



REPORT OF THE REGIONAL DIRECTOR

The work of WHO in the Western Pacific Region

1 July 2021 – 30 June 2022

Cover photo: A young girl awaits treatment for an ear infection in Mongolia.

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Message from the Regional Director

I am pleased to present my fourth report to Member States on the work of the World Health Organization (WHO) in the Western Pacific Region, covering the period from 1 July 2021 to 30 June 2022.

This has been another challenging period as the COVID-19 pandemic has stretched into its third year, with the Delta and Omicron variants driving surges in cases that continue to cause sickness and death across our Region and the world, as well as significant social and economic impacts. While we know that official data do not capture all cases, our Region continues to fare relatively well compared to other parts of the world, despite being home to so many vulnerable populations. This comes from decades of Member State investment in preparedness and response capacities, the leadership of governments during the pandemic, and the adherence to public health and social measures – including widespread uptake of COVID-19 vaccinations – by communities and individuals.

Nonetheless, we continue to face challenges in our Region. In the past 12 months, countries and areas that had been free of COVID-19 have reported cases and experienced outbreaks for the first time, testing the capacity and

resilience of health services and systems. And even though the world's attention is shifting away from COVID-19, the ongoing pandemic and surges in cases continue to place huge strains on our health systems and dedicated health-care workers. We express our sincere gratitude to them for their hard work and commitment.

For WHO's part, our focus in the past 12 months has been on supporting countries and areas in their efforts to shift to a focus on sustained management of COVID-19 using five key tools: vaccines; appropriately calibrated public health and social measures; strengthening and preserving health-care capacity by optimizing health-care pathways; a continued focus on early detection and targeted response; and international border measures, which again must be appropriately calibrated to contexts. These five areas should be underpinned by strong surveillance systems, strategic communication, and augmented contact tracing and monitoring.

At the same time as we have continued to support countries in shifting their response, our team has invested considerable time in documenting some of the key lessons identified during the pandemic to date, to support our

The Regional Director visits a family of nomadic herders in Jargaltkhan Soum, Mongolia, in June 2022.

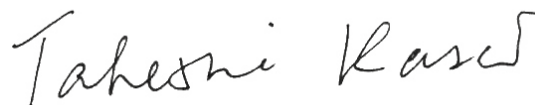
ongoing efforts to learn from this event and improve our capacity and preparedness to respond to health emergencies and other threats to health security in the future.

While the pandemic continues, our Region faces many other health challenges. Over the past 12 months, WHO's work to support Member States in a range of areas – and to advance our shared *For the Future* vision – has continued. We continue to work closely with Member States to scale up action to tackle the noncommunicable disease burden, particularly in tobacco control, nutrition and implementation of the innovative Regional Framework on school health endorsed last year by the Regional Committee. We are intensifying efforts to go the “last mile” to reach vulnerable, marginalized and hard-to-reach groups with disease elimination and control efforts. We continue to work closely with countries on strengthening health systems as part of COVID-19 recovery and advancing universal health coverage. And we are working closely with countries and partners to support efforts to mitigate the health impacts of climate change. At the same time, we have continued to scale up our support for innovation for health impact, including through hosting the second regional Innovation Forum and the Innovation Challenge for the Future of Public Health. We also continue to expand our work on Communication for Health (C4H).

Over the first six months of 2022, the WHO workforce in our Region also embarked on a series of initiatives to strengthen staff well-being, organizational efficiency and workplace

culture, beginning with a Region-wide virtual retreat in February 2022. During this time, we have made considerable progress in three broad areas of commitment made to the workforce in February: strengthening our existing systems for reporting and responding to abuse, harassment and other inappropriate behaviours in the workplace; streamlining and improving our internal processes; and building a more positive, respectful and inclusive workplace culture. I am confident that these ongoing initiatives will enhance our collective ability to serve Member States now and in the future.

In concluding this message, I would like to sincerely thank all WHO staff in the Region, our ministry of health colleagues in countries and our many partners for your hard work over the past 12 months – on both the COVID-19 response and the range of other priority health challenges we face, as we keep working towards making the Western Pacific the world's healthiest and safest region.



Takeshi Kasai, MD, Ph. D.
Regional Director





Executive summary

Coronavirus disease (COVID-19) emerged as 2019 drew to a close, unleashing a pandemic that quickly raced around the world with devastating impact on families, communities, societies and economies. In the Western Pacific Region, there were more than 238 000 pandemic-related deaths and more than 64 million cases of COVID-19 reported as of 30 June 2022. The Region – home to 1.9 billion people or about a quarter of the world's population – accounted for 3.8% of global deaths and 11.8% of total cases reported.

The World Health Organization (WHO) Western Pacific Region continues to fare relatively well compared with other WHO regions. Although cases in the Region increased exponentially in January 2022 with the emergence of the Omicron variant and remained higher than the two previous years, a decline in deaths has been observed, with the Region maintaining the lowest mortality rate globally.

Since 2006, WHO has worked with Member States in the Region to develop effective health security systems through the *Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies* (APSED III) and its two earlier iterations. In addition, *For the Future: Towards the Healthiest and Safest*

Region, the shared vision for WHO work with Member States and partners in the Western Pacific, identified health security as one of its four thematic priorities. Implementation of these strategies/priorities has enabled the Region to launch a rapid and effective response to the COVID-19 pandemic.

Pandemic response teams at the WHO Regional Office for the Western Pacific have worked with teams in country offices to coordinate the deployment of resources, including vaccines, equipment and supplies, as well as technical expertise, guidance documents and logistical support, to national and subnational preparedness and response operations throughout the Region. In the Pacific, WHO is leading the Joint Incident Management Team launched in 2019 for measles outbreaks but quickly repurposed for COVID-19.

Throughout the pandemic, WHO has worked tirelessly with Member States to support overwhelmed health systems and an overworked health workforce, helping redesign health-care pathways and adapting the way that health services are delivered through innovations in areas such as telemedicine and telehealth. The Organization also supported Member States in the rollout of COVID-19 vaccines in line with the

WHO, governments and partners worked together so that all countries and areas in the Region received COVID-19 vaccines by July 2021. Here, a woman poses with her vaccine card in a remote highland community of Viet Nam in November 2021.

Western Pacific Regional Road Map for COVID-19 Vaccination Response 2021–2022. In addition to the primary vaccination series, all countries and areas in the Region have introduced additional and booster doses. WHO also supported Member States with targeted interventions to protect vulnerable groups at greater risk of infection or poor health outcomes, including health-care workers, older people, people with comorbidities and migrants.

During the pandemic, the global prevalence of anxiety and depression has increased markedly, with young people and women most affected. To help address this issue, WHO in the Region has supported front-line responders and launched a series of high-visibility campaigns on social media on mental health and psychosocial support during the pandemic.

Throughout the pandemic, WHO has supported Member States in the Region to apply the Communication for Health (C4H) approach and to promote behaviours that reduce COVID-19 transmission, encourage vaccination, fight misinformation and advocate for inclusive health policies. With WHO support, many Member States are looking to leverage COVID-19 response investments for long-term systems strengthening.

Division of Health Security and Emergencies

The Division of Health Security and Emergencies (DSE) works closely with WHO country offices and partners in supporting Member States to strengthen health security system preparedness, readiness and response for public health emergencies, as well as to ensure food safety in the Region. This focus on health security positioned DSE to take a leading role in the regional response to COVID-19 pandemic.

After more than two years of pandemic response, the widespread rollout of vaccines, steady declines in new COVID-19 cases, and tailored public health and social measures have put many countries in a position to shift from the acute pandemic response to sustained management of COVID-19.

The response effort in the Western Pacific Region – from technical and logistical support to advocating actions to reach the unreached – was underpinned by APSED III

and its previous iterations, which since 2006 have served as strategic action frameworks for countries and areas to strengthen capacities needed to respond to public health emergencies and pandemics by implementing the *International Health Regulations (2005)*.

While COVID-19 remains the Region's major public health concern, WHO continued to provide support to countries and areas to prepare for and respond to other public health emergencies, such as the January 2022 volcanic eruption and tsunami in Tonga. DSE also led efforts to strengthen the health emergency workforce and international and national emergency medical teams.

As the Western Pacific Region looks to the future, experiences gained from COVID-19 will continue to inform efforts to build stronger, more resilient health security systems. Part of that effort will be the development of a new health security action framework that builds on the achievements of Member States under APSED III and incorporates key global and regional findings, along with hard-won lessons from the pandemic.

Division of Programmes for Disease Control

The Division of Programmes for Disease Control (DDC) works with Member States and partners to reduce the burden of communicable diseases and noncommunicable diseases (NCDs), with a focus on reaching the unreached – one of the four thematic priorities of *For the Future*.

WHO guidance over the past year has helped Member States maintain essential health services by adapting approaches and introducing digital innovations, despite pandemic setbacks. As a result, 31 of the 37 countries and areas in the Region by late June 2022 achieved COVID-19 vaccination coverage of at least 90% of all recommended doses for health-care workers; 24 reached the same milestone for older populations; and 18 achieved or surpassed 80% vaccination coverage of their entire population with all recommended doses.

The WHO Regional Committee for the Western Pacific in October 2022 will consider for endorsement a draft regional framework for reaching the unreached, which focuses on the so-called last mile in the delivery of essential health



WHO works with Member States to reduce the NCD burden, especially among hard-to-reach communities. Here, a health-care worker takes the blood pressure of a member of a nomadic herding family in Mongolia.

services. In addition, the Regional Committee will consider regional frameworks WHO has developed with Member States on NCDs, cervical cancer and mental health, the latter of increasing concern since the onset of the pandemic.

Steady improvements in maternal and child health can be seen as several countries in the Region are preparing to apply for validation of the elimination of mother-to-child transmission of HIV, hepatitis B and syphilis. In the fight against HIV, WHO continued to focus on providing innovative prevention and testing tools, while efforts to fight viral hepatitis included supporting countries to develop national action plans, surveillance and testing systems, including a pilot programme to test those incarcerated. The Region has long been committed to combatting malaria, with work also continuing towards the elimination of lymphatic filariasis, scabies, yaws and soil-transmitted helminthiasis.

Data, Strategy and Innovation group

The Data, Strategy and Innovation (DSI) group uses the *For the Future* operational shifts – or ways of working – to support Member States in creating a healthy future and promoting health as an essential enabler of sustainable development. DSI provides technical advice on harnessing innovations and utilizing universal health coverage (UHC) as a platform to enable all programmes to work together to strengthen health systems, expand the use of multi-source data for decision-making and prepare for healthier futures.

Key to this effort are the Technical Advisory Group (TAG) on Universal Health Coverage in the Western Pacific Region and the TAG Alliance, which help set an agenda that brings together sectors beyond health. At the November 2021 meeting of the UHC TAG, senior health policy-makers from

23 Member States, TAG members, WHO representatives and partners laid out a shared vision of a “new future” based on people-centred, lifelong engagement and participatory primary health care.

The DSI focus on integrated, multi-source data and innovation has supported Member States to evaluate, adapt and scale up promising approaches to address future health challenges. Strengthening health information systems helps to ensure Member States can meet the increasing demands for health information and measurement standards.

DSI introduced Health Futures Strategic Dialogues to help guide Member States towards the new future and creating health systems that will be fit for whatever the future holds. DSI also led the first Innovation Challenge for the Future of Public Health, an open global call for health innovations that generated more than 400 submissions from 48 countries, and the group maintains an Innovation Repository of government-led health innovations and institutions.



WHO has embedded a gender lens in technical programmes at the country and local levels. Here, a woman undergoes a prenatal screening at a health-care facility in Vanuatu.

Division of Healthy Environments and Populations

The Division of Healthy Environments and Populations (DHP) works with Member States to reduce the regional burden of NCDs and injuries, prepare to face the challenges of a changing climate and environment, and transform social and health systems in preparation for healthy ageing – all thematic priorities of *For the Future*. In addition, DHP supports the actions of WHO, as well as national and local counterparts, to address the social and commercial determinants of health, in particular gender and inequity.

Many countries and areas in the Western Pacific Region face a double burden of malnutrition – the coexistence of overweight, obesity or diet-related NCDs, alongside undernutrition. In this area, DHP has supported high-level advocacy and policy dialogue with experts and Member States to confront unhealthy diets. As tobacco use continues to be a leading cause of morbidity and mortality in the Region, the WHO Tobacco Free Initiative has engaged Member States in intersectoral and multi-partner policy dialogues and joint advocacy and enforcement of smoke-free laws and policies.

The Division, working with WHO representative and county liaison offices, supported countries in the Region to counter the health impacts of climate change and environmental degradation and to build resilient and sustainable health-care facilities. DHP also has led efforts to work with Member States to address the common social and commercial determinants of health and health inequities by, for example, embedding a gender lens in technical programmes at the country and local levels.

Efforts have continued over the past year towards preventing NCDs, preparing countries and communities to face a changing climate and environment, and ensuring that all people – women and men, girls and boys – have equal chances and opportunities to lead healthy lives.

Division of Health Systems and Services

The Division of Health Systems and Services (DHS) supports the efforts of Member States to ensure robust health systems and to expand UHC, which are essential for better health for all and the achievement of the thematic priorities

of *For the Future*. DHS, along with WHO country liaison and representative offices, provides technical support and guidance to Member States in the Western Pacific Region to develop and implement policies, strategies and plans to strengthen health systems and create momentum to reform primary health care, build a stronger health workforce, improve health financing and raise the quality of health care.

The Division also supports Member States to strengthen health legislation, pharmaceutical systems, national regulatory authorities, traditional and complementary medicine, and efforts to tackle antimicrobial resistance. In addition, DHS will continue work to engage all Member States in strengthening the health sector response to COVID-19 and leveraging that response to bolster UHC. By July 2021, all countries and areas in the Western Pacific Region had received COVID-19 vaccines, with WHO having assisted efforts to issue timely emergency use authorizations for the vaccines.

With the pandemic reaffirming the critical role primary health care plays in building resilient health systems, WHO developed a draft regional framework – in consultation with Member States, partners and stakeholders – on the future of primary health care. The Regional Committee will consider the framework for endorsement in October 2022.

DHS has also been a driving force behind the Region's continuing expansion of Early Essential Newborn Care, with efforts focusing on countries with the highest burden of newborn infant mortality. Also, as the secretariat of the Asia-Pacific Parliamentary Forum on Global Health, DHS assists lawmakers interested in fostering multisectoral action and engaging in leadership to improve health throughout the Region.

Division of Pacific Technical Support

The Division of Pacific Technical Support (DPS), based in Suva, Fiji, coordinates and provides timely, tailored support to 21 Pacific island countries and areas (PICs). The work of DPS, in coordination with six other WHO offices in the Pacific, is guided by Pacific health ministers and the *For the Future* vision.

Many PICs did not experience local transmission of COVID-19 until 2022. Fortunately, work that began nearly

two decades ago with the first iteration of what is now APSED III helped prepare PICs for the pandemic and other recent emergencies. The Pacific Joint Incident Management Team, led by WHO, coordinated support to PICs during the pandemic, with more than 1.3 million doses of vaccines provided via the COVID-19 Vaccines Global Access or COVAX.

An investment in the establishment of national emergency medical teams also paid off, as they continue to help respond to a rise in climate-related disasters, as well as the emergence of infectious disease outbreaks, including measles, dengue and COVID-19. PICs also continued to face other ongoing health challenges and threats, including growing NCD burdens, climate change and emergencies, as well as a catastrophic volcanic eruption and tsunami in Tonga in January 2022.

The 14th Pacific Health Ministers Meeting, convened virtually in March 2022, focused on harnessing available support during the pandemic for maximum impact and leveraging the COVID-19 response for long-term systems strengthening and UHC, accelerating action on NCDs and putting health at the centre of the climate change discussion.

In addition, PICs utilized pandemic response efforts to increase capacity in digital health, including telehealth and telemedicine, as COVID-19 restrictions necessitated new and practical ways to safely continue delivering essential health services. Despite challenges, WHO was able to work with many PICs to support not only their pandemic response, but also continuing efforts to tackle NCDs and to develop national guidelines on climate-resilient and environmentally sustainable health-care facilities.

Leadership

The three management divisions at the Regional Office for the Western Pacific – the Division of Programme Management (DPM), the Division of Administration and Finance (DAF) and the Office of the Regional Director (RDO) – provide leadership and effective management to drive the implementation of *For the Future*. In addition to working closely to reinforce accountability and transparency in the Region, these three divisions work as one team to support Member State participation in WHO regional and global governing body sessions.



Like many health facilities in the Pacific, the Nailaga Health Centre in Fiji, located just 100 metres from the Ba River, is vulnerable to floods and other extreme weather events caused by climate change.

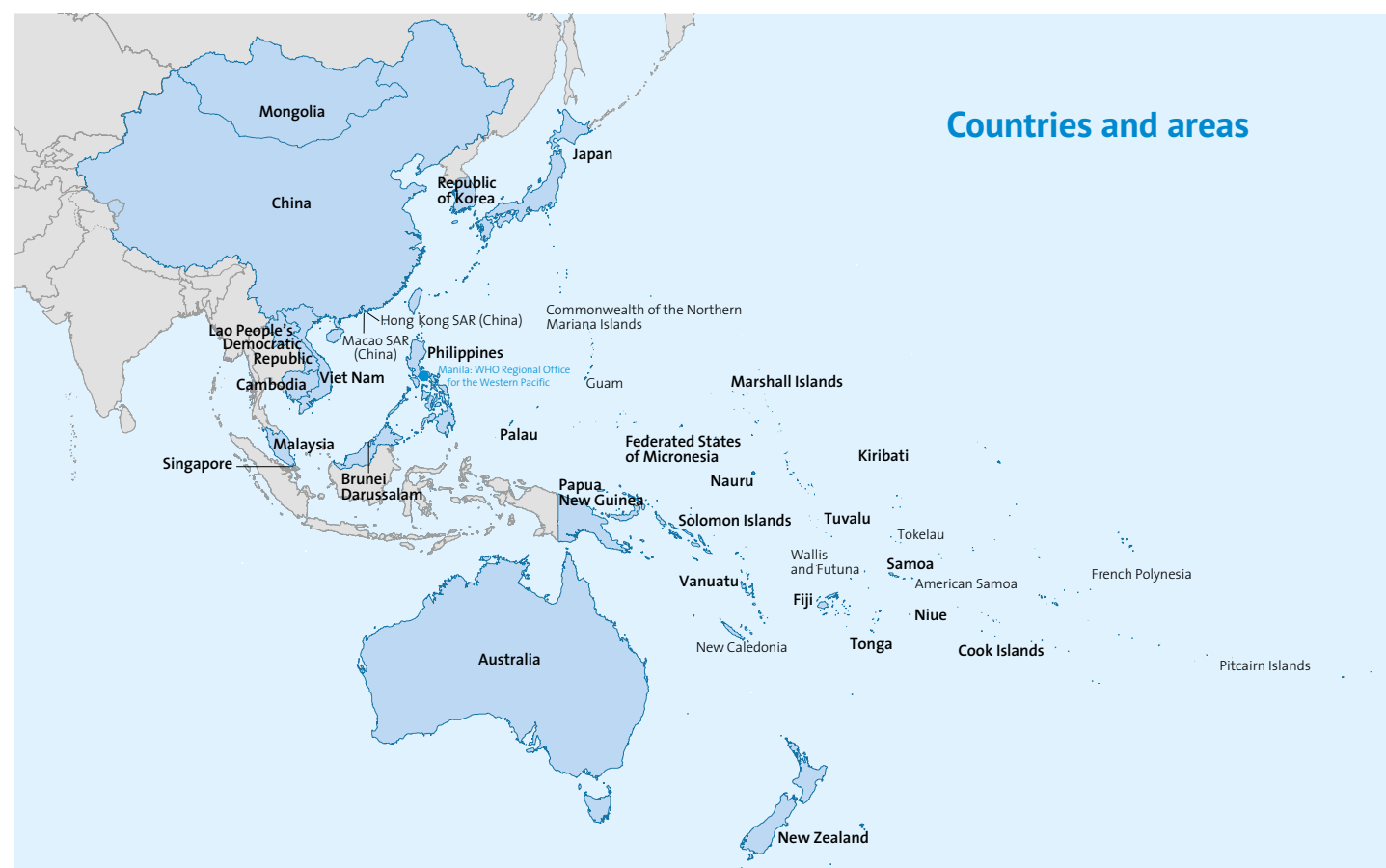
In addition to supporting Member States, a major focus of the work of DAF, DPM and RDO during the reporting period – 1 July 2021 to 30 June 2022 – has been on strengthening the workplace and organizational culture in the Western Pacific Region, with retreats and surveys to better understand workforce concerns and new positions created to address workplace issues. In response to concerns expressed during a February 2022 retreat, the Regional Director made commitments to strengthen and expand systems for reporting and responding to complaints about inappropriate conduct; to simplify and improve internal processes; and to work towards reshaping the Region’s workplace culture “to be one we can all be proud of”.

To ensure accountability, WHO in the Region has strengthened the links between the global *WHO Thirteenth General Programme of Work* (GPW 13) and *For the Future* in its Programme Budget 2022–2023 at the output level. Progress in the implementation of the thematic priorities of *For the Future*, the Region’s implementation plan for GPW 13, is also documented using the Global Output Scorecard to facilitate monitoring of the Region’s progress against global targets.

In addition, the management team has worked to explore ways of supporting staff across the Western Pacific Region to ask the questions that will enable the use of a gender and equity lens, a climate change and environment lens, and an innovation lens to all their work. Management efforts also have focused on equipping staff with new skills to improve collaboration and cooperation with Member States, including through improved country cooperation strategies.

Despite the ongoing pandemic constraints on travel, the Regional Office and country offices have continued to work as one to accelerate implementation of the *For the Future* vision in countries. The Regional Office convened three consultations with WHO representatives and country liaison officers over the past year to ensure common understanding across the thematic priorities, operational shifts and new ways of working. The Regional Office continues to fine-tune a framework to improve accountability through risk management while cultivating a risk-sensitive culture through programme management and planning.

WHO Western Pacific Region



Representative Offices

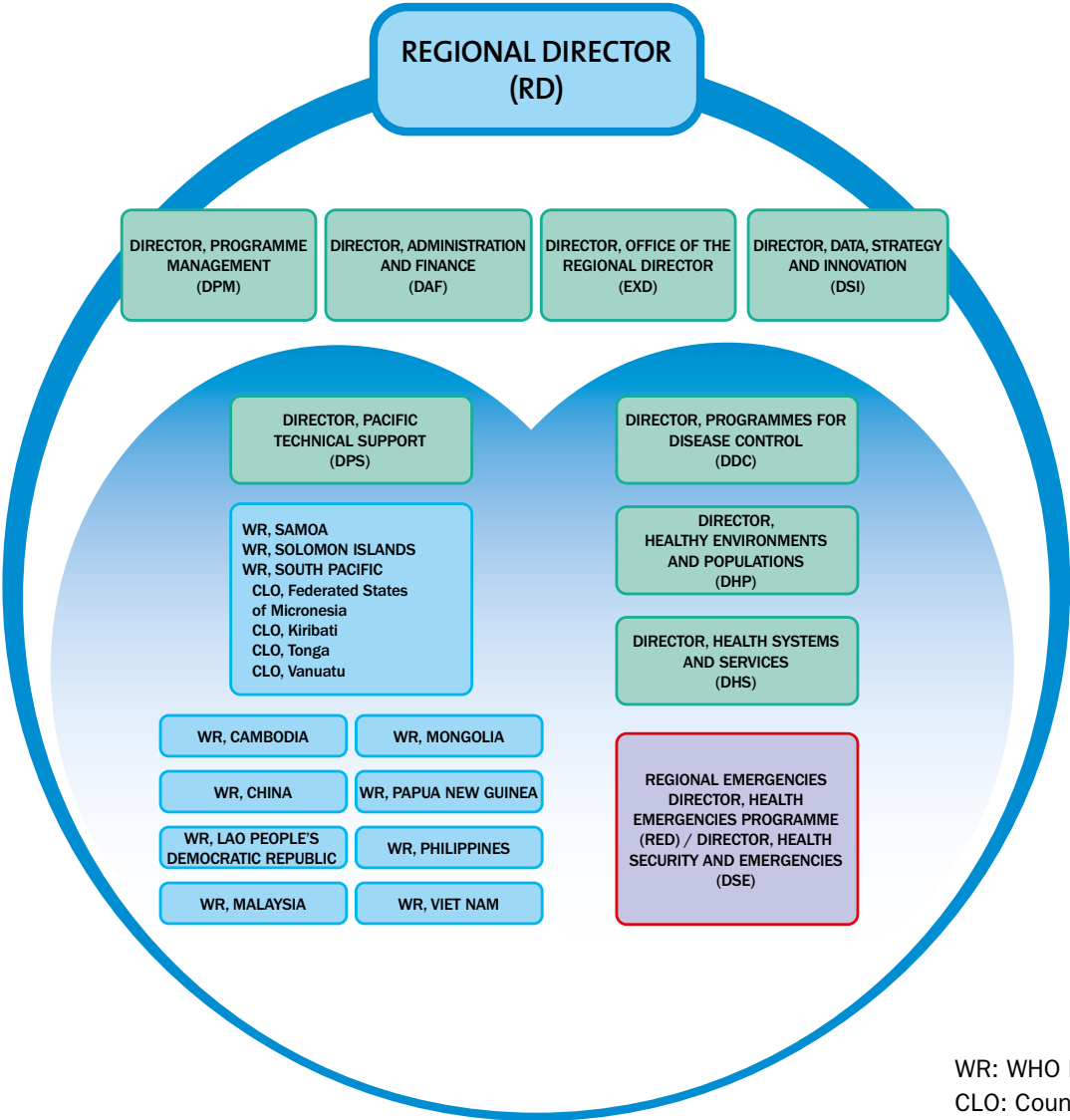
- Cambodia
- China
- Lao People's Democratic Republic
- Malaysia (area of responsibility: Brunei Darussalam, Malaysia, Singapore)
- Mongolia
- Papua New Guinea
- Philippines
- Samoa (area of responsibility: American Samoa, Cook Islands, Niue, Samoa and Tokelau)

- Solomon Islands
- South Pacific (area of responsibility: Fiji, French Polynesia, Kiribati, the Marshall Islands, the Federated States of Micronesia, Nauru, New Caledonia, New Zealand, the Commonwealth of the Northern Mariana Islands, 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

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)	Healthy Ageing (AGE) Health and the Environment (HAE) <i>Social Determinants of Health (SDH), incl. Equity and Social Determinants (ESD), Violence and Injury Prevention (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) Supply and Administrative Office (SAO)	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) 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) Integrated Communicable Disease Control (ICD) Management of Noncommunicable Diseases (MND) Mental Health and Substance Use (MHS) Mekong Malaria Elimination (MME)		

A Compliance and Risk Management Officer, a Prevention and Response to Sexual Exploitation, Abuse and Harassment (PRSEAH) officer and an Ombudsperson report directly to the Regional Director



1

Responding to COVID-19 and beyond

Since 2006, the World Health Organization (WHO) has worked with Member States in the Western Pacific Region to develop effective health security systems through the *Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies* (APSED III) and its two earlier iterations. The strategies have fostered a culture of learning, improving and continuous systems strengthening that enabled the Region to launch a rapid and effective response to the coronavirus disease (COVID-19) pandemic.

Globally, more than 6.3 million pandemic-related deaths and nearly 545 million cases of COVID-19 had been reported as of 30 June 2022. In the Western Pacific Region, there have been more than 238 000 deaths and more than 64 million cases of COVID-19 during the same period, representing 3.8% of global deaths and 11.8% of the total global cases.

During the reporting period (1 July 2021 to 30 June 2022), the Western Pacific Region experienced two distinct COVID-19 waves: the first in July 2021 driven by the Delta variant and the other in January 2022 driven by the Omicron

variant. These coincided with waves seen in the WHO regions of the Americas and Europe (Figure 1). Caution should be used when interpreting epidemiology data due to possible differences in testing and reporting methods.

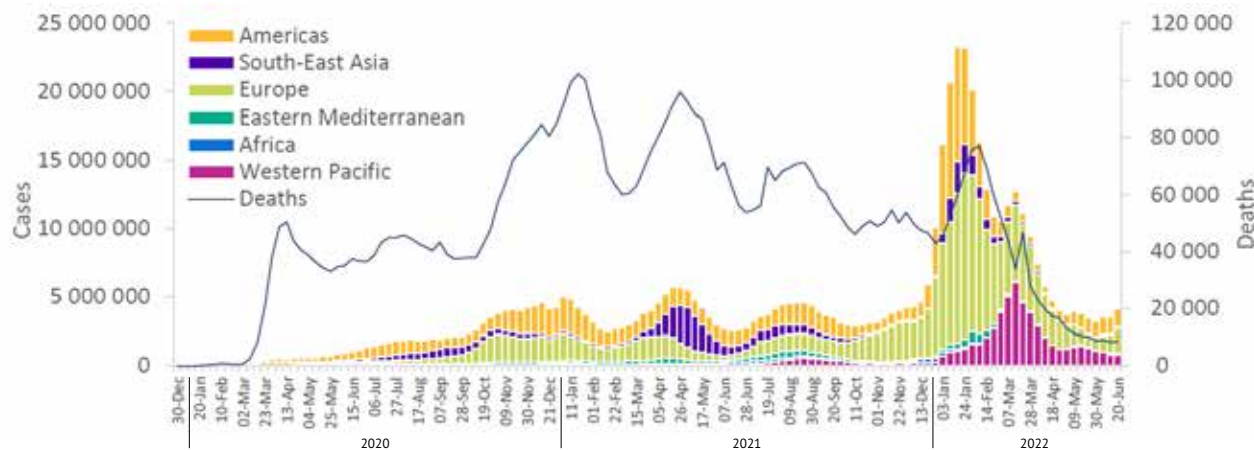
In November 2021, Omicron was designated by WHO as a variant of concern. Omicron had several mutations impacting transmissibility and immune escape – meaning the ability of variants to make an end run around the human immune response. By December 2021, Omicron had been detected in 11 countries and areas in the Western Pacific Region, driving the January 2022 wave and eventually overtaking Delta as the dominant variant.

Since the January 2022 wave, the Western Pacific Region has seen an overall declining trend in reported COVID-19 cases and deaths. As of 30 June 2022, only one country or area in the Region, Tokelau, remained free of COVID-19 with not a single confirmed case reported.

While cases increased exponentially in January 2022 and remain higher than in the two previous years, a decline in

WHO continues to work to protect groups at greater risk for poor health outcomes. Pictured here, health-care workers in Viet Nam visit the central highlands to deliver vaccinations to remote communities, especially older residents, in November 2021.

Figure 1. Confirmed COVID-19 cases and deaths reported to WHO by region (30 December 2019 – 30 June 2022)



deaths has been observed, with the Western Pacific Region maintaining the lowest mortality rate globally (Figure 2).

Figure 2. Comparison of mortality rates by WHO region (27 June 2022)

WHO REGION	Cumulative	Deaths per 100 000 of population*
Africa	173 631	16
Americas	2 765 797	271
Eastern Mediterranean	343 597	47
Europe	2 012 989	271
South-East Asia	790 178	39
Western Pacific	238 839	13

Source: WHO Coronavirus (COVID-19) Dashboard (<https://covid19.who.int/>)

* United Nations Population Division (<https://www.un.org/development/desa/pd/>)

Supporting regional incident management

The WHO Regional Office for the Western Pacific activated its COVID-19 Incident Management Support Team (IMST) on 1 January 2020 in response to the detection of what would become known as COVID-19. Together with WHO country office incident management teams (IMTs), the IMST

coordinated deployment of resources, including guidance documents, technical expertise and logistical support to national and subnational preparedness and response operations throughout the Region.

In the Pacific, WHO has continued to lead the Pacific Joint Incident Management Team (JIMT), which was launched in 2019 in the wake of measles outbreaks in several Pacific island countries and areas (PICs) but quickly repurposed for the COVID-19 pandemic. As of 30 June 2022, JIMT partners had provided over 566 000 kilograms of equipment and supplies with a value of more than US\$ 33.8 million to support 21 PICs for pandemic preparedness and response. Of this total, WHO had provided more than 16 million items worth more than US\$ 23.1 million.

The IMST has played a major role in connecting Member States during the pandemic to share knowledge and improve approaches to common challenges. As SARS-CoV-2 (the virus that causes COVID-19) was a new virus, the initial response of Member States relied on knowledge and experience gained from other infectious respiratory diseases. Each country has had to adapt its response continuously, based on their epidemiological context and learning and improving over time. Thus, as the pandemic progressed, interventions have been refined and enhanced based on experience, increased knowledge and development of the scientific evidence base.

Supporting health care and health systems

COVID-19 has put health systems in the Western Pacific Region under pressure and disrupted the delivery of health care, both routine and unrelated to COVID-19, particularly during pandemic surges. WHO has worked with Member States to respond to and prepare for future pandemic waves by redesigning health-care pathways and adapting ways to deliver health services.

For example, in Mongolia a pandemic surge driven by the Alpha variant from May to July 2021 overwhelmed the health system, so the Ministry of Health and WHO conducted a rapid assessment of health-care capacity. Based on the findings, Mongolia was able to redesign the hospital command system and health-care pathway for COVID-19 patients to ensure that the right patients were in the right facilities at the right time. These changes resulted in decreases in unnecessary hospitalizations, length of hospital stays and avoidable home deaths. At the same time, access to appropriate care was increased through

appropriate health-care pathways that included establishing intermediate health-care facilities, utilizing private health-care facilities and supporting home-based care.

WHO has continued to provide logistical support to regional COVID-19 responses through the deployment of supplies, including personal protective equipment (PPE), vaccines, laboratory supplies and medical equipment. In the Lao People's Democratic Republic, WHO supported an initiative to establish and scale up domestic oxygen production to support treatment for COVID-19 patients. In addition to setting up the infrastructure for three oxygen-generating plants, the initiative included work on standards and regulations for medicinal oxygen, technician training and post-COVID-19 planning. WHO also supported Cambodia and Papua New Guinea to establish similar domestic medical oxygen-manufacturing capacities. This type of support is also planned for eight PICs.

Laboratory capacity in the Pacific was significantly strengthened through the provision of training, equipment and supplies. All countries across the Pacific are now equipped



WHO has worked to support Pacific island countries and areas to be prepared for emergencies by providing medical supplies. Here, 14 tonnes of personal protective equipment are dispatched from the Philippines to Samoa in May 2022.

with polymerase chain reaction (PCR) testing capacity, which is key for detecting many infectious diseases, including COVID-19, dengue, influenza, measles and tuberculosis (TB).

WHO worked with the Fiji Ministry of Health and Medical Services to procure and install a new container laboratory in the town of Nadi. The self-contained laboratory supplements existing capacity in the country's capital, Suva, and supports testing and surveillance for diseases with epidemic potential, including COVID-19. Opened near the country's international airport in November 2021, the laboratory arrived just in time to support the country's reopening for travel and tourism, which traditionally account for about 40% of Fiji's gross domestic product. The laboratory's functions already have expanded beyond COVID-19 to aid in testing related to localized outbreaks of influenza and leptospirosis. A similar WHO-supported container laboratory, opened in Niue in May 2021, has also strengthened laboratory capacity in the Pacific.

Supporting the health workforce

There can be no health system without a health workforce, and protecting health-care workers from the risk of COVID-19 infection has been a top priority throughout the pandemic. In addition to PPE and technical guidance, WHO has supported Member States to deliver COVID-19 vaccines for health-care workers as a priority group. In August 2021, WHO secured sufficient vaccine doses to cover all of the approximately 26 million health-care workers across the Region, effectively protecting those who protect everyone else.

Working with Member States, WHO has also supported countries to engage and empower communities in the pandemic response. In the Lao People's Democratic Republic, local authorities and communities were empowered to identify and address social determinants impacting the uptake of maternal and child health services to prevent and respond to COVID-19. With technical guidance and financial support from IMST at the Regional Office, Malaysia, Papua New Guinea and the Philippines leveraged civil society networks to improve vaccine uptake, communicate COVID-19 guidelines and address other health priorities, such as TB, chronic diseases and gender-based violence in vulnerable communities.



This year, WHO worked with civil society organizations around the Region to communicate COVID-19 guidelines and other concerns. In Papua New Guinea, a worker from Business for Health (a nongovernmental organization that targets TB) shows a group how to use a mobile app for COVID-19 tracking and safety in March 2022.

Rolling out COVID-19 vaccinations

WHO has continued to support Member States to roll out COVID-19 vaccination in line with the *Western Pacific Regional Road Map for COVID-19 Vaccination Response 2021–2022*. In addition to the primary vaccination series, all countries and areas in the Western Pacific Region have introduced additional and booster doses. Of the Region's 37 countries and areas, 31 had vaccinated at least 90% of health-care workers with all recommended doses as of 13 June 2022. Twenty-four countries and areas had vaccinated 90% of their older populations, while 18 countries and areas had achieved or surpassed 80% vaccination coverage of their entire eligible population with all recommended doses.

The rapid and widespread rollout of COVID-19 vaccines throughout the Region has been matched with enhanced vaccine and immunization safety surveillance to detect and respond to potential adverse events following immunization

(AEFI). At least 30 countries and areas in the Region have been sharing AEFI data with WHO on a weekly basis since February 2021.

In the Pacific, 1.5 million doses of COVID-19 vaccines had been provided to countries and areas via COVID-19 Vaccines Global Access (COVAX) as of 30 June 2022. Additional vaccine doses were provided to PICs bilaterally from partner countries. Under WHO leadership, JIMT partners also have provided coordinated support on a range of issues, including risk communication and community engagement to increase acceptance and uptake of vaccines, as well as training on the identification and assessment of AEFI.

Protecting vulnerable groups

WHO continues to promote and support targeted interventions to protect vulnerable groups at greater risk of infection or poor health outcomes, such as health-care workers, older people, people with comorbidities, migrants and refugees. These interventions include efforts to prioritize vaccinations, target communication materials and tailor response measures to vulnerable groups, particularly to address clusters. WHO has worked with countries including the Lao People's Democratic Republic and the Philippines on so-called last-mile approaches to reach vulnerable groups for vaccination, and with many PICs to focus on vaccinating people living on remote outer islands.

Vulnerability can also arise from socioeconomic inequities and limited access to preventive measures and health care. Efforts have been targeted in many countries to stop transmission among these vulnerable groups, including Cambodia's response to outbreaks among garment factory workers, support in Papua New Guinea for people in correctional facilities and efforts in Singapore to break transmission chains among migrant worker populations.

Applying a gender lens strengthens the ability to effectively identify and address gender differences in disease burden, risk factors and needs. WHO supports countries across the Region to incorporate a gender lens in all health-related work to promote country-level action that increases effective coverage of health services among vulnerable populations. In Cambodia, the programme has applied a gender lens in anticipation of potential low uptake of COVID-19 vaccination among



WHO works with countries and areas to reach vulnerable and remote groups across the Region. Here, health workers travelled to the outer islands of Tonga in September 2021 to administer COVID-19 vaccines to older patients.

pregnant women. In response, WHO supported counterparts to develop and implement a targeted communication strategy to address harmful misconceptions about COVID-19 vaccines and increase uptake by pregnant women. These targeted actions helped address the concern, enabling the smooth uptake of vaccines among pregnant women.

Connecting with communities and audiences

Throughout the pandemic, WHO has supported Member States in the Region to apply the Communication for Health (C4H) approach. The approach promotes behaviours that reduce COVID-19 transmission, encourages the uptake of vaccines, fights misinformation and advocates inclusive health policies. WHO technical support to Member States in this area has included: multi-source data gathering and analysis; development and support for the implementation of strategic communication strategies; development, testing,

adaptation and dissemination of a wide range of information, education and communication materials, guidance and tools; facilitating collaboration with key partners; and supporting measurement, evaluation and learning.

Early in the pandemic, the key communication needs of Member States included dispelling misinformation and disinformation, while improving understanding of the virus and government-mandated response measures. During the reporting period, needs shifted more towards engagement with communities to understand their perceptions and behaviours and using insights in these areas to encourage people to get vaccinated, assess their own risks and take actions to support sustained management of the virus.

In line with the C4H approach, WHO set up a multi-source listening system, including online social listening, community feedback mechanisms, and a series of quantitative and qualitative studies to understand knowledge, attitudes and behaviours to encourage uptake of vaccines and adoption of protective measures. The findings helped WHO and Member States understand what people know, what information they needed, how they would like to receive information, the reasons for potential vaccine hesitancy and motivators for vaccination. As a result, WHO and Member States were able to target communication interventions to the specific needs of populations.

The monitoring of rumours through multi-source listening systems has helped to manage misinformation, improve digital literacy and build resilience against so-called infodemics – or proliferations of often unsubstantiated information that tend to fuel speculation and anxiety during a pandemic or crisis. Listening systems have also helped Member States strengthen their capacity for the application of scientific approaches, in line with C4H research and the use of behavioural insights. This has involved productive partnerships with digital companies such as Meta. Campaigns on COVID-19, for instance, reached some 280 million Facebook users in the Region during the reporting period.

WHO also continued to support high-level advocacy and decision-making through spokesperson and media training, virtual press conferences and editorials, including a joint editorial with the United Nations Children's Fund to support the reopening of schools.

Managing impacts on mental health

The mental health burden in the Region has increased over the past three years, as people dealt with the health, social and economic impacts of the pandemic. While many people became more distressed, for others the pandemic sparked or amplified much more serious mental health issues, including depression, anxiety and suicidal thoughts. Since the pandemic began, the global prevalence of anxiety and depression has increased by over 25%, with young people and women most affected.

To help address these issues, WHO has supported front-line responders in the Pacific with training to build capacity in basic psychosocial support. In addition, WHO convened an event on the future of mental health at the October 2021 session of the Regional Committee for the Western Pacific. WHO also launched a series of high-visibility communication campaigns on social media dealing with mental health and psychosocial support during the pandemic.

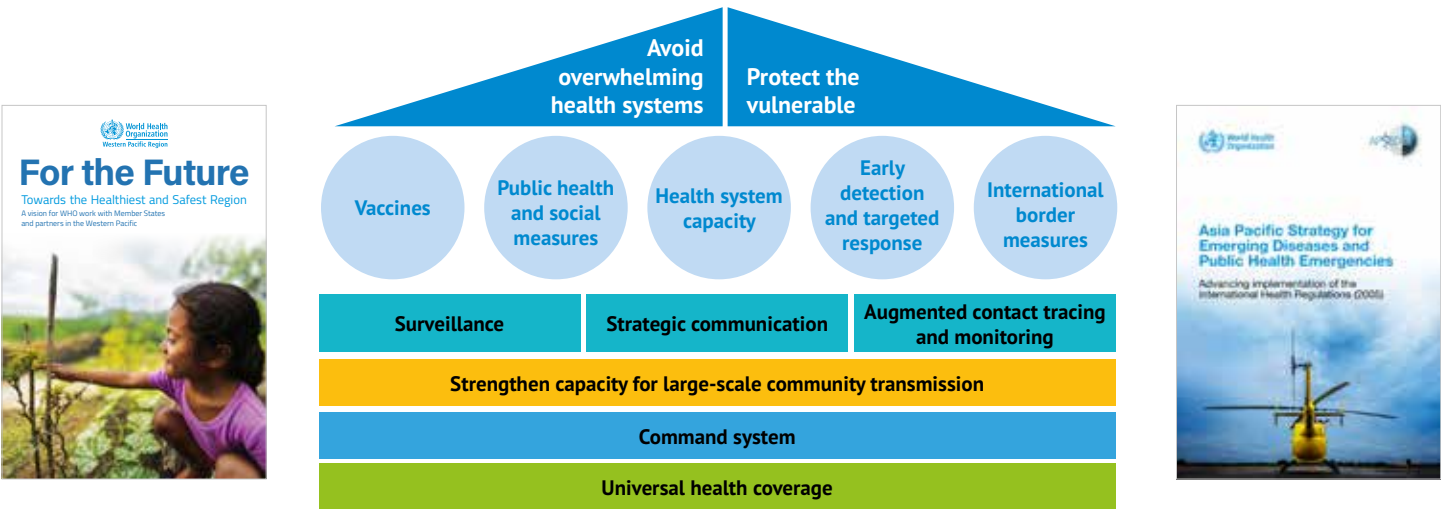
Key messages from these campaigns reached more than 50 million people across social media platforms in the Region. The campaigns also provided a platform to engage with the public on important mental health issues, with more than 25 million people interacting online and sharing mental-health-themed content on their own accounts and pages.

Building a resilient future

Much has changed since the onset of the pandemic. SARS-CoV-2 is likely to continue to circulate and to pose a risk of outbreaks and surges. However, the widespread rollout of vaccines, steady declines in new COVID-19 cases, and tailored public health and social measures mean that many countries are now in a position to shift from acute response to sustained management of COVID-19.

WHO began supporting countries in late 2021 to prepare for this shift, adopting risk-based approaches to maintain readiness for outbreaks and surges while optimizing systems for longer-term, risk-based management of COVID-19. In February 2022, WHO developed a systematic approach for sustained management of COVID-19 based on five key tools: vaccines; public health and social measures; health system capacity; early detection and targeted

Figure 3. Framework to plan for sustained management of COVID-19



response; and international border measures. These tools are supported by the three pillars of surveillance, strategic communication, contact tracing and monitoring, as shown in Figure 3.

These measures are reinforced by universal health coverage (UHC) and the advancement of resilient health systems. Taken together, this systematic approach will support countries to manage the risks of increased SARS-CoV-2 transmission as they continue to relax public health and social measures and open borders for international travel. This system will also enable countries to prepare for public health threats beyond COVID-19 in keeping with *the International Health Regulations (2005)*, APSED III and *For the Future: Towards the Healthiest and Safest Region*, the shared vision for WHO work with Member States and partners in the Region.

With WHO support, many Member States are looking to leverage COVID-19 response investments for long-term systems strengthening.

Discussions involving Member States, WHO and partners are under way to develop a new action framework to advance health security in the Region

The framework would build on lessons from previous pandemics and other public health emergencies, incorporating the experiences and knowledge, as well as improved approaches honed during the Region's response to COVID-19.

There is now consensus that health is an investment for socioeconomic development, not a cost. *For the Future* advocates taking a systems approach founded on UHC. This approach will help to ensure that all disease control, health service, health security, and public and preventive health investments are designed as part of – and contribute to – building resilient health systems. This operational shift has become increasingly relevant throughout the COVID-19 pandemic as the interconnected challenges of health, economic life and society have become clearer.



2

Division of Health Security and Emergencies

The Division of Health Security and Emergencies (DSE) works closely with WHO country offices and partners in supporting Member States to strengthen and advance health security systems preparedness, readiness and response for public health emergencies, as well as to ensure food safety in the Region. The Division consists of four units and leads implementation of the health security thematic priority of *For the Future* and the implementation of the *International Health Regulations (2005)* capacities using the *Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies* (APSED III) as a strategic framework.

The Division leads the WHO regional response to COVID-19. After more than two years, the COVID-19 pandemic has impacted every population in the world and is still ongoing. As of 30 June 2022, more than 6.3 million deaths and half a billion infections had been reported globally, with figures likely vastly underestimated. In the Western Pacific Region, more than 64 million cases have been recorded with nearly 240 000 deaths. These numbers represent the lowest proportion of deaths to confirmed cases of all six WHO regions. Nevertheless, they illustrate the devastating impact of the pandemic on families and communities, as well as societies and economies.

The pandemic has caused massive disruption and damage to travel, trade, economies and societies, highlighting the essential role health plays in socioeconomic development. While all countries and areas in the Region have endured economic downturns, lower-income economies have suffered long-term setbacks in development that will have repercussions for years to come. These impacts have been disproportionately borne by poor and vulnerable populations who are at higher risk of negative health outcomes and have lower resilience to economic, social and health shocks brought about by the pandemic. This has brought the issues of equity, gender and access to health care – based on the foundation of universal health coverage – into sharp focus.

Public health emergencies, such as COVID-19 and natural disasters, highlight the vulnerability of health systems. They serve as a reminder of the need for resilient health systems and services to ensure that countries can effectively prevent, prepare for, detect, adapt to, respond to and recover from public health threats while reducing disruptions to health care, economies and societies.

APSED III and its two previous iterations have served as strategic action frameworks since 2006 for countries and

WHO has taken the lead in mitigating food safety risks in traditional food markets throughout the Region, like this one in Cambodia in March 2022.

areas in the Region to strengthen capacities needed to respond to major public health emergencies and pandemics and to implement the *International Health Regulations (2005)*, known as IHR (2005). Guided by APSED III and recommendations from annual APSED Technical Advisory Group meetings, WHO works with Member States to strengthen core health security systems and capacities needed to detect, assess and respond to public health threats and emergencies.

The focus over the past year has been on COVID-19. However, emerging diseases continue to occur, such as cases of avian influenza infections in humans and initial reports of the human monkeypox outbreak globally, with the first cases reported in the Region in May 2022. These events demonstrate the need to maintain regional attention on preparedness, readiness and response for emerging infectious diseases, and to ensure that resilient systems are in place – aided by local and regional connectivity – to tackle diseases that can spread rapidly, including those with pandemic potential, and are a significant threat to public health and development.

Responding to public health emergencies and preparing for the future

WHO has supported the preparedness, readiness and response efforts of countries and areas in the Western Pacific Region throughout the COVID-19 pandemic. In this reporting period, efforts have been focused on supporting Member States to protect their health systems from becoming overwhelmed, identifying and prioritizing vulnerable groups, and supporting interventions to reach the unreached. These efforts are reflected in the development of innovative bed management systems for health-care facilities in Mongolia, strategic communication to support the pandemic response in Malaysia, the expansion of laboratory capacity and networks in the Pacific, and the implementation of multi-source surveillance systems to inform COVID-19 risk assessments and response decision-making in multiple countries.

Genomic sequencing has rapidly expanded during the pandemic as countries invested in laboratories. However, this capacity is unevenly distributed throughout the Region. To address this challenge, the Emerging Molecular Pathogen

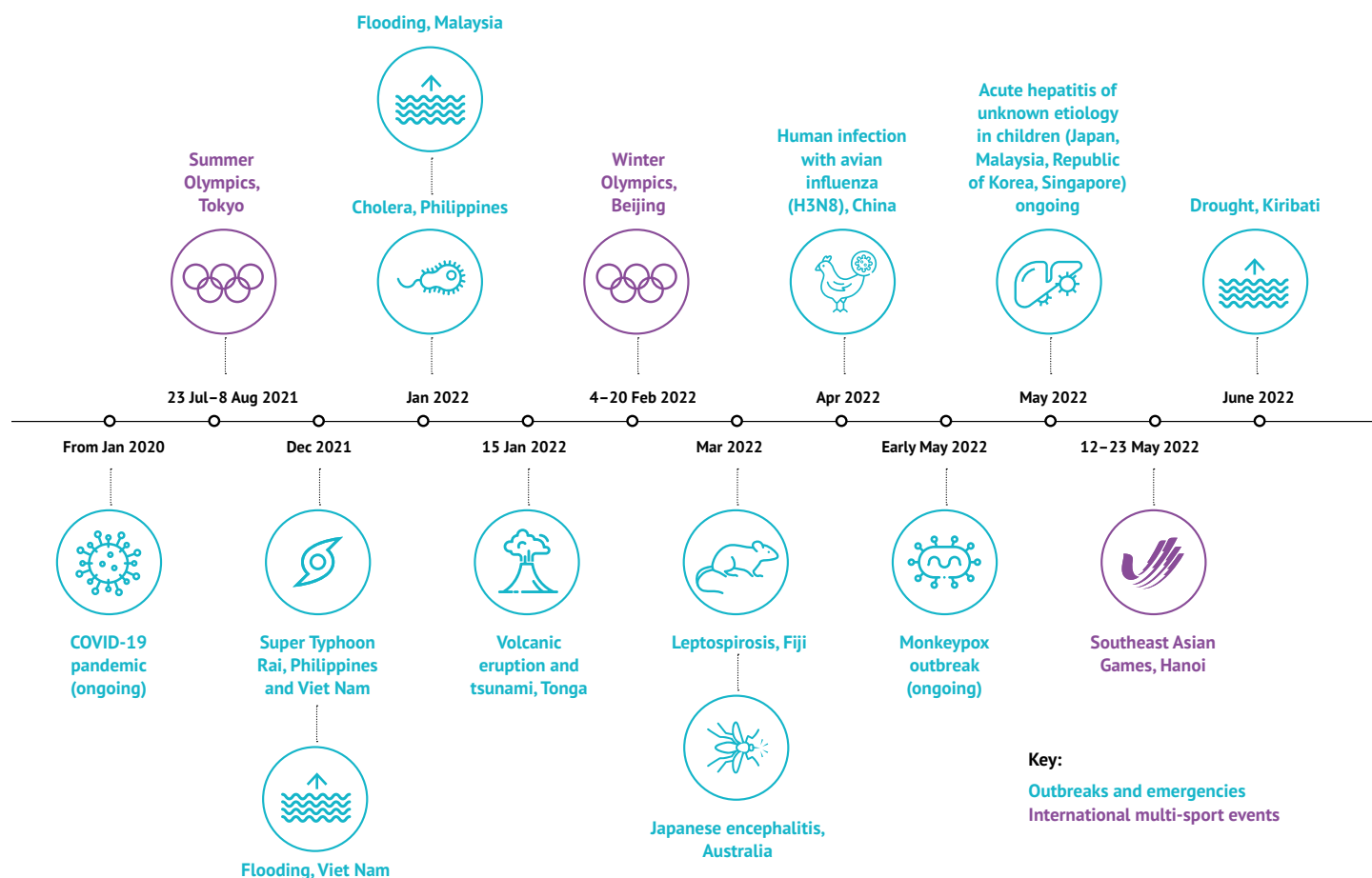
Characterization Technologies Surveillance Network was established in September 2021 to guide the expansion of genomic surveillance applications in public health, support the development of genomic sequencing capacity and bring together laboratories, epidemiologists and front-line clinicians to improve public health decision-making.

Integrated surveillance of high-impact respiratory viruses using influenza sentinel surveillance optimizes the use of resources for multiple viruses, therefore increasing efficiency, sustainability and preparedness for future pandemics. WHO has supported the enhancement of Fiji's surveillance systems to integrate other respiratory diseases into influenza surveillance. In Cambodia, development of local preparedness capacities has been accelerated through provincial-level activities, including simulation exercises, intra-action reviews and trainings on multi-source surveillance, risk assessment and incident management systems. In the Lao People's Democratic Republic, the CONNECT (Community Network Engagement for Essential Healthcare and COVID-19 Responses through Trust) initiative, created by a coalition of government partners, has empowered local ownership of health efforts through participatory workshops targeting different levels of governance beyond the health sector.



In the Lao People's Democratic Republic, local ownership of health efforts has been empowered through participatory workshops, like this one in July 2021 in Vientiane. Community engagement helps achieve positive and sustainable health impacts and outcomes.

Timeline of key public health events from 1 July 2021 to 30 June 2022



During this reporting period, several high-profile sporting events took place in the Region. WHO provided support to Member States for event-based surveillance for mass gatherings to safely host large events, such as the 2020 Summer Olympics in Tokyo (which were held in July and August 2021), the 2022 Winter Olympics in Beijing in February 2022 and the 31st Southeast Asian Games held in May 2022 in Hanoi, Viet Nam. WHO also worked with Member States to test public health event risk assessment and reporting via the IHR channel with the 13th annual IHR Exercise Crystal, a two-day simulation exercise that 28 countries and areas from the Region joined in December 2021.

WHO provided logistics support to countries in the Region to prepare for and respond to public health emergencies. The Organization worked with national counterparts to establish domestic medical oxygen-manufacturing capacity in Cambodia, the Lao People's Democratic Republic and Papua New Guinea through the deployment of oxygen plants, equipment, experts and training. And now eight Pacific island countries – Cook Islands, the Federated States of Micronesia, Fiji, Kiribati, Samoa, Solomon Islands, Tonga and Vanuatu – are in the pipeline to receive this support. When Super Typhoon Rai (locally known as Odette) hit the southern Philippines in December 2021, WHO deployed local response teams and sent supplies to affected areas



Medical supplies and humanitarian donations are shipped from WHO to parts of the Philippines hit hardest by Super Typhoon Rai (known locally as Odette) in December 2021.

from its regional stockpile, including surgical masks, emergency health kits, field tents, and water, sanitation and hygiene (WASH) supplies.

From July 2021 through June 2022, WHO completed more than 100 emergency deployments of critical supplies valued at more than US\$ 6 million throughout the Region from the WHO regional stockpile. To overcome transport challenges during the pandemic, chartered aircraft were used to deploy COVID-19 supplies, including personal protective equipment, biomedical equipment and laboratory supplies to countries and areas in the Pacific.

On 15 January 2022, the Hunga Tonga–Hunga Ha’apai volcano in Tonga erupted and triggered a tsunami. The tsunami affected the coastal area of Tonga’s main island Tongatapu and washed away most buildings on several inhabited islands in the Ha’apai island group. Eighty-four per cent of the population was affected, mainly by heavy ashfall. The eruption also severed the underwater fibre-optic cable connecting Tonga to the rest of the world, severely affecting internet and telecommunications. For several days, WHO used its satellite phone – one of the few working in the country – to provide critical communication links between

Tonga and the international community. WHO also supported the Government to respond to the disaster by providing technical advice, including on risks posed by falling ash. The WHO-trained Tonga Emergency Medical Assistance Team was dispatched within two days to the affected Nomuka island to set up a field hospital providing essential health services and psychosocial support. The Team cared for 381 patients during its seven-week stay, which included supporting the evacuation of one of the most affected nearby islands.

In 2021, WHO conducted an online version of its Leadership in Emergencies training course. The purpose of the training is to develop future leaders in emergency response by building leadership skills in ministries of health and WHO staff who are or aspire to be leaders during public health emergencies. Each cohort is trained for eight weeks. Eight WHO staff completed the first phase of training, and another 32 staff from ministries of health and WHO will be nominated for joint training cohorts in late 2022.

Emergency medical teams (EMTs) provide urgent medical and surgical care in emergencies characterized by a surge in cases of trauma or disease. International EMTs are quality assured by WHO and peers against a well-defined set of

Deploying COVID-19 supplies to Samoa

As the COVID-19 pandemic spread across the globe, Samoa prepared supplies and equipment with the support of WHO and other partners. Following the report of its first community case of COVID-19 on 17 March 2022, Samoa requested additional supplies of personal protective and biomedical equipment to respond to the arrival of the pandemic. WHO and partners, including the European Union and World Food Programme through its Pacific Humanitarian Air Service, acted quickly to provide additional supplies and charter a flight to transport the shipment from Manila to the Samoan capital of Apia.

A Boeing 737 aircraft from Nauru Airlines was chartered to carry 15 tonnes of life-saving supplies, including 280 000 surgical masks, 248 300 gloves, 72 000 gowns, 30 000 N95 masks, 10 300 face shields and 3000 pulse oximeters from the WHO regional stockpile. Fifty oxygen concentrators were added from WHO Pacific emergency stockpile in Fiji.

The operation was designed to further build up national and subnational response capacity and ensure there were supplies. The supplies were donated to the Ministry of Health of Samoa to protect its health-care personnel on the front lines. The Pacific Humanitarian Air Service is managed on behalf of the humanitarian community by the United Nations World Food Programme. The World Food Programme is a member of the Pacific COVID-19 Joint Incident Management Team and has worked with WHO to deliver life-saving supplies across the Pacific since the beginning of the pandemic. ●

WHO Health Emergencies team members monitor the loading of critical supplies destined for Samoa at Manila's Ninoy Aquino International Airport in May 2022.



global technical standards. National EMTs support domestic emergency response with technical standards based on the global standards and adapted for national contexts. Twelve national EMTs in the Pacific are already established or in the process of being developed. Over the past year, several national EMTs have supported emergency response efforts, including for COVID-19, as well as the volcanic eruption and tsunami in Tonga. Palau is now the smallest country in the world by population to have an EMT following the recent launch of its EMT, Team Klemat, while teams from Japan (Japan Disaster Relief EMT) and the Republic of Korea (Korea Disaster Relief Team) have been re-verified and verified, respectively. Other teams from the Western Pacific are working towards EMT classification in 2022/2023, which will further strengthen the clinical emergency response capacity of the Region.

The Western Pacific Region also welcomed three new partners to the Global Outbreak Alert and Response Network (GOARN). GOARN is a WHO network of technical institutions and networks that respond to acute public health events with the deployment of staff and resources to affected countries when requested. From the Region, GOARN was joined in the past year by the Association of Asia-Pacific Operational Research Societies, Philippines; the Sydney Institute for Infectious Diseases, Australia; and the University of Newcastle, Australia.

The Western Pacific Region has continued to support regional workforce development through the Field Epidemiology Training Programme and the Field Epidemiology Fellowship Programme at the national and regional level, respectively. Seven fellows from Japan, Malaysia and the Republic of Korea joined the Fellowship Programme as Epidemic Intelligence Officers between July 2021 and June 2022, contributing to public health event-based surveillance, risk assessment and response in the Region.

Reducing the risk of disasters

WHO continues to support Member States in the Region towards accelerating their implementation of the Sendai Framework for Disaster Risk Reduction to prevent new and reduce existing disaster risks and losses of life, livelihood and health. A global working group of disaster risk management and resilience focal points has been established to advance this work in countries at all levels.

Notable policy and legislation on disaster risk reduction include the launch in Viet Nam in April 2022 of a multisectoral national plan for natural disaster prevention and control to 2025. The Lao Ministry of Labour and Social Welfare published the National Strategy on Disaster Risk Reduction 2021–2030 in November 2021 to reduce the risk of disasters in alignment with national socioeconomic development plans and development plans of concerned sectors.

Enhancing communications with communities to support emergency response

WHO has maintained strong coordination with Member States and response partners to update and implement risk communication plans and strategies, including for COVID-19 vaccination. Communication plans and strategies enhanced effective communication and engagement with target audiences, including vulnerable and hard-to-reach populations. WHO also provided guidance and crisis communications support to prepare for and respond to vaccine safety events and adverse events following immunization. Mentorship and tailored support was provided to Brunei Darussalam, Cambodia, the Lao People's Democratic Republic, Malaysia, Mongolia, Papua New Guinea, the Philippines, Viet Nam and Pacific island countries and areas (in close collaboration with the WHO Division for Pacific Technical Support in Fiji) to prepare for and respond to COVID-19 and other outbreaks and health emergencies.

WHO in the Region has strengthened systems and built a strong evidence base to inform communications and other public health interventions using multi-source online and offline listening. Large-scale quantitative and qualitative surveys, including focus group discussions, were conducted to inform decision-making for communications, as part of operationalizing the Communication for Health (C4H) approach.

The Organization also developed tools, resources and adaptable communication materials to support the uptake of public health and social measures and acceptance of COVID-19 vaccines. The materials were disseminated to WHO country offices in the Region and shared via online and offline channels and through trusted influencers to reach target audiences.

Ensuring safe food around the Western Pacific

The emergence of COVID-19 highlighted the challenges of traditional food markets in the Region and issues related to food safety and zoonotic diseases. WHO has launched initiatives to address the prevention of foodborne diseases, zoonoses and respiratory diseases (such as COVID-19) through traditional food markets, as well as initiatives to reinforce regulations in these facilities.

WHO continues to work with Member States to implement the *Regional Framework for Action on Food Safety in the Western Pacific*. WHO has supported Member States, including Fiji, Mongolia and Papua New Guinea, to enhance the enforcement of national food safety regulations. WHO has also supported countries to strengthen food safety monitoring and surveillance systems, including establishing a network of laboratories for food analysis in the Pacific. Capacity-building activities involving proficiency tests for chemical contaminants in foods were also carried out with support from WHO collaborating centres.

Over the past year, countries in the Region demonstrated a high level of engagement and active participation in the International Food Safety Authorities Network (INFOSAN) – a global network between national food safety authorities to share information on food safety incidents and emergencies. Linkages were also strengthened between national IHR and INFOSAN focal points. Many countries and areas in the Region participated in virtual activities on food safety and multisectoral coordination using the One Health approach. These included virtual meetings and webinars hosted by One Health partners (including WHO), the Codex Alimentarius Commission and INFOSAN. WHO also advanced work on the Codex Alimentarius or “Food Code” guidelines by applying multisectoral approaches.

WHO has continued to partner with other One Health members – the Food and Agriculture Organization of the United Nations (FAO), the United Nations Environment Programme and the World Organisation for Animal Health (WOAH) – to implement multisectoral activities. Together the partners have developed the methodology for National Bridging Workshops that connect assessments of IHR capacities and Performance of Veterinary Services Pathways.

National Bridging Workshops bring together stakeholders from animal and human health sectors to review gaps in their collaboration on key technical areas of One Health and develop joint plans to improve them. Mongolia hosted one such workshop in June 2022 that involved more than 118 national and subnational participants from public health, animal health and environment sectors. The workshop was jointly organized by WHO, FAO and WOAH and resulted in a national workplan for One Health actions in Mongolia.

Working towards the future

Experiences from the COVID-19 response and capacities tested and strengthened during the pandemic are building blocks for stronger, more resilient health security systems in the future, which contribute to the achievement of sustainable development goals.

Many countries and areas in the Region are now shifting from acute response to sustained management of COVID-19. They are identifying and implementing improvements to their health security systems through their experiences and learning from others. At the regional level, APSED III and its previous iterations have supported strengthening and advancing of health security capacities for more than 16 years. Work is now under way to develop a new health security action framework that builds on those achievements and incorporates key findings from reports on health security discussed at the World Health Assembly, as well as integrating the experiences and lessons gained by the Region's Member States from two decades of work on public health emergency preparedness and response.

Public health emergencies can have short- and long-term impacts on societies, economies and health systems. Preparedness, readiness and response to acute public health events, including outbreaks and natural disasters, require regional solidarity, cooperation, partnership and shared responsibility, in addition to strong national and subnational health systems and multi-disciplinary and evidence-informed approaches. Sustainable and predictable investment in and prioritization of public health security will help save lives, protect the vulnerable and contribute to achieving universal health coverage and other development goals.



3

Division of Programmes for Disease Control

The Division of Programmes for Disease Control (DDC) continues to contribute to realizing the *For the Future* vision of making the Western Pacific the world's healthiest and safest region by transforming health-care delivery and public health systems to reach everyone, everywhere. The Division's work focuses on supporting Member States in partnering with the WHO country liaison and representative offices to end tuberculosis (TB), HIV/AIDS, hepatitis, malaria, neglected tropical diseases and vaccine-preventable diseases through a health systems approach that integrates service delivery and responds to people's health needs.

The Division also supports Member States in their efforts to control noncommunicable diseases (NCDs), which account for more than four out of five deaths in the Region. In 2021 and 2022, with WHO country offices and other divisions, DDC supported Member States in the Region to support the delivery of essential health services to unreached populations during COVID-19 pandemic.

WHO issued guidance on maintaining essential health services amid the COVID-19 pandemic. WHO helped Member States in developing adaptive plans using grounds-up

and digital innovations. The Division provided support to Member States through the Western Pacific Region's COVID-19 Vaccination Incident Management Support Team in line with the *Regional Strategic Framework for Vaccine-preventable Diseases and Immunization in the Western Pacific (2021–2030)* and the *Western Pacific Regional Road Map for COVID-19 Vaccination Response 2021–2022*.

The *Regional Road Map* outlines the regional goals and targets for 2022, proposes strategies to achieve these goals and targets, and provides guidelines needed to further strengthen national COVID-19 vaccination programmes in the Region. As of 13 June 2022, strong progress has been made among the Region's 37 countries and areas: 31 achieved vaccination coverage of at least 90% of all recommended doses for health-care workers; 24 reached the same milestone for older populations; and 18 achieved or surpassed 80% vaccination coverage of their entire population with all recommended doses; and all have introduced additional and booster doses.

The COVID-19 pandemic took a toll on the mental health of many people. In the Region, more than 200 million people

A nurse at the Prei Thong Health Centre in Kampot, Cambodia, monitors the blood sugar level of a patient during a March 2022 consultation. Medical staff provide treatment and counselling for NCDs at the Centre.

have been affected by mental health issues and substance use disorders during the pandemic. To help address these issues, the Division enhanced its focus on mental health.

The pandemic also amplified the vulnerabilities of the health sector. In order to better protect the Region's 1.9 billion people from infectious diseases and NCDs, the Division has developed a systems approach that integrates service delivery and responds to people's health needs using cross-programme and multisectoral approaches.

Over the past year, the Division has engaged with Member States to develop and implement tailored strategies to address health challenges hindering the Region's sustainable development. Despite challenges, achievements have been made in scaling up health-care services towards universal health coverage (UHC) in line with the global *WHO Thirteenth General Programme of Work 2019–2023*, which has been extended to 2025, and the regional *For the Future* vision.

Reaching the unreached through last-mile efforts

WHO in the Region has conducted extensive consultations with stakeholders to develop the draft *Regional Framework for Reaching the Unreached in the Western Pacific (2022–2030)*. This Framework focuses on the last mile in the delivery of essential health services, along with three other regional frameworks that WHO has been developing: on NCDs, cervical cancer and mental health. The frameworks have been prepared for consideration by the Regional Committee for the Western Pacific in October 2022.

At the October 2021 session of the Regional Committee, Member States endorsed the *Western Pacific Regional Framework to End TB 2021–2030*, which provides the basis and concepts that countries can adapt for actions within the health sector and beyond to put an end to the TB epidemic. WHO supports countries to translate the Framework into front-line actions, including systematic screening for TB in the most vulnerable populations.

WHO continues to provide immunization support to Member States in line with the *Regional Strategic Framework for Vaccine-preventable Diseases and Immunization in the Western Pacific 2021–2030*, endorsed in October 2020 by

the Regional Committee, and the *Western Pacific Regional Road Map for COVID-19 Vaccination Response 2021–2022*. As of 13 June 2022, a total of 31 of 37 countries and areas of the Region had vaccinated at least 90% of health-care workers with all recommended doses of COVID-19 vaccine; 24 countries and areas had vaccinated 90% of their older populations; and 18 countries and areas had achieved vaccination coverage of at least 80% with all recommended doses for the entire population. All Western Pacific countries and areas have introduced additional and booster doses.

The Western Pacific Region has promptly enhanced vaccine and immunization safety surveillance to respond to adverse events following immunization (AEFI) caused by the rapid and massive deployment of COVID-19 vaccination. At least 30 countries and areas of the Region have been sharing weekly AEFI data with WHO since February 2021.

WHO, in collaboration with the United Nations Children's Fund and the United States Centers for Disease Control and Prevention, supported the Philippines in conducting a post-introduction vaccine evaluation in April 2022. The evaluation highlighted key achievements and challenges of the COVID-19 vaccine rollout and assessed its impact on the overall immunization programme. The evaluation showed that the COVID-19 vaccine response served as an impetus to strengthen routine immunization by capitalizing on the gains made, including effective multisectoral collaboration and coordination among governments, nongovernmental organizations and the private sector, as well as increased financing, and improvement in cold-chain infrastructure, logistics and supply-chain systems.

Maternal and child health advances

Several Western Pacific countries are planning to apply for validation of elimination of mother-to-child transmission of HIV, hepatitis B and syphilis in the coming years – evidence of steady improvements in maternal and child health in the Region. WHO is working with these countries to ensure they have the correct data, tools and governance structures to ensure successful validation and achieve elimination of these diseases.

For HIV, WHO focuses on providing innovative prevention and testing tools, such as self-testing and pre-exposure



At the National Centre for Communicable Diseases in Mongolia, medical teams provide counselling, testing and treatment for sexually transmitted infections. Here, a medical worker conducts blood tests to confirm a diagnosis in July 2021.

prophylaxis, to key populations in countries where HIV rates continue to rise. Meaningful participation of key populations (sex workers, men who have sex with men, people who inject drugs, trans and gender-diverse people, and prisoners) will maximize the impact such focused interventions have on the epidemic.

In 2021 and 2022, WHO helped Member States adopt and scale up HIV self-testing in the Lao People's Democratic Republic, Malaysia, Mongolia, Papua New Guinea, the Philippines and Viet Nam and pre-exposure prophylaxis to prevent HIV in Cambodia, China, Fiji, Hong Kong SAR (China), the Lao People's Democratic Republic, Malaysia, Mongolia, Papua New Guinea, the Philippines and Viet Nam.

WHO also works with countries to strengthen capacity to monitor and address both HIV and gonococcal antimicrobial drug resistance. WHO support was also provided for the development of national action plans for viral hepatitis in Cambodia, the Lao People's Democratic Republic and the Philippines, as well as the development of a viral hepatitis surveillance system in Viet Nam. In Malaysia, WHO helped establish pilot sites for hepatitis C testing among people who are incarcerated.

Stamping out malaria

Vanuatu is one of 25 countries selected globally in the WHO E-2025 initiative, which aims to halt malaria transmission by 2025 in those countries. Since the launch of E-2025 in 2020, Vanuatu has maintained zero malaria-related deaths and just over 500 confirmed cases in 2021 through strengthened surveillance and response strategies. The WHO Mekong Malaria Elimination programme continues to make concerted efforts to support Cambodia, the Lao People's Democratic Republic and Viet Nam. These focalized aggressive malaria elimination strategies to reach the unreached have led to reductions of over 39% in malaria cases, 44% of *Plasmodium falciparum* and mixed cases, and 38% of *P. vivax* cases in three countries of the Greater Mekong Subregion between 2020 and 2021.

WHO is also conducting a dossier pre-review for the elimination of lymphatic filariasis as a public health problem in the Lao People's Democratic Republic. In Vanuatu, WHO has worked with the Government to launch integrated mass

Advancing NCD management through innovation

Modern technology is expanding the reach of health-care services and improving the monitoring and management of people living with NCDs from the world's most populous country to Pacific island countries and areas.

China

In Changxing County in Zhejiang Province in 2021, a farmer with diabetes went to the community health centre. The community doctor there – informed by the patient's health profile – referred him to the county hospital for specialist advice on his medication. Once the patient's blood sugar was under control, he was referred back to the community doctor for regular follow-up.

“The health profile is not a picture, but a health database of residents, which integrates multiple sources of data

with real-time tracking of health status for residents. It assesses the health of residents and health risks in the future,” explains Ao Xinhua, head of the Changxing health authority. As one of the six counties of the People-Centered Integrated Care (PCIC) Pilot Programme, Changxing has developed such electronic tools to enable community care workers to deliver a continuum of care for chronic diseases, such as diabetes and hypertension, as well as targeted interventions on risk factors through multisectoral collaboration.

The National Health Commission of China and WHO jointly launched the three-year pilot programme in 2021 to build PCIC service delivery systems based on robust primary health care, which is the foundation for an effective response to the challenge of NCDs, ageing and infectious diseases.



By accessing databases of resident health profiles, community doctors – like this one in China's Zhejiang province in July 2021 – can provide tailored advice such as diet counselling.



Nurses in Vanuatu familiarize themselves with the HeartCare Lite app at a training session in Port Vila on Efate Island in May 2022.

Vanuatu

Vanuatu is among the Pacific island countries implementing the *WHO Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Health Care*. The country's experience with digital technology proves that scaling up health programmes to reach unreached populations in remote islands is possible through innovation, even with limited resources.

In communities with only one nurse to cover all health programmes, implementing the WHO-recommended package of interventions is challenging, especially when it comes to improving individual counselling on NCD risk factors. In addition, data to monitor the progress of PEN implementation in the country are lacking, particularly for assessing and recording the risk of cardiovascular diseases and reporting on people at high risk of NCDs.

In need of a novel solution, Vanuatu introduced HeartCare Lite, a mobile phone app designed to calculate cardiovascular disease risk. The app makes it easier for nurses at the primary care level to communicate with and manage NCD patients. As part of further NCD management reform, the country is piloting an extended version of the HeartCare app in selected hospitals. This initiative will take forward a standardized and consistent NCD planning, implementation and monitoring process to improve data quality and enable immediate reporting per standard requirements. ●

drug administration campaigns against scabies, yaws and soil-transmitted helminthiasis in 2022.

Measles incidence has reached a historically low level of 0.6 cases per 1 million population (2021) in the Western Pacific Region. WHO-supported responses helped to control multiple outbreaks of circulating vaccine-derived polioviruses (cVDPV) in the Region, including cVDPV type 1 and type 2 outbreaks in the Philippines and Malaysia.

NCD prevention and management

The global burden of NCDs is growing swiftly as a result of changing social, economic and structural factors. Deaths from NCDs now exceed those from all communicable diseases combined. The Western Pacific bears a disproportionate burden from NCDs. One quarter of global NCD deaths occur in this Region, and the proportion of deaths due to NCDs is projected to increase in the future. The four main NCDs – diabetes, cardiovascular disease, cancer and chronic respiratory diseases – account for nearly 87% of all deaths in the Region.

Regional progress in reducing premature NCD mortality between 2000 and 2010 was encouraging. However, the significant diversity and speed of progress have slowed considerably, with reversals in progress noted in some countries. The Western Pacific needs an intensified response to speed up progress towards the global NCD targets.

Accordingly, DDC has been developing the draft *Regional Action Framework for Noncommunicable Disease Prevention and Control in the Western Pacific*. The Framework delineates the regional vision, guiding principles, objectives and recommended actions to counter and reverse the growing burden of NCDs. In response to a request from Member States, WHO has also developed the draft *Strategic Framework for the Comprehensive Prevention and Control of Cervical Cancer in the Western Pacific Region*, which will provide an evidence-based, consultative reference to inform policy and practices, and shape advocacy for the elimination of cervical cancer in the Region. Consultations were held with Member States and a wide range of stakeholders for both frameworks, which will be presented for consideration by the Regional Committee in October 2022.

In the meantime, the WHO has continued to support Member States in the Region to raise awareness of NCDs, to implement the *WHO Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Health Care*, to build workforce capacity, and to strengthen the use of data and innovations.

For example, Cambodia established NCD services at more than 130 health centres and 30 referral hospitals with support from WHO. In China, WHO has been working with the Government to pilot a new people-centred integrated care model in some counties. In Malaysia, WHO is training teams of primary care workers to provide behavioural interventions to people with diabetes in parts of the country where this condition is common. Following a successful pilot in 2019 that led to a reduction in premature deaths caused by NCDs in selected sites, Mongolia expanded the PEN programme to cover the whole country. In Papua New Guinea, where prevalence of avoidable blindness is high, WHO is helping to integrate eye check-ups in five NCD clinics and testing for diabetic eye disease in a busy secondary hospital.

In Vanuatu, WHO facilitated the revision of the PEN protocol and the implementation of an NCD mobile application called HeartCare to identify and manage individuals at high risk for cardiovascular diseases while at the same time establishing a central database. WHO also worked with the Government of Vanuatu to raise awareness on cervical and breast cancer. As a result, more than 750 women were screened for cervical cancer, and many received much-needed treatment.

Finally, WHO is working with St. Jude Children's Research Hospital, a WHO collaborating centre in the United States of America, to create a global platform for access to childhood cancer medicines. The platform will bring together St. Jude, WHO, governments, the pharmaceutical industry, nongovernmental organizations and the non-profit sector to ensure quality and effective medicines are available to treat childhood cancers. The Western Pacific Region has three focus countries for this project: Mongolia, the Philippines and Viet Nam.

Addressing mental health challenges

Good mental health is integral to the well-being of everyone. Promoting and protecting mental health is also

critical to a well-functioning society. It fosters social capital and solidarity, which are essential during times of crisis. Advancing the mental health agenda contributes to the larger vision and goal of making the Western Pacific the world's healthiest and safest region.

Seizing the opportunity to further spotlight the global mental health movement, WHO designed a transformative new regional vision and approach for the future of mental health in the Western Pacific. WHO collaborated with Member States and other stakeholders, conducting high-level advocacy events involving promotional activities and technical dialogues. The Organization also supported Member States in scaling up digital mental health, strengthening surveillance and implementing interventions to protect vulnerable populations.

Informed by technical discussions and consultations since 2020, WHO and key stakeholders co-created a draft *Regional Framework for the Future of Mental Health in the Western Pacific 2023–2030*. These meetings included an expert consultation in July 2021 to gather perspectives from a range of mental health-related disciplines, as well as a series of consultations with Member States between November 2021 and March 2022, with 107 representatives from 27 countries and areas participating. Ten countries and areas unable to join were invited to provide written feedback. The consultations fostered consensus around the core challenges facing the future of mental health in the Region and proposed key actions to advance the mental health agenda.

To enhance coordination around mental health issues in communities across Pacific island countries and areas, WHO convened the Sixth Pacific Islands Mental Health Network Meeting in November 2021. Participants shared lessons from the COVID-19 response and re-imagined the future of mental health in the Pacific, agreeing to strengthen regional cooperation and pursue collaborative projects and initiatives. Pacific perspectives were incorporated into the forthcoming regional framework, highlighting the need for new ways of working underpinned by a people-centred, culturally appropriate and inclusive approach to mental health promotion.

The new framework takes a transformative approach in line with the Region's thematic priorities, refocusing the



Advancing the mental health agenda across the Region requires a whole-of-society response. Koki Ozora (far right), founder of A Place for You, works with colleagues in Tokyo on an innovative 24/7 online chat platform to help people deal with loneliness.

mental health agenda to include well-being and reaching the unreached, transforming mental health support and care into a community-based ecosystem of health and social services, and embedding mental health into the settings and journeys of daily life. WHO has worked with Member States and partners to implement new approaches for reaching and protecting vulnerable populations by scaling up digital mental health and the delivery of mental health interventions that do not rely on specialists, such as self-help and brief forms of therapy, psychological interventions, enhancing surveillance of suicide, protecting the well-being of young people, and promoting dementia-friendly communities.

Coinciding with global advocacy days, such as World Suicide Prevention Day (10 September), World Alzheimer's Day (21 September) and World Mental Health Day (10 October), WHO launched a series of high-visibility promotional and risk communication campaigns on social media dealing with mental health and psychosocial support during the COVID-19 pandemic. WHO also convened a high-level side event on the future of mental health at the October 2021 session of the Regional Committee. Key messages from the campaigns reached more than 50 million people across different social media platforms in the Region. The campaigns provided opportunities to engage with the public on important mental health issues, with more than 25 million people interacting

online and sharing mental health-themed content on their own accounts and pages. "Protecting mental health during emergencies" was the most visited webpage, and mental health was the second most popular health topic on the WHO Western Pacific Region website.

Pandemic provides impetus

The COVID-19 pandemic and its response led to severe disruptions of essential health services and derailed progress towards goals for communicable and noncommunicable diseases. In the past year, WHO continued to support Member States to revive affected essential services and adjust to new realities by promoting innovative and integrated service delivery. In addition, WHO supported countries to translate policies into action and to scale up interventions through innovations and systems approaches to reach the unreached.

As next steps, WHO continues to support programme implementation to combat communicable and noncommunicable diseases by prioritizing actions in line with the respective regional frameworks. Thereby, WHO continues to support Member States to reach more people by building robust and future-proofed health systems that support health and development for all.

Reaching unreachable people with TB in the Philippines

Many countries in the Western Pacific Region are using technology, and service and social innovations to increase tuberculosis (TB) treatment coverage – which was only 62% in 2020 in the Western Pacific Region, well under the global target of 90%.

One such innovation is the Specimen Transport Rider or STRider network in the Philippines. Instead of people going to health facilities, now specially trained motorcycle riders collect and shuttle samples to labs and support the treatment of people all over the country.

“Our job is to collect specimens and bring them to the laboratories,” says STRider Mary Jane Tatlonghari. Her colleague Bon Guintu adds, “We bring back the test results to the patients. It is now easy and convenient to get tested for TB because STRiders like me are here to help.”

Testing and treatment coverage is often low, especially among the poor, because of access issues. The high cost of transportation and lost income are barriers for people who need to travel long distances to health facilities, which are only open at times that often conflict with work schedules.

No wonder the STRider network has grown so rapidly.

In 2019, the network relied on 138 motorcycle riders to connect 1048 rural health units with 127 expert sites in seven of the 17 regions of the Philippines. WHO supported this service innovation by facilitating a study tour for stakeholders from the Philippines to South Africa to identify lessons on specimen transport in January 2019.

Between 2020 and 2021, the network expanded to 350 STRiders covering all regions and assigned to 2705 rural

health units, including health centres and barangay health stations, 281 government hospitals and 202 private hospitals.

STRiders have also played a critical role in transporting biological specimens to diagnose HIV and support the provision of treatment for people living with HIV by covering 117 HIV treatment hubs and social hygiene clinics. The STRider network covered 24 facilities providing services related to COVID-19 as well.

WHO has also supported the Philippines in launching a package of four digital solutions called the End TB App Suite, catering to key affected people and other stakeholders. These applications aim to improve the efficiency of specific tasks and help address challenges, particularly data collection and under-notification of TB cases.

For example, one of the apps called Care TB allows people to self-screen and guides them to self-refer to the nearest TB care facilities. It also helps patients to self-monitor, thereby improving TB treatment adherence. The Department of Health is now converting this App Suite into a multi-disease digital platform for integrated universal health care in the Philippines.

WHO, in collaboration with the Foundation for Innovative New Diagnostics, Llamasoft, the United States Agency for International Development and other partners, supported the Department of Health to optimize its TB diagnostic network.

WHO has since started working on a multi-disease real-time diagnostic network optimization platform, which will help deploy diagnostic equipment, consumables, STRiders and medical technicians. ●



To increase TB treatment coverage, the Philippines is using service innovations such as the Specimen Transport Rider or STRider network. This STRider is delivering a sputum sample for testing to the Department of Health office in Tuguegarao.



4

Data, Strategy and Innovation group

Introduction

The Data, Strategy and Innovation group (DSI) uses the *For the Future* operational shifts, working as one team with WHO country offices and technical units in the Region to support Member States in creating a healthy future and promoting health as an essential enabler for sustainable development. The group provides technical advice on utilizing universal health coverage (UHC) as a platform to enable all programmes to work together to strengthen health systems, expand the use of integrated multi-source data for decision-making, prepare for healthier futures and harness innovations to help the Region prepare for the future.

With UHC as the foundation for health system transformation, the DSI group takes a systems approach by convening the Technical Advisory Group (TAG) on Universal Health Coverage in the Western Pacific Region and the TAG Alliance to set an agenda that brings together sectors beyond health. This approach promotes UHC advocacy, generates shared knowledge and experiences in UHC, and strengthens multisectoral and multidisciplinary collaboration to promote health and well-being for all.

To ensure that the path forward for countries is sustainable while meeting the increasing demands for health information and measurement standards, DSI promotes integrated and systematic strengthening of health information systems. It develops innovative information products and tools to drive evidence-based solutions by measuring direct and indirect health impacts within and beyond the health sector through multiple resources.

Countries were further guided towards the “new future” they envision, working together with country offices, through Health Futures Strategic Dialogue (HFSD) sessions. During these dialogues, change agendas that improve people’s health and well-being – and future-fit health systems – were conceived using backcasting, an operational shift that focuses on planning the steps to arrive at a desired future.

The first Innovation Challenge for the Future of Public Health, an open call globally for health innovations for the Region, identified innovators with solutions to the health needs in the Western Pacific. The Innovation Repository highlighted government-led health initiatives in Member States and the role of governments in institutionalizing and scaling

As part of a community engagement research initiative, diverse stakeholders in the Lao People’s Democratic Republic in July 2021 mapped out their village together to understand barriers and opportunities to optimal health in the community.



This visual summary of the second TAG Alliance meeting was presented to participants of the Fifth Meeting of the Technical Advisory Group on Universal Health Coverage in the Western Pacific Region in November 2021. The summary shows key points of discussion and recommendations to move forward.

up innovations. Lastly, DSI leads timely research efforts supporting the COVID-19 response and recovery to identify solutions to emerging public health priorities in the Region.

Advancing UHC with the transition from the “new normal” to a “new future”

To collectively respond to current and future challenges, countries and areas in the Region need transformed health systems to ensure the sustained delivery of people-centred and integrated services for all. This has driven the UHC TAG meetings in the Western Pacific Region to be the platform for Member States, WHO and partners to progressively discuss direction, innovative strategies, and practical actions for developing and defining or redefining their UHC road maps for transforming health systems.

Since the *For the Future* vision was adopted by the WHO Regional Committee for the Western Pacific in October 2019, WHO in the Region has supported Member States to reorient approaches in transforming health systems with data for informed decisions, progress monitoring and uniting programmes for people-centred services as outputs of strong health systems. Accordingly, senior health policy-makers from 23 Member States, TAG members, WHO representatives and partners in November 2021 at the Fifth Meeting of UHC TAG laid out a shared vision of a “new future” that includes people-centred, lifelong engagement and participatory primary health care; strong public health capacity for sustained management of COVID-19 and future health security threats; and integrated planning and delivery of data that can help strengthen disease control programmes and health systems.

To achieve these objectives, strategic shifts were identified that underpin the need to take a systems approach with UHC as the foundation. These strategic shifts help set the long-term goals and key actions in developing a tool that will guide Member State UHC road maps, interlinking with the WHO country cooperation strategies, thereby laying the foundation for achieving country-level progress in the future.

To strengthen synergies with UHC, the TAG Alliance coordination mechanism has engaged other TAGs in the Western Pacific Region towards collectively achieving the shared *For the Future* vision of making the Western Pacific the world's healthiest and safest region through joint activities. These efforts include engaging all TAGs in consultations to develop the draft framework on reaching the unreached, recognizing that the drive towards UHC must leave no one behind – especially the most disadvantaged. The *Western Pacific Regional Framework to End TB 2021–2030*, for example, utilizes UHC as the foundation for strong health service delivery, taking a systems approach to ensure integration of people-centred health services that addresses gender and other disparities.

A commentary was published in *The Lancet Regional Health – Western Pacific* asserting that UHC is the appropriate platform to realize the *For the Future* vision for the 1.9 billion people of the Region. In addition, research on prior health investments – and their relation to a stronger and equitable COVID-19 response and recovery – has been initiated to inform future health system strengthening efforts.

The engagement under the TAG Alliance also includes thematic webinars that demonstrate how UHC is cross-cutting and interlinked with other key health priorities. For example, Climate Change and UHC – Success Together" webinar showcased country case studies from the ministries of health of the Lao People's Democratic Republic, the Marshall Islands and the Philippines, as well as insights from the chairpersons of the UHC TAG and Climate Change and Environment TAG. The webinar emphasized the importance of investing in climate-resilient health systems to mitigate environment-related health risks and impacts, which ultimately contributes to advancing UHC.



WHO support to Member States to improve COVID-19 data collection and analysis capacity has strengthened responses around the Region. Since mid-2020, WHO has worked with academia to provide regular guidance sessions – like this one in Kuala Lumpur in September 2021 – to strengthen the role of data in policy-making.

Building sustainable health information systems and capacity to generate and use health data

The COVID-19 pandemic has re-emphasized the necessity of evidence-based programme response and the cruciality of comprehensive health information in this process. The Organization continues to collaborate with WHO representative offices across the Region to harness this momentum and accelerate support to Member States to address emerging health information system challenges related to integrated health information and strengthening the data workforce. These joint activities promoted sustainable data capacity-building, such that Member States could develop “future-proof” data workforces, and encouraged innovative analysis of multi-source data to match the growing need for resilient health information systems and data use from Member States.

Building on the successes of the WHO Regional Office data group, established in 2019 with data experts across all divisions, WHO drew from the group's expertise to support Member States to address the growing challenge in fostering a competent health information workforce in a systematic and sustainable manner. Working together with



A participant in a Health Futures Strategic Dialogue workshop in Mongolia looks over “futures cards” used in the November 2021 workshop. WHO supports Member States to develop longer-term planning for health, well-being and health systems.

WHO representative offices for the Lao People’s Democratic Republic and Papua New Guinea, WHO supported these Member States to identify health information workforce competency needs using novel tools developed by the group. The tools enable countries to systematically identify concrete data skill and knowledge gaps at both the national and subnational levels as a first step to sustainable capacity-building planning over the short and long term.

Fragmented health information has prevented Member States from gathering a comprehensive overview of their current status across all health areas, which is the foundation for evidence-based policy. Through joint activities between the WHO Regional Office and WHO representative offices in the Lao People’s Democratic Republic and the Pacific island countries and areas, innovative analysis of integrated health information from multiple sources was promoted so that Member States can understand the potential uses of integrated data analytics. These illustrative end-products have been widely disseminated through health information networks and have been used to facilitate dialogues for policy change.

Serving people through Health Futures Strategic Dialogues

WHO has worked with Member States to support strategic foresight-based planning and agenda-setting around the Region by facilitating Health Futures Strategic Dialogues, or HFSDs. These dialogues have helped inform efforts to achieve UHC by 2030 in the Philippines, Mongolia’s vision for transforming its health system by 2050, and the integration of futures planning approaches and long-term implications for healthy ageing in Malaysia.

WHO and the new Futures Thinking Office of the Philippine Department of Health facilitated a strategic dialogue that resulted in a multi-stakeholder consultation that identified key trends and scenarios for the future of UHC, agreement among government leaders on key transformations required to safeguard UHC in 2030, and the empowerment of local agents to drive change in health planning through capacity-building of the Futures Thinking Office team.

Mongolia conducted its first HFSD workshop in May 2021. Three priority themes were identified: healthy communities, healthy people; healthy environments; and technology and innovation. Following the initial workshop, the Ministry of Health led cross-disciplinary working groups that tailored diverse activities for key stakeholders to increase their understanding of the drivers of change relevant to the three themes and explore how these might evolve by 2050. Workshop outputs will help create scenarios and backcasting actions to achieve a preferred future for health in Mongolia.

In Malaysia, early-stage engagement with the Ministry of Women, Family and Community Development and with the Ministry of Health commenced in November 2021 to explore how HFSDs can support future-proofing facets of healthy ageing. The ministries expressed interest in strategic foresight capacity-building, and introductory training was prepared in response.

Developing and scaling up innovative solutions for health impact

With WHO support, Member States are evaluating, adapting and scaling up promising approaches to address health

challenges and deliver strategic changes. The Organization also has been critical in generating, translating and disseminating timely evidence-based guidance to enhance Member State response and recovery efforts in the Region – a role amplified during the COVID-19 pandemic. Through these initiatives, Member States have identified scalable innovations, effective models for community engagement, evidence-based support for national decision-makers during the pandemic, and measures to strengthen country-level health systems capacity and infrastructure.

The first open call for health innovations for the Region, the Innovation Challenge for the Future of Public Health, attracted more than 400 submissions from 48 countries. Fifty-eight industry and expert judges from the Organization and WHO collaborating centres evaluated the novelty, effectiveness and scalability of the proposed innovations. They selected 29 winners with digital solutions and social approaches that further the implementation of the four thematic priorities of the Region's *For the Future* vision for health and well-being.

Additionally, WHO supported the development of the Innovation Repository, a database on government-led health innovations and Member State institutions to build enablers for health innovations. The Innovation Repository dashboard was launched with initiatives identified from 18 countries and areas.

Leading innovators identified from the challenge and the Innovation Repository gathered for the Second Innovation Forum in the WHO Western Pacific Region, convened virtually on 28–29 April 2022. The innovation challenge winners participated in four problem-solving sessions to design solutions for problems presented by WHO colleagues from representative offices in Cambodia, Fiji, the Lao People's Democratic Republic, Malaysia and the Philippines.

Speakers from 10 Member States shared expertise and know-how on building an innovation ecosystem and scaling up innovations according to country contexts.

In close collaboration with Malaysia's Ministry of Health and academic institutions, WHO has provided virtual updates of modelling-based policy guidance and recommendations for pandemic response since mid-2020. Weekly modelling results that project COVID-19 infections, hospitalizations and occupancy in intensive care units using various scenarios of movement restrictions and vaccination levels have helped introduce measures to control transmission, while enabling social and economic activity. This exercise was particularly beneficial as the country made plans to reopen schools nationwide.

Between 2020 and 2021, a research initiative led by WHO staff worked with the Ministry of Health and the Lao Tropical and Public Health Institute to design, implement and evaluate community engagement interventions in the country. This approach improved trust and relationships among health providers, local government leaders and community members, resulting in increased access, uptake and quality of essential maternal and child health services in rural village communities impacted by COVID-19 in the three months after the interventions. This initiative also led to high-level collaboration with the Ministry of Health and the Ministry of Home Affairs, which recently signed a memorandum of understanding to institutionalize community engagement workshops nationwide through local governance structures to more effectively inform the Government's decision-making on health.

The DSI group will continue to work as one team with country offices across the Western Pacific to support Member States to achieve UHC through the five key pillars of the group.



5

Division of Healthy Environments and Populations

Introduction

Noncommunicable diseases (NCDs) are the leading cause of death in the Western Pacific Region. The work of the Division of Healthy Environments and Populations (DHP) is guided by a vision of preventing as many NCDs and injuries as possible. The Division also works to prepare countries and communities to face a changing climate and environment, as well as to support all people – regardless of gender, age, or environmental or social condition – to have equal chances and opportunities for good health.

In practice, DHP works to support countries to take sustained, systematic and effective action to reduce common risk factors for NCDs and conditions (including injuries) that arise across the life course. The Division provides guidance and enables countries to take action to address health issues caused by environmental factors. Further, DHP supports actions – of WHO as well as national and local counterparts – that address the social and commercial determinants of health, in particular gender and inequity, and supports Member States to transform social and health systems in preparation for healthy ageing.

Through this work, DHP contributes to the global *WHO Thirteenth General Programme of Work 2019–2023* and to furthering the Western Pacific's vision of *For the Future: Towards the Healthiest and Safest Region*, namely the thematic priorities on NCDs and ageing; climate change, the environment and health; and reaching the unreached.

In support of the *For the Future* vision to turn the tide on NCDs, DHP works with countries to prevent NCDs and injuries, applying a comprehensive approach to modify their shared underlying risk factors. This is done by supporting an enabling policy and legislative environment that addresses common risk factors for NCDs and conditions, championing health beyond the health sector to ensure smoke-free environments, and using NCD surveillance for strategic information, decision-making and action.

Addressing the double burden of malnutrition

Member States in the Western Pacific Region face a double burden of malnutrition – the coexistence of overnutrition (overweight, obesity or diet-related NCDs) alongside undernutrition (stunting, wasting and micronutrient

This year, Cambodia established a National Leprosy Roadmap that integrates community engagement to address stigma and discrimination in eliminating leprosy. Pictured here, a smiling Not Yang, 79, is a long-time resident of the Troueng Village for leprosy-affected people.



A mother and child see first-hand the strong role provincial health systems play in improving their nutritional status in Kampot in May 2022. In Cambodia, routine child growth monitoring and health and nutrition promotion are part of the standard package of care for mothers and children.

deficiencies). To promote healthier eating and address diet-related conditions, WHO promotes high-level advocacy and policy dialogue with experts and Member States. This includes discussions on how policies and actions at all levels can help address the double burden of malnutrition.

To mitigate the potential harm from unhealthy processed food, such as breast-milk substitutes and food high in saturated fats, trans-fatty acids, free sugars or salt, Member States endorsed the *Regional Action Framework on Protecting Children from the Harmful Impact of Food Marketing in the Western Pacific* in October 2019. WHO has been supporting

countries to strengthen national policies, such as regulating the marketing of breast-milk substitutes in Cambodia and of food high in saturated fats, trans-fatty acids, free sugars or salt to children in Mongolia. In the Pacific, WHO continued to support Member States through the Pacific Ending Childhood Obesity Network (Pacific-ECHO) on their priority actions and advocacy. A technical consultation on regulating food marketing to children in the Pacific is being organized.

Calling for greater awareness and actions to combat child obesity, WHO partnered with the Ministry of Health, Labour and Welfare of Japan in December 2021 to hold a hybrid advocacy event called “Futures in the Balance: Addressing childhood obesity today, to protect the health of future generations”. Held alongside the 2021 Tokyo Nutrition for Growth Summit, the event drew more than 600 virtual and in-person attendees from across the Region.

WHO also supported national policies and their implementation to address the double burden of malnutrition in countries across the Region. For example, Vanuatu developed a renewed *National Nutrition Policy and Strategic Plan 2022–2030* to more effectively guide the efforts of the Government and partners. Cambodia expanded the capacity of provincial health systems to improve the nutritional status of children and their mothers, especially those at risk or suffering from malnutrition. It includes the engagement of provincial health workers to conduct routine child growth monitoring and deliver health and nutrition promotion services to mothers. China also strengthened the capacity of provincial health systems to deliver nutrition services by conducting Baby-Friendly Hospital Initiative training for 1500 medical staff from 1000 hospitals in 10 provinces. This training was carried out to promote, protect and support breastfeeding practices.

Serving as an active voice for tobacco control

WHO continues to be an active voice for tobacco control in the Region by facilitating pre-emptive intersectoral and multi-partner policy dialogue and joint action to support countries in strengthening advocacy efforts and the enforcement of smoke-free laws and policies. Graphic warning labels on new and emerging tobacco and nicotine products, for example, can ensure that consumers are informed of the risks of these products.

In 2021, WHO led a multi-country consultation to identify challenges and root causes to inform smoke-free policy legislation and implementation. The findings have contributed to country-led solutions and impact, such as the issuance of Administrative Order No. 2021-0051 in the Philippines on the Guidelines on Graphic Health Warnings on Vapor Products, Heated Tobacco Products and Other Similar Products in October 2021. From August 2021 to May 2022, Cambodia, Fiji, Malaysia and Tuvalu also strengthened intersectoral capacity to promote compliance and enforcement regarding smoke-free laws in different settings.

To address ongoing and new challenges to tobacco control, the WHO Tobacco Free Initiative (TFI) leveraged community networks to support localized and gender-responsive cessation initiatives and programmes in the Region. This effort led to key actions, including a learning-by-doing tobacco cessation programme in Fiji. The programme aims to identify potential NCD service “hubs” that can provide tobacco cessation services and develop referral pathways from community screening programmes and health centres to the hubs. Nauru implemented “Stop and Take a Breath” – an initiative to understand and address tobacco use initiation, behaviours and beliefs among Nauruan women.

Using data to drive policy

Applying the *For the Future* operational shift to drive and measure country impact, WHO supports countries in conducting NCD surveillance and using the data to inform decision-making and action for NCD prevention and control.

For example, WHO is working with New Caledonia and Viet Nam to analyse findings from the WHO STEPwise approach to NCD risk factor surveillance (STEPS) surveys to assess the disease burden from NCDs and the prevalence of associated risk factors. WHO is also working with Cambodia and Cook Islands to commence their STEPS survey. These data and surveillance information will inform and drive policy actions needed to reduce NCDs and injuries.

In Cambodia, at the request of the National Institute of Statistics, WHO collaborated with United Nations Population Fund and Hong Kong Polytechnic University (a WHO collaborating centre) to provide technical support on writing a thematic paper on population ageing, analysing

the 2019 general population census. Based on the findings and recommendations from this paper, Cambodia developed a plan to reorient the health-care system to improve community-based integrated care and focus on maintaining intrinsic capacity, as well as functional ability in older ages, by introducing the WHO *Integrated Care for Older People: Guidelines on Community-level Interventions to Manage Declines in Intrinsic Capacity* and social prescribing.

The report on the *Progress on Prevention and Control of Noncommunicable Diseases in the Western Pacific Region: Country Capacity Survey 2019* was published and provides an update of Member States' current capacities with regards to NCD infrastructure and governance, policy action, surveillance and health systems response. These findings help Member States to identify areas that require prioritization and strengthening to counter the NCD epidemic.

Preventing injury and violence

To support countries to prevent and respond to injury and violence, WHO worked with Member States to facilitate cross-sectoral discussions with various sectors, such as health, law enforcement, transportation and education. In 2021, WHO joined forces with more than 15 partners (including the United Nations Children's Fund) to host a virtual conference on INSPIRE, a technical package of seven key strategies to end violence against children. The five-day event engaged more



With WHO support, Malaysia led an intersectoral initiative to improve road safety for children. One cute beneficiary is shown here in September 2021.



WHO support has helped to improve water and sanitation in health-care facilities, like this one in Davao City in the Philippines.

than 1700 representatives from 25 countries in East Asia and the Pacific. Discussions focused on policies and strategies to eliminate violence against children.

Five countries (Cambodia, the Lao People's Democratic Republic, Mongolia, Papua New Guinea and Viet Nam) developed action plans for ending violence against children between November 2021 and June 2022. In terms of injury prevention, Malaysia led an intersectoral (health, education and transport) initiative to strengthen the implementation of a new national child car-seat law to improve road traffic safety for children.

Addressing health issues caused by environmental determinants

Anticipating the impact of climate and environmental change on health, WHO supports countries in the Region to counter the health impacts of climate change and environmental degradation and to build resilient and sustainable health-care facilities.

These efforts have produced results across the Region. For instance, Viet Nam developed an air quality index to disseminate public health advisories and alerts during peaks of air pollution, a step towards regulating air pollution and developing national air quality standards. The Lao People's Democratic Republic analysed past climate and dengue surveillance data and established a proof of concept for a forecasting model for dengue cases based on climate factors. This will help develop a climate-informed early warning and response system for future dengue outbreaks.

Eleven countries in the Region – Cambodia, China, Fiji, the Lao People's Democratic Republic, the Marshall Islands, Mongolia, Papua New Guinea, the Philippines, Solomon Islands, Tuvalu and Viet Nam – now have survey data on water, sanitation and hygiene, collected using the UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water, or GLAAS, template. These data will equip policy- and decision-makers with reliable, timely and accessible evidence, enabling them to make informed decisions for sanitation, safe drinking water and hygiene.

Further, WHO supports countries in building health system resilience and sustainability. Part of this work includes delivering WHO guidance and building capacity around climate-resilient, environmentally sustainable and gender-responsive health-care facilities. For example, in 2021 with WHO technical and financial support, Fiji, Mongolia and Papua New Guinea established technical guidance that will be used over the next two years to make health-care facilities more climate resilient and environmentally sustainable. In addition, the Lao People's Democratic Republic increased access to basic water and hygiene services for women and girls living in vulnerable situations by building more than 100 gender-separated toilets in health-care facilities across the country.

Addressing social and commercial determinants of health

WHO works with Member States to address the common social and commercial determinants of health and health inequities by taking a grounds-up approach to embed a gender lens in technical programmes at the country and local levels.

WHO supports technical programmes across the Region to incorporate a gender lens to effectively identify and address disease burden, risk factors and other issues by gender. Such an approach would help achieve the objectives of both specific technical programmes and gender equity in health. Between July 2021 and June 2022, this work resulted in customized country-level actions to increase effective coverage of health services among vulnerable populations.

For example, COVID-19 vaccination hesitancy and inequity among certain groups was a growing concern globally. By anticipating a similar challenge and focusing on gender in early programming, Cambodia discovered that the uptake of COVID-19 vaccination among pregnant women was low in the country. In response, WHO supported the country by customizing and implementing a targeted communication strategy that addressed harmful misconceptions about the vaccine, in order to increase uptake.

A similar approach was used in the Philippines by applying a gender lens to understand why homeless women had difficulty getting vaccinated. Most health-care centres only allowed the individual being vaccinated into the facility. Homeless women could not find anyone to care for their children while they sought vaccinations, so they chose not to get vaccinated. The vaccination programme adjusted the rules so that women could bring their children to vaccination sites, thus improving access.

In addition, WHO supported the Ministry of Health and Human Services in the Marshall Islands to take action upon recognizing the probable link between climate-induced disasters and disruptions to sexual and reproductive health services, posing potential risks for young women's health. The Marshall Islands introduced peer-to-peer learning on a range of topics including: gender, sex and sexuality; consent; pregnancy prevention; sexually transmitted infections



Gendered differences in disease burden, risk factors and needs exist across the Region. Here, in Vanuatu in August 2021, women participate in a daily, community-led exercise programme to help combat NCDs.

and HIV; and other related areas. This enabled adolescent girls to be equipped with knowledge and information to empower them to make informed decisions about their health and well-being.

Leveraging community resources

A community has significant potential to contribute to health and well-being by improving understanding of health, promoting healthy behaviours and environments through local policy implementation, and linking health and other resources that address the diverse needs of individuals.

In an effort to exploit this potential in communities, Member States endorsed the *Regional Framework on Nurturing Resilient and Healthy Future Generations in the Western Pacific* in October 2021. The Framework advocates for placing school as the hub of the community, linking local health systems and existing community networks to create health-enabling environments. In 2021 and 2022, three countries – Fiji, the Federated States of Micronesia and the Philippines – started evaluating their existing national school health policies and exploring ways to include additional opportunities to link resources in the communities. The Philippines is using its Global School Health Survey 2019 data, supported by WHO, to further inform the review of its current national school health policies and implementation guidelines.

In Vanuatu, WHO partnered with schools to reduce the high burden of tooth decay in children through a school programme on healthy teeth called *Gudfala Tut Skul*. To date, the programme has been implemented in 30 kindergartens and primary schools, helping more than 3000 young mouths to be healthier.

WHO works closely with different technical programmes that already have significant activities on the ground to further leverage and support local governance structures, strengthen community networks, and connect local health and other resources. For example, Cambodia established a national leprosy road map that integrates community engagement as a fundamental strategy to eliminate leprosy and address stigma and discrimination against people affected by leprosy.

Transforming to promote healthy ageing

To support countries to achieve the vision of healthy ageing – that is, healthier older adults thriving and contributing to society – WHO is working with countries and stakeholders to promote a whole-of-society transformation beyond the health sector. This is done by facilitating an enabling policy and legislative environment on healthy ageing, and by transforming social and health systems for healthy ageing.

Over the past two years, Member States strengthened their actions towards healthy ageing. For example, the Philippines developed a national action plan and framework on healthy and productive ageing. Brunei Darussalam, Cambodia and Palau began consultations to develop comprehensive national policies on healthy ageing. And the Federated States of Micronesia discussed healthy ageing priorities and created a workplan at a national NCD summit, with advocacy support from WHO.

WHO provides technical support that enables and empowers countries to implement recommended actions for healthy ageing and facilitates knowledge exchange across and beyond the Region. As a result of this work, many countries progressed towards building age-friendly environments. From 2021 to 2022, Brunei Darussalam, Malaysia, the Philippines, Singapore and Viet Nam organized in-country workshops and webinars to inform the development of age-friendly environments, which led to a consideration of drafting guidelines on age-friendly cities and communities. Malaysia is in the process of writing national guidelines, and the Philippines has begun engaging local government units interested in becoming pilot sites.

In terms of promoting people-centred care, WHO supported Cambodia and China with technical guidance to introduce social prescribing for older people, connecting health and other services at the community level. Using the WHO *Handbook: Guidance on People-centred Assessment and Pathways in Primary Care*, the Division supported Cambodia in early 2022 to develop and implement a national curriculum on integrated care for older people, collaborating with community health-care and long-term care facilities. WHO also developed technical materials for countries to improve care for older people, including an implementation toolkit,



This year, WHO developed technical materials to improve care for older people, including for COVID-19. Here, outreach teams in Viet Nam deliver care to older community members in Quang Nam in January 2022.

updated guidance on COVID-19, and a course on social prescribing from OpenWHO, the Organization's interactive, web-based knowledge-transfer platform offering online courses to improve the response to health emergencies.

In addition, China and the Philippines adopted a try-and-learn approach to developing a virtual healthy ageing coach named Agatha. Older people participated in every step of co-creating this digital health worker, providing rapid feedback through multiple phases of beta-testing. Based on user feedback, Agatha evolved into a healthy ageing coach with interactive learning modules, quizzes and gamification elements.

Working for the future

Progress was made over 2021 and 2022 to prevent NCDs, to prepare countries and communities to face a changing climate and environment, and to ensure that all people – women and men, girls and boys – have equal chances and opportunities

to lead healthy lives. WHO continues to build on the work conducted and lessons identified to achieve high-impact, sustainable, gender-responsive and equitable results.

Further, serving as a knowledge hub of the Region, WHO will continue to support countries and areas to share and to adapt or adopt available evidence, guidance and knowledge relevant to their context, and to use this strategic information to implement policies at the national and subnational levels. To achieve this, the Division will leverage local-level networks and resources and, as appropriate, work with collaborating partners and other sectors beyond health.

This work will require an intentional shift in operations and strategy, with a stronger focus on generating strategic information for decision-making; making better use of local networks and resources; leveraging the skills and strengths of collaborating partners; and strategically prioritizing the use of time, resources and partnerships.



6

Division of Health Systems and Services

The Division of Health Systems and Services (DHS) supports Member States partnering with the WHO country liaison and representative offices to build and sustain health-care systems that progress towards universal health coverage (UHC). This focus on the significance of strong health systems for delivering long-term health is central to achieving the four thematic priorities of *For the Future*: health security, including antimicrobial resistance; NCDs and ageing; climate change, the environment and health; and reaching the unreached.

DHS leads WHO efforts to provide technical support and guidance to Member States to develop and implement policies, strategies and plans to strengthen health systems. These aim at building momentum for primary health-care reform, strengthening the health workforce, improving health financing and raising the quality of health care, including increasing access to safe and affordable surgery and scaling up Early Essential Newborn Care.

The Division also acts as the secretariat to the Asia-Pacific Parliamentary Forum on Global Health and supports

Member States to strengthen health legislation, as well as pharmaceutical systems, national authorities that regulate vaccines and therapeutics for the COVID-19 response, traditional and complementary medicine, and efforts to tackle antimicrobial resistance.

The Division will continue the work to engage all Member States in strengthening the health sector response to COVID-19 and leveraging it towards UHC.

Transforming primary health care

The COVID-19 pandemic has reaffirmed the critical role of primary health care (PHC) in building resilient health systems and bringing quality health services closer to communities. The Ministerial Panel Discussion at the October 2021 session of the WHO Regional Committee for the Western Pacific highlighted the PHC policy lessons identified during the pandemic, while reiterating commitments to build strong PHC-based systems for the future. WHO has developed the draft *Regional Framework on the Future of Primary Health Care in the Western Pacific* and is

Despite constraints posed by the pandemic, Member States such as Papua New Guinea pledged to create additional health-care worker positions. Here, the country's National Emergency Medical Team was deployed to Vanimo to support West Sepik's COVID-19 response during September 2021.

working with the countries and areas to turn commitments into concrete action. A few examples are highlighted below:

In Gobisumber province of Mongolia, WHO is working with the Ministry of Health on a multi-year programme to strengthen the capacity of the PHC system to meet future health needs. WHO supported a review of PHC packages and models of care in the final months of 2021 to determine if they are fit for purpose in the context of future health needs. As a result, a redesign of PHC services was initiated in consultation with communities and other stakeholders. Efforts will focus on finalizing and rolling out new service delivery models as the third phase of the programme commences.

In Cambodia, WHO used evidence on PHC status to facilitate high-level policy dialogues on PHC reform in March 2022, bringing together stakeholders from across the health system. This led to a commitment to reform and strengthen the role of health centres and the capacity of the health system to deliver strong PHC. A subsequent “listening” exercise with stakeholders and communities from March through May 2022 shaped the vision of PHC in Cambodia,



In Cambodia, dialogues on primary health-care reform led to commitments to strengthen the role of health centres. Prei Thong Health Centre in Kampot, picture here in March 2022, provides support for hypertension, diabetes, vaccination, healthier lifestyle counselling and many other services to the community.

with consensus on the key interventions. WHO will continue to work with policy-makers and stakeholders in Cambodia to plan and implement PHC reform.

Increasing access to safe and affordable surgery

Globally, 5 billion people lack access to safe and affordable surgical care. Recognizing the urgent need to scale up surgical care as a component of UHC, the Regional Committee in 2020 endorsed the *Action Framework for Safe and Affordable Surgery in the Western Pacific Region (2021–2030)*. Cambodia, Fiji, Mongolia, the Philippines and Vanuatu have expressed interest in being early implementing countries. Fiji, Mongolia and Vanuatu have conducted grounds-up surgical data reviews to identify key system gaps. WHO supported Cambodia, Fiji and Mongolia to complete six-month safe surgery planning in April and May 2022, with Vanuatu to do the same in October 2022. In Fiji, multidisciplinary surgical stakeholder consultations have been conducted to identify key systems and operational gaps and to prioritize first-level hospitals for upgrading to their status according to bellwether procedures (laparotomy, caesarean section and open fracture management) over the next five years.

Surgical reviews revealed critical gaps, including the lack of essential surgical equipment and supplies (ESS), sterilization services, and workforce capacity. A consultative process was used to collect input from hospitals and practitioners across the Region on ESS needs for the provision of the bellwether procedures at first-level hospitals. Data were used by WHO and partners to develop a regional database of standard ESS required for surgical services, including indicative pricing, with data uploaded onto the WHO Price Information Exchange for Medicines (PIEMEDS) platform. Support to clearly understand how national regulatory authority (NRA) mechanisms can ensure the procurement of quality goods is ongoing.

Strengthening essential services for the sterilization of facilities and equipment is a foundation of safe and affordable surgery and a priority in early implementing countries. WHO is developing and testing a participatory approach to assessing, planning and monitoring sterilization services called “Making hospitals safe: sterilization services”. Fiji completed this assessment in four hospitals and



Vanuatu is an early implementer of the WHO Action Framework on safe and affordable surgery. Here, a patient is undergoing an anterior vitrectomy and intraocular lens implant at the Vila Central Hospital Eye Clinic in May 2022.

identified practice and equipment gaps that led to a six-month hospital action plan and clinical coaching for staff.

WHO is also supporting workforce training, including nursing and midwifery staff, to strengthen surgery, anaesthesia and obstetric capacity. Specifically, the Regional Office is supporting the WHO Academy to create interactive learning modules, including operative care and organizational and management skills for district hospitals to provide surgical services. Participants will be able to construct learning plans based on individual requirements for their settings and resources. The modules are being designed to include simulation-based education methodologies to consolidate learning in the form of in-country portable learning labs.

Improving Early Essential Newborn Care

A newborn baby dies every three minutes in the Western Pacific Region. To accelerate the neonatal mortality reduction, Early Essential Newborn Care has been

implemented in line with the *Action Plan for Healthy Newborn Infants in the Western Pacific Region (2014–2020)*. Efforts have focused on countries with the highest burden of newborn infant mortality – Cambodia, China, the Lao People's Democratic Republic, Mongolia, Papua New Guinea, the Philippines, Solomon Islands and Viet Nam – as well as the Marshall Islands, the Federated States of Micronesia, Palau and Vanuatu. Under the draft framework for reaching the unreached, the existing targets will be maintained through 2030.

Since June 2021 with WHO support, the Lao Ministry of Health has conducted a review of the alignment of midwifery competencies, regulations and curricula, as well as what midwives are expected to provide under the essential reproductive, maternal, newborn, child and adolescent health service package. The purpose is to increase the productivity and impact of these medical professionals. Of 40 possible services, the analysis revealed that midwives were only permitted to provide 10 services



WHO has worked with the Mongolian Ministry of Health to reduce the country's newborn mortality burden. Here, new mothers receive postnatal counselling from specialists at the National Center for Mother and Children in Bayangol District in August 2021.

without a physician. However, the essential health service package also expects midwives to provide the remaining 30 services – including ordering and testing blood and prescribing contraceptives – even though regulations forbid them to do so.

The Ministry of Health later revised the scope of midwifery practices, resulting in regulations to support interventions in 38 of 40 services without the need for a physician. This revision is expected to improve access and the safety of essential services at the PHC level. Newly supported services included long-acting reversible contraceptives and initial management of pre-eclampsia/eclampsia, postpartum haemorrhage and sepsis.

Subsequently, the National Department of Health in Papua New Guinea has been supported by WHO to apply the same approach to address midwifery human resource and competency challenges in the country. A series of domestic consultations have helped build a consensus for this need among developmental partners, academia and professional societies.

Parliamentarian leadership on health

Parliamentarians can make profound contributions to health through their roles in lawmaking, budgeting and oversight, as well as their mandates to represent constituencies, foster multisectoral action and engage in international leadership.

As the secretariat, WHO in December 2021 convened the fourth ad hoc virtual meeting of the Asia-Pacific Parliamentarian Forum on Global Health to provide a platform for parliamentarians to share experiences, build political will and catalyse their role in combating COVID-19 and continuing to prioritize and invest in health.

Parliamentarians shared experiences of actions taken to support national COVID-19 response strategies, including expediting the deployment of vaccines, providing financial support for households and businesses, and maintaining essential services. They also encouraged each other to exert their leadership to place PHC at the centre of plans to manage future COVID-19 scenarios and increase investment to build health system resilience and aid social and economic recovery.

Strengthening health legislation in the Pacific

The COVID-19 pandemic underscored the powerful role of law in enabling essential health functions and supporting



Beyond the COVID-19 pandemic, parliamentarians have used their status as lawmakers to address other health challenges. Here, dignitaries from Vanuatu sign the Kigali Declaration on Neglected Tropical Diseases in May 2022.

strong health systems. It also revealed critical gaps that persist in the legal frameworks of several countries that underpin preparedness and response capacities. Pacific island countries and areas face common challenges associated with outdated and inadequate laws.

In collaboration with WHO country offices and the Division of Pacific Support, DHS worked with Member States, senior leaders and policy-makers in ministries of health in Pacific island countries. Efforts included support for Cook Islands, Kiribati, Nauru and Vanuatu to leverage the opening presented by the pandemic response to undertake reviews aimed at updating laws to strengthen legal preparedness and health system resilience.

In Cook Islands, WHO worked closely with the Ministry of Health and Crown Law Office to reform the country's public health laws, involving stakeholders across various sectors and the community. Drawing on lessons from COVID-19, the Public Health Bill 2022 will establish a modern legal framework to protect and promote health into the future. It is slated to be introduced to Parliament in late 2022, once ongoing community consultations conclude. In Papua New Guinea, WHO supported the Government to review legislation to streamline health system governance and coordinate functions at the national and subnational levels, addressing long-standing challenges highlighted by the pandemic.

Strengthening regulation of vaccines/medical products

Stronger regulatory capacity is fundamental to ensure that medicines, vaccines and other medical products are of assured quality, safety and effectiveness to help countries achieve the Sustainable Development Goals and UHC.

As part of an effective response to the COVID-19 pandemic, WHO worked with all countries and areas in the Region so that they were able to issue emergency use authorizations and approvals on time, with no doses missed when new vaccines were made available. By July 2021, all countries and areas in the Western Pacific Region had received COVID-19 vaccines.

Countries achieved this through the well established network of the Western Pacific Regional Alliance of

NRAs for Medical Products. The Alliance, supported by WHO as secretariat, promoted regulatory reliance and recognition to support countries in the approval and post-marketing surveillance of medical products during public health emergencies.

Towards the end of 2021, some resumed or began further national regulatory authority system assessments using WHO Global Benchmarking Tool indicators. This enables countries to achieve international recognition for their regulatory capacity and can assist in mutual recognition of their capacity. On a particular note, the regulatory authority for health products of Singapore, known as the Health Sciences Authority, achieved the highest level reserved for regulatory systems operating at an advanced level of performance with continuous improvement.

The designation of a regulatory authority as a WHO Listed Authority is intended to promote access and the supply of safe, effective and quality-assured medical products. This facilitates the use of products and decisions of trusted agencies in the decision-making of regulatory authorities, as well as in the procurement by the United Nations and other organizations to reduce redundancy and the waste of limited regulatory and financial resources.

Improving access to essential medicines

UHC hinges on the right of everyone to access safe, quality-assured, effective and affordable medicines. Unaffordable prices for medicines have become a pressing concern for patients and health-care systems in all countries, regardless of their income level.

PIEMEDS is a regional platform that collects and analyses public procurement prices globally of selected priority and life-saving medicines and ESS. These lists are shared with countries to promote price transparency and develop appropriate pricing policies. In 2021, four Western Pacific countries – Brunei Darussalam, Malaysia, the Philippines and Viet Nam – submitted procurement data for selected essential medicines, providing a basis for comparing prices.

The PIEMEDS platform also supported increasing access to safe and affordable surgery. In Fiji, procuring quality equipment and supplies is one of the main challenges



Overuse of antibiotics without prescriptions is a leading contributor to antimicrobial resistance in the Region. Here, a Vietnamese health worker from Pa U monitors stocks in September 2021, ensuring safe prescribing and consumption by patients.

for safe and affordable surgery. An ESS list has been generated and uploaded to the platform to facilitate procurement in Fiji.

Using evidence to fight AMR

Antimicrobial resistance (AMR) is a serious threat to public health and is one of the thematic priorities in *For the Future*. The *Framework for Accelerating Action to Fight Antimicrobial Resistance in the Western Pacific Region*, endorsed by the Regional Committee in 2019, guides actions to fight AMR. All countries have joined advocacy activities such as the World Antimicrobial Awareness Week. So far, 21 countries have endorsed and implemented national AMR action plans. Mongolia endorsed their second

national action plan in May 2022, while Fiji reviewed progress and began developing their second plan.

Robust evidence is needed to engage and support leadership and inform policies and actions to bend the AMR curve and slow the spread of resistance. WHO is working with Member States to establish antimicrobial consumption monitoring systems in countries to provide data to inform policy-making and clinical practice. These activities are supported by the Western Pacific Regional Antimicrobial Consumption Surveillance System (WPRACSS) and tools.

Seven countries and areas in the Region – Brunei Darussalam, Hong Kong SAR (China), Japan, the Lao People's Democratic Republic, Malaysia, Mongolia and the Philippines – generated evidence to assess antibiotic consumption patterns to guide their policies and plans. These data were published by WHO in the WPRACSS report in January 2021 – the first regional report on national-level monitoring data from 2018. Four countries included in the report have met the WHO goal that 60% of national antibiotic consumption should be under the Access, Watch and Reserve (AWaRe) classification of antibiotics in the WHO Model List of Essential Medicines.

With support from WHO, Mongolia has been generating national-level antimicrobial consumption data for more than four years. The antimicrobial consumption data have been used to introduce and implement regulatory actions, strategic communication and advocacy to curb the overuse and misuse of antibiotics, resulting in a gradual decrease of antimicrobial consumption, especially intravenous antibiotics, as a whole in the country.

With support from WHO, Japan has started to build a national-level antimicrobial consumption monitoring system using importation and local production data, in addition to existing systems using wholesale data and national health insurance data, to analyse consumption amounts and trends.

Fiji became the first country in the Pacific to develop national-level antimicrobial consumption monitoring in 2021. Samoa has also started to build such a system with support from WHO.

Global Health Learning Centre pays dividends

The Global Health Learning Centre (GHLC) has supported capacity-building of officials to become future health leaders. Aligned with *For the Future*, GHLC fellows enhance their communication skills so they will be well versed in policy discussions, articulating their country's grounds-up solutions and experiences for regional and global learning. Their enhanced global health knowledge enables them to identify relevant regional and global policies and translate them into local action. They share a wealth of experiences and solutions in a supportive and collective learning environment with peers.

In 2021, GHLC supported 32 health professionals (including 26 women) from nine countries across the Region, including Brunei Darussalam, China, Japan, Kiribati, the Lao People's Democratic Republic, Malaysia, the Philippines, the Republic of Korea and Viet Nam.

GHLC fellows are WHO "ambassadors" who champion the *For the Future* vision to make the Western Pacific the world's healthiest and safest region. They turn the vision into local action that drives implementation of *For the Future*'s four thematic priorities. Below are some of the many GHLC fellows who have become senior policy-makers and/or health leaders in their countries:

- Mr Ai Xiang (GHLC 2015) is now Director of the Health Service Department of the Health Commission of Guangxi Zhuang Autonomous Region in China. In March 2020, he led a team from the National Health Commission of China to Cambodia, working collaboratively with local health experts to provide support for the COVID-19 response.
- Ms Bolormaa Sukhbaatar (GHLC 2014) joined from the Ministry of Health of Mongolia as an officer for policy implementation and coordination on multilateral cooperation with United Nations agencies. She now works on NCD prevention and management in the WHO Representative Office in Mongolia.
- Mr Nam Nguyen (GHLC 2017) joined as a national professional officer from the WHO Representative Office in Viet Nam. He is now a senior member of the team that leads the WHO regional response to the COVID-19 pandemic.
- Dr Viengmany Bounkham (GHLC 2018) joined as a Deputy Chief of the Cooperation Division. She is now a Deputy Director-General of the Department of Planning and Cooperation and the main focal person coordinating the cooperation of development partners. She has applied her experiences and learnings gained from GHLC to her work to impart knowledge to colleagues and other provincial health officials.
- Dr Vannasay Sattakounh (GHLC 2015) joined as a Deputy Chief of Health Planning Development and International Cooperation Section. He applied what he learnt in GHLC to his work and was recognized for his achievements. He is now the Director of the Provincial Cabinet, Champasack Province, Lao People's Democratic Republic. He is responsible for the development and implementation of provincial policies, coordinating the functions of provincial governments and collaborating with all sectors in implementing social economic development plans. ●



7

Division of Pacific Technical Support

Introduction

The WHO Division of Pacific Technical Support (DPS), based in Suva, Fiji, coordinates and provides timely, tailored support and backstopping to 21 Pacific island countries and areas (PICs). WHO support to the Pacific is also coordinated through six other offices in the Pacific: the WHO representative offices in Samoa and Solomon Islands and country liaison offices in Kiribati, the Federated States of Micronesia, Tonga and Vanuatu.

Guided by Pacific health ministers and *For the Future*, WHO in the Pacific has continued to actively support PICs in their efforts to tackle priority health challenges. During the year, many PICs were able to delay the start of local transmission of COVID-19 with the use of border measures, surveillance and public communication, among other steps. This gave PICs more time to further advance their preparedness, including efforts to ensure people were able to receive COVID-19 vaccines. However, 2022 saw a surge in COVID-19, with several PICs experiencing community transmission for the first time. Meanwhile, other health challenges and

threats continued, such as rising rates of noncommunicable diseases (NCDs), climate change and emergencies, including the January 2022 catastrophic volcanic eruption and tsunami in Tonga.

The need to be prepared for current and future health challenges compelled health leaders to join the 14th Pacific Health Ministers Meeting (PHMM) in March 2022 amid the pandemic. Hosted by Tuvalu, with support from WHO and the Pacific Community, the virtual meeting focused on harnessing available support during the pandemic for maximum impact. This approach has helped ensure that PICs are prepared to address COVID-19, along with the other important health issues they face, such as rising sea levels and growing NCD burdens.

For the first time, discussions on the three major agenda items at the biennial PHMM were led by ministers: the Commonwealth of the Northern Mariana Islands on leveraging the COVID-19 response for long-term systems strengthening and universal health coverage; Kiribati on accelerating action on NCDs; and Fiji on putting health at

This year, many Pacific island countries experienced community transmission of COVID-19 for the first time. Here, medical staff at the Vila Central Hospital in Vanuatu conduct a vaccination campaign in April 2022.



WHO has worked with Pacific island countries and areas to improve preparedness for more than a decade under the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies. Here, some 15 000 kilograms of equipment and supplies are loaded from WHO's regional stockpile for delivery to the Pacific.

the centre of the climate change discussion. Each minister utilized the backcasting approach described in *For the Future* of envisioning an ideal future and then plotting the steps to get there. The discussions produced unanimous agreement on commitments guiding joint action on the agenda items for years to come.

To a large degree, travel, trade, tourism, education and economies in the Pacific rely on good health. Once again, the pandemic has served as a painful reminder that sustainable development can only be built upon a foundation of strong health systems and healthy populations.

With the Fiji-based DPS working as one team with the WHO Regional Office for the Western Pacific and other parts of the Organization, WHO has continued to work with PICs and partners to build resilient health systems that can continue delivering better health and saving lives during the pandemic, while also helping PICs address the health challenges of tomorrow by taking action today. These efforts are guided by *For the Future's* emphasis on taking a systems approach to better address the health challenges of today while preparing for whatever tomorrow brings.

Preparedness pays off in the Pacific

WHO has been collaborating with PICs and partners for many years to increase preparedness for health emergencies in the Pacific. This work began more than a decade ago under the first iteration of the *Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies* and has continued throughout the COVID-19 pandemic. In this sense, countries and areas in the Pacific were in a number of ways relatively well placed to face recent emergencies, including COVID-19.

WHO has continued to lead the Pacific Joint Incident Management Team (JIMT), which was originally established to support the response to a 2019 measles outbreak in several PICs but has been repurposed for the COVID-19 pandemic. Throughout 2021 and 2022, the JIMT coordinated support to PICs, bringing together the combined expertise and financial power of partners, including the Australian Department of Foreign Affairs and Trade, the New Zealand Ministry of Foreign Affairs and Trade, the United Kingdom of Great Britain and Northern Ireland, the United States of America, the Pacific Community, the Asian Development Bank, the World Bank, the European Union, the International Committee of the Red Cross, the International Organization for Migration, the Pacific Island Health Officers Association, the Pacific Islands Forum and various United Nations agencies, including the United Nations Development Programme, the United Nations Population Fund, the United Nations Children's Fund and the World Food Programme.

As of 10 May 2022, JIMT partners had provided 464 000 kilograms of equipment and supplies with a value of nearly US\$ 30 million to support PICs in their COVID-19 preparedness and response. Of this, 161 000 kilograms valued at more than US\$ 20 million has been provided by WHO.

These figures do not include support provided for the rollout of COVID-19 vaccines. More than 1.3 million doses of COVID-19 vaccines have been provided to PICs via the COVID-19 Vaccines Global Access (COVAX) as of 10 May 2022. Additional vaccine doses were provided to PICs bilaterally from partner countries. Under WHO's leadership, JIMT partners have also provided coordinated support on a range of issues, including risk communication and community engagement to increase acceptance and uptake of vaccines, training on the identification and assessment of adverse events following immunization, and capacity-building for front-line responders in basic psychosocial support.

Supported by these efforts, many PICs achieved high vaccination coverage and a high degree of readiness before their populations encountered COVID-19. By the close of 2021, a total of 15 of 21 PICs had reached the global coverage target of fully vaccinating at least 40% of their populations. As of 20 April 2022, the same number were on track to reach the global target of fully vaccinating at least 70% of their populations by the end of June 2022. This achievement has saved many lives by protecting people from becoming severely ill and hospitals from being overwhelmed. Palau, for example, achieved 100% vaccine coverage and managed its first wave of community transmission of COVID-19 with minimal loss of life and damage to society.

Investments in health pay dividends

The investment in the establishment of national emergency medical teams (EMTs) also paid off well. PICs continue to face a rise in climate-related disasters – as well as the emergence of infectious disease outbreaks, including measles, dengue and COVID-19. As such, PICs must have self-sufficient, well trained and coordinated EMTs available to deploy to affected areas and provide quality medical care. EMTs in Cook Islands, Fiji and Tonga have supported preparedness, response, vaccination and clinical surges during the pandemic. When the Hunga Tonga–Hunga Ha'apai volcano erupted on 15 January 2022, for example, Tonga deployed the WHO-supported Tonga Emergency Medical Assistance Team to treat injuries in the ravaged Ha'apai island group. WHO has been working for years to support PICs to recruit and train EMTs, providing equipment and supplies to enable their rapid deployment.

WHO staff based in the Pacific were especially helpful when pandemic travel bans prevented external experts from visiting. Early in the response to the volcanic eruption and tsunami in Tonga, the presence of the WHO Country Liaison Officer in the country facilitated communication between humanitarian partners and the Tongan Government, and between United Nations agencies and their staff in Tonga. Phone and internet connections were down, and the WHO satellite phone was one of only a few ways of communicating with people outside the country.

Leveraging the COVID-19 pandemic to build sustainable systems and advance universal health coverage

WHO has worked with countries and partners to leverage the pandemic to build sustainable health systems that will save lives during the pandemic and beyond in various innovative ways.

Laboratory capacity was significantly strengthened through the provision of training, equipment and supplies.



WHO worked with the Fiji Ministry of Health and Medical Services to procure and install a self-contained laboratory in Nadi. The new laboratory allows for speedier testing of infectious diseases.

All countries across the Pacific are now equipped with polymerase chain reaction (PCR) testing capacity, which is key for detecting COVID-19 and many other infectious diseases, such as dengue, influenza, measles and tuberculosis.

WHO also worked with the Fiji Ministry of Health and Medical Services to procure and install a new container laboratory in the town of Nadi. The self-contained laboratory supports testing and surveillance for diseases with epidemic potential, including COVID-19. Launched in November 2021, the laboratory came just in time to support the country's reopening for travel and tourism, which traditionally accounts for about 40% of Fiji's gross domestic product. The laboratory's functions have already expanded beyond COVID-19 to aid in testing related to localized outbreaks of influenza and leptospirosis. The laboratory followed the opening of a similar WHO-supported container laboratory in Niue in May 2021.

Pandemic dials up digital health to provide services innovatively

PICs also used the pandemic response to increase capacity in digital health more broadly. COVID-19 restrictions created a need for new and practical ways to safely continue delivering essential health services. WHO supported the introduction of a standard for the use of telehealth and telemedicine for essential care delivery across PICs, enabling front-line health-care workers to continue to deliver services to those with long-term chronic conditions, such as follow-up visits for those with diabetes and hypertension.

This guidance was adapted and adopted for use across PICs. In the Federated States of Micronesia, for example, telehealth consultations are now available for those with chronic NCDs, such as diabetes. Similarly, Fiji has been using digital consultations for oral health, and Nauru is piloting a project using SMS text messages to support patients with the management of NCDs.

Piggybacking on COVID-19 vaccination to eliminate hepatitis

Meanwhile, in Niue, the Ministry of Social Services and the Health Department have worked with partners to utilize the rollout of COVID-19 vaccines to make strides in the

elimination of viral hepatitis. People who received COVID-19 vaccines were also offered hepatitis screening. By World Hepatitis Day on 28 July 2021, Niue had become the first country in the world to reach the target of over 90% of the adult population having been tested for hepatitis B and C. WHO has been working with partners to scale up the national hepatitis response in PICs, including Fiji, Kiribati, Niue, Solomon Islands, Tonga and Vanuatu.

Continuing the fight against noncommunicable diseases

NCDs have long been the major driver of morbidity and premature mortality in the Pacific, and their central importance as a key health priority was again emphasized at the 14th PHMM. Despite the challenges posed by COVID-19, WHO was able to work with many PICs to support their continuing efforts to tackle NCDs.

In Cook Islands, for example, WHO contributed to a series of dialogues with national counterparts to begin a review of the country's NCD policy, including a review of alcohol taxation policies. WHO also provided technical support for the drafting of a national strategic plan on tobacco cessation.

In Samoa, WHO supported tobacco control, actively assisting with the drafting of the national tobacco communication strategy, national guidelines on tobacco interference and a tobacco cessation manual. WHO also engaged with the Samoa Police traffic department in advocating for road safety and teaching people about the harms of alcohol consumption.

Guidance was provided to a number of PICs on decentralized NCD care during COVID-19 in various ways: mobilization of community volunteers in Cook Islands; home visits and telehealth in the Federated States of Micronesia; mobilization of nongovernmental organizations for the distribution of medicines in Fiji; and development of a monitoring checklist for maintenance of essential NCD services in Fiji, Kiribati, the Federated States of Micronesia and Vanuatu.

Technical support was also provided on the role of taxation in helping to address NCD risk factors in a number of PICs, such as alcohol tax modelling in Kiribati, Nauru, Palau and Tonga.



WHO's presence on the ground and years of work alongside the Tongan Ministry of Health on emergency preparedness facilitated the response to a volcanic eruption and tsunami in January 2022.

Ensuring health-care facilities can continue treating patients in the face of a changing climate

The pandemic has highlighted the fragility of health systems. In some parts of the Pacific, the lack of basic water and hygiene services in health-care facilities has compromised the ability to combat diseases. Health systems across the Pacific will need to be more resilient if they are to withstand the increasing threats related to climate change, as well as future pandemics.

Fiji was among the first countries in the world to develop national guidelines on climate-resilient and environmentally sustainable health-care facilities. The guidelines focus on four areas of work: the health workforce; water, sanitation, hygiene and health-care waste management; energy; and infrastructure, technology and products.

WHO, in collaboration with the Ministry of Health and Medical Services in Fiji, conducted an assessment of health-care facilities and their climate resilience in 2021, despite pandemic-related movement restrictions. Some 114 facilities in the Central and Western divisions were assessed in November and December 2021 in terms of their

vulnerability to climate hazards, such as cyclones, droughts, high temperatures and sea-level rise. The assessment found: 12% of facilities are vulnerable to sea-level rise and seawater intrusion; more than 90% are exposed to extreme weather and damage to ageing infrastructure; and over 70% experience flooding of access roads and bridges.

Safe water for hospitals

In Fiji, DPS and the Ministry of Health and Medical Services have worked together to develop practical solutions to these challenges. For example, in the Nadroga-Navosa province in the country's Western Division, two health-care facilities were identified as having acute issues related to the availability of safe drinking water. Rainwater tanks and water filters are being provided to the two facilities, helping ensure more reliable access to safe water supplies in the future.

In addition, four hospitals have undergone an energy audit to evaluate the reliability of the electricity supply to support their critical operation, as well as to identify energy-intensive facilities or operations and recommend short- and long-term solutions for energy efficiency and low-carbon processes. The March 2022 audit of the Tamavua Twomey Hospital in Suva, for example, proposed areas where an energy savings of up to 51 347 kilowatt-hours, or about 16% of the hospital's current energy consumption, could be realized. These measures will not only save money on energy but also contribute to the reduction in health-harming carbon emissions.

Countries are also tackling health-care waste disposal issues. With the support of Australia, the European Union and other international partners, Cook Islands, Fiji, Nauru, Tonga and Vanuatu are installing environmentally friendly, non-burning systems for health-care waste management. These systems are improving waste management to meet the immediate needs during the pandemic, while also reducing the health system's longer-term environmental impact.

Guided by *For the Future* and the decisions of Pacific health ministers, WHO will continue to work with partners to support PICs in responding to the pandemic, while also building the sustainable systems and capacities required to address other current and future health challenges, supporting sustainable development across the Pacific.



8

Leadership

The three management divisions of the WHO Regional Office for the Western Pacific – the Division of Programme Management, the Division of Administration and Finance, and the Office of the Regional Director – play a key role in enabling WHO in the Western Pacific to deliver on health and development gains. This is accomplished by working together to drive forward *For the Future: Towards the Healthiest and Safest Region*, which serves as the vision for WHO work with Member States in the Region and as the regional implementation plan for the global *WHO Thirteenth General Programme of Work* (GPW 13).

In addition to working to reinforce the strong culture of accountability and transparency in the Region, the three management divisions work as one team to support Member State participation in governing body sessions, including the WHO Regional Committee for the Western Pacific and the World Health Assembly. The management team ensures the smooth conduct of governing body business, especially the annual session of the Regional Committee, which is the Region's highest governing body, to decide how WHO can best promote the health and well-being of the Region's 1.9 billion people.

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 is composed of three units – Country Support, Programme Development and Operations, and Editorial Services – that provide cross-cutting support to WHO technical and managerial staff in the Region.

The Division of Administration and Finance (DAF) consists of five units – Budget and Finance, Human Resources Management, Information Technology, Procurement and Administrative Services. Utilizing its accountability structures and monitoring mechanisms, the Division has continued to maintain strong compliance record, even during the pandemic.

The Office of the Regional Director (RDO) directly supports the Regional Director in executing his leadership functions, as well as coordinating communications, including leadership of the Communication for Health (C4H) initiative, external relations and partnerships, and information products and services. Reporting directly to the Regional Director, the Compliance

WHO Regional Director for the Western Pacific talks with a herder on the outskirts of Ulaanbaatar, Mongolia, to better understand health challenges there. For over a decade, WHO has kept countries at the centre of its work, using a one team approach to deliver support tailored to the specific context of each of the Region's 37 countries and areas.

and Risk Management unit monitors compliance with WHO policies and guidelines, as well as encouraging staff to adopt a risk-management approach in their work.

Improving workplace culture across the Region

A major focus of the work of the senior management team has been on strengthening the workplace and organizational culture in the Western Pacific Region. As a result, important steps have been taken over the past year – from retreats and surveys to new positions to address workplace issues – to improve workplace culture by actively engaging staff across the Region.

In February 2022, the Regional Director convened the WHO workforce from across the Region – approximately 900 staff and consultants – for a three-day hybrid retreat. The purpose of the retreat was to reflect on the findings of the *For the Future stocktaking review* and discuss how to accelerate

implementation of *For the Future* in the next two years and beyond. The retreat, which helped maintain staff connection across the Region, also discussed WHO's regional workplace culture and environment, how it has been impacted by COVID-19 and how it could be strengthened and improved.

To inform discussions at the retreat on workplace culture and environment, an all-workforce survey was conducted the prior week. The survey was completed by 529 people, or approximately 60% of the WHO workforce in the Region. The survey results present a mixed picture of respondents' experiences regarding workplace culture.

During the retreat, staff discussed survey results, experiences working for WHO in the Region and areas for improvement to strengthen workplace culture in the future. Many emphasized the importance of improving the work-life balance, with many reporting challenges with workload, especially during the COVID-19 pandemic.



A production team manages the logistics of connecting some 900 WHO staff and consultants from across the Region for a three-day hybrid retreat, convened in February 2022 by the Regional Director to discuss workplace culture, among other topics.

AREAS OF COMMITMENT

Strengthening and expanding existing systems for reporting and responding to complaints

As a first step towards addressing staff concerns expressed during the retreat and survey, the Regional Director committed to establish a full-time regional ombudsperson to work alongside the Region's existing network of ombudspersons. Reporting directly to the Regional Director, the new regional ombudsperson will provide an informal channel for impartial, independent and confidential individual assistance, advice and support on workplace-related grievances for all WHO workers, regardless of contract type. In addition, the Region added a full-time management officer to work on the prevention of sexual exploitation, abuse and harassment, in tandem with global efforts. Both positions are slated to begin work in July 2022.

Simplifying and improving internal processes

To improve efficiency, DPM and DAF are leading a review of business processes in six categories: programme management; administration; finance; procurement; resource mobilization; and human resources. Working groups are reviewing processes under each category to produce recommendations to ensure that WHO processes remain fit for purpose, agile and serve to efficiently guide work, while

considering levels of risk involved. Using a learn-and-improve approach, the exercise is intended not only to produce short-term recommendations, but also to create a system through which processes can be improved on an ongoing basis using suggestions from staff and periodic reviews of the impact of changes. The first set of recommendations is scheduled to go into effect in September 2022.

Working towards reshaping the Region's workplace culture

To support efforts to improve the Region's workplace culture, with a focus on strengthening a culture of inclusion and respect for diversity and on engaging workforce members across the Region in building a participatory approach to workplace culture change, the Regional Director committed to the establishment of a dedicated Workplace Culture Task Team, led by the Director of the Regional Director's Office. The Task Team was established in March 2022 and is comprised of a diverse and representative group from the workforce across the Region, which is spearheading a range of initiatives to strengthen workplace culture and engage workforce members across the Region in these efforts. Additionally, the Region's senior management team has been engaged in a series of capacity-building sessions designed to strengthen their ability to lead in the creation of a more respectful and inclusive workplace culture.

Many staff also recommended focusing on inclusion and respect for diversity, strengthening grievance and accountability mechanisms, and streamlining internal processes. The retreat included a session dedicated to the Prevention of Sexual Exploitation, Abuse and Harassment, led by the head of this area of work at WHO headquarters.

In response to concerns expressed during the retreat and in the survey, the Regional Director made commitments in three areas: 1) strengthening and expanding existing systems for reporting and responding to complaints about harassment, bullying or abusive conduct; 2) simplifying and improving internal processes; and 3) working towards reshaping the Region's workplace culture "to be one we can all be proud of". External consultants in workplace culture

change with a focus on diversity and inclusion have been engaged since before the February retreat, with a consultant also engaged to support simplification of processes. (See *Areas of commitment* box for more detail.)

Committed to listening and being accessible to all staff, the Regional Director established open office hours Thursdays from 10:00 to 12:00 when he is in Manila. Staff are free to make an appointment to discuss any issue with the Regional Director in person or virtually.

To improve workplace culture – and to listen, learn and address staff concerns – senior managers in the Region (all directors, WHO country representatives and country liaison officers) are undertaking capacity-building

activities led by expert consultants, focusing on cultural competency, aligning workplace behaviour/actions with WHO/United Nations values, including inclusive and respectful leadership.

Three key principles underpin the Region's work to strengthen workplace culture: *talanoa*, which in many Pacific languages means a process of inclusive, participatory and transparent dialogue; values in action; and co-creation. (See *Three principles* box for more detail.)

In addition to these concepts, the management team supporting these efforts is committed to the open and transparent sharing of information on progress, as well as challenges and lessons learnt. During the first six months of the workplace culture-change initiative, the Regional Director sent a monthly update to the WHO workforce in the

Region. There have also been regular town-hall meetings to update staff and field questions.

Taking stock and accelerating progress

At all levels, WHO in the Region is committed not only to doing the right things, but also to doing them right. This commitment was the impetus behind a comprehensive review, or stocktaking, of progress made in the Region nearly two years into the implementation of *For the Future* and the global Triple Billion targets of GPW 13, which has been extended to 2025 from its original time frame of 2019–2023.

The Region's stocktaking exercise was completed in August 2021, and the findings were presented to the Regional Committee in October 2021. The exercise reconfirmed

THREE PRINCIPLES

The work to strengthen workplace culture is based on these three principles: *talanoa*, values in action and co-creation.

Talanoa is an expression widely used in the Pacific to reflect a process of inclusive, participatory and transparent dialogue. The purpose of *talanoa* is to share stories, build empathy and make wise decisions for the collective good. *Talanoa* is rooted in sharing stories as a way of passing on knowledge and traditions, as well as updating and refreshing traditions and stories for changing times and the benefit of future generations. WHO in the Western Pacific Region also has a culture of sharing stories of the people the Organization serves, the people who motivate and inspire WHO's work. The suggestion to use *talanoa* to describe the Region's workplace culture change process came from the February retreat, with Pacific-based colleagues encouraging others to learn from the Pacific as discussions on workplace culture progress: "Take time, talanoa (with listening, considering and discussing), support one another eagerly, be empathetic and always be kind." This dovetails with the Region's tradition of learning and improving – from groups across the Region

and globally – to ensure that organizational changes help WHO to better serve the needs and priorities of Member States.

Values in action are the everyday actions and behaviours that should reflect core values and shape culture. Many of the concerns expressed by staff during the February retreat and survey reflected a misalignment between values and behaviour. For this reason, workplace culture-change efforts are focused on values in action, that is, ensuring that everyday behaviours in the workplace reflect the values of WHO and the United Nations.

Co-creation is the "collaborative development of new value... a form of collaborative innovation: ideas are shared and improved together". The Region's workplace culture efforts draw on the idea of co-creation because it reflects both the shared responsibility of all workforce members to contribute to workplace culture change, as well as the conviction that workplace culture-change efforts will be stronger with contributions from the broader workforce. As one staff member put it, "All of us – regardless of status, race, job level – should respect each and every individual. Every one of us plays an important role in our Organization."

the relevance and urgency of the *For the Future* vision, especially as COVID-19 highlighted pre-existing challenges, such as emergency preparedness, NCDs and ageing, and unreached and vulnerable populations. Despite many challenges, the COVID-19 pandemic created unprecedented momentum for action on health, as people realized that health is a foundation for social and economic activity and sustainable development.

The stocktaking exercise also sharpened the Organization's aim in terms of strategic actions to further accelerate implementation of *For the Future* and enhance support to Member States. Over the past year, WHO in the Region has continued to make progress in addressing future needs, as per the *For the Future* vision, by backcasting to determine the best path to achieving long-term goals and by taking a systems approach to solving health challenges.

To ensure accountability – in line with recommendations from the stocktaking exercise – WHO in the Region has further strengthened the links within the Programme Budget 2022–2023 at the output level with the thematic priorities of *For the Future*, the implementation plan for GPW 13 in the Region. Progress in implementing the thematic priorities of *For the Future* is now also documented through the Global Output Scorecard of the GPW 13 Results Framework, allowing for easier monitoring of the Region's progress against global targets.

WHO and Member States in the Region have been building on progress in implementing *For the Future* and exploring novel ways to accelerate its implementation, including through the Region's first Strategic Knowledge Hub, which supports teams to use new paradigms such as the hypothesis-driven and try-and-learn problem-solving approaches developed by the private sector.

At the same time, the team has worked together to explore ways of supporting teams across Western Pacific Region to ask questions that will enable the use of gender and equity, climate change and environment, and innovation lenses in all their work. Applying these lenses means thinking about how WHO technical work and operations and administration can help: to address gender and other inequalities; to find new approaches to meet future challenges; and to mitigate the impacts of climate change

and environmental degradation on health, and *protect the environment* in all WHO work.

Management efforts have also focused on equipping staff with new skills through executive leadership coaching, for example, and developing guidance to improve collaboration and cooperation with Member States. One result has been an evolution in country cooperation strategies (CCSs), which guide WHO's work with Member States in addressing their individual needs and priorities through tailored technical support.

Country cooperation strategies in the Region have evolved, with each iteration improving based on lessons identified through the development process. These lessons, coupled with the need for WHO to work differently, as set out in *For the Future*, are informing new guidance for the next generation of CCSs in the Western Pacific Region.

This new guidance will support CCSs to address local economic, political, socio-cultural and development contexts, emphasizing opportunities to integrate efforts and focus on activities that strengthen common elements of the health system, such as primary health care, the health workforce and regulatory authorities, for greater efficacy and efficiency. The guidance also factors in changes in the type of support Member States request from WHO, while emphasizing the use of the operational shifts to enable accelerated implementation of *For the Future*.

Working to increase impact on the ground

Working collaboratively as one team is part of the culture of WHO in the Western Pacific Region and has been a core value of the Organization's work in the Region for more than a decade. Over the past year – despite ongoing pandemic constraints on travel – the Regional Office and country offices have continued to work as one to accelerate implementation of the *For the Future* vision in countries.

Senior management has stayed current on issues through regular sessions with staff in WHO representative and country liaison offices across the Region to discuss emerging COVID-19 issues and other challenges, provide advice and share experiences. Since January 2020, the Regional Director has continued to hold regular meetings on COVID-19 with



Children gather in Treoung Village – one of the last communities in Cambodia for individuals living with leprosy, like many of their parents and grandparents. WHO will target so-called last-mile diseases such as leprosy in enhanced country cooperation strategies in the Region.

country offices to ensure continuous coordination and connection across the Region. These meetings have helped to identify common challenges and common solutions, as well as facilitate the sharing of lessons and experiences across countries.

In addition, the Regional Office convened three consultations with WHO representatives and country liaison officers over the past year to ensure common understanding across the thematic priorities, operational shifts and new ways of working, as well as accountability for accelerating implementation of the *For the Future* thematic priorities in countries, towards fulfilment of the targets of the GPW 13 and the *2030 Agenda for Sustainable Development*.

These regular interactions facilitate a regional approach – which refers to the Regional Office and country offices

working together as one team to analyse situations on the ground, then determine if solutions or best practices from other countries can be applied or utilized as general guidance. From there, WHO staff at all levels work as one team to support Member States to customize solutions based on their contexts. Following implementation, WHO teams collect feedback and use it to update or improve guidance going forward.

Strengthening strategic leadership and collaboration

To further strengthen strategic leadership and improve cross-cutting work at the regional level, the Division of Programme Management has created two positions: an executive officer to support overall strategic direction and coordination/management of technical cooperation with

countries and areas, as well as improve internal processes to boost efficiency; and a technical officer to improve collaboration across sectors and divisions, assisting with strategic planning and coordination for cross-cutting programmes, starting with the work on antimicrobial resistance.

These positions are paving the way to refocus the duties of the Division towards more high-level strategic direction of WHO's work with Member States. Advancing the development of cross-cutting programmes – in which multiple sectors are involved – is always challenging, given the complexity of issues and the joint efforts needed to coordinate between sectors and divisions. With these new functions, WHO will be better able to foster collaboration among stakeholders and partners in the Region to advance policy development and implementation, resulting in stronger, more sustainable action and improved outcomes in Member States.

Risk management and meetings

In 2019, the Regional Office began developing a framework to improve accountability through risk management. The framework enhances the Organization's ability to operate more efficiently and safely by managing risk at three levels or floors: the first floor pertains to all staff and emphasizes individual responsibility to help build a risk management culture; the second floor is for management to build minimum assurances into the system; and the third floor is reserved for audit functions.

Throughout all of WHO's activities – from providing technical guidance to meetings of governing bodies – various levels of risk must be managed to ensure that the Organization fulfils its mission as efficiently and safely as possible. To this end, WHO in the Region has cultivated a risk-sensitive culture through programme management and planning, with the Compliance and Risk Management unit supporting staff to adopt a risk management approach in their work.

Applying the lessons of an August 2021 exercise to determine potential significant risks, WHO in the Region has continued to cultivate and promote a risk-sensitive approach to programme management and planning, including the programme budget development process.

Virtual or online meetings have been key to managing risks, enabling WHO to continue to work collaboratively since the onset of the pandemic, despite travel, movement and assembly restrictions. These meetings have also reduced the Organization's carbon footprint and saved meeting costs, while enabling wider participation in terms of both numbers and diversity of participants. Indeed, hybrid meetings will continue to be a valued resource for WHO in the Region, even after the pandemic.

At the same time, months of virtual meetings have reaffirmed the value of face-to-face meetings that allow for informal exchanges and brainstorming, as well as the renewal of personal connections and the forming of new ones. The October 2021 session of the Regional Committee in Himeji, Japan, brought together ministers and high-level representatives from Member States in a face-to-face setting for the first time in two years. To accomplish this, WHO developed a hybrid model for meetings by using a risk-based approach that has since guided the conduct of successful hybrid meetings.

Hybrid meetings should be organized when there is a strong rationale for meeting face-to-face and where a risk-based approach can ensure a safe in-person event. The Region's meeting model aims to ensure an excellent in-person or virtual experience, fully engaging a broad range of participants, including those who would not usually join a meeting, for example, for reasons of scheduling.

Since the October 2021 session of the Regional Committee, this approach has been used to integrate in-person and virtual meeting elements. Participants unable to travel due to time, budget or travel policy constraints can still actively contribute with hybrid meetings.

Communication for Health

Harnessing the power of communication, WHO and Member States are working together to employ new and smarter communication tools and approaches – the power of which is reaffirmed daily with the COVID-19 pandemic – to tackle the most pressing health challenges in the Western Pacific Region.

New technologies and the expansion of modern communication tools have altered the way people communicate, how they access and interpret health information, and the decisions they make around health. That is why *For the Future* identified strategic communication as a key operational shift needed to make the Region the world's healthiest and safest.

For Member States to exploit the power of communication in this changing landscape, WHO established the Communication for Health (C4H) approach as a tool for improving health and well-being. The C4H approach applies insights from social, behavioural and communication sciences to inform and change attitudes and behaviours for improved health outcomes at the individual, community and societal levels.

WHO is establishing C4H as a technical programme in the Region to support Member States in strengthening their capacities for strategic health communication and improve health outcomes.

To achieve this goal, WHO is working in three areas – building the evidence base and proof of concept; building staff capacity and skills; and expanding key partnerships to deliver on the C4H vision – which are detailed below:

Building the evidence base and proof of concept

WHO is working closely with Member States and partners to apply C4H principles to priority health issues, such as COVID-19 and noncommunicable disease prevention,

demonstrating the value of the approach and its ability to deliver health impact.

In Malaysia, WHO, the Ministry of Health and the Behavioural Insights Team joined forces to develop evidence-based communication materials, informed by rigorous behavioural science processes, to encourage the public to keep up protective behaviours for the sustained management of COVID-19. The work in Malaysia has also supported ongoing efforts to build capacity for the application of behavioural science to communications.

In China, the C4H approach was used to understand the social and behavioural drivers of high sodium intake and test communication strategies that would lead to reduced intake. WHO worked with the Chinese Centers for Disease Control and Prevention, Tsinghua University, Resolve to Save Lives and a popular online food delivery app to test health messaging and changes to the app's choice architecture that would “nudge” consumers towards food choices with less salt.

At the regional level, WHO collects and analyses multi-source data to better understand the evolving knowledge, attitudes and behaviours around COVID-19. This information is used to better target messaging that reflects the needs and interests of the community. WHO's COVID-19 communications measurement, evaluation and learning framework has also helped generate insights on communication outcomes and how to continually strengthen efforts. The Regional Office is using this experience to support WHO country/representative offices and Member States in expanding the use of targeted, data-driven and measurable communications.

Building staff capacity and skills

The ability to provide strong and effective technical cooperation with Member States depends on WHO having adequate skilled staff. Technical capacity at country level



WHO, the Malaysian Ministry of Health and the Behavioural Insights Team joined forces to develop communication materials designed to prompt people to keep up protective behaviours for sustained management of COVID-19. Pictured are health promotion materials used at a December 2021 vaccination campaign.

has been boosted with a newly established C4H technical officer positions in Cambodia, the Lao People's Democratic Republic, Mongolia and Viet Nam. WHO has also invested in trainings and other skills and capacity-building activities for both communications and technical staff to scale up the use of C4H across the Region.

Expanding key partnerships to deliver on the C4H vision

Partnerships are imperative for strengthening the evidence base for C4H and effectively delivering C4H programmes and initiatives. WHO has expanded work with academic

institutions – including the University of Technology Sydney, which is completing the process to become the first WHO collaborating centre for C4H. WHO has also strengthened collaboration with institutional partners such as the United Nations Children's Fund (UNICEF) and partnerships with organizations such as Meta to connect with an ever-growing online audience and create smarter, more effective communication through the use of new digital tools and technologies. ●



Ly Aisas, a nurse at the Kampot Referral Hospital in Cambodia, supports emergency services including accidents and injuries as well as any COVID-19 protocols within the hospital.

Thank you to all health-care workers, ministry of health and other government staff and WHO colleagues who have continued to work so hard on the COVID-19 response over the past year.
We express our sincere thanks.



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