19. The Forum reconfirmed their solidarity to support and work with WHO in the Region. Parliamentarians also requested further meetings and for WHO to facilitate the sharing of information related to COVID-19.

The guidance on law-making processes provided by WHO has proven useful as the COVID-19 pandemic increased the urgency for countries to develop or amend legislation related to emergencies, public health, the health workforce, privacy and other issues. Enabling governments to respond swiftly and accurately through legislative processes continues to be a priority for WHO in

the Region. Early in 2020, WHO initiated support for Cook Islands to update their public health laws. Though the process was temporarily paused during the initial phase of the pandemic, it has now restarted and will include COVID-19 considerations. Further, WHO supported Papua New Guinea to develop the country's new National Pandemic Act 2020, which aims to strengthen government efforts in addressing COVID-19 priorities.

Health financing for UHC

DHS supports Member States to ensure adequate financing for the achievement of UHC and the health-related Sustainable Development Goal targets by 2030. This long-term strategy requires partnerships with finance ministries to make an effective case for investing in health that recognizes its contribution to economic growth, employment generation and security. In 2020, WHO's partnership with the Asian Development Bank in the Region has strengthened and built on previous support to countries on public financial management, strategic purchasing and funding primary health care. WHO and the Asian Development Bank have collaborated closely on financing and supporting the COVID-19 response and are convening a joint meeting of ministers of finance and health in September 2020 to share lessons from the COVID-19 response and to recommit to investing in UHC.

Since the start of the pandemic and the resulting economic crisis, WHO has convened a fiscal space working group in the Region with senior officials from the Asian Development Bank, the International Monetary Fund and the World Bank. This working group estimated declines in per capita health budgets due to declines in government revenue as a result of declining gross domestic product and is exploring options to protect health budgets. The working group brings together WHO country offices and health ministry counterparts in round-table discussions with finance ministry officials on how to address the widening gap between decreased government revenue and increased expenses due to COVID-19. WHO and the World Bank will conduct round-table discussions with Member States with detailed government revenue estimates and their impacts on health ministry budgets. This group is also exploring fiscal relief instruments such as fiscal consolidation and debt relief. This work advances the economic rationale for investing in UHC by expanding and tailoring messages to the COVID-19 context, thereby emphasizing the need to bolster health funding even in times of fiscal crisis.



Division of Healthy Environments and Populations

The Division of Healthy Environments and Populations (DHP) aims to address the upstream drivers of health by supporting Member States in the Western Pacific Region to enable healthy choices and lifestyles, to ensure healthy lives and well-being throughout the life-course, leaving no one behind and creating safe and healthy environments in which people live, study, work and play. DHP also supports all divisions to mainstream gender and equity in all that we do.

DHP supports the *For the Future* vision of making the Western Pacific the world's healthiest and safest region by addressing the social and environmental determinants of health. More specifically – from the population level down to communities and individuals – our focus is on Member States to address and protect people against risk factors while also promoting inclusive services for noncommunicable diseases (NCDs). This work spans the topics of violence, injuries, alcohol, tobacco and nutrition. It requires ensuring safe environments and establishing healthy behaviours and settings across the life-course through families, schools, workplaces and cities that promote health. The Division also works to close the equity gap by making progress in all these areas under the *For the Future* vision.

Community engagement is important for the success of many health programmes. One example is a cancer awareness campaign run by volunteer health workers in Vanuatu. Experience such as this has been drawn on to ensure communities are prepared for COVID-19.

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The work of DHP is carried out through five technical units: Health and the Environment; NCD Prevention and Health Promotion; Tobacco Free Initiative; Social Determinants of Health and Violence and Injury Prevention; and Nutrition.

The NCD Prevention and Health Promotion unit works closely with Member States and partners to tailor policies, programmes and responses to meet countries' health needs and address their challenges, prioritizing the focus and timing of our support to address modifiable risk factors and social determinants of health based on each country's needs and consistent with their political, social and economic context. This work aims to help establish lifelong healthy behaviours and environments, including health promoting schools and healthy cities. In Cambodia and Fiji, DHP helped strengthen collaboration between health promotion networks and other sectors to reduce NCD risks.

The Tobacco Free Initiative unit addresses emerging challenges posed by the rapidly evolving tobacco industry. Supported by the endorsement in 2019 of the *Regional Action Plan for Tobacco Control in the Western Pacific (2020–2030)*, DHP built on past efforts to address the emergence of novel tobacco products and other trends. At the national level, Niue is an excellent example of how countries can implement the Action Plan by engaging sectors beyond health in the development of the regulations adopted in 2020, after passing its first national comprehensive tobacco control law in 2018.

The Nutrition unit supports Member States to address the double burden of malnutrition with an emphasis on policy actions and nutrition interventions through the life-course. In the area of healthy diet, DHP led regional efforts to support Member States in accelerating actions to address the harmful impacts of marketing breast-milk substitutes and food high in saturated fats, trans-fatty acids, free sugars or salt. This work was guided by the *Regional Action Framework on Protecting Children from the Harmful Impact of Food Marketing in the Western Pacific*, which the Regional Committee endorsed in October 2019. As well, DHP supported Cambodia, China, Malaysia, Mongolia and the Philippines in promoting a healthy diet through regulating food high in saturated fats, trans-fatty acids, free sugars or salt.

The Social Determinants of Health unit was organized in response to Member State requests. DHP investigated the alignment between policies, strategies and services that address violence against women and children, identifying opportunities for integration of approaches and addressing the social determinants of health including gender. The

arrival of the COVID-19 pandemic has exacerbated inequities and caused new vulnerabilities to emerge. To address these challenges, increased focus has been on vulnerable populations. Drawing on our expertise and networks, DHP is building empowering environments for health by taking a whole-of-society approach and putting people and communities – especially those hard to reach – at the centre of our work to build a healthier future for all. WHO in the Region has supported Member States in implementing community engagement to provide local solutions to emerging issues, including COVID-19 responses, as well as identified and documented community-driven approaches. As we move from the first stages of response into a “new future”, further investment will be needed in targeting health promotion, safe and empowering environments, and support from sectors beyond health.

The work of the Health and the Environment unit is also driven by Member State requests for support. DHP has actively worked to improve health outcomes linked to environmental risks including unsafe water and inadequate sanitation, poor air quality, exposure to toxic, hazardous waste and chemicals, and climate change. Emphasis was placed on enabling strengthened collaboration between health and environment sectors. Capacity in countries was enhanced through regional technical networks of experts and partners, inter-country sharing of good practices, research, policies and action on environmental and occupational hazards to health and strengthening environmental surveillance and information systems. COVID-19 required new ways of working, and, as such, we built national capacity to undertake environmental health risk assessment followed by appropriate multisectoral responses to increase resilience to climate change.

Community engagement: solutions from the ground up

Community engagement is an essential mechanism for leveraging local resources and networks to enable dynamic, context-specific responses to health issues. The way in which people, communities and societies value health lays the foundation by which communities create healthier futures beyond the emergency response.

DHP supported countries to empower communities and to strengthen and scale up gender-sensitive and equity-based solutions to address the impact of COVID-19 by identifying local solutions to emerging challenges, building on local systems. For example, the WHO office in Tonga worked with the Ministry of Health to develop a so-called *Talanoa* (meaning “to talk”) engagement plan as part of their COVID-19 response to reach villages throughout the main island to ensure they could access timely support. This work was quickly rolled out utilizing existing platforms and networks for community engagement for health. The *Talanoa* plan involved holding community gatherings as a platform for sharing information on public health and for communities to have questions answered, discuss issues and make informed decisions about the local response. The sessions covered topics such as infection prevention and control (IPC) practices, including handwashing and physical distancing, and addressed myths and rumours. Local health-care workers facilitated these conversations, during which communities worked together to create local solutions, such as how to support community members if COVID-19 cases were identified.

The establishment of the Community Engagement Movement in the Western Pacific has been initiated and is being scaled up to cover all countries in the Region. This Movement brings countries together to catalyse community engagement for emergency response and to enable communities to support and protect vulnerable population groups. WHO in the Region published the guidance note on the *Role of Community Engagement in Situations of Extensive Community Transmission of COVID-19* and moved this guidance into practice by helping countries develop and implement gender-sensitive and equity-based community engagement workplans for their COVID-19 response.

Addressing vulnerable populations using a gender and equity lens

Health patterns among people living in the Western Pacific Region tend to be strongly influenced by social determinants. Inequities in most countries in our Region threaten social and economic advances and create avoidable barriers to health – a situation made worse by the COVID-19 pandemic. Targeted efforts to support vulnerable groups have been an important component of the public health response to the pandemic. To help Member States further strengthen this important area, WHO in the Region published the guidance note *Actions for Consideration in the Care and Protection of Vulnerable Population Groups for COVID-19*.

Engagement of affected communities has allowed vulnerable populations to be included in the COVID-19 response, empowered to raise their concerns and challenges and identify and act on solutions. For example, Mongolia drew on its well-established Healthy City Network to boost city-led local COVID-19 response efforts in line with national coordination. Through their participation with this Network, cities and local leadership in Mongolia were experienced in community engagement and the creation of healthy settings, making them well suited to adapt and apply guidance to be accessible and acceptable to their local context. Mongolia's capital Ulaanbaatar developed a city action plan based on a whole-of-society approach to ensure that all population groups, including the most vulnerable, would benefit from interventions and strategies. The city's health department took on key functions in preparing the local health workforce and facilities for the arrival of COVID-19. The city also worked with international and local partners to share good

practices and lessons from implementing the City Action Plan for COVID-19 and strategies to reach the vulnerable.

To further support gender and equity work in the Region, “*A Panorama of Gender Inequities in Health in the Western Pacific*” was developed, highlighting gendered health trends according to the four thematic *For the Future* priorities for WHO work in the Region. Working with Western Pacific countries, the Organization has used this information to strengthen policies and programmes and monitor and evaluate efforts, particularly in response to COVID-19. For ongoing monitoring of gender inequalities in health between and within countries, DHP contributed to the development of the regional COVID-19 dashboard to help guide countries to measure and monitor the outbreak in vulnerable groups. As a first step, countries were encouraged to report on COVID-19 using data disaggregated by age and gender – a necessary component to inform the development of targeted responses. To foster documentation and sharing of gender-mainstreaming practices, a live virtual gender and equity platform is being developed. This resource hub will be updated continuously by WHO in the Region with resources and examples to support countries in our mission to mainstream gender.



A nurse from Chambork Health Centre in Cambodia provides outreach malaria testing and other services at a remote logging camp. Targeted efforts are needed to reach vulnerable groups, especially women and girls, to overcome avoidable barriers to health.



A girl uses a handwashing station in Vanuatu set up after Tropical Cyclone Harold, one of many infection prevention and control measures leveraged in the response to COVID-19.

Improving environmental health with innovative approaches

Ensuring good and consistently applied water, sanitation and hygiene (WASH) and waste management practices in communities, prisons and health-care facilities has helped prevent transmission of COVID-19. Vulnerable populations face the greatest challenges in accessing WASH services, thus introducing another dimension to inequity and gender inequalities in the time of the pandemic.

WHO has used the COVID-19 response as a catalyst for strengthening innovative delivery of WASH. Using the *Water and Sanitation for Health Facility Improvement Tool* (WASH FIT), a practical guide produced with the United Nations Children's Fund (UNICEF) for improving the quality of care through WASH in health-care facilities, WHO supported the fast-tracking and scale-up of the tool in 63 provinces in Viet Nam through a survey and online training that covered IPC topics. WHO and UNICEF collaborated on online training for community health centres in four provinces, disseminating information, education and communication materials focused on IPC and training nurses in environmental cleaning.

Existing targets related to general strengthening of WASH in health-care facilities and drinking-water quality surveillance are being pursued to support the COVID-19 response and future preparedness. Water quality surveillance in health-care facilities has been prioritized, with a continued focus on WASH. Some provinces in Viet Nam have integrated WASH responses in health-care facilities with climate change. This approach has involved installing water supply infrastructure (desalination and rainwater harvesting systems) and latrines, as well as conducting vulnerability assessments for climate change and IPC to strengthen the capacity of health-care facilities to cope with COVID-19 and climate change. Work is under way to replicate this model in other provinces.

WHO is intensifying efforts to conduct WASH FIT assessments in other countries in the Region to enable cost estimations and development of achievable plans that ensure the most vulnerable are reached in the context of COVID-19. WHO advocates collaboration with sectors beyond health and international development partners in accessing financial resources to achieve the WASH targets in health-care facilities.

A shift for the future: working upstream for NCDs

NCDs are a burden across generations, driven by the conditions in which people are born, grow, live, play, work and age—collectively known as *social determinants of health*.

NCDs are the leading causes of death and disability in the Western Pacific Region, responsible for 84% of all deaths, according to 2019 statistics. NCDs also affect people's chances of survival from infectious disease pandemics such as COVID-19, as underlying conditions increase the risk of death and disability.

For the Future lays out the vision for WHO's work with Member States to reduce the burden of NCDs by tackling the underlying causes while redesigning health systems to improve service delivery.

This vision builds on many successes. Policy and legislative interventions have contributed to the goal of a tobacco-free Region, including Australia's landmark laws on plain packaging, followed by New Zealand and Singapore, and health warnings and taxes imposed on tobacco products in many countries. The Healthy Islands vision of the Pacific has spurred interventions such as Health Promoting Schools and the *Action for Healthier Families Toolkit* to engage communities, and the use of simple technological devices to improve risk monitoring and delivery of NCD services in remote islands.

To accelerate progress, the WHO Regional Office has taken bold steps over the past year. WHO reformed work on NCDs by having two technical divisions working across programmes to address



Reducing NCD morbidity and mortality requires all communities and individuals to be able to access services, such as those provided at this clinic in Tuvalu, to advise on modifying risk factors, to diagnose and monitor NCD conditions, and to ensure effective treatment.

social, political and economic conditions that impact modifiable risk factors for NCDs, such as tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity; and to design systems for NCD service delivery focusing on primary health care and unreached populations. For the first time, the Technical Advisory Group (TAG) for NCDs was established to bring together diverse partners—from scientists and technical experts to parliamentarians—to guide WHO and Member States towards a radical shift by sharpening the focus on the upstream factors that influence the development of NCDs. The NCD TAG met virtually earlier this year to conduct a cross-cutting examination of factors contributing to the Region's NCD burden.



Division of Programmes for Disease Control

In 2019, the Division of Programmes for Disease Control (DDC) expanded its mandate in communicable disease control and elimination to address the increasing morbidity and mortality associated with noncommunicable diseases (NCDs) and mental health and well-being in the Western Pacific Region. The Division's work supports the regional thematic priorities of health security and reaching the unreached.

Reaching the unreached is WHO's commitment that healthy lives and protection from emergencies and diseases require that all people – including the most vulnerable, marginalized and stigmatized – have access to high-quality health care and public health programmes. WHO continued to work towards this goal by constantly learning, improving and redesigning health-care delivery and public health systems (see boxed story on page 54).

In Fiji, health workers use boats to provide outreach vaccination services to remote villages. Achieving universal health coverage requires finding ways to reach remote communities to ensure access to services for all.

DDC comprises six technical units focused on the Region's current and future disease control challenges: Vaccine-preventable Diseases and Immunization; Malaria and Neglected Tropical Diseases; End TB and Leprosy Elimination; Management of Noncommunicable

The Division's work supports the regional thematic priorities of health security and reaching the unreached ... so all people – including the most vulnerable, marginalized and stigmatized – have access to high-quality health care and public health programmes.

Diseases; Mental Health and Substance Use; and HIV, Hepatitis and Sexually Transmitted Infections.

The Division's wide-ranging technical expertise supports Member States to develop capacity to respond to endemic and emerging disease threats, including communicable and noncommunicable diseases, while contributing to the development of high-performing and equitable health systems. The Division's units seek to harness the potential of solutions from the ground up, innovation and the strategic use of data to accelerate progress towards disease control and elimination by integrating successful elements of vertical programmes into health service delivery systems.

The Vaccine-preventable Diseases and Immunization unit works towards making the Region free from vaccine-preventable diseases (VPDs) by detecting and characterizing populations unreached by immunization, enhancing epidemiologic surveillance and strengthening laboratory networks. WHO supports Member States to conduct aggressive field investigations and on-site risk assessments and to develop and implement tailor-made strategies to fill immunity gaps.

The Malaria and Neglected Tropical Diseases unit supports Member States to reduce and eliminate these diseases by adopting evidence-based policies and strategies, facilitating multisectoral actions and strengthening interventions such as mass drug administration, active surveillance, integrated vector management, accurate diagnosis and early treatment, community empowerment and research to reach unreached populations. The Greater Mekong Subregion has made substantial progress towards malaria elimination, and China and Malaysia, as part of the WHO E-2020 initiative of 21 malaria-eliminating countries globally, have maintained zero indigenous malaria cases. In 2019, WHO validated Kiribati as having eliminated lymphatic filariasis as a public health problem. That same year, Malaysia and Tuvalu adopted the triple-drug regimen to accelerate elimination of lymphatic filariasis.

The End TB and Leprosy Elimination unit guides Member States in responding to the United Nations high-level meeting call to end the tuberculosis (TB) epidemic by 2035 and supports the implementation of global strategies to reduce the regional leprosy burden. Progress has been made in implementing the *Regional Framework for Action on Implementation of the End TB Strategy in the Western Pacific, 2016–2020*, notably increased use of rapid diagnostic tools, better case-finding, improved management of drug-resistant TB, increased HIV testing and

antiretroviral therapy among people co-infected with TB/HIV, and determination of the catastrophic costs due to TB and social protection for affected families. Particular attention is given to address gender disparities and vulnerabilities including differences in risk of exposure, health-seeking behaviour, economic consequences and stigma associated with being known as a TB patient.

The Management of Noncommunicable Diseases unit supports Member States to strengthen NCD management through alignment with UHC policies and integration at all levels of care. Particular attention is paid to integrating NCD services into existing systems for communicable disease and maternal and child health programmes at the primary care level. For example, digital interventions introduced in Cambodia and Mongolia strengthened information systems for surveillance and individual patient monitoring for NCDs in primary health care.

The Mental Health and Substance Use unit supports Member States to ensure that mental health is an integral part of UHC and to enhance the resilience of their mental health systems for future crises. WHO in the Region has provided leadership and coordination in advocating for mental health during the COVID-19 pandemic by providing capacity-building, intervention tools and resources, facilitating community engagement through risk communication, and addressing service gaps and disruptions by fostering innovation and knowledge exchange.

The HIV, Hepatitis and Sexually Transmitted Infections (STI) unit supports Member States to increase equitable access to comprehensive HIV, hepatitis and STI services and move towards disease elimination, while supporting the transition to sustainable financing mechanisms. Achievements include advocacy for price reductions for curative hepatitis C drugs, introduction of pre-exposure prophylaxis (PrEP),

HIV self-testing, new treatment regimens, and integration of hepatitis, STI and cervical cancer screening and prevention services.

Early in the COVID-19 response, DDC staff with appropriate expertise were assigned to key leadership and coordinating roles, including acting Regional Emergency Director/Director of the Division of Health Security and Emergencies, co-acting WHO Representative in the Philippines and pillar leads of the Incident Management Support Team. DDC contributed to partner coordination, community engagement and strategic communications, deployed consultants and experts, engaged in futures think tanks, and provided technical guidance on the maintenance of essential systems and services. DDC was also able to draw on previously established platforms and networks to assist the COVID-19 response, use their expertise to support the continuity of essential services and support Member State efforts to reach vulnerable and unreached populations.

Utilizing the disease control laboratory network for COVID-19 response

The pandemic created an unprecedented need for rapid introduction and scale-up of COVID-19 testing capacity and acute demand for novel diagnostic tests. The infrastructure and systems established in



Providing training and technical support to enhance Member States' laboratory services, as illustrated here in Kiribati, has become even more important as we respond to COVID-19.



Large-scale outbreaks of measles occurred in many parts of the Region in 2019. Surveillance with case investigation helped to target the unreached. In Cambodia, outbreak immunization response following field investigation helped sustain measles cases at low levels.

countries through the support of the Vaccine-preventable Diseases and Immunization unit and others are now being used for the COVID-19 response. The network of 450 laboratories established in the Region in the 1990s – with capacity to test for poliomyelitis (polio), measles, rubella, invasive bacterial diseases and rotavirus – was promptly mobilized for COVID-19 testing, with support from WHO and other partners. These systems were further strengthened through training and technical support in the areas of quality assurance, new testing methods and expansion of molecular capacity.

VPD laboratories contributed to national preparedness and outbreak response plans while investing in infrastructure and training to strengthen laboratory capacity for other diseases. Coordinated by technical experts from DDC, 21 laboratories in 10 countries were supplied with COVID-19 test kits, reagents and other supplies. Testing quality is maintained through participation in global quality assurance schemes. The Global Measles and Rubella Laboratory Network, the Global Polio Laboratory Network and other VPD laboratories have provided staff, skills and expertise as COVID-19 testing strategies have been developed and expanded across the Region.

Automated rapid diagnostic technologies with short turnaround times, introduced by the TB programme for diagnosis of rifampicin resistance, have been adapted for COVID-19 testing. TB laboratories have been repurposed in 21 Pacific island countries and areas, especially in remote areas with limited laboratory capacity. Xpert MTB/RIF platforms have been introduced or optimized to ensure in-country COVID-19 testing is available. Front-line TB staff have been instrumental in the COVID-19 response, particularly for sample collection, sample transport and contact tracing.

Ensuring continuity of essential health services

COVID-19 threatens to disrupt public health programmes and essential health care, further driving inequities and the attendant risk of resurgence of communicable and noncommunicable diseases. Applying lessons from previous emergencies, WHO has made access to essential health-care services, vaccines, medicines and commodities an integral part of the COVID-19 response. Anticipating the interruption of supplies of vaccines and medicines, the Essential Medicines and Health Technologies Team under the Division of Health Systems and Services worked with DDC teams to set up a monitoring system for medicines and vaccines supply, especially in the Pacific. WHO is supporting countries



In the Philippines, STRiders (Specimen Transport Riders) facilitate timely TB diagnosis by shuttling specimens to testing laboratories. This innovative approach has been expanded to ensure that people living with HIV receive life-saving medicines during COVID-19.

to develop and implement national guidance for sustaining essential programmes during the COVID-19 pandemic and beyond.

Cambodia was verified as having achieved measles elimination in 2015, but there was a regional resurgence in 2019 in a major tourist hub. WHO engaged in high-level advocacy on the measles outbreak with the Ministry of Health and supported the Ministry to secure external financing for an outbreak response campaign, which prevented further local transmission. Measles cases, however, continued to occur nationwide.

WHO also helped Cambodia conduct an epidemiological root cause analysis that identified measles virus importation from cross-border and international travel. Additionally, there were separate pockets of measles susceptibility among children, not all of whom had been immunized, and transmission was occurring in some health facilities. These overlapping situations explained why measles was being dispersed after importation.

A comprehensive response plan was implemented, focusing on risk assessment and nationwide strengthening of routine immunization. But small numbers of new measles cases continued to occur. Intensive monitoring and assessment of routine immunization, outreach and outbreak response immunization activities and analysis of genotyping data were conducted. Results showed that ongoing measles transmission was caused by multiple independent importations, rather than a single endemic lineage. Results also revealed that some long-term measles virus transmission was being sustained through transmission at referral hospitals.

WHO continues to work with external partners and the Ministry of Health to prevent further transmission in health-care settings and deliver measles vaccine to children unreached by existing strategies and activities. By May 2020, reported cases of measles had fallen to very low levels.

Reaching people with TB and HIV has also been a priority. The Specimen Transport Riders (STRiders) system was originally introduced in the Philippines to address low drug-resistant TB notifications resulting from poor access to laboratory testing among people in rural areas with TB symptoms. STRiders on motorcycles continue to find missing TB cases in communities and ensure that people living with HIV have access to life-saving antiretroviral drugs, despite stringent movement restrictions due to COVID-19.

Trained STRiders handle and transport sputum specimens from peripheral health facilities to laboratories in return for a modest professional fee and support for gasoline and maintenance. Building on this successful initiative, the TB programme is collaborating with other disease programmes to develop an all-sample transport system to increase efficiency and optimize resource use.

WHO has long recommended that HIV services be adapted to individual needs, dispensing medications for longer periods and closer to people's homes. COVID-19 has accelerated the implementation of multi-month dispensing and innovations including HIV self-testing and telemedicine. STRiders now provide an expanded range of services, delivering anonymized supplies of antiretroviral medicines and HIV prevention packs containing condoms, lubricants and self-screening kits to rural health facilities for local clients. Vulnerability to HIV infection is often linked to gender and gender identity, which may include sex workers, transgender people, and men who have sex with men. They are challenged with stigma, discrimination, violence and limited access to health care. Services that are not sensitive to the needs of these marginalized groups present major access barriers and other issues on which WHO in the Region is collaborating with community-based organizations to address.

Leveraging health systems to reach vulnerable and unreached populations

COVID-19 has exposed and exacerbated existing gender inequities, stigma and discrimination, which particularly affect marginalized populations with limited access to health services, including people in prisons, migrants and remote rural communities. One example of WHO work on these issues is in Vanuatu, which has developed stronger capacity to deliver health services to hard-to-reach island communities. Leveraging this capacity in settings with limited resources has enabled a strategic response by integrating disease services and delivering comprehensive, community-centred care.

With technical support from WHO, the Vanuatu Ministry of Health and provincial health departments mobilized resources to progressively reach remote, unreached communities through regular community outreach campaigns and accelerate yaws elimination and control of other neglected tropical diseases by integrating NCD activities. Volunteers and health workers were trained in mass treatment of yaws, deworming of children, treatment of scabies and screening for NCDs, including cardiovascular disease, diabetes and hypertension. The campaigns, which included public health awareness-raising, reached 18 000 people on Tanna and 25 000 people on the remote island of Efate in late 2019.

At the start of the COVID-19 pandemic, outreach campaigns were expanded to include information on the disease, empowering communities to protect themselves. The trust established through strong community relationships allowed rapid delivery and acceptance of COVID-19 messaging and increased safe hygiene practices, which also help prevent yaws and soil-transmitted infections.

Reaching the unreached: essential for UHC

Reaching the unreached is a global and regional health priority, embedded in the principles of the 2030 Sustainable Development Agenda and identified as a thematic priority in *For the Future*.

The “unreached” refers to a diverse and changing range of individuals and populations impacted by settings of care, socio-demographic factors, financial challenges, and discrimination or stigmatized conditions. They include: people living in remote rural areas, informal settlements or displaced due to natural disasters; the poor, poorly educated and unemployed; and people marginalized due to their age, gender, ethnicity or disability. Their condition has been exacerbated and brought into sharper focus by the COVID-19 pandemic, exposing deep vulnerabilities and inequities in access to health and social services experienced by unreached populations.

Leaving behind the hard-to-reach and unreached populations will reverse gains in recent years in malaria, neglected tropical diseases, tuberculosis and HIV, as well as efforts to prevent and control noncommunicable diseases. In fact, disruptions of immunization and other essential health services following health emergencies and natural disasters have led to the resurgence of diseases such as measles, polio, malaria and dengue among these populations.

Reaching the unreached is an emergency in and of itself—because everyone must have

an opportunity for a better quality of life, free from the burden of disease. Sustaining gains made in disease programmes is essential to delivering on our guarantee of a safer and healthier future for the nearly 1.9 billion people of the Western Pacific Region.

DDC has long-standing experience in implementing immunization and other communicable and noncommunicable disease control programmes among vulnerable or marginalized populations, from geographically isolated areas to urban slums. Malaria in the Greater Mekong Subregions is a good example. Mobile malaria workers have targeted pockets of transmission that persist in the forests, far from facility-based health services—part of a DCC strategy that is helping to put malaria elimination within reach in the Region.

Reaching the unreached to achieve the last mile of disease elimination requires overcoming all kinds of barriers. Across the Region, DDC works with countries to deliver immunization through mobile health teams and village posts in many hard-to-reach areas. As a part of a holistic approach to improve access to health services, the Division also works with partners to eliminate stigma and discrimination for TB and HIV.

DDC leads the work across all WHO divisions in the Region to make reaching the unreached a reality and a yardstick for measuring progress towards universal health coverage. A regional framework for reaching the unreached is already being developed, starting with consultations and cross-programmatic collaborations to capitalize on the wealth of experience of disease-specific programmes have with marginalized and vulnerable populations. Successful approaches to addressing challenges in the past must be combined with innovations to inform and catalyse systems improvements to realize the goals of disease elimination and the vision of a safer and healthier future.



With WHO assistance, Vanuatu has strengthened capacity to deliver health services to hard-to-reach island communities. Well-functioning community outreach services can be leveraged to deliver a wider range of health programmes in order to meet more needs of children and adults.



Division of Health Security and Emergencies

The Division of Health Security and Emergencies (DSE) works with Member States and partners to advance public health emergency preparedness, respond to public health emergencies and ensure food safety. DSE implements the *Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies* (APSED III) to implement the International Health Regulations (2005), known as IHR (2005). The Division plays the leading role in implementing one of the four thematic priorities in *For the Future*, namely health security, including antimicrobial resistance. It also is leading the response to COVID-19.

The Division consists of four units that handle the various components of this mission.

The Country Health Emergency Preparedness and IHR unit aims to strengthen and advance IHR capacities for health security and to strengthen disaster risk management for health through implementation of APSED III. This unit serves as the regional IHR secretariat and works with countries to enhance their health emergency preparedness and response capacities and to facilitate monitoring and evaluation of IHR implementation. Its mission

WHO works with health authorities in Papua New Guinea to support COVID-19 screening, diagnosis and surveillance in June 2020. Ensuring every country has sufficient capacity to respond to health emergencies has been a long-standing priority for WHO in the Region.

The Division plays the leading role in implementing one of the four thematic priorities in *For the Future*, namely health security, including antimicrobial resistance. It also is leading the response to COVID-19.

also includes infectious hazard management, which focuses on strengthening capacities to address preparedness for influenza pandemics and epidemics as priority public health threats in the Region.

The Health Emergency Information and Risk Assessment unit aims to provide reliable information during emergencies and assess public health risks to inform decision-making. The unit undertakes regional event-based surveillance and risk assessment on behalf of the Member States and provides support to strengthen surveillance systems, risk assessment capacities, rapid response functions and field epidemiology training programmes.

The Emergency Operations unit aims to make sure that populations have access to an essential package of life-saving health services in times of health emergencies. The unit manages operations guided by the WHO Emergency Response Framework and manages the surge roster of experts and regional stockpiles of pharmaceuticals and health commodities.

The Food Safety unit works with countries and partners to provide guidance to strengthen food safety systems to better manage risks and respond to incidents and emergencies.

COVID-19 started in this Region and spread rapidly globally, impacting all aspects of life. However, in 2019, the Western Pacific Region was challenged by several health emergencies. These included flooding in the Lao People's Democratic Republic and Cambodia, volcanic eruptions in Papua New Guinea and in the Philippines, and cyclones in Fiji, the Philippines, Solomon Islands, Tonga and Vanuatu. Infectious disease emergencies included a measles outbreak in the Pacific and polio outbreaks in Malaysia and the Philippines.

Strengthening capacity of countries for health emergencies

Strengthening the capacity of Member States for health emergencies has been guided by APSED and over a decade of recommendations from the annual APSED TAG meetings, which promote learning from real events as a means for continuous improvement to further strengthen and advance health security systems. Over the years, the TAG has made recommendations on the areas to strengthen, especially in countries with limited capacity. Regional capacities have also been



Multiple sources of information can supplement surveillance systems to provide a stronger basis for timely, effective disease control efforts. This approach is being used by Malaysia's Ministry of Health for dengue surveillance and response.

raised, including expanding laboratory capacities and networks that currently include more than 150 laboratories in 10 countries in the Region.

Additionally, Member States have used monitoring and evaluation activities to facilitate continuous improvements in health security systems and response activities. These include the IHR (2005) self-assessment annual reporting carried out by all Member States and the IHR Joint External Evaluations, which were conducted in Brunei Darussalam, Malaysia, the Marshall Islands and Palau in 2019. WHO also supported several countries to effect after-action reviews and simulation exercises and conducted the annual regional simulation exercise, Exercise Crystal, which tests regional IHR operational and communication aspects between Member States, country offices and the WHO Regional Office.

Using multi-source surveillance for decision-making during the COVID-19 pandemic

To respond effectively to the fast-moving COVID-19 pandemic, WHO and Member States could not rely exclusively on traditional surveillance methods, which mainly involve passive data collection. Every surveillance system has limitations, but some limitations can be addressed by using data from different sources. For example, the capacity to rapidly detect any changes in the overall COVID-19 situation can be further strengthened through event-based surveillance, which captures unstructured information from formal and informal channels such as online content, radio broadcasts and print media across all relevant sectors to complement conventional public health surveillance efforts.

Multi-source surveillance supplements existing surveillance systems, rather than establishing completely new ones, to provide a better understanding of the epidemiological situation. Multi-source surveillance has been applied throughout the COVID-19 response. This approach has helped with decisions about what interventions are needed and when to initiate, adjust or discontinue them or how to allocate resources to protect people's health and save lives.

WHO has worked with countries, often utilizing fellows from national field epidemiology training programmes (or their equivalent), to develop systematic ways to quickly synthesize information from multiple sources to inform decision-making.

APSED TAG: helping make the Region safer and healthier

While health emergencies will continue to threaten the future, Member States in the Region have over the years emerged stronger and better prepared after each emergency.

This Region has adopted the culture of learning and improving as a key principle for systems building guided by the APSED Technical Advisory Group (TAG), which works with WHO to provide strategic, technical and operational stewardship in making this Region better prepared for health emergencies.

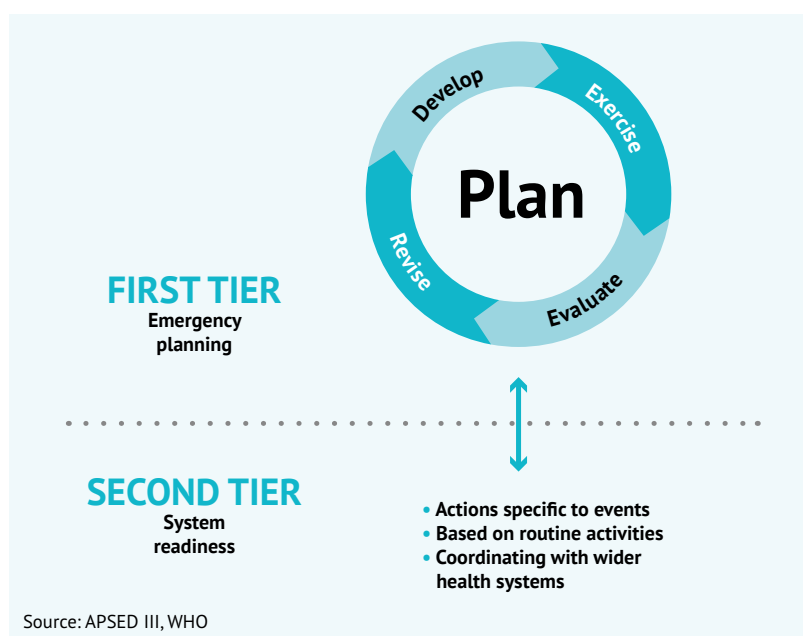
The APSED TAG was established in 2006 to provide guidance to WHO and countries on step-by-step processes for capacity-building and systems strengthening, based on their needs and contexts and the lessons learnt from each emergency.

The TAG follows the two-tiered and mutually re-enforcing components of emergency planning and systems readiness (Fig. 1). The first tier focuses on continuous improvement planning, and, based on this, countries build the readiness of their system.

In between emergencies or during peace time, the TAG reviews progress and stimulates countries to make assessments, training, evaluation and investments in systems building.

In June 2019, the TAG held its annual meeting and identified pandemic preparedness as critical to the future of the Western Pacific Region. Countries were assessed based on the focus areas of APSED III: health

Fig. 1: Two-tiered approach in building emergency preparedness and response



emergency preparedness; surveillance, risk assessment and response; strengthening laboratories; prevention through health care; risk communication, among others.

Member States in the Region were able to mount a speedy and effective response to COVID-19 because of the many years of hard work and learning and improving systems for health emergencies. The TAG will meet again in July 2020 to take stock of how countries implemented the focus areas of APSED to respond to COVID-19. Many lessons will assuredly come through from the challenges of COVID-19. The TAG will help ensure that the Region applies those lessons to spur further improvements in countries and emerge stronger for the future.



WHO provided enhanced support to respond to Tropical Cyclone Harold, which tore through Vanuatu in April 2020 during the COVID-19 pandemic. WHO ramps up support to help Member States deal with simultaneous health emergencies.

Scenario-based exercises have been used to introduce the multi-source approach in Cambodia, the Lao People's Democratic Republic and Mongolia to strengthen epidemic analysis for response decision-making (ERD). The COVID-19 pandemic has further demonstrated the need to strengthen multi-source surveillance to reduce the chance of making inappropriate decisions, given the many uncertainties created by this new disease.

Before COVID-19 struck, Mongolia applied ERD in December 2019 to inform a decision on school openings during the influenza season. In 2019, the DSE response team used ERD during a measles outbreak in the Pacific.

Early in the COVID-19 outbreak, the Lao People's Democratic Republic used several sources of information such as trends in influenza-like illness/severe acute respiratory infections (SARI), SARI specimens and event-based surveillance to strengthen confidence in the observed lack of circulation of COVID-19. Decision-making on non-pharmaceutical interventions has regularly incorporated indicators from multi-source surveillance in multiple Member States.

Saving lives through strengthening and mobilizing emergency medical teams

WHO has worked with countries to strengthen and expand surge mechanisms for health emergency response as a critical element of preparedness. The 10 internationally classified Emergency Medical Teams (EMTs) based in the Western Pacific are often among the first to respond to outbreaks and natural disasters within the Region and around the world, supported by rosters of more than 4000 health emergency responders from Australia, China, Fiji, Japan, Macao SAR (China) and New Zealand.

In addition, National Emergency Medical Teams are established or developing in a number of Western Pacific countries and areas, including Cook Islands, Kiribati, the Lao People's Democratic Republic, the Marshall Islands, the Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu. These teams apply the same principles as international EMTs, but they are designed for national response, serving as first responders in domestic outbreaks and natural disasters.

The 2019 measles outbreak in Samoa demonstrated the value of the EMTs. A total of 18 international EMTs were deployed to Samoa, bringing with them over 550 medical responders who worked hand-in-hand with Samoan doctors and nurses. These teams, which included large international EMTs and smaller teams from neighbouring countries, made a significant contribution to clinical management of measles cases in key health facilities, strengthened infection prevention and control, and supported large-scale immunization activities that brought the outbreak under control. In 2020, EMTs from the Western Pacific supported the response to COVID-19 within the Region and around the world. Teams from China have supported response efforts in Europe, Africa and the Middle East, while national teams have been deployed across the Region to support COVID-19 screening/testing, quarantine management, and management of cases in health facilities or stand-alone COVID-19 treatment centres.

Promoting the new normal for food safety during COVID-19

Unsafe food, which contributes significantly to sickness and ill health in the Region, represents an important dimension of health security. *For the Future* identified the need to enhance engagement with non-health sectors and partners and to strengthen communications to tackle health security risks, including food safety, and unwarranted concerns about risks.

The COVID-19 pandemic has demonstrated the direct connection between concerns about food safety and health security. The emergence of COVID-19 was linked with a food market. Consequently, rumours emerged about the connection between COVID-19 and food safety in general. Fake news abounded and began to threaten food supplies in the Region, increasing economic



COVID-19 has heightened issues related to food security for countries reliant on international transport for many fresh foods. This grocery store in Abaig, Kiribati, can only stock a few processed foods.

damage as food markets closed. Concerns went beyond the safety of meat and poultry. Even bakeries were affected. The closure of food markets around the Region had a noticeable impact on women, who represent the majority of workers in food markets and are most often responsible for food preparation.

The WHO Western Pacific and South-East Asia regional offices collaborated with the Food and Agriculture Organization of the United Nations (FAO), the World Organisation for Animal Health (OIE) and the World Food Programme (WFP) to produce infographics with messages tackling misinformation related to COVID-19 and food safety. The organizations also worked together on a joint webinar to celebrate World Food Safety Day with the theme: “Food safety, everyone’s business”. The WHO regional offices, FAO, the OIE and WFP provided speakers and moderators for the session, joined by experts from two WHO collaborating centres, the China National Center for Food Safety Risk Assessment and the Singapore Food Agency, and a private sector representative from the food sector to provide a panel discussion and answer questions from online participants on the “new normal” for food safety. This session engaged more than 1000 participants from different sectors from 39 countries. A video of the webinar, which has more than 4000 views, is available on YouTube.

In the context of the COVID-19 pandemic, additional food safety communication materials were also produced on shopping safely and celebrating holidays such as Eid al-Fitr that ordinarily involve large family gatherings. The shopping safely campaign was translated into local languages in Mongolia and the Philippines to increase public awareness. Materials produced for Facebook reached more than 190 000 users worldwide and generated more than 13 800 engagements on Twitter.



Food safety is an important dimension of health security. WHO-recommended hygiene practices in food preparation—as this chef in Viet Nam illustrates in preparing traditional noodle dishes—help prevent illness.



Division of Pacific Technical Support

The Division of Pacific Technical Support (DPS) is a technical division of the WHO Regional Office that is located in Fiji to be as close as possible to the communities we serve. The Division tailors WHO support to the unique needs and circumstances of each of the Western Pacific Region's 21 Pacific island countries and areas (PICs).

For the Future: Toward the Healthiest and Safest Region acknowledges the Region's diversity and the need for tailored support to address each country's specific needs and priorities. The vision calls for reaching the unreached, especially those living on remote islands in the Pacific.

DPS has four teams designed to support the current and future health challenges of PICs: Health Systems and Policy; Noncommunicable Diseases and Health through the Life-course; Climate Change and Environment; and Health Security and Communicable Diseases. The teams work with the other regional divisions and all WHO country offices in the Pacific to provide PICs with timely and tailored policy and technical guidance and assistance across the four thematic priorities.

A patient in Fiji is counselled on her cardiovascular diseases risk level. Combating noncommunicable disease is a high priority for the Region, with a focus on reaching everyone in the Pacific with prevention services.

The Division of Pacific Technical Support (DPS) is located in Fiji to be as close as possible to the communities we serve.

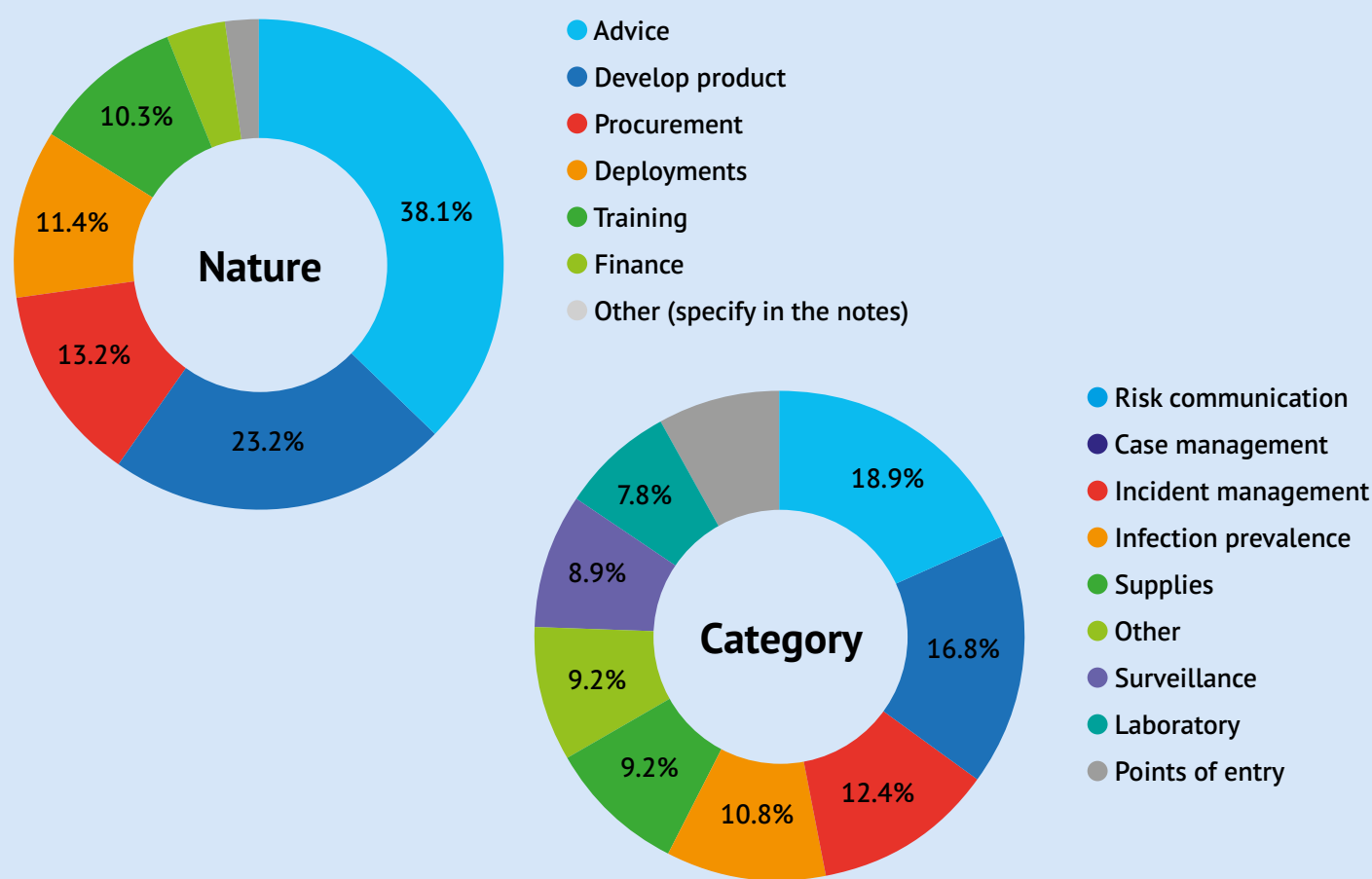
The Health Systems and Policy team works to address challenges related to serving small populations separated by long distances in island countries. These challenges include reliance on high-cost overseas medical referrals, insufficient human resources, health systems resilience and procurement and logistics. Over the past year, WHO supported the evaluation of progress towards the achievement of the health-related Sustainable Development Goal targets and the development of new national health plans in several PICs. WHO provided technical assistance to PICs developing role delineation policies or plans promoting equitable access to essential health services, so that no one is left behind.

The Noncommunicable Diseases and Health through the Life-course team addresses noncommunicable diseases (NCDs) and their risk factors. NCDs are the largest cause of premature mortality in PICs, which have the highest NCD burden in the Region. In 2020, the NCD team assisted in the updating and monitoring of NCD strategic plans by supporting targeted STEPS surveys (to help standardize collection, analysis and dissemination of data). The team also contributed to the passage of strengthened tobacco legislation in some PICs, while supporting others to increase taxes on other unhealthy products. Initiatives to strengthen health promoting schools continued, with new physical activity campaigns in schools. The team continued to support PICs with NCD management programmes, including establishing mechanisms in seven PICs to monitor and plan for improved NCD service delivery. Cardiovascular disease risk assessment was integrated into patient clinical records, alongside efforts to assess factors affecting treatment adherence for NCDs in Cook Islands, Fiji, Kiribati, Nauru, Solomon Islands and Vanuatu. Guidance on engaging and mobilizing communities for early detection and screening for NCDs and promotion of NCD self-care was developed.

Climate change impacts the lives of Pacific islanders directly and indirectly, even threatening the existence of some islands. Extreme weather events increase health risks, damage health infrastructure and can derail efforts to improve WASH and disrupt basic service delivery. The Climate Change and Environment team works with PICs and the health system team to build resilient health systems and respond to environmental threats and challenges.

The Health Security and Communicable Diseases team addresses PICs' vulnerability to natural hazards, emerging infectious diseases and food and water insecurity. Many of the most vulnerable islanders are still at risk for communicable diseases such as tuberculosis, malaria, dengue,

Requests from Pacific island countries and areas for assistance to respond to COVID-19, January to mid-March 2020



In 2019, an Incident Management Team (IMT) was established to respond to measles in the Pacific, and subsequently reoriented to COVID-19. Between January and mid-March 2020, the IMT received 370 requests for assistance from the 21 Pacific island countries and areas. The nature chart (left) shows that over 38% of requests were for advice, and over 23% for developing products such as guidance notes and communications content. By category, nearly 19% of requests were related to risk communication and over 16% to case management.

lymphatic filariasis and leprosy. The team focuses on building capacity and preparedness and response.

In October 2019, Samoa declared a measles outbreak, which was followed by outbreaks in other PICs. In Samoa, the outbreak killed 83 people, nearly all of whom were children. WHO set up an Incident Management Team (IMT) in the DPS office to support the Pacific response. The IMT responded to the evolving situation on the ground and examined gaps in contact tracing and monitoring and infection prevention and control (IPC) practices with a view to strengthening long-term preparedness for other public health emergencies.

In January 2020, the IMT was scaling back measles response work as outbreaks were increasingly under control. The team was shifting its focus to the longer-term vision for health security set forth in *For the Future*, when the next health emergency, COVID-19, arrived sooner than anyone expected. With the trust of partners and communities, the IMT was able to transition quickly to start preparing the Pacific for COVID-19.

Supporting all PICs to prepare and respond to COVID-19 through the Joint IMT

The IMT that worked effectively to address measles outbreaks was quickly reoriented to help PICs address COVID-19, bringing in all partners as early as January 2020 to ensure strong coordination and transparent operations. The team became a Joint IMT with the participation of the Australian Department of Foreign Affairs and Trade, the New Zealand Ministry of Foreign Affairs and Trade, the United Nations Children's Fund and the Pacific Community—all of which provided full-time personnel to work together in the DPS

office in Suva to assist coordination efforts. Other agencies dedicated part-time staff to support the Joint IMT. DPS was positioned ideally to quickly define a multi-pronged approach to prepare Pacific health systems for COVID-19.

The WHO-led Joint IMT took a “no-regrets” policy approach, quickly repurposing Suva-based staff to COVID-19 preparedness, deploying technical assistance and sending medical supplies and equipment to all PICs. This approach was designed to establish a baseline level of preparedness as soon as possible.

Since that time, DPS has been providing tailored support to PICs to prepare for and respond to COVID-19, engaging with Pacific communities and building resilience in local populations while ensuring WHO leadership and coordination among partners.

Providing tailored support to all 21 PICs to fight COVID-19

As of January 2020, communications channels were strengthened, including weekly calls between the WHO Regional Director and Pacific health ministers and regular technical briefings to adapt global guidance to Pacific contexts. WHO also participates in weekly calls with the United States Centers for Disease Control and Prevention and the Pacific Island Health Officers Association, ensuring the coordination of our support in United States Affiliated Pacific Islands such as the Commonwealth of the Northern Mariana Islands and Guam.

That support included: addressing health system vulnerabilities; ensuring community preparedness; building surveillance system capacity; and training health and other essential workers in IPC at points of entry. To address the unique conditions in PICs, efforts focused on building community awareness, adapting global guidance and developing new guidelines to respond to local conditions, such as large households and limited access to hand sanitizer, running water and soap.

Dozens of WHO experts have been deployed to support PICs since the start of the COVID-19 pandemic. Just days after French Polynesia confirmed the Pacific's first cases—and within 24 hours of the request for assistance—WHO deployed its Pacific health cluster coordinator from Suva to support emergency response efforts. WHO advised the



Community leaders in Kitti in the Federated States of Micronesia work with health officials and WHO to plan actions to address COVID-19 locally. Engaging communities is essential for successful pandemic response.

President and Cabinet to establish a national Health Emergency Operations Centre (HEOC) to coordinate a whole-of-country response. This was fully operational within a few days. An IMT was activated under the leadership of the Minister of Health, bringing together resources from across Government departments, including staff, vehicles and other materials. WHO's health cluster coordinator served as incident manager in the national HEOC for the first five weeks of the response, advising the Government and contributing to national planning and response implementation, including daily press conferences and training for airlines on safe transportation of COVID-19 cases from outer islands. The WHO health cluster coordinator was then deployed to Papua New Guinea in early May 2020, as the country confirmed its eighth case.

In Fiji, WHO deployed an epidemiologist to the Ministry of Health and Medical Services to support the expansion of its HEOC and Incident Management System with a whole-of-government approach. Preparedness efforts like this allowed Fiji to quickly detect cases of COVID-19, quarantine contacts and isolate patients to control transmission of the disease.

With no local production and rapidly increasing global demand for essential supplies in the Pacific, WHO procured masks, gowns, goggles, gloves, hand sanitizer, chlorine and other essential medical supplies for PICs.

Engaging with Pacific communities and building resilience in local populations

The Pacific community comprises nearly 3 million people spread across a third of the Earth's surface, including some of the world's most remote islands. Communicating

and engaging with local populations is essential for the success of COVID-19 non-pharmaceutical interventions. Cognizant of the cohesiveness of most communities in the Pacific, WHO has been communicating directly with the public while supporting PIC governments to engage with their communities in the fight against COVID-19. Weekly situation reports and press releases are disseminated, press briefings are conducted, and social media campaigns targeting Pacific populations have been designed to counter rumours, myths and misinformation.

Through active social listening and knowledge, attitude and perception surveys, we have been able to target audiences and reach remote communities. In the North Pacific, WHO deployed three groups of experts to the Federated States of Micronesia in early March 2020. One of the key approaches has been working with communities, empowering them to protect their people from COVID-19. In addition, a WHO risk communication officer was deployed to the Federated States of Micronesia to engage with communities.

Ensuring WHO leadership and coordination among partners

The early establishment of the Joint IMT has been critical for the coherence of the Pacific COVID-19 response. WHO has led partners in the development of Phases I and II of the COVID-19 Pacific Preparedness and Response Plan. Phase I was finalized in January 2020, with partners working to bring together expertise across the Pacific. Evolving according to the situation, the Joint IMT brought new solutions to new problems. For example, as borders started closing in March, the Joint IMT worked with the Pacific Island Forum Secretariat to support the establishment of the Pacific Humanitarian Pathway to enable essential transportation for COVID-19 responses across the Pacific. In the meantime, the Joint IMT has become the *de facto* health cluster of the Pacific Humanitarian Team.

The Joint IMT received its first request for support in January 2020. By mid-April, the Team had received 370 requests from countries. Beyond responding to country requests, the Team worked to understand and proactively offer timely support to address gaps in country needs for COVID-19 preparedness. Before PICs closed their borders—between January and mid-March—the Team logged 60 deployments dedicating the equivalent of more than 600 days of staff time to provide tailored technical guidance. To help ensure that

The four pillars of WHO's work in the Region on climate change, environment and health



PICs have needed baseline essential medical supplies, the Team has delivered 76 shipments to 21 PICs.

DPS repurposed staff gradually to lead and help implement preparedness and response plans in the Pacific. Two team coordinators who usually work on NCDs and health systems and the programme management officer assumed the responsibility of pillar leads under the Joint IMT and remain fully engaged to ensure smooth partner coordination and health operations.

Re-thinking the priorities of WHO's work in the Pacific

While COVID-19 disrupted some of the Division's work planned for 2020, the pandemic has proved to be a catalyst in some areas of work.

Important events such as the inaugural meeting of the Western Pacific Region Climate Change, Environment and Health Technical Advisory Group and consultations on funding for tuberculosis and HIV across the Pacific were conducted virtually.

In several PICs, the need for mental health support has increased, prompting some governments to expand collaborations with nongovernmental organizations. In a few PICs, the pandemic accelerated efforts to decentralize some NCD services. Despite efforts to strengthen primary care-based NCD support prior to COVID-19, people continued to visit central hospitals for most of their health-care needs. With the need to shift away from hospital visits precipitated by the pandemic, Nauru and Tuvalu (among other places in the Pacific) have been using outreach and home visits to ensure that patients get the care they need without visiting hospitals.

Climate change, environment and health: a critical future agenda

The health impacts of climate and environmental changes are a critical concern that unites all Member States in the Western Pacific Region. Amid the shock of COVID-19, people are increasingly realizing the link between health and the environment and the importance of protecting both. The pandemic provided glimpses of a possible brighter future for the environment. As countries invest to rebuild economies, it is crucial to promote a healthier, fairer and greener Region by encouraging policy-makers to make decisions that safeguard people's livelihoods while protecting and promoting health.

In August 2019, at the 13th Pacific Health Ministers Meeting in French Polynesia, the WHO Regional Director announced the establishment of a Climate Change and Environmental Health Platform as a space for bringing together teams, information and tools related to this *For the Future* thematic priority.

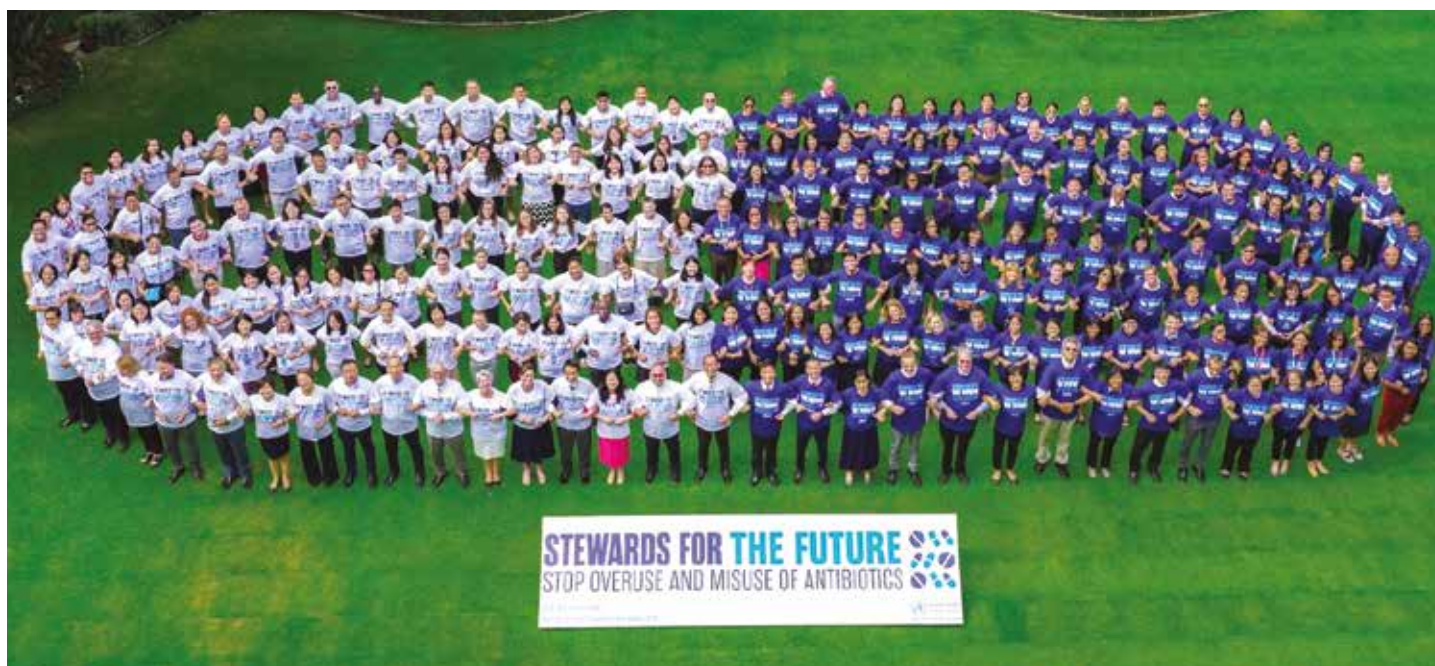
In June 2020, the inaugural meeting of the Technical Advisory Group (TAG) on Climate Change, Environment and Health was held virtually, bringing together experts to advise WHO and Member States on implementing this thematic priority. The 16-member TAG comprises a dynamic mix of experts from Asia, the Pacific and other parts of the world. Members include a poet, a journalist, professors of environmental



The inaugural Western Pacific Region Climate Change, Environment and Health Technical Advisory Group convened virtually in June with participants from 17 countries. Member States and WHO work together to maintain progress on this and other regional health priorities during the COVID-19 pandemic.

science and policy-makers. They met virtually with WHO staff and country participants to explore and envision a desirable future that can be achieved by 2024.

WHO continues to take focused action to prepare the Region's 1.9 billion people and their governments to face a changing climate and environment, with the health sector emerging as a force for preserving the planet. TAG members will continue holding regular virtual meetings to drive action around four pillars of work: advocacy; building resilience into health systems; monitoring the impact of climate change and the environment on human health; and applying this lens to all of WHO's work in the Region.



Leadership, management and administration

As we work to turn the vision of *For the Future* into reality, WHO management and coordination of efforts to address the Region's health challenges are more critical than ever. Technical divisions rely on this guidance and support to take the vision forward in a concerted way. Under the leadership of the Regional Director, four teams provide this support: the Office of the Regional Director, the Compliance and Risk Management unit, the Division of Programme Management, and the Division of Administration and Finance.

The Office of the Regional Director (RDO) directly supports his leadership, coordinating communications, external relations and partnerships and information products and services. The team also supports the work of WHO governing bodies.

The Compliance and Risk Management unit reports directly to the Regional Director. This unit works to encourage staff to adopt a risk management approach in their work and to build a risk-conscious culture in WHO.

WHO Regional Director Dr Takeshi Kasai unites country representatives and liaison officers to form a pill on the lawn of the Regional Office to mark the Stewards for the Future campaign to fight antimicrobial resistance, which is a high priority in the Region.

As we work to turn the vision of *For the Future* into reality, coordination of efforts to address the Region's health challenges is more critical than ever.

The Division of Programme Management (DPM) provides overall direction and coordination of regional technical cooperation with Member States through programme development and operations, country support and editorial services.

The Division of Administration and Finance (DAF) consists of four units: Budget and Finance, Human Resources Management, and Information Technologies & Administration. The Division ensures accountability and transparency through diligent reporting and oversight. With effective procedures for recruiting, retaining, supporting and empowering staff, DAF plays a key role in helping WHO deliver meaningful results in the Region.

The strategy to respond to COVID-19 and deliver for the future

COVID-19 came as the Region's *For the Future* priorities were being carried out, along with implementation of the global WHO Thirteenth General Programme of Work. WHO in the Region set out to continue to carry out these ambitious plans by mounting a strategy for a steady, effective and sustainable COVID-19 response while continuing to deliver programmes and maintain the momentum of *For the Future*.

Guided by the Emergency Response Framework (ERF) of the renewed WHO Health Emergencies Programme, the Incident Management Support Team (IMST) led in delivering WHO's mandate under IHR (2005) while supporting countries to respond to the outbreak.

The complex and protracted nature of the COVID-19 response, however, necessitated WHO to mobilize additional layers of support from across the Organization. As mentioned in the preceding sections, other divisions worked with the IMST by directly coordinating regional and country offices to support areas around readiness of health-care pathways and infection prevention and control. Support also included preparedness for regulations of novel medical products, monitoring financial impact of the outbreak, utilization of laboratory networks built for disease control programmes to support COVID-19 laboratory surveillance and diagnosis, supporting community engagement and providing technical expertise around ageing, gender, equity and mental health.

The operational shifts adopted under *For the Future* help facilitate the scaling up of capacity of systems needed to address COVID-19. Agile teams expedited the development and testing of tools for contact



COVID-19 has prompted a dramatic change in the way we work and use technology. Even high-level meetings now look quite different, as seen here at the April 2020 virtual meeting of the Asia-Pacific Parliamentary Forum on Global Health, which focused on enhancing the parliamentary role in pandemic response.

tracing, generated evidence-based models for the new normal, and formulated innovative tools for new ways of delivering health services for all. The involvement of all WHO divisions in the response has been beneficial, enabling the Organization to be prepared for a longer-term response while contributing to strengthening systems for the future.

As the scale and impact of the pandemic became apparent, however, it also became increasingly evident that it would not be feasible to implement all activities originally planned for 2020. The Regional Office acted early to mitigate any adverse impact and formulated “red box” priorities—shrinking the workplan to a “red box” of priority activities for implementation. The “red box” workplan focuses on activities for: supporting the continuation of essential services; ensuring no setbacks in “last-mile” disease elimination efforts; strengthening core health system components that can drive more effective COVID-19 responses; ensuring progress on thematic priorities and Member State health priorities that cannot be postponed; and supporting governance efforts to ensure that WHO continues to be accountable to Member States and donors.

Business continuity

To support the pandemic response and deliver on “red box” priorities, WHO put into effect business continuity processes. These processes have enabled staff to continue to work to deliver results while staying safe. As lockdowns tightened, only necessary staff that could travel safely came to work. Others worked from home. Workflow and approval processes were adapted, and tools for virtual meetings were enhanced. Regular updates and advice—from information on COVID-19 testing and treatment to mental health reminders—have helped ensure that staff and their families stay safe at home and in their communities.

For critical office operations—such as programme planning, budget and finance and information technology—alternate teams were established. In this way, a team is ready to step up and take the place of another in the event of quarantine. Parts of the Regional Office have been set aside as reserve areas for operations. Physical distancing has been introduced for workspaces and meetings and areas where staff may congregate (such as the cafeteria). Restrictions on outside visitors are also in place.

Risks to staff and operations are assessed regularly, including the local context, and adjusted as needed. The Regional Administrative Network, which includes administrative officers from every WHO office, has been actively adapting and proposing solutions to keep offices running safely while improving efficiencies.

Risk management

In *For the Future*, we pledge to mainstream accountability and risk management in decision-making and planning. We also promise to put accountability foremost in delivering on our mandate from Member States. To achieve this, we are fostering a culture of risk management in everything we do, as a shared value across the Organization. A number of mechanisms related to this have been instituted, including a quarterly report that monitors and analyses compliance on a range of key performance indicators and business processes, helping the Advisory Group on Accountability and Risk to identify recommendations for improving compliance. Continuous risk review and assessment is also undertaken during every stage of operational planning.

COVID-19 has provided an additional, unique opportunity to directly engage staff to learn about and utilize risk management. After each priority “red box” activity has been identified, a risk assessment of possible implementation modalities has been undertaken and, where possible, mitigation measures identified.

In some cases, risk assessment highlighted that the modalities available for implementation could not be undertaken safely or would not satisfactorily achieve the objectives, given the current constraints. In these situations, activities had to be suspended or deferred. However, this is an iterative process: risk assessments of “red box” activities have been regularly updated to take into account the changing COVID-19 situation and available implementation modalities, which can result in changing decisions concerning implementation of activities.



Strengthening partnerships and strategic communications to improve health are priorities for the Region, as this workshop in Solomon Islands attests, with participants from WHO, the Government and partners focusing on *For the Future* priorities and improving joint work.

Guidance notes, tools for assessing risks and mechanisms for monitoring risks together with implementation progress have been developed to support business continuity and effective management. The risk-conscious culture in staff is being cultivated by using these risk management processes and incorporating them into daily practice.

Programme Committee

The Programme Committee (PC) is a regional mechanism to ensure that resources are well aligned with the priorities of the Region and Member States. The PC goes beyond programme-based resources allocation to formulating plans based on context and needs of countries. This enables technical programmes and country offices to plan together and deliver a country-specific package as one WHO. This process identifies and focuses support on flagship programmes that are unique to a country's situation and can serve as a focus for WHO support.

This country-tailored approach has been applied to COVID-19 planning. As a result, WHO put resources in systems that are critical to response in countries, such as strengthening health-care pathways, laboratory systems, and infection prevention and control, among others.

The PC approach also enabled the Regional Office to plan and prepare a response based on a country's conditions. In Mongolia, WHO supported setting up systems to ensure that the COVID-19 response would not be interrupted by weather in communities that are especially hard to reach during winter. WHO is helping Cambodia and the Philippines to do the same with the rainy season: set aside resources for systems that will enable response activities to continue during rain and flooding.

Since the early stages of the outbreak, WHO anticipated the impact that border closures would have on the supply of life-saving medicines, personal protective equipment and laboratory supplies in the Pacific. Resources were allocated to address these issues in preparing countries for COVID-19 response.

With the protracted pandemic response and consequent needs for support, WHO has used funding and staff resources in the Region far beyond those of the Health Emergencies Programme. As a result, PC mandates have been enhanced to ensure resources are used effectively for both COVID-19 response and activities essential for moving the *For the Future* vision forward.

Learning

Over the past 10 years, a key management aim has been to instil a culture of continuous improvement in the Region—learning from what we are doing and continuing to challenge ourselves to become more effective and efficient. This process of continuous improvement and resulting change usually arises from our internal assessments and analysis, or from external feedback on our performance, or lessons that we can identify from other organizations. We continue to look for ways to ensure WHO's work is more effective and to improve efficiencies across all areas of operations. Our monitoring systems continue to be strengthened, and this facilitates us to examine how effectively we are managing and meeting our compliance standards, how efficiently we are performing, and what results we are achieving. As identified earlier, risk management is one area where a learning approach has been important.

Occasionally, we are forced to change by unexpected external factors and in ways that cannot be controlled. COVID-19 is one such disruptive factor. The impact of COVID-19 on the ways in which WHO has usually operated is considerable, and this has set us on a new learning path. In order to continue to deliver on our commitment to Member States, we have adapted. Virtual ways of working have now become the norm, demonstrating that changes in how we set up and manage meetings were long overdue. To get the most out of virtual meetings, staff have received guidance based on our collective experience, which is updated as better practices are identified. We have taken the same approach with advice to staff on avoiding the risk of COVID-19 affecting themselves, their loved ones or their working environment.

Strategic communications

WHO and Member States have identified strategic communications as an operational shift required to make the Western Pacific the world's safest and healthiest region. We are adopting an approach called *Communications for Health* (C4H), which uses evidence-informed communication principles and processes to change attitudes and behaviours. The pandemic has magnified the imperative of strategic communications and the C4H approach.

WHO and Member States find themselves fighting an “info-demic” as well as an epidemic. Over the past six months, an abundance of information about COVID-19—of varying accuracy—has been consumed and shared at unprecedented speed. Every day, decision-makers and communities are bombarded with rumours and misinformation that can be damaging to health. People are afraid, overwhelmed and uncertain about where to find trustworthy updates and advice. Evidence-based, strategic communications is one of the most powerful tools we have to combat the virus. As such, it is a central pillar of WHO's response.

From the start of the outbreak, WHO bolstered strategic communication capacity in the Regional and country offices. Central to this effort has been providing relevant, accessible, understandable, credible, timely and actionable information to Member States, partners and the public, in formats and on platforms that reach target audiences, on how people can protect themselves and those around them.

In the Region, WHO uses a multi-source social listening system to better understand how communities are thinking, feeling and behaving. Data and feedback from social media, community surveys and media monitoring are collected, contextualized and fed into planning and decision-making in the multi-pillar response. Informed by this social listening, we produce and help countries to tailor and disseminate communications materials that address key concerns. By cutting through the noise, we can inspire behaviour change and maintain trust.

Thanks to APSED, we did not have to start from scratch. We built on the foundations of countries' risk communication capacity. During



In 2020, WHO developed and disseminated a wide range of evidence-based guidance and health advice on COVID-19 for the public, health workers and others across the Western Pacific Region.

the first half of 2020, we have intensified efforts, providing technical support to Member States through country offices and the Regional Office. This has included deployment of strategic communications experts, production of guidance, online workshops and training on topics such as social listening and applying behavioural insights.

To further enhance our strategic communications on COVID-19, WHO adopted innovative approaches, including partnering with leading social media companies, to reach larger audiences across the Region with tailored health advice while combating rumours and misinformation. We have also captured stories of people of the Western Pacific and how their lives have been affected by the pandemic.

Intensifying efforts on antimicrobial resistance

Antimicrobial resistance (AMR) is a serious threat to health security. Urgent actions are needed, even more so in the context of public health emergencies.

COVID-19 brought further into focus the issues surrounding AMR. When infectious disease outbreaks happen, co-infections with resistant bacteria increase morbidity and mortality. They further stretch health systems that are already at the breaking point. Among patients with COVID-19 admitted in intensive care units, co-infection with AMR pathogens was associated with worse mortality. Reports have also revealed overuse and misuse of antibiotics in the management of COVID-19 in health-care settings.

Guided by the 2014 WHO *Action Agenda for Antimicrobial Resistance in the Western Pacific Region* and the 2019 *Framework for Accelerating Actions to Combat Antimicrobial Resistance in the Western Pacific Region*, Member States set up strengthened systems for antimicrobial resistance, including surveillance, antibiotic stewardship, monitoring of antimicrobial consumption, infection prevention and control, and campaigns on the dangers of overuse and misuse of antibiotics.

These efforts have made a real difference. When COVID-19 struck, countries that had



Signs educate customers at a pharmacy in Fiji on the dangers of overuse and misuse of antibiotics. Reducing unnecessary use of antimicrobials is a priority to slow the spread of resistance to these life-saving medicines.

intensified their efforts to fight AMR—including strengthening laboratory capacity, infection prevention and control, hand hygiene and access to water, sanitation and hygiene—were better prepared to address the pandemic. Monitoring of antibiotic consumption for eight countries before and during COVID-19 has jumpstarted the Western Pacific Regional Antimicrobial Consumption Surveillance System, which was established in 2019. The system can demonstrate the trend of antibiotic use during this pandemic. This information is vital to help countries adjust stewardship programmes and guidelines. Building on previous awareness efforts, national AMR committees and health professional associations were mobilized to help raise awareness and advocate antibiotic stewardship during the pandemic.



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Moving forward

COVID-19 response measures—such as border health checks shown here at a quarantine facility in Cambodia—likely will remain in place for some time. Despite the challenges, the pandemic provides opportunities to advance *For the Future* through greater community engagement on health and reaching the unreached, among other initiatives.

For the Future notes that because the Western Pacific Region is rapidly changing and extremely dynamic, WHO must work today to address the challenges of the future, rather than sticking to business as usual. The arrival of the novel coronavirus catapulted us into the future we envisioned faster than we expected.

While COVID-19 disrupted the original plans for the first year of implementing *For the Future*, it did not detract from the relevance of the vision. To the contrary, COVID-19 brought forward one of our thematic priorities for the future. The three others are still equally important to the Region. Ultimately COVID-19 made our drive to prepare countries for the future even more relevant and pressing.

Indeed, many of the approaches that have been central to our COVID-19 response are the ones that countries had cited in preparing for other future challenges: mobilizing communities to take ownership of health; ensuring seamless patient pathways to accompany people between levels of care and over time; extending services to the most vulnerable; enlisting sectors beyond health; and fast tracking innovation and “grounds-up” or grassroots approaches, to name a few.

Hence, looking back at a 2020 dominated by COVID-19, we realize we can do a lot more than respond to an acute emergency. We can seize the momentum to lay the foundation for the transformative changes in health systems that we committed to a year ago as the Western Pacific’s vision *For the Future*.

COVID-19 has made plain what we have long known: health is inextricably linked to the economy and the functioning of our societies. In *For the Future*, the Western Pacific Region committed to a future in which health is as an investment. COVID-19 has made the need for strong investments in health painfully clear.

Our time with COVID-19 is going to be long. Until we find a safe, effective and affordable vaccine or treatment, we are going to have to continue to find ways to live with the virus.

We now know that ultimately COVID-19 can be a vehicle to make our health systems stronger, and help us accelerate the necessary transformations that will make them stronger, more resilient, more able to face whatever challenges the future brings.

Investing in health is the path that will help us protect our people and bring back our economies. COVID-19 has brought untold tragedy to

COVID-19 has brought untold tragedy to the Region. But it also brings opportunity to make our future a better one.

the Region. But it also brings opportunity to make our future a better one and see more clearly what we want to avoid. It has highlighted once again the strength and value of the Western Pacific's solidarity. As we continue to respond to COVID-19, we must pursue our journey that can lead us to the new future that we all desire. One in which health, environment and economy are inseparable, and real investment backs commitments to make the Western Pacific the world's safest and healthiest region.



To achieve universal health coverage, it is critical that we reach those who currently do not have access to services. Many different approaches will be needed to achieve this. One example is illustrated by these health workers providing outreach services for nomadic families in remote Mongolia.

#COVID RESPONSE TEAM

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