

A photograph of an elderly woman with a warm smile, standing in a field of tall, golden-brown grass. She is wearing a grey long-sleeved shirt with traditional wooden buttons, a dark patterned vest, and a black and white patterned headscarf. The background is a soft-focus green forest.

# REPORT OF THE REGIONAL DIRECTOR

The work of WHO in the Western Pacific Region 1 July 2022 – 30 June 2023

*Cover photo: A farmer smiles for the camera in October 2022 in a rice field near Ta-oum village in the Lao People's Democratic Republic. Cassava and rice farmers here live and work near a forest, which increases the risk of contracting malaria during the growing season.*

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The work of WHO in the Western Pacific Region  
1 July 2022 – 30 June 2023

**Report of the Regional Director: the work of WHO in the Western Pacific Region 1 July 2022 – 30 June 2023.**

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# Message from the Acting Regional Director

I am pleased to present this report to Member States on the work of the World Health Organization (WHO) in the Western Pacific from 1 July 2022 to 30 June 2023.

The past year has brought many changes to the Region. The former Regional Director left the Organization. I was asked to step in as Officer-in-Charge in August 2022. Then in March 2023 the Regional Committee decided that I would serve as the Acting Regional Director until the new Regional Director – to be nominated by the Regional Committee in October – takes office on 1 February 2024.

We have focused on ensuring continuity and support for Member States while working to advance regional priorities and plans endorsed by the Regional Committee. Throughout the year, we have accelerated the roll-out of global transformation initiatives and worked towards positive



*Dr Zsuzsanna Jakab has served as the Acting Regional Director for the Western Pacific since March 2023. She will continue serving until a new Regional Director takes office on 1 February 2024. Dr Jakab has been the WHO Deputy Director-General since 2019, after serving as the WHO Regional Director for Europe from 2010 to 2019.*

organizational and cultural changes – all with the aim of ensuring a well-functioning, sustainable and respectful workplace for the next Regional Director and beyond.

The start of 2023 marked the beginning of a year-long celebration of the 75th anniversary of WHO. As is often the case, recalling our history reconnects and strengthens our vision going forward. We have recommitted to working more at the ground level, hand-in-hand with countries and partners to promote health, keep the world safe and serve the vulnerable. We are more focused than ever on the promise of the WHO Constitution: the attainment of the highest level of health and well-being for all.

Across the Western Pacific Region, progress has been notable. People now live an average of 77 years, an increase of some 30 years in life expectancy since 1948. Smallpox –

a disease that killed a half billion people over thousands of years – has been vanquished. Deaths from malaria have plummeted 88% over the past two decades. Maternal and child mortality rates have dropped markedly, and vaccination coverage has reached an all-time high of 93% for children in the Western Pacific Region.

While the anniversary and accomplishments are cause for celebration, our focus remains on the many health challenges we face today that will grow in the future, including the threat of public health emergencies.

For more than three years, the COVID-19 pandemic has consumed the efforts of WHO and Member States. On 5 May 2023, following the recommendations of the COVID-19 emergency committee, WHO declared the pandemic over and lifted its “public health emergency of international concern” status. Even with this classification change, we still need to be prepared for possible surges because the virus will likely remain in circulation for many years.

We are forever indebted to the legions of people – health-care workers, researchers, scientists, policy-makers and others – who worked so hard to get us to this milestone. And no matter how much has been accomplished, we all still grieve for those who have lost someone.

In many ways, COVID-19 showed us just how intertwined health is with the economy and the success of societies, and how lessons learnt must guide us when preparing for and responding to future public health emergencies. We must use this knowledge to strengthen health systems based on primary health care so all people can get the best care they need in their communities.

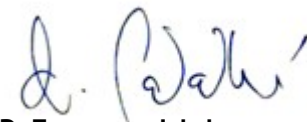
We face a long list of public health challenges in the Western Pacific. Earthquakes, cyclones, typhoons, volcanic eruptions, tsunamis and food safety incidents have all struck the Region over the past 12 months. Together with Member States we have been working in earnest to prepare and respond to these, while also implementing regional frameworks on noncommunicable disease prevention and control, cervical cancer, mental health and reaching the unreached.

We cannot be the best Organization for those we serve unless we exemplify the change we want to see within our workforce. Much of the past year has been spent looking inwards at how we can develop and strengthen the WHO workplace to be a source of pride for everyone. I continue to be impressed by the commitment and dedication of WHO staff, not just to public health but also to positive change within the Organization.

We are already starting to see positive change internally, by strengthening existing systems for reporting and responding to abuse, harassment and other inappropriate behaviours in the workplace; streamlining and improving internal processes; and building a more positive, respectful and inclusive workplace culture. We have learnt a lot during this process and continue to take this important work forward.

Lastly, I thank Member States for their support and trust in me during my time with the Region. During such a challenging period, the consideration and collegiality of representatives of the Region have made this work so rewarding and fruitful. I will be forever grateful.

As we look back on the history of WHO and the Region’s progress and resilience in the face of challenges, we are reminded of all that still needs to be accomplished. With the unwavering support of countries, partners and communities, we are closer than ever to making the Western Pacific the healthiest and safest region in the world.



**Dr Zsuzsanna Jakab**  
Acting Regional Director  
for the Western Pacific





# Executive summary

## Introduction

The Report of the Regional Director details the work of WHO in the Western Pacific Region over the past year – from 1 July 2022 to 30 June 2023. Working with Member States and partners, WHO seeks to address the health challenges of today and ensure a healthy future for the Region's 1.9 billion people.

The work of WHO in the Region is guided by *For the Future: Towards the Healthiest and Safest Region*, which sets priorities for WHO's work with Member States and partners to make the Western Pacific the world's healthiest and safest region. *For the Future* is also the Region's implementation plan for the global WHO *Thirteenth General Programme of Work*, which measures

progress according to Triple Billion targets – one billion more people benefiting from universal health coverage, one billion more better protected from health emergencies and one billion more enjoying better health and well-being.

As the world emerges from the COVID-19 pandemic, the Western Pacific Region has turned the hard lessons of the pandemic into a mandate to ensure that health is an essential partner in sustainable development for the future, with primary health care as a cornerstone in its work to safeguard health and well-being.

In this Report, the six technical divisions of WHO detail their contributions to the Region's progress in separate chapters,

starting with the Division of Health Security and Emergencies. The final chapter covers the role of management and leadership in facilitating and accelerating progress in the work, while also addressing issues of workplace culture and efficiency, among other items, within the Organization.

## Division of Health Security and Emergencies

The Division of Health Security and Emergencies (DSE) works closely with Member States, WHO country offices and partners in supporting countries and areas in the Western Pacific Region to strengthen health security systems for public health emergencies, mitigate the impacts of climate change and ensure food safety.

*A woman and child visit the Kok Chak Health Centre in Cambodia in November 2022. Delegates from the WHO Collaborating Centres Forum visited local health centres to better understand the challenges Cambodia faces in strengthening its health system. In all, the Region has more than 190 WHO collaborating centres in 10 Member States.*

As the technical division charged with advancing Member State health security capacities and systems, DSE took the lead in the regional response to the COVID-19 pandemic, one of the most daunting public health challenges WHO has faced since its founding in 1948.

While the WHO Director-General declared an end to the pandemic-related global public health emergency in May 2023, DSE's work over the past year continued to focus not only on the lingering impact of the coronavirus, but also on preparing for the next pandemic or global public health emergency. Key to that effort has been the development of a new biregional health security framework to supersede the *Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies* and its earlier iterations, which guided health security work in the Region for nearly two decades.

The framework, to be considered for endorsement by the WHO Regional Committee for the Western Pacific in October 2023, is aligned with the new global health security framework under development by WHO headquarters.

Despite the Organization's laser-like focus on the COVID-19 response, DSE continued to address a wide range of other health security concerns, including other respiratory viruses, food safety and natural disasters, including earthquakes, typhoons, volcanic eruptions and tsunamis.

All of these challenges underscore the need for building, strengthening and improving capacities and systems required to rapidly detect, respond to, prevent and recover from any health emergency threat, which is the focus of the new global and regional frameworks.

### Division of Programmes for Disease Control

The Division of Programmes for Disease Control (DDC) deploys its wide-ranging technical expertise to support Member States in developing capacities to respond to health risks from endemic and emerging disease threats, including communicable and noncommunicable diseases. The Division also prioritizes efforts to leverage and expand essential health services to reach unreached populations, progressing towards the achievement of the Western Pacific's vision for work with Member States and partners contained in *For the Future: Towards the Healthiest and Safest Region*.

Much of the Division's effort is focused on controlling and eliminating specific disease threats, including hepatitis, HIV, malaria, neglected tropical diseases (NTDs), tuberculosis (TB) and vaccine-preventable diseases (VPDs). The Division works closely with Member States and partners to maximize the potential of grassroots solutions, innovations and data to accelerate progress in disease control and elimination.

At the October 2022 session of the Regional Committee, Member States endorsed regional frameworks on primary health care (PHC) and reaching the unreached, both of which will help the Region's 37 countries and areas identify and access unreached populations and employ a "last mile" approach for delivering essential health services, contributing to the fulfilment of universal health coverage (UHC) and the Sustainable Development Goals (SDGs).

Despite the challenges presented by the lingering impact of the COVID-19 pandemic, the Region continued to make significant progress over the past year on several fronts: diagnosing and treating drug-resistant TB; reducing the incidence of malaria and dengue fever; combating HIV/AIDS and other sexually transmitted infections; and addressing noncommunicable diseases (NCDs) and NTDs. Although the pandemic substantially impacted immunization and many other essential PHC services, by 30 March 2023, at least 1.7 billion people (87% of the Region's population) completed the primary series of COVID-19 vaccines, and 1.1 billion (56%) received one booster dose. The Division has continued to work with Member States to step up implementation of the *Regional Strategic Framework for Vaccine-Preventable Diseases and Immunization in the Western Pacific 2021–2030*.

### Data, Strategy and Innovation group

The Data, Strategy and Innovation group (DSI) collaborates with WHO technical divisions to provide advice and support to Member States in adopting new approaches and innovative ways of working to tackle the Region's evolving public health challenges. DSI advocates the expanded use of integrated multi-source data for decision-making, with UHC serving as a platform for all programmes to work together to strengthen health systems, anticipate long-term changes and prepare for healthier futures.



*A 5-month-old baby with a winning smile waits with his mother for his routine health check-up. Fiji's Galoa Nursing Station is a happy two-block walk from their home, which makes services even more convenient and affordable.*

DSI has supported Member States over the past year in two key areas: harnessing the power of data, digital health and innovation; and accelerating health systems transformation and future-proofing towards achieving UHC.

In an effort to harness the power of data, digital health and innovation, the Western Pacific Health Data Platform was developed as a portal for health and sociodemographic data. The Division also developed and published the *Data Management Competency Framework*, which can help identify data management competency gaps to be addressed within health systems. In partnership

with *The Lancet Regional Health – Western Pacific*, WHO published nine “viewpoints” showcasing successful health innovations in the Region. To contribute to the Region’s innovation landscape, a draft regional innovation strategy for health has been developed with Member State input to solve problems, accelerate impact, and shape the future of health and well-being. The strategy will be presented to the Regional Committee for endorsement in October 2023.

As part of the regional effort to accelerate the transformation and future-proofing of health systems towards achieving UHC, DSI has worked with Member States in a

three-pronged approach focused on health systems, data for decision-making and integrated service delivery. In addition, DSI convened the Sixth Universal Health Coverage Technical Advisory Group in November 2022, which featured robust discussions on integrating data, programmes and systems, with UHC as the foundation. In addition, the Health Futures Strategic Dialogues initiative was developed to help key stakeholders in government consider what the long-term future could look like and potential implications this may have for health and health systems.

### Division of Healthy Environments and Populations

The Division of Healthy Environments and Populations (DHP) works to address regional priorities on NCDs and ageing, climate change, the environment and health, and reaching unreached populations. DHP is committed to helping Member States transform their social and health landscapes from a “sick system”, focused on disease treatment, into a “health system” that promotes population health and well-being.

To support this transformation, DHP has worked with Member States to reduce risk factors for NCDs and injuries through the development of evidence-based and cost-effective policies, while also addressing health issues related to the environmental, social and commercial determinants of health. Stakeholder collaboration has proven key to efforts to promote healthy ageing and create healthier and more equitable communities.





Students show off cassava harvested from the Krishna Vedic School garden in Nausori, Fiji. School gardens help promote healthy eating and foster habits that reduce health risks throughout students' lives.

This work is particularly important in the Western Pacific Region, where NCDs are the leading cause of death. And it is key to achieving SDG target 3.4, which calls for a one-third reduction in premature mortality from NCDs by 2030. The Organization's work in this area has been guided by the *Regional Action Framework for Noncommunicable Disease Prevention and Control in the Western Pacific*, endorsed by the Regional Committee in October 2022 to accelerate national responses and increase investments in NCD prevention and control.

The multisectoral nature of WHO work on these issues goes beyond partnerships with the health sector by championing health across multiple sectors. Recent efforts include WHO's engagement with sectors dealing with finance and taxation, tourism, sports, transportation, education, justice and public safety, as well as the private sector.

DHP also supports Member States to develop and implement evidence-based policies on a wide variety of issues, from nurturing healthy and resilient children and health promotion to tobacco control and the environmental and social determinants of health. Recognizing the impact gender can have on risk factors for ill health, WHO in the Western Pacific also has continued to support Member States in promoting best practices and building evidence to address gendered differences in health by utilizing a gender and equity lens.



## Division of Health Systems and Services

The Division of Health Systems and Services (DHS), in collaboration with WHO country offices and Member States, strives to strengthen the resilience of health systems to meet future public health challenges, based on PHC and aligned with global initiatives to strengthen health systems. DHS also supports Member State efforts to increase access to health care and to improve financial protections as key elements of UHC. The overarching goal is to accelerate PHC reform, invest in health, provide financial protection for those in need of health services, strengthen the health workforce, and improve the regulation of medicines and vaccines.

Working as a team, WHO and Member States are expanding partnerships and encouraging health investment by engaging parliamentarians, policy-makers and partners from non-health sectors in health leadership, while also reflecting the diverse voices of people across the Region.

Over the past year, important progress has been made in stimulating PHC reforms and building and strengthening resilient health systems through the development and implementation by Member States of the *Regional Framework on the Future of Primary Health Care in the Western Pacific*, endorsed in October 2022 by the Regional Committee.

Effective legal frameworks are vital to well-functioning health systems and essential public health functions, but many countries and areas in the Pacific struggle with outdated laws and weak implementation. DHS is working with Member States in the Pacific to provide the support necessary to enact legislation to support health system reform. The Division is also supporting Member States as they strive to reorient their health systems towards PHC, recognizing the vital role of PHC in addressing morbidity and mortality related to ageing populations and the increasing NCD burden.

Other priorities over the past year included accelerating access to quality-assured medicines and vaccines, as well as safe and affordable surgery; strengthening surveillance for antimicrobial resistance and advocating antimicrobial stewardship; promoting infection prevention and control;

and reducing maternal, newborn and child deaths, while ensuring the best start in life for every newborn child.

## Division of Pacific Technical Support

The Division of Pacific Technical Support (DPS), based in Fiji, has been the focal point in delivering coordinated support from across the three levels of the Organization and partner organizations to prepare Pacific island countries and areas (PICs) for the onslaught of COVID-19, which swept across the Pacific two years after the coronavirus first emerged.

By the time the pandemic reached their shores in the second half of 2022, populations had been vaccinated, health workers had been trained and armed with therapeutics, and response plans were in place. By that time, PICs had received more than 1.7 million vaccine doses through the COVID-19 Vaccines Global Access initiative, and many PICs had achieved vaccination rates of over 90% of eligible populations. These measures saved countless lives, resulting in much lower mortality rates than other parts of the world.

That pandemic preparation will yield long-term benefits, as the policies, practices and the influx of resources now in place for the COVID-19 response will support future health needs among PICs once the crisis subsides. These new resources include emergency medical teams that can respond to the next disaster; oxygen-generating plants that can provide medicinal oxygen for patients with respiratory diseases; and laboratories that can also test for measles, dengue and TB. More immediately, PICs have been able to use recently established laboratories to facilitate testing of travellers and, in some cases, to reignite tourism-based economies in the wake of the pandemic.

DPS also worked over the past year to provide tailored support to 21 PICs, in line with the increasing global recognition of the need for special approaches to meet the unique needs of small island developing states. Going forward, the focus in the Pacific will be on building resilience for future crises and strengthening data collection and analysis to inform decision-making. In this way, DPS will assist all PICs to ensure health systems are set up to deal with current and future health threats, including the escalating burden of NCDs and the health impacts of climate change.

## 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 guiding the Organization's efforts in the Region. The regional management team employed a results-based management approach to planning, strategic resource allocation and cross-programme coordination to promote better health outcomes in the Western Pacific.

The Regional Office also worked to support organizational change by strengthening operational systems and improving the way the Organization works, with significant steps taken to simplify processes that may have increased the bureaucratic burden for many work units in the past.

Workplace culture has been improved through efforts to familiarize staff members with the WHO policy of zero tolerance for abusive behaviour, including sexual misconduct. Colleagues in the Regional Office and country offices are now more aware of the avenues available to them for protection against such behaviour and for reporting abuse, a key step towards strengthening trust in the systems

and reshaping the Region's workplace culture "to be one we can all be proud of".

In addition, the Regional Office strived to better align global, regional and country work with WHO's global Transformation approach. The most ambitious reform initiative in the Organization's 75-year history, the Transformation approach focuses on creating a modern WHO that works seamlessly to make a measurable difference in people's health at the country level. Part of this effort is an initiative to strengthen the delegation of authority from the WHO Director-General and regional directors to the heads of WHO country offices, granting WHO representatives at the country level the decision-making power they need to be agile and responsive to country needs.

The Regional Office also led efforts to develop a draft Communication for Health – or C4H – strategy and strengthen ties with WHO collaborating centres in the Region.

WHO, Member States and partners have worked as a team to safeguard the health and well-being of the Region's 1.9 billion people through the pandemic and other health threats, towards a healthier and safer future that leaves no one behind.

## WHO Western Pacific Region



### Representative Offices

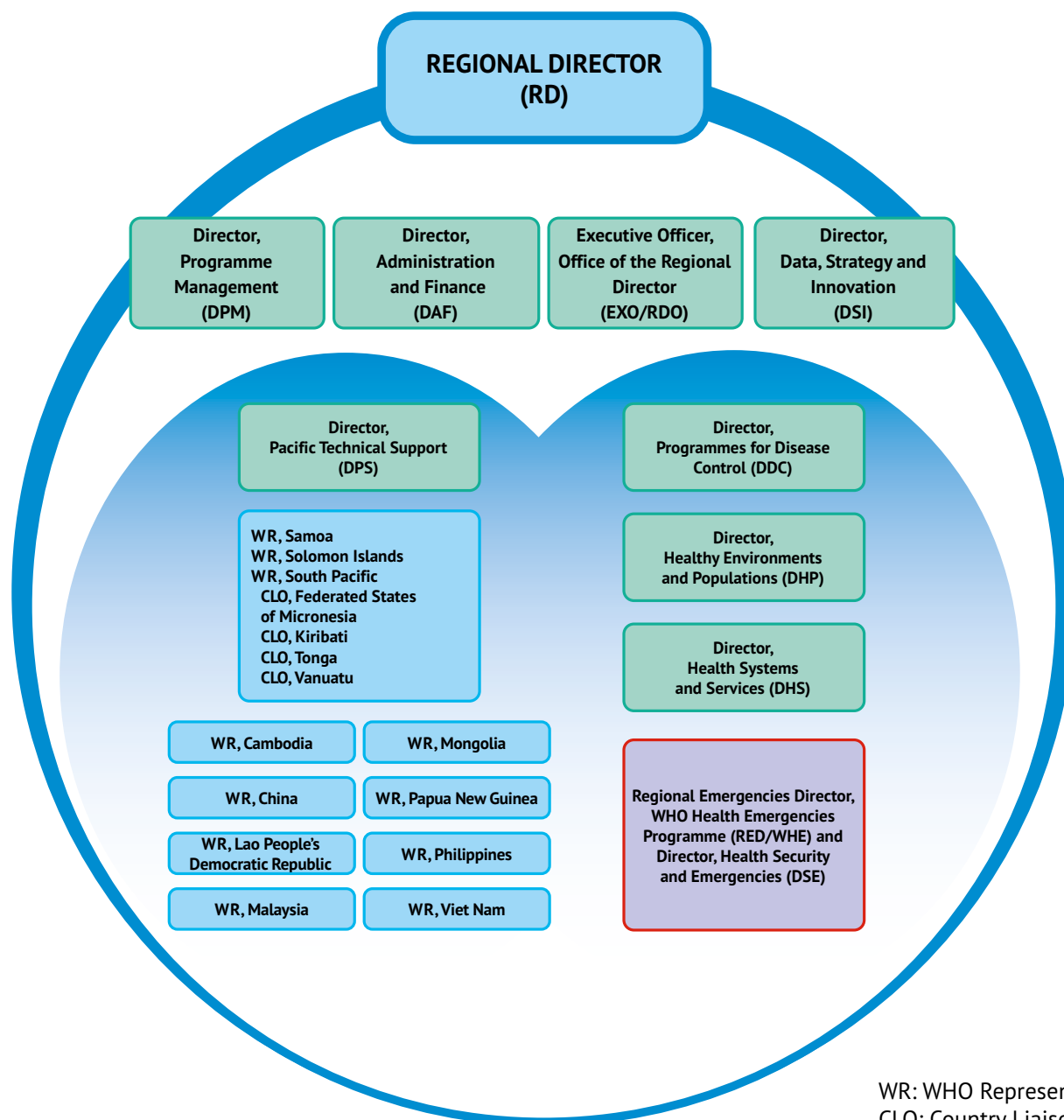
- Cambodia
- China
- Lao People's Democratic Republic
- Malaysia (area of responsibility: Brunei Darussalam, Malaysia, Singapore)
- Mongolia
- Papua New Guinea
- Philippines
- Samoa (area of responsibility: American Samoa, Cook Islands, Niue, Samoa and Tokelau)

- 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





## 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
<b>Director, Programme Management (DPM)</b>	Programme Development and Operations (PDO) Country Support (CSU) Editorial Services (EDT) Information Products and Services (IPS)	<b>Director, Healthy Environments and Populations (DHP)</b>	Healthy Ageing (AGE) Health and the Environment (HAE) Health-Enabling Society (HES) <i>formerly 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) - Alcohol, Violence and Injury Prevention (ALC/VIP) - Screening and Health Promotion (SHP)
<b>Director, Administration and Finance (DAF)</b>	Budget and Finance (BFU) Human Resources Management (HRM) Information Technology (ITG) Administrative Services (ASU) Supply and Administrative Office (SAO)	<b>Director, Health Systems and Services (DHS)</b>	Essential Medicines and Health Technologies (EMT) Health Policy and Service Design (HPS) Health Law and Ethics (HLE) Maternal Child Health and Quality Safety (MCQ)
<b>Executive Officer, Office of the Regional Director (EXO/RDO)</b>	External Relations and Partnerships (ERP) Communications (COM) Workplace Culture (WPC)	<b>Regional Emergencies Director, WHO Health Emergencies Programme (RED/WHE) and Director, Health Security and Emergencies (DSE)</b>	Country Health Emergency Preparedness and IHR (CPI) Health Emergency Information and Risk Assessment (HIM) Emergency Operations (EMO) Food Safety (FOS) Management and Administration (MGA)
<b>Director, Data, Strategy and Innovation (DSI)</b>	Health Information and Intelligence (HII) Universal Health Coverage (UHC) Innovation and Research (INR) Strategic Dialogue (DIA)	<b>Director, Pacific Technical Support (DPS)</b>	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)
<b>Director, Programmes for Disease Control (DDC)</b>	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

## Division of Health Security and Emergencies

The Division of Health Security and Emergencies (DSE) works closely with WHO country offices and partners in supporting countries and areas in the Western Pacific Region to strengthen health security systems for public health emergencies, mitigate the impacts of climate change and ensure food safety. DSE plays a pivotal role in advancing Member State health security capacities and systems – guided by the *Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies* (APSED III) – so that they are better prepared and ready to detect, respond to and prevent outbreaks, epidemics and disasters.

Respiratory viruses have significantly threatened public health in the Western Pacific Region. Of primary concern over the past three years has been SARS-CoV-2, the virus that

ignited the COVID-19 pandemic, with devastating impacts for health, well-being and economic life, particularly among the poorest, most vulnerable and hard-to-reach populations. Since January 2020, SARS-CoV-2 and the evolution of its variants have presented a major challenge to public health authorities across the Region. More recently, a resurgence has occurred in cases of influenza and respiratory syncytial virus (RSV). This has been attributed in part to the easing of public health and social measures in the wake of the COVID-19 pandemic and an increase in the number of people without natural immunity.

In May 2023, following the recommendations of the COVID-19 Emergency Committee, the WHO Director-General declared an end to

the COVID-19-related public health emergency of international concern.

Since early May 2022, cases of mpox (monkeypox) have been reported from countries where the disease is not endemic. Cases continue to be reported in several endemic countries outside the Western Pacific Region. This marked the first time that mpox cases and clusters were reported concurrently in non-endemic and endemic countries across a wide geographic area. In July 2022, the WHO Director-General, on the advice of the Mpox Emergency Committee, declared the multi-country outbreak of mpox a public health emergency of international concern, requiring an immediate enhanced response to stop transmission and protect at-risk groups. The mpox emergency was lifted in May 2023.

*A laboratory worker in August 2022 in Vientiane uses one of 2400 mpox test kits, which were donated by the Japanese National Institute of Infectious Diseases to help prepare, identify and diagnose cases in the Lao People's Democratic Republic.*

During the reporting period, the Region also experienced earthquakes, cyclones, typhoons, volcanic eruptions, tsunamis and food safety incidents. The Region experienced 39 food safety incidents, including botulism outbreaks, monitored through the International Food Safety Authorities Network (INFOSAN). Typhoon Mawar in the Philippines and tropical cyclones Judy and Kevin in the Pacific resulted in damage or destruction of health-care facilities, other infrastructure, homes and communities, causing death, social disruption and economic losses. Such events have become more frequent and more destructive in the Region, requiring coordinated multi-stakeholder and multisectoral responses to complex situations. WHO continues to support Member States in the Region to accelerate implementation of the *Sendai Framework for Disaster Risk Reduction 2015–2030*, which aims to reduce disaster risks and loss of lives, livelihoods and health.

The public health emergencies the Region faces underscore the need for building, strengthening and improving capacities and systems required to rapidly detect, respond to, prevent and recover from any emergency health threat. For the past 18 years, APSED III and its earlier iterations have provided a foundation for countries and areas in the Region to work together with WHO, partners and stakeholders to build, strengthen and advance key capacities and systems, including those required by the International Health Regulations (2005), or IHR (2005). The value of these investments has been demonstrated by the Region's strong response during the COVID-19 pandemic. However, the pandemic's widespread impact on health systems, societies and economies highlights the increasingly complex nature of public health threats and the need for more comprehensive, integrated and forward-looking approaches to health security that go beyond the health sector.

Over the past two years, WHO has worked and consulted with Member States, partners and regional experts to develop a new framework to guide future investments in regional health security capacities. The draft *Asia Pacific Health Security Action Framework* is designed to engage health and non-health sectors to support the prevention, preparedness, readiness and response towards multi-hazard public health emergencies, and to strengthen the resilience of health security systems at subnational, national and regional levels. It will provide a framework



*A plane is loaded with supplies in the Philippines in December 2022, destined for Mongolia. The supplies were used to support COVID-19 response operations and help protect health-care workers on the front lines. Equipment included oxygen concentrators, masks, respirators and personal protection equipment.*

to envisage and plan a comprehensive health security system that encompasses IHR (2005) core capacities, as well as multisectoral health security capacities needed to strengthen resilience to the public health threats of the future. The Framework will supersede APSED III and will be considered for endorsement by the WHO Regional Committee for the Western Pacific in October 2023. It will contribute to ongoing global efforts to strengthen the global architecture for health emergency prevention, preparedness, response and resilience.

## Responding to and preparing for public health emergencies

WHO has supported countries and areas in the Western Pacific Region with prevention, preparedness, readiness and response efforts. During this reporting period, WHO has worked closely with Member States to protect health systems from surges in COVID-19, including strengthening practices for infection prevention and control in health-care facilities, identifying and prioritizing vulnerable populations, and implementing measures for hard-to-reach communities. Strategic communications have continued to inform, educate and influence the ongoing uptake of COVID-19 vaccines and adherence to public health and social measures.



To closely monitor the COVID-19 situation in the Region, multi-source surveillance was strengthened drawing on various data, such as hospital bed utilization, contact history, clinical symptoms, laboratory tests and health behaviours. Socioeconomic data and health behaviours, including health-care capacity data and information, allowed for a more detailed understanding of the public health situation, including at the subnational level. These expanded surveillance efforts have enabled public health authorities to better identify emerging trends and patterns in the spread of the virus, laying the basis for more targeted and effective measures to suppress transmission. *Please see the Division of Pacific Technical Support chapter for more on countries that were among the last in the world to experience community transmission of COVID-19.*

During this reporting period, WHO also supported countries to respond rapidly and effectively to other emergency health threats. With mpox declared a public health emergency of international concern, an Incident Management Support Team (IMST) was established. The IMST assisted Member States in the coordination of public health interventions, including disease epidemiology investigations, laboratory support for the procurement of testing materials, the communication of public health advice to the public, and the establishment of pathways for the referral of samples for testing. Where necessary, control measures, such as case finding and contact tracing, and supportive care for patients were provided.

In addition to its response to COVID-19 and mpox, WHO has continued to support Member States with other emergencies. WHO worked closely with Cambodia when human cases of avian influenza A(H5N1) were reported and with the Philippines in response to an outbreak of cholera. There were unprecedented spikes in cases of dengue in Cambodia, the Lao People's Democratic Republic and Viet Nam requiring timely prevention and control measures, including clinical management and targeted risk communication and community engagement to encourage preventative behaviours. *Please see the Division of Programmes for Disease Control chapter for more information.*

### Expanding capabilities for emergency response

WHO continued to support Member States in the Region to ensure domestic access to medical oxygen, a critical



*Medical oxygen-generating equipment – including pressure swing adsorption oxygen-generating plants, oxygen cylinders and spare parts – arrive at Nadi International Airport in Fiji from Slovakia in January 2023 as part of the support from the European Union.*

resource in treating some COVID-19 patients. Without the capacity to manufacture medical oxygen, many countries had to import all of this critical resource. As a result, many countries were unable to access medical oxygen, a potential life-or-death issue for patients, with increases in COVID-19 cases and export bans. The WHO Western Pacific Operations Support and Logistics Team launched an oxygen scale-up initiative, targeting countries without the capacity to manufacture medical oxygen domestically. In all, 15 health-care facilities in 12 countries in the Region were targeted to receive tailor-made medical oxygen-generating plants. This long-term project is intended to build national capacities to manufacture medical oxygen for patients, reducing dependencies on imports.

In order to support Member States, the Organization maintains a WHO Health Emergencies Programme Regional Emergency Stockpile in Manila to rapidly deploy supplies as needed. From July 2022 through June 2023, the Operations Support and Logistics Team completed more than 59 emergency deployments of critical supplies valued at more than US\$ 1.5 million to 21 Member States in the Region and beyond from the Regional Emergency Stockpile. Supplies included personal protective equipment for health-care workers, sample collection kits, rapid diagnostic test kits, and consumables for polymerase chain reaction tests to enhance



*To strengthen risk communications, WHO has used multi-source online and offline listening to gather information from stakeholders and gain a better understanding of the needs and concerns of communities. Here, the C4H team visits Cu Lao Minh General Regional Hospital in Viet Nam in April 2023 to help develop a local communications plan based on C4H principles.*

surveillance, biomedical equipment including oxygen concentrators to support case management, and emergency health kits. In addition to the COVID-19 response, these supplies were used in response to dengue, influenza and cholera outbreaks.

In response to the pandemic, WHO has been working with countries to rapidly expand capabilities for whole genomic sequencing to quickly assess and characterize emerging diseases. The rapid expansion of the Emerging Molecular Pathogen Characterization Technologies (EMPaCT) Surveillance Network has played a critical role in implementing genomic surveillance, including capacity development in whole genomic sequencing across the Region. Between November 2022 and April 2023, WHO provided in-country training that enabled participants to assess the transmissibility, severity and impact of all variants of COVID-19 in Cambodia, Fiji, Malaysia, Mongolia and the Philippines. This training package has been cascaded to the subnational level in Mongolia and replicated within the ASEAN Plus Three Field Epidemiology Training Network. Due to high demand by Member States, WHO will

continue to roll out in-country training across the Region. The Network has also supported the development of genomic sequencing capacity and has brought together laboratory staff, epidemiologists and front-line clinicians to strengthen the core capacities identified in IHR (2005). Expanding the use of these new technologies will continue to play a crucial role in mitigating the impact of emerging infectious diseases both now and in the future.

During public health emergencies, people have a right to know how to protect their health and make informed decisions to protect themselves, their loved ones and those around them. WHO in the Region has focused on strengthening communication systems that are able to gather and utilize data from community listening mechanisms such as hotlines, community feedback sessions and Frequently Asked Questions on social media platforms to inform communication strategies. Multi-source online and offline listening has been deployed to gather information from communities, health workers and other stakeholders to gain a better understanding of the needs and concerns of

## Strengthening laboratory capacity in Mongolia

**Identifying which variants were circulating in Member States was vital to informing an effective response during the COVID-19 pandemic. In 2020, Mongolia was sending samples overseas for genomic sequencing because domestic laboratories were not equipped to use the most accurate, up-to-date methods. This resulted in delays in receiving some of the crucial data required to help Mongolia to make informed and evidence-based decisions about public health measures.**

The situation is now improving, thanks to a collaboration between WHO in the Western Pacific Region, the WHO Mongolia country office, the National Center for Communicable Diseases (NCCD) in Mongolia and the National Institute for Infectious Diseases (NIID) in Japan, which is a WHO Collaborating Centre for Reference and Research on Influenza.

With WHO support, three scientists from NCCD visited NIID in Japan in April 2021, where they received training on how to perform whole genome sequencing and analysis. In addition, funding from the WHO Regional Office for the Western Pacific has helped equip NCCD with the necessary sequencing equipment, reagents and software.

The collaboration between NCCD, NIID and WHO has continued. Specialists from Japan and WHO have travelled to Mongolia to provide training and technical advice to help improve the quality of the sequencing, and twice-a-month meetings have been held to assess progress and troubleshoot issues. As of 1 June 2023, NCCD had conducted 1287 whole genome sequences and shared all sets of data with the Global Initiative on Sharing All Influenza Data.

The ability to conduct high-quality sequencing domestically helped Mongolia conduct timely risk assessments and quickly make decisions. In July 2022, for example, sequencing at NCCD identified yet another new variant – BA.5 – of the Omicron variant of SARS-CoV-2. Mongolia's largest national festival, Naadam, was just weeks away.



*With support from WHO, scientists from Mongolia's National Center for Communicable Diseases received training from the National Institute for Infectious Diseases in Japan. Here, the head of the Center's virology lab performs genome sequencing and analysis with colleagues.*

With increased travel and large group gatherings taking place during the festival, this highly transmissible and more severe variant posed a significant risk. The Government used this information to mobilize extra testing centres, prepare the health system for a potential surge and conduct a widespread communication campaign encouraging the public to take up protective measures. Such timely preparedness and response would not have been possible if the samples had been sent overseas for sequencing.

Now, Mongolia is expanding its sequencing capacity. With support from WHO, NCCD is exploring the expansion of its sequencing work to cover influenza and other respiratory viruses, as well as training and equipping two laboratories in other parts of the country to conduct genomic sequencing. This will allow more timely and localized data to inform emergency responses. ●





*Members of the WHO-supported Samoa Emergency Medical Assistance Team respond to a simulated incident in November 2022, providing real assistance to pretend patients.*

communities. Message testing has been integrated into content planning to ensure that communication products are tailored to specific communities. Large-scale quantitative and qualitative surveys, including focus group discussions, were conducted to inform decision-making for communication activities utilizing the Communication for Health (C4H) approach. C4H refers to a set of principles and practices that help to ensure communications are designed to inform and change attitudes and behaviours in ways that can support the achievement of defined public health outcomes at the individual, community and societal levels. C4H puts community needs and interests at the heart.

WHO in the Western Pacific Region continues to encourage Member States to review COVID-19 response by monitoring their IHR (2005) capacities through various tools in an effort to identify lessons and apply them for stronger emergency preparedness, readiness and response in the future. During the reporting period, three countries participated in intra-action reviews, and two others are preparing to conduct Joint External Evaluations (JEEs) in 2023. The WHO Regional Office for the Western Pacific also provided technical expertise supporting JEE missions in Nepal and Thailand, which are in the WHO South-East Asia Region.

### Responding together

In responding to emergencies, it is essential to have a skilled workforce that can quickly respond. WHO can call upon support from a number of networks, including those for



emergency medical teams (EMTs) and the Global Outbreak Alert and Response Network (GOARN). EMTs provide urgent medical care in emergencies to improve the timeliness and quality of health services and enhance the capacity of national health systems to lead the activation and coordination of rapid response capacities in the immediate aftermath of a disaster, outbreak or other emergency.

Over the past decade, WHO has supported the development of national and international EMTs across the Western Pacific Region. As of June 2023, the Western Pacific hosts 12 of 38 internationally classified EMTs. EMTs have been developed in nearly all Member States in the Region, from Mongolia in the north to New Zealand in the south. Over the past year, EMTs have supported multiple emergency response efforts, including those for COVID-19.

In March 2023, the Vanuatu Medical Assistance Team was deployed in response to tropical cyclones Judy and Kevin, which affected most of the country's islands. Additionally, the internationally classified Fiji Emergency Medical Assistance Team has undertaken its first two international deployments – to Tuvalu and Vanuatu. Several EMTs earned international classification from 2022 to 2023, including the Korea Disaster Relief Team and Mercy Malaysia, which became the first nongovernmental organization EMT in the Asia Pacific region to achieve international classification. *Please see “New EMTs boost preparedness in the Pacific” in the Division of Pacific Technical Support chapter.*

Established by WHO in 2000, GOARN is a partnership of more than 270 public health institutes, nongovernmental organizations, United Nations health agencies and other international organizations, universities, and technical institutions and networks. GOARN is a key mechanism to engage and coordinate technical resources from diverse sources for rapid identification, alert and response to infectious disease outbreaks. There are 71 GOARN partners based in the Western Pacific Region. They represent academic institutions, hospitals, public health and technical institutions and networks, and government departments and agencies. This past year, the Region welcomed nine new partners to GOARN. For the COVID-19 response, 84 individual experts have been deployed from GOARN members globally to support 14 Member States in the Western Pacific Region with national response operations.

In addition, WHO has been providing guidance and support to countries to strengthen food safety systems to better manage risks and respond to incidents and emergencies. This includes mission deployments of WHO experts to Cambodia, Fiji and Mongolia. Over the past year, countries in the Region demonstrated a high level of engagement and active participation in INFOSAN, a joint global effort of WHO and the Food and Agriculture Organization of the United Nations (FAO). A biregional meeting comprising countries from the WHO South-East Asia and Western Pacific Regions was held to strengthen efforts. Further, WHO led national and subnational capacity-building workshops in Cambodia to strengthen food safety systems and networks.

## Building capacities

WHO has been supporting Member States with many capacity-building activities to develop, strengthen and advance emergency response knowledge and skills across the Region. More than 3000 people across the Region and globally have been trained with Ready4Response, a comprehensive programme providing baseline knowledge of emergency response management that targets health-care workers and responders at all levels. The programme has been independently assessed and approved and is the first OpenWHO course to receive continuing professional development accreditation. Additionally, a two-part course, “Leadership in Emergencies Phase 1 and Phase 2”, offered in association with Ready4Response, has been rolled out for the WHO workforce in the Region to develop knowledge, skills and attitudes for leadership in emergencies.

Furthermore, WHO has continued to support regional workforce development through its Field Epidemiology Fellowship Programme (FETP). Between 1 July 2022 and 30 June 2023, 15 fellows from 10 countries (Australia, Cambodia, Japan, the Lao People's Democratic Republic, Malaysia, Mongolia, the Philippines, Singapore, Vanuatu and Viet Nam) participated in the programme. With this activity, WHO strengthened capacity for event-based surveillance and risk assessments of potential public health threats in the Region.

Reviews of the COVID-19 pandemic response have identified the One Health approach, with its intersectoral dimension, as one of the key strategic directions for improving health

security. WHO has been strengthening its work in this area. In Cambodia, for example, the One Health approach brought together multiple stakeholders to address methanol countermeasures to avoid food contamination and risk mitigation for disease outbreaks originating in traditional food markets.

National bridging workshops brought together relevant sectors to address multisectoral collaboration, and the Performance of Veterinary Services Pathway was conducted in Mongolia and the Philippines with the One Health Quadripartite partners – FAO, the United Nations Environmental Programme, WHO and the World Organisation for Animal Health – bringing together 246 participants from various sectors, including animal health, public health and the environment. They developed a road map of corrective measures to strengthen their collaboration and coordination at the human-animal-environment interface.

### Improving health-care facilities

WHO has been supporting Member States to enhance access to water, sanitation and hygiene (WASH) services in health-care facilities, as this is essential for providing quality health care and responding to health emergencies, as well as preventing future outbreaks. The Western Pacific Region has made important progress in recent years. Member States, working with the support of WHO and partners, have implemented strategies and actions to increase the level of coverage of WASH services in health-care facilities, including implementation and improvements in assessments and monitoring, planning, regulation and standards, investment, infrastructure, workforce development and community engagement.

Despite efforts – and considering the growing threat of climate change on health-care provision – several areas require further work, including data availability. There is a need to coordinate and accelerate the work of the Member States with WHO and other agencies, sectors and partners to improve WASH services in all the health-care facilities of the Region. This will support progress towards the achievement

of the global and regional goal of 100% coverage of basic WASH services in health-care facilities by 2030. It will also support progress towards making the Western Pacific Region the world's healthiest and safest region.

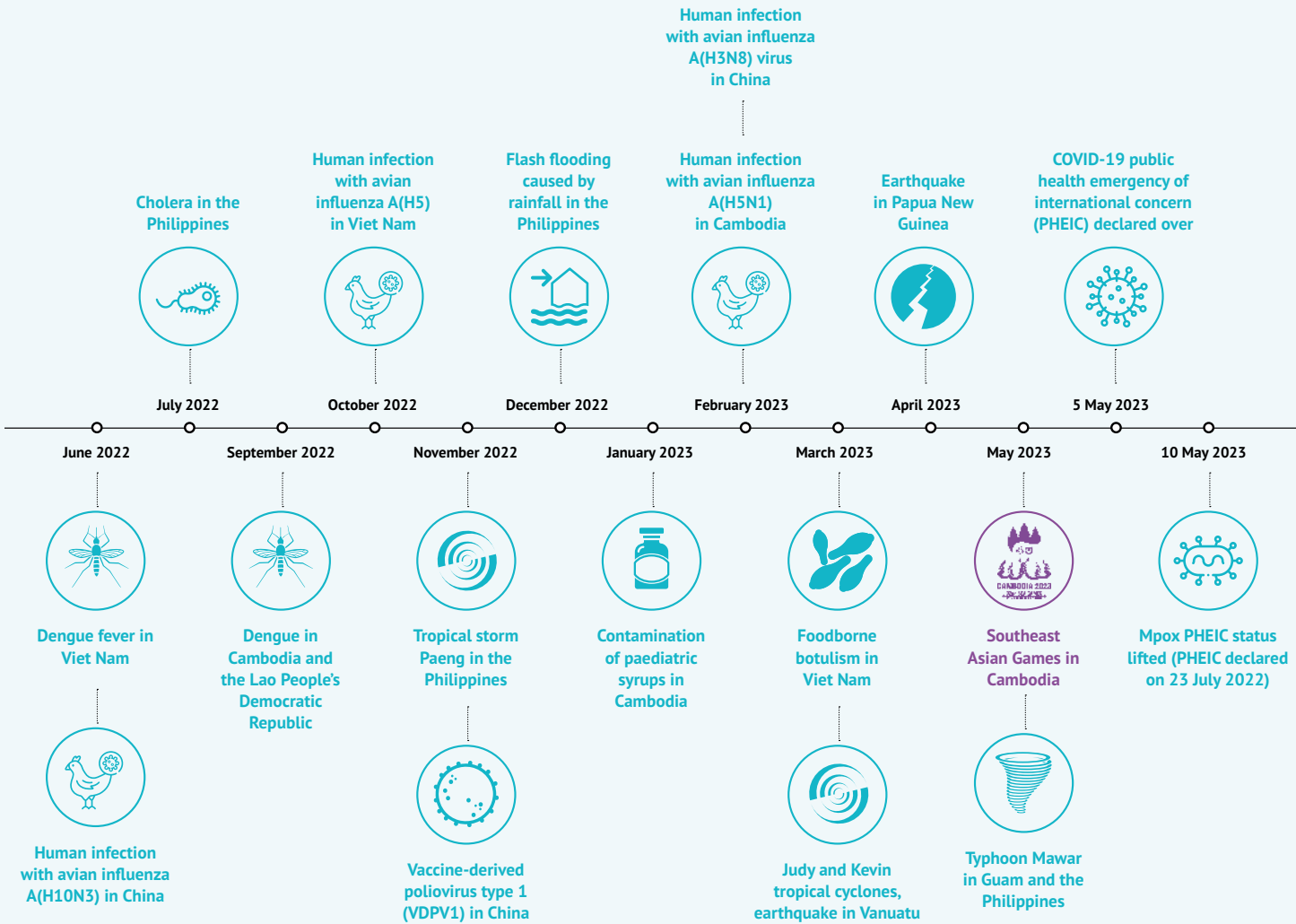
### Looking ahead

Countries in the Western Pacific Region have made significant progress in developing and advancing core capacities for emergency preparedness, readiness and response in line with – and beyond – IHR (2005) requirements. Guided by the biregional APSED framework and recommendations from the APSED Technical Advisory Group, WHO in the Region has facilitated a step-by-step approach to building and strengthening systems, as well as a culture of continuous learning for improvement. These are some of the APSED principles that enabled the Region to launch a rapid and effective response to the COVID-19 pandemic.

The experiences gained during the pandemic – and from other public health events spanning the past two decades – have contributed to the development of the new *Asia Pacific Health Security Action Framework* which builds on the achievements of APSED III and its earlier iterations. The new framework will support countries and areas in the larger Asia Pacific region in developing or updating their national action plans for health security. It will also help guide investments to ensure that subnational, national and regional health security systems are resilient and fit for the future.

The Framework will also take into consideration the ongoing work at the global level to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response, as well as efforts to make targeted amendments to IHR (2005). Final reports from both of these processes – which are part of broader international efforts to strengthen the global architecture for health emergency preparedness, response and resilience – are expected to be presented to the World Health Assembly in 2024.

Timeline of key public health events from June 2022 to June 2023



Key:  
Outbreaks and emergencies  
International multi-sport events





## 2

## Division of Programmes for Disease Control

The Division of Programmes for Disease Control (DDC) has prioritized efforts to leverage and expand essential health services to reach unreached populations, contributing to the *For the Future* vision of making the Western Pacific the world's healthiest and safest region. The Division's wide-ranging technical expertise supports Member States in developing capacities to respond to health risks from endemic and emerging disease threats, including communicable and noncommunicable diseases. These efforts contribute to the development of high-performing and equitable health systems.

The Division also supports Member States to control and eliminate hepatitis, HIV, malaria, neglected tropical diseases (NTDs), tuberculosis (TB) and vaccine-preventable diseases

(VPDs). In addition, DDC has helped strengthen the management of and response to noncommunicable diseases (NCDs) – including cardiovascular disease, cancer, diabetes, chronic respiratory disease and mental health conditions – through a health systems approach that integrates service delivery and response to people's health needs. The Division works to maximize the potential of grassroots solutions, innovations and data to accelerate progress in disease control and elimination. This process is designed to integrate successful elements of existing programmes to improve health service delivery systems, reach the most vulnerable and leave no one behind.

### Reaching the unreached

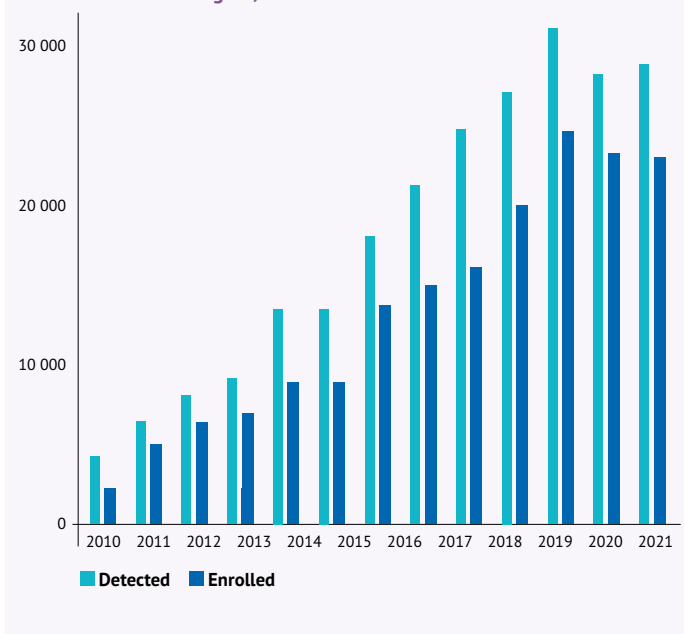
At the October 2022 session of the WHO Regional Committee for the

Western Pacific, Member States endorsed the *Regional Framework for Reaching the Unreached in the Western Pacific (2022–2030)*, which is a cross-programmatic framework that complements the *Regional Framework on the Future of Primary Health Care in the Western Pacific*. Both frameworks focus on identifying and accessing unreached populations and the “last mile” approach for delivering essential health services, contributing to the fulfilment of universal health coverage and the Sustainable Development Goals.

WHO has been working with Member States in the Region to implement the *Western Pacific Regional Framework to End TB 2021–2030*, which is in line with the global guidance in *The End TB Strategy*. Using this Framework, Member States continue to make

*WHO works throughout the Western Pacific Region to address and eliminate vaccine-preventable diseases, disabilities and deaths. Here, a mother comes to the Maternal and Child Health Clinic at Ba Health Centre in Fiji in August 2022 for her daughter's six-week vaccinations.*

**Fig. 1. Number of MDR/RR-TB cases detected and enrolled in treatment in the Western Pacific Region, 2010–2021**



remarkable progress in diagnosing and treating drug-resistant TB, including in unreached populations. Rapid molecular diagnostics and new and repurposed drugs continue to enable high-quality diagnosis and shorter treatment durations. As a result, from 2010 to 2021, more and more people with multidrug-resistant/rifampicin-resistant TB (MDR/RR-TB) have been detected and treated. See Fig. 1.

WHO also evaluated social protection programmes for people with TB in Cambodia and Viet Nam. In Cambodia, current social protection initiatives, particularly the Health Equity Fund, can likely be tailored to address TB-specific needs. In Viet Nam, Social Health Insurance was identified as the programme with the most potential to support people with TB. This evaluation offered crucial insights to ensure that people in Cambodia and Viet Nam could access necessary protections to minimize financial risks while seeking health-care services.

Another focus is the impact of TB on older adults. WHO conducted a regional analysis to explore the demographic

changes and disease-specific and integrated health service responses required to address TB in older people. This analysis has helped inform the development of effective strategies for preventing and treating TB in older adults, ensuring that people of all ages across the Region can access the care and support they need to stay healthy.

### Other success stories

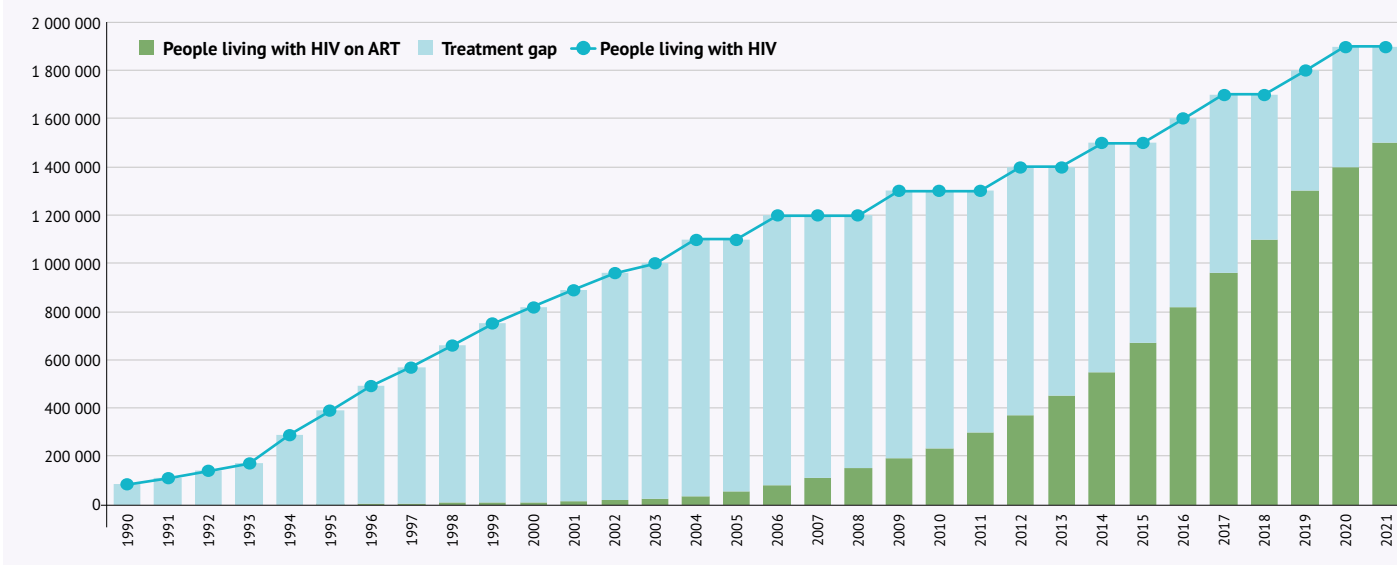
The Region has also made significant progress in the fight against HIV and other sexually transmitted infections (STIs). Since its introduction, the coverage of antiretroviral treatment (ART) for people living with HIV has been increasing steadily. According to the latest available data, the Western Pacific Region has the highest ART coverage of all six WHO regions, with rates reaching 79%. See Fig. 2.

One clear achievement is the maintenance by Malaysia of its validation for the elimination of mother-to-child transmission of HIV and syphilis. Malaysia's continuous efforts to prevent mother-to-child transmission have allowed the country to maintain elimination status, contributing to the global fight against these diseases. The Global Validation Advisory Committee will likely endorse this achievement in early 2023. Another significant activity implemented on HIV, viral hepatitis and STIs is an integrated technical workshop for 11 Pacific island countries and areas. During the workshop, participants discussed the latest WHO technical guidance and explored integrated service delivery at the primary health-care level, including in communities. WHO promotes an integrated systems approach to tackling these complex health challenges.

### Controlling malaria

The fight against malaria has also seen real progress in recent years, with the Region making significant contributions towards reducing the incidence of the disease. From 2020 to 2022, malaria has been reduced by 40% in Cambodia, the Lao People's Democratic Republic and Viet Nam, while maintaining similar levels of laboratory testing using rapid diagnostic tests and microscopy. This achievement is significant in the global effort to eliminate malaria, highlighting the effectiveness of targeted interventions and sustained efforts to control the spread of the disease.

Fig. 2. Number of people living with HIV and those who are on antiretroviral treatment (ART), Western Pacific Region, 1990–2021

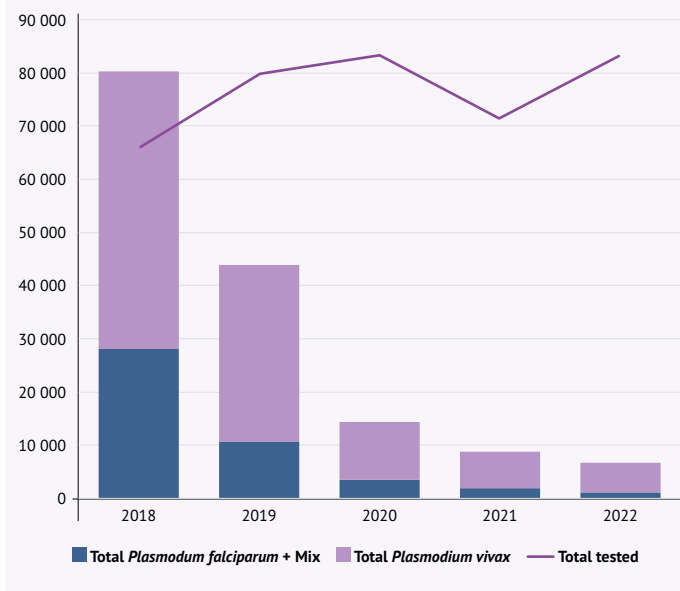


To improve data quality in Cambodia, staff from a provincial health department and operational district work as part of a training programme to improve a health centre's surveillance system to capture more complete information on malaria.

Another vital contribution has been the development of a training curriculum on malaria elimination. WHO helped train more than 75 national malaria programme staff from several countries, including Cambodia, the Lao People's Democratic Republic, Papua New Guinea, Solomon Islands, Vanuatu and Viet Nam. The training focused on accelerating malaria elimination and reaching zero indigenous cases through the maintenance of core primary health-care services and innovative approaches to surveillance. This type of training is essential to build capacity in national malaria programmes across the Region and improve the effectiveness of elimination efforts.

Innovative approaches – including vector control, active fever screening, targeted drug administration and intermittent preventive treatment for forest-goers – have been implemented in Cambodia and the Lao People's Democratic Republic. They are planned for Viet Nam soon. Thanks to these approaches, the number of cases in these countries has declined by 96% for *Plasmodium (P.) falciparum* and mixed cases, 89% for *P. vivax* and 92% for all species from 2018 to 2022. See Fig. 3. At the same time, malaria deaths have fallen by 86%. These data are provided by the WHO Mekong Malaria Elimination Database, which enables

**Fig. 3. Malaria progress in the Western Pacific – three Greater Mekong Subregion countries: Cambodia, the Lao People's Democratic Republic and Viet Nam**



the monitoring of country caseloads across the subregion and facilitates data-sharing with all national programmes, partners and stakeholders.

The activities contributing to this steep reduction in burden rely on the strong engagement of communities where they are rolled out through village health and malaria workers. Mobile malaria workers deployed near forests have worked over the past year to bring diagnostics and treatment to hard-to-reach populations. Still, elimination efforts face multiple challenges, including localized outbreaks, supply chain disruptions and challenges in reaching high-risk populations outside villages. Implementation challenges include achieving coverage of full-course antimalarial drug treatments, such as the seven- or 14-day regimen of primaquine, for the radical cure of *P. vivax*.

China was certified as malaria-free by WHO in 2021. Now, three more countries in the Greater Mekong Subregion – Cambodia, the Lao People's Democratic Republic and Viet Nam – are close to elimination and must begin preparations for malaria-free status certification.

WHO will support countries in those preparations, which must include a plan to prevent the re-establishment of malaria transmission based on a solid surveillance system.

Dengue fever is another serious health challenge that requires concrete action. WHO facilitated a mortality review on dengue in Viet Nam in October 2022, which recommended improving clinical case management as part of the Global Arbovirus Initiative. The review identified gaps in current approaches for dengue fever prevention and control strategies. The review also suggested strengthening supervisory practices at the local level, ensuring clear regulations on referring patients showing signs of severe dengue and controlling the mosquito vectors through environmental clean-up.

The One Health approach emphasizes the importance of intersectoral collaboration for disease control and vector management. Recognizing the interconnectedness of human, animal and environmental health, this approach encourages different sectors to work together to achieve optimal health outcomes. WHO actively supports countries in implementing this approach by providing guidance and resources to strengthen intersectoral work in disease control and vector management.

By facilitating partnerships among stakeholders – such as public health agencies, veterinary services and environmental organizations – WHO helps countries to develop and execute effective strategies that align with the One Health principles. This joint effort fosters more comprehensive and sustainable solutions for tackling health challenges and mitigating the risks associated with emerging diseases. For instance, WHO has been working in Viet Nam since July 2022 to strengthen vector and case surveillance as part of the One Health approach to improve case detection and reporting for dengue and other arboviruses.

## Eliminating neglected tropical diseases

Since August 2022, the fight against NTDs has seen significant progress through the implementation of the *Regional Action Framework for Control and Elimination of Neglected Tropical Diseases in the Western Pacific*. The elimination of trachoma in Vanuatu and lymphatic filariasis in the Lao People's Democratic Republic were validated in October 2022 and February 2023, respectively. This achievement was made



## The Lao battle against lymphatic filariasis

**The elimination of lymphatic filariasis (LF), commonly known as elephantiasis, was validated in 2023 by WHO in the Lao People's Democratic Republic, after a long battle to halt the spread of this disabling and disfiguring disease that historically caused suffering among thousands of people in the country.**

In 2008, the country's journey began to eliminate LF, a neglected tropical disease (NTD) that is spread through mosquitoes and impairs the body's lymphatic system, causing an abnormal enlargement of body parts. At that time, the Lao Ministry of Health conducted rapid assessments and surveys across all 17 provinces to understand the disease burden. Nearly 28% of people tested in the Phouvong district of Attapeu province had LF antigens in their blood. Attapeu province borders Cambodia and Viet Nam, making it a high-risk area for LF transmission. As a result, the Government conducted several rounds of mass drug administration (MDA) campaigns in Attapeu province over 10 years, leading to a decline in LF cases.

By 2021, a rigorous government survey showed that the transmission of LF had been halted in the country. The Ministry of Health then submitted its dossiers to WHO in 2022 for validation. After an extensive review, WHO validated the elimination of LF as a public health problem in February 2023.

Over the years, WHO has consistently supported country efforts to fight LF. Several factors were key to success in the Lao People's Democratic Republic: strong commitment from the Government and its partners; rigorous preventive chemotherapy and surveillance; multisectoral partnerships; community engagement; and robust monitoring and evaluation.

LF elimination will help improve health and well-being and increase economic productivity in the country. The experience also shows that it is possible to eliminate NTDs such as LF with strong commitment and collaboration. As such, the achievement may inspire and motivate other



*Health workers in the Lao People's Democratic Republic conduct a transmission assessment survey for lymphatic filariasis. WHO provided technical support and validated lymphatic filariasis elimination in the country in February 2023, contributing to global efforts to fight neglected tropical diseases.*

countries and partners to accelerate efforts to eliminate NTDs and step up efforts to address other health issues.

“Eliminating LF was not easy, but it was necessary”, said Ying-Ru Lo, WHO Representative to the Lao People's Democratic Republic. “It took a lot of hard work, collaboration and dedication from the Government, our partners and the communities.”

She added that this success is a source of pride and a testament to the power of determination, commitment and collaboration in overcoming health challenges. ●

possible through cross-sectoral collaboration, community leadership and meaningful partnerships. Elimination of the two diseases in the Lao People's Democratic Republic and Vanuatu is a crucial step towards eliminating these debilitating diseases across the Region.

The Region also contributed to global NTD elimination efforts by validating lymphatic filariasis elimination in the Lao People's Democratic Republic in February 2023. The elimination of the disease, a leading cause of disability in many countries, was made possible through WHO's technical support and strong engagement with multiple stakeholders.

In October 2020, the WHO Regional Committee for the Western Pacific endorsed the *Regional Strategic Framework for Vaccine-Preventable Diseases and Immunization in the Western Pacific 2021–2030*. The Framework aligns with the global *Immunization Agenda 2030: A global strategy to leave no one behind* and the priorities defined by GAVI, the Vaccine Alliance, and sets out 18 strategies for achieving three strategic objectives:

- 1) strengthening and expanding immunization systems and programmes along the life course;
- 2) strategically managing intelligence on VPDs, vaccines and immunization with integrated surveillance systems and laboratory networks; and
- 3) preparing for and responding to public health emergencies related to VPDs and immunization programmes, all of which aim to address and eliminate VPDs and related disabilities and deaths.

Before the COVID-19 pandemic, tremendous progress had been made in combating VPDs in the Western Pacific. At the same time, the Region has witnessed both significant progress and setbacks in the regional immunization programme. In all, 4.8 billion doses of COVID-19 vaccines were administered in the Region, prioritizing the most vulnerable population groups. However, the pandemic substantially impacted immunization and other essential primary health-care services. Vaccination rates for the third dose of diphtheria, tetanus toxoid and pertussis (DTP3), a proxy indicator reflecting the overall performance of immunization, declined from 94% in 2019 to 90% in 2021, and number of zero-dose children rose from 970 000 in 2019 to 1.41 million in 2021.

WHO has been working with Member States to accelerate the rapid, safe and wide roll-out of COVID-19 vaccines. At the same time, efforts are being made to mitigate the impact of the pandemic on national immunization systems and programmes while accelerating regional disease eradication and elimination initiatives articulated in the Regional Strategic Framework, even amid the pandemic. *See the Division of Pacific Technical Support chapter for more on how high vaccination rates in the Pacific contributed to low death rates and economic rebound.*

## Vaccine victories

By 30 March 2023, at least 1.7 billion people (87% of the Region's population) completed the primary series of COVID-19 vaccines, and 1.1 billion (56%) received one booster dose. Of the 37 countries and areas in the Region, 26 achieved the global target of vaccinating at least 70% of their population, and 20 achieved the regional target of 80% coverage of their population. Also, 31 countries and areas achieved at least 90% vaccination coverage with the primary series for their health-care workers, while 20 achieved at least 90% coverage among older adult populations.

Despite multiple recent outbreaks of circulating vaccine-derived poliovirus (cVDPV), the Region maintained its wild poliovirus-free status with no new outbreaks of cVDPV reported in 2021–2022. Furthermore, despite the heavy impact of the pandemic on the national immunization programmes, the overall population immunity against poliovirus in the Region remains high, and the performance of surveillance for acute flaccid paralysis is achieving the regional targets.

Since 2020, countries in the Region have reported low levels of measles and rubella cases. No large importation-related measles outbreaks have been reported in the Region since June 2020. As of September 2022, eight countries and areas in the Region were verified for measles elimination and seven for rubella elimination.

Laboratory surveillance for VPDs was not interrupted, even during the pandemic. Seven subnational laboratories for VPDs (measles/rubella, Japanese encephalitis and rotavirus) have been established in the Philippines to support timely detection of these diseases. The pandemic has resulted in



Older people receive COVID-19 vaccinations in December 2022 in Pohnpei State, Federated States of Micronesia.

an increased number of quality-performing laboratories in Pacific island countries.

This expansion in laboratories with trained staff during the pandemic is helping to increase the capacity for the serological and molecular detection of VPDs and respiratory viruses – such as influenza and SARS-CoV-2 – in the Pacific to reach the unreached. *Please see the Division of Pacific Technical Support chapter for more on WHO's work to strengthen critical health infrastructure in the Pacific.*

### New ways to fight NCDs

The Western Pacific Region faces a high and growing burden of NCDs. In 2019, NCDs were the primary cause of death for 12 million people, accounting for 87% of all deaths in the Region. This increasing burden threatens sustainable development in the Region by increasing care costs and

reducing productivity. As part of a united plan to combat this deadly trend, Member States endorsed the *Regional Action Framework for Noncommunicable Disease Prevention and Control in the Western Pacific* in October 2022. The Framework, aligned with the *Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2030*, calls on governments to implement evidence-based, cost-effective policies and reorient their health systems to improve the prevention and management of NCDs. The Regional Framework seeks to help transform and integrate primary health-care systems to deliver NCDs services, including health promotion, prevention, diagnosis, treatment and rehabilitation for NCDs.

In its continuing efforts to fight NCDs, WHO provides technical support to Mongolia, the Philippines and Viet Nam for the ongoing WHO Global Initiative for Childhood Cancer, which aims to improve outcomes for children with cancer



## Mental health care leaves no one behind in the Philippines

**The Philippine Government and WHO are working together to enhance mental health services in the country, where mental health conditions such as depression and anxiety are responsible for more than 800 000 years of life lived with disability.**

The WHO Special Initiative for Mental Health is a global effort to ensure access to quality and affordable care for mental health conditions for 100 million more people. Mental health conditions significantly affect the public health and economies in countries with the added burdens of poor health and lost productivity.

Over the past year in the Philippines, more than 140 000 people living with mental health conditions have received support through the Initiative. The Government has also invested US\$ 10.4 million in 2022 to expand access to pharmacological interventions. In addition, WHO helped develop several training programmes and courses for non-

specialists, people living with mental health conditions and the public to access online.

In the Western Pacific Region, the Philippines is the first country to participate in the Special Initiative, with significant progress achieved in advancing mental health policy, strengthening capacity for service delivery and scaling up interventions in community-based settings.

The Initiative continues to contribute to strengthening mental health systems. Integrating mental health services and interventions with primary health care in the country's Bangsamoro Autonomous Region in Muslim Mindanao in the south is underway. This will further expand access for 1.4 million people needing mental health care and support in conflict-affected areas.

In recognition of its impact, this initiative received the WHO Director-General's Award for Excellence in 2022. ●



*People living with a mental health condition participate in a workshop in the Philippines in December 2022 to conceptualize activities recommended in the WHO Special Initiative for Mental Health.*



worldwide. Mongolia was selected to be one of the pilot countries for the Global Platform for Access to Childhood Cancer Medicines under the same programme. WHO also coordinates with Member States – including Cambodia, China, the Lao People's Democratic Republic, Malaysia, Papua New Guinea and Vanuatu – for the integration of NCD management into primary health care.

Western Pacific Member States committed to eliminating cervical cancer and endorsed the *Strategic Framework for the Comprehensive Prevention and Control of Cervical Cancer in the Western Pacific Region 2023–2030* at the October 2022 session of the Regional Committee. The Framework focuses on the global targets and three pillars of prevention through human papillomavirus vaccination, screening and early treatment of precancerous lesions, and access to diagnostic and treatment services. Some countries in the Region are leading the way, with Australia on track to be the first country in the world to eliminate cervical cancer. Member States will continue to build on and accelerate efforts to meet the 2030 prevention and control targets towards eliminating cervical cancer within the next century.

The October 2022 endorsement by Member States of the *Regional Framework for the Future of Mental Health in the Western Pacific 2023–2030* ushers in a new era for mental health in the Region. Aligned with the *Global Comprehensive Mental Health Action Plan (2013–2030)*, the Regional Framework extends the *For the Future* vision to the mental health agenda, advancing new ways of working in a transformative environment for mental health. The Framework calls on stakeholders to refocus the agenda to include well-being and reaching the unreached, transform mental health care and support to a community-based ecosystem of health and social services, and embed mental health in the settings and journeys of daily life in communities. In endorsing the Framework, Member States requested that WHO support its implementation by providing technical support and facilitating inter-country dialogue for knowledge exchange and innovation.

## Sharing knowledge

In line with expert recommendations, WHO established a regional knowledge hub to kick-start implementation and operationalize the Framework. WHO has supported countries

to make significant progress on the mental health agenda. For example, a WHO special initiative for mental health in the Philippines has strengthened capacity to deliver services at the community level, providing support over the past two years to more than 140 000 people living with mental health conditions. Viet Nam recently passed a national policy that expands community mental health services to include non-pharmacological interventions, bringing these interventions closer to where people live. Aligned with the regional Framework, Cambodia's new 10-year *National Mental Health Strategic Plan* reorients its approach to mental health promotion to address the needs of the entire population across the life course.

Across the Pacific, countries have leveraged the momentum from earlier COVID-19-related initiatives and actions to build back better and fairer mental health systems. These include investments in mental health services in community settings. Examples include working with other stakeholders and sectors such as justice departments, ministries of education and ministries of social welfare, nongovernmental and civil society organizations, and faith-based organizations to provide mental health support. This is in line with the Framework's thrust of working with partners beyond the health sector to foster social interventions and partnerships with co-benefits for mental health and other social issues.

## Looking ahead

Integrating health and social services and a people-centred approach will be vital to sustaining the gains from the past year and progressing towards reaching the unreached. As the Region continues to evolve, giving rise to novel threats to health and placing even more people beyond the reach of health systems, traditional approaches to disease elimination and prevention will become increasingly unsustainable.

As such, integrated systems approaches focusing on primary health care, social and technological innovations – and those fostering multisectoral partnerships within and beyond the health sector – are essential to transforming the *For the Future* vision into reality and delivering on the WHO Constitution principle that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being.



## 3

## Data, Strategy and Innovation group

The vision for WHO's work with Member States in the Western Pacific Region – *For the Future: Towards the Healthiest and Safest Region* – recognizes the need to adopt new thinking and new ways of working to tackle the Region's evolving public health challenges. To help address those challenges, the Data, Strategy and Innovation group (DSI) collaborates with other technical divisions across the three levels of the Organization in providing technical advice and support to Member States. Support focuses on maximizing the impact of WHO's efforts by developing new ways of working, including expanding the use of integrated multi-source data for decision-making, using universal health coverage (UHC) as a platform for all programmes to work together to strengthen health systems,

anticipating long-term changes and preparing for healthier futures, and harnessing innovations to help the Region prepare for future challenges. By doing so, DSI contributes to the global WHO *Thirteenth General Programme of Work* and the Region's priorities on UHC, responsive governance, and data and innovation.

Building on past efforts and activities, DSI has supported Member States over the past year in two key areas:

- 1) harnessing the power of data, digital health and innovation; and
- 2) accelerating health systems transformation and future-proofing towards achieving UHC.

In helping to harness the power of data, digital health and innovation, DSI

has employed various mechanisms to generate data and evidence for health policy-making. In order to monitor progress Member States in the Region were making in advancing UHC, the Sustainable Development Goals (SDGs) and the Triple Billion targets (*see p. 7*), the Western Pacific Health Data Platform was developed as a portal for health and sociodemographic data. The Western Pacific Regional Office developed and published the *Data Management Competency Framework*, which can identify data management competency gaps to be addressed at various levels of health systems. DSI also supported Member States to harness innovation. Inspired by the innovation landscape in the Region, a draft regional innovation strategy for health, which will be presented to the Regional Committee for

*A physician treats a patient as part of the Malaysian Ministry of Health Cataract Clinic Bus programme, which provides mobile cataract surgical services to thousands who would otherwise be unreachable.*

endorsement in October 2023, was developed with input from Member States to harness sustainable innovations to solve problems, accelerate impact and shape the future of health and well-being.

### Improving access to data

Launched in 2022, the WHO *Western Pacific Health Data Platform* provides easy access to health and sociodemographic data for the countries and areas in the Region. Users can visualize and download data on various health and non-health topics for policy-makers, programme managers, development partners and the public. The number of users has grown exponentially, with more than 7900 in the Region and 14 750 globally as of May 2022.

With support from DSI, Member State participation in the global monitoring of health-related SDG targets and UHC indicators was facilitated through a UHC monitoring consultation and the Global Pulse Survey, which gauges the continuity of essential health services, capturing data from key sources in Member States. As a result, reports on disruptions of essential health services due to COVID-19 were shared across Member States with the aim of prompting insights that ultimately strengthen health system resilience and preparedness for the future. A global report tracking progress on UHC is scheduled for release in September 2023.

To further support Member States in developing and accessing robust health data, the Regional Office also contributed to the seventh edition of *Health at a Glance: Asia/Pacific 2022*, published in collaboration with the Organisation for Economic Co-operation and Development. The report presents key indicators on health status, the determinants of health, health-care resources and utilization, health-care expenditures and financing, and quality of care across 27 countries and areas in the Asia Pacific region. The report also provides dashboards to compare performance across countries and areas and a thematic analysis on the health impact of COVID-19. By generating evidence and knowledge, these contribute to building fit-for-purpose health systems.

### Strengthening health information systems

WHO strengthened Member State capacity to monitor all-cause mortality and excess mortality through the

provision of tools for data analysis and capacity-building, as well as tailored technical assistance to strengthen health information systems.

As mentioned earlier, the Regional Office published the *Data Management Competency Framework* to assess competencies, identify gaps and develop capacity-building plans. The Framework was used in Papua New Guinea to identify data management competency gaps at different levels of the health system and inform the development of training plans to address those gaps.

In addition, WHO assisted Member States in transitioning from disease and cause-of-death classification systems to the more comprehensive *International Classification of Diseases 11th Revision* (ICD-11), as mandated by a World Health Assembly resolution. ICD-11 is the global standard for the classification of diseases and other health problems recorded on many types of health and vital records. DSI provided support in developing ICD-11 transition plans for Malaysia and the Philippines, as well as a series of orientation sessions for Pacific island countries and areas. To assist countries with ICD-11 implementation, DSI also strengthened collaboration with partners such as Bloomberg Philanthropies, the CDC Foundation, the United Nations Economic and Social Commission for Asia and the Pacific, and Vital Strategies, a nongovernmental organization that specializes in improving how governments access data.

### Embracing digital health

WHO supports Member States to use opportunities presented by digital health to improve population health. DSI conducted a systematic review of the effectiveness of digital contact tracing interventions during the COVID-19 response in the Western Pacific Region. The review concluded that there is limited evidence available to evaluate the contribution of digital contact tracing in mitigating COVID-19 in the Region. It also identified common challenges in the implementation of digital health solutions and made recommendations on actions to maximize the impact of digital health innovations. Aiming to accelerate progress, DSI supported the development and implementation of coordinated national digital health strategies. With WHO support, the Lao People's Democratic Republic launched its first-ever digital health strategy in



2023, which will run until 2027. Additionally, DSI supports Member States in identifying best practices to scale up digital innovations with the potential to improve population health outcomes.

## Supporting innovation

In partnership with *The Lancet Regional Health – Western Pacific*, WHO has published nine “viewpoints” showcasing successful health innovations. Developed with innovators identified during a 2021 innovation challenge, these viewpoints highlight key factors for effectively scaling health innovation and improving population health in the Region. To support the development of a regional innovation strategy, a consultation meeting involving 27 countries was organized virtually on 11–12 May 2023 to gather feedback on needs and opportunities for innovation in each country. A collection of case studies was created, one of which focused on innovative solutions for providing cataract surgeries to vulnerable populations in Malaysia. The case study highlighted the importance of having high-level champions



*The Malaysian Cataract Clinic Bus travels across the country, including to remote regions such as Borneo. Between 2013 and 2019, more than 22 000 patients were screened in the state of Sarawak, and 4155 surgeries were performed. This initiative was among the case studies spotlighted during a May 2023 virtual meeting to develop a regional innovation strategy.*

for innovation and adopting a systems approach, with the findings and recommendations from the project presented at a national stakeholder meeting, which increased political commitment and funding from state health departments. Through the viewpoints, case studies and the regional innovation strategy under development, DSI has provided Member States with helpful guidance to jumpstart and maximize the innovation process for better health outcomes.

## Future-proofing health systems

In the second overall area of work – accelerating health systems transformation and future-proofing towards achieving UHC – DSI has supported Member States in using the three-dimensional UHC approach. This approach focuses on: 1) health systems; 2) data for decision-making; and 3) integrated service delivery to guide health systems transformation. DSI initiated the development of a UHC road map implementation guide. The guide is envisaged to support Member States in systematically transforming health systems towards achieving UHC. In addition, DSI supported the implementation of “future-to-now” processes in multiple countries, including in Mongolia where the process is being used to inform the development of the health component of the country’s whole-of-government 2050 Vision.

## Using a UHC lens to accelerate transformation

UHC means that all people have access to the full range of quality health services they need, when and where they need them, without financial hardship. By focusing on key strategic actions towards improving service coverage and financial protection for all, Member States can incrementally transform their health systems. To support this, DSI convened the Sixth Universal Health Coverage Technical Advisory Group (UHC TAG) Meeting in the Western Pacific Region virtually on 22–24 November 2022. The UHC TAG brought together approximately 150 participants, including 70 senior policy-makers from 21 Member States, 18 multidisciplinary experts, 18 representatives from eight partner organizations, and WHO staff from headquarters, the Regional Office and country offices.

In robust discussions, participants built on previous UHC TAG meetings, emphasizing the need to integrate data,



This illustration from the Sixth Universal Health Coverage Technical Advisory Group Meeting in Manila, Philippines in September 2022 summarizes key success factors for UHC road maps.

programmes and systems, with UHC as the foundation. The meeting led to the establishment of strategic directions for the transformation of health systems to advance UHC and health security within the Region. Additionally, participants explored methods for operationalizing the strategic shifts necessary for health system transformations and shared input on the draft outline of the UHC road map implementation guide.

The TAG Alliance mechanism includes the chairs of the seven regional TAGs: 1) UHC; 2) Immunization and Vaccine-preventable Diseases; 3) Emerging Diseases and Public Health Emergencies; 4) Tuberculosis; 5) Non-communicable Disease Prevention and Control; 6) Climate Change, the Environment and Health; and 7) Reaching the Unreached. The TAG Alliance has continued to support Member States in their UHC journey throughout

the past year. The Alliance spelled out obstacles and prospects for advancing UHC within the Western Pacific Region. The Alliance has been instrumental in providing strategic guidance to Member States on integrated and harmonized approaches to strengthen the resilience of health systems for advancing UHC.

The TAG Alliance partnered with the Regional Office to study the impact of investments in health and UHC. Building on last year's research, the results of prior investments in health security, health systems and UHC – and their impacts on the COVID-19 response – were studied through a review of literature. The review found that while many countries in the Region have made significant changes to their health financing systems to accelerate progress towards UHC, health equity challenges persist across the Region. The review also emphasized



the need for continued investment in health services, infrastructure and human resources to maintain system resilience and responsiveness, and evidence-based policies and strategies to effectively manage future pandemics.

The development of the UHC road map implementation guide will assist Member States to respond to these challenges and progress towards UHC. The guide is being developed collaboratively by technical experts, including members of the UHC TAG and TAG Alliance, specialists in health and non-health domains, and a support team from the Regional Office. The guide aims to assist Member States in developing UHC road maps and transforming health systems, based on national priorities, context and capacities. The UHC road map implementation guide is expected to be completed by the end of 2023.

### Tackling future health challenges now

To support Member States in addressing future health challenges, DSI has developed a strategic dialogue process called the Health Futures Strategic Dialogues. These dialogues help key stakeholders in government consider what the long-term future could look like and potential implications this may have for health and health systems. Mongolia and the Philippines initiated dialogues on their health futures during the pandemic. They used a process of imagining a desired future and planning the actions needed to reach that desired future to develop a better understanding of possible scenarios



*At a November 2022 joint WHO and Mongolian Ministry of Health workshop, participants conducted a “backcasting from the future” exercise as part of a strategic dialogue process to identify ways to improve health in the country.*

## Building a health information workforce in Papua New Guinea

**Significant progress has been made in transitioning the National Health Information System in Papua New Guinea from the paper-based system of the 1980s to a modern electronic system used in health facilities globally.**

Significant gaps still exist, however, at the national and subnational levels. There are not enough staff with data management skills to handle current challenges. Indeed, capacity-building was a key action flagged in the *Monitoring and Evaluation Strategic Plan of the Department of Research and Planning at the Ministry of Health (2021–2030)*.

To address this issue, the National Department of Health approached

the WHO Papua New Guinea Country Office for advice and support to build long-term sustainable capacity in the country's health information workforce.

While a competency-based approach is recommended, a standard set of competencies for data-related roles had not been defined for Papua New Guinea. So work began there: defining data management competencies required for the various jobs, starting with provincial health information officers and medical records officers, in recognition of their critical role in routine health information systems.

The *Data Management Competency Framework* developed by the WHO Regional Office for the Western Pacific supported this work, which involved an

analysis of job descriptions, interviews with officers to better understand their responsibilities and the challenges they face, and consultations with relevant stakeholders in August and October 2022.

Through this process, competency profiles were developed for both health information officers and medical records officers. They outline the skills, knowledge and attitudes required in 17 data management domains across the Competency Framework. The competency profiles will be used to inform the design of training and capacity-building plans, as well as to assess individual competencies and create tailored personal development plans across the health information workforce. ●



*Papua New Guinea Minister of Health, Dr Tom Lino, discusses the progress and challenges of transitioning from paper-based records to a modern electronic system for the country's health records at the October 2022 session of the Regional Committee for the Western Pacific.*



for health by 2050, helping build more robust national strategies and plans in the short term.

Both dialogues concluded in early 2023 with workshops and the identification of agendas for change, which will serve as compasses for the establishment of shorter-term plans. Both countries identified areas for change as well as innovations to achieve long-term visions for fit-for-purpose health systems. For example, the Philippine Department of Health has used this process to develop a UHC Transformation Agenda. The Agenda identified key shifts that must happen by 2040 to support and sustain UHC, which decision-makers can use as a guide for operational plans. By supporting the identification of long-term risks and opportunities

for the health sector, the dialogues help craft pathways to achieve better health outcomes in the future. These multi-actor dialogues also put the spotlight on health and, therefore, help position health more firmly among the priorities of leaders in health and non-health sectors.

By applying lessons learnt from these initial countries, DSI was able to propose tailored approaches to fit the needs of additional countries, which in turn will initiate high-level dialogues on their health futures, and will support Member States and WHO country offices as they embark on the renewal of country cooperation strategies.

By supporting Member States to embrace data and digitalization,

WHO contributed to creating stronger health information systems across the Region. These efforts will be expanded to additional areas and Member States. Beyond data and health information, WHO is supporting Member State efforts (*see pp. 11 and 53*) to harness the opportunities offered by digital health more broadly, as well as health innovations. Those best practices will be used to develop a regional digital health strategy and a regional innovation strategy to further guide them. Lastly, in line with the SDGs and the Triple Billion targets (*see p. 7*), WHO will continue to support the acceleration of health systems transformation with a view to attain UHC and will ensure these transformations are fit for purpose by leveraging multi-actor engagement to create healthy futures.



## 4

## Division of Healthy Environments and Populations

Aligned with the WHO *Thirteenth General Programme of Work and For the Future: Towards the Healthiest and Safest Region* – the vision for WHO work with Member States and partners in the Western Pacific – the Division of Healthy Environments and Populations (DHP) actively contributes to addressing regional priorities on noncommunicable diseases (NCDs) and ageing, climate change, the environment and health, and reaching unreached populations.

DHP aims to support Member States to transform the social and health landscapes from a “sick system” focused on disease treatment into a “health system” that promotes population health and well-being. To support this transformation, DHP works with Member States in reducing risk factors for NCDs and injuries

through the development of evidence-based and cost-effective policies. DHP also addresses health issues related to the environmental, social and commercial determinants of health, with an emphasis on promoting gender and equity. Moreover, DHP’s efforts encompass promoting healthy ageing and creating healthier, more equitable communities through stakeholder collaboration.

### Preventing NCDs and injuries

NCDs are the leading cause of death in the Western Pacific Region, posing a significant health challenge that demands urgent attention. Aiming to achieve Sustainable Development Goal target 3.4, which calls for a reduction in premature mortality from NCDs by one third by 2030, WHO is supporting countries in

reducing the NCD burden and managing its risk factors. Member States endorsed the *Regional Action Framework for Noncommunicable Disease Prevention and Control in the Western Pacific* in October 2022, committing to accelerate national responses and increase investments in NCD prevention and control. Aligned with the *Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2030*, the framework provides a blueprint for NCD prevention and control.

WHO engages in high-level advocacy and policy dialogues with experts and Member States to address NCD risk factors. These efforts focus on addressing tobacco, the double burden of malnutrition, harmful alcohol use, and violence and injuries. DHP’s NCD Prevention and Health Promotion

*Noncommunicable diseases are top health concerns in the Western Pacific Region. A nurse at the National Diabetes Centre in the Fijian capital of Suva, pictured here in August 2022, conducts routine health checks on a patient.*





A WHO expert compares road safety practices and policies in China with recommendations from the Global Plan for the Decade of Action on Road Safety at a multisectoral meeting at the 2023 National Road Safety Summit in China.

Unit enhances the effectiveness of interventions for NCD prevention and control through cross-cutting strategies such as evidence-based policies, NCD and injury surveillance and analysis, and multisectoral collaboration.

### Championing health beyond the health sector

WHO goes beyond partnerships with the health sector and champions health across multiple sectors. Recent efforts include WHO's engagement with stakeholders from the finance and taxation, tourism, sports, transportation, education, justice and public safety sectors, as well as the private sector. For example, WHO has actively assisted in the implementation of smoke-free policies by incorporating such policies into hospitality and law enforcement capacity-building initiatives in countries such as Cambodia, Fiji and the Philippines. WHO also helped to foster collaboration with the finance sector to advocate for health taxes and fiscal policies, leading to the development of health-promoting fiscal proposals in countries such as Cambodia, Kiribati, Tonga, Vanuatu and Viet Nam. *Please see the Division of*

*Pacific Technical Support chapter for more information on WHO collaboration with the education sector to promote healthier lifestyles and reduce NCD risks among children in the Pacific.*

Furthermore, WHO supported multisectoral advocacy in Cambodia for salt reduction and sugar-sweetened beverage taxation and advocated for multisectoral efforts to reduce road traffic injuries. In China, WHO engaged stakeholders from the health, traffic enforcement, transportation and child protection sectors to address road traffic injuries and fatalities.

### Advancing evidence-based policy interventions

WHO supports Member States to develop and implement evidence-based policies within the Region. This includes providing support in implementing regulations on tobacco and nicotine products in Cambodia, China, the Lao People's Democratic Republic, Mongolia, Palau, Vanuatu and Viet Nam. Currently, 25 countries and areas in the Region have strengthened or enacted laws and regulations on tobacco and nicotine products. WHO has also provided technical support to Mongolia for the development of policies to reduce alcohol consumption. In addition, WHO has collected data and information on road safety systems in the Region to help countries prioritize policy actions.

WHO addresses childhood obesity and food marketing to children through the implementation of the *Regional Action Framework on Protecting Children from the Harmful Impact of Food Marketing in the Western Pacific*. The Organization is supporting countries in developing or strengthening national policies to regulate the marketing of breast-milk substitutes and foods high in saturated fats, trans-fatty acids, free sugars or salt. So far, 15 countries in the Region have national legal measures on the marketing of breast-milk substitutes, and 17 countries have policies to protect children from the harmful impact of food marketing.

The Region faces a proliferation of heavily processed foods in the market, which are high in added sugars, salt, unhealthy fats and artificial additives. The consumption of these products contributes significantly to diet-related conditions such as obesity, heart disease and other NCDs. To address this issue, WHO has supported evidence-based policy interventions in countries including Brunei



Darussalam, Cambodia, China, Mongolia, the Philippines and Viet Nam. These efforts aim to reduce salt and sugar intake, eliminate industrially produced trans-fatty acids and promote healthier food options.

### Tackling old challenges with new approaches

WHO is taking new approaches to tackle common challenges in health promotion and the prevention of NCDs. This includes working with partners to establish a fellowship programme to build government capacity to advocate for sustainable financing mechanisms for NCD prevention and health promotion in Cambodia, the Lao People's Democratic Republic and Vanuatu. Guided by experts in this area, fellows will produce policy proposals for sustainable financing mechanisms for their countries. Additionally, WHO supported the establishment of a digital peer-to-peer network to enhance smoking cessation services in resource-limited settings, benefiting 39 health centres across three provinces in Cambodia, where health-care providers can now deliver timely cessation advice.



A WHO doctor and his Cambodian Ministry of Health counterpart conduct a training session in September 2022 to evaluate a health-care provider's capacity to brief patients on steps to quit smoking and communication tools as part of routine health-care services.



WHO plays an essential role in providing technical assistance and expertise to support countries' efforts to put healthy ageing policies into effect. Here, an elderly patient feels better after receiving treatment in July 2022 at the National Referral Hospital in Honiara, Solomon Islands.

### Addressing environmental and social determinants of health

Evidence suggests that health is primarily driven by the social and physical environments where people live, play and work. Addressing the determinants of health is crucial given the ageing population and the increasing prevalence of NCDs in the Region. WHO supports Member States to take multisectoral action and to utilize a gender and equity lens to address the social, environmental and commercial determinants of health aiming to build resilient and sustainable health systems, while addressing health inequities caused by social systems.

Recognizing the direct and indirect impact of climate and the environment on health outcomes is crucial in mitigating their negative effects. In line with the WHO *Global Strategy on Health, Environment and Climate Change*, WHO promotes

climate resilience and environmental sustainability through addressing upstream influences to reduce the burden that climate and environmental determinants have on the health system.

For example, countries such as Mongolia, Papua New Guinea, the Philippines and Viet Nam were supported in improving their water, sanitation, hygiene (WASH) and health-care waste management systems in health-care facilities with a broad approach that included climate-resilient water safety planning, drinking water quality regulation and monitoring, and linking into solid waste management systems. In the Lao People's Democratic Republic, efforts to create climate-resilient and environmentally sustainable health-care facilities were carried out and similar efforts were conducted in Fiji.

*Please see the Division of Pacific Technical Support chapter to learn about the assessment of 205 Fijian health facilities that is informing efforts to boost the climate resilience and sustainability of the country's health system.*

WHO advocates for developing and revising regulatory frameworks to help protect against exposure to environmental risks, such as regulations for lead-based paint in Mongolia and Palau. In addition, efforts are underway to



*WHO helps create healthy and safe spaces in the Region's health-care facilities. Here, a worker receives training in health-care waste management in the Champasak Provincial Hospital in the Lao People's Democratic Republic in November 2022.*

strengthen capacity for measuring, reporting and enforcing regulations within countries, while ensuring surveillance and reporting on the SDGs to track progress and identify gaps. Leveraging networks of researchers, collaborating centres, academic partners and the United Nations system, as well as partnerships such as the Asia Pacific Regional Forum on Health and the Environment, WHO strives to address these gaps and align with the climate change, environment and health priority outlined in *For the Future*, aiming to mitigate the impact of environmental determinants on public health.

Support to countries is provided from all three levels of the Organization and is coordinated by DHP, in collaboration with the WHO Asia-Pacific Centre for Environment and Health in the Western Pacific Region, the Division of Pacific Technical Support, and the Division of Health Security and Emergencies.

### Strengthening health systems to reach the vulnerable

Guided by the core SDG principle of “leaving no one behind” and aligned with the *Regional Framework for Reaching the Unreached in the Western Pacific (2022–2030)*, WHO works with Member States in protecting and promoting the health of the vulnerable and ensuring health equity among populations. WHO is providing technical support to Member States in addressing the root causes of health inequities by strengthening local governance structures and implementing tailored solutions through a multisectoral engagement approach.

For example, the Lao People's Democratic Republic is conducting workshops on Community Network Engagement for Essential Healthcare and COVID-19 Responses Through Trust (CONNECT) to enhance local health governance for primary health care. CONNECT has directly supported 104 villages across 10 districts, and indirectly supported 498 villages in 43 districts through virtual supervision. The workshops have successfully increased health service uptake, prompting national roll-out.

### Applying a gender and equity lens

Gender can influence the health burden and risk factors of ill health, an individual's access to health services and their

response to health interventions. To this end, WHO supports Member States in promoting best practices and building evidence to address gendered differences in health by utilizing a gender and equity lens. Through consultations with the Regional Office and country offices, WHO is developing a report, *Taking Stock and Moving Forward: Championing Gender Equity in Health in the Western Pacific Region*, showcasing best practices and lessons learnt from Cambodia, the Marshall Islands, Mongolia, Nauru, the Philippines, Solomon Islands and Viet Nam, with a targeted publication date by end of August 2023.

Additionally, WHO engaged with the Lao People's Democratic Republic to document capacity-building practices among community health workers in rural Hmong communities to support maternal health care for key populations. These practices have been shared widely and utilized to provide technical support for Cambodia's neglected tropical diseases programme.

World Health Assembly resolution WHA60.25 on *Strategy for integrating gender analysis and actions into the work of WHO* has highlighted WHO's commitment to integrate a gender lens into its General Programme of Work. In support of this effort, WHO provides staff capacity-building opportunities on applying a gender lens. This included a workshop on gender-responsive communication for staff in the Division of Pacific Technical Support and the Cambodia Country Office to improve communication inclusivity and address diverse needs and perspectives. WHO also consulted



*During the past year, WHO has provided support to conduct a Global Health Survey in Kiribati to identify solutions for school health challenges. The students pictured here in August 2022 work in a community garden at their school.*

with eight countries in the Regional Gender, Equity and Human Rights Network to identify areas of support needed to apply a gender and equity lens. Additionally, consultations with Cambodia, Mongolia, the Philippines and Vanuatu in the Regional Community Engagement Network determined support needs for community engagement beyond COVID-19.

WHO supports the integration of gender and equity in health programmes and services at both the regional and country levels. For example, WHO supported *Cambodia's National Leprosy Elimination Road Map 2022–2030 and Action Plan*, with a focus on Pillar 4 – Addressing stigma and human rights through community engagement and gender equity.

## Advancing health at all ages

Taking a life-course approach to health is essential to address health challenges at various stages of life and ensure that the changing needs of individuals to maintain health and well-being are supported. By creating nurturing school environments and supporting societies for healthy ageing, WHO aims to improve health outcomes, prevent diseases and reduce health inequities, enabling individuals to lead healthy and productive lives at all stages of life.

## Nurturing healthy and resilient children

WHO recognizes schools as “incubators for health” for the opportunity they provide to entrench



## From “sick” to “health” systems

### **DHP actively supports Member States in transforming sick systems into health systems that prioritize prevention and health promotion and address root causes of ill health.**

The current sick system approach neglects crucial factors such as the environment, social conditions and commercial influences, leading to an overwhelming disease burden without effective preventive measures yet with inflated health-care costs. In contrast, a health system approach recognizes the shared responsibility of society in promoting population health, prioritizing prevention and creating supportive environments. In this system, the health sector plays a pivotal role in supporting patients to address the root causes of their diseases and advocating for collective efforts in fostering a healthier society, rather than solely treating diseases and sending patients back to environments that caused their illness.

Multisectoral collaboration and community engagement are crucial for transforming sick systems into health systems, enabling a holistic understanding of interconnected factors and the pooling of resources, as well as facilitating tailored interventions and fostering a sense of ownership within communities. Experiences from Fiji and the

Philippines highlight a multisectoral approach to address health challenges and the importance of community engagement to address the root causes of poor health.

#### **In Fiji**

By adopting an integrated approach and utilizing traditional and community networks, Fiji has been able to create a sustainable and effective model for health promotion in schools. Close collaboration among school management, village and community leaders, and government agencies facilitated the sharing of resources and led to joint efforts and helped identify areas where the community could contribute to the initiative's success.

As a result, the initiative was able to mobilize communities to participate in health-promoting activities, with community leaders serving as advocates and traditional leaders providing guidance in developing culturally appropriate health promotion strategies. Additionally, government agencies including the Ministry of Education, the Ministry of Health, the Ministry of iTaukei Affairs and law enforcement provided resources such as training, health education materials and funding to support the initiative's

implementation. Overall, Fiji's experience offers valuable lessons for addressing health challenges in communities by leveraging existing networks and partnerships to promote health and well-being in communities.

#### **In the Philippines**

Tolosa, a municipality in Leyte, Philippines, faces significant challenges related to NCDs and poverty. To address these issues, WHO chose Tolosa as a pilot site for the Special Initiative for Action on the Social Determinants of Health for Advancing Equity. In collaboration with local stakeholders, WHO conducted data analysis and focus group discussions to identify priority challenges and recommendations for tailored solutions. Stakeholders from Tolosa played an active role in identifying solutions that can address the underlying root causes of health inequity in their community.

The resulting recommendations include training health-care workers, increasing local food production and conducting root-cause analyses of medicine and social support shortages. The experience of Tolosa demonstrates the importance of engaging local communities in the development of health policies and interventions. ●



healthy behaviours among children that will stick with them throughout their lives. To implement the healthy settings approach, the *WHO guideline on school health services* served as a guide to the development of the *Regional Framework on Nurturing Resilient and Healthy Future Generations in the Western Pacific*, which was endorsed by the Western Pacific Regional Committee in October 2021. The *Regional Framework* supports the development of evidence-based school health policies and stakeholder collaboration, while ensuring strategies are tailored to country-specific needs.

In Fiji, WHO conducted evaluations and provided recommendations for improving the *National School Health Policy*, while in the Federated States of Micronesia, WHO collaborated with stakeholders to develop the country's national school health policy. In the Philippines, WHO engaged with students, teachers, parents and communities to enhance school health activities through a try-and-learn approach.

WHO supports the conduct of the Global School-based Student Health Survey in countries such as Kiribati, Mongolia and Solomon Islands to gather information that can help inform actions. The Organization facilitates knowledge exchange and best practices in promoting school health and identifying effective, innovative solutions. For example, a joint symposium was organized by WHO with the Graduate School of Health Sciences at University of the Ryukyus in Japan and the Japanese Consortium

for Global School Health Research. The symposium convened representatives from Fiji, Guam, Japan, the Philippines and Tonga to share experiences in promoting school health.

In addition, in-country school health policy webinars were conducted in the Federated States of Micronesia and Viet Nam, engaging government stakeholders to share knowledge and experiences on best practices for school health policies, programmes and interventions. This has led to valuable dialogues on crafting school health policies to enhance health-promoting programmes and activities in the Federated States of Micronesia.

### Fostering healthy ageing

Guided by the *UN Decade of Healthy Ageing: Plan of Action 2021–2030* and the *Regional Action Plan on Healthy Ageing in the Western Pacific*, WHO has provided technical assistance and expertise to support countries in developing and implementing healthy ageing policies. This has resulted in significant progress, including advocacy, evidence-building and multisectoral partnerships.

For example, Palau held multisectoral consultations and drafted the *National Policy on Care for the Aging*. The Philippines is drafting a 2023–2028 plan of action for senior citizens, outlining strategies for healthy ageing. Mongolia and Viet Nam are also developing national action plans and legislation for healthy ageing to address current and future challenges related to population ageing.

Cambodia expanded its social-prescribing programme to five additional provinces and implemented training for health-care staff in three provinces on *Integrated care for older people: guidelines on community-level interventions to manage declines in intrinsic capacity*, also known as ICOPE. It is also taking a multisectoral approach to healthy ageing by engaging key stakeholders, such as the Ministry of Social Affairs, Veterans and Youth Rehabilitation and the United Nations Development Programme. In the Philippines, age-friendly initiatives have been implemented in five local government units to optimize the social and physical environments for older individuals. Brunei Darussalam conducted an assessment on creating age-friendly cities and communities in pilot districts.

Through knowledge exchange facilitated by WHO, Member States have increased their capacity to develop healthy ageing policies and programmes. For example, aged countries such as Japan shared their best practices and lessons learnt in promoting healthy ageing with “younger” countries through a webinar as well as a series of videos and site visits featuring age-friendly initiatives. China and Singapore also shared their experiences of promoting healthy ageing through various platforms, including WHO technical reports and articles in high-impact academic journals, including a collection of papers on healthy ageing. An updated OpenWHO course on social prescribing was made available, with videos featuring healthy ageing interventions from China, Japan and Singapore.





## 5

## Division of Health Systems and Services

The Division of Health Systems and Services (DHS) works with WHO country offices and Member States to strengthen the resilience of health systems to meet future public health challenges, based on primary health care (PHC) and aligned with *Building health systems resilience for universal health coverage and health security during the COVID-19 pandemic and beyond*, a WHO global position paper.

The Division leads WHO efforts to provide technical support and guidance to countries and areas in the Region to develop, refine and implement policies, strategies and plans to strengthen health systems and make them more resilient. The Division supports Member State efforts to increase access to

health care and to improve financial protection as key elements for achieving universal health coverage (UHC). The overarching goal is to accelerate PHC reform, invest in health, provide financial protection for those in need of health services, strengthen the health workforce, and improve the regulation of medicines and vaccines.

DHS maintains a sharp focus on quality of care, including increasing access to safe and affordable surgery, promoting infection prevention and control (IPC), and ensuring the best start in life for every newborn child. Working as a team, WHO and Member States are expanding partnerships and encouraging health investment by engaging parliamentarians, policy-

makers and partners from non-health sectors in health leadership, while reflecting the value of the diverse voices of people across the Western Pacific Region.

During the reporting period, great progress has been made in stimulating PHC reforms and building and strengthening resilient health systems through development and implementation by Member States of the *Regional Framework on the Future of Primary Health Care in the Western Pacific*, endorsed in October 2022 by the Regional Committee. Several countries, including Cambodia and Mongolia, are strengthening their health systems through PHC reforms, and Cambodia's fourth *Health Strategic Plan 2023–2033* has PHC at its core.

*A mother and her child take part in February 2023 in a workshop on the role of community engagement and trust in delivering essential health care, conducted by a district health office in the Lao People's Democratic Republic. These workshops, which provide information on childcare and vaccinations, help motivate communities to trust and utilize government health-care facilities.*



*Health-care providers at a national referral hospital in Solomon Islands hold a discussion in February 2023 as part of a quality assessment of infection prevention and control practices.*

## Partnering to address health challenges

Meeting the health challenges of the future will require high-level political commitment and partnerships beyond the health sector. Parliamentarians can contribute to action on health while expanding the scope of health solutions, both through their political leadership and direct roles in law-making, budget approval, and oversight and accountability functions.

Twenty-nine parliamentarians from 15 countries in the Asia Pacific region came together at the Sixth Meeting of the Asia-Pacific Parliamentarian Forum on Global Health in Seoul on 24–25 August 2022 to share ideas and experiences on managing the COVID-19 pandemic and building more resilient health systems. Parliamentarians in attendance endorsed the *Seoul Communique*, recognizing

the need to invest in preparedness and health system resilience and to pursue health security and UHC as complementary goals, while urging one another to take supportive action.

## Modernizing health legislation in the Pacific

Effective legal frameworks are vital to well-functioning health systems and essential public health functions. Many countries and areas in the Pacific struggle with outdated and weakly implemented laws. Demand for technical support on legislative reform is high.

WHO is supporting Cook Islands, Nauru, Papua New Guinea, Solomon Islands and Vanuatu to strengthen health legislation, particularly with regard to core public health functions and health governance. After three years of WHO





A 71-year-old woman gets her free monthly check-up in February 2023 at the Naililili Nursing Station in Fiji. This primary health-care facility gives patients access to medical check-ups and medication free of charge.

technical support, Cook Islands is preparing to introduce a new public health bill in Parliament that will provide the country with a modern framework to protect and promote health and make necessary legislative improvements to address issues that became more apparent during the COVID-19 pandemic.

### Primary health care for the future

The development with Member States of the *Regional Framework on the Future of Primary Health Care in the Western Pacific* highlighted the fact that strengthening PHC requires doing things differently. Countries reaffirmed their commitment to reorienting their health systems towards PHC, recognizing that PHC is vital for addressing morbidity and mortality related to ageing populations and the increasing burden of noncommunicable diseases (NCDs) in a

financially sustainable and equitable way. PHC is at the core of a health system that promotes health, rather than merely cures the sick. The path towards UHC and the fulfilment of the health-related Sustainable Development Goal targets passes through PHC-based models that expand access to health care and increase financial protection for all.

The Government of Cambodia created the policy space to translate the recommended actions in the Regional Framework into locally appropriate models and developed the *Primary Health Care Booster Implementation Framework*. This has brought PHC to the centre of Cambodia's *Health Strategic Plan 2023–2033*, marking the country's continuing commitment to advancing its health and development agenda and ensuring healthy living and well-being for all. The document serves as a strong foundation to reform and reorient the health system towards a PHC system that can

meet future challenges. It includes a focus on reorienting service delivery models, optimizing and diversifying the health workforce, and engaging individuals and communities, among other core actions. WHO supported this process and has committed to support other countries in developing country-specific PHC plans.

Elsewhere, different entry points are being used to drive PHC reforms. This ranges from using an analysis of human resources for health, as Papua New Guinea has done, to emphasizing financial access to outpatient medicines by producing an in-depth, country-specific financial protection analysis, as Mongolia has done. Both the WHO Regional Office and country offices are working together to create policy space and facilitate strategic thinking at the country level, paving the way for impactful PHC reforms.

### Accelerating access to quality-assured medicines and vaccines

WHO introduced a new global policy framework, *Evaluating and publicly designating regulatory authorities as WHO listed authorities*, which aligns with the *Western Pacific Regional Action Agenda on Regulatory Strengthening, Convergence and Cooperation of Medicines and the Health Workforce*. The global framework provides a transparent and evidence-based pathway for regulatory authorities to be recognized as WHO-listed authorities (WLAs) operating at an advanced level of performance. Implementation of the framework is intended to promote access and increase the supply of safe, efficacious and quality-assured medical products through the use of regulatory reliance mechanisms.

The national regulatory authorities of the Republic of Korea and Singapore are undergoing evaluations towards designation as WLAs. The WHO Regional Office supported the national regulatory authorities of Mongolia and the Philippines to conduct interim benchmarking using the WHO Global Benchmarking Tool. As a result, the Mongolia national regulatory authority developed an institutional strengthening work plan, and the Philippines national regulatory authority is expected to undertake formal benchmarking at the end of 2023. This will enable Mongolia and Philippines to map out a plan to strengthen their regulatory functions.

### AMR surveillance saves lives

An antimicrobial resistance (AMR) surveillance system is an essential element in the fight against AMR. The system detects pathogens of importance and outbreaks early to enable swift interventions and to inform policy and clinical practices to save lives. The stage of development of AMR surveillance systems varies across the Region. In December 2022, Cambodia reached a milestone publishing its first national AMR surveillance report, which summarized and analysed surveillance data from eight sentinel hospitals over the previous four years.

An integral part of Cambodia's AMR surveillance system is an information management system for laboratories called CamLIS. Co-developed by the Government and WHO, the CamLIS system with one click can generate "antibiograms", which are summaries of datasets to show which antibiotics are effective for which bacteria at that hospital. The system improved laboratory turnaround times and accessibility in the hospital by allowing physicians to see laboratory results on their computers or smartphones to support clinical diagnoses and public health surveillance, including for AMR. An important next step is to develop national antibiotic guidelines using national-level data to inform clinical practices.

Appropriate usage of antibiotics – or antimicrobial stewardship – is another important element to tackle AMR. Cambodia reached a second milestone on antimicrobial stewardship this year. Following a series of training-of-trainer workshops to build capacity in hospital settings, the Ministry of Health in April 2023 issued a circular that recommends all educational institutions for health professionals include a competency-based training curriculum on antimicrobial stewardship for students of all grades. WHO is working with the Ministry to develop pre- and in-service training curriculum and materials on antimicrobial stewardship.

### Reducing preventable maternal, newborn and child deaths

WHO recognizes that improving the quality of maternity and paediatric care, as well as patient safety, is among the highest priorities to reduce preventable deaths and



*WHO has worked to raise awareness and promote the importance of early essential newborn care throughout the pandemic. Here, a nurse vaccinates a baby in Kiribati in August 2022.*

improve health outcomes. Facility-level accountability contributes significantly to the reduction of preventable maternal, newborn and child mortality through the establishment of quality standards and performance measures, fostering quality assurance and continuing quality-improvement activities. WHO is supporting Mongolia and Viet Nam to improve the quality of care in district and provincial hospitals.

WHO provided technical assistance to Mongolia for selecting outcome and impact indicators for assessing the improvement of the quality of hospital care and organizing more frequent supportive supervisory field visits, on-the-job training and on-site professional counselling in rural hospitals. WHO provided technical assistance to the most remote rural general hospitals in eastern Gobi province. The team observed practices on Early Essential Newborn Care (EENC), emergency obstetric and newborn care, and facility sterilization procedures. The team also conducted a consultation with local governing bodies, health managers and health-care providers. A series of on-the-job training and supportive supervisory field visits were delivered for establishing newborn screening capacity in the Regional Diagnostic and Treatment Center. Subsequently, early newborn screening is now available at the subnational level, with the catchment population of eastern provinces benefiting.

In Viet Nam, with the support from WHO, the country's capacity to generate evidence and promote evidence-informed decision-making was strengthened through a joint team's work to develop routine monitoring tools for maternal and child health care. The team was composed of the Ministry of Health, national professional experts, researchers and WHO staff. They tested the tools in provincial and district hospitals and finalized the tools for improved regular monitoring of quality assurance. The team also gave local health authorities and health-care providers on-site recommendations on quality improvement and assurance.

Facility managers and local decision-makers can use the tools for assessing the provision of care, available resources and the experience of care in maternity, neonatal and paediatric wards and hospitals. Assessment



findings will provide robust evidence to take the necessary actions for reducing gaps in service provision, upgrading the quality-assurance monitoring mechanism and reallocating resources or mobilizing additional resources. Best practices and lessons learnt from this initiative will be shared with countries in the Region and globally, as well as be used to inform WHO guidance to facilitate implementation in other countries.

### **Raising awareness for EENC during the pandemic**

WHO conducted a social media campaign to promote EENC among parents and health-care workers during the pandemic and to address IPC concerns. Countries were consulted to identify the best modalities for bringing EENC to unreached populations. A social-listening survey was conducted on public awareness and sentiments towards EENC and Kangaroo Mother Care in both COVID-19 and non-COVID-19 contexts.

The results showed that the major reason EENC was not practised was due to COVID-19-related IPC concerns. Subsequent campaign messages were developed to

address these concerns, pointing out that EENC is safe when proper IPC measures are put in place, and providing more information on EENC and its health benefits. The campaign targeted Cambodia, the Lao People's Democratic Republic, Mongolia, Papua New Guinea, the Philippines, Solomon Islands and Viet Nam, with outreach beyond those countries. The campaign was conducted in Chinese, English, Khmer, Lao, Mongolian and Vietnamese languages, targeting both parents and medical service providers, and reaching 51.1 million people aged 18 to 44 years old expressing support for the provision of EENC. The campaign's outcome will be demonstrated if increased EENC coverage is noted in upcoming implementation reviews in nine priority countries.

The past year saw countries in the Region redoubling efforts to build resilient health systems and achieve UHC as Member States moved from an emergency response to a sustained period of managing COVID-19. WHO supported countries in developing legislation, policies, strategies and institutional capacity to build resilient health systems based on PHC. This is a long-term endeavour that WHO is committed to supporting moving forward.



## Importance of infection prevention and control

**As the world transitions from the COVID-19 pandemic to a “new normal”, it is more important than ever to apply the lessons of the pandemic to ensure that infection prevention and control, or IPC, is everyone’s business – from the community to government and lawmakers.**

In every part of the health system, IPC is crucial to protect people and ensure that quality health-care services are equally accessible to everyone.

The World Health Assembly in May 2022 recognized the opportunity presented by the pandemic to harness the heightened global awareness and investments made during the pandemic with a resolution adopting a global IPC strategy (WHA75.13). Sustained improvements in IPC will require high-level commitment across all levels of government to build and strengthen the resilience of health systems in order to keep patients and health-care workers safe in all settings at all times.

In the Western Pacific Region, WHO conducted reviews in six countries – Cambodia, the Lao People’s Democratic Republic, Papua New Guinea, the Philippines, Solomon Islands and Viet Nam – in order to gauge the integration of IPC in health systems. The findings revealed an alarming lack of integration of IPC in national legal foundations, strategies, action plans, health-care worker pre- and in-service training, licensing, health-care facility accreditation, programme monitoring and surveillance, and surveillance systems, such as those for health-care-associated infections.

On the positive side, IPC compliance monitoring was found more often implemented through facility-led approaches. Three countries have established monitoring and evaluation mechanisms at the health-care-facility level by introducing tools, conducting reviews and/or collaborating on projects with a focus on IPC. There is more work to be done in the broader health system process to encourage and sustain higher compliance with IPC practices.



*To accelerate progress on universal health coverage, WHO supports Member States to increase public access to health-care services and improve financial protections for those who need services. Here, a patient in August 2022 at the Damnak Ampil Health Center in Cambodia hands her National Social Security Card to a physician.*

Based on these findings, WHO has supported countries through a series of tailored approaches. For example, in Cambodia, the scoping findings contributed to the development of the *National Strategic Plan for Infection Prevention and Control in Healthcare Facilities (2022–2030)*. In Solomon Islands, the findings sparked a subnational initiative to improve IPC programmes in all health-care facilities through quality improvement approaches using WHO tools. WHO and the Ministry of Health conducted an assessment in a hospital and a PHC facility and supported the local IPC team in developing a three-month action plan. ●





## 6

## Division of Pacific Technical Support

More than two years after COVID-19 emerged, the disease finally swept across the Pacific in 2022, with some of the world's last pandemic-free countries experiencing community transmission. Fortunately, the delay in the virus reaching their shores provided Pacific island countries and areas (PICs) time to prepare. And prepare they did, with WHO's Fiji-based Division of Pacific Technical Support (DPS) bringing together coordinated support from across the three levels of WHO and partner organizations.

This meant that when COVID-19 finally hit PICs such as Tokelau and Tuvalu in the second half of 2022, populations were already vaccinated, health workers were trained and armed with therapeutics, and response plans were in place. The plans were

based on global and regional guidance from WHO and lessons learnt from the global pandemic response. These measures saved countless lives, resulting in much lower death rates than other parts of the world.

Meanwhile, PICs that had already encountered the virus benefited from strong COVID-19 responses as they progressed towards recovery, using recently established laboratories to facilitate testing of travellers and, in some cases, to reignite tourism-based economies.

Across the Pacific, however, the focus going forward is on building resilience for future crises. Having experienced the devastation of a pandemic and its effects on lives and livelihoods, the commitment has increased to

ensure health systems in the Pacific are set up to deal with current and future health threats. Those threats include the escalating burden of noncommunicable diseases (NCDs) and the health impacts of climate change and pandemics.

DPS is working to provide tailored support to 21 PICs, in line with the increasing global recognition of the need for special approaches to meet the unique needs of Small Island Developing States (SIDS), most recently exemplified by the World Health Assembly resolution on the Outcome of the SIDS Summit for Health: For a Healthy and Resilient Future in Small Island Developing States (WHA75.18). The DPS team also works with PICs on the Region's *For the Future* thematic

*A community health worker at Naililili Nursing Station in Fiji helps triage patients in February 2023. The nursing station is one of 25 facilities that will be renovated to boost its climate resilience.*



*A COVID-19 response team – including members from the Tuvalu Ministry of Health, Fiji Emergency Medical Assistance Team and WHO – transfer materials to a smaller boat in November 2022 en route to Nukufetau, an atoll in Tuvalu. The mission was part of the COVID-19 response to provide training and deliver essential medicines and supplies.*

priorities, contributing to the delivery of the global WHO *Thirteenth General Programme of Work* and the Sustainable Development Goals.

### Working with PICs and partners to save lives

Under WHO's leadership, the partners in the Joint Incident Management Team (JIMT) continued to provide coordinated support in the Pacific-wide COVID-19 response throughout 2022. This included the provision of technical advice, funding, human resources, therapeutics, medical equipment and supplies, demonstrating the value of reaching out beyond the health sector.<sup>1</sup> By the end of 2022, JIMT partners had provided more than 35 million items with a value of US\$ 54 million to support COVID-19 preparedness and response in PICs, including nearly 15 million items valued at more than US\$ 21.5 million from WHO.

Similarly, a partnership between the European Union, the Pacific Community, the World Food Programme (WFP) and WHO had reached more than 2500 health workers by the end of 2022. Training was provided on topics such as clinical management, the use of therapeutics, critical care nursing, laboratory testing, clinical services, surveillance and epidemiology.

The partners in the COVID-19 Vaccines Global Access (COVAX) initiative – co-led by the Coalition for Epidemic Preparedness Innovations, WHO and Gavi, the Vaccine Alliance, along with the United Nations Children's Fund (UNICEF) as the key delivery partner – also continued to support PICs throughout the reporting period. By the end of 2022, PICs had received more than 1.7 million doses of COVID-19 vaccines through the COVAX facility, and many PICs – American Samoa, Cook Islands, Guam, Nauru, Niue, the Commonwealth of the Northern Mariana Islands, Palau, Samoa, Tokelau and Tuvalu – had achieved vaccination rates of over 90% of eligible populations. Please see the *Division of Programmes for Disease Control* chapter for more on WHO support for immunization.



*A man looks away as he gets a flu shot in May 2023 during a vaccination outreach programme of the Pohnpei Public Health Division in Pohnpei State, Federated States of Micronesia.*

<sup>1</sup> JIMT partners include various United Nations agencies, such as the United Nations Children's Fund, the United Nations Development Programme, the United Nations Population Fund and the World Food Programme, as well as other key operational partners, such as the Asian Development Bank, the Australian Department of Foreign Affairs and Trade, the European Union, the International Committee of the Red Cross, the International Organization for Migration, the New Zealand Ministry of Foreign Affairs and Trade, the Pacific Community, the Pacific Island Health Officers Association, the Pacific Islands Forum, the United Kingdom of Great Britain and Northern Ireland, the United States of America and the World Bank.



Tailored, country-specific support was also provided to PICs. When Tuvalu detected its first outbreak of COVID-19 in November 2022, for example, the WHO-trained Fiji Emergency Medical Assistance Team undertook its first international deployment, along with three WHO experts. Collaboration was key, as supplies from New Zealand and UNICEF arrived on the same WFP-chartered flight that carried the emergency medical team (EMT) and WHO personnel.

Meanwhile, the United States-affiliated PICs worked with WHO and United States Government agencies to implement Test and Treat Clinics, or TNTs. These clinics were temporary centres established to provide COVID-19 testing using rapid antigen tests, treatment for eligible patients, and referral and transport for those who needed a higher level of care. In many TNTs, COVID-19 vaccination was also available for those who tested negative and were behind on their vaccine schedule. Some TNTs also offered outreach services for the homebound, bringing testing and treatment to the most vulnerable, including those living on outer islands, in line with *For the Future's* emphasis on reaching the unreached. Please see the *Division of Programmes for Disease Control* chapter for more information on reaching the unreached.

### Preparing for future threats

At the same time, WHO supported PICs to ensure that the influx of resources for the COVID-19 response was used in ways that will serve countries long after the pandemic – such as EMTs that can also respond the next disaster, oxygen-generating plants that can provide medicinal oxygen for patients with respiratory diseases, and laboratories that can also test for measles, dengue and tuberculosis. To that end, a laboratory was opened in Tonga in December 2022; oxygen-generating plants and related supplies were sent to nine PICs in early 2023; and national EMTs were established in Kiribati, the Marshall Islands, Palau, Samoa and Solomon Islands. WHO also supported PICs such as Fiji to introduce genomic sequencing capabilities.

Meanwhile, laboratory capacity rapidly built earlier in the pandemic with WHO's support also played a role in testing travellers and facilitating the reopening of borders. This was crucial in PICs with tourism-reliant economies. The reignition of Fiji's tourism sector, for example, largely drove



*Pressure swing adsorption oxygen-generating plants, spare parts and oxygen cylinders bound for Fiji are loaded at Bratislava Airport in Slovakia in December 2022. WHO supports an initiative to scale up access to oxygen in Pacific island countries and areas with funding from the European Union and the Governments of France and Germany.*

a rebound in the country's domestic economy of 15.6% in 2022, according to a December 2022 report by the Reserve Bank of Fiji.

### Continuing progress on other health threats

Progress was also made in tackling NCDs. With support from WHO, Fiji launched tobacco cessation hubs on 26 September 2022 to expand access to professional support for those who want to stop smoking or using tobacco, and Nauru's strengthened taxation measures on tobacco and nicotine products came into effect on 1 January 2023.

The Health Promoting Schools (HPS) initiative also continued to gain strength in Fiji, Solomon Islands, Tonga and Vanuatu, engaging schoolchildren and, through them, parents, teachers and the broader community to promote healthier diets, physical activity, good hygiene and mental well-being. An assessment of the HPS programme in Fiji demonstrated an increase in school attendance, higher academic pass rates, and improved student and teacher health. The data also indicated that schools engaged in

## New emergency medical teams boost preparedness in the Pacific

**Pacific island countries and areas (PICs) used to have to rely on the deployment of international emergency medical personnel to provide life-saving care during major outbreaks or disasters. But now that has changed for most PICs.**

Thanks to a concerted effort since 2017 to introduce and strengthen national emergency medical teams (EMTs) in the Pacific, 11 PICs now have capacity in-country. This includes five new teams in Kiribati, the Marshall Islands, Palau, Samoa and Solomon Islands that were trained and launched since 1 July 2022. *Please see the Division of Health Security and Emergencies chapter for more on WHO's support for emergency preparedness.*

In Kiribati in December 2022, for example, 32 health professionals came together for a week-long training conducted by WHO and the Ministry of Health and Medical Services to establish the Kiribati Medical Assistance Team (KIRIMAT), based on WHO's global *Classification and Minimum Standards for Emergency Medical Teams*. Like other national EMTs in the Pacific, KIRIMAT is composed of doctors, nurses, laboratory technicians, pharmacists, environmental health specialists and health information professionals. The team is trained to respond rapidly to sudden-onset emergencies or outbreaks wherever they occur across the nation's 33 islands and an ocean territory covering 3.5 million square kilometres.



*Members of KIRIMAT, Kiribati's new emergency medical team, use a boat for a swifter response during a December 2022 simulation exercise conducted in South Tarawa, Kiribati.*

These teams have been instrumental in responding to crises around the Pacific, including the COVID-19 pandemic. In November 2022, for example, the Fiji Emergency Medical Assistance Team became the first Pacific EMT to deploy internationally, supporting the response of the Tuvaluan Ministry of Health, Social Welfare and Gender Affairs to the country's first community transmission of the coronavirus.

WHO support for national EMTs in the Pacific brings together the efforts of the three levels of the Organization

in partnership with the governments of Australia, the European Union, Japan, New Zealand and the United States of America. This includes training, ongoing technical support and procurement of equipment and supplies for deployments – including medical supplies, satellite communications equipment, tents and water-filtration equipment. With these materials, Pacific EMTs are rapidly deployable and self-sufficient, regardless of the type of response or the remoteness/harshness of the environment where they are deployed. ●

the programme resumed classes more readily during the pandemic compared to non-HPS schools. *Please see the Division of Healthy Environments and Populations chapter for more information on WHO's work with the education sector.*

Finally, work to increase resilience to the health impacts of climate change gathered momentum, with DPS tailoring guidance and advice from the regional and global levels to inform action in the Pacific context. WHO and the Ministry of Health and Medical Services of Fiji, for example, conducted a climate hazard and vulnerability assessment of 205 health facilities across the country. The findings are

guiding work to retrofit, renovate or relocate 25 health facilities found to be most vulnerable to climate change. *Please see the Division of Healthy Environments and Populations chapter for more information on reducing the burden of climate and environmental determinants on the health system.*

### On the horizon

The Pacific is emerging from the darkest days of the pandemic; however, PICs continue to face transmission of COVID-19, as well as other major health challenges. The lack of human resources for health has long been a key challenge in the Pacific. The subregion is

also home to some of the most overweight populations in the world. The pandemic highlighted the need for more resilient health systems, as well as the remaining gaps and inefficiencies in the collection, analysis and use of health information to inform decision-making.

Looking ahead, WHO will work with PICs and partners to equip health systems to face current and emerging health threats – tackling increasing rates of NCDs, countering the health impacts of climate change, boosting resilience to emergencies and ensuring that everyone across the Pacific can access essential health services.



*A laboratory technician in the Fiji Centre for Communicable Disease Control serology lab carries out COVID-19 testing in August 2022 using the GeneXpert machine, supported by WHO and the European Union.*







## 7

## 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 to deliver on health and development gains in the Western Pacific Region. The divisions work together to drive implementation of *For the Future: Towards the Healthiest and Safest Region*, which is the vision for WHO work with Member States and partners in the Region and serves as the regional implementation plan for the WHO *Thirteenth General Programme of Work* (GPW13).

In addition to working to further strengthen the culture of accountability and transparency in the Region, the three management divisions work as a 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 continuously improves strategic planning and implementation of WHO support to Member States, as well as amplifies the impact of cross-cutting work to promote the health and well-being of the Region's 1.9 billion people across 37 countries and areas.

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's three units – Programme Development and Operations, Country Support, and Editorial Services –

provide cross-cutting support to WHO technical and managerial staff in the Region.

The Division of Administration and Finance (DAF) comprises 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 a strong compliance record, even during the COVID-19 pandemic.

The Office of the Regional Director (RDO) directly supports the Regional Director in executing leadership functions, stewards the Communication for Health (C4H) initiative, coordinates external relations and facilitates partnerships,

*During a visit from participants of the WHO Collaborating Centres Forum in Cambodia in November 2022, a physician from the WHO Country Office in Cambodia provided technical assistance on managing noncommunicable diseases in a primary health-care setting to staff in the antenatal care unit of Chong Khneas Health Center in Siem Reap.*

and enables efforts to strengthen workplace culture. In addition, the leads in three important areas report directly to the Regional Director: the Office of Compliance, Risk Management and Ethics, which monitors compliance with WHO policies and guidelines and encourages staff to adopt a risk-management approach in their work; the Regional Ombudsperson; and the Management Officer, who leads work on the prevention of and response to sexual exploitation, abuse and harassment. The latter two functions were established during this reporting period. In addition, a governing bodies unit is being established to better coordinate WHO work, including its political and strategic aspects, with the countries and areas in the Region.

### Supporting workplace culture and change

Over the past year, the Regional Office has worked to strengthen workplace culture and support organizational change across the Region in three areas: strengthening existing systems; simplifying and improving processes; and enhancing workplace culture.

Under the first area – strengthening existing processes – the Regional Office undertook efforts to familiarize the workforce with the Organization’s zero tolerance policies and related mechanisms and processes, for example, on whistleblowing and protection against retaliation. Numerous town hall meetings and capacity-building sessions were held, with visits and input from expert colleagues across the Organization, including the Global Board of Appeals, the Global Ombudsperson and several human resources colleagues from headquarters, as well as staff from the Internal Justice Office in Budapest. Through in-depth discussions, colleagues have become more aware of the protections available to them, as well as the options for reporting abuse. Staff have also been able to provide feedback on how processes could be improved – a key step towards strengthening trust in these systems. The acting Regional Director has also introduced open office hours as another opportunity to hear feedback and identify issues that require further work, as increasing efficiencies will continue to be a priority in the Region going forward.

Within the second area of focus, efforts have been undertaken to simplify some of the work processes and decrease the burden of bureaucracy in WHO work. For

example, a review was undertaken of several internal committees and approval mechanisms, leading to the abolition of many of them. As a result, processes have been simplified with greater responsibility given to those responsible for the final products, speeding up processes while ensuring accountability. In addition, an external consulting company has been engaged to review other business processes, including human resources, planning and publications. Implementation of the recommendations from this review will start during the second half of 2023.

Finally, various initiatives to reshape the Region’s workplace culture “to be one we can all be proud of” have been implemented across all levels and offices. Capacity-building activities were undertaken by senior management, specifically on inclusive leadership, managing high performance with care and leading change. A plan to formalize flexible working arrangements in the Regional Office was developed by a joint taskforce, chaired by the regional human resources unit and the Staff Association. In conjunction with this effort, a review was conducted of existing office space to ensure its efficient use. Based on recommendations from the taskforce, staff were encouraged to return to the Regional Office to resume normal operations, balancing the interests of WHO with the flexibility for which staff expressed appreciation in the wake of the pandemic.

In addition to policies intended to foster a more respectful and inclusive workplace culture, members of the Workplace Culture Task Team have supported change in WHO offices through a variety of activities. These have included team building, work–life balance initiatives and values-in-action dialogues. Values-in-action dialogues focused on how everyday behaviours in the workplace align with organizational values. These dialogues have motivated offices to initiate organizational culture-change plans that are specific to their workplace and resources, with measurable and time-bound results that allow for continuous monitoring and evaluation. New expert staff and consultants have been contracted to support and enable these change processes. Surveys, focus group discussions and other activities were undertaken to inform recommendations on changes to be made, and a rigorous programme of measurement, evaluation and learning was applied.

## Preventing and responding to sexual misconduct

During the reporting period, preventing and responding to sexual misconduct (PRSM) has been a major focus of the work of the Regional Office for the Western Pacific and WHO country offices. Aligning with global initiatives, a Management Officer post dedicated to PRSM was established in July 2022, with technical support provided to 16 country offices and the Regional Office. The Region took the lead on several initiatives, including piloting a PRSM risk assessment tool, developed at WHO headquarters, in WHO country offices in Fiji, Mongolia, Papua New Guinea and the Philippines. The Regional Office provided guidance on the usability and content of the tool to WHO headquarters, resulting in modifications to the tool.

The Regional Office also developed a briefing for new staff, covering the new policy and the country-specific cultural aspects of PRSM. The Regional Office developed and conducted trauma-guided referral sensitization workshops for managers. In the Region, WHO also rolled out victim-centred standard operating procedures for managing cases, which were developed in concert with WHO headquarters and regional focal points.

Discussions are underway in WHO country offices on developing a PRSM vision for the Region. These discussions are expected to inform the development of a PRSM action plan covering 2023–2030. The action plan would align with the global PRSM three-year strategy and implementation plans. The Regional Office has developed and rolled out a survey to ensure that the views of all staff are collected and reflected in the vision.

The Regional Office is also conducting country-specific risk assessment workshops that bring in all people working in WHO, regardless of their contractual status, to discuss risks and identify mitigation measures. Following the workshops, Cambodia and Malaysia have completed an exercise using the global risk assessment tool, with other Member States in the Region to follow in 2023. The Regional Office has also initiated a travel-and-learn exchange programme for PRSM focal points, providing opportunities to build capacities in other parts of the Region.

In country offices, PRSM focal points and WHO representatives have begun conducting awareness-raising sessions and

discussions, in line with global requirements. They have also liaised with United Nations counterparts to draft or implement country action plans. Joint risk assessments with United Nations country teams have been conducted, and WHO has pledged financial support for several United Nations country team PRSM initiatives. In-person sessions in Cambodia, Fiji, Malaysia, Papua New Guinea and the Philippines – in addition to virtual sessions for Mongolia – were conducted to enhance PRSM awareness, conduct visioning and risk assessment workshops, discuss risks, and provide one-on-one consultations. At the regional level, small group discussions were initiated targeting all staff and service providers.

## Transforming WHO to drive impact in countries

WHO's Transformation approach, the most ambitious reform initiative in the Organization's 75-year history, is focused on creating a modern WHO that works seamlessly to make a measurable difference in people's health at the country level. As part of the Transformation approach, WHO in the Western Pacific Region strived to better align global, regional and country work over the past year. For example,



WHO led a C4H campaign at the National Games in December 2022 in the rural Lao province of Xieng Khouang. The campaign helped manage health risks at the event, which brought together more than 10 000 people from across the country. Young athletes were crucial voices in the social media campaign that engaged audiences on topics such as COVID-19 vaccinations, food safety and general health.



efforts were undertaken to engage the workforce more deeply in the deliberations of the global governing bodies, underscoring the connection between the three levels of the Organization's work through regular internal communication around the World Health Assembly and ensuring the attendance of all technical directors in Geneva so they could more closely engage with Member States and colleagues on key issues.

Another key effort to drive forward the Transformation initiative has been the development of the global Action for Results Group (ARG), led by WHO representatives in countries, and their development of a draft action plan on making WHO reliable, impactful and relevant in every country. One of the most notable aspects of the plan is the development of a "core predictable country presence model", which ensures that each WHO country office has the right people in place to facilitate impact. In the first half of 2023, the Regional Office for the Western Pacific identified key positions required in each office and gaps that will be filled in the near future.

A second element of the ARG action plan, which the Western Pacific Region swiftly implemented, is a strengthened delegation of authority (DOA) from the WHO Director-General and regional directors to the heads of WHO country offices. This enhanced DOA provides WHO representatives in countries with the decision-making power they need to be agile and responsive to country needs. They have been given greater responsibility over areas such as recruitment, procurement and donor agreements.

In line with this effort, the acting Regional Director for the Western Pacific provided a DOA to technical directors in the Regional Office to align their delegation with that provided for WHO representatives, further simplifying procedures and transferring responsibilities and ownership to teams to enable greater efficiencies.

This enhanced responsibility brings great benefits, but also increases the need for greater capacity and accountability. As such, three multi-country hubs are being developed to augment country-level capacities in human resources management, finance, compliance and risk management. Human resource capacity at the Regional Office is also being strengthened.

## Accelerating progress on the Region's workplan

The Regional Office for the Western Pacific ensures effective application of results-based management in planning, strategic resource allocation, implementation, monitoring and assessment, and cross-programme coordination, ensuring coherence and alignment across the three levels of the Organization.

The regional performance assessment for the Programme Budget 2020–2021 was completed using the WHO Output Scorecard as a global methodology. Implementation of the Programme Budget 2022–2023 is fully aligned with the *For the Future* thematic priorities, and it has been closely monitored and remained on track, with oversight by the Programme Committee and support from the Programme Management Officers Network.

The management of strategic resource allocation has been further strengthened in the implementation of the GPW13 Results Framework through accelerating progress on *For the Future*. Priority outcomes and outputs were identified through strategic planning for the Programme Budget 2024–2025, conducted in August 2022 with the engagement of Member States. During operational planning for Programme Budget 2024–2025, the process was improved with a bottom-up strategic prioritization process for both human resources and activity work plans.

## Enabling cross-cutting collaboration

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 among sectors and divisions.

To enable cross-cutting collaboration and increase country impact in the fight against antimicrobial resistance (AMR), WHO established an internal AMR Coordination Mechanism in the Region, bringing together colleagues across management and technical divisions and country offices. The Coordination Mechanism is jointly led by the directors of Programme Management and Health Systems and Services. It aims to unify its vision and priorities with results-based metrics – using the *Global Action Plan on Antimicrobial Resistance* and the *Framework for Accelerating*



*A journalist in the Philippines speaks during a workshop on challenges in addressing AMR in the country. Conducted in November 2022, the workshop was organized by WHO and the Philippine Department of Health to emphasize the crucial role of media in promoting health.*

*Action to Fight Antimicrobial Resistance in the Western Pacific Region* as its foundation – and facilitate joint action across a range of areas. The Coordination Mechanism also will provide an example of how to address cross-cutting issues by leveraging existing initiatives to achieve synergies. *Please see sidebar story for details.*

Externally, WHO is working with countries and areas to convene champions – people with influence who can inspire action by others – beyond the health sector. Solutions were identified and proposed to address shared challenges through consultation with civil society and non-health partners. The urgency of addressing AMR was highlighted to policy-makers through high-level policy dialogues and journalist workshops.

The WHO Asia-Pacific Centre for Environment and Health in the Western Pacific Region, established in 2019, is enhancing the operational capability of WHO and the Region to work on climate change, the environment and health (CCE). This year, the Centre has stepped up its

contributions to technical conferences, thus facilitating regional implementation of evidence-based CCE policies and actions. The Centre's core functions cover policy analysis and design, knowledge management for evidence translation, direct implementation support to Member States, regional advocacy for environment and health to promote the co-benefits of multisectoral actions, and monitoring and evaluation of actions to improve programme design and implementation planning. The Centre provided technical support to Mongolia and Viet Nam in planning CCE programmes. It also provided equipment to enhance air pollution monitoring infrastructure in the Lao People's Democratic Republic.

The Centre has epitomized WHO's One Team approach by bringing together nine colleagues from WHO country offices and regional divisions through the regional support assignment scheme to develop skills and assist in delivering core functions of the Centre, which is funded by the Government of the Republic of Korea through the Ministry of Environment and the Seoul Metropolitan Government.

Moving forward with the extensive collaboration of country offices, Regional Office divisions and WHO headquarters, the Centre will prioritize three actions: supporting the identification, adoption and scale-up of water, sanitation hygiene technologies in low-income settings; providing technical guidance to Member States for sustainable health-care waste management; and designing a zero-carbon health-care delivery model in the Region. The Centre will work closely with the Regional Office, which will take the lead on policy issues leading up to the October 2023 session of the WHO Regional Committee, as well as partnerships, such as the multisectoral ministerial environment and health process.

*Please see the chapters on the divisions of Healthy Environments and Populations and Pacific Technical Support for additional information on support provided to Member States related to the thematic priority of climate change, the environment and health.*

## Strengthening support with collaborating centres

WHO collaborating centres continue to support accelerated implementation of *For the Future* and GPW13, contributing to improved health in the Region. Over the past year, WHO in the Region has worked to strengthen partnerships with

## Increasing collaboration to fight AMR

**Leveraging the strengths of various programmes, WHO established an Antimicrobial Resistance Coordination Mechanism to harness the Organization's collective expertise, resources and efforts to combat the growing threat of antimicrobial resistance (AMR) to health and well-being.**

Due to the complexity of the issue, cross-cutting coordination is essential to foster a sustainable system in which antimicrobials remain effective to save lives. Combating AMR involves managing interactions among humans, animals and the environment, as well as a wide range of sectors, including infection prevention and control; surveillance; water, sanitation and hygiene; food safety; immunization; regulatory strengthening for medical products; laboratory capacity and diagnostic stewardship; environmental health; animal health; and advocacy and awareness raising.

The key is to engage all stakeholders in order to maximize expertise and influence. With this concept in mind, the WHO Regional Office for the Western Pacific began early in 2023 to bring together stakeholders

within the Organization with the Coordination Mechanism. Led by the directors of Programme Management and Health Systems and Services, the Coordination Mechanism also includes technical divisions responsible for programmes related to AMR in the divisions of Health Systems and Services, Health Security and Emergencies, and Programmes for Disease Control. The Division of Healthy Environments and Populations, the Data, Strategy and Innovation group, and the communications team (*see p. 14*) also contribute by expanding partnerships and adapting new approaches, including Communication for Health (C4H). The Division of Pacific Technical Support and WHO country offices are also key members of the Coordination Mechanism, given their role in strategic planning, implementation and advocacy at the country level.

The Coordination Mechanism focuses on action for country impact through cross-cutting collaboration. It has been working to identify priority actions with results-based metrics, the *Global Action Plan on Antimicrobial Resistance* and the *Framework for Accelerating*

*Action to Fight Antimicrobial Resistance in the Western Pacific Region* as a foundation. The members of the Coordination Mechanism agreed on a broad range of areas and topics for which cross-team collaboration should be established or strengthened:

- outbreak response and pandemic preparedness;
- communicable diseases prevention and control;
- infection prevention and control;
- multisectoral collaboration with the One Health approach;
- regulatory system strengthening
- pricing and procurement policy design;
- awareness, communication and advocacy;
- surveillance strengthening; and
- laboratory capacity-building and networking.

A coordinated approach ensures that interventions work in concert to tackle AMR from many angles. By coordinating initiatives and sharing information, divisions and offices can harness collective expertise, streamline efforts, avoid redundancies and optimize the use of available resources to combat AMR. ●





*WHO joined policy-makers from Member States in calling for united action against antimicrobial resistance as “a crisis at our doorstep” during the October 2022 session of the Regional Committee for the Western Pacific.*

collaborating centres, recognizing the critical role they play in addressing the challenges Member States face across the Region.

In November 2022, WHO brought together 219 partners from collaborating centres – in person and virtually – for the Fourth Regional Forum of WHO Collaborating Centres in the Western Pacific, in Siem Reap, Cambodia. This enabled WHO and collaborating centres to reflect on how they have worked together to advance the vision of making the Western Pacific the world’s safest and healthiest region since they last met before the pandemic at the 2018 forum.

Participants reached a consensus on ways that WHO can better leverage the expertise, innovations and networks of collaborating centres to accelerate implementation of *For the Future*. Field trips to nearby primary health-care facilities offered insights into Cambodia’s health system and highlighted health system challenges, as well as sparking ideas for new areas of collaboration with WHO.

For many, the Forum was the first face-to-face interaction between WHO responsible officers and collaborating centres since the start of the COVID-19 pandemic. Participants from collaborating centres reported gaining a better

understanding of WHO’s efforts to work differently – and more effectively and efficiently – to ensure that as much of the Region as possible benefits from the contributions of collaborating centres. The keynote speaker called on collaborating centres to consider their role in helping to address the social determinants of health in the Region. To follow up, WHO and collaborating centres have begun work on a plan to implement the Forum’s outcome statement, emphasizing the importance of regular strategic communication between WHO and collaborating centres to maximize support for Member States.

WHO is already preparing for the Fifth Regional Forum in late 2024 – a milestone that will represent a decade of forums for WHO collaborating centres and an opportunity to take stock of how the work of WHO and collaborating centres has evolved and its impact in countries and areas.

### **Strengthening Communication for Health (C4H) in practice**

Application of the C4H approach was further strengthened, working towards its establishment as a technical programme in the Region. This approach is aligned with WHO’s global efforts, including *Achieving well-being: A global framework*



*At Navua Hospital in Fiji in May 2023, a C4H consultant for the WHO Division of Pacific Technical Support interviews a medical officer who oversees a subdivisional hospital that delivers care to about 13 000 people in two provinces. The Fiji Ministry of Health and Medical Services delivers health care through divisional and subdivisional hospitals, health centres and nursing stations.*

*for integrating well-being into public health utilizing a health promotion approach.* It also supports greater use of behavioural sciences in the Organization's work and the assistance provided to Member States in this area.

Across the Western Pacific Region, additional experience was gained, documented and shared on applying the C4H approach to a range of health challenges, including COVID-19 prevention and vaccine uptake. Member States were supported to build capacities and confidence in various areas of C4H, including the use of storytelling as part of strategic communications for public health impact.

New long-term staff positions were created in country offices in the Region, including Cambodia, the Lao People's Democratic Republic and Viet Nam. The seventy-third session of the WHO Regional Committee for the Western Pacific in October 2022 included a panel discussion on C4H. A draft regional C4H action framework was developed through consultations with experts, partners and Member States. The framework will be considered for endorsement by the Regional Committee in October 2023.











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