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PROGRAMME BUDGET 2006–2007: BUDGET PERFORMANCE (INTERIM REPORT)

This document presents the interim reports on the implementation by area of work of the regular budget for the 2006–2007 biennium. Information is also provided on funding from extrabudgetary sources.

In monetary terms, the implementation of the regular budget amounted to US$ 60 958 604 or 81.97 % of the revised working allocation for the period 1 January 2006 to 31 May 2007. In addition, the activities implemented utilizing extrabudgetary funds amounted to US$ 76 883 169 as at 31 May 2007. The total implementation for all funds was US$ 137 841 773 as of 31 May 2007 (Annexes 1 and 2).

Information on outcomes is provided in Annex 3 of this report. The information is based on a mid-biennium assessment exercise and covers the period 1 January 2006 to 31 December 2006.

The final report on the implementation of the regular budget and extrabudgetary funds for 2006–2007 will be presented to the fifty-ninth session of the Regional Committee. The Regional Committee, however, may wish to note these interim implementation figures.

These reports on budget performance for the biennium 2006–2007 as at 31 May 2007 (Annexes 1 and 2) serve as preliminary reports to the Regional Committee on the implementation of the regular budget. The outcomes in Annex 3 cover the period 1 January 2006 to 31 December 2006 and include information from a mid-biennium assessment exercise conducted by all regional areas of work and country offices. Information is also provided on implementation of other sources of funds to provide a comprehensive presentation of the total funds obligated and outcomes for each area of work.

The Regional Overview of the Proposed Programme Budget 2006–2007 was presented to the Regional Committee at its fifty-fifth session in September 2004. The Global Programme Budget 2006–2007 was approved at the Fifty eighth World Health Assembly in May 2005. The regular budget that was approved by the Health Assembly amounted to US$ 76 505 000 (a 6.2% increase from the 2004–2005 approved programme budget of US$ 72 036 000), and since then a number of important changes have been made:

1. In November 2005, the Director-General established the initial working allocation at 97.6% of the 2006–2007 approved programme budget (US$ 1 836 000, or 2.4%, was withheld by Headquarters) due to projected delayed payment of assessed contributions. In addition, the Director–General decided to reduce the regular budget provisions of all regions under Appropriation Section 3 (determinants of health) to ensure adequate funding for the first session of the Conference of the Parties for WHO Framework Convention on Tobacco Control (WHO FCTC). The resulting reduction for the Western Pacific Region was US$ 358 000. As a result, the working allocations released to the Western Pacific Region amounted to US$ 74 311 000 (Annex 1).

2. However, in April 2007, the Director General returned the US$ 54 000 unused balance of the US$ 358 000 provided for the first session of the Conference of the Parties for WHO/FCTC. The revised working allocation as of 31 May 2007 was US$ 74 365 000 (Annex 1 and Annex 2, column 1). Annex 2 gives the interim financial implementation report by each area of work.

4. The programme budget was implemented in accordance with the Organization-wide areas of work.

At 31 December 2006, US$ 35 456 888, or 47.72 %, of the regular budget, had been obligated. By 31 May 2007, this had risen to US$ 60 958 604 or 81.97% (Annex 2, columns 2 and 3). Implementation is being intensified and it is expected that regular budget funds will be fully implemented by the end of the biennium.

Other sources of funds implemented by area of work for regional and country activities appear in Annex 2, column 4. The total amount of extrabudgetary funds obligated at 31 May 2007 was US$ 76 883 169. Columns 5 and 6 show the total implementation of all funds and implementation by area of work as a percentage of all funds implemented.

Annex 3 contains information on outcomes for intercountry and country activities by expected results for all 36 areas of work. They are based on the proposed programme budget 2006–2007 that was approved by the Regional Committee at its fifty-sixth session. Detailed information on WHO activities in the Region during the biennium is contained in The Work of WHO in the Western Pacific Region: 1 July 2005–30 June 2006 and 1 July 2006–30 June 2007.

ANNEX 1

Changes to the 2006-2007 Regular Budget as at 31 May 2007

		Changes made (US$)	Total (US$)	Column reference in Annex 2
I.	**Regular programme budget estimates presented to the Regional Committee at its fifty-fifth session and to the fifty-eighth World Health Assembly**		**76 505 000**	
	2.4% of budget withheld by the Director-General as contingency reserve	(1 836 000)		
	Share in the cost of the First Session of the Conference of Parties for the WHO/FCTC	(358 000)	(2 194 000)	
II.	**Initial working allocation**		**74 311 000**	
	Refund of unused balance of funds for the First Session of the Conference of Partices for WHO/FCTC		54 000	
III.	**Revised working allocation**		**74 365 000**	

Interim financial implementation - regular budget and funds from other sources for the biennium 2006-2007 as at 31 May 2007

Areas of Work	Revised working allocation	Actual expenditures/ obligations	Percentage of revised working allocation implemented (2)/(1)	Other sources implemented	All funds implemented (2)+(4)	Percentage of all funds implemented by area of work
	(1)	(2)	(3)	(4)	(5)	(6)
01 Essential health intervention						
Child and adolescent health	2 464 000	1 501 797	60.95	946 984	2 448 781	1.78
Communicable disease prevention and control	1 182 000	991 352	83.87	2 363 046	3 354 398	2.43
Emergency preparedness and response	460 000	271 033	58.92	1 474 350	1 745 383	1.27
Epidemic alert and response	4 655 000	3 573 127	76.76	11 470 893	15 044 020	10.91
HIV/AIDS	891 000	743 664	83.46	11 034 879	11 778 543	8.55
Immunization and vaccine development	1 787 000	1 537 564	86.04	8 759 219	10 296 783	7.47
Making pregnancy safer	1 903 000	1 374 654	72.24	201 279	1 575 933	1.14
Malaria	2 260 000	2 084 032	92.21	8 799 769	10 883 801	7.90
Mental health and substance abuse	988 000	727 015	73.58	1 039 315	1 766 330	1.28
Reproductive health	253 000	111 161	43.94	265 335	376 496	0.27
Surveillance, prevention and management of noncommunicable diseases	4 479 000	2 592 453	57.88	463 988	3 056 441	2.22
Tuberculosis	1 169 000	1 173 028	100.34	6 024 532	7 197 560	5.22
Sub total	**22 491 000**	**16 680 880**	**74.17**	**52 843 589**	**69 524 469**	**50.44**
02 Health policies, systems and products						
Essential health technologies	1 469 000	1 157 825	78.82	1 212 514	2 370 339	1.72
Essential medicines	1 794 000	1 450 713	80.86	1 950 601	3 401 314	2.47
Health financing and social protection	1 659 000	1 336 537	80.56	919 560	2 256 097	1.64
Health information , evidence and research policy	1 875 000	1 527 897	81.49	308 746	1 836 643	1.33
Health systems policies and service delivery	4 942 000	3 643 327	73.72	1 898 337	5 541 664	4.02
Human resources for health	6 606 000	5 454 669	82.57	1 149 193	6 603 862	4.79
Policy-making for health in development	50 000	33 449	66.90	116 251	149 700	0.11
Sub total	**18 395 000**	**14 604 417**	**79.39**	**7 555 202**	**22 159 619**	**16.08**

Areas of Work	Revised working allocation	Actual expenditures/ obligations	Percentage of revised working allocation implemented (2)/(1)	Other sources implemented	All funds implemented (2)+(4)	Percentage of all funds implemented by area of work
03 Determinants of health						
Communicable disease research	0	0	0.00	98 481	98 481	0.07
Food safety	1 046 000	764 650	73.10	1 031 123	1 795 773	1.30
Gender equity, women and health	15 000	6 892	45.95	7 592	14 484	0.01
Health and environment	3 280 000	2 503 422	76.32	700 125	3 203 547	2.33
Health promotion	1 565 000	1 167 799	74.62	586 509	1 754 308	1.27
Nutrition	446 000	294 257	65.98	266 754	561 011	0.41
Tobacco	1 441 000	1 110 748	77.08	824 495	1 935 243	1.40
Violence, injuries and disabilities	396 000	263 120	66.44	341 974	605 094	0.44
Sub total	**8 189 000**	**6 110 888**	**74.62**	**3 857 053**	**9 967 941**	**7.23**
04 Enabling programme delivery						
Budget and financial management	906 000	896 330	98.93	717 309	1 613 639	1.17
Direction	1 678 000	1 150 082	68.54	76 370	1 226 452	0.89
External relations	915 000	866 497	94.70	1 545 745	2 412 242	1.75
Governing bodies	404 000	182 943	45.28	319 264	502 207	0.36
Human resources management in WHO	691 000	627 140	90.76	547 991	1 175 131	0.85
Infrastructure and logistics	4 674 000	4 449 221	95.19	1 760 856	6 210 077	4.51
Knowledge management and information technology	2 524 000	2 411 397	95.54	3 150 096	5 561 493	4.03
Planning, performance monitoring and evaluation	1 836 000	1 609 445	87.66	29 399	1 638 844	1.19
Sub total	**13 628 000**	**12 193 055**	**89.47**	**8 147 030**	**20 340 085**	**14.75**

Areas of Work	Revised working allocation	Actual expenditures/ obligations	Percentage of revised working allocation implemented (2)/(1)	Other sources implemented	All funds implemented (2)+(4)	Percentage of all funds implemented by area of work
05 WHO's core presence in countries						
WHO's core presence in countries	11 570 000	11 277 364	97.47	3 956 625	15 233 989	11.05
Sub total	**11 570 000**	**11 277 364**	**97.47**	**3 956 625**	**15 233 989**	**11.05**
06 Other						
Real-estate fund	92 000	92 000	100.00	523 670	615 670	0.45
Sub total	**92 000**	**92 000**	**100.00**	**523 670**	**615 670**	**0.45**
Total	**74 365 000**	**60 958 604**	**81.97**	**76 883 169**	**137 841 773**	**100.00**

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OUTCOMES (1 January 2006–31 December 2006)

1. Immunization and vaccine development

Regional expected results	Achievement of expected results as measured by indicators
1. Support provided for research, partnership building, and enhancement of research and development capacity to strengthen infectious-diseases vaccine development.	• The Lao People's Democratic Republic, Mongolia, the Philippines and Viet Nam were supported for enhancement of research and capacity to strengthen infectious-diseases vaccine development.
2. Support provided for the development of capacity in countries and areas to implement policies and ensure that immunization programmes use vaccines of assured quality and safe injection practices are implemented.	• China and Viet Nam were supported in development of their national regulatory systems. Cambodia was supported in the development of capacity to implement safe injection practices.
3. Support provided for the development of the capacity of countries and areas to ensure the security of vaccine supply and to increase the financial sustainability of national immunization programmes.	• Cambodia, China, Kiribati, the Lao People's Democratic Republic, Papua New Guinea, Solomon Islands and Viet Nam were supported in increasing financial sustainability of their national immunization programmes.
4. Support provided for the strengthening of the capacity of countries and areas to ensure effective monitoring of immunization systems and assessment of the disease burden related to vaccine-preventable diseases.	• An overall analysis of immunization data quality was conducted for all countries and areas by the WHO Regional Office for the Western Pacific through the WHO/United Nations Childrens' Fund (UNICEF) Joint Reporting Form.

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Regional expected results	Achievement of expected results as measured by indicators
5. Support provided to countries and areas for maximizing access to new and underutilized vaccines, and for accelerating disease-control efforts that effectively contribute to building capacity from the district level upwards.	• Cambodia, the Lao People's Democratic Republic, the Philippines, the Republic of Korea, Solomon Islands and Vanuatu were supported to maximize access to new and underutilized vaccines to accelerate disease-control.
6. Support provided to countries and areas to assure poliomyelitis-free status.	• All countries and areas of the Region received support to assure the poliomyelitis-free status of the Western Pacific Region with the maintenance of high quality acute flaccid paralysis surveillance systems.

2. Communicable disease prevention and control

Regional expected results	Achievement of expected results as measured by indicators
1. Regional or biregional collaboration and cooperation to enhance policy development and capacity-building for scaling up parasitic disease control and sustainable prevention strategies for human-behaviour-change programmes, as reflected in national programmes.	• The Lao People's Democratic Republic and Viet Nam were successful in local fund-raising for parasitic disease control. • The Communicable Disease Control Project of the Asian Development Bank has included funding for neglected tropical diseases for Cambodia, the Lao People's Democratic Republic and Viet Nam as a result of continued advocacy from WHO Regional Office for the Western Pacific. Funding is included for two WHO intercountry posts for neglected tropical diseases and dengue.

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Regional expected results	Achievement of expected results as measured by indicators
2. Coordination of parasitic disease-control activities improved and sustained.	• The Fifth Lymphatic Filariasis Elimination Programme Managers meeting and the meeting of the Mekong-Plus Programme Review Group were held in Fiji in February 2006. Technical support was provided for the national lymphatic filariasis elimination programmes in the Mekong-Plus countries.
3. Support provided for case management, dissemination of dengue guidelines, training, epidemiological surveillance, and outbreak preparedness and response.	• There has been very little progress due to the low level of funding available for the control of dengue. Funds from the Asian Development Bank have been directed to three countries of the Mekong subregion. The United States Agency for International Development has increased funding for dengue control (especially for outbreak control) through the intercountry programme, and for the Lao People's Democratic Republic and Viet Nam. • The Western Pacific and South-East Asian Regional offices of WHO began the process of forming an Asia-Pacific dengue partnership to coordinate the work of endemic countries and partner agencies. • A national workshop was conducted in the Philippines and WHO guidelines on planning social mobilization and communication were printed and distributed to endemic provinces and districts. • In Cambodia sentinel surveillance for dengue was implemented in five referral hospitals and analysis of epidemiological data for early warning and response to epidemics was strengthened. Overall, the dengue incidence rate has declined from the 2003 baseline of 1.5 per 1000 population to 1.1 in 2006. Dengue case management and diagnosis in hospitals has improved following standard WHO guidelines. The dengue case fatality rate has declined from 1.5% in 2003 to 1% in 2007. Partnerships for implementation of community-based integrated vector control have been strengthened,

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Regional expected results	Achievement of expected results as measured by indicators
	including those with interministerial and intersectoral involvement. A controlled village-level trial assessing the effectiveness of insecticide-treated water storage jar covers to prevent *Aedes* mosquitoes breeding was completed and the results were promising. • The case fatality rate has declined from the baseline of 1.5% in 2003 to 1% in 2006. The Integrated Management of Childhood Illness guidelines on dengue/dengue haemorrhagic fever diagnosis and case management were finalized. Four training courses were organized, focusing on outpatient treatment and recognition of early danger signs of severe cases. • WHO initiated a new collaborative school-based dengue prevention project in collaboration with the School Health Department of the Ministry of Education, Youth and Sports. WHO facilitated social mobilization and health promotion activities in dengue prevention and control. An intergovernmental and ministerial dengue prevention and control seminar was held in August 2006 to foster partnership in dengue prevention and control.
4. Public health benefits of deworming promoted among all stakeholders and the development of a pool of experts to scale up and expand the knowledge of soil-transmitted helminth control supported.	• Cambodia and Kiribati reached the WHO global target of deworming in at least 75% of schoolchildren. The Lao People's Democratic Republic has almost achieved the target. • A shortfall in resources is the main obstacle for scaling up mass deworming campaigns, especially in the Pacific. • Of the 11 million primary schoolchildren in Viet Nam, 4 million were dewormed in 2006 (30%, 27 provinces). • In the Lao People's Democratic Republic as of November 2006, deworming coverage was about 62% of the total population of primary school age children. Reporting to the district and provincial levels was delayed in some areas.

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Regional expected results	Achievement of expected results as measured by indicators
5. Supported coordination of schistosomiasis control programmes through the Regional Network for Research, Surveillance and Control of Asian Schistosomiasis or other networks, and national plans adapted to the epidemiological situation of the disease.	• Schistosomiasis control is constrained by inadequate resources and a shortage of expertise within the Region. • Cambodia has made significant progress in schistosomiasis control. Schistosomiasis has re-emerged in the Philippines and control needs to be strengthened in the Lao People's Democratic Republic.
6. Sufficient epidemiological data to evaluate the geographical distribution and define the characteristics of at-risk groups for foodborne trematodes collected and diagnostic methods validated; efficacy of existing drugs assessed and in-depth behavioural research conducted.	• Work was started on a technical consultation on the development of a plan of action for foodborne infections in the Lao People's Democratic Republic. • Close links were established with the fishborne trematode project in the Mekong Region, funded by the Danish International Development Assistance, which will provide capacity-building and research opportunities.
7. Operational research supported to expand the evidence base, to modify, validate or improve existing strategies, and to meet local needs for vectorborne disease-control programmes.	• Cambodia and the Lao People's Democratic Republic conducted several operational research projects for dengue vector control. • The national workshop on state of the art vector control activities was conducted in Malaysia for the vectors of malaria, dengue and filariasis in October 2006. • In Viet Nam a proposal for a model for identification of breeding sites for the dengue vector has been developed.

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Regional expected results	Achievement of expected results as measured by indicators
8. Number of countries and areas that carry out programmes to reach the goal of elimination.	• Ongoing support was provided to the lymphatic filariasis programme in Pacific island countries. Progress was made in implementing mass drug administration (MDA) rounds. • A number of challenges remain, such as the definition of criteria to cease MDA, future strategies for the post-MDA 5-year surveillance, implementation of microfilaremia surveys in sentinel sites and spot-check sites. • Papua New Guinea started MDA. • There is a need to ensure quality both in terms of MDA coverage and surveys to assess the prevalence of infection and transmission among children. • Both antigen and microfilariae prevalence remain high in the sentinel sites in Fiji. • Five MDA have been successfully completed in Tonga and findings from surveys indicate that MDA targets have been achieved. • Good progress was made in the Philippines and at present 15 million people in 34 endemic provinces are covered. • A training course was implemented for provincial and district staff.
9. Support provided to countries and areas that have eliminated leprosy to implement the post-elimination Strategy to Sustain Leprosy Services.	• Technical support provided to conduct workshops for provincial coordinators in Cambodia, China, the Philippines and Viet Nam to implement The Strategy to Sustain Leprosy Services in Asia and the Pacific. • Monitoring of the implementation of the strategy, coupled with provincial and district level workshops, was conducted in Cambodia and Viet Nam. Technical support was also provided to Cambodia, China, the Lao People's Democratic Republic, Papua New Guinea, the Philippines and Viet Nam, all of which still have leprosy endemic pockets at provincial and district levels.

Regional expected results	Achievement of expected results as measured by indicators
	• The Consensus Development Conference on the Prevention of Disability was organized in Cebu, Philippines in September 2006. It was cosponsored by WHO and partners and participants from 30 countries, including national programme managers, global and regional WHO staff, therapists, practitioners and people affected by leprosy. • Leprosy was included as one of the six priority diseases named as the "disease-free zone" in the Philippines. • In Papua New Guinea 12 of 20 provinces have eliminated leprosy.

3. Epidemic alert and response

Regional expected results	Achievement of expected results as measured by indicators
1. Policy and technical support provided to Member States for strengthening national communicable disease surveillance and response systems, including early warning systems, in accordance with the core capacity requirement for surveillance and response under the revised IHR (2005).	• Following the Regional Committee's endorsement of the Asia Pacific Strategy for Emerging Diseases (APSED), at its fifty-sixth session in 2005, the WHO Technical Advisory Group on Emerging Diseases was established. A WHO work plan for implementation of the APSED was developed. The plan provides a framework to meet the requirements of the International Health Regulations, now designated as IHR (2005) • The draft APSED Baseline Data Collection tool (an IHR (2005) core capacity assessment tool) was developed to guide Member States in identifying capacity gaps and developing work plans. • National workshops and meetings on IHR (2005) were conducted in Cambodia, China, Fiji and Tonga. • In addition to the six established Field Epidemiology Training Programmes in Australia, China, Japan, Malaysia, the Republic of Korea, the Philippines, progress

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Regional expected results	Achievement of expected results as measured by indicators
	was made in Cambodia and Viet Nam in development of their Field Epidemiology Training Programmes.
2. Enhanced capacity for outbreak alert and response and for coordination in response to public health emergencies of international concern at regional and country levels.	• In 2006, Cambodia reported two confirmed cases of human avian influenza A (H5N1), both of which were fatal and China reported twelve cases with eight fatalities. Between February and December 2006, the Organisation Mondiale de la Santé Animale (OIE—World Organization for Animal Health) has been notified of confirmed outbreaks of highly pathogenic avian influenza (HPAI, H5N1) in poultry and wild birds that affected Cambodia, China, Hong Kong (China), the Republic of Korea, the Lao People's Democratic Republic, Malaysia, Mongolia and Viet Nam. • Action was taken to finalize the standard rapid response and containment protocols for use by Member States. Stockpiles of personal protective equipment (PPE) and other supplies were kept at the regional level for the purpose of early response and preparedness. All reported avian influenza cases have been verified and followed-up. • Outbreak intelligence collection and verification of events detected was undertaken regularly. Information was shared with WHO, Headquarters, and country offices to coordinate outbreak alert and response. A workshop on risk communication was organized to address the challenges in dealing with risk communication in a crisis situation and provide opportunities to formulate strategies on how to support risk communication systems at the country-level. In an effort to support the early warning component of surveillance, in Cambodia data applications were installed in all six provinces. In the Lao People's Democratic Republic, electronic mail connectivity and other communication tools, including computers and printers, were made available at the

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Regional expected results	Achievement of expected results as measured by indicators
	provincial level for data transmission and daily communication with the intention of computerizing the early warning alert and response application system. A manual on outbreak investigation and response in surveillance principles, data analysis and interpretation, use of computer applications, verification of rumours, and outbreak investigation and response was developed.
3. Strengthened regional and national laboratory capacity for emerging diseases, known epidemics and other public health emergencies.	• Standard operating procedures for 13 selected pathogens were established during the ASEAN+3/WHO workshop on strengthening of laboratory-based surveillance and networking for infectious diseases. • In China, standard operating procedures for laboratories were developed. A National Public Health Laboratory Network on Emerging Infectious Diseases and Public Health Emergencies was also established. This has helped to facilitate epidemiological investigation and laboratory testing for avian influenza and the emergency response system (on influenza and avian influenza prevention and control) in seven provinces. • In the Lao People's Democratic Republic, the bio-safety capacity of the National Centre for Laboratory and Epidemiology was enhanced and influenza testing using the polymerase chain reaction technique was introduced. • In the Pacific, WHO actively participated in information sharing with the Pacific Labnet. In Vanuatu, significant progress was made in enhancing safe blood handling procedures in the main hospitals.
4. Enhanced national infection prevention and control programme as well as antimicrobial resistance monitoring capacity.	• At the regional level, an infection control (IC) toolkit for resource limited settings was developed. • In Cambodia, IC guidelines were revised. However, there were delays in finalizing the infection control training plan. • In China, several activities on IC accreditation were

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Regional expected results	Achievement of expected results as measured by indicators
	implemented. These included the development of a comprehensive data file on IC accreditation, quality assurance and standard setting systems, and a review and analysis of data collected from pilot hospitals. A rapid assessment of bio-safety was conducted. • In the Lao People's Democratic Republic, guidelines and training materials on IC were developed. In addition, an evaluation and monitoring tool for five IC procedures, including a list of appropriate personal protective equipment for national, provincial, and district hospitals, was developed. • In Mongolia, assessments of IC were conducted in selected hospitals and laboratories and recommendations were given on improving hospital infection control and laboratory bio-safety.
5. Strengthened influenza surveillance and control programmes and pandemic preparedness at national and regional levels.	• Since the launch of the influenza-like illness surveillance system, Cambodia has been receiving specimens from each sentinel site in the country and a database has been created to manage these collected data. Training of village health volunteers in the early detection of avian influenza progressed to support provincial level pandemic planning. • In China, research on the current surveillance network for influenza and avian influenza, including investigation of the coverage rate of seasonal influenza vaccine and the serum prevalence rate, were completed. Baseline human influenza vaccine coverage and serum prevalence rates were developed. Seroprevalence studies of H9N2, including testing of rapid diagnostic kits for avian influenza virus, made good progress. • In the Lao People's Democratic Republic, several standard guidelines were developed and produced to the strengthen capacity for human avian influenza control

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Regional expected results	Achievement of expected results as measured by indicators
	and pandemic influenza preparedness. • Papua New Guinea made progress in strengthening surveillance systems. In Vanuatu, preliminary action has been taken to integrate the disease surveillance system in the Health Information System. Human resources capacity in the Ministry of Health needed further strengthening. • At the regional level, two documents *Creating and Tracking Pandemic Preparedness Plans: A Guide* and *Exercise Development Guide for Validating Influenza Pandemic Preparedness Plans* were developed and distributed to guide Member States on creating and validating national pandemic preparedness plans. Technical support was provided to Member States in developing their national pandemic plans. Local workshops were held to draft and finalize the national preparedness plans. • In Papua New Guinea, provincial administrations were actively involved in planning in-line with the national plan. In addition, a "One-Region Plan for the South Pacific" was developed. By the end of 2006, at least 13 Member States had developed draft plans including Cambodia, Fiji, Kiribati, the Lao People's Democratic Republic, Malaysia, the Marshall Islands, the Federated States of Micronesia, Mongolia, Papua New Guinea, the Philippines, Tonga, Vanuatu and Viet Nam.
6. Enhanced national and regional capacity and coordinated action for zoonosis prevention and control along the length of the production and food chain.	• At the regional level, a coordinating mechanism for zoonoses alert and response was developed between the Food and Agriculture Organization of the United Nations Regional Office in Bangkok and the Organisation Mondiale de la Sante Animale (OIE—World Organization for Animal Health) Sub-regional Office in Bangkok.

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Regional expected results	Achievement of expected results as measured by indicators
	• The Lao People's Democratic Republic conducted a study on risk reduction interventions along the food chain. A technical working group has been setup to coordinate with local task forces to work in five provinces. The Lao People's Democratic Republic conducted baseline data collection and formulated a country APSED work plan for the prevention and control of zoonoses. In Cambodia, risk and capacity assessments for zoonotic diseases were conducted and development of a country work plan was started. In the Philippines, baseline data collection for zoonotic diseases was also undertaken and development of a country work plan was started.

4. Malaria

Regional expected results	Achievement of expected results as measured by indicators
1. Improved malaria programme management supported to ensure that resources are more efficiently utilized and better outcomes are achieved.	• All developing countries endemic for malaria countries have received multiple grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). Three more malaria grants were approved in 2006. High coverage of malaria control interventions is progressively being achieved. Internationally recruited WHO technical staff provided support for the implementation of GFATM grants in the key malaria-endemic countries. • Sustainable funding is needed to strengthen human resources capacity in the WHO Regional Office as well as in the country office of the Philippines. • Improved management of malaria control programmes is crucial for successful outcomes in large projects funded through the GFATM. The only budget available under this expected result was for operational research, funded by the Special Programme for Research and Training in Tropical

Regional expected results	Achievement of expected results as measured by indicators
	Diseases: The Small Grants Scheme was successfully launched and the first batch of grants was released. • An Asian Collaborative Training Network for Malaria (ACTMalaria) training and other activities was implemented in a timely and effective manner. The United States Agency for International Development (USAID) was the sole funding source for ACTMalaria; new funding sources are needed to ensure sustainability of the network. ACTMalaria established a web-based resource centre, funded by USAID, which was launched in November 2006. • Integration of malaria control with other health programmes is currently limited in the Region, but a good example was the China GFATM proposal which works across the Myanmar border through a nongovernmental organization, strengthening primary health care on both sides of the border. • A regional programme managers meeting was organized in Manila in October 2006. A special workshop was organized on involving the private sector in malaria control. • In Cambodia, the performance of the National Center for Malariology improved. Monitoring of interventions, especially at the community level, was strengthened. All village malaria workers and village health volunteers were trained on bednet re-impregnation and were monitored by health centre staff. Periodic monitoring visits from The National Center for Malariology and the provincial health departments to the community level were organized. • Among the seven planned activities in Papua New Guinea, three were completed with the presence of a scientist or malariologist at the national and provincial

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Regional expected results	Achievement of expected results as measured by indicators
	level providing technical support to the national Department of Health malaria programme manager. Impediments to progress included limited human resources especially at the provincial and district levels. • The development of human resources is a major activity that was supported by GFATM in Solomon Islands. There is a need for both local and international training for staff to have the management and technical skills required to effectively run the programmes. • There were also human resource constraints in Vanuatu. A major activity of the programme has been to improve the insecticide-treated bednet interventions.
2. Support provided to countries for the implementation of appropriate malaria vector control (coverage greater than or equal to 60%) and/or personal protection (coverage below 60%).	• There were no WHO intercountry funds available for vector control. Activities which needed funding included monitoring of insecticide resistance, evaluation of the quality of bednet impregnation and support for indoor residual spraying interventions in some countries (especially Papua New Guinea). Some countries made significant progress in coverage with vector control measures with support through the GFATM. • The primary method of prevention in Solomon Islands was the use of insecticide-treated bed nets. The control programme has shifted to the use of long-lasting insecticidal nets. Long-lasting insecticidal nets are largely procured through the principal recipient of the GFATM and Rotary International and distributed either by national programmes or nongovernmental organizations. Distribution and social marketing was based on the household censuses with a target coverage of 90%. Priority was given to pregnant women and infants in antenatal clinics through campaigns of the Expanded Programme on Immunization. National and provincial programme staff carried out spraying operations.

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Regional expected results	Achievement of expected results as measured by indicators
	• Significant progress was observed in Vanuatu, particularly regarding the effectiveness of the vector control interventions, insecticide-treated bednets, training, and supplies. In the past, there was no clear mechanism to deliver insecticide-treated bednet in a sustainable way and barriers were not fully addressed. The insecticide-treated bednet delivery mechanism took into account the pricing policy and channels of distribution to ensure accessibility and affordability to all the population.
3. Early diagnosis of malaria and appropriate treatment for malaria supported in all malaria endemic countries.	• Monitoring of drug efficacy progressed as planned, except in the Pacific, where a lack of adequate staff and pressure to implement GFATM activities have prevented Pacific countries from completing their *in-vivo* monitoring. • Malaria drug policies are still an issue in some countries, notably in China and Viet Nam, which still implement monotherapy of artemisinin derivatives. Only two countries in the Region use artemisinin-based combination therapy as first-line treatment (Cambodia and the Lao People's Democratic Republic). • Of 10 malaria-endemic countries, Cambodia, the Lao People's Democratic Republic, Malaysia, the Philippines, Solomon Islands and Viet Nam participated in the retraining of expert microscopists. Cambodia, the Lao People's Democratic Republic, the Philippines and Viet Nam routinely use malaria rapid diagnostic tests in their national programme and they all conducted laboratory-based lot testing. • Malaria drug quality monitoring was established in Cambodia, China, The Lao People's Democratic Republic and Viet Nam. The number of counterfeit drug samples declined but it is unclear whether this is a

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Regional expected results	Achievement of expected results as measured by indicators
	sentinel site sampling artefact. No funds were available for similar work in the Pacific and laboratory systems also need to be established in this area. • Quality assurance was established, external assessment of microscopists completed and courses were evaluated. Over 800 diagnostic centres were established. • In Cambodia, antimalarial drug efficacy, quality (including counterfeit drugs) and rational antimalarial drug use was monitored through collaboration between the National Malaria Control Program, the Department of Drugs and Food, the United States Pharmacopeia, Management Sciences for Health and WHO. WHO malaria treatment guidelines were revised in line with the WHO guidelines. A national training course on pharmaceutical management for malaria was organized. Capacity was enhanced to conduct operational research on malaria (especially for monitoring of drug resistance, quality and use of antimalarial drugs). The work of village health volunteers in promoting appropriate treatment-seeking behaviour and prevention practices was intensified. Information, education and communication materials were developed, including posters, leaflets and training manuals to strengthen the capacity of village health volunteers to promote adequate care-taking practices and rational drug use. The Strategic Plan for the Pharmaceutical Sector was strengthened with a special focus on the quality improvement of antimalarials. Intensified drug inspections were supported. The video on counterfeit drugs "Dealers in Death", produced by the WHO Regional Office for the Western Pacific was translated into Khmer. • Progress was made in Viet Nam despite competing priorities for staff time in implementation of GFATM projects.

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Regional expected results	Achievement of expected results as measured by indicators
	• In Solomon Islands, basic training on malaria microscopy for new microscopists and refresher training for existing microscopists was provided locally or at the Solomon Islands Medical Training and Research Institute for 90 microscopists. • Mass blood surveys followed by full treatment and follow-up of all positive cases were carried out in Honiara and other malarious areas in provinces. This has proven to be an effective method for detecting and treating asymptomatic cases of malaria.
4. Country programme strengthened so it is able to provide adequate malaria control in poor and marginalized populations at high risk of malaria.	• The Asian Development Bank/WHO project designed to identify effective control strategies for remote and other under-served populations was launched in early 2006 involving six countries; four in the Western Pacific Region (Cambodia, China, the Lao People's Democratic Republic and Viet Nam, and two in the South-East Asian Region (Myanmar and Thailand). Initial implementation was slow. All six countries started their pilot projects, using a village-based approach, and have conducted baseline surveys. • In Cambodia, implementation of home-based malaria treatment in high risk villages through more than 300 village medical workers was strengthened and documented, and an add-on strategy for diarrhoea and acute respiratory infections treatment for community-based child care was piloted in selected areas.
5. Malaria surveillance and epidemic preparedness and response strengthened in all endemic countries.	• A review of the implementation of the current Kunming indicator system was conducted and presented in the programme managers' meeting held in Manila in October 2006. Further work needs to be undertaken to harmonize country-based data and the country database of the Global Malaria Programme.

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Regional expected results	Achievement of expected results as measured by indicators
	• Community-based surveys were conducted in Cambodia and Viet Nam. However, the currently used malaria survey tools need to be improved and merged with existing international tools such as the Monitoring and Evaluation Reference Group Malaria Indicator Survey. • No activities to strengthen preparedness and outbreak response could be conducted due to resource constraints. • In Cambodia the routine malaria reporting system was strengthened. A report titled *Evolution of the Malaria Burden in Cambodia* was used as a supporting document to the GFATM Round 6 proposal. Four investigation teams from the National Center for Malariology reviewed the malaria situation in malaria endemic provinces in September 2006. • Monitoring and evaluation was one of the weakest aspects of the programme in Solomon Islands. The GFATM support will be used to strengthen this area. The main source of malaria data is collected via the Solomon Islands Malaria Information System. • Almost all field activities were completed on schedule in Papua New Guinea.

5. Tuberculosis

Regional expected results	Achievement of expected results as measured by indicators
1. Countries with a high burden of TB are enabled to achieve or sustain case detection rates and treatment success rates at least within the regional targets and to ensure high-quality DOTS implementation in all areas.	• Four out of seven target countries (China, Mongolia, the Philippines and Viet Nam) exceeded the tuberculosis (TB) control targets; two countries (Cambodia and the Lao People's Democratic Republic) came very close to reaching the targets. Papua New Guinea is still lagging behind, but has made good progress in laying the foundation for improved TB control.

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Regional expected results	Achievement of expected results as measured by indicators
2. Countries are enabled to introduce and implement at the national level the 2006–2010 WHO TB control strategy, which includes initiating and/or scaling up responses to special issues of TB-HIV, MDR-TB, public-private mix DOTS and related health systems issues.	• All countries with a high burden of TB have developed five-year national TB control plans in line with the Regional Strategic Plan 2006–2010. In addition, all 20 countries and areas in the Pacific were supported to develop their two-year TB control plans based on the discussions in the Pacific Stop TB Meeting in 2006. • By the end of 2006, three countries were implementing TB-HIV collaborative activities, including Cambodia, China and Viet Nam. Progress was relatively slow in Viet Nam but implementation of activities funded from the President's Emergency Fund for AIDS Relief on TB-HIV was started. Collaboration between the TB and HIV programmes in Viet Nam needed strengthening. China made good progress with technical assistance from WHO and initiated pilot projects on TB-HIV control in five areas. TB-HIV collaborative activities need to be initiated in Papua New Guinea and Malaysia and joint TB-HIV surveillance should be started in all countries and areas. • The Philippines and Mongolia continue to make good progress in implementing programmatic management of multidrug resistant TB (MDR-TB) with support from the GFATM. China has also been able to initiate programmatic management of MDR-TB on a limited scale. Applications from Kiribati and Cambodia to the Green Light Committee to access concessionary-priced and quality-assured second-line drugs for MDR-TB were approved. Technical assistance is needed to expand MDR-TB management in China, Mongolia and the Philippines. Viet Nam received a grant from the GFATM to start programmatic management of MDR-TB. • Extension of public-private mix DOTS (PPMD) approaches in other countries was started. PPMD

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Regional expected results	Achievement of expected results as measured by indicators
	approaches are increasingly being promoted in Mongolia and Viet Nam with emphasis on involvement of general hospitals and non-national TB Programme health providers, not necessarily the private sector. China (involvement of general hospitals) and the Philippines (involvement of the private sector) continue to make good progress in implementing the PPMD strategy.

6. HIV/AIDS and STI

Regional expected results	Achievement of expected results as measured by indicators
1. Support provided to countries and areas for advocacy and for the revision, adaptation and development of national policies, strategies and plans for the provision of HIV/AIDS and Sexually Transmitted Infections prevention and care programmes relevant to the global health sector strategy on HIV/AIDS.	• Ongoing support for revision and adaptation of national policies, strategies and plans was provided to meet the needs and requests of countries. In Viet Nam, a Programme of Action on prevention of mother to child transmission was officially approved by the Ministry of Health. In China, documents on scaling-up strategies in the areas of men having sex with men, sex workers and treatment and care were produced and disseminated. In Cambodia, the National AIDS Authority has published a National Strategic Plan for a Comprehensive and Multisectoral Response to HIV/AIDS, 2006–2010. Fiji, the Federated States of Micronesia, the Marshall Islands and Mongolia have updated their National Strategic Plans. • Challenges encountered included limited capacity to conduct comprehensive assessments and planning in some small countries. • Cambodia, the Federated States of Micronesia, the Marshall Islands and Mongolia received technical support in 2006.
2. Normative guidance and technical support provided to all	• All countries and areas affected by HIV transmission through injecting drug use have included targeted

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Regional expected results	Achievement of expected results as measured by indicators
countries and areas that need to implement and scale up HIV/AIDS prevention and care strategies, including access to antiretroviral, and specific approaches for vulnerable populations, in particular among injecting drug users, sex workers and their clients.	prevention interventions for injecting drug users in their national strategies. However, not all elements of the essential package defined in the WHO Biregional Strategy for Harm Reduction 2005–2009 were included. • Challenges encountered include a need for more supportive policies and social environments to ensure equitable access to HIV services for injecting drug users; the need to promote a comprehensive harm reduction response; and challenges in addressing the clinical management of HIV/AIDS in injecting drug users, including antiretroviral therapy (ART) and co-infections and co-morbidities. • Cambodia, Malaysia and Viet Nam received technical support in 2006. • Capacity-building on implementation of the 100% condom use programme (CUP) took place in the Philippines (seven provinces were funded through GFATM Round 3 grants) and in China (seven provinces were funded from GFATM Round 5 grants). An experience-sharing workshop was conducted in the Lao People's Democratic Republic (with participants from 14 provinces) and a satellite meeting was organized on the 100% Condom Use Programme in Mongolia (nine districts of Ulaanbaatar). A Joint UNFPA/WHO meeting on the 100% CUP was conducted in October 2006 with participants from 16 countries (11 from the Western Pacific Region and 5 from the South-East Asian Region of WHO). • Challenges encountered included sensitivities in working with marginalized populations; difficulties in mobilizing strong political support for the programme involvement of other sectors; and challenges in ensuring that the 100% CUP is fully integrated in the national response to the

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Regional expected results	Achievement of expected results as measured by indicators
	prevention and control of HIV infection and sexually transmitted infections. • Twenty-two provinces were supported in 2006 (seven in the Philippines, seven in China, three in the Lao People's Democratic Republic and five in Mongolia). • The number of people receiving antiretroviral treatment (ART) as of December 2006 was as follows. a. Cambodia – 20 131 (18 344 adults; and 1787 children b. China – 30 640 (29 798 adults; 621 children and 221 missing information on age and sex) c. Papua New Guinea – 1098 (1054 adults and 44 children) d. Viet Nam – 8217 (7789 adults and 428 children) • Challenges included the need to update national treatment guidelines with the most appropriate recommendations for first and second line regimens; developing models of delivery that ensure equity and reaching those most at risk; maintaining a continuous supply of drugs and diagnostics and developing improved drug formulations for adults and children.
3. Technical support provided to all countries and areas that need a strengthened HIV surveillance system for better planning, monitoring and evaluating interventions, including specific ARV resistance surveillance in selected countries.	• Key achievements included capacity- building in selected countries in the following areas: strengthening of second generation HIV surveillance, HIV/AIDS estimation and projection, monitoring of essential interventions, HIV drug resistance surveillance and implementation of surveys and operational research. • Challenges encountered included the following: segmentation of national mechanisms to address and collect HIV data using standardized methods; insufficient development performance monitoring (the need to set targets for countries with clear indicators to monitor

Regional expected results	Achievement of expected results as measured by indicators
	interventions and progress towards Universal Access. • Fiji, Kiribati, Samoa, Solomon Islands, Tonga and Vanuatu received technical support to develop adequate HIV surveillance systems.

7. Surveillance, prevention and management of chronic, noncommunicable diseases

Regional expected results	Achievement of expected results as measured by indicators
1. Transitional economies in the Western Pacific Region set up integrated noncommunicable diseases prevention (NCD) and control programmes.	• Capacity-building for NCD programme management continued throughout the Region with the following approaches: – Training workshops on NCD management for health staff, doctors and nurses were conducted. – Study tours and fellowships in NCD management were organized. – Workshops were organized on STEPwise (STEPS) surveillance. – National NCD plans and strategies were developed. – STEPS surveys were completed to determine the gaps and needs to focus NCD programme implementation.
2. A sustainable regional NCD database is in operation.	• STEPS surveys were conducted and draft reports were produced including baseline data.
3. Demonstration projects in NCD prevention and control take up a formal evaluation component.	• Some activities were completed but there was a need to conduct more STEPS surveys to determine the strategic focus for activities and the level of technical support required.
4. Secondary prevention programmes are evaluated for impact.	• Workshops on oncology and palliative care, and atraumatic restorative treatment (for oral disease) were not conducted. The Global Oral Health Strategy was developed and used as the guide for technical support to Member States of the Region.

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Regional expected results	Achievement of expected results as measured by indicators
5. A regional NCD network is formally operating.	• The NCD Prevention and Control Coalition actively participated in the development and finalization of the National Integrated Strategic Plan for NCD Prevention and Control. The Coalition has 42 member organizations and a five-year work plan.
6. Support given to countries and areas in the development of national and regional responses to NCD.	• Additional NCD staff and teams were fielded and national NCD focal points were identified. • Support was provided to increase the capacity of NCD teams within the Ministry of Health. • Workshops on multisectoral cooperation with the food industry were conducted. • A number of workshops on developing national eye care strategic plans were conducted in the Region in partnership with Vision 2020. • An integrated approach for NCD prevention and control was adopted in the Region in line with Regional Committee resolution WPR/RC57.R4. • The WHO STEPwise approach to surveillance has been the standard approach to surveillance in the Region for the last two bienniums. Major progress was made in the implementation of STEPS surveys in the Region.

8. Mental health and substance abuse

Regional expected results	Achievement of expected results as measured by indicators
1. Support provided to countries and areas in advocating the value of mental health and fighting stigma and discrimination.	• The logo and slogan competition for the Pacific Islands Mental Health Network (PIMHNet) was successfully organized. • Technical assistance was provided to four country offices and national counterparts celebrating World Mental Health Day and World Day for Suicide Prevention.

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Regional expected results	Achievement of expected results as measured by indicators
2. Information and support given to countries and areas in formulating and implementing policies and plans on mental health and substance use.	• Technical and financial support was provided to develop and implement policies and plans for mental health and substance abuse. • Support was provided to develop a mental health service model for rural populations in China. • National mental health systems were assessed using the World Health Organization Assessment Instrument for Mental Health Systems (WHO-AIMS) in Korea, Mongolia, China, the Philippines and Viet Nam. • An epidemiological study of mental disorders and alcohol-use related disorders was completed in China and Mongolia. • Support was provided to PIMHNet for the countries and areas of the Pacific.
3. Mental health services organization, delivery and evaluation supported at national and local levels.	• Eleven countries and areas participating in PIMHNet requested an assessment of urgent training needs using the WHO-provided template to develop detailed human resources plans. Operational support was provided to participating countries. • Support was provided to establish a network for mental health in disasters and communication within the network was facilitated. • Progress was made in implementation of the People at the Centre of Health Care Initiative (PCI). • Staff of La Trobe University were engaged for technical work on the PCI. • The Reference Group panel of experts was established to monitor and support PCI. • Country-level stakeholder consultations in were convened in Thailand, Malaysia and the Republic of Korea. • A PCI website was established.

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Regional expected results	Achievement of expected results as measured by indicators
4. National suicide prevention strategy and programmes supported.	• A national workshop on prevention of pesticide-related injuries was conducted in China. • Fifteen countries and areas participated in the Suicide Trends in At-Risk Countries and Territories workshop. • Work plans were developed with four countries and work teams were established in six countries.
5. Support provided for the development, implementation and evaluation of effective strategies and programmes for reducing the negative health and social consequences of the harmful use of alcohol in countries and areas.	• The Regional Strategy to Reduce Alcohol-related Harm was endorsed by the Regional Committee. • WHO Headquarters and the Regional Office for the Western Pacific organized a meeting and workshop on drug dependence treatment and HIV/AIDS in May 2006 in China.

9. Health and environment

Regional expected results	Achievement of expected results as measured by indicators
1. Evidence-based normative and good practice guidance developed or updated and promoted to effectively support countries and areas in assessing health impacts and in making decisions across sectors in key environmental health areas, including water, sanitation and hygiene, air quality, workplace hazards, chemical safety, radiation protection, and environmental change.	• The assessment of key environmental health risks was supported in the Lao People's Democratic Republic, the Philippines and Viet Nam. • National standards and guidelines related to environmental and occupational health were developed in Cambodia, China, Fiji, the Lao People's Democratic Republic, Mongolia, Papua New Guinea and Solomon Islands.

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Regional expected results	Achievement of expected results as measured by indicators
2. Countries and areas adequately supported for building capacity to manage environmental health information, and to implement intersectoral policies and interventions for protecting health from immediate and longer-term environmental threats.	• Supported development and implementation of action plans on environmental health in Cambodia, China, the Lao People's Democratic Republic, Mongolia, the Philippines and Viet Nam. • Supported health sector capacity strengthening to manage environmental health risk factors in Cambodia, China, Cook Islands, the Lao People's Democratic Republic, Mongolia, Palau, the Philippines, Tonga, Vanuatu and Viet Nam.
3. Environmental health concerns of vulnerable and high-risk population groups (particularly children, workers and the urban poor) addressed by regional and country-level initiatives that are implemented through effective partnerships, alliances and networks of centres of excellence.	• Supported representatives from Cambodia, China, Japan, the Lao People's Democratic Republic, the Philippines, the Republic of Korea, Thailand and Viet Nam to attend regional meetings on priority regional environmental health issues. • The 12-month Project Review Meeting of the two-year WHO/AusAID-supported bi-regional project on "Accelerating effective water sanitation and hygiene management for health, with primary emphasis on the Asian Region" was held in Ha Noi, Viet Nam in September 2006. • Supported the Interim Advisory Board Meeting for the Regional Forum on Environment and Health, Manila in September 2006, the Second Regional Environmentally Sustainable Transport Forum in December 2006 and the Better Air Quality 2006 Conference in December 2006 held in Yogyakarta, Indonesia.

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10. Health promotion

Regional expected results	Achievement of expected results as measured by indicators
1. Increased guidance for integrating health promotion into health plans, including healthy diet, physical activity, ageing and oral health.	• Supported participation in the Subregional Diet, Physical Activity and Health meetings of representatives from 10 Pacific island countries and 10 Asian countries. • Five or more countries integrated health promotion into their national plans, including China, Cook Islands, Samoa, Papua New Guinea and Viet Nam.
2. Support provided to strengthen capacity for governance, planning and implementation of multisectoral health promotion policies and programmes at country and regional levels.	• Supported strengthening of health promotion capacity for governance, through the healthy cities approach and multisectoral health promotion programming at national and provincial levels in China, Malaysia, Mongolia, the Philippines, Samoa, Tonga and Viet Nam.
3. Evidence validated and disseminated on the effectiveness of health promotion strategies and interventions to tackle communicable and noncommunicable diseases.	• Supported the October General Assembly and Conference of the Alliance of Healthy Cities Steering Committee held in Suzhou, China. • China indicated commitment to strengthen outcome and impact evaluation among its alliance members.
4. Support provided for new and innovative approaches applied to sustainable financing of health promotion interventions and capacity-building at national, local and community levels.	• Supported development and strengthening of health promotion fund mechanisms, in Fiji, Malaysia, Mongolia, the Republic of Korea and Tonga.
5. Support provided to increase the capacity of ministries of health and education to plan, implement and evaluate school health programmes for reduction of risks associated with leading causes of death, disease and disability.	• Supported strengthening of health promotion in schools in at least four countries in the Pacific, including Cook Islands, Fiji, Tonga and Tuvalu. China, the Lao People's Democratic Republic, Singapore and Viet Nam also received support.

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11. Violence, injuries and disabilities

Regional expected results	Achievement of expected results as measured by indicators
1. Support provided to high-priority countries and areas for the implementation and evaluation of information systems for the major determinants, causes and outcomes of unintentional injuries, violence and disabilities.	• Supported strengthening of injury information systems in Cambodia, China, the Lao People's Democratic Republic and the Philippines.
2. Multisectoral interventions to prevent violence and unintentional injuries validated and effectively promoted in countries.	• Supported multisectoral interventions for injury prevention in Cambodia, China, the Lao People's Democratic Republic and Mongolia.
3. Guidance and effective support provided for strengthening of pre-hospital and hospital care for persons affected by injuries and violence.	• Supported strengthening of pre-hospital care for the injured in Cambodia, the Lao People's Democratic Republic and Viet Nam.
4. Effective support provided for strengthening of country capacity for integrating rehabilitation services into primary health care, and for early detection and management of disabilities.	• Supported strengthening of the community-based rehabilitation programme in the Philippines.
5. Improved capacity in selected countries and areas for framing policy on prevention of injury and violence or on managing disabilities.	• Supported development and implementation of national policies on injury prevention in Mongolia, the Philippines and Viet Nam.

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Regional expected results	Achievement of expected results as measured by indicators
6. Strengthened training capacity in priority countries and areas for prevention of injury and violence and for rehabilitation services.	• Strengthened training capacity for the prevention of injury and violence in Viet Nam.
7. Functional regional and national networks that strengthen collaboration between health and other sectors involving organizations of the United Nations system, Member States, regional and international development banks, and nongovernmental organizations, including those people with disabilities.	• Developed a regional network of national Ministry of Health focal points on injury and violence prevention through regional meetings. • Developed a national network for protocols and procedures on injury prevention through national consultative meetings in Mongolia.

12. Food safety

Regional expected results	Achievement of expected results as measured by indicators
1. Foodborne disease surveillance and food hazard monitoring and response programmes strengthened regionally and in targeted countries.	• A joint FAO/WHO food safety project, including improvement of foodborne disease surveillance, was supported in Cambodia, the Lao People's Democratic Republic and Viet Nam. • Health authorities from China and Mongolia were trained on foodborne disease surveillance and outbreak investigation. • A multi-country monitoring study was conducted on mercury in fish in Kiribati and Solomon Islands and mercury absorption in humans in Fiji. • A meeting was convened to discuss and develop a plan of action to collect and share data on foodborne disease surveillance and contamination monitoring in the island

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Regional expected results	Achievement of expected results as measured by indicators
	countries and areas of the Northern Pacific. • An automatic group e-mail was developed to share information on foodborne diseases and food contamination in Asia. • Training activities on Global Salmonella Surveillance and its network were conducted in the Region..
2. Adequate support provided for building capacity in priority countries to apply risk profiling and risk assessment to food control.	• Training was provided to strengthen the application of risk profiling and risk assessment to food control in Malaysia and Papua New Guinea. • Capacity was developed to conduct total diet studies in Papua New Guinea and the Philippines. • Countries participated in Codex activities supported by WHO and the Codex Trust Fund.
3. Adequate support provided in priority countries to enable them to strengthen their food safety policies, legislation, standards work, analysis and enforcement.	• Support was provided to strengthen food safety law in the Marshall Islands, food safety regulations in Cook Islands and Kiribati, and food safety standards in the Federated States of Micronesia. • Development of manuals and guidelines on imported food control was supported in Papua New Guinea.
4. Adequate support provided in priority countries to enable them to strengthen their efforts in food safety education.	• Using two different strategies, five keys to safer food were introduced to enhance food safety education with a rural community focus in Cambodia, the Lao People's Democratic Republic, and Viet Nam. A school-based strategy was followed in Guam, the Federated States of Micronesia, Kiribati, the Marshall Islands, Nauru and the Commonwealth of the Northern Mariana Islands and Palau.

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13. Tobacco

Regional expected results	Achievement of expected results as measured by indicators
1. Support provided to increase entry into force of the WHO Framework Convention on Tobacco Control.	• Technical assistance, consultations and/or training was organized in Cambodia, China, Fiji, Hong Kong (China), the Lao People's Democratic Republic, Malaysia, Niue, Papua New Guinea, the Philippines, Samoa, Vanuatu and Viet Nam to increase entry into force of the WHO Framework Convention on Tobacco Control. • 100% of eligible Western Pacific Region Member States have ratified and are Parties to the WHO Framework Convention on Tobacco Control. About 50% of the Western Pacific Region Member States have reviewed existing legislation, developed multisectoral plans and are making good progress towards implementing the provisions of the WHO Framework Convention on Tobacco Control. • WHO Framework Convention on Tobacco Control provisions on tobacco product packaging and labelling (e.g., requiring tobacco products health warnings) will become effective in 2007 for some Parties and compliance with these provisions will be determined by the WHO Framework Convention on Tobacco Control Conference of Parties based on Parties' formal reports to the Conference of Parties (Fiji, Japan, Mongolia, Nauru, New Zealand, Palau, Singapore and Solomon Islands).
2. Support provided to increase the number of Member States with established national tobacco control programmes from the 2004 baseline.	• Cambodia, Cook Islands, Niue, and Samoa drafted or established new national programmes, action plans or legislation this biennium. • Technical assistance was provided to Brunei Darussalam, Cambodia, China, Cook Islands, Fiji, Hong Kong (China), Kiribati, the Lao People's Democratic Republic, Malaysia, Papua New Guinea, the Philippines, Samoa, Tonga, Tuvalu, Vanuatu and Viet Nam to establish or

Regional expected results	Achievement of expected results as measured by indicators
	strengthen national programmes through legislation review and development of key tobacco control policies, including tobacco product packaging and labelling and bans on advertising and promotion as required by the WHO Framework Convention on Tobacco Control. • Support was provided to strengthen national programmes to meet the requirements of the WHO Framework Convention on Tobacco Control.
3. Support provided to sustain tobacco control programmes operational in Member States, and integration of tobacco control approaches into public health and other programmes and events.	• Technical assistance was provided for the establishment of national tobacco tax-based health promotion foundations. Tobacco control was promoted within a national noncommunicable diseases framework in the Philippines, Tonga and Malaysia.
4. Support provided to increase and expand bilateral and multilateral partnerships established to address transnational tobacco control issues.	• Collaboration was strengthened with key regional nongovernmental organizations and alliances developing and implementing country-level policy research projects, including the South-East Asian Tobacco Control Alliance and the Secretariat for the Pacific Community. • Transnational issues were addressed at the global level through the WHO Framework Convention on Tobacco Control Conference of Parties.
5. Support provided to enhance surveillance, research, evaluation, information dissemination and advocacy.	• Fourteen Member States completed surveys under the Global Tobacco Surveillance System. • The online Global Information System for Tobacco Control database was updated and data was collected for the Organization-wide Global Tobacco Control Report. • Parties were supported in preparation of the WHO Framework Convention on Tobacco Control progress report. • A key study on betel nut and tobacco use was completed. • Support was provided to country counterparts to collect

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Regional expected results	Achievement of expected results as measured by indicators
	data for the Global Tobacco Control Report, the regional online databases and the WHO Framework Convention on Tobacco Control Conference of Parties reporting requirements. Country counterparts collect and report data.

14. Nutrition

Regional expected results	Achievement of expected results as measured by indicators
1. Technical support and guidance provided to countries and areas at the regional and subregional levels for strengthening nutrition programmes.	• Technical, operational, and administrative support was provided to Member States' national nutrition programmes and activities. • Technical assistance was provided to improve coordination and collaboration with health departments, line ministries, and partner agencies in Member States.
2. New WHO growth standards introduced, and global, regional and national nutrition surveillance systems strengthened.	• In collaboration with UNICEF, East Asia and Pacific Regional Office and country offices, participants from Cambodia, China, Fiji, the Lao People's Democratic Republic, Malaysia, Mongolia, Papua New Guinea, the Philippines and Viet Nam attended a workshop on the new child growth standards for children under 5, in May/June 2006, Tagaytay City, Philippines. • Cambodia, the Lao People's Democratic Republic, the Philippines and Viet Nam introduced the new WHO child growth standards.
3. Integrated national food and nutrition policies and plans developed or revised and promoted.	• Palau, the Lao People's Democratic Republic, Guam, the Federated States of Micronesia, the Marshall Islands and Solomon Islands were supported to develop and revise integrated national food and nutrition policies and plans. • Support was provided for a workshop to review the Palau National Plan of Action on Nutrition in February 2006. • Support was provided for a National Advocacy Meeting

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Regional expected results	Achievement of expected results as measured by indicators
	on Nutrition in May 2006 to review existing nutrition plans of action and nutrition programmes, followed by two workshops to produce a new national plan of action on nutrition and national nutrition policies in the Lao People's Democratic Republic. • Teams from the Federated States of Micronesia, Guam, the Marshall Islands and Solomon Islands participated in the AusAID/WHO 3rd Regional Training Course for Policy-Makers on Development and Implementation of Intersectoral Food and Nutrition Plans and Policies, July 2006 in Pohnpei, Federated States of Micronesia.
4. Technical and policy support provided for the implementation of integrated strategies to improve maternal and child health and nutrition.	• Conducted a WHO/UNICEF Consultation on the Protection, Promotion and Support of Breastfeeding with teams from 19 countries. • Cambodia, China, the Republic of Korea, Malaysia, Mongolia and the Philippines have enacted laws and regulations on the International Code of Marketing Breastmilk Substitutes. • Technical support was provided in Cambodia, in collaboration with Nutrition for Health and Development/Headquarters to develop a strategy for pre-service training of health professionals in the Integrated Management of Childhood Illness and Infant and Young Child Feeding from September to October 2006 and the adaptation of infant and young child feeding training materials for Cambodia. • Promoted appropriate infant and young child feeding practices through developing effective tools to guide establishment of breastfeeding friendly communities and workplaces in the Philippines.

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Regional expected results	Achievement of expected results as measured by indicators
5. Technical and policy support provided to promote healthy diets, including the revision of food-based dietary guidelines, and to reduce obesity and other nutrition-related noncommunicable diseases.	• Teams from 14 Asian countries, various agencies, donors and other international organizations attended the AusAID/WHO workshop on the Implementation of the Global Strategy on Diet, Physical Activity and Health (DPAS) in Asian Countries in October 2006 in Manila, Philippines. • In partnership with the Secretariat of the Pacific Community, the Food and Agriculture Organization of the United Nations and NZAID, 38 participants from 19 Pacific island countries, territories and areas attended the workshop on Implementation of the Global Strategy on Diet, Physical Activity and Health in the Pacific, in April 2006, in Suva, Fiji to review progress and shared experiences in the prevention and control of obesity, diabetes and related chronic diseases in the Pacific. • Supported proposals from Member States for follow-up activities related to the Global Strategy on Diet, Physical Activity and Health. • Provided technical support in the implementation of Global Strategy on Diet, Physical Activity and Health programmes in the Pacific through a Nutrition and Physical Activity Officer based in Suva, Fiji.
6. Promotion of innovative ways of supplementation and optimal food-fortification programmes with micronutrients of public health significance.	• Supported a UNICEF/World Vision/WHO study on the prevalence of zinc deficiency among children for planning and strengthening the micronutrient deficiency action programme in Mongolia. • Supported planning, implementation, monitoring and evaluation of an operational trial of weekly iron and folic acid supplementation for women of reproductive age in the Lao People's Democratic Republic. • A proposal on the steps need to facilitate execution of a food fortification programme in the Pacific was presented at the Meeting of Ministers of Health of the Pacific

Regional expected results	Achievement of expected results as measured by indicators
	Countries in Vanuatu in March 2007. • A school and community programme on weekly iron and folic acid supplementation to prevent anaemia in women of reproductive age was expanded in Cambodia. • A global consultation on preventive supplementation with weekly iron and folic acid supplementation was organized in the Regional Office of WHO in April 2007.
7. Technical and policy support provided to improve nutrition in crises and in special circumstances, including people living with HIV/AIDS.	• Ongoing collaboration with the HIV/AIDS Unit of WHO on the launching of a course on nutritional care for people living with HIV/AIDS for Cambodia, Papua New Guinea and Viet Nam.

15. Reproductive health

Regional expected results	Achievement of expected results as measured by indicators
1. Adequate guidance and support provided to improve family planning and reproductive health care in priority countries and areas through dissemination of evidence-based standards, and technical and managerial guidelines.	• Published and distributed the Framework for Accelerating Action for the Sexual and Reproductive Health of Young People which the Government has translated it into Chinese. • Translated and adapted guidelines/manuals on family planning and sexually transmitted infections control developed by WHO Headquarters in China, Mongolia, the Philippines, Solomon Islands, Tonga, Vanuatu and Viet Nam. • Conducted a pilot study on integrating interventions and adolescent-friendly services for unmarried pregnant girls to reduce the rate of induced abortion in China.
2. Policy and technical support effectively provided to countries and areas for the design and implementation of	• Developed a reproductive health surveillance system which may be replicated and adapted in other Member States in the Region, especially Pacific island countries. • Provided programme managers with policy advice and

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Regional expected results	Achievement of expected results as measured by indicators
comprehensive plans for increased access to and availability of high quality family planning and reproductive health services.	strategies on adolescent sexual and reproductive health to improve the health of young people through the Framework of Accelerating Action for the Sexual and Reproductive Health of Young People.
3. Ability of countries to identify regulatory obstacles to the provision of high quality family planning and reproductive health services.	• Initiated a pilot project on post-abortion care for adolescents in China. • Strengthened cooperation and collaboration among the vertical systems and international agencies in the Region to improve standards in quality of care in family planning services through a biregional workshop increasing governments' awareness of integration in STI/HIV/AIDS, reproductive, and maternal and child health services.

16. Making pregnancy safer

Regional expected results	Achievement of expected results as measured by indicators
1. Technical and policy support provided to countries and areas for finalizing and implementing national plans of action for the reduction of maternal and newborn mortality.	• Finalized national plans on maternal and newborn mortality reduction with most priority country governments investing to implement their plans. • Convened the Regional Consultation on Human Resource Development for Making Pregnancy Safer, October 2006, Shanghai China. • Developed a plan to support human resources development for making pregnancy safer with the country teams, including government programme managers, heads of obstetricians/gynaecologists' and midwives' associations in China. • Developed national guidelines for maternal and newborn services in China. • Translated and adapted a manual on making pregnancy safer in China.

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Regional expected results	Achievement of expected results as measured by indicators
	• Coordinated cooperation among vertical systems/programmes and integrated programmes on malaria and STI/HIV/AIDS in China.
2. Adequate technical support provided for dissemination, adaptation and implementation of evidence-based standards and guidelines for effective maternal and newborn care.	• With the WHO Regional Office for South-East Asia, UNICEF, UNFPA and UNAIDS, conducted the Consultation on Integrating the Prevention and Management of STI/HIV/AIDS into the Reproductive, Maternal and Newborn Health Services in November 2006 in Kuala Lumpur, Malaysia with more than 130 participants from 21 countries. • Strengthened cooperation and collaboration among the vertical systems in countries and international agencies through increased awareness of the integration of STI/HIV/AIDS, reproductive and maternal and child health services. • Conducted intercountry clinical training for 20 participants on Active Management of the Third Stage of Labour in July 2006 in Ho Chi Minh City, Viet Nam to strengthen capacity at referral hospitals to manage postpartum complications, the leading cause of maternal death. Participants included personnel from Cambodia, the Lao People's Democratic Republic, Mongolia and Viet Nam. • Trained nurses and midwives in Mongolia on managing complications in pregnancy and childbirth, postpartum and newborn care, especially on the active management of the third stage of labour. • Conducted a baseline survey to assess maternal and child health service supply and utilization in China. Developed a maternal and child health service supply and utilization training course for health staff. • Developed and adapted guidelines for maternal health care, training of midwives, improvement of mother-

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Regional expected results	Achievement of expected results as measured by indicators
	friendly hospitals and promoting and establishing maternity waiting homes, the establishment of mechanisms for maternal death review, and other materials in China, Cook Islands, Fiji, the Lao People's Democratic Republic, Mongolia, Papua New Guinea, the Philippines, Solomon Islands, Tonga and Viet Nam.
3. Technical support provided for in training of skilled attendants in basic and emergency obstetric care and newborn care.	• This activity is expected to be implemented later in the biennium.
4. Technical support provided to priority countries and areas to make the continuum of care more effective.	• This activity is expected to be implemented later in the biennium.

17. Gender equality, women and health

Regional expected results	Achievement of expected results as measured by indicators
1. Knowledge and evidence on the link between gender-based issues and reproductive, maternal and women's health obtained.	• Organized a national workshop on gender and rights issues in reproductive and maternal health in Malaysia as follow-up action after the regional workshop that was held in 2005.
2. Policy and technical support effectively provided to integrate the gender perspective into health policy and strategy (i.e. women's health and maternal health) development and intervention.	• This activity is expected to be implemented later in the biennium.
3. Technical support provided to countries or nongovernmental organizations to empower	• This activity is expected to be implemented later in the biennium.

Regional expected results	Achievement of expected results as measured by indicators
women for self-confidence and seeking health service through family and community involvement.	

18. Child and adolescent health

Regional expected results	Achievement of expected results as measured by indicators
1. Guidance and technical support provided for increased coverage and intensified action towards improving neonatal and child survival, growth and development.	• Expanded geographical coverage of Integrated Management of Childhood Illness (IMCI) by more than 50% of districts in Mongolia and the Philippines. In Mongolia IMCI is practised in all *aimags*. • Expanded the coverage and scope of IMCI in Cambodia, China, the Federated States of Micronesia, Fiji, Kiribati, the Lao People's Democratic Republic, Malaysia (Sabah State), Papua New Guinea, Solomon Islands, Vanuatu and Viet Nam. • Supported updating of the national IMCI guidelines in Cambodia, the Lao People's Democratic Republic, Papua New Guinea and Viet Nam. • Reviewed progress in IMCI pre-service education in the Philippines and Viet Nam. • Conducted an IMCI Health Facility Survey in Cambodia and Mongolia. • Viet Nam developed a specific strategy to improve newborn care that will be part of the national child survival strategy. • Newborn care was included in the Child Survival Strategy of Cambodia and in the local IMCI protocol. • Initiated integration of newborn care in maternal and child health policies in the Lao People's Democratic Republic and developed a newborn care kit in Papua New Guinea.

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Regional expected results	Achievement of expected results as measured by indicators
	• Organized eight *aimag*-level training courses on essential newborn care and initiated work to integrate this course into the existing curriculum of medical and nursing schools in Mongolia. • Adapted the training materials of the infant and young child feeding (IYCF) counselling training to integrate infant feeding counselling into child health services in Cambodia. • Translated the IYCF counselling training course material and conducted one national and 15 provincial-level training courses in China. Conducted one national IYCF counselling training course in Papua New Guinea. Conducted national IYCF counselling and implementer-level training courses in the Philippines. • Provided technical support to the multi-stakeholder conference on breastfeeding for planning implementation of the strengthened rules and regulations for the code of marketing of breastmilk substitutes and advocated for activities in IYCF in the Philippines. • Supported capacity-building for the reassessment of mother-baby-friendly hospitals in the Philippines. • Provided support to promote paediatric hospital care standards and quality improvement in Cambodia and Solomon Islands. • Supported an assessment of hospital care for children in two pilot counties and translated and adapted the international standards for hospital care for children in China. • Supported capacity-building for assessment of emergency, triage, and treatment of severely ill children in the Lao People's Democratic Republic.

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Regional expected results	Achievement of expected results as measured by indicators
	• Provided copies of the *Pocket Book of Hospital Care for Children* for dissemination to hospitals in Fiji and Papua New Guinea.
2. International and national strategies and efforts coordinated to attain globally agreed goals for improving child and adolescent health.	• Launched the WHO/UNICEF Regional Child Survival Strategy in Cambodia, China, the Lao People's Democratic Republic, Papua New Guinea, the Philippines and Viet Nam. • Held an intercountry workshop on the WHO/UNICEF Regional Child Survival Strategy, May 2006, in the Lao People's Democratic Republic attended by government representatives of several child health-related programmes, key stakeholders, international experts, WHO/UNICEF secretariat and representatives from partner agencies. • Finalized country profiles for five key countries as a basis for national strategy and action plan development. • Supported development of a national child survival strategy for Cambodia. • Finalized a national assessment of maternal and child survival strategies and drafted an essential package of maternal and child health care in China. • Reviewed current approaches to develop a strategic plan for child survival in Papua New Guinea. • Reviewed current approaches to develop a strategic plan for child survival in Papua New Guinea. • Completed a child health situation analysis as a springboard for developing a national strategic plan for child survival for the Philippines. • Conducted a national workshop on child survival and initiated the development of a National Action Plan on Child Survival in Viet Nam. • Conducted a Child Health review to monitor and assess childhood morbidity and mortality in Tonga.

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Regional expected results	Achievement of expected results as measured by indicators
	• Organized an orientation seminar on the Convention on the Rights of the Child to build capacity among relevant WHO regional and country programmes for the application of the Convention on the Rights of the Child as a planning, programming and management tool. • Enhanced coordination with UNICEF and child health-related programmes through the development of action plans outlined in the joint Regional Child Survival Strategy. • Discussed the Regional Child Survival Strategy in the Regional Meeting of Focal Points for Injury Prevention, the EPI Technical Advisory Group meeting, the Regional Workshop on Integrated Health Information Systems and other meetings related to health systems strengthening. • Joint support with the nutrition unit was provided to introduce the new WHO Child Growth Standards to key countries in the Region.
3. Technical support provided for improved strategies, norms and standards for protecting adolescents from disease and from behaviours and conditions that pose a risk to health.	• Advocated a multisectoral approach including departments of education, social welfare and others to address adolescent health problems in Mongolia. • Expanded the Reaching the Urban Poor project from one site of 2000 people to 15 sites with nearly 200 000 people in the Philippines. • Reaching the Urban Poor project results have demonstrated a 20%–30% improvement in immunization coverage and vastly improved breastfeeding coverage, lying-in clinic deliveries, contraceptive uptake and adolescent knowledge in the Philippines. • Incorporated lessons from the field into improved policies and strategies in cities. Increasingly, these have been noted in national and international forums, newspaper articles and radio and television programmes in the Philippines.

Regional expected results	Achievement of expected results as measured by indicators
	• Disseminated the completed *National Master Plan for Adolescent and Youth Health* in October 2006 through workshops to health staff from 45 provinces of Viet Nam. • Conducted a workshop to support specific provincial youth health action plans in six provinces of Viet Nam. • Technical support was provided to mobilize resources and develop partnerships to increase investment in adolescent and youth health. • Established Adolescent-Friendly Health Services cabinets in four *aimags*, trained staff and drafted National Youth Friendly Health Service guidelines in Mongolia. • Successfully conducted awareness workshops on improving knowledge and awareness of health issues among parents and adolescents in Cook Islands. • Conducted two workshops to develop and pilot-test the Adolescent Health Education Kit in Malaysia.

19. Essential medicines

Regional expected results	Achievement of expected results as measured by indicators
1. Support provided to countries and areas to develop, revise, implement and monitor national medicines policies.	• Supported Brunei Darussalam, Cook Islands and Niue to develop national medicines policies. • Evaluated the implementation of national medicines policies in Fiji and Samoa. • Supported Cook Islands, the Federated States of Micronesia, Fiji, Kiribati, Niue, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu through the World Health Organization/European Commission Partnership Project on Pharmaceutical Policies for Year 2 (2006). The Year 2 project was successfully implemented despite a very tight time frame (April to September 2006). These countries

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Regional expected results	Achievement of expected results as measured by indicators
	were also supported to develop Year 3, 4 and 5 workplans. Year 3 implementation is underway. Full-time staff have been recruited to coordinate and support the implementation of this World Health Organization European Commission Partnership project on Pharmaceutical policies, based in Suva.
2. Support provided to countries and areas to improve access to essential medicines using the Regional Strategy as a guide.	• A Regional Consultation on Affordable Prices of Medicines was held in Manila in August 2006 with the participation of 12 countries to improve medicines pricing strategies for more equitable access. • A Consultation on Financing Essential Medicines was organized in Manila in October 2006 with the participation of nine countries to share experiences on pricing policies and pricing interventions for cost containment of medicines. • Support was provided to Cook Islands, Fiji, Mongolia and Papua New Guinea to review private and public sector pharmaceutical expenditure. • Malaysia and Viet Nam were supported to develop medicines price monitoring system. • Fiji was supported to increase awareness of government officials of the Trade Related Aspects of Intellectual Property Rights Agreements. • Kiribati, the Federated States of Micronesia, Papua New Guinea and Tonga were supported to undertake a review and to develop a pharmaceutical inventory system. • Kiribati was supported to review a medicines supply system.

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Regional expected results	Achievement of expected results as measured by indicators
3. Support provided to countries and areas to strengthen pharmaceutical regulation and quality assurance systems.	• Thirty eight countries in the WHO Western Pacific and South-East Asian Regions participated in the regional rapid alert system for combating counterfeit medicines. • Cambodia, the Lao People's Democratic Republic, Mongolia and the Philippines were supported to strengthen measures to combat counterfeit medicines through national workshops, improving collaboration with law enforcement agencies, training of drug inspectors, public education and expansion of rapid alert systems. • Cambodia, the Lao People's Democratic Republic, Malaysia, Mongolia, Papua New Guinea and the Philippines were supported to develop and advocate for national ethical infrastructures in medicines registration, selection, promotion, inspection and procurement. • Malaysia and the Philippines were supported to initiate a medicines surveillance system involving consumers. • Medicines regulatory assessment was carried out in Fiji, Papua New Guinea, Samoa, Solomon Islands, Tonga and Vanuatu. • An Informal Consultation on Strengthening Medicines Regulation and Quality Assurance was organized in Suva in August 2006 to identify feasible options to strengthen medicines regulatory functions for selected Pacific island countries. • Cook Islands was supported to develop regulations related to the control of medicines.
4. Support provided to countries and areas to promote therapeutically effective, safe and cost-effective use of medicines by health care providers and consumers.	• Cambodia, China, the Lao People's Democratic Republic and Mongolia were supported to implement and/or expand monitoring, training and planning, a focused rational drug use intervention. • The Philippines was supported to undertake a national training workshop and implement monitoring, training

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Regional expected results	Achievement of expected results as measured by indicators
	and planning. • Fiji and Papua New Guinea were supported to establish a National Poison and Drug Information Centre. • Solomon Islands and Vanuatu were supported to increase public awareness of rational use of medicines. • Cook Islands, Niue, Palau, Solomon Islands and Tonga were supported to promote rational drug use among health professionals through reviewing and updating standard treatment guidelines, national medicines lists and formularies and conduct of training workshops on rational use of medicines. • Fiji, Palau and Papua New Guinea were supported to update their essential medicines library.
5. Support provided to countries and areas in development and implementation of a national policy on traditional medicine.	• Strengthened Regional Office efforts to enhance the network of policymakers, researchers, regulatory authorities and other experts in the field of traditional medicine.
6. Support provided to countries and areas for improved regulations on herbal medicines.	• Held meetings on harmonization of herbal medicines, focusing on nomenclature and standardization, quality assurance and information on herbal medicines with participation of Australia, China, Hong Kong (China), Japan, the Republic of Korea, Singapore and Viet Nam.
7. Support provided to countries and areas in implementing standards on traditional medicine.	• Made progress on standardization of different areas under traditional medicine (i.e. acupuncture point locations and classification of information of East Asian traditional medicine.

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20. Essential health technologies

Regional expected results	Achievement of expected results as measured by indicators
1. Support provided for the development of nationally coordinated blood transfusion services, with a quality system in all areas.	• Provided technical assistance, consultancies and trainings to support Cambodia, China, Kiribati, the Lao People's Democratic Republic, Mongolia, Papua New Guinea, Solomon Islands, Vanuatu and Viet Nam to develop and implement policies and strategies for coordinated national blood transfusion services. • Supported Cambodia and Papua New Guinea to develop five-year blood safety strategies through national consultations. • Developed implementing regulations based on national blood safety policies in Cambodia. • Updated and produced blood transfusion regulations and implemented capacity-building in quality management and auditing Viet Nam. • Supported dissemination and implementation of quality management guidelines for blood transfusion services in China. • Developed and distributed draft guidelines on blood safety in Mongolia. • Completed training on safe blood transfusion for *aimag* level health workers. • Provided technical assistance to review and finalize national blood transfusion service policies and implement quality management in the Lao People's Democratic Republic. • Support provided in collaboration with AusAID to expand the voluntary nonremunerated blood donor programme from Port Vila Hospital to the Northern District Hospital, Vanuatu. • Provided technical assistance to improve sufficiency and safety of the national blood supply in Solomon Islands.

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Regional expected results	Achievement of expected results as measured by indicators
	• Trained two laboratory staff at the Pacific Paramedical Training Centre in New Zealand and supplied a blood bank centrifuge for Kiribati.
2. Support provided to improve the quality and safety of, and access to, appropriate diagnostic support and laboratory services.	• Supported American Samoa, Cook Islands, Fiji, the Federated States of Micronesia, Kiribati, the Lao People's Democratic Republic, the Marshall Islands, Mongolia, Nauru, Niue, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu, Viet Nam and Wallis and Futuna to improve the quality of and equitable access to clinical laboratories. • Provided support to conduct comprehensive assessments of *soum* laboratories in two *aimags* and improve laboratory health workers capacity in basic essential diagnostic tests in Mongolia. • Developed guidelines and protocols for laboratory specimen transportation in Mongolia. • Support was provided to strengthen the Public Health Laboratory capacities of all provincial laboratories to perform HIV antibody screening and confirmatory testing as well as CD4+ lymphocyte in Papua New Guinea. • Refresher training provided to 20 district health centres laboratory staff in sputum microscopy TB diagnosis and malaria microscopy in Papua New Guinea. • Trained 12 senior provincial laboratory staff in sputum quality assurance microscopy methodology, including the International Air Transport Association biological specimen packaging and transportation regulations, in Papua New Guinea. • Provided support to develop capacity in quality management for medical laboratories and mechanisms to regulate the public and private laboratory services provided by various organizations in Viet Nam.

Regional expected results	Achievement of expected results as measured by indicators
	• Supported a fellowship in clinical laboratory work for Tonga. • Monitored laboratory performance in American Samoa, Cook Islands, Fiji, the Federated States of Micronesia, Kiribati, the Lao People's Democratic Republic, the Marshall Islands, Nauru, Niue, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu and Wallis and Futuna through the WHO Regional External Quality Assessment Scheme and assisted participating countries improve the quality and reliability of laboratory services.
3. Support provided for injection safety and related infection control for the prevention of blood-borne infections in health care settings.	• Supported Cambodia, China, Kiribati and Mongolia to improve injection safety and related infection control in health care settings. • Implemented a project to promote safe injection practices and rational injection use in five provinces in Cambodia. • Developed and implemented an injection safety programme with the collaboration and support of partners and national counterparts to set up national coordination mechanisms which address injection safety and related areas in Cambodia. • Completed a rapid assessment of 60 hospitals in 10 provinces that identified issues to be addressed by stakeholders in China. • Provided support to implement a project to reduce the irrational use of injection through a monitoring, training and planning strategy in four clinical departments in six hospitals in Guangdong province in China. • Supported training for health workers on safe injection practice and related infection control and a television campaign to raise awareness on injection safety in Mongolia.

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Regional expected results	Achievement of expected results as measured by indicators
	• Supported a campaign to vaccinate health staff against Hepatitis B in early 2007 and provide supplies for infection control in the National Hospital; provided supplies and produced information, education and communication materials in Kiribati.
4. Support provided in the use of training materials and tools to improve the technical skills of health personnel in safe use of essential emergency procedures and equipment in first-level referral health facilities.	• Supported Mongolia in the use of training materials and tools to improve the technical skills of health personnel in the safe use of essential emergency procedures and equipment in first-level referral health facilities. • Trained one surgeon in essential surgical care procedures to conduct training programmes for *aimag*-level health care workers in Mongolia. • Provided support to expand the essential emergency surgical care training programme to more *aimags* and *soums* in Mongolia.
5. Support provided to develop and implement guidelines, standards, and policies to strengthen medical equipment management and maintenance systems.	• Supported Malaysia and Mongolia to develop and implement guidelines, standards, and policies to strengthen medical equipment management and a maintenance system. • Completed guidelines and training material development for medical equipment maintenance and medical engineers; several staff have been trained in Mongolia. • Support was provided for capacity-building in pre-market assessment and post-market surveillance of medical devices and developing and providing training on guidelines and procedures for electronic testing of medical devices in Malaysia.

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21. Health system policies and service delivery

Regional expected results	Achievement of expected results as measured by indicators
1. Guidance prepared and technical support provided to improve national and local health-sector policy-making, regulation, strategic planning, implementation of reforms and inter-institutional coordination.	• Technical support was provided to Cambodia, China, Fiji, the Lao People's Democratic Republic and Viet Nam. • A technical adviser on the health sector was assigned to Cambodia to collaborate with the Ministry of Health and other partners and build counterpart capacity in the development and review of planning processes in the health sector that promote the institutionalization and harmonization of the planning and budget cycle at central and provincial levels; as well as to develop and implement effective approaches to review sector performance and integrate results of the review into the planning process. • Support was provided to the Government of China to increase the national capacity to deliver high quality health services to the people of China through the development and strengthening of urban and rural health systems and the reform of health legislation. Policy seminars were conducted on the evaluation of disease control system construction, the medical assistance system and the public health system in general. • Support was also provided to China for a rural public health financing study and urban hospital financing. • Training workshops on health legislation and primary health care legislation were also supported. Four personnel from the Ministry of Health were supported to undertake a study tour in Malaysia and the Republic of Korea to study primary health care legislation. Research on the main contents of primary health care law, as well as its enforcement mechanism, was supported. • A workshop on public health law for 20 participants from 20 Pacific island countries to be held in Nadi, Fiji in

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Regional expected results	Achievement of expected results as measured by indicators
	December 2006, was cancelled due to security concerns. The workshop was later held in Auckland, New Zealand in February 2007. • Technical and logistical support was provided to Viet Nam in the conduct of a workshop on The Role of the Health Sector in Preventing and Addressing Violence held in Ha Noi in September 2006.
2. Capacity strengthened in Member States and WHO to better support health systems development.	• Direct financial cooperation was extended to the Department of Planning and Health Information of Cambodia during a meeting to discuss the formulation of health financing strategies attended by 14 participants in Phnom Penh. • An agreement for performance of work has been contracted to study the financial access to health services for the poor in Cambodia in October 2006. • In Fiji, a short-term consultant was recruited to review public health law, in particular to work on the necessary description of a larger legislative framework on public health law and prepare a cabinet paper canvassing issues required to be addressed in a Public Health (Reform) Bill.
3. Guidance and technical support provided to countries and areas for strengthening the delivery of health services centred on quality, equity and efficiency.	• To help strengthen the delivery of health services in Cambodia, the maternal and child health manual was translated into Khmer. This will benefit the public sector. • In order to improve the efficiency and effectiveness of recording and communication with other bilateral and multilateral partners, desktop computers were provided to the Department of International Cooperation in Cambodia. • A mid-term expenditure framework was set up in Cambodia, including questionnaire design, data collection and data entry. A database of routine financial information from health facilities and health financing schemes was established.

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22. Policy-making for health in development

Regional expected results	Achievement of expected results as measured by indicators
1. Member States have strengthened their awareness and capacity, during the biennium, to develop more equitable pro-poor, gender-responsive and ethical human rights-based health policies, programmes, and interventions.	• Supported the following meetings and workshops to build awareness and capacity among technical programme staff, countries and areas: Consultation on Social Determinants of Health in the Western Pacific Region, March 2006; Regional Workshop on Child Rights, March 2006; National Workshop on the Role of Health Sector in Domestic Violence Law-Making Process, August 2006, Viet Nam; and a National Workshop on Gender and Rights in Reproductive and Maternal Health, November 2006, Malaysia. Participated in WHO Headquarter's Training of Trainers for Gender Capacity-Building, September 2006, Geneva. • Best proposals awards of US$ 10 000 were presented to two cities in the new category of Local Action for the Social Determinants of Health in Urban Settings. Alliance for Healthy Cities Awards were presented as follow-up to Consultation on the Social Determinants of Health. • Published the following tools for capacity-building: modules on poverty, malaria and ageing in: *Integrating Poverty and Gender into Health Programmes: A Sourcebook for Health Professionals*; *Gender and rights in reproductive and maternal health: Manual for a learning workshop*; and *Health Financing: A Basic Guide*. • Finalized a literature review on noncommunicable diseases and poverty; completed chapters on health systems, socioeconomic issues, gender equity and human rights for biregional health situation report. • Finalized a review of noncommunicable diseases data sets from an equity perspective.

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Regional expected results	Achievement of expected results as measured by indicators
	• Collaborated with other technical programmes on health systems strengthening, such as proposal development for the Global Alliance for Vaccines and Immunization health systems strengthening component. • Collaborated with WHO Headquarters to finalize the gender strategy and plan of action as well as the health systems strengthening strategy. • Began planning for Medium-Term Strategic Plan and Programme Budget 2008–2009 and preparations for workplan implementation during the second half of this biennium. • Planned a workshop on trade and health to be held in Viet Nam and for regional input into two national reports on trade and health. • Commenced preliminary work in collaboration with WHO Headquarters to develop a tool-kit on trade and health.

23. Health financing and social protection

Regional expected results	Achievement of expected results as measured by indicators
1. Availability and use of policy options and strategies to improve health care financing and social protection mechanisms.	• Activities for the development of a new hospital financial management system were initiated in the Lao People's Democratic Republic. Reforms were made on the hospital financial management system to finalize its pilot phase and implement a new accounting system. A new chart of accounts and a paper-based system was developed and a project on an informatics system is being proposed. • The project on community-based health insurance (CBHI) is now at the scaling-up stage. A technical adviser was recruited to implement programme activities.

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Regional expected results	Achievement of expected results as measured by indicators
	Regional teams were trained, guidelines reviewed, existing schemes monitored, and sites for the next five CBHI schemes were identified. • A new legislation has been issued allowing broader application of user fees at all levels of public administration, which will have significant implication at the hospital level. Early implementation of the new hospital financial management system by the Government will ensure that the application of the new legislation will not create adverse effects. WHO technical assistance has been requested for the development of a hospital management and accounting training. • Progress was made on the development of a national framework for community health insurance, as planned. Five CBHI regional teams have been trained and will be in charge of implementing and supervising CBHI schemes, under the guidance of the central health insurance unit. Existing CBHI regulations, guidelines and information system are being revised in accordance with issues raised and lessons learnt during the CBHI monitoring and auditing. • Training materials for health managers on the use of information from national health accounts were developed. • Health financial planning guidelines for Viet Nam have been drafted and circulated for comments. The guidelines were written in light of the country's further decentralization and delegation in resource allocation decision-making. The guidelines will help provincial and district health financial planners and administrators in developing a good quality provincial health financial plan.

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Regional expected results	Achievement of expected results as measured by indicators
	• National analytical work on catastrophic health expenditures were completed in 2006, which concluded that about 12% of the total population (10 million) faced catastrophic expenditures due to health payments during 2002–2003. The study has been disseminated at a national conference on health financing and was used as evidence for advocacy to mobilize more public resources for health and reduce out of pocket payments for health services. • Provincial data collectors were trained, followed by data collection in eight sample provinces: data entry, data refinement, and calculation/extrapolation. Legislative documents for institutionalizing national health accounts were drafted for the Minister's review. • A strategic framework to improve health care financing was discussed at the WHO interregional meeting on the implementation of the strategy on health care financing held in August in Mongolia. Technical support was provided to Cambodia, the Federated States of Micronesia and Viet Nam within the context of the strategic framework. • International training courses and consultations on health economics for health care financing and budgeting for health administrators and managers working at central and provincial levels in Viet Nam were organized.
2. Data, information, evidence and knowledge on health financing and social protection available and used.	• The development of national health accounts has started in the Federated States of Micronesia, Fiji and Vanuatu. National experts from each of these three countries attended a seminar in New Delhi held in November and December 2006.

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Regional expected results	Achievement of expected results as measured by indicators
3. Increased access to regional training courses and seminars on health care financing and social health insurance.	• The Health Insurance Law Task Force, chaired by the Health Insurance Department of the Ministry of Health, Cambodia, submitted its first draft. • The Health Insurance Master Plan Task Force, chaired by the Health Insurance Department of the Ministry of Health, submitted its master plan to WHO.
4. Informal network of national experts on health care financing and social protection established.	• The international conference on the extension of social health insurance to the informal economy was convened in Manila and resulted in the establishment of informal contacts between health economists in Asia and Africa. The WHO interregional meeting on the implementation of the regional strategy on health care financing, held in Mongolia, contributed to broader communication among experts in the European, Eastern Mediterranean, South-East Asia and Western Pacific Regions of WHO.

24 Human resources for health

Regional expected results	Achievement of expected results as measured by indicators
1. Support provided to countries and areas in research, analyses and the development of guidelines and tools for effective health workforce planning, utilization and management.	• *The World Health Report 2006* and the Western Pacific Regional Strategy for Human Resources for Health (2006–2015) have provided support and impetus for evidence-informed policy development and strategic approaches to the development and management of human resources for health (HRH) in countries and areas of the Region. Several countries such as Fiji, the Lao People's Democratic Republic, Mongolia, Papua New Guinea, the Philippines, Samoa and Vanuatu have began the process of developing strategies and plans to address their health workforce needs. A High Level Partners meeting convened in Mongolia by WHO in collaboration with the Asian Development Bank and the Government.

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Regional expected results	Achievement of expected results as measured by indicators
	This resulted in the signing of a historical memorandum of agreement by key government sectors, the Asian Development Bank, the Japan International Corporation of Welfare Services, and several international/United Nations agencies including WHO, to provide support for the implementation of the HRH strategic actions in the national health sector master plan. The Asia-Pacific Action Alliance on Human Resources for Health, of which eight countries in the Region are members (Cambodia, China, Fiji, the Lao People's Democratic Republic, Papua New Guinea, the Philippines, Samoa and Viet Nam) supported HRH research and the exchange of evidence and good practices among member countries. WHO in the Western Pacific Region is a partner of Asia-Pacific Action Alliance on Human Resources for Health. In addition, a draft Pacific Code of Practice for the recruitment of health workers in Pacific island countries has been developed as a possible tool for enhancing ethical recruitment practices. • In the Philippines, the HRH database has been strengthened to include staffing standards for field health facilities, an advance training course for senior managers and trainers, the development of a training manual on advocacy and networking, and the printing and distribution of source books for the installation and operation of HRH database and system at all levels of the health system. Work was undertaken to strengthen the HRH database and information system in Malaysia, several Pacific island countries and Viet Nam. • Work was undertaken to strengthen the nursing database and information management system in selected Asian and Pacific island countries, including Australia and New Zealand. The information management system work will

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Regional expected results	Achievement of expected results as measured by indicators
	be expanded to include all other health worker categories, including strengthening of the regional HRH database and information system in the Regional Office for the Western Pacific.
2. Support provided for strengthened leadership, policy-making, and research capacities of nurses and other health professionals.	• More than 200 health and nursing managers from 15 countries (China, the Lao People's Democratic Republic, Mongolia, nine Pacific island countries, Papua New Guinea, the Philippines and Viet Nam) have been trained through the use of fellowships and the Leadership For Change Programme of the International Council on Nursing. In China, 28 senior officials working in health policy development have completed training at Harvard University programmes. • Two key strategic plans for nursing/midwifery development for Pacific and the Region; more than 15 countries benefited from leadership training; partnerships between national nurse leaders, nursing associations/alliances and institutions strengthened. A regional nursing/midwifery Leadership Summit convened in 2006 was attended by more than 70 participants from 33 Western Pacific Region Member States (and one Regional Office for South-East Asia Member State). The Summit was focused on leadership capacity-building as well as on building capacity and networks for responding to emerging diseases and health threats.
3. Support provided to improve the quality of education and training of health professionals and to strengthen links between the key stakeholders involved.	• In the Pacific region, 227 health workers participated in 12 online health courses that were developed and delivered through the Pacific Open Learning Health Network. Two additional Pacific Open Learning Health Network learning centres were established in 2006, bringing the total number to 15 learning centres in 11 countries.

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Regional expected results	Achievement of expected results as measured by indicators
	• In 2006, 381 individuals were trained in various health fields through WHO fellowships and study tours. In Mongolia, local fellowships were provided to more than 100 health workers in rural remote areas to upgrade their knowledge and skills in various clinical and public health fields. • In the Pacific, a consultation between training institutions in Australia, New Zealand and Pacific island countries was convened during the South Pacific Nurses Forum in September 2006 on nursing standards improvement and accreditation to be linked with the nursing information and management systems development. • Support was provided to revise the constitution of the Association for Medical Education in the Western Pacific Region so that the Association could engage in promoting quality and standards of medical education in the Region as well as accreditation of medical schools.
4. Technical advice and development support provided to regional, country and area programmes.	• In 2006, more than 20 technical missions were undertaken by WHO technical staff and consultants to countries such as China, Japan, the Republic of Korea, Mongolia, several Pacific island countries, and Viet Nam.

25. Health information, evidence and research policy

Regional expected results	Achievement of expected results as measured by indicators
1. Support provided to countries and areas to strengthen health information system (HIS) that provide timely and quality data to improve the evidence base for health policy.	• The Workshop on Developing Integrated National Health Information systems was successfully held in September 2006 involving six countries and participants from seven different programmes from the Ministry of Health. Outputs of the workshop identified health information system (HIS) functional areas for integration and the

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Regional expected results	Achievement of expected results as measured by indicators
	issues facing countries. Key steps for countries to plan and implement integration of HIS were also identified. • In collaboration with health metrics network, technical support was provided to carry out HIS assessment and strategic planning in the Lao People's Democratic Republic and Viet Nam. Strong advocacy to institutionalize a coordinating mechanism to guide HIS development was carried out in Cambodia, the Lao People's Democratic Republic, Mongolia, the Philippines and Viet Nam. • A joint workshop with health metrics network and the South Pacific Community on health metrics network framework and tools for improving health information systems was successfully organized for Pacific island countries and areas.
2. Better use of integrated information and evidence in health assessment, performance monitoring, evaluation and health plan formulation.	• Several publications, such as *E-Medical Records,* the *Revised Medical Records Manual, Country Health Information Profiles* were published for country use. • The application of geographic information systems for surveillance of infectious diseases in Kelantan in Malaysia and the development of a framework for a knowledge management system for the Department of Health were completed to strengthen an evidence-based decision-making system. • Support was provided to conduct training on International Statistical Classification of Diseases and Related Problems (10th revision) to improve data quality in China and Samoa.
3. Support provided for improved international cooperation on health research systems through established networks and partnerships strengthened in	• In 2006, five countries in the Western Pacific Region took part in the development of methodologies for health research system assessment and to collect data on health research systems. Based on experience, the data collection tools need to be revised and simplified in 2007.

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Regional expected results	Achievement of expected results as measured by indicators
selected countries and areas, including the Western Pacific Advisory Committee on Health Research and WHO collaborating centres.	• Better and more relevant national health research has been advocated, for example in the ministerial roundtable discussion during the Regional Committee Meeting in 2006, in the report of the Western Pacific Advisory Committee on Health Research distributed in 2006, and as part of process to develop WHO's position paper on health research.
4. Support provided for improved mechanisms for using best evidence in decision-making for health policy and systems development.	• Seven Evidence-informed Policy Networks (EVIPNet) teams in five countries (China, the Lao People's Democratic Republic, Malaysia, the Philippines and Viet Nam) prepared plans for a 5-year implementation phase, and completed implementation of planning phase activities. Both policy-makers and researchers have shown high interest in the "research to policy" approach. • In December 2006, participants from six Western Pacific Region countries (all the EVIPNet countries and Cambodia) attended a conference in Khon Kaen, Thailand, to discuss the use of systematic reviews in health policy-making and health care practice.

26. Emergency preparedness and response

Regional expected results	Achievement of expected results as measured by indicators
1. Strengthened national programmes in preparing and responding to health aspects of emergencies, disasters and crises and in formulating and implementing recovery, rehabilitation and mitigation policies.	• Member States and areas that had developed emergency preparedness plans and/or conducted emergency planning activities included: Australia, Brunei Darussalam, Cambodia, China, Cook Islands, Fiji, Japan, the Lao People's Democratic Republic, Mongolia, New Caledonia, New Zealand, Niue, Papua New Guinea, the Philippines, the Republic of Korea, Palau, Samoa, Singapore, Vanuatu and Viet Nam. Technical support

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Regional expected results	Achievement of expected results as measured by indicators
	was provided for emergency requests from the governments of Cambodia, the Philippines and Viet Nam.
2. Support provided to countries and areas for capacity-building in health emergency preparedness and response.	• An interregional Public Health and Emergency Management in Asia and the Pacific (PHEMAP) training course, one subregional PHEMAP training course, and seven national PHEMAP courses were organized. • Participants were supported to attend global/regional training courses and meetings, including the following: Public Health Pre-deployment Course, United Nations Civilian-Military Coordination, United Nations Disaster Assessment and Coordination Team refresher course, Western Pacific Region induction briefing, risk communication training course, hospital preparedness course, logistics management course, information management systems in emergencies, national health emergency management workshop, and Asia Pacific Meeting on Health Emergencies and Human Resources Development.
3. Support provided for increasing access to knowledge on best public health practices through guidelines, standards, protocols, standard operating procedures, tools or reference materials.	• *An Assessment of Health Facilities* publication was printed and distributed to all Member States in the Region and regional partner agencies. Guidelines, reviews and policies were developed on the following areas: human resources and emergencies, emergency operations centres, policy development, logistics management, mass casualty management, hospital preparedness, donations of drugs, management of health emergencies and disaster risk communication materials.
4. Strengthened regional and national partnerships with relevant organizations.	• Collaborative activities were undertaken with the following agencies: United Nations Disaster Assessment and Coordination Team, South-East Asia Ministers of Education-Tropical Medicine Network, national training institutions (Ho Chi Minh Institute of Hygiene and Public Health, Hanoi School of Public Health, University of the

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Regional expected results	Achievement of expected results as measured by indicators
	Philippines, De la Salle University, University of Hyogo), International Organization of Migration, European Commission Humanitarian Aid Office, and the United Nations Office of Coordination of Humanitarian Affairs.

27. Knowledge management and information technology

Regional expected results	Achievement of expected results as measured by indicators
1. Information products generated at global, regional and country level and disseminated in the appropriate format and language.	• A total of 37 new Western Pacific Regional publications were published and distributed in collaboration with several units, of which two titles originated from the offices of the WHO Representative in Cambodia and South Pacific. • Regionalization of the Sales Account was implemented by creating sub-ledger accounts for proceeds of sales from the Region. • Lack of storage space prevents the Publications Unit from maintaining a minimum level of inventory. Although gross sales of US$ 70 800 were realized in 2006, sales and promotional activities should be further improved in the Regional Office for the Western Pacific through greater participation in book fairs and the establishment of an e-commerce site. • The World Health Report 2006 was translated and printed in Chinese while a flyer on Hepatitis B was revised and formatted for printing. A neuroscience booklet and HIV/AIDS position paper and policy brief were translated and printed in local languages. A booklet on avian influenza was also translated into local languages; printing is being considered. A manual on laboratory bio-safety was translated and printed in Vietnamese. A project by the Ministry of Health, Viet Nam was

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Regional expected results	Achievement of expected results as measured by indicators
	supported; WHO articles and publications were translated into Vietnamese and compiled in one journal. The first issue was released in 2005, and another two in 2006. Regional Committee documents were translated, printed and distributed in French and Chinese.
2. Regional Index Medici and list of journals made available through a platform and network of libraries.	• The Western Pacific Region Index Medicus was hosted by the WHO Regional Office for the Western Pacific server and is being uploaded with medical journal article records from Japan, the Republic of Korea, the Philippines, and Viet Nam.
3. Support to country, regional and global information systems and their users, to improve performance in the Western Pacific Region.	• The Regional Information System was made available online in real time and in a single database, using Citrix metaframe, and integrated with the Intranet. • The Internet bandwidth of the regional office needs to be monitored to ensure access from country offices not yet connected to the Global Private Network (GPN), and for staff working from outside regional or country offices via the Internet. Monitoring of connectivity and performance was reviewed on a regular basis. The creation of posts for Information Communications and Technology (ICT) staff in five country offices was started and the regional service desk (ICT help desk) was strengthened in capacity.
4. Health InterNetwork Access to Research Initiative (HINARI) resources effectively used by registered users.	• National training courses were held in Papua New Guinea and Mongolia in 2006 to update the knowledge and develop the skills of medical librarians, health personnel, and other researchers on the search and retrieval of relevant, timely health information through the HINARI portal. The evaluation results showed that most of the participants have gained new knowledge and sharpened their skills on online searches. They considered the training very useful and would like to share what they have learnt with their colleagues.

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Regional expected results	Achievement of expected results as measured by indicators
5. Ensure that regional and country office staff have reliable and adequate access to information technology systems and information content.	• More systems have been made available online, via the Internet and the Global Private Network of WHO. First steps towards high availability have been made with redounded firewalls and Internet connection has been integrated in the infrastructure. • Moving towards uniform systems and single instance (real time) means that the Internet and GPN bandwidth of the regional office needs to be monitored and possibly proactively increased to ensure that the performance of regional information systems and sites is acceptable. The monitoring and alerting capability of the information and communications technology unit is therefore being strengthened during 2007.
6. Ongoing support and development of information and communications technology systems and applications to meet business requirements.	• In general, the regional office network works well, but there have been problems with Internet access, and a number of issues are being addressed by strengthening the redundancy and fail-over of the Internet and local/wide area network architecture. • The installation of the GPN in the Region is progressing despite a three-month delay, mostly due to the late signing of the agreement with the very small aperture terminal (VSAT) provider by Headquarters. Funding for the required infrastructure has been made available and most of the equipment has been ordered. A dedicated GPN project manager has been appointed, and has started work. • Limited staff resources due to Global Management System (GSM) and GPN related work. For the GPN this has been mitigated with the appointment of a project manager and network architect for the regional part of the GPN network to ensure completion and GSM readiness. • Some delay occurred with installation of the GPN in the Pacific, primarily due to the lack of building materials

Regional expected results	Achievement of expected results as measured by indicators
	and skilled workers needed to prepare the site for installation of the satellite equipment, e.g. the foundation for the satellite dish.

28. External relations

Regional expected results	Achievement of expected results as measured by indicators
1. Support provided to strengthen collaboration, coordination and communication with United Nations agencies other intergovernmental and governmental bodies, civil society organizations, nongovernmental organizations, the private sector and other partner agencies in support of more focused and coherent programmes at regional and country levels.	• WHO had collaborated actively with the United Nations and other intergovernmental and governmental agencies in a number of priority health areas, such as emerging diseases, HIV/AIDS, child survival, tuberculosis, malaria, noncommunicable diseases, adolescent health, immunization, road safety and food safety. • Forty-four memorandum of understanding/agreements/letters of exchange were signed with 17 governmental partners, 12 United Nations and intergovernmental agencies and 10 foundations/nongovernmental organizations for joint activities both at regional and country levels. • WHO strengthened its collaboration with more than 200 civil society organizations and private companies both at regional and country levels in priority health areas.
2. Support provided to facilitate the voluntary contributions under the programme budget 2006–2007.	• Resource mobilization made good progress in 2006 at both regional and country levels. The extrabudgetary resource mobilized by or transferred to the Region has reached US$ 68.6 million for the period, representing 11% increase as against the amount for the same period in the last biennium. Major achievements include: - increased contribution from traditional donors (Australian Agency for International Development, Centers for Disease Control and Prevention, United

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Regional expected results	Achievement of expected results as measured by indicators
	States Agency for International Development,, and Luxembourg); - increased funds mobilized at the country level, especially for Cambodia, the Lao People's Democratic Republic and Papua New Guinea. • New donor basis (Principal Recipient/Global Fund to Fight AIDS, Tuberculosis and Malaria, Pass-through mechanism/United Nations Development Programme and foundations). • Extrabudgetary fund monitoring was further strengthened and required services were provided in a timely manner to country offices in preparation and clearance of memoranda of understanding/agreements with donors for their contributions. • The first training course on Resource Mobilization was organized for WHO Representatives/Country Liaison Officers and Regional Advisers in the Regional Office.
3. Raised public awareness of important health issues, especially within the Region, through improved information dissemination.	• WHO's work and programmes in the biennium were echoed by print and broadcast media through interviews with Western Pacific Region spokesman and staff from technical units, the dissemination of press releases, fact sheets and information and advocacy materials. Good rapport established with important wire services and prestigious and influential print and broadcast media (i.e. International Herald Tribune, Asian Wall Street Journal, CNN and BBC) have greatly helped to spread news of WHO Regional Office for the Western Pacific's activities to media and the public.