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I am pleased to present you the annual report on the work of the World Health Organization (WHO) in the Western Pacific Region over the past year. For nearly nine years, we have been working together to improve health and well-being for the nearly 1.9 billion people in the Region.

Those experiences provide a clear vantage point for gauging our progress and, more importantly, for overcoming challenges we will face going forward. Even as health finally takes its rightful place at the centre of the global development agenda, our special relationship of trust and true partnership will continue to be the engine that drives progress in health in the Region.

Western Pacific Member States can take pride in their achievements over the past year. Our Region continues to combat communicable diseases on all fronts, with significant gains against hepatitis, HIV, malaria and tuberculosis. We now have greater capacity to fight emerging and re-emerging diseases, including pandemic influenza, and to respond to health emergencies and disasters. Our health systems are stronger, and we are doing a far better job promoting health and addressing the risk factors that drive the epidemic of noncommunicable diseases.

WHO has reinvented itself in the Western Pacific Region over the past nine years. We have been guided by a clear vision – Keeping Countries at the Centre – based on what you, our Member States, have told us are your national priorities. Since reforms started in 2009, we have focused our efforts on results at the country level, regardless of what level of support WHO is providing. This focus in the Region has made WHO – to borrow the motto from our very first reform workshop – Fit for the Future.

This revitalization will allow WHO in the Western Pacific Region to better support Member States as they work to achieve the Sustainable Development Goals (SDGs) – which will guide global development until 2030 with a vision to end poverty, protect the planet and ensure that all people enjoy health, peace and prosperity.

At the time of last year’s annual report, implementation of the SDGs was just beginning. I promised that WHO would work ever more closely with Member States to enhance capacity to achieve these ambitious goals. At the October 2016 session of the Regional Committee, Member States adopted the Regional Action Agenda on Achieving the Sustainable Development Goals in the Western Pacific.

Our commitment does not end with an action plan or a strategy. It just begins. We recognize that partnership and whole-of-government and whole-of-society approaches are needed if we are to achieve the loftiest goal of the 2030 Agenda for Sustainable Development – ensuring no one is left behind as we work towards a healthier and more equitable, prosperous and sustainable world.

This vision demands that we actively seek new partnerships and alliances. The chapters in this report demonstrate the various ways we are doing this – from work on immunization, neglected tropical diseases and antimicrobial resistance to health security, health systems and increased capacity to respond to health emergencies and disasters.

Such partnerships can be seen in endeavours such as the 9th Global Conference on Health Promotion in Shanghai, hosted by WHO and China. The conference brought together nearly 2000 decision-makers, including more than 100 mayors and municipal leaders from around the world, who committed to make their cities healthier. The resulting Shanghai Declaration on Promoting Health in the 2030 Agenda for Sustainable Development and the Shanghai Consensus

Regional Director Dr Shin Young-soo
on Healthy Cities 2016 will ensure multi-sectoral action to promote better health.

Another productive alliance has been the Asia-Pacific Regional Forum on Health and Environment, which met at the WHO Regional Office for the Western Pacific in October 2016. Health and environment ministers around the Region shared their views on how to address the health impact of environmental issues, especially climate change.

Lawmakers also play a key role in promoting better health, and the Regional Committee for the Western Pacific last year requested us to engage more actively in the Asia-Pacific Parliamentary Forum on Global Health. At the forum’s second meeting in November 2016 in Seoul, Republic of Korea, WHO supported policy-makers and political leaders as they worked to build bridges – across societies and borders – that will lead to better health for all.

These kinds of partnerships will be critical in delivering on the promise of the SDGs. WHO remains committed to working in sync with Member States, multilateral agencies, donors, nongovernmental organizations and other partners that can play a role in ensuring no one is left behind in the drive towards better health and sustainable development.

When I began this job nearly nine years ago, I emphasized to my staff that WHO is a Member State-driven organization. Our emphasis on the SDGs, on communicable and noncommunicable diseases, on health emergencies, and on building stronger health systems and promoting better health have one thing in common – you, our Member States. We serve the priorities of our Member States and their people. The number one mission of WHO in the Western Pacific Region must always be supporting Member States in their efforts to ensure better health outcomes.

I assure you that over the final year and a half of my term – indeed until my very last day in office – my staff and I will work tirelessly to improve the health – and the lives – of the people in all the countries and areas of the Western Pacific Region. Thank you.

Shin Young-soo, MD, Ph. D.
Regional Director
WHO Western Pacific Region

Representative Offices
- Cambodia
- China
- Lao People’s Democratic Republic
- Malaysia *(area of responsibility: Brunei Darussalam, Malaysia, Singapore)*
- Mongolia
- Papua New Guinea
- Philippines
- Samoa *(area of responsibility: American Samoa, Cook Islands, Niue, Samoa and Tokelau)*
- Solomon Islands
- South Pacific *(area of responsibility: Fiji, French Polynesia, Kiribati, the Marshall Islands, the Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Nauru, New Caledonia, New Zealand, Palau, Tonga, Tuvalu, Vanuatu, and Wallis and Futuna)*
- Viet Nam

Country Liaison Offices
- Northern Micronesia *(area of responsibility: the Marshall Islands, the Federated States of Micronesia and Palau)*
- Kiribati
- Tonga
- Vanuatu
Executive summary

Health in the 21st century is likely to be enhanced by new knowledge, new technologies and new medicines. But age-old challenges will continue to persist, including emerging diseases, pandemics and the need to provide health-care services to the most vulnerable populations.

With the adoption of the Sustainable Development Goals (SDGs) in 2015, health took its rightful place at the centre of the global development agenda. But those of us working in public health know that many of the determinants of health fall outside our reach. Education, environment, transport, energy, labour and other sectors all have profound impacts on health.

In such a complex world, partnership and collaboration – with Member States, other United Nations and multilateral organizations, donors and civil society – will be key to our efforts to achieve the ambitious goal set out in the WHO Constitution: the attainment by all peoples of the highest possible level of health.

In the Western Pacific Region, WHO measures its success by the results we deliver at the country level – better health outcomes for men and women, boys and girls, mothers and their children, older people, and those most vulnerable and too often overlooked.

As you review this year’s annual report, you will see that Member States in the Western Pacific Region made significant progress in improving health outcomes and strengthening health systems.

Morbidity and mortality from communicable diseases continued to decline, while greater attention has been paid to noncommunicable diseases (NCDs) and their risk factors. Real progress has been made in the march towards universal health coverage (UHC). And the Region is now better prepared to meet the threats posed by emerging infectious diseases, emergencies and disasters. Partnership and collaboration have driven much of this success.

This brief summary of achievements and challenges serves as an introduction to the work of WHO in the Western Pacific Region in the year that ended 30 June 2017.

Communicable Diseases

The Western Pacific Region continues to make strong progress in the fight against deadly communicable diseases; however, significant threats remain. The focus of the Division of Communicable Diseases is increasingly on collaboration across teams and divisions to help Member States build sustainable health system capacity to control priority diseases – particularly at a time when funding from global health initiatives is declining.

Midway through the Decade of Vaccines, the Region is making progress towards achieving many regional and global immunization goals. In addition,
all malaria-endemic countries in the Region are working towards elimination, and five additional countries have been validated as having achieved elimination of lymphatic filariasis as a public health problem.

Three interlinked global health sector strategies endorsed by the World Health Assembly in 2016 called for the elimination of HIV, sexually transmitted infections (STIs) and hepatitis as public health threats by 2030. Supporting countries to increase access to new hepatitis medicines has been a key focus of our work, and a number of Member States have made important progress. Technical assistance on HIV, hepatitis and STIs also focused on strengthening essential services, such as those to ensure quality diagnostic services and care were accessible at all levels, from health facilities to communities.

The implementation of the End TB Strategy has been accelerated in line with the Regional Framework for Action on Implementation of the End TB Strategy in the Western Pacific, 2016–2020. Access to innovative tools expanded across the Region in line with WHO policies. Xpert MTB/Rif, a WHO-endorsed rapid diagnostic test, was made available in all high-burden countries, cutting the waiting time for results to just a few hours. Countries started introducing the new shorter treatment regimen for drug-resistant tuberculosis (TB) that reduces treatment duration from 18 months to between 9 and 12 months.

**Health Security and Emergencies**

Health security and emergency threats due to disease outbreaks, natural disasters and conflicts play out in the Western Pacific Region against a backdrop of worrisome climate change, rapid urbanization, growing migration and the advent of new technologies.

Over the past five years, WHO globally has managed more than 1000 epidemic events and is now responding to scores of acute and protracted health emergencies in many Member States. The Division of Health Security and Emergencies monitors and supports countries in preparing for and responding to emerging infectious diseases and health security threats that continue to test even the most advanced health systems and the most well-structured preparedness and response plans.

Member States in the Region now have greater capacity to manage these threats. They also have a range of global and regional initiatives at their disposal. The recently established global WHO Health Emergencies Programme has a clear-cut mission: to protect health and save lives during outbreaks and emergencies. The programme is working closely with Member States and partners, supporting country capacity-building and system development and coordinating international preparedness for and response to outbreaks and emergencies.
In the Western Pacific Region, public health preparedness continues to be a priority as part of the broader UHC agenda. WHO’s work on health security and emergencies in the Western Pacific has been now integrated into the WHO Health Emergencies Programme, harnessing the Region’s considerable experience and success in collectively addressing health security issues.

The *Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies* (APSED III) was endorsed in October 2016 by the WHO Regional Committee for the Western Pacific. The renewed strategy builds on past work on health security and emergencies, incorporates lessons from real events and anticipates future needs. It serves as a regional action framework for health security through strengthened implementation of the International Health Regulations, or IHR (2005), including the Joint External Evaluations of IHR (2005) core capacities of Member States.

Moving forward, continued priorities will be managing health security threats, including pandemic influenza through implementing APSED III, strengthening disaster risk management for health and food safety.

**NCD and Health through the Life-Course**

The Division of NCD and Health through the Life-Course works with ministries of health and sectors that impact health to create conditions, methods and approaches to enable dialogue around key themes, including: health and environment; health and sustainable development; violence and injury prevention; road safety; depression and mental health; healthy cities; restriction on marketing of harmful food products to children; protecting the health of mothers and newborn babies; and tobacco-free settings.

Health promotion principles guide the work of the division. In November 2016, WHO and China hosted the 9th Global Conference on Health Promotion in Shanghai, bringing together some 2000 participants and guests from 129 countries, representing health and other sectors, government officials and international organizations. The conference led to two landmark documents – the *Shanghai Declaration on Promoting Health in the 2030 Agenda for Sustainable Development* and the *Shanghai Consensus on Healthy Cities 2016*.

More than 100 mayors and municipal leaders from around the world pledged to make their cities healthier during the November 2016 Global Conference on Health Promotion in Shanghai.
The WHO Regional Committee for the Western Pacific in October 2016 endorsed the Western Pacific Regional Framework for Action on Health and Environment on a Changing Planet, which sets the course for the health sector to advocate adaptive measures, policies and actions to protect health and well-being as a co-benefit of interventions in energy, environment, agriculture, transport, housing and other spheres.

In anticipation of the Olympic Games in Tokyo in 2020, WHO convened the Workshop on Tourism and Smoke-free Environments in the Western Pacific in Yokohama in July 2016, bringing the local government together with experts from tourism and public health sectors to discuss how smoke-free environments at tourist sites and large events benefit the work of all three sectors. In addition, important work continued on reproductive, maternal, neonatal and child health, mental health, road safety, disability, and healthy foods and diets.

Health Systems

UHC is the cornerstone of efforts to achieve better health and development outcomes. Recognizing the significant role UHC plays in health outcomes and in achieving the SDGs, the Division of Health Systems focused over the past year on actions that support implementation of Universal Health Coverage: Moving Towards Better Health, a regional action framework endorsed by the WHO Regional Committee for the Western Pacific in October 2015.

Three guidance documents – Regional Action Agenda on Achieving the Sustainable Development Goals in the Western Pacific, SDG & UHC Regional Monitoring Framework, and Universal Health Coverage and Health in the Sustainable Development Goals Baseline Report – were developed to support the efforts of Member States to realize UHC. WHO also established and convened the UHC Technical Advisory Group (TAG).

The SDG action agenda builds on existing global and regional strategies and identifies 12 action domains across four guiding principles – monitoring and evaluation, policy and programme priorities for leaving no one behind, implementation options, and health sector capabilities. The action agenda highlights the importance of realizing “win–wins” through collaboration across sectors and engagement of stakeholders beyond government.
In supporting countries in implementation, initial priorities include strengthening partnerships across sectors and stakeholders. For example, in November 2016, the Second Regional Forum of WHO Collaborating Centres in the Western Pacific brought together more than 140 collaborating centres to review progress, share best practices, strengthen partnerships and identify ways to support Member States in achieving the SDGs. Also in November 2016, as part of WHO’s whole-of-government approach to supporting countries to enhance the effective use of law for health, WHO supported the National Assembly of the Republic of Korea to convene the 2nd Annual Meeting of the Asia-Pacific Parliamentarian Forum on Global Health, bringing together 45 parliamentarians from 17 countries in the Western Pacific and South-East Asia regions to promote the role of parliamentarians in achieving health in the SDGs.

The division also advanced important work on gender, equity and human rights, health financing, regulatory systems and antimicrobial resistance.

**Pacific Technical Support**

The Division of Pacific Technical Support, established in 2010 in Suva, Fiji, coordinates tailored technical support for the Pacific through WHO country offices in Fiji, Kiribati, the Federated States of Micronesia, Samoa, Solomon Islands, Tonga and Vanuatu. Over the past year, the division has supported the development of national strategic health plans, annual reviews and planning in several countries and assisted other countries with the development, implementation and monitoring of national policies, plans and guidelines on essential medicines and health technologies, including work on traditional medicines. WHO also is working with Pacific island countries to develop comprehensive national action plans on antimicrobial resistance (AMR) and to organize public awareness campaigns.

Acting on a recommendation from the Eleventh Pacific Health Ministers Meeting in April 2015, WHO has worked with the Pacific Community to develop a Healthy Islands monitoring framework. A progress report on the framework will be presented to the Twelfth Pacific Health Ministers Meeting in August 2017 in Rarotonga, Cook Islands.

In support of efforts in the Pacific to prevent and manage NCDs, WHO has supported monitoring against regional and global targets and treaties, such as the Global Monitoring Framework for NCDs and the WHO Framework Convention on Tobacco Control. Tobacco-free community settings continue to increase across the Pacific, alongside increased taxes and strengthened laws to reduce tobacco use. Nearly all Pacific island countries now have customized the evidence-based protocols on the early diagnosis and management of major NCDs.

The Pacific continues to move towards the elimination of lymphatic filariasis, with many countries now seeing en-
courageous results from annual mass drug administrations. WHO consulted extensively with Pacific island countries and areas as well as development partners to produce a dedicated chapter in APSED III that addresses the unique challenges in implementing IHR (2005) in the Pacific.

The division also worked closely with Member States in the Pacific over the past year to draft the *Pacific Island Countries and Areas – WHO Cooperation Strategy for 2018–2022*.

**Leadership**

The Office of the Regional Director, the Division of Programme Management, and the Division of Administration and Finance provide leadership and oversight of WHO work in the Western Pacific Region. Working in close collaboration, they coordinate the work of technical programmes, country support, partner and donor relations, administrative and financial support, and communications.

Their work is guided by the Regional Director’s overarching vision – to ensure country priorities are always at the centre of WHO efforts. The management team also works collectively to identify ways to improve WHO’s effectiveness, efficiency and accountability. In addition, the team leads efforts to align the Region with global reforms, such as managing mobility and recruitment of staff, and reforms to enhance accountability and transparency.

Communications, external relations and partnerships, information products and services, and governing bodies all fall under the purview of the Office of the Regional Director. Technical cooperation with Member States through programme development and operations, country support and editorial services is coordinated by the Division of Programme Management.

The Division of Administration and Finance is comprised of three units – Budget and Finance, Human Resources Management, and Information Technologies and Administration.

WHO in the Western Pacific Region has established a culture that constantly strives to improve performance. As part of that ongoing effort, a review was conducted over the past year to gauge the effectiveness of WHO reforms and analyse the benefits they provided for Member States. The review recommended that particular attention be given to strengthening WHO performance in three areas: placing the right people in the right places; effectively engaging partners; and enhancing communications. These will be priorities for reform over the next two years.

With respect to strengthening communications, the Office of the Regional Director launched the new *Strategic Communications Framework for WHO in the Western Pacific Region* in June 2017 and a weeklong workshop was conducted with communications specialists from across the Region and the Organization in the same month.

Work also continued over the past year on strengthening accountability, transparency and compliance in the Western Pacific Region, with a new full-time Compliance and Risk Management Officer reporting directly to the Regional Director. Other management priorities over the past year included enhancing WHO country work through better information technology.
WHO Regional Office for the Western Pacific

Structure to better serve Member States

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.

Acronyms
WR: WHO Representative
CLO: Country Liaison Officer
Divisions and programmes

<table>
<thead>
<tr>
<th>DIRECTOR</th>
<th>PROGRAMME</th>
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| Director, Programme Management (DPM) | Programme Development and Operations (PDO)  
  Country Support (CSU)  
  Editorial Services (EDT) |
| Director, Administration and Finance (DAF) | Budget and Finance (BFU)  
  Human Resources Management (HRM)  
  Information Technologies and Administration (ITA) |
| Executive Officer, Office of the Regional Director (EXO) | External Relations and Partnerships (ERP)  
  Communications (COM)  
  Information Products and Services (IPS) |
| Director, Communicable Diseases (DCD) | Expanded Programme on Immunization (EPI)  
  Malaria, other Vectorborne and Parasitic Diseases (MVP)  
  HIV, Hepatitis and Sexually Transmitted Infections (HSI)  
  Stop TB and Leprosy Elimination (STB) |
| Director, Health Systems (DHS) | Health Policy and Financing (HPF)  
  Integrated Service Delivery (ISD)  
  Essential Medicines and Health Technologies (EMT)  
  Health Intelligence and Innovation (HII)  
  Equity and Social Determinants (ESD) |
| Director, NCD and Health through the Life-Course (DNH) | Noncommunicable Diseases and Health Promotion (NCD)  
  Tobacco Free Initiative (TFI)  
  Mental Health and Substance Abuse (MHS)  
  Reproductive, Maternal, Newborn, Child and Adolescent Health (MCA)  
  Health and the Environment (HAE)  
  Violence and Injuries (VIP)  
  Disabilities and Rehabilitation (DAR)  
  Nutrition (NUT) |
| Director, Health Security and Emergencies (DSE) | Emerging Disease Surveillance and Response (ESR)  
  Disaster Risk Management for Health (DRM)  
  Food Safety (FOS) |
| Director, Pacific Technical Support (DPS) | Health Security and Communicable Diseases (PSC)  
  Health Systems (PHS)  
  NCD and Health through the Life-Course (PNH) |

A compliance and risk management officer position has been established and reports directly to the Regional Director.

Programmes in regular font are led by coordinators (technical areas) and managers (administrative areas). Programmes in italic font are led by technical leads under the direct authority of their respective director.
Health workers use whatever they can – even helicopters as shown here in Malaysia – to reach remote communities to ensure every child is immunized, as part of the Reaching Every District campaign that WHO has supported since 2012.
The Western Pacific Region continues to make strong progress in the fight against deadly communicable diseases; however, significant threats remain. Our focus is increasingly on collaborating across teams and divisions to help Member States build sustainable health system capacity to control priority diseases.
Introduction

Collaborating to better protect and promote health

The Western Pacific Region continues to make strong progress in the fight against deadly communicable diseases; however, significant threats remain. Our focus is increasingly on collaborating across teams and divisions to help Member States build sustainable health system capacity to control priority diseases.

A key challenge is the reduction in funding that many countries in the Region face from global health initiatives to combat priority diseases. Domestic financing is key to ensure that health systems maintain and strengthen disease-control capabilities within the context of universal health coverage and the health-related Sustainable Development Goal (SDG) targets. For this reason, WHO works closely with Member States to explore options for transitioning smoothly to domestic funding mechanisms.

Midway through the Decade of Vaccines, the Region is making progress towards achieving many regional and global immunization goals. The Region maintained its polio-free status. All Member States except Papua New Guinea and the Philippines have achieved maternal and neonatal tetanus elimination. Measles elimination has been achieved in six countries and two areas. Ahead of schedule, 17 countries and areas, and the Region as a whole, have been verified as having reduced chronic hepatitis B infection among 5-year-old children to less than 1%.

Availability of vaccines also continues to improve. Twenty countries have achieved coverage of 95% or above in three doses of diphtheria-tetanus-pertussis vaccine. Seventy-five per cent of countries with endemic Japanese encephalitis transmission have introduced vaccine into some or all high-risk areas.

All malaria-endemic countries in the Region have established national elimination goals and are reporting progress towards elimination. This is also now the key focus in addressing the challenge of artemisinin resistance in the Greater Mekong. In helping Member States advance towards elimination, our work has been guided by the Regional Action Framework for Malaria Control and Elimination in the Western Pacific (2016–2020).

Using the framework, WHO supported Cambodia, the Lao People’s Democratic Republic, Papua New Guinea, the Philippines, Solomon Islands, Vanuatu and Viet Nam to submit proposals totalling...
some US$ 90 million to support malaria control and elimination efforts to the Global Fund.

Five additional countries have been validated as having achieved elimination of lymphatic filariasis as a public health problem — Cambodia, Cook Islands, the Marshall Islands, Niue and Vanuatu — bringing the regional total to seven countries. WHO continued to facilitate intersectoral collaboration with the water, sanitation and hygiene sector and the animal health sector to accelerate elimination of Asian schistosomiasis.

In addition, continued support was provided to eliminate trachoma and strengthen vector-control response capacities in countries affected by arboviral outbreaks, such as dengue and Zika virus disease.

Three interlinked global health-sector strategies endorsed by the World Health Assembly in 2016 called for the elimination of HIV, sexually transmitted infec-

Volunteers work at a community-based clinic managed by LoveYourself Inc., a nongovernmental organization in Manila, Philippines. The clinic offers testing for HIV, hepatitis and STI, as well as prevention, immunization and treatment.
tions (STIs) and hepatitis as public health threats by 2030. These goals should be obtainable with the available tools and full implementation of WHO guidelines.

Despite the efforts of Member States, however, significant service coverage gaps remain, for example, for antiretroviral therapy for HIV and access to treatment for viral hepatitis. New HIV and hepatitis infections continue to occur, along with curable STIs such as syphilis and gonorrhoea. Congenital syphilis is still seen in a number of countries.

Supporting countries to increase access to new hepatitis medicines has been a key focus of our work, and a number of Member States have made important progress as a result. Technical assistance on HIV, hepatitis and STIs also focused on strengthening essential services, such as those to ensure quality diagnostic services and care were accessible at all levels, from health facilities to communities. The assistance also sought to strengthen the integration of various disease programmes to improve service delivery and sustainability.

The implementation of the *End TB Strategy* has been accelerated in line with the *Regional Framework for Action on Implementation of the End TB Strategy in the Western Pacific, 2016–2020*. Access to innovative tools has expanded across the Region in line with WHO policies. Xpert MTB/RIF, a WHO-endorsed rapid diagnostic test, was made available in all high-burden countries, cutting the waiting time for results to just a few hours.

Countries started introducing the new shorter treatment regimen for drug-resistant tuberculosis (TB) that reduces the duration of the treatment from 18 months to between 9 and 12 months. New TB drugs that can be life-saving for drug-resistant TB patients with few treatment options have also been introduced.

Several countries in the Region embarked on TB patient cost surveys to measure catastrophic costs among TB patients and their families. The survey results will guide countries to enhance financing and social protection mechanisms to alleviate the financial burden to achieve the global target of “zero catastrophic costs due to TB”.

Outreach and mobile immunization clinics are sometimes the only way to vaccinate children in remote areas and limited-resource settings. This mobile clinic in Papua New Guinea makes vaccine available to high-risk and hard-to-reach communities.
1. Integrating service delivery – population health screening in the Marshall Islands

The Marshall Islands is one of the countries in the Western Pacific Region with a very high incidence of both TB and leprosy. Noncommunicable diseases (NCDs) also are a significant health priority, with the Government having declared an NCD emergency in 2014.

To help accelerate the response to these health challenges, the Ministry of Health and key partners launched population health screening, starting on Ebeye island. The idea gained further momentum when the WHO Regional Director for the Western Pacific met with the President of the Marshall Islands in April 2016 for discussions emphasizing health service integration and convergence, as well as the need for a reliable and comprehensive electronic population registry.

Three WHO offices – the Regional Office, the Division of Pacific Technical Support and the Country Liaison Office for Northern Micronesia – came together to provide tailored and comprehensive support to this multi-partner endeavour.

In late 2016, during Phase 1 implementation of the programme, the entire population of Ebeye was invited to participate in electronic biometric registration and initial health assessments; 8900 people were registered in five weeks.

In February 2017, in Phase 2, integrated leprosy, NCD and TB screening began, targeting 6000 adults. Participants underwent comprehensive TB screening with state-of-the-art diagnostic tools — such as digital chest radiography and Xpert MTB/RIF, which helps identify genetic fragments of TB germ — that significantly contributed to early diagnosis of the disease. Participants also had an opportunity to be tested and counselled on NCDs and their related risk factors, such as hypertension, diabetes, smoking and alcohol use. Phase 3 of the programme will help manage leprosy, NCD and TB patients and make available community-based interventions for long-term risk control and behavioural change.

With strong support from all stakeholders, especially local authorities and community representatives, community acceptance was very high, and people genuinely appreciated the opportunity to be involved. The Ebeye health-screening programme is an example of efficient service integration and people-centred service delivery, with strong community engagement and partnership.
2. Strengthening communications in immunization programmes

Communication plays a critical role in immunization service delivery. It is crucial for building and maintaining public trust and, as a result, the demand for vaccination. Recognizing this, WHO has been working to help countries strengthen their communications capacity.

For example, in Kiribati, village health volunteers and health-care workers were supported in developing communications plans to educate pregnant women on hepatitis B vaccination and ensure that newborn babies received vaccinations just after birth. As a result, birth-dose coverage within 24 hours improved among home deliveries.

In the Lao People’s Democratic Republic, particularly among the Hmong minority, a key part of the response to an outbreak of circulating vaccine-derived poliovirus was the engagement of local governments and communities to conduct non-traditional communications outreach that included songs, recorded skits and radio messages. The approach contributed greatly to the successful interruption of disease transmission.

National immunization programme staff members also need good communications skills, especially to mitigate the negative impact of adverse events following immunization (AEFI). The Regional Office supported countries to build staff capacity by training both national and subnational staff, with a particular focus on responding to concerns about possible AEFI. Training conducted in Viet Nam in 2016 has already produced benefits: the country has shown progress in AEFI reporting, has responded promptly to all reported events, and as a result has avoided any negative impacts on their national immunization programme from possible public concern. Viet Nam also enacted a new decree on vaccine safety.
3. Fighting hepatitis – data for action and access to treatment

Viral hepatitis is a major driver of morbidity and mortality in the Western Pacific Region, and a major priority for WHO. Together, Member States and WHO have taken major steps in the right direction, particularly through hepatitis B immunization.

Already, an estimated 37 million new infections have been prevented among children born between 1990 and 2014, which will save some 7 million lives. New medicines to treat hepatitis B and cure hepatitis C provide more reasons for optimism. However, the key challenge is to ensure that those who need these treatments receive them.

The WHO Regional Action Plan for Viral Hepatitis in the Western Pacific 2016–2020 provides a systematic approach for continuing efforts to tackle these diseases. The action plan charts a path to the ultimate goal of eliminating hepatitis as a public health threat. Important progress has been made in working with countries to help them implement the action plan.

For example, in the light of developing evidence on the cost-effectiveness and feasibility of WHO-recommended medicines, China has updated national hepatitis B and C treatment guidelines. The Government also announced fast-track registration of new hepatitis C medicines. China’s National Health and Family Planning Commission negotiated lower prices for tenofovir to treat hepatitis B. The Ministry of Human Resources and Social Security revised the drug list for reimbursement to include hepatitis B treatments.

In Mongolia, disease-burden estimates, budget impact analyses and financial discussions were undertaken to help identify funding mechanisms to minimize out-of-pocket costs and to make a case for further investment in hepatitis response. Subsequently, the Government of Mongolia has included hepatitis medicines in the National Health Insurance system, which covers 98% of the population and includes reimbursement for individuals seeking treatment in both the public and private sectors.

As a result, people are now reimbursed 60% of the cost for hepatitis C drugs and 80% for hepatitis B drugs. During 2016, some 4000 people were treated for hepatitis B and 7000 people for hepatitis C.
4. Eliminating schistosomiasis via MDAs and improved water, sanitation and hygiene

Schistosomiasis, a parasitic disease caused by blood flukes, is one of the neglected tropical diseases (NTDs) continuing to affect the Region. It is endemic in parts of Cambodia, China, the Lao People’s Democratic Republic and the Philippines. Transmission occurs through contact with freshwater that has been contaminated by excreta from people already infected. The disease can cause bloody diarrhoea and vomiting, anaemia, stunting, developmental retardation, spleen enlargement and even death in severe cases. The economic and social effects of the disease are significant.

In Cambodia and the Lao People’s Democratic Republic, in some villages bordering the Mekong River, the disease was highly endemic with high mortality a few decades ago. Annual mass drug administrations (MDAs) over 20 years have significantly reduced the prevalence of infection in these endemic villages. Continuing contamination of the river with excreta due to poor sanitation in affected villages means MDAs are not enough to achieve elimination. Also key are efforts to prevent contamination of river water by improving access to sanitation and eliminating open defecation.

A community-led initiative called CL-SWASH, building on national efforts to expand participatory water safety planning, is being implemented jointly by Government authorities responsible for NTDs and water, sanitation and hygiene (WASH) in Cambodia and the Lao People’s Democratic Republic, and by the affected communities themselves, facilitated by WHO. This initiative aims to eliminate schistosomiasis through strengthening WASH in affected villages, in addition to annual rounds of MDA. Reflecting the cross-cutting nature of the initiative, it has been supported by WHO teams in the Regional Office and in the country offices responsible for malaria, vector-borne and parasitic diseases including NTDs, and health and the environment.

Local facilitators conducted community training in endemic villages with a focus on the empowerment of villagers to identify and address key local issues. During the training, villagers selected a village CL-SWASH team that then went house to house with checklists, water test kits and malnutrition screening kits to assess the situation. They mapped the results of the survey including areas used for open defecation and households without latrines, and discussed the findings and possible solutions they could enact without outside assistance. Villagers developed their own CL-SWASH plan and pledged to follow it, including building and using latrines at their own expense.

Encouraged by the enthusiasm of villagers, the countries have developed a roll-out plan for expanding the initiative to all endemic villages, with the goal of eliminating schistosomiasis by 2020.
5. **Mitigating the financial burden of TB patients and families**

Falling ill with TB often carries a devastating financial burden for patients and their families. TB patients in low- and middle-income countries often face catastrophic expenses in seeking and remaining in medical care, as well as income loss equivalent to more than one half of their household annual income. Overall, the patient financial burden is greatest on the poor and those with multidrug-resistant TB, which requires longer and more costly treatment.

The financial burden bankrupts many families and can have huge social and public health impacts. Children of parents stricken with TB may drop out of school to earn money or care for parents. Some patients may stop treatment before they are cured as a result of these costs, resulting in worsening health, further spread of the infection and premature mortality. Coming to grips with these issues is an important part of the TB response.

The financial burden faced by patients varies among countries, depending on health-care services delivery models, health systems and social protection schemes. To help countries better understand their national situation, WHO has developed a protocol to measure the proportion of TB-affected households that are experiencing catastrophic costs.

As part of the commitment made through World Health Assembly resolution WHA67.1 on the implementation of the *End TB Strategy*, a number of Member States in the Region are conducting TB patient cost surveys. WHO has been providing substantial support to China, Fiji, Mongolia, Papua New Guinea, the Philippines, Solomon Islands and Viet Nam to prepare and implement national surveys. Among them, China, the Philippines and Viet Nam concluded the first round of surveys in early 2017. Results are being used to explore policy options to provide better financial and social protection for patients and families affected by the disease. Assessing and addressing the financial burden of TB patients requires effective multisectoral collaboration in line with the SDGs, with national TB programmes across the Region playing a central role.
The new global WHO Health Emergencies Programme aims to protect health and save lives during disease outbreaks and emergencies.
Health Security and Emergencies

INTRODUCTION

1. Managing influenza: a priority infectious hazard in the Western Pacific
2. Learning from JEE to advance IHR national actions
3. Strengthening National Emergency Medical Teams as a cornerstone for disaster preparedness in the Philippines
4. The future of food safety in the Region

The world faces complex health security and emergency threats due to disease outbreaks, natural disasters and conflicts. At the same time, countries are increasingly interconnected by trade and travel, so outbreaks – such as cholera, Ebola, Middle East respiratory syndrome, yellow fever and Zika virus disease – often begin in one country and quickly spread to others.
Introduction

Changing health security and emergency context

The world faces complex health security and emergency threats due to disease outbreaks, natural disasters and conflicts. At the same time, countries are increasingly interconnected by trade and travel, so outbreaks – such as cholera, Ebola, Middle East respiratory syndrome, yellow fever and Zika virus disease – often begin in one country and quickly spread to others.

Over the past five years, WHO globally has managed more than 1000 epidemic events, many of which have occurred in the Western Pacific Region. On any given day, the Organization responds to scores of acute and protracted health emergencies in many Member States.

The Western Pacific Region continues to be a hotspot for health security threats that can challenge even the most advanced health systems. Outbreaks of emerging infectious diseases such as human infection with avian influenza A(H7N9) and dengue, as well as disasters due to natural hazards such as cyclones and droughts, will continue to test our preparedness and response capability.

The Western Pacific Region is immense and diverse, spanning many time zones and some 15,000 kilometres from corner to corner. The Region contains countries and areas with populations ranging from 1.4 billion (China) to around 50 people (Pitcairn Islands). The Region constantly confronts new health security and emergency threats against a worrisome backdrop of climate change, rapid urbanization, growing migration and the advent of new technologies.

Most Member States have seen economic and social gains in recent years, so they have greater capacity to manage health threats. There is also a range of global and regional initiatives to help address threats. In addition, the new WHO Health Emergencies Programme works closely with Member States and partners in the Region, supporting country capacity-building and system development and coordinating international preparedness and response for outbreaks and emergencies.

The new WHO Health Emergencies Programme and alignment of regional structure

Based on the lessons from the Ebola response, the WHO Health Emergencies Programme has been established with the mission to protect health and save lives during outbreaks and emergencies.

There are five areas of work under the programme:

- infectious hazard management;
- country health emergency preparedness and the International Health Regulations, also known as IHR (2005);
- health emergency information and risk assessment;
- emergency operations; and
- emergency core services.

In the WHO Western Pacific Region, the Division of Health Security and Emergencies was established to support Member State core capacity development.
and manage outbreaks and emergencies collectively. Over the past decade, the Division has worked to strengthen regional surveillance, risk assessment and emergency operations across the Region.

The Regional Office for the Western Pacific has aligned its work on health security and emergencies with the newly created WHO Health Emergencies Programme, harnessing the Region’s considerable experience and success in collectively addressing health security issues regionally and globally.

Common protocols are being applied to guide consistent approaches across the three levels of the Organization – headquarters, regional offices and country offices.

These efforts include regional and global event-based surveillance and risk assessments, as well as the revision of the WHO Emergency Response Framework. WHO’s improved emergency response is now guided by an Incident Management System and updated emergency response policies and procedures.

WHO has strengthened its emergency response roster – a listing of staff members available for deployment during outbreaks and emergencies. Likewise, the Regional Office has strengthened its internal emergency response roster, which includes staff members from technical programmes and country offices.

The Regional Office also has renewed efforts to support global outbreak and emergency preparedness and response systems, including participation in the Global Outbreak Alert and Response Network (GOARN) and support to strengthen international Emergency Medical Teams (EMTs). In 2016, the WHO EMT Initiative established a system to provide clinical care during emergencies that is structured, standardized and aligned with a set of overarching principles. Australia, China and Japan now have international EMTs that have received WHO quality assurance certification. They are ready for rapid deployment in international response to emergencies and disasters.

Implementing APSED III to advance health security

The Western Pacific Region has placed great importance on preparedness for managing health security threats. For over a decade, the Asia Pacific Strategy for Emerging Diseases (APSED) served as a framework for action by Member States in the Western Pacific and South-East Asia regions to meet core capacity requirements of IHR (2005). A joint evaluation in 2015 of 10 years of APSED

During emergencies when there is no electricity or Internet access, WHO staff in the field must have portable and functional information and communications technology kits to support response operations.
implementation confirmed the relevance and contribution of APSED in strengthening the capacity of Member States to detect, prepare for and respond to emerging infectious diseases and public health emergencies.

A renewed strategy, the *Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies* (APSED III) was endorsed in October 2016 by the WHO Regional Committee for the Western Pacific. APSED III builds on past work on health security and emergencies, incorporates lessons from real events and anticipates future needs. It also serves as a regional action framework for health security through strengthened implementation of IHR (2005).

APSED III places countries, communities and people at the centre. It emphasizes the need for continued investment during times when there is no imminent threat. APSED III also adopts a step-by-step approach in the development of a strong health security system, while retaining flexibility to adapt to future challenges.

While the new strategy positions public health emergency preparedness in a broader context including the *Sendai Framework for Disaster Risk Reduction*, universal health coverage and the Sustainable Development Goals, APSED III continues to emphasize strengthening fundamental systems for health security and emergency preparedness, as required by the Health Emergencies Programme.

Implementing APSED III is among the top priorities under the Health Emergencies Programme in the Western Pacific Region. Examples of immediate priority activities include the Joint External Evaluations (JEEs) of IHR (2005) core capacities and the development and implementation of updated national action plans for health security, guided by APSED III.

In line with the current *Western Pacific Regional Food Safety Strategy*, the *Operational Guide for the Recall of Imported Foods in the Pacific* was developed to guide Member States in establishing effective food recall systems.

**Strengthening national food safety systems**

WHO in the Western Pacific Region places a high priority on assisting Member States in reducing food safety risks and effectively responding to food safety incidents and emergencies. Effective national food safety systems are essential for protecting public health and facilitating international food trade. The Regional Office has been working closely with
Member States to implement the current Western Pacific Regional Food Safety Strategy 2011–2015. Member States have made significant progress in recent years, with legal frameworks forming the basis for effective national food safety systems. In 2016, for example, Viet Nam conducted a comprehensive review of its 2010 food safety law to determine its impact on public health and trade. The review recommended amendments to the law and institutional changes to enhance food safety.

At the regional level, the Operational Guide for the Recall of Imported Foods in the Pacific has provided Pacific island countries and areas with guidance on establishing effective food recall systems. The guide details how to use the International Food Safety Authorities Network as a mechanism for the rapid exchange of information among countries. Fiji, Samoa and Solomon Islands have used the guide to develop national operational guides for government and businesses that can be used to rapidly remove unsafe food from the market.

In response to Member State requests to update the current strategy, WHO has facilitated an intensive consultation process, including Member State consultations through teleconference, video conference and face-to-face meetings. A draft updated regional framework for action for national food safety systems has been developed for consideration by the Regional Committee in October 2017.

Responding to outbreaks and emergencies, and improving operational readiness

More than 300 acute public health events were detected during the past year through the Western Pacific Region event-based surveillance system, which is coordinated by the Regional Office. Of these events, 66 resulted in further action by WHO, including technical support in response to 20 acute public health events.

WHO technical support – including risk assessments, the deployment of experts such as epidemiologists for field investigations, risk communication, laboratory testing and information sharing through IHR (2005) mechanisms – was provided to Solomon Islands for a dengue outbreak in October 2016, to Kiribati for antimicrobial resistance in February 2017 and to China for human infections with avian influenza in 2016–2017, to name a few instances.

WHO also activated its response operations to support disaster response to Cyclone Donna in Vanuatu in May 2017 and conflict in the southern Philippines in June 2017.

Efforts are being made to improve WHO readiness to respond to acute events, deliver better results and meet the immediate health needs of populations affected by emergencies. This includes the establishment of the WHO internal emergency response roster and staff orientation, training and simulation exercises as guided by the updated WHO Emergency Response Framework.
1. Managing influenza: a priority infectious hazard in the Western Pacific

Over the past decade, many new subtypes of influenza viruses – including A(H5N1), A(H5N2), A(H5N6), A(H5N8), A(H7N9) and A(H9N2) – have been detected, assessed and addressed through surveillance and response systems. Given the constantly changing nature of influenza viruses, the timing and severity of an influenza pandemic cannot be predicted.

Influenza, especially avian and pandemic influenza, will continue to be a priority infectious hazard for the Region, and managing these threats has been embedded in APSED III. WHO has worked with Member States in strengthening surveillance and response systems, and in conducting exercises to test preparedness and response capacities.

Twenty-one national influenza centres, three WHO collaborating centres and two essential regulatory laboratories in the Region contribute to the Global Influenza Surveillance and Response System. This system determines influenza vaccine composition and evaluates pandemic risk of emerging strains. National influenza centres, such as the ones in Cambodia and the Lao People’s Democratic Republic, and the WHO collaborating centres in Australia, China and Japan, continue to provide valuable contributions to this work.

This laboratory network promotes sharing of influenza viruses and genetic sequences through the Global Initiative on Sharing All Influenza Data. An interactive, web-based platform at the Regional Office further supplements existing global tools. Recent influenza outbreaks highlighted the strength of these reporting networks and the WHO response capacity.

Indicator-based surveillance for respiratory diseases tracks seasonal influenza trends. Sentinel sites for influenza-like illness and hospitalized respiratory infections were established in many countries in the Western Pacific. Guidelines have been developed to ensure sustainability of surveillance systems.

Multisectoral collaboration at the animal–human interface is crucial in addressing zoonotic threats under APSED III. The response to A(H7N9) shows the strength of WHO’s collaboration with the Food and Agriculture Organization of the United Nations (FAO) and other stakeholders to monitor virus evolution and conduct joint risk assessments.

Managing influenza threats will continue to be a top priority under the WHO Health Emergencies Programme. Renewed efforts will be made to strengthen pandemic influenza preparedness, including virus sharing, data utilization, vaccine development and emergency preparedness.
2. Learning from JEE to advance IHR national actions

Since 2010, monitoring and evaluation that promotes accountability and learning has been one of eight focus areas of APSED. The process has included regular stakeholder review and progress reporting, such as the annual Technical Advisory Group (TAG) meeting, simulation exercises, outbreak reviews and joint evaluation. The four components of the new IHR (2005) Monitoring and Evaluation Framework, which are annual reports, after-action reviews, exercises and Joint External Evaluation (JEE), will be fully embedded in APSED III.

Over the past year, WHO has spearheaded the JEE process, a voluntary, collaborative government and external expert peer-to-peer review of country capacity under IHR (2005). JEE promotes learning for continuous programme improvement, accountability and collective action. The JEE process usually consists of two stages: an initial self-evaluation conducted by the host country using the JEE tool, followed by a joint evaluation conducted by a team of national and international experts who review country capacities in 19 technical areas.

The results of the JEE process contribute to the updating of national action plans for health security.

In the Western Pacific Region, JEE provides momentum for advancing IHR (2005) capacities and a platform for high-level advocacy for investments in health security and the promotion of country ownership. JEE also fosters multisectoral and international collaboration. Since 2016, four JEE missions have been conducted in the Region: Cambodia, the Lao People’s Democratic Republic, Mongolia and Viet Nam. Two more missions are planned in 2017: Australia and the Republic of Korea.

Some overarching recommendations from JEE missions focus on updating and implementing national action plans as guided by APSED III to advance IHR (2005) implementation, providing sustainable financing for health security, enacting laws consistent with international obligations, implementing a workforce strategy that includes the public health workforce, improving multisectoral coordination and fostering a culture of learning for continuous improvement.

WHO will continue to coordinate JEE missions in collaboration with Member States, partners and global initiatives, such as the Global Health Security Agenda, the World Organisation for Animal Health (OIE), FAO, and other technical agencies and collaborating centres.
3. Strengthening National Emergency Medical Teams as a cornerstone for disaster preparedness in the Philippines

In November 2013, one of the most powerful typhoons ever recorded struck the Philippines, claiming more than 6000 lives and causing billions of dollars in damages. While the Philippines faces several natural disasters every year and is ranked as the third most disaster-prone country in the world in the World Risk Report 2016, Typhoon Haiyan, known locally as Yolanda, changed profoundly how the country deals with disasters and health emergencies.

Based on the lessons from past disasters, and as a priority activity of the Western Pacific Regional Framework for Action for Disaster Risk Management for Health, the Philippines has established mechanisms to provide immediate and appropriate health services during disasters and emergencies. One such initiative is the development of the National Emergency Medical Teams (NEMTs) as surge capacity to support disaster response at the local level.

NEMTs in the Philippines are aligned with the WHO EMT Initiative that places a strong focus on helping every country develop its own EMTs that can respond to disasters and emergencies on short notice.

Building this capacity is also a priority action under the WHO Health Emergencies Programme. The Philippines is working to enhance the capacity of the NEMTs based on the standards set for Type 1 EMT (fixed teams with mobile capability). The country also will form one national Type 2 EMT (inpatient surgical emergency care) and organize additional specialized care teams based on need.

NEMTs will undergo the WHO verification process. WHO supports Philippine authorities through the peer review process that leads to a quality assurance designation and classification. The goal is to enable the deployment of EMTs in a more systematic, timely and predictable manner. The establishment of NEMTs will allow the Philippines to respond more quickly and effectively to disasters and emergencies, providing essential health services and safeguarding the health of the people in affected areas.
4. The future of food safety in the Region

With growing consumer demand, mistrust in food safety is an increasing concern. Health, socioeconomic and political consequences can be severe if food safety incidents are not well managed. Consumers may lose confidence in food safety systems. In addition, the emergence of social media has revolutionized the way people obtain information. As a platform for consumers to share their views, social media has also accelerated exponentially the spread of rumours and unreliable reports on food safety that affect perceptions of risk and trust in food safety systems.

Changes in the food supply chain have made it easier to enjoy food from all corners of the world. Online shopping and speedy delivery of ready-to-eat food have accelerated this market’s growth. These conveniences, however, have created new challenges for food safety in the Western Pacific Region.

In response to Member State concerns expressed at the October 2016 session of the Regional Committee, an intensive country consultation process was initiated to identify anticipated changes affecting food safety issues. Consultation topics included possible new ways of addressing the public’s demands for safe food and the strategic direction of strengthening of national food safety systems.

Based on the bottom-up consultation, a draft regional framework for action on food safety in the Western Pacific is being developed to guide national authorities in strengthening national food safety systems. While the core components of national food safety systems remain relevant, the draft framework highlights the need to build trust and develop a step-by-step approach to strengthen food safety systems. The framework also addresses further strengthening of a regional mechanism to monitor progress, identifies common priorities and serves as a regional platform for continuous improvements in national food safety systems. The new regional framework is slated for consideration for endorsement by the Regional Committee for the Western Pacific in October 2017.
Health is a public good, a social goal and a shared value. The health sector must do a better job of convening different sectors to share ideas and build consensus on actions for health.
The Division of NCD and Health through the Life-Course works with ministries of health and sectors that impact health to create conditions, methods and approaches to enable dialogue around key themes.

Those themes include: health and environment; health and sustainable development; violence and injury prevention; road safety; depression and mental health; healthy cities; restrictions on marketing of harmful food products to children; protecting the health of mothers and newborn babies; and tobacco-free settings.
Introduction

The power of convening for promoting health

The Division of NCD and Health through the Life-Course works with ministries of health and sectors that impact health to create conditions, methods and approaches to enable dialogue around key themes. Those themes include: health and environment; health and sustainable development; violence and injury prevention; road safety; depression and mental health; healthy cities; restrictions on marketing of harmful food products to children; protecting the health of mothers and newborn babies; and tobacco-free settings.

Health promotion principles guide the work of the division. Thirty years after the signing of the Ottawa Charter for Health Promotion, WHO and China hosted the 9th Global Conference on Health Promotion in November 2016 in Shanghai. Chinese Premier Li Keqiang opened the conference, which had as its theme Health Promotion in the Sustainable Development Goals: Health for All and All for Health. In all, some 2000 participants and guests came together from 129 countries, representing health and other sectors, government officials and international organizations.

The conference was a timely opportunity for the international community to renew its collective commitment to multisectoral action on the determinants of health and the Sustainable Development Goals (SDGs).

Two landmark documents – the Shanghai Declaration on Promoting Health in the 2030 Agenda for Sustainable Development and the Shanghai Consensus on Healthy Cities 2016 – detailed the commitments made by participants at the conference. Highlighting the critical role of cities in achieving health, more than 100 mayors from all over the world participated in the discussions. The Shanghai Consensus on Healthy Cities 2016 emphasizes that the SDGs cannot be achieved without local action and the leadership of cities.

Another highlight of the event was a symposium consisting of youth champions from across the globe. The event underscored the power of youth advocacy and the use of social media for health as a public good, a social goal and a shared value.

The health sector has many opportunities to take the lead in addressing today’s complex global health landscape. As most health challenges have roots outside
of the health sector, convening different sectors to share ideas and build consensus on policies and actions for health is an important component of this leadership.

The process can be difficult, especially for groups that do not typically work together. It can also be contentious because it involves how resources are allocated for water, food, housing and energy. However, health can also bridge social, economic, political and cultural divisions. It can be a unifying force that brings together multiple sectors and stakeholders to craft whole-of-society approaches that bolster the case for health as a primary consideration in national development agendas.

The WHO Western Pacific Regional Framework for Action on Health and Environment on a Changing Planet sets the course for the health sector to advocate adaptive measures, inclusive policies and innovative actions to protect people’s health and well-being as a co-benefit of interventions in the spheres of energy, environment, agriculture, transport, housing and other areas of life. The Regional Committee for the Western Pacific in October 2016 endorsed the Framework, which also highlights the vulnerability of Pacific island countries and areas to the negative consequences of climate change and extreme weather conditions. The framework’s strategic actions include:

- enhancing governance and leadership for stronger environmental health capacity;
- building networks, coalitions and alliances, including participation in the Asia-Pacific Regional Forum on Health and Environment;
- evidence and communication, making scientific evidence easily accessible and available to the public through communication, advocacy and social mobilization; and
- strategic financing and resource mobilization to ensure adequate resources for environmental health.

In anticipation of the Olympic Games to be held in Tokyo in 2020, WHO convened the Workshop on Tourism and Smoke-free Environments in the Western Pacific in Yokohama in July 2016. The workshop brought the local government together with experts from the tourism and public health sectors to discuss ways in which smoke-free environments at tourist sites and large events can benefit the work of all three sectors.

Collaboration with the Southeast Asia Tobacco Control Alliance has been ongoing since the 4th Regional Workshop on Smoke-Free Cities, organized jointly with WHO in Krabi, Thailand in October 2016. City officials and governors discussed issues with health
ministry representatives from the Association of Southeast Asian Nations (ASEAN) – namely Cambodia, the Lao People’s Democratic Republic, Malaysia, the Philippines, Singapore and Viet Nam – through the Smoke-free Cities ASEAN Network.

The theme of World No Tobacco Day on 31 May 2017 was: *Tobacco – a threat to development*, which focused on demonstrating the links between tobacco control and the SDGs. The regional launch of the event was held in the Lao People’s Democratic Republic. The event included a workshop on tobacco control as a means to achieving the SDGs, as well as a walkathon to raise awareness on the impacts of tobacco on development.

Posters, brochures and other advocacy materials were disseminated in 14 countries and areas, namely Cambodia, China, Fiji, Kiribati, the Lao People’s Democratic Republic, the Marshall Islands, the Federated States of Micronesia, Palau, the Philippines, Samoa, Solomon Islands, Vanuatu, Viet Nam and Tonga. Photos and videos highlighting the theme were shared on regional social media channels and garnered more than 430,000 impressions around the Region. Media outreach was successful, with more than 20 reports by international and local media across various platforms – print, radio, television and online.

In the Lao People’s Democratic Republic, an updated strategy for reproductive, maternal, neonatal and child health (RMNCH) was launched in 2016 for implementation and monitoring by seven technical and four health system subcommittees. In collaboration with the Vice-Minister of Health, WHO co-convened and co-chaired the first national review meeting, which was attended by about 400 participants, including government officials, public health staff and development partners.

The event led to strategic actions, such as the upgrade of the subcommittee leaders to directors general, thus making them accountable to the Vice-Minister and ultimately the Minister of Health. Additionally, a maternal and child health service package was drafted to delineate services provided at the national, provincial and district levels.
1. Convening health and environment sectors for planetary health

Delegates at the Asia-Pacific Regional Forum on Health and Environment, held in Manila in October 2016, discussed ways “to safeguard and enhance health and the environment, thereby promoting development that reduces poverty”.

Established in 2004, the Regional Forum on Environment and Health has expanded to include ministries of health and environment from 48 Member States from the WHO South-East Asia and Western Pacific regions. Renamed the Asia-Pacific Regional Forum on Health and Environment, this meeting brings together the health and environment sectors to address common challenges, such as climate change, as well as subregional issues such as haze.

The October 2016 forum, hosted by the Government of the Philippines, was held at the WHO Regional Office for the Western Pacific. Chaired by the secretaries of health and environment of the Philippines, the forum brought together participants from 36 countries. In all, 74 health officials and 35 environment officials attended.

The outcome of the forum was encapsulated in the Manila Declaration on Health and the Environment. Member States committed:

- to ensure availability and sustainable management of water and sanitation for all;
- to substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water, and soil pollution and contamination through environmentally sound management of chemicals and all wastes; and
- to reduce the adverse environmental impact of cities by adopting sustainable urban design principles that promote healthy lifestyles and sound environmental management.

The declaration also pledged to support the work of WHO, the United Nations Environment Programme, and other international agencies and partners to address emerging policy priorities relevant to the SDGs, such as transboundary air pollution, including short-lived climate pollutants; illegal transboundary shipment and dumping of waste; destruction of coral reefs and marine pollution; antimicrobial resistance related to unsafe management of health-care waste and poor sanitation, hygiene and infection-prevention measures; promotion of environment and health impact assessments; and enhancing WHO’s access to key resources like the Global Environment Facility and Green Climate Fund.

• to take urgent action to combat climate change and its impacts, and orient development and public health systems to become more climate-resilient;
• to take urgent action to improve outdoor air quality, including prevention of the recurrence of transboundary haze in South-East Asia;
2. Convening to overcome commercial determinants of health

Trade liberalization, globalization, rapid economic growth and urbanization have transformed the nutrition landscape. Populations in the Western Pacific Region are currently facing a double burden of malnutrition.

In a highly immersive modern communication environment, food marketers have almost unlimited access to consumers, and traditional diets are increasingly being replaced by convenient and attractive pre-packaged foods of poor nutritional value. Marketing of breast-milk substitutes negatively affects mothers’ intentions to breastfeed, raising the risk of all forms of malnutrition. There are 7.5 million chronically undernourished children aged under 5 years and 187 000 die annually. The stunting rate is 6.8%. Meanwhile, one in three adults is now overweight and 6.2 million children under 5 are overweight or obese. Diabetes has surged in the Region from 29 million (4.4%) cases in 1980 to 131 million (8.4%) in 2014.

These alarming trends, the endorsement of the United Nations Decade of Action on Nutrition with six global nutrition and two nutrition-related noncommunicable disease (NCD) targets to be met by 2025, and recommendations of the WHO Commission on Ending Childhood Obesity are galvanizing countries to support healthy diets and address the commercial determinants of health – “strategies and approaches used by the private sector to promote products and choices that are detrimental to health”.

Many governments are implementing fiscal measures such as taxing sugar-sweetened beverages (SSBs) and imposing taxes on unhealthy foods as part of a comprehensive approach to reduce risk factors for obesity and diabetes. Representatives of health and finance ministries and sectors participated in a workshop on taxing SSBs convened at the Regional Office in September 2016. It was the first in a series of activities to support Member States with advocacy, development and strengthening tax policies for SSBs.

School-based measures have proven especially effective. The June 2016 Regional Workshop on Regulating the Marketing and Sale of Foods and Non-alcoholic Beverages at Schools brought together participants from ministries of education and health to discuss health options. A follow-up guide on restricting the marketing and sale of unhealthy foods and sugary beverages was disseminated to school principals. The guide – Be Smart, Drink Water – has been translated into Chinese, and Bislama and French for the Pacific.
3. Convening for disability access and equity

Community-based rehabilitation is a powerful tool to reach communities with required services and ensure no one is left behind. Three Pacific subregional community-based rehabilitation forums – for countries in Melanesia, Micronesia and Polynesia – were convened to bring together civil society, government policy-makers and service providers to understand how to improve community-based services for people with disabilities, their families and the community.

The Meeting on Rehabilitation as Part of the Continuum of People-Centred Health Care, held in the Republic of Korea in December 2016, convened various stakeholders, including government representatives from health and social affairs sectors, to improve access and availability of rehabilitation services.

While rehabilitation services often are a prerequisite for many people with disabilities to be able to participate in society, rehabilitation services benefit all people who experience functional impairment as a result of injury, illness or ageing.

Member States agreed to prioritize a range of interventions to improve the access to quality rehabilitation services in the Region. Rehabilitation plans and strategies, including the development of tools and guidelines as well as engagement across the whole of government, were highlighted by Cambodia, Hong Kong SAR (China), Mongolia, the Philippines and Singapore.

The development of improved data collection methods and the utilization of these data to strengthen rehabilitation programmes and policies were prioritized by Cambodia, China, Malaysia, the Philippines and the Republic of Korea. The Lao People’s Democratic Republic noted the need to focus on human resources for rehabilitation, and Viet Nam discussed plans to have more rehabilitation services covered by health insurance.

Many countries, including Malaysia, Mongolia and Viet Nam, committed to building awareness and strengthening training on disability-inclusive health services and rehabilitation. Macao SAR (China), Malaysia, the Republic of Korea, Singapore and Viet Nam prioritized the need to improve community-based rehabilitation, including assistive technology.

While key priorities are evident, the broad application of rehabilitation services can serve as a mechanism to restore people’s ability to function and as a preventive mechanism to maintain health and well-being, aligned with SDG 3: ensure healthy lives and promote well-being for all at all ages.

In the era of the Sustainable Development Goals and ensuring no one is left behind, equitable access to rehabilitation services for all, particularly people with disabilities, supports everyone’s participation in society.
4. Convening intersectoral partnerships for safer roads

Road safety is a matter of serious concern in the Region. Every 95 seconds, a man, woman or child is killed on the Region’s roads, making road traffic injuries the leading cause of death for people between the age of 15 and 49 years.

Approximately one third of all fatal road traffic crashes in high-income countries – and up to one half in low- and middle-income countries – are related to speed. Therefore, the Fourth United Nations Global Road Safety Week, 8–14 May 2017, focused on managing speed.

Effective road safety requires a whole-of-government approach. The management of excessive and inappropriate speed must encompass strategies to build safer roads and vehicles, establish and enforce speed limits, and raise public awareness of the injury and negative environmental consequences of speeding.

Road Safety Week advocacy events and activities across the Western Pacific Region engaged stakeholders at all levels – national and local governments, international agencies, civil society organizations, private companies and the general public – to increase awareness of the magnitude and severity, as well as the preventability, of road traffic injuries. The regional launch of Road Safety Week was hosted by the Australian Government in Sydney on 7 May and included inspiring remarks from various dignitaries, such as the Governor General of the Commonwealth of Australia, the Minister of Transport and the WHO Regional Director. The iconic Sydney Harbour Bridge was lit up in yellow to mark the launch of the campaign.

Intersectoral country consultations have also been convened as part of the implementation of the Regional Action Plan for Violence and Injury Prevention in the Western Pacific (2016–2020). The consultations are a platform that can be used to strengthen coordinated collaborative action among various stakeholders not only for road safety but also for the prevention of drowning and interpersonal violence within a whole-of-government response that extends beyond ministries of health.
5. Convening and conversing for mental health through social media

World Health Day 2017 – Depression: Let’s talk – called for a global dialogue with governments, health professionals, advocates and the public to raise awareness of mental health issues. World Health Day activities encouraged people with depression to seek help, and their families and friends to provide support. A global campaign initiated in 2016 mobilized champions to be advocates for mental health. Various communication channels were employed to promote the theme.

World Health Day events, activities and media coverage were recorded in 23 countries and areas. These included statements of support from high-level government champions, including: the Prime Minister of Samoa; ministers of health from Brunei Darussalam, Cambodia, Fiji, Kiribati, the Lao People’s Democratic Republic, Malaysia, the Philippines, the Republic of Korea and Tonga; two vice-ministers of health from China and one from Viet Nam; and the Director of Health of Hong Kong SAR (China).

Over 400 television, radio, print and online reports were filed by international and local media outlets. Celebrity champions – broadcaster James Chau from China, actress and singer Sammi Cheng from Hong Kong SAR (China) and Miss International 2016 Kylie Verzosa from the Philippines – used social media to share their personal stories in advocating mental health awareness. Comprehensive national campaigns across various levels of government were also launched in China and the Republic of Korea.

A full range of communication products – micro-videos, public service announcements, interactive applications, short features and infographics – were produced and widely viewed. More than 1.2 million views of the videos and over 90 million social media interactions were recorded. Early mobilization efforts contributed to the campaign’s success.

A regional meeting on strengthening mental health programmes was convened in January 2017 at the Regional Office. Member State representatives shared experiences and best practices in implementing the Regional Agenda for Implementing the Mental Health Action Plan 2013–2020 in the Western Pacific. They prioritized next steps in mental health service delivery and developed strategic communication plans that include identifying champions to speak out about overcoming stigma against depression and mental illness.

Intercountry working groups were also convened to facilitate country-to-country learning on school mental health, training and capacity-building, mental health and disasters, scaling up of primary mental health care initiatives and integrated service delivery.
Integrated strategies that prioritize disadvantaged groups are essential to ensure that no one is left behind, accelerating progress towards UHC and the SDGs.
Universal health coverage (UHC) is a cornerstone of efforts to achieve better health and development outcomes, providing a platform for achievement of the health-related targets of the Sustainable Development Goals (SDGs). Following the endorsement of the UHC regional action framework at the sixty-sixth session of the WHO Regional Committee for the Western Pacific in October 2015, WHO developed three guidance documents to support Member States to strengthen health systems to achieve UHC.
Universal health coverage (UHC) is a cornerstone of efforts to achieve better health and development outcomes, providing a platform for achievement of the health-related targets of the Sustainable Development Goals (SDGs). Following the endorsement of the UHC regional action framework, Universal Health Coverage: Moving Towards Better Health, at the sixty-sixth session of the WHO Regional Committee for the Western Pacific in October 2015, WHO developed three guidance documents: Regional Action Agenda on Achieving the Sustainable Development Goals in the Western Pacific, SDG & UHC Regional Monitoring Framework, and Universal Health Coverage and Health in the Sustainable Development Goals Baseline Report.

WHO also established and convened the UHC Technical Advisory Group (TAG). In addition, WHO has supported Member States with country-specific challenges and priorities to strengthen the attributes of high-performing health systems – quality, efficiency, equity, accountability, sustainability and resilience.

Quality

The quality and safety of health services, delivered at the individual and population levels, are fundamental to UHC. WHO support over the past year included training on hospital quality and patient safety and a meeting of the health-care quality improvement network.

To improve access to quality medicines, WHO supported strengthening of regulatory systems by convening the regional alliance for national regulatory authorities, subregional workshops for the Mekong and the Pacific, and technical support to countries on national regulatory authority benchmarking, quality management system development and pharmacovigilance. Support on traditional medicine included a regional meeting held in Seoul, Republic of Korea, hands-on laboratory training,
and technical assistance to Cambodia, Fiji and the Federated States of Micronesia.

To strengthen health workforce regulation, WHO held a policy roundtable in Melbourne, Australia, identifying key issues for countries – clear legislative frameworks, capable regulatory bodies, and strong linkages between education institutions and regulatory bodies – and provided follow-up technical support in Cambodia, Fiji, the Lao People’s Democratic Republic, Papua New Guinea and Viet Nam.

Efficiency

Making the best use of resources for health is increasingly important in the context of reduced external funding for health and the increasing costs of health care. WHO supported Member States in the alignment of health system architecture to population needs, including revision of the role delineation policy in Solomon Islands, minimum-package-of-activities guidelines in Cambodia, and documentation of integrated service delivery models in New Zealand and Solomon Islands.

WHO also supported the development of an analytical framework for sustainable financing of public health priorities and technical support in Cambodia, Mongolia and Viet Nam, as well as the generation and use of national health accounts and household survey data analyses in 11 countries. Support was provided to Member States in shaping incentives for appropriate service provision including in Cambodia, China, the Lao People’s Democratic Republic, Mongolia and Viet Nam.

Equity

Leaving no one behind is a core principle of both UHC and the SDGs. WHO supported Member States to improve financial protection and reduce barriers to access. In Viet Nam, WHO prepared a series of policy briefs and undertook policy dialogues on health sector reform, including health workforce education, strengthening of primary health care and improving linkages with hospitals. WHO also led a policy roundtable in Singapore on integrated, people-centred services.

The Third Meeting on Access to Medicines under UHC in the Asia Pacific Region discussed improved access to high-cost medicines and price setting. The Price Information Exchange for Medicines was relaunched, and Malaysia, the Philippines and the Republic of Korea shared their latest pricing data. Technical support was provided for underserved populations including development of policies that foster healthy and active ageing, for health workforce distribution, and for facilitated expansion of the Global Network for Age-friendly Cities and Communities in the Western Pacific Region.

Sustainable and effective pharmaceutical systems, with safe, effective and affordable medicines available at all levels of health care, are crucial for UHC.
Accountability

Accountability entails stakeholders providing information and justifying their decisions and actions, with the imposition of sanctions and rewards. Work has progressed on the development of health information systems including for the health workforce and traditional medicine, as well as for the analysis and use of this information for policy dialogue and decision-making.

WHO also worked with Member States to strengthen government leadership and the rule of law through the review of legislative frameworks, including a review of public health legislation in Viet Nam and support to the Philippines on responding to potential federalist constitutional reforms. WHO continued to support the Health Leadership Development Initiative and Global Health Learning Centre as key health leadership development initiatives in the Region.

Sustainability and resilience

WHO has worked across technical divisions to support Member States in improving the sustainability and resilience of health systems. In particular, essential public health functions were introduced as a key theme in work on health system development and were a key focus for the UHC TAG in 2016.

Related technical assistance and support to Members States over the past year included work on sustainable financing and the transition from global health initiatives, linkages between communicable and noncommunicable disease control, and health system implications of the International Health Regulations, known as IHR (2005). The health system team participated in the IHR (2005) Joint External Evaluation process for Viet Nam.

Next steps

WHO will continue to support Member States in the development and implementation of their road maps for UHC as a platform for the achievement of the SDGs. The 2017 UHC TAG meeting will provide the opportunity to review progress, share lessons learnt, and prioritize at the country and regional levels. WHO will continue to facilitate and develop new partnerships and new ways of working to realize the ambitions of the SDGs and ensure that no one is left behind.

WHO and partners support the first national multi-stakeholder workshop on antimicrobial resistance in the Lao People’s Democratic Republic during the 2016 World Antibiotic Awareness Week.
1. Partnering in new ways to achieve the SDGs in the Region

In September 2015, United Nations Member States adopted the 2030 Agenda for Sustainable Development. The SDGs, which apply to all countries at all stages of development, recognize that health influences and is influenced by broader cultural, economic, political and social factors. Achieving health in the SDGs requires new partnerships and new ways of working. It requires whole-of-system, whole-of-government and whole-of-society approaches that leave no one behind.

In response to requests by Member States, the WHO Regional Office for the Western Pacific developed the Regional Action Agenda on Achieving the Sustainable Development Goals in the Western Pacific in consultation with regional programmes, country offices, Member States and experts. The action agenda builds on existing global and regional strategies and identifies 12 action domains across four guiding questions:

- What are countries aiming to achieve, and how will they know?
- What are the policy and programme priorities for leaving no one behind?
- How will countries put their priorities into effect?
- How can the health sector drive the agenda?

The action agenda highlights the importance of realizing “win–wins” through collaboration across sectors and engagement of stakeholders beyond government. Best buys for partnerships across sectors include policies and interventions in education and early childhood development, agriculture, urban development and infrastructure, the environment and social protection.

In supporting countries in implementation, initial priorities include strengthening partnerships across sectors and stakeholders. For example, in November 2016, the Second Regional Forum of WHO Collaborating Centres in the Western Pacific brought together more than 140 collaborating centres to review progress, share best practices, strengthen partnerships and identify ways to support Member States in achieving the SDGs. Also in November 2016, as part of WHO’s whole-of-government approach to supporting countries to enhance the effective use of law for health, WHO supported the National Assembly of the Republic of Korea to convene the 2nd Annual Meeting of the Asia-Pacific Parliamentarian Forum on Global Health, bringing together 45 parliamentarians from 17 countries in the Western Pacific and South-East Asia regions to promote the role of parliamentarians in achieving health in the SDGs.

As a further example, in March 2017, WHO collaborated with the Government of South Australia on a global conference in Adelaide, Australia, on Health in All Policies: Progressing the Sustainable Development Goals. The conference built on the outcomes of the 9th Global Conference on Health Promotion in Shanghai, China, in November 2016, and provided an opportunity to explore how different regions and countries with varying governance settings are advancing and sustaining Health in All Policies. The Adelaide conference resulted in an outcome statement: Implementing the Sustainable Development Agenda through good governance for health and wellbeing: building on the experience of “Health in All Policies”. ■
2. Advancing health through attention to gender, equity and human rights

The SDGs provide new impetus for advancing health through attention to gender, equity and human rights. This requires partnerships and action within the health sector, across other sectors within government and beyond government.

Elements of these partnerships and examples of successful or promising practices were captured in a summary booklet of short stories, which was launched on 8 March 2017 (International Women’s Day). They also fed into the development of a longer regional report intended to inform future efforts on advancing health through attention to gender, equity and/or human rights in the context of the SDGs.

At the same time, given that gender-based violence is a significant public health concern in the Western Pacific Region, efforts were made to strengthen this area of work in partnership across the Organization.

A regional campaign – Human Together – was launched during a high-level side event at the October 2016 session of the WHO Regional Committee for the Western Pacific, building on social and political mobilization and technical support to countries in previous months. The campaign was replicated at the country level during the 16 Days of Activism against Gender-Based Violence. Ten Member States, with representatives from multiple sectors, also participated in a November 2016 regional meeting on Multi-Sectoral Services to Respond to Gender-Based Violence against Women and Girls in Asia and the Pacific, organized by WHO, the United Nations Population Fund and UN Women, with inputs from the United Nations Office on Drugs and Crime.

These efforts are just the beginning. They provide a starting point for change. Programmes can start where possible by considering issues, asking critical questions, and identifying linkages between their programme and gender, equity and/or rights. It is hoped that lessons learnt will help accelerate efforts to build partnerships for action and advance health through attention to gender, equity and/or rights within the Region.
3. FAO–OIE–WHO support for multisectoral partnership to combat AMR

The fight against antimicrobial resistance (AMR) is a global development issue that requires multisectoral partnerships. Collaborative action through successful governance at the national level can serve as a model for effective partnership in the era of the SDGs.

Significant progress has been made on the implementation of the *Action Agenda for Antimicrobial Resistance in the Western Pacific Region* and the *Global Action Plan on Antimicrobial Resistance*. Through collective support from the Food and Agriculture Organization of the United Nations (FAO), the World Organisation for Animal Health (OIE) and WHO, 9 countries have launched multisectoral national action plans, and 11 more are finalizing such plans.

The collaboration among FAO, OIE and WHO supports subregional initiatives to identify common gaps and challenges, as well as the way forward for collective action on AMR. In January 2017 – at the Meeting on Multisectoral Action on AMR in Cambodia, the Lao People’s Democratic Republic and Vietnam – representatives from agriculture, environment, health and trade sectors collectively developed a five-year road map for national and subregional action. In February 2017, 13 Pacific island countries identified collective actions at the Meeting on Quality Assurance and Rational Use of Essential Medicines. A third subregional FAO–OIE–WHO initiative brought together representatives from agriculture and health ministries from 12 countries and areas to identify recommendations for the Region in finalizing and implementing national action plans, in particular on systems strengthening, behaviour change, AMR surveillance and monitoring of antimicrobial consumption across sectors.

At the national level, FAO, OIE and WHO are working together to support multisectoral governance mechanisms that include, but are not restricted to, ministries of agriculture and health. In November 2016, two dozen countries and areas held national campaigns during World Antibiotic Awareness Week employing a collective One Health approach targeting health professionals and students from the human and animal health sectors with the key message “think twice before using antibiotics”. National multisectoral partnerships supported by FAO, OIE and WHO are needed to strengthen the global effort to combat AMR.

WHO collaborates with the agriculture and environment sectors, and other United Nations agencies, to battle antimicrobial resistance, which poses a serious risk to health and development.
4. Working in partnership to bring health and finance together

Sustainable financing of public health priorities will become increasingly relevant in the context of the SDGs and continue to require collaboration between health and finance, as well as other sectors. This collaboration is supported by WHO through country teams as well as through regional efforts.

For example, at the regional level, WHO in collaboration with the Asian Development Bank and the World Bank, supported a workshop in 2016 that gathered key policy-makers in ministries of health and finance, as well as the insurance industry, from countries across Asia.

Sustainable financing of public health priorities is a particular health financing challenge shared by countries in the Region. WHO is working with the health and finance sectors to prepare for and respond to reductions in funding from global health initiatives, including strategies on ensuring the adequacy of domestic financing, improving health system efficiency through health financing reform, and managing the transition in funding sources and channels to improve overall health system performance. WHO support has included the development of an analytical framework and country-specific support to plan and manage a smooth transition from vertically funded disease programmes to domestic financing systems.

Support to the health sector in improving public financial management systems also is an important element of work on sustainable financing of public health priorities and on strengthening collaboration between the finance and health sectors. This work includes improving flexibility in resource allocation and enables the health sector to be more strategic in shaping incentives with service providers to ensure the public interest and the advancement of UHC.
5. Collaborating to strengthen regulatory systems

Regulatory systems are a key action domain to achieve UHC and are essential for the protection and promotion of public health. WHO is working with partners and supporting Member States to strengthen their regulatory systems, including in the areas of medicines and the health workforce.

WHO has a well-established partnership with many national regulatory authorities and affiliated institutions, such as national control laboratories in the areas of medicines quality assurance and biological standardization and evaluation. For example, the partnership with the Ministry of Food and Drug Safety of the Republic of Korea has enabled both funding and technical support to strengthen vaccine, biomedicine, pharmaceutical and traditional medicine regulation in the Region.

This partnership provides consistency and reliability in country support and enables WHO to take a well-planned strategic approach based on specific country needs that have been identified through benchmarking activities by the national regulatory authorities.

WHO also has a wide range of partnerships to strengthen health workforce regulation in the Region. The partnership with the Australian Health Practitioner Regulation Agency has strengthened and grounded technical support to policy-makers and regulators in the Region in the development of effective, appropriate and efficient regulatory systems. It also has facilitated the identification and sharing of best regulatory practices and common challenges, including through publications and policy dialogue. In particular, the partnership informed a policy roundtable held in 2016 alongside the 12th International Conference on Medical Regulation convened by the International Association of Medical Regulatory Authorities.

WHO will continue to collaborate with partners and support Member States in strengthening regulatory systems to advance UHC and promote and protect public health.
Healthy Islands are places where children are nurtured in body and mind.
The Division of Pacific Technical Support (DPS) was established in 2010 in Suva, Fiji. The new division expanded the role of the WHO Representative Office in the South Pacific, which was established in 1956 to serve Pacific island countries and areas.

Together with the Regional Office, DPS coordinates tailored technical support for the Pacific through WHO country offices in Fiji, Kiribati, the Federated States of Micronesia, Samoa, Solomon Islands, Tonga and Vanuatu.
Introduction

Progressing towards the Healthy Islands vision

The Division of Pacific Technical Support (DPS) was established in 2010 in Suva, Fiji. The new division expanded the role of the WHO Representative Office in the South Pacific, which was established in 1956 to serve Pacific island countries and areas. Together with the Regional Office, DPS coordinates tailored technical support to the 21 Pacific island countries and areas through WHO country offices in Fiji, Kiribati, the Federated States of Micronesia, Samoa, Solomon Islands, Tonga and Vanuatu.

WHO support in the Pacific is guided by the Healthy Islands vision, embraced by health leaders from the Pacific as a unifying theme for improving health and protecting life-sustaining environments in the Pacific. Adopted at the first Pacific Health Ministers Meeting in Yanuca Island, Fiji in 1995, Healthy Islands has provided an aspirational vision for healthy living in the Pacific for more than two decades.

To align and provide fully tailored support to this renewed commitment from the Pacific health leaders, WHO has embraced and clearly articulated its support around the Healthy Islands vision in its draft Pacific Island Countries and Areas – WHO Cooperation Strategy (PICCS) that will cover the period from 2018 to 2022. The PICCS was developed in close collaboration with health partners and governments. It was also shaped at the same time as the United Nations Pacific Strategy 2018–2022, thus ensuring full congruence and integration between the two strategies.

DPS has supported the development of national strategic health plans, annual reviews and planning in Cook Islands, Fiji, Kiribati, the Federated States of Micronesia, Nauru, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu. Support also was provided in developing, implementing and monitoring national policies, plans and guidelines on essential medicines and health technologies, including work on traditional medicines.

WHO is working with Pacific island countries and areas to develop comprehensive national action plans on antimicrobial resistance (AMR). WHO also encouraged and provided support to organize public awareness campaigns in Fiji, Kiribati, the Federated States of Micronesia, Palau, Samoa, Tonga and Tuvalu.

In an effort to advance universal health coverage, WHO has worked with Pacific
island countries and areas to improve the delivery of essential health services by focusing on primary health care and community health. Acting on a recommendation from the Eleventh Pacific Health Ministers Meeting in April 2015, WHO has worked closely with the Pacific Community (SPC) and other partners to develop the Healthy Islands monitoring framework. A progress report on the framework will be presented to the Twelfth Pacific Health Ministers Meeting to be held from 28 to 30 August 2017 in Rarotonga, Cook Islands.

In support of efforts in the Pacific to prevent and manage noncommunicable diseases (NCDs), WHO has supported monitoring against regional and global targets and treaties, such as the Global Monitoring Framework for NCDs and the WHO Framework Convention on Tobacco Control.

Tobacco-free community settings continue to increase across the Pacific, alongside increased taxes and strengthened laws to reduce tobacco use. Repeated national surveys in three Pacific island countries show tobacco use on the decline.

A regional monitoring dashboard for NCD actions and progress against global and regional targets has been developed and will be used for annual progress reports. Nearly all Pacific island countries and areas have customized the evidence-based protocols on the early diagnosis and management of major NCDs from the WHO Package of Essential Non-communicable (PEN) Disease Interventions for Primary Health Care in Low-Resource Settings. A PEN meeting provided an opportunity for country focal points, experts and partners to review country progress on NCD clinical management, as well as consider actions to accelerate and strengthen programme implementation and roll-out.

WHO is supporting the scale-up of country actions for mental health, with a focus on strengthening policies and laws, integrating mental health into primary health care and raising public awareness. Many Pacific island countries used World Health Day 2017 to increase community understanding of depression under the theme Depression: Let’s talk.

In Fiji, an information package helped staff at health facilities and primary and secondary schools organize campaigns in their communities; Kiribati and Samoa...
hosted sports events to call attention to the issue. Supporting Pacific island countries and areas to reduce vulnerability to acute threats to health from public health emergencies and the health consequences of disasters requires coordinated national and regional responses. Over the past year, WHO continued to support countries in detecting, investigating and mitigating outbreaks of arbovirus disease, including outbreaks of dengue serotype 2, which has re-emerged in the Pacific.

WHO is working closely with Pacific Public Health Surveillance Network response partners – SPC, the Pacific Island Health Officers’ Association and the United States Centers for Disease Control and Prevention – in strengthening Pacific health security through coordinated technical support for the implementation of the International Health Regulations, also known as IHR (2005), through the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED III).

As a lead agency of the Health and Nutrition Cluster of the Pacific Humanitarian Team, WHO has worked closely with Fiji and Solomon Islands in their response to Category 5 Tropical Cyclone Winston in 2016 and the M6.4 Makira earthquake in 2017, respectively. Work began in 2017 on a five-year programme to build climate-resilient health systems in Kiribati, Solomon Islands, Tuvalu and Vanuatu through strengthened governance and policies, early warning systems, and preventive and curative service delivery within the framework of a successful pilot project on climate change adaptation to protect human health.

WHO support continues in tackling the emergence of multidrug-resistant

The effects of climate change and severe weather abound in the Pacific. This road in Tuvalu is disappearing because of coastal erosion and flooding.
tuberculosis (MDR-TB); building on the strong progress towards the elimination of lymphatic filariasis, trachoma, soil-transmitted helminths and yaws; and the prevention and control of HIV and sexually transmitted infections. The Marshall Islands achieved elimination of lymphatic filariasis as a public health problem in 2017 for a total of five countries in the Western Pacific Region that have been removed from the global list of endemic countries and areas.

Over the past year, Fiji, Kiribati and Vanuatu began countrywide rounds of mass drug administration (MDA) against trachoma. These endemic countries – along with Solomon Islands, which conducted MDAs the previous year – are making great progress towards the elimination of trachoma.

Lymphatic filariasis: elimination as a public health problem validated

Sustaining continuous efforts made since 1999 when the Pacific Programme to Eliminate Lymphatic Filariasis was established, the Pacific continues to move towards the elimination of lymphatic filariasis, also known as elephantiasis.

The majority of the 15 Pacific island countries and areas, plus Papua New Guinea, that were endemic with lymphatic filariasis at the beginning of the global elimination programme are now seeing encouraging results from annual MDAs with two medications – diethylcarbamazine and albendazole – and strong post-MDA surveillance.

Over the past year, four Pacific countries – Cook Islands, the Marshall Islands, Niue and Vanuatu – were validated by WHO as having achieved the elimination of lymphatic filariasis as a public health problem.

Five more countries have successfully completed MDAs, and they are now in the surveillance phase; three of these countries are likely to complete their dossiers for validation of elimination status and submit them before the year ends. Six countries continue with rounds of MDA in areas where the transmission of lymphatic filariasis persists, and intensive efforts are being made to ensure effective interventions in these areas.
1. Tailoring APSED III to the Pacific for regional health security

Significant progress has been made over the past decade in strengthening surveillance and response systems in the Pacific, as required under IHR (2005). Despite those gains, challenges remain in strengthening and maintaining IHR core capacities, including national surveillance, risk assessment and response.

Reducing vulnerability to acute threats to health requires coordinated and adaptive national and regional responses. It also requires resilient national health systems that can respond effectively to common epidemic-prone diseases and sudden-onset emergencies caused by natural, environmental or technological hazards. Timely regional public health technical surge capacities are also necessary to ensure health security in the Pacific. Some capacities, such as advanced diagnostics and reference laboratories, and stockpiles for medical countermeasures, require significant establishment and maintenance costs.

The One Health approach strengthens multisectoral coordination for health interventions at the human-animal-ecology interface. The approach is essential to fight antimicrobial resistance and safeguard health security in the Pacific.
as well as specialized expertise. Such capacities may be better organized as regional public goods to ensure that all countries have access at reasonable cost and efficiency.

WHO consulted extensively with Pacific island countries and areas and development partners to produce a dedicated chapter in APSED III that addresses the unique challenges in implementing IHR (2005) in the Pacific. Strengthening IHR (2005) implementation through APSED III was discussed at the 60th Pacific Island Health Officers’ Association Executive Board Meeting in Honolulu, Hawaii in September 2016; the 20th anniversary meeting of the Pacific Public Health Surveillance Network and the Pacific Heads of Health Meeting in Suva, Fiji in April 2017; and the Pacific Meeting on Implementation of the International Health Regulations (2005) in Nadi, Fiji in May–June 2017.

APSED III implementation aims to ensure that all Pacific island countries and areas have core public health capacities and capabilities in place to detect, assess and respond to common epidemic-prone diseases, as well as arrangements with regional response partners for timely technical assistance and surge capacity in the event of a transnational threat or disaster.

Strengthening IHR (2005) core capacities in the Pacific, through APSED III, will continue to focus on the core public health functions required by all national health systems for outbreak and emergency preparedness, alert and response, including disease surveillance, risk assessment, operational capacity, laboratory diagnosis, risk communication, capacity at points of entry and the functions of the National IHR Focal Points.

WHO is working closely with national health authorities and partners in the development and retention of health workers and the establishment of sustainable health system financing – both necessary to sustain gains made through IHR (2005).

Beginning in 2017, the priority for IHR (2005) through APSED III implementation in the Pacific is continual quality improvement, including outbreak review, exercises and voluntary Joint External Evaluation (JEE), and the development of updated national work plans.

In April 2017, the Pacific Heads of Health reaffirmed commitments by Pacific island countries and areas and partner agencies to accelerate IHR (2005) implementation for national, regional and global health security. They also agreed to the development of a multi-year action plan at the regional level for coordinated national and regional investments for health security in the Pacific. Major regional partners in the Pacific including WHO worked together to draft the multi-year Pacific Health Security Coordination Plan. A consultative process with national authorities will be completed before the Pacific Health Ministers Meeting in August 2017.

Collective action for Pacific health security, including more coherent, coordinated, transparent and adaptive support to IHR (2005) implementation by Pacific partners, and regional alert and response capacities, were two key themes of the seventh biennial Pacific Meeting on Implementation of the International Health Regulations (2005).
2. Progress on AMR national action plans

Already vulnerable health-care systems in the Pacific are challenged regularly by outbreaks of infectious diseases, as seen over the past year in Fiji, Kiribati and Tonga. Local laboratory data already have revealed the emergence of microorganisms resistant to conventional antibiotics in most Pacific island countries and areas. Unless driving factors affecting the health systems – such as insufficient hospital supplies or training of staff – are addressed in a systematic and sustainable manner, they will continue to occur.

To address this situation, Pacific island countries and areas have requested WHO support in developing national action plans. DPS, in coordination with the Regional Office and WHO country offices, has taken the lead in supporting AMR-related activities, including strengthening medical laboratories in testing of antimicrobial sensitivity, providing training on identifying and confirming multidrug-resistant pathogens, and monitoring AMR in Cook Islands, Fiji, Kiribati and the Marshall Islands.

WHO has also supported the review of infection control policies and the development of antibiotic guidelines using the results of local antibiograms or antibiotic sensitivity tests in Cook Islands, Samoa and Tonga. In addition, DPS supports efforts to improve AMR surveillance and information systems through the installation of the WHONET system – an information system developed to support the WHO goal of global surveillance of bacterial resistance to antimicrobial agents – in Cook Islands, Fiji and Samoa, including training staff members in its use.

DPS also coordinated WHO support in assisting with the development of national AMR action plans. Cook Islands and Fiji have launched multisectoral national action plans, and the Marshall Islands, the Federated States of Micronesia, Palau, Samoa and Tonga are developing plans. Furthermore, WHO is supporting Fiji to collect and analyse data on antimicrobial consumption in both humans and animals. This support will be extended to other Pacific island countries and areas.

The World Antibiotic Awareness Week campaigns are an important entry point for raising the political agenda of AMR. Eight Pacific island countries participated in 2015, and twelve took part in 2016. AMR was heavily discussed at the Meeting on Quality Assurance and Rational Use of Essential Medicines in the Pacific Island Countries on 14–17 February 2017 in Nadi, Fiji.

Sustained technical assistance is still needed, in particular for surveillance, infection prevention and control, and supply chain management of antimicrobials. DPS will continue to support Pacific island countries and areas in their efforts to prevent and control AMR and its consequences, tailoring guidance from WHO global and regional action plans to the context of each country and area.
3. Pacific Island Countries and Areas – WHO Cooperation Strategy and the Healthy Islands vision

The Multi-Country Cooperation Strategy for the Pacific 2013–2017 detailed the strategic vision and technical cooperation between WHO and the 21 Pacific island countries and areas in the Western Pacific Region. An updated version of the strategy is being developed, with the Healthy Islands vision as the guiding principle in shaping strategic priorities and focus areas for 2018–2022.

The current strategy presents the diverse geographic, demographic, cultural, economic and health parameters for the 21 Pacific island countries and areas. It also promotes a country-focused approach with country-specific information, summarizing each country and area’s health status, national health policies and systems, and strategic priorities. The strategy takes these elements into account in crafting a holistic subregional strategic vision with Healthy Islands as the unifying theme. The draft Pacific Island Countries and Areas – WHO Cooperation Strategy is designed to hasten progress towards the vision of Healthy Islands by improving and protecting the health of all Pacific islanders.

To ensure alignment of the Pacific Island Countries and Areas – WHO Cooperation Strategy and the Healthy Islands vision, the Healthy Islands monitoring framework will be the fundamental tool for monitoring the outcomes and impacts of DPS work. The monitoring framework provides indicators that gauge progress in the implementation of specific actions to realize the vision. The indicators were drawn mainly from global frameworks, such as the Sustainable Development Goals, to ensure harmonization with international standards.

The strategic agenda of the Pacific Island Countries and Areas – WHO Cooperation Strategy for 2018–2022 underscores the responsiveness of DPS to the needs and priorities of Pacific island countries and areas and to multisectoral collaboration to establish cross-cutting initiatives that provide sustainable support for the more than 3 million people in the Pacific. Progress towards the goals of the strategy will help realize the Healthy Islands vision.

The Pacific’s future is in the hands of its children. Leadership and action for health today will expand their horizons for tomorrow.
The Regional Director stands with Member State representatives in October 2016 at the Regional Committee for the Western Pacific in Manila. At all levels, WHO works to ensure that the Regional Committee’s deliberations and decisions help improve the health of the Region’s people.
Leadership, Coordination and Support

The Office of the Regional Director, the Division of Programme Management and the Division of Administration and Finance provide leadership and oversight of WHO work in the Western Pacific Region.

Working in close collaboration, these three branches of management coordinate the work of technical programmes, country support, partner and donor relations, administrative and financial support, and communications.
Introduction

The Office of the Regional Director, the Division of Programme Management and the Division of Administration and Finance provide leadership and oversight of WHO work in the Western Pacific Region. Working in close collaboration, these three branches of management coordinate the work of technical programmes, country support, partner and donor relations, administrative and financial support, and communications.

The Regional Director’s overarching vision – to ensure country priorities are always at the centre of WHO efforts – guides the work of senior management. The management team also works collectively to identify ways to improve the Organization’s effectiveness, efficiency and accountability.

In addition, the team leads efforts to align the Region with global reforms, such as managing mobility and recruitment of staff, and reforms to enhance accountability and transparency.

Office of the Regional Director

The Office of the Regional Director (RDO) supports the work of the Regional Director, as well as leadership and coordination efforts within the Regional Office – particularly in the areas of communications, external relations and partnerships, and information products and services. RDO also supports the work of WHO governing bodies.

Strategic, effective and well-coordinated communications are integral to carrying out WHO’s goal of helping build a better, healthier future for all people. The Communications unit within RDO works closely with technical divisions, WHO headquarters and 15 country offices in the Region to provide information, guidance and advice to decision-makers — from individuals to policy-makers and partners — that will prompt action to protect and promote health.

World Health Day on 7 April 2017 demonstrated the power of communications in the pursuit of better public health. The Regional Director marked the observance by inviting the diplomatic community, United Nations agencies and mental health advocates to the Regional Office for an event with the theme: Depression: Let’s talk. It was the highlight of a Region-wide campaign across news and social media that generated widespread discussion of depression and mental illness – helping raise awareness that talking about depression can be the first step towards recovery.
Strong communications also rely on high-quality publications, information products and translation services. The Information Products and Services team (IPS), which includes the Library, the Publications unit and Translation team, assist WHO staff and Member States in creating, translating, disseminating and retrieving health-related information.

In public health, knowledge and information can literally save lives. In low-income countries, especially in remote areas, the latest scientific information is usually difficult to access and costly. Over the past year, IPS led the roll-out of an innovative online system for providing access to the latest health and medical information: the Hinari programme.

This partnership between WHO and major publishers, enables low- and middle-income countries to gain access to one of the world’s largest collections of biomedical and health literature – meaning that distance and budget are no longer barriers to life-saving information. Training conducted by IPS has linked hospitals in remote areas of the Lao People’s Democratic Republic and Papua New Guinea with the best health and medical information from around the world.

WHO relies on the excellent support of many partners and donors to sustain its work. With the adoption of the Sustainable Development Goals, partnerships and alliances across sectors – agriculture, education, health, transport and others – are more important for WHO work than ever before. While health resides at the centre of the global development agenda, the forces that impact health are mostly outside the health sector.

The External Relations (ERP) unit within RDO supports WHO’s relationships with a range of health and development partners that provide financial and technical support for WHO, including through the management of some 130 memoranda of understanding and other agreements. In the Western Pacific Region, ERP also coordinates the implementation of the Framework of Engagement with Non-State Actors, adopted by the World Health Assembly in 2016.

**Division of Programme Management**

The Division of Programme Management (DPM) coordinates technical cooperation with Member States through programme development and operations, country support and editorial services. The division employs results-based management and cross-cutting approaches in order to ensure results at the country level.

DPM directs strategic and operational planning as well as resource allocation based on priorities identified by WHO governing bodies – the World Health Assembly, the Executive Board and the Regional Committee for the Western Pacific. Its work is guided by the Programme Committee and country cooperation strategies. The division also is respon-
The Country Support Unit (CSU) is responsible for overall coordination of governing body meetings, including the annual session of the Regional Committee.

The Programme Development and Operations unit within the division coordinates implementation of the Programme Budget 2016–2017. The unit also helped develop the draft Programme Budget 2018–2019, which was approved by the Seventieth World Health Assembly in May 2017.

The Country Support Unit (CSU) works closely with WHO country offices to ensure that Member State priorities and needs are at the centre of all work. The unit also coordinates the development, implementation and review of WHO country cooperation strategies – which are jointly developed with Member States to guide WHO work in countries.

CSU helps drive WHO reform in the Region, including alignment with global reform efforts, and implements WHO evaluation policies in the Region. The unit also coordinates WHO’s work with other United Nations agencies and global health initiatives.

The Editorial Services team (EDT) ensures the quality of WHO official documents and information products by providing editorial guidance and support across the Organization. The team coordinates all documentation for the Regional Committee from all divisions in the Region, as well as supporting the communications needs of the Regional Director.

In general, EDT supports quality control for all publications and communications products at the Regional Office. The unit has produced templates and guidance for all types of writing – from speeches and mission reports to working documents and regional frameworks. The team’s cross-cutting initiatives also include an updated manual on Regional Committee processes and protocol, as well as a separate guide to facilitate Member State roles and functions during the session.

Division of Administration and Finance

The Division of Administration and Finance (DAF) is comprised of three units – Budget and Finance, Human Resources Management, and Information Technologies and Administration. The division ensures accountability and transparency in the use of funds through diligent reporting and oversight.
Effective procedures for recruiting and retaining skilled staff, as well as support for equipping and empowering staff, help WHO deliver meaningful results in the Western Pacific Region. The DAF teams work at the regional level in Manila and support country offices, helping strengthen cooperation with technical divisions for solutions at the country level.

The Budget and Finance unit within the division provides guidance, policies and reporting procedures that strengthen internal financial control for compliance and quality assurance. The Human Resources Management unit is tasked with recruiting world-class experts and local support staff, and getting them on board in the shortest time possible.

The Information Technologies and Administration unit provides services for daily administrative work, ensuring the Organization operates efficiently in the areas of procurement, travel, meeting management, information and communication technology, registry and logistics, office management, and staff safety and security. The group also helps deliver logistical support to emergency response services, including facilitating travel, procurement and shipment of equipment, and ensuring staff safety.

In 2016, the Regional Office for the Western Pacific became the first major WHO office to achieve full on-time compliance in personnel evaluations. Formally known as Performance Management and Development System reviews, all personnel reviews were completed within the global deadline.

Similarly, Direct Financial Cooperation (DFC) – payments made by the Organization for the cost of items that would otherwise be borne by governments – remained at 100% compliance for reporting. These funds help governments to strengthen their health development capacity, simultaneously enhancing the benefits from WHO technical cooperation. To monitor progress, quality-assurance activities were conducted in every WHO country office in the Region.

The Administrative Services Unit (ASU) was reorganized to boost efficiency, and administrative functions in country offices were strengthened. Beyond enhancing the network, increasing security, and deploying new standard technology, the Information Technology Group continued to develop solutions for Member States, such as: a new civil registration and vital statistics biometrics-based system in the Federated States of Micronesia; the WHO global deployment of the Internal Control Framework self-assessment application; and continued leadership in the development of the Global Engagement Management system.

In addition, the division is assisting office relocations in Malaysia and Samoa in order to operate more efficiently and meet the requirements of the United Nations Minimum Operating Security Standards.
1. Greater compliance, accountability and transparency

The fundamental principles of accountability and transparency underpin all WHO work. The Organization always must be accountable to Member States, first and foremost, as well as to the donors and partners who support WHO work. And the Organization must be transparent in all it does. Work on strengthening accountability, transparency and compliance in the Western Pacific Region has continued over the past year.

The Regional Office now has a full-time Compliance and Risk Management Officer, reporting directly to the Regional Director. The Regional Office also is taking a leadership role globally in spearheading greater accountability, transparency and compliance.

For example, the Regional Office led the conversion of the Internal Control Framework, a self-assessment checklist, to a more user-friendly, web-based tool for worldwide use. In November 2016, the Western Pacific Region hosted the first-ever global meeting of compliance and risk management officers.

The Regional Office continues to promote a strong culture of compliance and risk management, including full on-time compliance of DFC reports and staff evaluations. The Regional Office also takes accountability to our donors very seriously, ensuring that high-quality reports to donors are submitted on time. The Compliance and Risk Management Officer produces a quarterly compliance report for the Regional Director to ensure continued focus on and sustainability of compliance with key organizational accountability measures and reforms.

In November 2016, WHO joined the International Aid Transparency Initiative (IATI) – a voluntary, multi-stakeholder initiative that seeks to improve the transparency of aid, development and humanitarian resources in an effort to increase their effectiveness in tackling poverty. Members include donor and recipient countries and also organizations representing civil society and the private sector, as well as national and international nongovernmental organizations.

A new policy on information disclosure is being rolled out over the next two years as part of WHO’s commitments to IATI.
2. Enhancing WHO country work with better technology

The WHO Western Pacific Region is vast and covers multiple time zones. For a long time, these prevented many countries in the Region from easily accessing a wide range of expertise available across the three levels and six regions of WHO.

Improving the ways of working across WHO’s global, regional and country levels has been a priority of reform in the Region. Upgrades in our information and communication technology infrastructure across the Region have provided a better field of play for collaborative mechanisms.

While stable Internet connections remain an issue in some remote locations, a range of platforms now allows the Regional Office to connect better with country offices, and country offices to connect more easily with each other. Advances in digital technology also help the Regional Office connect with Member States.

Improvements began in 2012 with country offices switching wherever possible from costly satellite connections to better, less expensive alternatives, such as cloud-based videoconferencing. In 2013, desktop phones were also enabled with cameras, allowing video calls to most country offices in the Region and other WHO offices.

During the sixty-seventh session of the Regional Committee in October 2016, all 15 country offices in the Region were connected by videoconference to a side event showcasing WHO work in countries. Member State representatives applauded the initiative.

These technological solutions have enhanced WHO work, making it easier for staff to work together without the expense and inconvenience of face-to-face meetings. Better connectivity also enhances WHO’s work with Member States – providing an alternative to travel for consultations with the Regional Office in Manila. For example, Member State consultations in 2017 on several upcoming Regional Committee items were conducted by videoconference.

The videoconferencing approach allowed for multisectoral and higher-level participation given the small opportunity cost of attendance. There was more meaningful country-level discussion and review of draft strategies, with WHO country office staff facilitating translation and discussion in local languages. The result is a more country-focused approach to development of regional strategies.
3. Taking stock of reforms that ensure WHO is fit for the future

When the Regional Director took office in 2009, he embarked on a series of reforms to improve WHO performance in the Region and to ensure Member State priorities were being addressed. The Regional Office conducted a yearlong analysis of reform initiatives, gauging their effectiveness and benefit for Member States and identifying additional steps for reforms to take full effect.

“Our success relies on our capacity to deliver results,” explains Regional Director Dr Shin Young-soo. “It is paramount to any Organization to take stock of what has been done and learn from those experiences to work more effectively in the future.”

With the stocktaking exercise, WHO put previous reform efforts under a magnifying glass to see what works best, in the end operationalizing tried and tested ways to improve support at the country level. In all, the exercise identified more than 800 reform actions – some addressing specific challenges and others tackling deeper structural and systematic needs.

Actions were grouped into six domains. They focused on strengthening WHO support to Member States based on their needs and priorities, and enhancing accountability, efficiency and capacity-building to ensure that progress could be sustained.

In the Region’s continuing drive to improve performance, the review highlighted the need to avoid project-based
approaches to maintain a strong reform structure that incentivizes performance and encourages the participation of all staff members and stakeholders.

To ensure success, reform mechanisms must be strengthened, the review found. Particular attention must be paid to strengthening performance in three areas: effectively engaging partners, placing the right people in the right places and enhancing communications. Work in these three areas – which will be priorities over the next two years – is already yielding results.

Across the Region, WHO has increased engagement with partners and stakeholders, from improving donor reporting to organizing forums to engage parliamentarians for health. The Regional Office continues to build networks to improve partner participation in support of Member States, such as collaborating centres that provide expertise on all aspects of public health.

To get the right people in the right places, the recruitment process has been reviewed to improve efficiency and reduce on-boarding times. A diverse working group was formed to critique processes and challenges. Senior management has endorsed the group’s recommendations, which include applying a project management approach to candidate selection, developing a roster of independent panel members to ensure the best panel for every selection, and leveraging functions of the Organization’s new recruitment and on-boarding system, Stellis.

To enhance communications, the Regional Director’s Office launched the new Strategic Communications Framework for WHO in the Western Pacific Region in June 2017. A weeklong workshop was also conducted with communications specialists from across the Region and the Organization. The need for clear strategic communications is greater than ever, given today’s increasingly crowded and complex global health and development space.

A comprehensive survey of staff and stakeholders confirmed the strong trust people place in WHO. The survey also suggested ways to reinforce appreciation of the Organization’s work, including a long list of health achievements in the Region.

That relationship of trust will be more imperative than ever as the new era of Sustainable Development begins. Health has finally assumed its rightful place at the centre of the global development agenda, with WHO as the authority entrusted to build cooperation and consensus on health in global development.

For WHO in the Western Pacific, that trust means leaving no one behind in efforts to attain the highest level of health and well-being possible for the Region’s nearly 1.9 billion people.
REPORT OF THE REGIONAL DIRECTOR
The work of WHO in the Western Pacific Region
1 July 2016 – 30 June 2017