A Decade of Progress towards Better Health

WHO in the Western Pacific Region 2009–2018
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Foreword

Earlier this year, I met a woman who had just given birth to her second child in her Lao village’s small health clinic on the Mekong River. She talked about her hopes and fears for her new baby boy, as she swaddled him in a golden blanket.

Over the past decade, I have had hundreds of conversations like this one with people who wonder what the future holds. They worry about how everything from climate change to communicable disease will affect their well-being.

These worries cut across all communities — from mayors of megacities, to fishermen in Pacific island hamlets, to that young woman and her tiny baby with big questions. Will he grow up healthy and happy? Will he have a good life? Are we doing all we can to make sure this is the case?

As the World Health Organization (WHO) Regional Director, I take every one of these conversations as a mandate. They have helped me stay focused on the people that WHO exists to serve and the barriers to health and well-being they face.

Over the past 10 years, I have been fortunate to serve and hear from many people across the Western Pacific Region, which spans some 15 000 kilometres from Mongolia and China in the West to New Zealand and French Polynesia in the East.

This report presents our progress over that time towards better health for the more than 1.9 billion people of this dynamic but disaster-prone Region, and our efforts to ensure their future health and well-being.

In the past decade, our Region has seen significant improvements in maternal and child health and in the battle against a range of communicable diseases, from hepatitis and HIV to malaria and tuberculosis (TB). Real progress has also been achieved in the fight against the epidemic of noncommunicable diseases (NCDs), and major strides have been taken in improving health security and health systems.

We have worked hard to become more effective, efficient, transparent and accountable.

The report also summarizes WHO organizational reforms in the Western Pacific Region, aimed at making us an Organization that better delivers on the needs and priorities of Member States.

We have worked hard to become more effective, efficient, transparent and accountable in all that we do. In collaboration with Member States, we have sought to improve governance. We established the Division of Pacific Technical Support in Fiji to better address the unique health challenges of Pacific islands.
We created the Division of Health Security and Emergencies to strengthen our work on emergency preparedness and response – years before the establishment of the global WHO Health Emergencies Programme.

We have improved our communications and strengthened partnerships, including those with parliamentarians and others beyond the health sector.

In a world where health threats come largely from outside the health sector — and the development landscape is increasingly complex and crowded — the convening power of WHO is more important than ever.

I believe these changes have made WHO in the Western Pacific Region more people centred and country oriented, and a stronger Organization overall.

But there is always more to do.

We face many old threats in new forms. They include drug-resistant strains of diseases such as TB and malaria. We face a tsunami of NCDs. We must do more to reduce risk factors for these largely lifestyle-driven diseases, as we work to improve the lives of those for whom prevention is too late. While preparedness for health security events has improved markedly, we cannot for a moment be complacent. The next pandemic may always be just around the corner.

Much of what we can do to safeguard health and well-being revolves around our work to make health systems stronger and advance universal health coverage.

We must ensure that everyone in every corner of this vast Region has access to the quality health services they need at a price they can afford.

When I began my tenure as Regional Director, I had the utmost respect for the Organization and its work. Leading WHO in the Western Pacific over the past decade has only served to strengthen my appreciation of the tremendous value of the Organization’s work and my conviction that the world needs a stronger WHO.

Serving this Region has been my great privilege. I thank Member States and partners for the trust they placed in me and the support they continue to provide WHO. And I wish the next Regional Director every success in continuing WHO’s work towards achieving the highest attainable standard of health for all.

Thank you.

Shin Young-soo, MD, Ph.D.
WHO Regional Director for the Western Pacific 2009–2019
When the first World Health Assembly convened in 1948, barely two months after the founding of the World Health Organization (WHO), malaria, tuberculosis (TB), and maternal and child health dominated its agenda. In the seven decades since that first Health Assembly, global public health challenges have evolved.

And while there has been significant progress against these old enemies, many of them continue to confront us.

Communicable diseases, including dengue, hepatitis, malaria, measles and TB, remain major drivers of morbidity and mortality in the Western Pacific Region. Disease often preys on the most vulnerable. Every day in the Region, more than 1000 children die before their fifth birthday. Every month, more than 1000 mothers die during and immediately after pregnancy and childbirth.

This is unacceptable.

Accordingly, Member States and our partners have high expectations for WHO work in these areas. Fortunately, effective interventions have led to major gains in recent years.
Saving mothers and babies

Over the past decade, the maternal mortality ratio in the Western Pacific Region fell to 41 from 61 deaths per 100,000 live births. The under-5 mortality rate dropped to 13 in 2016 from 35 per 1000 live births in 2000. That represents a 63% reduction, among the steepest declines of all WHO regions.

Much of the progress against child mortality can be attributed to expanded immunization coverage that has reduced the threat of vaccine-preventable infectious diseases, such as diphtheria, measles, pneumonia, poliomyelitis (polio) and tetanus. Still, complications during pregnancy and neonatal problems continue to account for roughly half of under-5 deaths.

At the 2010 session of the WHO Regional Committee for the Western Pacific, Dr Shin Young-soo, Regional Director for the Western Pacific, vowed to take action in response to the concerns of Member States. That commitment led to the development of Early Essential Newborn Care (EENC) and First Embrace. Member States have enthusiastically adopted these initiatives as part of the regional push to improve newborn health.

“This is about taking small, simple steps that can save many lives.”

EENC involves a series of simple and cost-effective measures, including the First Embrace, which helps mothers and babies thrive by bringing them together with sustained skin-to-skin contact shortly after birth.

“This is about taking small, simple steps that can save many lives in the Western Pacific Region every year,” says Dr Howard Sobel, Coordinator for Reproductive, Maternal, Newborn, Child and Adolescent Health at the WHO Regional Office. “We will also be improving the lives of millions more by preventing infections.”

The success of EENC in the Region has generated global interest. With help from WHO headquarters and partners, the initiative has been launched in 18 countries around the world.
The Western Pacific Region as a whole met the 2015 Millennium Development Goal (MDG) targets for HIV, malaria and TB. The eight MDGs were established in 2000, with three health goals and five health targets.

Since 2015, the Sustainable Development Goals (SDGs) have guided global efforts, with SDG 3 focused on “good health and well-being”. WHO has responded enthusiastically to Member State requests for support in advancing towards the SDGs and universal health coverage (UHC).

“In recent years, WHO in the Western Pacific Region has been very sensitive in listening to the concerns of Member States and tailoring solutions based on country priorities and capacity,” says Dr Rabindra Abeyasinghe, who heads the Malaria, other Vectorborne and Parasitic Diseases unit at the WHO Regional Office and once served as National Malaria Director in his native Sri Lanka. “This Region has been at the forefront of that country-centred focus, and it really has made a difference for communicable diseases.”

TB incidence in the Region over the past decade has declined by 14%. TB deaths are down 29% to about five per 100 000 of the population, far below the global average of 17. In 2016, the Regional Committee voted to accelerate implementation of the global plan to end TB. Improved access to innovative tools has been key to fight the disease.
including a WHO-endorsed rapid diagnostic test available in all high-burden countries.

A new regimen to treat multidrug-resistant TB (MDR-TB) – available in four of the five high-burden countries in the Region – has cut treatment to 12 months or less from the previous regimen of 18 months or longer.

In the battle against malaria, Member States have agreed on the need for strengthened surveillance systems and greater access to quality-assured diagnostics and effective treatment options. The 10 malaria-endemic countries in the Region are progressing towards national elimination goals. They are projected to achieve a decrease of 30–50% of their malaria burden, as compared to the 2015 baseline. China reported no indigenous malaria cases in 2017, an unprecedented achievement that puts the country on track for certification of elimination by 2020.

Multidrug resistance, particularly to artemisinin-based therapy, is a growing problem in the Greater Mekong Subregion. This has reduced the options for malaria treatment in some areas. In response, Member States are moving from burden reduction, which must be pursued in high-transmission areas, to accelerated elimination, which will require rigorous surveillance.

“The 10 malaria-endemic countries in the Region are progressing towards national elimination goals.”

\[\text{DECLINE IN TB DEATHS}\]

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<tr>
<th>Year</th>
<th>TB deaths in the Western Pacific Region</th>
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<td>2008</td>
<td>17</td>
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<td>2018</td>
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Global TB deaths in 2018 TB deaths per 100,000 of the population per year
Viral hepatitis is one of the largest public health challenges in the Western Pacific Region. The Region is home to 40% of all those infected with chronic hepatitis B or C in the world. With support from WHO, Member States have made major strides, particularly through hepatitis B immunization that is now incorporated into national immunization schemes.

Thirty of 37 countries and areas in the Region have reduced chronic hepatitis B prevalence in 5-year-old children to less than 2%. Eleven countries have pushed prevalence to less than 1%. These gains put the Western Pacific far ahead of other regions. More importantly, they have prevented more than 40 million new infections, saving more than 7 million lives.

WHO has worked closely with Member States in establishing targets and developing a strategic and coordinated approach that goes beyond immunization and prioritizes the treatment of people living with chronic hepatitis. This approach includes building awareness and knowledge among stakeholders, strengthening public policy, generating data to better understand hepatitis epidemics, enhancing prevention strategies, and improving access to affordable screening, diagnosis and treatment of hepatitis B and C.

To that end, WHO is working towards the triple elimination of mother-to-child...
transmission of HIV, hepatitis B and syphilis by using the common reproductive, maternal, newborn and child health platform to enable additional hepatitis B interventions. The goal is to eliminate these preventable infections by 2030.

“Goals aren’t simply aspirational or something passed down from the top in our Region,” explains Dr Mark Jacobs, Director of Communicable Diseases in the Region and former Director of Public Health in New Zealand. “Member States work closely to agree on a target or goal. Then, we develop an approach and agree on how we can measure it. Once goals are adopted in this Region, they are taken seriously.”

While immunization and prevention are paramount, the Regional Director has also focused attention on those with chronic hepatitis, hoping to arrest the progression of the disease before it leads to liver cancer or cirrhosis. As hepatitis cures can be quite expensive, the Regional Office has established a cross-divisional approach to address financing challenges faced by countries.

“It has been quite different from the way these issues were approached in the past,” says Dr Jacobs. “It’s very much been a collaborative effort, with teams from across the Organization working together. We needed to address essential medicines to treat hepatitis, but we also needed to work on the health systems side for financing these expensive medicines. Rather than tackling it issue by issue, we are getting better at tackling it in a smarter, more efficient and more effective way.”

The Region also has made significant progress over the past decade in increasing the availability of antiretroviral therapy for people living with HIV. In addition, several countries have eliminated measles, rubella, maternal and neonatal tetanus, trachoma, and lymphatic filariasis and other neglected tropical diseases (NTDs).

The Region has achieved tremendous success in the control and elimination of NTDs between 2009 and 2018: nine out of 22 endemic countries in the Region have been validated as having eliminated lymphatic filariasis as a public health problem and two out of 10 endemic countries have been validated as having eliminated blinding trachoma as a public health problem. Strong progress has been achieved in controlling other NTDs.

Children in countries where these terrible diseases were once endemic can now grow up knowing they are safe.
Looking ahead, we must redouble our efforts to ensure that old enemies are eliminated. We must contain drug resistance, particularly for TB drugs and artemisinin for malaria.

We must expand immunizations and serve hard-to-reach populations and marginalized groups, such as migrants and the poor. Declining donor support for disease programmes has created a need to shift focus to strengthening health systems and expanding UHC.

In addition, greater government support will be necessary for reproductive, maternal, newborn and child health.
Fighting drug-resistant TB in the Pacific

Christopher, a 41-year-old fisherman, did not know why he was losing weight and unable to shake a persistent cough. Finally, he visited a health clinic in Tarawa, Kiribati, in October 2015 and received grim news: he had multidrug-resistant tuberculosis (MDR-TB), a type of the disease resistant to the two most powerful anti-TB drugs – rifampicin and isoniazid.

Great distances and limited resources complicate TB treatment in remote islands in the Pacific. MDR-TB poses even greater challenges since diagnosis and care are long, complex and costly. Drug resistance cannot be detected through traditional methods using microscopes, and most doctors lack experience in providing the complex treatment required. To make matters worse, the high cost and short shelf life of drugs needed often make it impractical to keep supplies on hand.

Christopher was saved thanks to key initiatives in the Pacific designed to support patients like him. His diagnosis was made in a matter of hours using a state-of-the-art rapid test. To support his treating physician, WHO organized a teleconference with the regional treatment group – connected remotely via Internet – of experienced TB clinicians, laboratory experts and public health consultants from Australia, Hawaii and WHO. The group provided the local health team with clinical advice on treatment, managing the side-effects and preventing the spread of the disease.

WHO also sent drugs from the Pacific TB drug stockpile at the Philippine Department of Health, so Christopher was able to start treatment just 17 days after being diagnosed. Additional drug susceptibility testing was carried out by a laboratory in Australia under the Pacific TB Laboratory (PATLAB) initiative. The results were used to adjust Christopher’s drug regimen to make it more effective. Today, Christopher says he is fully recovered and feeling fine.

Since 2011, the regional MDR-TB group, PATLAB and the Pacific TB drug stockpile have been meeting the needs of individual patients and TB programmes in Pacific island countries and areas. WHO manages these initiatives with financial support from donors. MDR-TB diagnosis and care in the Pacific presents major challenges for patients and health workers alike. These practical initiatives help overcome the challenges in providing the quality TB care each patient deserves.

Although TB incidence throughout the Western Pacific Region has decreased 14% over the past decade, an estimated 1.8 million people are newly infected every year in the Region. “The TB rate is coming down in the Region, but it’s not happening fast enough,” says Dr Shin Young-soo, WHO Regional Director for the Western Pacific. “We need to do much more to achieve our goal of ending the epidemic once and for all.”
Member States in the Western Pacific Region can take great pride in progress against communicable diseases and other age-old threats. These gains, however, have been offset by new challenges, such as noncommunicable diseases (NCDs), tobacco, antimicrobial resistance and the health impacts of climate change.

While the health sector is taking a lead role in tackling these problems, the solution lies in a multisectoral response. Action against NCDs and their major risk factors – unhealthy diets, lack of physical activity, tobacco use and the harmful use of alcohol – requires action from schools, communities, governments and industry. Progress against antimicrobial resistance not only calls for greater vigilance by medical professionals and regulators, but also involves collaboration with the agriculture and animal health sectors.

Climate change demands a broad response, with the health sector taking the lead on the mitigation of health impacts by building climate-resilient health systems.

Combating new threats
Silent assassins

NCDs – primarily cancer, cardiovascular disease, chronic respiratory diseases and diabetes – are responsible for four out of five premature deaths in the Region. Once considered to be largely problems for wealthier developed nations, these silent killer diseases have taken an enormous toll on low- and middle-income countries in recent years.

“People used to think NCDs were an individual thing, that you hadn’t taken care of yourself,” says Dr Shin, the NCD director. “The Political Declaration served notice that it was time to take broader, coordinated action on the major modifiable risk factors for NCDs.”

Recognition by world leaders of the NCD crisis – which Pacific health ministers earlier declared an epidemic – led to the development of sweeping population-based approaches to combat unhealthy lifestyles, settings and environments, as well as renewed support for ongoing efforts, including the WHO Framework Convention on Tobacco Control and programmes such as Healthy Islands, Healthy Cities and Health Promoting Schools.

“Those broad strategies have been very helpful,” says Dr Shin, the NCD director. “But the bottom-up approach to NCDs is also very critical, strengthening things from the ground up with better primary health care and improved health leadership and training for health professionals.”

Following the 2011 United Nations declaration, WHO worked with ministries of health and development partners in the Western Pacific Region to craft individual country support plans for NCDs. WHO also worked with Member States on multisectoral indicators and targets to track progress towards the voluntary global targets. WHO developed and conducted leadership and advocacy workshops on emerging priorities for NCDs, cancer control, reduction of the harmful impact of alcohol on young people, and health promotion and healthy settings to build leadership capacity and health

**These efforts have contributed to a reduction in the probability of dying prematurely in the region from any major NCD**

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<th>Year</th>
<th>Probability</th>
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<td>17.9%</td>
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<td>2016</td>
<td>16.2%</td>
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A Decade of Progress towards Better Health – WHO in the Western Pacific Region 2009–2018
literacy at all levels of government and in communities.

These efforts have contributed to a reduction in the probability of dying prematurely in the Region from any major NCD to 16.2% in 2016, from 17.9% in 2005. Any reduction is welcome, of course. But a great deal more must be done to address premature mortality from NCDs. For instance, while NCD prevention is critical, Member States also face increasing demands to treat and manage those with chronic NCDs.

This has led to a greater reliance on the WHO Package of Essential Noncommunicable Disease Interventions for Primary Health Care in Low-Resource Settings, known by the acronym PEN. PEN has been rolled out across the Region and adapted to local settings. In Samoa, the Ministry of Health and the National Health Service, with support from WHO and advocacy by the Regional Director, developed PEN Fa’a Samoa or “PEN the Samoan way”.

Other tools for NCD prevention and management are being put into effect across the Region, including the Noncommunicable Disease Education Manual for Primary Health Care Professionals and Patients and the Action for Healthier Families Toolkit, which both support PEN implementation. In addition, a software tool developed in the Region called HeartCare allows health workers to assess patients with cardiovascular disease, collect information to manage risks, and help develop a database that can identify and track high-risk patients, generating evidence to strengthen health services.
Each region of the world faces a unique combination of health challenges. Malaria is a global concern, but is particularly acute in Africa. NCDs are an issue in nearly every country, however, European countries face the greatest burdens. And while tobacco is the single largest cause of death worldwide, its ingrained use throughout the Western Pacific Region takes a massive toll on health.

One third of cigarettes consumed globally are smoked in the Region. The Western Pacific has the greatest number of smokers, the highest rate of adult smoking prevalence and the greatest number of smoking-related deaths for both sexes. In the Region, three people die every minute due to tobacco-related diseases, and one in 10 premature deaths (people 30–60 years old) is attributable to tobacco use.

The WHO Tobacco Free Initiative in the Western Pacific Region has taken the lead in the fight against tobacco. The Western Pacific is the only WHO region in which every Member States is a party to the WHO Framework Convention on Tobacco Control (WHO FCTC), the first international health treaty negotiated under the auspices of WHO.

Now more than half of the Region’s Member States – up from only five a decade ago – have implemented WHO FCTC-compliant graphic health

“We can thank WHO partnership and support for many of our gains in tobacco control and prevention.”

A health worker treats a patient at the National Cancer Institute, Putrajaya, Malaysia.
warnings covering at least 50% of tobacco product packages. WHO supported Australia in its enactment of the world’s first plain packaging law for tobacco products: standardized packaging in unattractive colours with large graphic health warnings that discourage young people from smoking and encourage smokers to quit.

Since 2015, the Chinese megacities of Beijing, Shanghai and Shenzhen have all adopted 100% smoke-free laws with WHO support. While cities work to enforce the bans, the Government has also increased tobacco taxes and tightened restrictions on tobacco advertising, promotion and sponsorship.

WHO in the Western Pacific Region also lent its support to several other Member States in their efforts to increase tobacco taxes and counteract tobacco industry efforts to block tax increases. The tobacco industry knows that raising taxes, which translates into price increases for consumers, is the single most effective means of reducing tobacco use.

Some countries, such as the Philippines and Viet Nam, are devoting a portion of increased tax revenues from tobacco to support public health initiatives, including health promotion foundations, which is a recognized best practice. In Viet Nam, the Tobacco Control Fund now provides much-needed financial resources for the prevention and control of tobacco use, while the Philippines uses increased tax revenue to boost its UHC programme, enabling the Government to subsidize health insurance for the poor.

In addition, WHO continues to support Pacific health ministers with their campaign for a Tobacco Free Pacific by 2025. “Solomon Islands is now a regional leader in tobacco control, but no one knew about us when we first started working on the issue,” says Dr Geoffrey Kenilorea, NCD Director at the Ministry of Health and Medical Services in Solomon Islands. “We can thank WHO partnership and support for many of our gains in tobacco control and prevention over the last decade.”

When Member States have not lived up to their international tobacco control obligations, WHO has stood ready to support subnational government units to introduce their own tobacco control measures by establishing smoke-free cities as well as smoke-free tourism and World Heritage sites. More recently, WHO has launched a campaign to encourage workplaces across the Region to become smoke free.

While the battle against tobacco is far from over, we are making inroads. As a result of Member State efforts, the latest global projections show that by 2025, some 21 million fewer people are expected to be smoking in the Western Pacific Region, down from a 2010 total of 392 million smokers.
Tackling antimicrobial resistance

Antibiotics are among the most commonly prescribed and effective drugs for treating life-threatening infections, as well as some of the most serious diseases that impact public health. But up to 50% of the time, antimicrobials, including antibiotics, antivirals, antiprotozoals and antifungals, are prescribed when they are not needed or are incorrectly dispensed.

The overuse and misuse of antimicrobials threaten the health and security of everyone.

Antimicrobial agents also are often given with little regard to animals and fish, introducing these drugs into the food chain. This overuse and misuse of antimicrobial agents threatens the health security of everyone, but hits the poorest the hardest as the treatment of resistant infections becomes more expensive.

Over the past several years, WHO has been working with Member States and partners in the Region, including the Food and Agriculture Organization of the United Nations and the World Organisation for Animal Health, to develop a multisectoral approach to identify common gaps and challenges. Together, we are working to find the best way forward for collective action on antimicrobial resistance (AMR).

“We’ve taken a very cross-cutting approach to AMR in this Region,” says Dr Socorro Escalante, Coordinator for Essential Medicines and Health Technologies in the Division of Health Systems at the WHO Regional Office. “Our approach brings together experts on health systems, regulations, emergencies and health security, communicable disease programmes, food safety and the environment.”

Working with Member States, the WHO Regional Office and country offices have developed a three-pronged approach: (1) supporting the development of national multisectoral action plans; (2) building stronger systems to combat AMR; and (3) sustaining a powerful advocacy and behaviour change campaign.

As a result, 15 countries in the Region have launched multisectoral AMR national action plans, six have plans under development, and eight others are in planning stages. A much greater awareness of the gravity of the AMR challenge now exists, even at the highest political levels.

AMR has been a particularly acute problem for Pacific island countries and areas. WHO has supported the Pacific in strengthening medical laboratory testing of antimicrobial sensitivity, providing training on identifying and confirming multidrug-resistant pathogens, improving capacity for infection prevention and control, and strengthening surveillance and monitoring.

Going forward, stronger support will be needed for implementation of national action plans in less-resourced countries, better research and stronger systems across sectors to fight AMR.
Climate change and health

Climate and weather affect the air we breathe, the food we eat, the water we drink and even the chances we will be infected with a life-threatening disease.

Many major killers such as diarrhoeal diseases, malnutrition, malaria and dengue are highly climate-sensitive. This means that rising temperatures can increase the likelihood of disease transmission and affect the food supply. In fact, climate change is projected to cause roughly 250 000 additional deaths annually between 2030 and 2050. For Pacific islands such as Kiribati and Tuvalu, where the highest point of land is only three metres above sea level, these issues have real consequences.

“Rising sea levels mean that their very survival hangs in the balance,” says Dr Shin Young-soo, WHO Regional Director. “Countries that have the smallest footprint of greenhouse gas emissions are often those that bear the greatest burden from climate change, yet they have the least support to deal with the health impacts.”

WHO has played a prominent role in efforts to mitigate the health impacts of climate change, particularly among vulnerable Pacific island countries and areas. The WHO Regional Committee in 2016 endorsed an action framework that sets the course to protect health and well-being from climate and environmental change. The health sector takes the lead in advocacy, not only within health systems but also among other sectors such as environment, agriculture, energy, housing and transportation.
In 2010–2013, the Regional Office supported low- and middle-income countries of the Region, including 13 Pacific island countries, to produce national climate change and health action plans based on vulnerability assessments of the health sector. Following up on this pioneering work, multi-year programmes to build climate-resilient health systems were developed for more vulnerable countries with the support of the Global Environment Facility and the United Nations Development Programme.

The programmes aim to strengthen governance and policies, introduce early warning systems and improve health services by building climate-resilient health systems. Four-year programmes in Cambodia and the Lao People’s Democratic Republic began in 2018 with approximately US$ 3 million from the Global Environment Facility. Five-year programmes in Kiribati, Solomon Islands, Tuvalu and Vanuatu will begin in 2019 with a budget of approximately US$ 18 million.

In 2016, the Regional Office hosted the Asia-Pacific Regional Forum on Health and Environment. Ministers and officials from 34 countries gathered to sign the Manila Declaration, calling for urgent action to combat climate change and its impacts, and to orient development and public health systems to become more climate resilient.

“Countries that have the smallest footprint of greenhouse gas emissions are often those that bear the greatest burden.”
Moving forward, Member States will continue to require support to achieve the voluntary NCD targets endorsed in 2013. Strong action against tobacco will continue to be needed. Additional Member States will also be encouraged to ratify the Protocol to Eliminate Illicit Trade in Tobacco.

Products. Progress in combating AMR must be maintained, and mitigating the health impacts of climate change, particularly for Pacific island countries and areas, will remain a priority.
Building capacity for leadership on cancer and other NCDs

The Western Pacific Region is the most diverse WHO region, with 37 countries and areas spanning a third of the distance around the globe. Wealthier countries in the Region often have the resources and expertise to tackle persistent health threats, such as cancer and other noncommunicable diseases (NCDs). But countries with resource constraints and limited expertise need knowledge and support from fellow Member States and WHO.

In an effort to meet this need, WHO has joined forces with Member States and partners, including WHO collaborating centres, to develop training courses and build capacity. In 2005, the WHO Regional Office for the Western Pacific began work with Japan’s National Institute of Public Health, which is a WHO collaborating centre, on an initiative to offer training in Japan for NCD programme managers from around the Region.

As the need for training and capacity-building in the Region increased, the National Institute of Public Health and WHO launched the Regional Workshop on Strengthening Leadership and Advocacy for the Prevention and Control of NCDs, also known as LeAd-NCD. The workshop has helped equip participants with the skills and capacity to champion NCD prevention and control in their home countries. LeAd-NCD workshops have been held annually since 2013 with themes such as NCD prevention and control, global coordination mechanisms for NCDs, worker health, childhood obesity, and physical activity.

“The LeAd-NCD workshop provided me with a comprehensive view of NCD prevention and control so that I could begin to look at NCDs in the right way,” says Dr Nguyen Thi Thi Tho, head of the Division for Noncommunicable Disease Control Prevention, National Institute of Hygiene and Epidemiology of Viet Nam.

In 2013, WHO also collaborated with the Republic of Korea’s National Cancer Center, a WHO collaborating centre, to develop a workshop for leadership and capacity-building for cancer control. Known as CanLEAD, the workshop is aligned with a series of six modules WHO developed for comprehensive cancer prevention and control programmes. A second CanLEAD workshop was conducted in 2014, and the initiative was expanded with workshops in 2016 and 2017 that drew participants from other WHO regions. The National Cancer Center also worked with the Regional Office and WHO headquarters to develop an online course, eCanLEAD, based on the six cancer control modules.

In addition to providing advanced training for NCD professionals, the workshops have fostered dialogue on the strengthening of regional and global NCD policies.
The Western Pacific Region has long been a hotspot for outbreaks of emerging infectious diseases. The Region witnessed the emergence of severe acute respiratory syndrome (SARS) – the first major emerging infectious disease of the 21st century – and has battled Middle East respiratory syndrome (MERS) and avian influenza.

The Region is also vulnerable to disasters. Eight of the world’s top 15 countries most exposed to natural disasters are located in the Western Pacific. In addition, unsafe food is responsible for 50,000 deaths annually in the Region.

“A decade ago, the Western Pacific Region was not ready to face outbreaks and other health emergencies,” says Dr Li Ailan, Director of Health Security and Emergencies in the Region. “But 10 years of investment have prepared the Region better. However, there is still work to do. Health security threats continue and have become even more complex.”
Strengthening preparedness

Many of the country core capacities employed today to address outbreaks, emergencies and disasters – event-based surveillance, systematic risk assessments, rapid response teams, emergency operations centres and field epidemiology training – did not exist in most countries 10 years ago. At the same time, Member States were eager to build the capacities required to face future health security threats and emergencies, including emerging diseases.

An important step towards a better-prepared, proactive Western Pacific Region began in 2010 with an organizational change in the WHO Regional Office. Units working separately on surveillance and response, humanitarian action, and food safety were merged to establish the Division of Health Security and Emergencies.

Instead of focusing on event-specific skills, the Division and its counterparts in WHO country offices now take a systems approach to strengthen core capacities that can manage the full range of emergencies.

The Asia Pacific Strategy for Emerging Diseases (APSED), updated twice since its 2005 launch, has been key in supporting Member States to strengthen core capacities required under the International Health Regulations, also known as IHR (2005). The 2016 Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED III) provides a common, stepwise approach for Member States to build generic capacities for preparedness, alert and response to outbreaks and emergencies.

APSED provides a common platform for Member States to build capacities to respond to outbreaks and emergencies.

The effort has paid off. Core capacities for managing health emergencies have improved markedly and have been tested by real-life events. All Member States, except for Pacific island countries, have established event-based surveillance (up from 43% in 2007), 93% have a national field epidemiology training programme (up from 50% in 2007), and 86% obtained a perfect score for their laboratories during external quality assessments for influenza (up from 55% in 2007).

All Member States in the Region have identified National IHR Focal Points, while 96% have registered International Food Safety Authorities Network (INFOSAN) emergency contact or focal points.

WHO also recognizes the special contexts of Pacific island countries and areas. Through a tailored approach for the Pacific, WHO has ensured that effective and appropriate support is provided to strengthen their capacities to manage outbreaks and health emergencies. Progress has been remarkable. All Pacific island countries and areas now participate in the Pacific Syndromic Surveillance System, an early warning disease surveillance system.

The creation of the new Division at the Regional Office brought the full risk management cycle under one umbrella. Now the Division coordinates with Member States to address emergencies before they occur by working on prevention and preparedness and by helping with the response to emergencies and with recovery.

A similar change was made at the global level in 2016 when the WHO Health Emergencies Programme was established. It harnesses the expertise and resources of the three levels of WHO to help Member States save lives and protect health in outbreaks and emergencies.
Health investment pays off in China

When the Chinese Center for Disease Control and Prevention confirmed the world’s first human cases of the avian influenza A(H7N9) virus in March 2013, the country sprang into action.

Within 24 hours, China reported the outbreak to WHO, in line with the International Health Regulations, or IHR (2005). That same day, the Chinese Government shared genomic sequences of the virus with regional and global laboratories.

WHO also moved swiftly. The newly upgraded Emergency Operations Centre (EOC) for the Western Pacific Region immediately shifted focus from daily to round-the-clock monitoring and proactive response. Information and virus isolates were shared with a network of collaborating centres to facilitate joint risk assessment, preparedness planning, and research and development. Both the EOC and the network of collaborating centres had been strengthened under the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED III).

Thanks to the alert raised by China, the global community quickly came together to increase understanding and fight the shared risk. Once it was determined that the disease did not spread easily from person to person, steps were taken to limit the spread of disease among birds, which sharply reduced the number of people infected.

The speedy handling of H7N9 was the result of years of investment in surveillance and response, laboratories, zoonoses collaboration, risk communications and other key capacities. The outbreak of severe acute respiratory syndrome (SARS) in 2002 was a turning point in China’s commitment to health security.

Since that time, the country has gone from having limited technical expertise and resources to having capacities strong enough to help other countries. China now often assists other countries in responding to outbreaks and emergencies – such as the Ebola pandemic in West Africa and the 2015 earthquake in Nepal.

Across the Western Pacific Region, APSED III guides countries to make similar investments in health security. In doing so, countries can better protect their people – and those in neighbouring countries – during outbreaks and other public health events.

As for H7N9, sporadic cases continue to be detected. WHO continues to monitor closely H7N9 and other avian influenza viruses, because they have the potential to mutate and spread rapidly.

“One lesson is clear above all else: we must maintain a high level of vigilance and focus on preparedness efforts as we move forward, because regrettably this will not be our last battle with deadly viruses,” says Dr Shin Young-soo, WHO Regional Director for the Western Pacific.
MERS shows vulnerability is universal

Days after returning home to the Republic of Korea in May 2015, a 68-year-old man felt a bad cold coming on. He went to a local clinic where the doctor assured him that it was a minor ailment. But his fever and cough worsened, so the man went to other doctors at other medical facilities – including a crowded hospital emergency room in the capital of Seoul – in search of a proper diagnosis and cure. Nothing seemed unusual about the case, except that he had just returned from the Middle East.

On 20 May, nine days after his first doctor’s visit, he was diagnosed with Middle East respiratory syndrome (MERS), a viral respiratory disease caused by a novel coronavirus. The virus was first identified in Saudi Arabia in 2012, where it was passed to humans through contact with infected dromedary camels or camel-related products. Because MERS is not common outside the Middle East, medical facilities in the Republic of Korea were not prepared to diagnose it quickly or prevent its spread. In the 10 days before he was correctly diagnosed, the man had unwittingly transmitted the potentially deadly virus to more than 30 people, including hospital staff, patients and visitors.

In contrast, a case of MERS detected in September 2018 in the Republic of Korea was diagnosed in a day, triggering the rapid response measures established after the 2015 outbreak to prevent spreading the deadly disease.

MERS has been detected in more than two dozen countries, but the 2015 outbreak in the Republic of Korea was the largest outside the Middle East. In all, there were 185 confirmed cases and 38 deaths. China, Malaysia, the Philippines and the Republic of Korea are the only countries in the Region that have experienced imported cases of MERS. “In the face of a newly emerging disease like MERS, the first challenge is always recognizing it,” explains Dr Shin Young-soo, WHO Regional Director for the Western Pacific. “This outbreak reminded us that even a sophisticated health system with high capacity can be caught off guard.”

Once the disease was identified, the Republic of Korea immediately notified WHO as required under the International Health Regulations (2005). WHO quickly put its Emergency Operations Centre on alert and established an event management team that produced daily situation updates. A joint mission was conducted by the Korean Ministry of Health and Welfare and WHO to assess the risks posed by the outbreak and make recommendations on response measures. The mission was followed by a visit by Dr Shin and then-WHO Director-General Margaret Chan to support the country. Recommendations for the Government included: strengthened infection prevention and control in health facilities; improved guidance for health workers regarding questions to ask patients with fever or respiratory symptoms; improved reporting measures; and continued monitoring of suspected cases and close contacts.

“The MERS outbreak demonstrates the importance of investing in preparedness, even in high-income countries,” says Dr Shin, WHO Regional Director for the Western Pacific. “WHO will continue to work with national authorities to control outbreaks and monitor emerging infectious diseases in the Region.”
중동호흡기증후군 MERS
Outbreak detection and response

The Emergency Operations Centre (EOC) at the WHO Regional Office is at the heart of health security in the Region. The EOC is more than a command centre; it is a platform that links all levels of WHO and stakeholders for surveillance, preparedness and emergency response. The EOC has been fully mobilized for a variety of emergencies, from outbreaks of avian influenza A(H7N9) in China and MERS in the Republic of Korea to Typhoon Haiyan in the Philippines and Cyclone Pam in Vanuatu.

Through its regional event-based surveillance system, WHO screens thousands of official and unofficial information sources to detect and assess some 1500 alerts each year. The system collects and analyses news, rumours, official reports and real-time information sources to detect outbreaks of unusual or unexpected illnesses as they unfold.

Improved surveillance systems and laboratory capacities helped China in 2013 identify human infections with the H7N9 virus, a new subtype of the avian influenza virus. This allowed Chinese authorities to quickly notify WHO under IHR (2005), launching joint risk assessments and an event response that successfully managed the outbreak. Enhanced surveillance also helped identify the first infections of the novel virus outside China, as well as the first cases of MERS in the Region.

The Emergency Operations Centre links all levels of WHO and stakeholders for surveillance, preparedness and emergency response.

In West Africa, Ebola virus disease claimed more than 11 000 lives. The response cost more than US$ 3.5 billion. The outbreak served as a reminder of the need to test and strengthen preparedness in the Western Pacific Region for any large-scale public health event or emergency.

The strategic approach in the Region was built around enhancing WHO readiness and response, strengthening national preparedness to rapidly detect and respond to the virus, and establishing and deploying to Sierra Leone the Western Pacific Region Ebola Support Team (WEST). This was the first time the WHO Regional Office for the Western Pacific had deployed such a public health response team to confront an emergency. WEST helped fill critical roles in field coordination, surveillance and contact tracing, communications, and administrative and logistical support.

In May 2015, the Republic of Korea notified WHO of the first laboratory-confirmed case of MERS, reminding the world that vulnerability is universal. Within a few months, there had been 185 MERS cases in the Republic of Korea, with 38 deaths. An event management team was established at the Regional Office focused on epidemiology, technical expertise, risk communications and core services.

A joint mission by the Korean Ministry of Health and Welfare and WHO assessed risks and recommended response measures to improve risk communications, strengthen hospital infection prevention and control, guide health workers, and monitor suspected cases and close contacts.

“MERS in the Republic of Korea demonstrated the importance of investing in preparedness, even in high-income countries,” says Dr Li, the Director of Health Security and Emergencies in the region.
Responding to emergencies and disasters

While much of the work on keeping the Region safe focuses on outbreaks and pandemics, the Division of Health Security and Emergencies faced one of its first major tests in November 2013 when Typhoon Haiyan hit the Philippines. The storm was among the most powerful and destructive typhoons ever recorded.

The greatest toll came in human terms – some 6300 deaths and more than a thousand people reported missing. Basic necessities – food and shelter, water and electricity, phone and roads, and health clinics and hospitals – were gone or irreparably damaged in a flash. Damages topped US$ 2.2 billion.

Typhoon Haiyan in the Philippines was declared a Grade 3 emergency – the highest level in the WHO Emergency Response Framework and the first time a Grade 3 emergency was declared in the Region. This triggered an Organization-wide release of human, financial and technical resources to respond to the immediate health needs of affected areas. WHO worked with the Philippine Government in directing an unprecedented response. Within the first 48 hours, WHO deployed surge staff and formed an emergency response team. The next day, WHO established the first of eight subnational hubs to support coordination and logistics.

Many lessons were taken from the responses to Typhoon Haiyan and to other disasters, such as the earthquake and nuclear disaster in Japan in March 2011, Cyclone Pam in Vanuatu in March 2015, the earthquake in Papua New Guinea in February 2018 and flooding in the Lao People’s Democratic Republic in July 2018. These events clearly demonstrated the essential role played by a common, all-hazards operational platform for emergency response and provided lessons to strengthen the response to future events.

Food safety

In the past decade, technological advances, demographic changes and socioeconomic developments have affected food safety in the Region. In recognition of this changing context and consumer demand for safer food, the Regional Committee in 2017 endorsed an updated Regional Framework for Action on Food Safety in the Western Pacific.

The Framework builds on the achievements and lessons learnt from a previous strategy adopted in 2011, while guiding national food safety authorities in taking strategic action to strengthen their food safety systems.
In today’s world, what sometimes seems a small and localized public health event can quickly constitute an outbreak or emergency of international concern, often causing huge health, social and economic impacts.

Health security threats, particularly emerging infectious diseases and the threat of pandemic influenza, continue to challenge the Region.

And natural disasters in the Western Pacific Region are now more frequent and intense.

Moving forward, more efficient and equitable responses can ensure we reach the most vulnerable. We must increase investment in health security, including in public health emergency preparedness and other IHR (2005) core capacities, to achieve UHC and the SDGs.
WHO was founded on the belief that all people should be able to realize their right to the highest possible level of health. Today, that guiding principle is known as “health for all”.

Realizing that vision in the Western Pacific Region requires the strengthening of health systems, which are the foundation for achieving better and more equitable health outcomes. In recent years, separate regional strategies and action plans have been developed to address the various building blocks of health systems, such as service delivery, medicines, the health workforce and health financing.

Access to essential quality care and financial protection not only enhances people’s health and life expectancy, but also protects countries from epidemics, reduces poverty and hunger, creates jobs, drives economic growth, and enhances gender equality. In other words, health for all is good for people – and for economies and societies.

“Member States made it clear that they wanted a more integrated approach to health systems strengthening,” says Dr Vivian Lin, former Director of Health Systems in the Region. “They wanted support for developing a more whole-of-system approach that was not one-size-fits-all.”

As a result, WHO in the Western Pacific Region committed to a new cross-cutting approach to health systems strengthening that builds mechanisms that can be adapted to the context of each country and work across sectors to address the social determinants of health.

The journey to universal health coverage
Universal health coverage

Over the past five years, countries and areas in the Western Pacific Region have made significant progress in strengthening health systems and advancing towards UHC, which provides access to quality health care and protection from the often catastrophic costs of seeking care. Some countries are moving towards UHC in steps, for example, by expanding service coverage, improving the quality of services and reducing out-of-pocket payments.

Indicators for service coverage, quality and financial protection show that most countries in the Region are making progress towards UHC. For example, the Healthcare Access and Quality (HAQ) Index, which measures quality of care, rose for all Western Pacific Region countries between 2000 and 2016. Countries that recorded substantive increases in their overall HAQ Index during that period include China, Cambodia, the Lao People’s Democratic Republic, Mongolia and Viet Nam.

In the Western Pacific Region, domestic government health expenditure as a percentage of current health expenditure increased to 56% in 2015 from 49% in 2008. During the same period, out-of-pocket spending declined in 14 countries, with China seeing a drop to 32% from 43% and Mongolia to 39% from 43%.

The framework *Universal Health Coverage: Moving Towards Better Health* was the first step in supporting countries in the Region to formulate their own UHC road maps. Developed in consultation with Member States, the framework is a whole-of-system approach to health systems development. It was built around actions under five interconnected attributes of a high-performing health system: quality, efficiency, equity, accountability, and sustainability and resilience.

Increasingly in the Region, UHC is becoming a core component of national strategies to improve health. The Lao People’s Democratic Republic aims to achieve UHC by 2025.

In the Philippines, a UHC bill is being finalized. Meanwhile, Pacific health ministers have adopted UHC as the pathway towards their vision of Healthy Islands. For most countries – about 80% – the priorities of their national health plans align with the five health
Countries in the Western Pacific have made significant progress in strengthening health systems and advancing towards UHC.

Improving service coverage and quality demands an integrated and cross-cutting approach that includes changes to medicine availability and workforce practices, as well as strong regulatory capabilities. Having a fit-for-purpose and a fit-to-practise health workforce is essential to UHC. Ongoing support has been provided in countries such as Cambodia, China, the Lao People’s Democratic Republic, Mongolia and Viet Nam to strengthen reforms in education for health professionals and in regulation. This support is intended to ensure a workforce of health professionals who are fit to practise and can address evolving needs.

WHO in the Western Pacific Region has supported countries to improve access to medicines by helping to strengthen national pharmaceutical systems for the selection, procurement, and rational use of medicines and vaccines. In addition, support was provided to strengthen national regulatory systems to better perform registration and marketing authorization, post-marketing surveillance and pharmacovigilance. WHO has also supported integration of traditional medicine into health systems to meet population needs and strengthen the health system itself.

System attributes and corresponding action domains for UHC.

Primary school students at play in Auckland, New Zealand.
To ensure services are equitable and accessible, ongoing support has been provided in countries such as the Federated States of Micronesia, Solomon Islands, Tonga and Vanuatu in the design and implementation of service delivery packages that take into account the challenges of small multi-island state delivery networks.

When the MDG era drew to close in 2015, 193 Member States of the United Nations adopted the 2030 Agenda for Sustainable Development, with 17 SDGs based on the vision of building a more sustainable world, with good health, social inclusion, economic development and environmental sustainability. SDG 3 calls for “good health and well-being”, with UHC as a specific target.

UHC acts as a platform to bring together various health and development efforts with the understanding that if we are to achieve health for all, we must look at the more systematic drivers of health and at health systems more broadly. Understanding that the health sector will need to develop new capabilities to work across governments and stakeholders, WHO and Member States developed an action plan that uses existing information systems, reporting and coordination arrangements, and policies and programmes to work towards the SDGs. A snapshot of the current SDG and UHC situation was developed as a baseline for monitoring progress in the Region.

**Leaving no one behind**

SDG 3 calls for “good health and well-being”, with UHC as a specific target.
Future challenges

Although there has been progress towards UHC, better data are required throughout the Region to monitor and evaluate efforts. In addition, service coverage models are needed across the continuum of care, including for rehabilitation and secondary prevention services.

Primary health care remains underfunded and under-prioritized in many countries. An optimal service delivery model, which takes into account changes in NCD prevalence and the increasing role of the private sector in providing primary health care, remains elusive in many countries in the Region. Financial coverage and payment systems need to be developed further, and governance needs to be improved, especially at hospitals. Action is also needed on the social determinants of health, with greater community participation in health. Finally, countries transitioning away from donor support provided by the Global Fund to Fight AIDS, Tuberculosis and Malaria or Gavi, the Vaccine Alliance, will need continued support to ensure sustainable financing of health services.
For the birth of each of her six children, Judith Olivia had to spend six hours and the equivalent of her weekly food budget to ride in a truck along rutted dirt roads to the National Referral Hospital in the Solomon Islands capital of Honiara. “If there was a doctor at Belaha clinic, I would go there to have my children,” says Ms Olivia, referring to the clinic that is walking distance from her home. “It’s much easier for me to go to Belaha, but I was not confident that the health workers there could take care of me.”

Still, the trip to Honiara is less arduous for Ms Olivia than for most of the nation’s 620 000 people. Most must travel for days by truck and boat from one of the more than 600 islands to see a doctor or receive medical care. That may all change soon, as the Government works to bring health services closer to the people who need them.

With support from WHO, the Ministry of Health and Medical Services has mapped out the country’s path towards universal health coverage. The plan, known as the Role Delineation Policy, defines what services are to be offered at each of the four levels of the health system, from small rural health clinics with basic primary care and area health clinics with doctors who can perform simple surgeries to provincial hospitals and the National Referral Hospital.

“WHO is excited to be part of this new reform agenda that the health ministry has embarked on and which is already proving to be a game changer,” says Dr Sevil Huseynova, WHO Representative in Solomon Islands.

Almost half of all health expenditures in Solomon Islands comes from donors, targeting specific diseases rather than overall strengthening of the country’s health system and services. To further complicate matters, well-intentioned politicians and churches have built hospitals with little or no coordination with the Ministry of Health and Medical Services, then sought the ministry’s support to run them. The result has been fragmented services and health gains that do not match the level of investment.

“With all the increased investments in the recent past, there have not been proportionately significant health gains,” says Dr Tenneth Dalipanda, Permanent Secretary of the Ministry of Health and Medical Services. “That’s what convinced us that something must be done differently.”

Health data are being used to inform the development of a comprehensive implementation plan for the Role Delineation Policy, with all provinces conducting health conferences and budget and planning workshops to integrate the policy into their work.

Dr Greg Jilini, Undersecretary of the Ministry of Health and Medical Services who leads the taskforce that drew up the policy, says it is becoming a blueprint for neighbouring countries. WHO is also helping other countries and regions learn from the reforms in Solomon Islands. A website launched last year on integrated people-centred care provides resources and real-life examples.

Hopefully, Ms Olivia will not have to travel so far the next time she needs care.
Public health challenges in the Western Pacific Region have evolved dramatically in the seven decades since WHO declared its global mission – the enjoyment of the highest attainable standard of health for every human being, without distinction of race, religion, political belief, economic or social condition.

Today, trade, travel and migration link nations as never before. Emerging and re-emerging diseases demand new strategies. NCDs that once threatened only rich nations now haunt all countries, including remote Pacific islands. In some countries, particularly those with limited resources, health systems are weak. Even in wealthier countries, the most advanced health systems are often strained to the breaking point, with rising health-care costs posing an increasing strain on people and governments.

The ever-changing landscape in which WHO works demands new ways of doing business for the Organization to deliver on its mission and mandate. Over the past decade, under the leadership of the Regional Director, Dr Shin Young-soo, WHO has pursued a series of organizational changes to strengthen its work in the Region.
Keeping countries at the centre

When he assumed office in 2009, Dr Shin immediately instigated a reform process focused on ensuring that countries were placed at the centre of all of WHO work.

“WHO needed to evolve and reform to meet new challenges,” says Dr Shin. “A decade ago, in the wake of a global economic recession, Member States were demanding greater efficiency in the use of resources. They wanted solutions that more directly addressed their needs.”

The reforms helped lead to new ways of working focused on supporting the delivery of better health outcomes in countries. On the management side, the reforms aimed to break down traditional organizational silos, improve governance and partnerships, more thoroughly evaluate WHO work, optimize efficiency, and communicate more effectively.

“The Regional Director led the effort to make the Organization more country focused and people oriented,” says Dr Liu Yunguo, the WHO Representative in Cambodia and former Director of Pacific Technical Support.

“Today, in the Western Pacific Region, we are viewed as an active partner supporting countries to pursue their national health goals.”

“As a result, there is now far better coordination with countries and far better communication between the Regional Office and the country offices, and that really makes a difference.”

Dr Gundo Aurel Weiler, the WHO Representative in the Philippines who also has worked at WHO headquarters and in the African and European regions, also sees the Organization functioning better today. “There was a time when WHO was seen as more of an outside adviser, offering advice but perhaps not going the last mile with countries,” says Dr Weiler. “Today, in the Western Pacific Region, we are viewed as an active partner supporting countries to pursue their national health goals.”

The Country Support Unit was established in the Regional Office to ensure country needs were being directly addressed. The process of developing country cooperation strategies – the blueprint that WHO and Member States use to guide their joint efforts – was enhanced to ensure that country needs and priorities were the starting point for all planning.

One of the most important elements of WHO restructuring was the establishment of the Division of Pacific Technical Support in Suva, Fiji, to provide tightly tailored support to the diverse island communities spread across the world’s largest ocean.

“Moving technical and administrative support closer to the 21 Pacific island countries and areas gave Member States in the Pacific a stronger feeling of ownership over programmes,” says Myriam Abel, Director General of Health in Vanuatu from 2002 to 2008, who now serves a technical adviser to the Ministry of Health. “It really put Pacific island countries on the radar of WHO.”

Marcus Samo, Permanent Assistant Secretary of the Department of Health and Social Affairs in the Federated States of Micronesia, says the establishment of a WHO country liaison office in Northern Micronesia brought WHO technical support
and administrative expertise closer to countries, where implementation takes place. “WHO staff in the Pacific can now be easily mobilized when needed,” says Mr Samo. “And the promotion of distance learning has bridged the gap between information and health training.”

“WHO needed to evolve and reform to meet new challenges.”

Health professionals in the Pacific have benefitted immensely from the Pacific Open Learning Health Net (POLHN), a joint initiative by WHO, the Government of Japan and Pacific health ministers, to boost the knowledge, skills, attitudes and performance of health workers.

Since its inception in 2003, POLHN has grown to become a network of more than 50 000 health workers, supported by e-learning centres in 15 Pacific island countries and areas. POLHN develops, provides and sponsors non-accredited and accredited curricula, often in collaboration with universities, institutions, health-care organizations and research entities. It has grown from 10 online courses in 2010 to 42 self-paced courses today, with plans to add another 150 new courses for the Pacific by 2019. For WHO staff, the Regional Director championed staff rotation and mobility early in his tenure so that expertise gained over several years in one office or country could be applied in new settings.

“The right staff member, with the right technical and diplomatic capacity, can make a tremendous difference, particularly at the country level,” says Dr Corinne Capuano, Director of Pacific Technical Support and a former Executive Officer in the Office of the Regional Director. “That really has had a lot to do with strengthening our reputation as the trusted leader in health in the Western Pacific Region.”
Consultations with Member States, WHO staff and development partners made it clear that a more cross-cutting, integrated approach was needed to address the public health needs of a rapidly changing Region.

“I thought there was a need to break down the so-called management silos in the Regional Office and country offices that kept people working in one narrow area, sometimes losing the bigger picture,” says Dr Shin. “It’s not enough to protect people from one set of diseases, only to see them fall ill or die from another health threat. Rather, we must integrate all of our efforts if we are going to be successful.”

A team-based approach that brings staff members from diverse areas, as well as experts from sectors beyond health, closer together to find solutions to the most pressing public health problems is now very much the norm. For example, issues such as antimicrobial resistance (AMR), which once were the domain of a single technical unit, are instead tackled by a broader group of experts.

In the case of AMR, staff in communicable diseases, health systems and emergencies work together and with outside experts in agriculture and animal health.

Dr Mark Jacobs, Director of Communicable Diseases in the Region, recalls his first visit to the WHO Regional Office 20 years ago when he managed the Public Health Programme for the Pacific Community. “I wanted to talk with a few technical officers in related fields, but they told me they couldn’t sit down together without permission from their bosses,” says Dr Jacobs.

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**Breaking down silos**

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Countries often reach out to WHO for support in determining how to adapt regional and global advice to their own context, as well as in advocating domestically for investment in, and support for, health. In many instances, high-level advocacy efforts were led by the Regional Director himself.

In Viet Nam, the Government had invested heavily over three decades in its national health network, but social health insurance coverage was stagnating at just 58%. Vietnamese leaders then turned to the Regional Director for guidance, knowing he had been instrumental in developing the health insurance system in his native Republic of Korea. Dr Shin began his work in Viet Nam not with high-level meetings, but instead with a November 2011 visit to district hospitals and rural health stations in remote provinces.

Several months later, after gaining an understanding of the situation on the ground, Dr Shin joined the Minister of Health to co-chair a high-level forum on health insurance that brought together various ministries and representatives from the Prime Minister’s Office, the Communist Party, the National Assembly, and medical and research institutes, as well as the World Bank, the Asian Development Bank and other partners.

“Dr Shin has worked closely with the Government of Viet Nam to shape the country’s vision for universal health coverage.”

In 2014, a revised health insurance law was adopted that marked a shift to compulsory enrolment, strengthened governance, and the use of information technology for management and decision-making. As a result, Viet Nam is progressing towards its goal of 95% coverage by 2025.

WHO’s high-level support continued when Viet Nam worked to strengthen its grass-roots health network as the foundation for primary health care and to reform medical training, strengthen the governance and management of hospitals, and improve health financing.

“Dr Shin has worked closely with the Government of Viet Nam to shape the country’s vision for universal health coverage,” says Dr Nguyen Thi Kim, Viet Nam’s Minister of Health. “He supported and advised the Government on how to tackle the challenges of ensuring equitable access to health for all. He is a dedicated advocate, adviser and a trusted friend of Viet Nam.”

Dr Shin’s high-level advocacy also proved useful for a variety of other issues in other countries, including personal outreach to the Prime Minister of Papua New Guinea that prompted urgent action on MDR-TB and the push by the Lao People’s Democratic Republic to meet its MDG targets for reducing child mortality and improving maternal health, goals that once seemed insurmountable.

“Good backstopping at the Regional Office ... cemented our role as the lead international health agency in the country.”

“The knowledge that there was good backstopping at the Regional Office and at headquarters, with quick advisory turnaround times, cemented our role as the lead international health agency...”
in the country,” says Dr Juliet Fleischl, WHO Representative in the Lao People’s Democratic Republic.

Dr Shin supported Solomon Islands in developing its Role Delineation Policy, which defines what services are to be offered at each of the four levels of the health system, from small rural clinics to the National Referral Hospital.

“WHO listened carefully to the needs of the country and responded accordingly,” says Dr Sevil Huseynova, WHO Representative in Solomon Islands. “WHO was instrumental in supporting the Ministry of Health and Medical Services to pursue its reform agenda, which among other achievements led to the Role Delineation Policy being adopted by the Cabinet in May 2018.”

The Regional Director also responded to requests from Samoa to help establish a locally appropriate version of PEN, the NCD intervention package.

“Dr Shin was an initiator of the well-regarded PEN Fa’a Samoa programme to help Samoa address challenges of NCDs at the community level, thus improving resilience of our communities,” says Dr Talalelei Tuitama, Minister of Health of Samoa. “He is a friend of Samoa, with the title of high chief – Afioga Poluliite.”

In rapidly developing countries such as China, the role of WHO needed to evolve just as rapidly. Now an upper-middle-income country, China is home to many world-class experts in health. China no longer relies on WHO for traditional technical support, but rather for the Organization’s ability to convene partners and advocate, and in doing so contribute to China’s health-care transformation.

“Dr Shin gave us the space and support to reimagine WHO’s role and presence in China,” says Dr Bernhard Schwartländer, former WHO Representative in China and now the Chief of the Cabinet in WHO headquarters in Geneva. “We literally tore down the old walls in order to create a new space for health and for WHO’s work in China.”

Dr Shin also identified strategic communications as a key priority for WHO’s work in the Region.

“Strong communication ensures that our partners, stakeholders and the general public see, understand, trust and believe in WHO and our work,” says Dr Angela Pratt, Executive Officer in the Office of the Regional Director and a former Chief of Staff to the Australian Minister for Health. “This helps WHO deliver better health outcomes. With Dr Shin’s strong support, we have worked hard to strengthen our use of strategic communications to be more effective advocates for health.”
In a world in which health threats come largely from outside the health system – and where the development landscape is increasingly complex and crowded – investing in stronger partnerships and stronger communications is more important than ever.

This is particularly true in the era of the SDGs, in which good health and well-being take a central role in the global development agenda. Action across sectors such as agriculture, education, energy, environment, labour and others will be vital in addressing the determinants of health and ensuring that everyone – including the most vulnerable – enjoys the highest attainable level of health.

Since 2015, the WHO Regional Office for the Western Pacific has supported the convening of the Asia-Pacific Parliamentarian Forum on Global Health to strengthen relationships with – and among – parliamentarians in the Region with an interest in global health. Working directly with political leaders and lawmakers contributes to heightened interest among this important group on health issues to attain a stronger commitment to the health-for-all approach.

“Today many health issues cross national boundaries,” says Keizo Takemi, a member of the House of Councillors in Japan and who serves as President of the Parliamentarian Forum. “WHO is the only and most important Organization that can protect people’s lives.”

“We can learn a lot through WHO’s programmes and networks,” adds Senator Joseph Victor Ejercito of...
the Philippines. “At the Asia-Pacific Parliamentarians Forum we had the opportunity to exchange experiences and learn best practices from other countries. WHO is essential in our quest to provide high-quality health care for our constituencies.”

In the Western Pacific Region, WHO now has many hands-on working relationships with important actors outside the health sector – city governments and environment and finance ministries, for instance.

The WHO health law team increasingly supports Member State efforts to craft effective laws for health. These efforts have increased taxes on tobacco products and sugar-sweetened beverages to generate more revenue for health programmes. The team supported the Republic of Korea in a lawsuit against the tobacco industry, which led to an increase in tobacco taxes and graphic health warnings on tobacco products.

To support regional progress on universal health coverage, WHO has also focused on closing the gaps in regulatory capacity to ensure safe and good quality medical products for everyone. The Regional Alliance for National Regulatory Authorities, established in 2011, has played a critical role. Originally focused on vaccine regulation, the Alliance now includes 15 countries and areas and functions as a regional mechanism for improving the regulation of pharmaceutical products.

WHO also continues to strengthen its partnerships with organizations and institutes within the health sector, such as the network of WHO collaborating centres. In November 2014, the Regional Office hosted the First Regional Forum of WHO Collaborating Centres in the Western Pacific, drawing 181 participants from 135 collaborating centres in 10 countries. The 2014 forum and another in 2016 went a long way towards improving the working relationship between the Organization and the indispensable collaborators who help to advance WHO technical work at the country, regional and global levels.

The network “allows the enormous capacity, knowledge and expertise in our Region to be harnessed to promote the health of people throughout our Region,” says Jonathan Liberman, who directs the WHO Collaborating Centre for Law and Noncommunicable Disease in Australia. “The breadth and depth of the work is inspiring.”

Partnerships also have been formed with other development organizations, nongovernmental organizations and other United Nations agencies. For example, efforts to contain AMR were coordinated with the Food and Agriculture Organization of the United Nations and the World Organisation for Animal Health.

Sometimes, WHO’s early support for a country project attracts the attention of other partners and donors, as it did for the push in the Lao People’s Democratic Republic to reach the MDG targets on maternal health and child mortality, which later garnered support from Luxembourg and the Republic of Korea. All of these efforts are focused on achieving better health outcomes in each and every one of the Region’s 37 countries and areas.
Collaborating for health

The National Institute for Minamata Disease in Japan is the only organization in the world specializing in research on the health effects of mercury compounds. The Victorian Health Promotion Foundation in Australia is a pioneer in health promotion. The National Institute of Food and Drug Safety Evaluation in the Republic of Korea has extensive expertise in regulatory systems. And the National Institutes for Food and Drug Control in China work to ensure that vaccines are safe and of high quality.

What do these specialized institutes have in common? They are among the nearly 200 specialized organizations that form the network of WHO collaborating centres. Based in 10 Member States in the Western Pacific Region, these centres provide strategic support for WHO’s work. They help develop and strengthen the institutional capacity of countries in the Region.

Dr Shin Young-soo, WHO Regional Director for the Western Pacific, concurs: “WHO collaborating centres are indispensable partners in advancing our work. They greatly expand the expertise available to WHO and its Member States in addressing pressing public health issues.”

Despite the vast potential of collaborating centres, these partnerships have sometimes been vague or out of sync with WHO priorities and ways of working. A key step towards strengthening these partnerships began in November 2014 with the First Regional Forum of WHO Collaborating Centres in the Western Pacific, held at the WHO Regional Office for the Western Pacific in Manila. It brought together 181 participants from 135 centres in the first such gathering of collaborating centres in any WHO region.

Since then, WHO has worked to sharpen engagement with improved terms of reference that match collaborating centre capacities with WHO workplans, as well as those of their parent institutions. Processes of designation, redesignation, termination and evaluation of collaborating centres in the Region also have been improved.

In 2016, the Second Regional Forum of WHO Collaborating Centres in the Western Pacific was an even greater success than the first forum. Greater participation led to new opportunities to further strengthen the role of collaborating centres in WHO. The second forum also opened the door for the centres to work across regions and technical programmes, epitomizing the multisectoral approach called for in the Sustainable Development Goals.

China now hosts 65 collaborating centres, Australia has 49, Japan has 35, and the Republic of Korea has 22. In the Western Pacific Region, collaborating centres are also based in Malaysia, Mongolia, New Zealand, the Philippines, Singapore and Viet Nam. Globally, the network is composed of more than 800 WHO collaborating centres in 80 countries.

The Third Regional Forum of WHO Collaborating Centres in the Western Pacific will take place in November 2018.
Taking stock of WHO reforms

The Western Pacific Region, the largest and most diverse of all WHO regions, has experienced dramatic political, economic and social changes over the past decade. As a result, some Member States are grappling with challenges presented by an ageing population. Others are struggling with the impact of increasing migration and urbanization. And, in nearly all countries, health systems are overwhelmed by demands for greater access to affordable high-quality health care.

In February 2009, when Dr Shin Young-soo began his tenure as WHO Regional Director for the Western Pacific, he knew the Organization needed to reform to remain relevant in a rapidly changing world. The reforms Dr Shin has introduced over the past decade have had a central aim – the delivery of services that meet the specific needs and priorities of Member States. Many reforms spearheaded in the Region have helped lead to increased accountability and transparency, greater staff mobility and a more cross-cutting approach to public health work.

These reforms were not imposed from the top. Instead, Member States, WHO staff and partners worked together to develop a new way forward. What started as a modest effort has led to extensive reforms that have dramatically changed the way WHO works in the Region.

The reforms are built around a stronger focus on country priorities. New mechanisms, including a revamped process for developing country cooperation strategies, were introduced to better align WHO support with Member State needs and priorities. New and upgraded WHO country offices and the establishment of the Division of Pacific Technical Support in Fiji enhanced WHO presence and capacity in the Pacific.

In the Regional Office, reforms were introduced to break down organizational silos and encourage greater collaboration across technical divisions, among staff members and with partners. Other reforms focused on improving governance and partnerships, optimizing organizational efficiency, communicating effectively, and evaluating WHO work.

“Our success relies on our capacity to deliver results,” says Dr Shin. “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.”

To that end, strategic assessments and reviews – both internal and external – were carried out, including assessments of WHO performance in specific countries and the Regional Office’s overall support to countries. The Country Support Unit in the Regional Office, along with WHO country representatives, senior staff and external experts, conducted a comprehensive analysis of the reform initiative.

The analysis found that consultations with Member States, WHO staff and partners have been essential to the reform process, as has clear and consistent leadership.

Moving forward, the analysis recommended that particular attention be paid to strengthening performance in three areas: (1) effectively engaging partners; (2) placing the right people in the right places; and (3) further enhancing communications.