WORLD HEALTH ORGANIZATION

ORGANISATION MONDIALE DE LA SANTÉ

REGIONAL OFFICE FOR THE WESTERN PACIFIC
BUREAU RÉGIONAL DU PACIFIQUE OCCIDENTAL

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PROGRAMME BUDGET 2014–2015: BUDGET PERFORMANCE (INTERIM REPORT)

This document presents the interim report on implementation of the Programme Budget for the 2014–2015 biennium by source of funding, category and programme, budget centre and category of expenditure as at 30 June 2015.

Implementation of assessed contributions amounted to US$ 55.7 million or 75.0% of the available assessed contributions (US$ 74.3 million) from 1 January 2014 to 30 June 2015 (Table 3a). In addition, activities implemented with voluntary contributions amounted to US$ 133.6 million (Tables 3a and 3b), representing 67.4% of the available resources. Total implementation was US$ 189.3 million or 69.5% of the total available resources and 63.7% of the current working allocation of US$ 297.0 million. Implementation of funds by category and by budget centre is shown in Tables 4a and 4b, respectively. The implementation by category of expenditure is shown in Table 5.

Information on regional progress towards achievement of the outputs for which the Secretariat is accountable, as defined in the Programme Budget, is provided in Annex 1. The information is based on a midterm assessment from 1 January to 31 December 2014.

The Regional Committee is requested to review and note the interim report on budget performance.

1. IMPLEMENTATION OF PROGRAMME BUDGET 2014–2015

This document presents the interim report on implementation of the Programme Budget for the 2014–2015 biennium by source of funding, category, budget centre and category of expenditure.

1.1 Level of programme budget

The Global Programme Budget 2014–2015 was approved at the Sixty-sixth World Health Assembly in May 2013. The Proposed Programme Budget 2014–2015 was presented to the sixty-fourth session of the WHO Regional Committee for the Western Pacific in October 2013. The Programme Budget 2014–2015 is now a single budget figure covering both assessed contributions and voluntary contributions. The provision of a single budget figure provides a view of all resources from all sources.

The approved Programme Budget 2014–2015 for the Region was US$ 270.0 million. During the biennium, additional ceiling increases by US$ 27.0 million were recorded under the emergencies component of the Programme budget (US$ 6.6 million for polio eradication and US$ 20.4 million for outbreak and crisis response). With this, the current working allocation as at 30 June 2015 amounted to US$ 297.0 million (Table 1).

Table 1.
Programme Budget allocation: 2014–2015
(US$ millions)

Programme Budget 2014–2015 as at 30 June 2015				Programme Budget 2012–2013 as at 30 June 2013		
Source of financing	**Approved budget***	**Current working allocation**	**%**	**Approved budget**	**Working allocation**	**%**
Assessed contributions	77.8	74.3	95.5	78.7	76.3	97.0
Voluntary contributions	192.2	222.7	115.9	167.0	219.6	131.5
Total	**270.0**	**297.0**	**110.0**	**245.7**	**295.9**	**120.4**

*AC is an indicative figure as the approved budget is both assessed and voluntary contributions.

As at 30 June 2015, the assessed contribution distributed to the Region amounted to US$ 74.3 million. The total voluntary contributions mobilized as of 30 June 2015 amounted to US$ 198.2 million. The total funds available from all sources amounted to US$ 272.5 million, which represents 91.8% of the current working allocation of US$ 297.0 million. Table 2 reveals the gaps in financing for the biennium 2014–2015 as of 30 June 2015.

Table 2.
Gaps in financing for 2014–2015 by category – all funds
(US$ millions)

Category	2014-2015 as at 30 June 2015							2012-2013 Gap as at 30 Jun 2013
	Current working allocation	Available resources			% Available resources to current working allocation	Gap	% to Current working allocation	
		AC	VC	Total				
1 Communicable diseases	71.5	9.2	57.2	66.4	92.9	(5.1)	(7.1)	
2 Noncommunicable diseases	42.1	10.7	23.5	34.2	81.2	(7.9)	(18.8)	
3 Promoting health through the life-course	21.6	5.1	16.4	21.5	99.5	(0.1)	(0.5)	
4 Health systems	54.2	16.8	30.1	46.9	86.5	(7.3)	(13.5)	
5 Preparedness, surveillance and response	29.4	5.7	22.1	27.8	94.6	(1.6)	(5.4)	
6 Corporate services/enabling functions	44.3	26.7	20.9	47.6	107.4	3.3	7.4	
Total Base Programme	**263.1**	**74.2**	**170.2**	**244.4**	**92.9**	**(18.7)**	**(7.1)**	**(2.5)**
Emergencies								
Polio eradication	8.5	-	8.0	8.0	94.1	(0.5)	(5.9)	0.2
Outbreak and crisis response	25.4	0.1	20.0	20.1	79.1	(5.3)	(20.9)	(11.6)
Total Emergencies	**33.9**	**0.1**	**28.0**	**28.1**	**82.9**	**(5.8)**	**(17.1)**	**(11.4)**
Grand Total	**297.0**	**74.3**	**198.2**	**272.5**	**91.8**	**(24.5)**	**(8.2)**	**(13.9)**

AC=assessed contributions; VC=voluntary contributions.

1.2 Implementation

The implementation of assessed contributions amounted to US$ 55.7 million or 75.0% of the available assessed contributions for 1 January 2014 to 30 June 2015. In addition, the activities implemented using voluntary contributions during this period amounted to US$ 133.6 million or 67.4% of the available resources (US$ 198.2 million). Total implementation of funds amounted to US$ 189.3 million or 69.5% of the available resources and 63.7% of the current working allocation.

The implementation by source and by level of funding is shown in Tables 3a and 3b. These figures are compared with those of the previous biennium.

Table 3a.
Implementation of all funds
(US$ millions)

Implementation 2014–2015 as at 30 June 2015								Implementation 2012–2013 as at 30 June 2013				
Fund	Current working allocation	Available resources	Expenditure	Encumbrances	Implementation	% Impl against current working allocation	% Impl against available resources	Current working allocation	Available resources	Implementation	% Impl against current working allocation	% Impl against available resources
Assessed contributions	74.3	74.3	52.2	3.5	55.7	75.0	75.0	76.3	76.3	54.4	71.3	71.3
Voluntary contributions	222.7	198.2	123.2	10.4	133.6	60.0	67.4	219.6	205.7	137.2	62.5	66.7
Total	**297.0**	**272.5**	**175.4**	**13.9**	**189.3**	**63.7**	**69.5**	**295.9**	**282.0**	**191.6**	**64.8**	**67.9**

Table 3b.
Implementation by country office and Regional Office
(US$ millions)

Implementation 2014–2015 as at 30 June 2015					Implementation 2012–2013 as at 30 June 2013			
Level	Assessed contributions	Voluntary contributions	Total	%	Assessed contributions	Voluntary contributions	Total	%
Country	33.7	87.9	121.6	64.2	33.1	86.2	119.3	62.3
Regional	22.0	45.7	67.7	35.8	21.3	51.0	72.3	37.7
Total	**55.7**	**133.6**	**189.3**	**100.0**	**54.4**	**137.2**	**191.6**	**100.0**

Table 4a and Table 4b show the implementation of all funds (expenditures plus encumbrances) by category and by budget centre, respectively.

Table 4a.
Implementation by category as at 30 June 2015
(US$ millions)

Category	2014–2015 as at 30 June 2015											2012–2013 as at 30 June 2013		
	Expenditure		Encumbrances		Total		Impl	Current working allocation	Available resources	% Impl to current working allocation	% Impl to available resources	Impl	% Impl to current working allocation	% Impl to available resources
	AC	VC	AC	VC	AC	VC								
1 Communicable diseases	5.8	35.3	0.3	2.9	6.1	38.2	44.3	71.5	66.4	62.0	66.7			
2 Noncommunicable diseases	7.3	14.4	0.6	1.6	7.9	16.0	23.9	42.1	34.2	56.8	69.9			
3 Promoting health through the life-course	3.7	9.7	0.2	1.0	3.9	10.7	14.6	21.6	21.5	67.6	67.9			
4 Health systems	12.0	17.0	1.4	1.6	13.4	18.6	32.0	54.2	46.9	59.0	68.2			
5 Preparedness, surveillance and response	3.3	14.5	0.2	1.1	3.5	15.6	19.1	29.4	27.8	65.0	68.7			
6 Corporate services/enabling functions	20.0	11.1	0.8	1.0	20.8	12.1	32.9	44.3	47.6	74.3	69.1			
Total Base Programme	**52.1**	**102.0**	**3.5**	**9.2**	**55.6**	**111.2**	**166.8**	**263.1**	**244.4**	**63.4**	**68.2**	**188.7**	**67.4**	**68.0**
Emergencies														
Polio eradication	0.0	2.7	0.0	0.5	0	3.2	3.2	8.5	8.0	37.6	40.0	1.6	57.1	53.3
Outbreak and crisis response	0.1	18.5	0.0	0.7	0.1	19.2	19.3	25.4	20.1	76.0	96.0	1.3	9.8	81.3
Total Emergencies	**0.1**	**21.2**	**0.0**	**1.2**	**0.1**	**22.4**	**22.5**	**33.9**	**28.1**	**66.4**	**80.1**	**2.9**	**18.1**	**63.0**
Grand Total	**52.2**	**123.2**	**3.5**	**10.4**	**55.7**	**133.6**	**189.3**	**297.0**	**272.5**	**63.7**	**69.5**	**191.6**	**64.8**	**67.9**

AC=assessed contributions; VC=voluntary contributions; Impl=implementation

Table 4b.
Implementation by budget centre as at 30 June 2015
(US$ millions)

Budget Centre	2014–2015 as at 30 June 2015											2012–2013 as at 30 June 2013		
	Current working allocation	Available resources			Implementation			% Impl/ current working allocation	% Implementation/ available resources			Impl	% Impl to current working	% Impl to available resources
		AC	VC	Total	AC	VC	Total		AC	VC	Total			
American Samoa	0.1	0.1	-	0.1		-	-	-	-	-	-	0.1	100.0	100.0
Cambodia	21.0	3.2	16.5	19.7	2.7	12.2	14.9	71.0	84.4	73.9	75.6	12.9	64.5	67.5
China	22.0	8.1	13.3	21.4	6.5	8.5	15.0	68.2	80.2	63.9	70.1	15.8	62.0	65.6
Cook Islands	0.5	0.5	-	0.5	0.3	-	0.3	60.0	60.0	-	60.0	0.3	75.0	75.0
Fiji	4.4	2.5	1.8	4.3	2.0	1.3	3.3	75.0	80.0	72.2	76.7	3.4	72.3	75.6
Kiribati	1.3	1.0	0.4	1.4	0.8	0.1	0.9	69.2	80.0	25.0	64.3	1.1	78.6	78.6
Lao People's Democratic Republic	17.3	2.6	14.6	17.2	1.9	11.0	12.9	74.6	73.1	75.3	75.0	12.4	71.7	70.5
Malaysia	1.7	1.4	0.4	1.8	1.1	0.2	1.3	76.5	78.6	50.0	72.2	1.3	61.9	68.4
Marshall Islands	0.3	0.3	-	0.3	0.2	-	0.2	66.7	66.7	-	66.7	0.1	33.3	33.3
Micronesia, Federated States of	1.3	1.2	0.1	1.3	1.0	0.1	1.1	84.6	83.3	100.0	84.6	0.6	54.5	66.7
Mongolia	6.1	2.4	2.6	5.0	1.8	1.8	3.6	59.0	75.0	69.2	72.0	4.9	72.1	79.0
Nauru	0.1	0.1	-	0.1	0.1	-	0.1	100.0	100.0	-	100.0	-	-	-
Niue	0.1	0.1	-	0.1	-	-	-	-	-	-	-	-	-	-
Singapore	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Palau	0.1	0.1	-	0.1	0.1	-	0.1	100.0	100.0	-	100.0	0.1	100.0	100.0
Papua New Guinea	17.7	3.8	10.9	14.7	1.9	5.6	7.5	42.4	50.0	51.4	51.0	16.0	75.8	69.3
Philippines	31.7	2.6	26.2	28.8	2.1	21.0	23.1	72.9	80.8	80.2	80.2	10.0	69.0	72.5
Republic of Korea	-	-	-	-	-	-	-	-	-	-	-	0.3	100.0	100.0
Samoa	3.4	2.3	1.0	3.3	1.9	0.5	2.4	70.6	82.6	50.0	72.7	2.1	70.0	75.0
Solomon Islands	6.7	2.1	4.4	6.5	1.6	3.0	4.6	68.7	76.2	68.2	70.8	3.9	63.9	66.1
Tokelau	0.1	0.1	-	0.1	0.1	-	0.1	100.0	100.0	-	100.0	0.1	100.0	100.0
Tonga	1.8	1.4	0.4	1.8	1.1	0.2	1.3	72.2	78.6	50.0	72.2	1.2	70.6	75.0
Tuvalu	0.1	0.1	-	0.1	0.1	-	0.1	100.0	100.0	-	100.0	-	-	-
Vanuatu	4.5	1.8	2.5	4.3	1.4	1.3	2.7	60.0	77.8	52.0	62.8	2.3	65.7	69.7
Viet Nam	21.8	5.8	16.6	22.4	3.8	11.3	15.1	69.3	65.5	68.1	67.4	16.5	69.0	69.3
Pacific island countries	18.5	1.6	14.2	15.8	1.2	9.8	11.0	59.5	75.0	69.0	69.6	13.9	74.3	73.2
CO Reserved Budget	7.0	0.5	1.0	1.5		-	-	-	-	-	-	-	-	-
Office of the Regional Director	6.3	5.0	0.8	5.8	3.2	0.7	3.9	61.9	64.0	87.5	67.2	4.3	70.5	62.3
Division of Administration and Finance	7.9	2.0	6.3	8.3	1.5	4.3	5.8	73.4	75.0	68.3	69.9	6.5	68.4	77.4
Division of Communicable Diseases	28.8	2.9	25.0	27.9	2.2	15.3	17.5	60.8	75.9	61.2	62.7	20.6	62.8	62.8
Division of NCD and Health through the Life-Course	20.2	4.8	13.0	17.8	3.4	9.0	12.4	61.4	70.8	69.2	69.7	13.6	70.8	65.1
Division of Health Systems	18.0	5.2	11.8	17.0	4.7	8.0	12.7	70.6	90.4	67.8	74.7	12.8	65.6	64.6
Division of Programme Management	9.4	6.2	2.2	8.4	5.2	1.4	6.6	70.2	83.9	63.6	78.6	5.3	67.9	71.6
Division of Health Security and Emergencies	13.3	2.2	10.1	12.3	1.8	7.0	8.8	66.2	81.8	69.3	71.5	9.2	63.9	60.5
RO Reserved Budget	3.5	0.3	2.1	2.4		-	-	-	-	-	-	-	-	-
Total	**297.0**	**74.3**	**198.2**	**272.5**	**55.7**	**133.6**	**189.3**	**63.7**	**75.0**	**67.4**	**69.5**	**191.6**	**64.8**	**67.9**

AC=assessed contributions; VC=voluntary contributions; Impl=implementation

The implementation of assessed and voluntary contributions, combined and broken down by category of expenditure, is shown in Table 5.

Table 5.
Implementation by category of expenditure
(US$ millions)

Category	2014–2015 amount spent as at 30 Jun	%	2012–2013 amount spent as at 30 Jun	%
Staff cost	85.4	45.1	89.7	46.8
Contractual services	42.8	22.6	42.1	22.0
Direct financial cooperation	23.2	12.3	25.7	13.4
Travel	16.9	8.9	16.3	8.5
General operating costs	9.6	5.1	9.2	4.8
Medical supplies and literature	7.9	4.2	6.0	3.1
Others*	3.5	1.8	2.6	1.4
Total	**189.3**	**100.0**	**191.6**	**100.0**

*Others include equipment, vehicles and furniture.

In line with past biennial expenditure patterns, the largest percentage of expenditure was attributed to staff costs (45.1%), followed by contractual services (22.6%), direct financial cooperation (DFC) (12.3%) and travel (8.9%). The decrease in staff costs of approximately US$ 4.3 million as compared to the previous biennium was mainly attributed to the change in accounting for the cost of direct seconded staff. The cost of direct seconded staff is now recorded outside the Programme Budget, similar to expenses for reimbursable procurement. Staffing levels at the end of June 2015 remain consistent with levels of the previous biennium. Contractual service expenses have also remained consistent with last biennium. DFC spending has reduced by US$ 2.5 million. Increased focus on DFC management and controls has led to a significant reduction in overdue DFCs both in number of contracts and average value.

Although travel costs remain consistent with last biennium, management continues to closely monitor travel and find ways to deliver activities at a reduced cost.

The final report on budget performance for the 2014–2015 biennium will be presented to the sixty-seventh session of the Regional Committee for the Western Pacific in 2016.

1.3 Audit activities

The WHO Regional Office for the Western Pacific and the WHO Viet Nam Office underwent external audits in March 2015. As of August 2015, the Viet Nam Office had fully implemented all recommendations from the external audit in coordination with the auditors, and the audit report was

officially closed. For the Regional Office, only two external audit recommendations remain open and are expected to be fully implemented by October 2015. Internal auditors performed two financial and compliance desk audits in the Region in 2014 of WHO Offices in Fiji (including the Division of Pacific Support) and Solomon Islands. Reports for these audits were received in 2015, and the implementation of recommendations is in progress.

The Secretariat continues to welcome auditors to the Region to assess the overall control environment and identify areas for improvement. For 2015, internal audits are scheduled in August and September 2015 in the Regional Office and the WHO Philippines Office. Results will be reported in 2016.

1.4 Compliance and Controls

In addition to audits, the Secretariat is continuing to improve controls through strengthened management, training, communication and monitoring of high-risk transaction areas in the Region, particularly donor reporting, DFC contracts and goods and service procurement activities in the Region. The introduction of donor proposal and reporting templates, revision of the Programme Management User Handbook, introduction of automated reminder notifications for overdue and upcoming donor reports, and overall monitoring through the Programme Committee and Programme Management Officer (PMO) network have improved accountability to donors. Overdue DFC contracts have reduced significantly: a total of 297 overdue DFCs in September 2014 was reduced to 10 overdue DFCs as at 31 August 2015. Efforts are ongoing to clear all overdue DFCs by October 2015. The introduction of online validations during transaction processing and enhanced workflow approvals in the Global Management System (GSM), supported by periodic reports, have led to better monitoring and control.

The Regional Office has also introduced new targeted management dashboards to support this work. In line with other offices, a new compliance officer post is being established. The officer will report to the Regional Director and help coordinate risk and compliance work across the Region. Risk registers are being used as management tools in all budget centres in the Region and the Internal Control Framework is being rolled out to include all budget centres as part of 2015 year-end activities.

1.5 Outputs and results

Annex 1 contains the midterm assessment of implementation of the Programme Budget 2014–2015 conducted as of 31 December 2014. The midterm assessment examines progress towards achievement of the outputs for which the Secretariat is accountable, as defined in the Programme Budget. Of 81 outputs for the biennium, 79 (nearly 98%) were on track at the end of 2014.

2. ACTIONS PROPOSED

The Regional Committee is requested to review and note the interim report on budget performance.

ANNEX 1

PROGRAMME BUDGET 2014–2015
OUTPUTS AND OUTCOMES

SUMMARY OF PROGRESS IN
CATEGORIES AND PROGRAMME AREAS
1 January 2014 to 31 December 2014

JULY 2015

Annex 1

Annex 1

COUNTRIES AND AREAS OF THE WESTERN PACIFIC REGION			
COUNTRY or AREA	**ABBREVIATION**	**COUNTRY or AREA**	**ABBREVIATION**
American Samoa	ASM	Nauru	NRU
Australia	AUS	New Caledonia	NEC
Brunei Darussalam	BRN	New Zealand	NEZ
Cambodia	KHM	Niue	NIU
China	CHN	Palau	PLW
Cook Islands	COK	Papua New Guinea	PNG
Fiji	FJI	Philippines	PHL
French Polynesia	PYF	Pitcairn Islands	PCN
Guam	GUM	Republic of Korea	KOR
Hong Kong SAR (China)	HOK	Samoa	WSM
Japan	JPN	Singapore	SGP
Kiribati	KIR	Solomon Islands	SLB
Lao People's Democratic Republic	LAO	Tokelau	TKL
Macao SAR (China)	MAC	Tonga	TON
Malaysia	MYS	Tuvalu	TUV
Mariana Islands, Commonwealth of the Northern	MNP	Vanuatu	VUT
Marshall Islands	MHL	Viet Nam	VNM
Micronesia, Federated States of	FSM	Wallis and Futuna	WAF
Mongolia	MNG		

Annex 1

ABBREVIATIONS

ADB	Asian Development Bank
AeHIN	Asia eHealth Information Network
APO	Asia Pacific Observatory on Health Systems and Policies
AEFI	adverse event following immunization
AMR	antimicrobial resistance
APLMA	Asia Pacific Leaders Malaria Alliance
APMEN	Asia Pacific Malaria Elimination Network
APSED	Asia Pacific Strategy for Emerging Diseases
ART	antiretroviral therapy
ASEAN	Association of Southeast Asian Nations
ASPIRE	Asia Pacific International Research and Education Network,
BC	budget centre
CCNASWP	Codex Committee for North America and the Southwest Pacific
CCS	country cooperation strategies
CERF	United Nations Central Emergency Response Fund
CHIPS	Country Health Information Profiles
CIP	Comprehensive Implementation Plan for Maternal, Infant and Young Child Nutrition
CoIA	Commission on Accountability for Women and Children's Health
CRVS	civil registration and vital statistics
DFC	Direct financial cooperation
DRMH	disaster risk management for health
EENC	Early Essential Newborn Care strategy
eLENA	electronic Library of Essential Nutrition Actions
EOC	emergency operations centres
EPI	Expanded Programme on Immunization
EQA	external quality assessment
ERAR	WHO Emergency Response to Artemisinin Resistance in the Greater Mekong Subregion Region
ERF	Emergency Response Framework
EST	Ebola Emergency Support Team
EVD	Ebola virus disease
EVM	effective vaccine management
FAO	Food and Agriculture Organization of the United Nations
FCTC	Framework Convention on Tobacco Control (WHO)
FETP	Field Epidemiology Training Programme
FMT	foreign medical team
GAP	Global Action Plan
Gavi	Gavi, the Vaccine Alliance
GER	gender, equity, and human rights
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
GHI	global health initiatives

Annex 1

GISRS	Global Influenza Surveillance and Response System (WHO)
GLAAS	Global Analysis and Assessment of Sanitation and Drinking Water
GMAP2	Global Malaria Action Plan 2
GMS	Greater Mekong Subregion
GOARN	WHO Global Outbreak Alert and Response Network
GSM	Global Management System (WHO)
GVAP	Global Vaccine Action Plan
HeRAMS	health resources availability and mapping system
HIIP	Western Pacific Region Health Intelligence Information Platform
HIS	Health Information System
HiTs	Health Systems in Transition
HIV	human immunodeficiency virus
HRH	human resources for health
IASP	International Association for Suicide Prevention
IBVPD	invasive bacterial vaccine-preventable disease
ICN2	International Conference on Nutrition
ICT	information and communications technology
IEC	information, education and communications
IHR	International Health Regulations (2005)
IMCI	Integrated Management of Childhood Illness
INFOSAN	International Network of Food Safety Authorities
IPV	inactivated polio vaccine
IT	information technology
JE	Japanese encephalitis
LF	lymphatic filariasis
MDA	mass drug administration
MDGs	Millennium Development Goals
MDR-TB	multidrug-resistant tuberculosis
MERS-CoV	Middle East respiratory syndrome coronavirus
M&E	monitoring and evaluation
mhGAP	mental health gap action programme
MORS	Minimum Operating Residential Security Standards
MOSS	Minimum Operating Security Standards
MOU	memorandum of understanding
NCD	noncommunicable disease
NEHAP	National Environmental Health Action Plan
NFM	new funding model
NFP	National IHR Focal Point
NGO	nongovernmental organization
NHPSPs	national health policies, strategies and plans
NRA	national regulatory authority
NTDs	neglected tropical diseases
NVC	national verification committee
OECD	Organisation for Economic Co-operation and Development
OIE	World Organisation for Animal Health

Annex 1

OPV	oral polio vaccine
PB	programme budget
PCI	people-centred integrated service delivery
PCV	pneumococcal conjugate vaccine
PIO	Public Information Office
PEARL	Pathways for Effective Action through Regulation and Legislation
PEN	Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Health Care in Low-Resource Settings
PHIN	Pacific Health Information Network
PIMHnet	Pacific Islands Mental Health Network
PMDT	programmatic management of drug-resistant TB
PPE	personal protection equipment
POLHN	Pacific Open Learning Health Net
RAAB	Rapid Assessments of Avoidable Blindness
RCC	Regional Certification Commission
RDDP	Regional Director's Development Programme
rGLC	regional Green Light Committee
RMNCAH	reproductive, maternal, newborn, child and adolescent health
RPRG	Western Pacific Regional Programme Review Group on Neglected Tropical Diseases
SDGs	Sustainable Development Goals
SDH	social determinants of health
SIA	supplementary immunization activity
SOP	standard operating procedures
SSP	sanitation safety plan
STEPS	STEPwise approach to surveillance of risk factors for noncommunicable diseases
STH	soil-transmitted helminth
STI	sexually transmitted infection
TA	technical assistance
TAG	Technical Advisory Group
TB	tuberculosis
TWG	thematic working group
UHC	universal health coverage
UN	United Nations
UNDAF	United Nations Development Assistance Framework
UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific
VC	voluntary contributions
VIP	violence and injury prevention
VPD	vaccine-preventable diseases
WAHI	Western Area Health Initiative
WASH	water, sanitation and hygiene
WEST	Western Pacific Region Ebola Support Team
WIFS	weekly iron and folic acid supplementation

WPR	Western Pacific Region
WPRIM	Western Pacific Region Index Medicus
WPRO	WHO Regional Office for the Western Pacific
WPRSC	Western Pacific Ethics Review Committee
WPSAR	Western Pacific Surveillance and Response
WPV	wild poliovirus
WSP	water safety plans

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CATEGORY 1. COMMUNICABLE DISEASES

Reducing the burden of communicable diseases, including HIV/AIDS, tuberculosis, malaria, neglected tropical diseases and vaccine-preventable diseases

Summary of progress and achievements

HIV, hepatitis, sexually transmitted infections

Regional efforts on HIV, hepatitis and sexually transmitted infections (STIs) focused on generating data for action. Notable progress was seen in the implementation of the global HIV health sector strategy and the use of WHO HIV guidelines. Countries scaled up combined interventions, which included behavioural change counselling, access to antiretroviral therapy (ART) and removing structural barriers to health services. Countries also addressed linkages that may exist between HIV and other services including maternal, newborn and child health, tuberculosis (TB) and STI services. WHO facilitated national programme reviews in KHM, LAO, MNG, PNG, PHL and VNM. The emphasis on evaluation of progress and impact continued with plans to validate elimination of HIV and congenital syphilis in selected countries in the Western Pacific Region (WPR).

To enhance coordinated action on viral hepatitis, WHO initiated regional and country consultations to promote a public health approach for viral hepatitis, including raising awareness, prevention, diagnosis and management of chronic hepatitis. The Western Pacific was the first WHO region to commit to a coordinated response to viral hepatitis through the provision of a full-time hepatitis medical officer. The success of WHO’s technical assistance resulted in sustained donor funding in MNG, PHL and VNM.

Major challenges centred on the evolving need for specialized technical assistance in areas such as HIV and gonorrhoea drug-resistance surveillance, laboratory, HIV molecular epidemiology and research. To begin to address this, adjustments were made in regional staff profiling, and WHO’s network of collaborating centres and technical partners was expanded.

Tuberculosis

Progress in tuberculosis (TB) included an update of national policy through programme reviews and stakeholder workshops, as well as a revision of national strategic plans. WHO assisted KHM, FJI, LAO, PNG, VNM and Pacific island countries (regional application) in their applications to the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) by providing

comprehensive national support packages. These packages included TB programme reviews, epidemiological assessment including the analysis of key human rights barriers and gender inequalities that may impede access to health services, country dialogue activities, update of national strategic plans for TB control, new funding model (NFM) concept note development and other activities required in the application process. Following dissemination of the *End TB Strategy* through national TB programme managers meetings, a draft *Regional Framework for Implementation of the End TB Strategy* was developed for the Western Pacific. Implementation of the strategy would require engagement and collaboration with stakeholders outside the traditional TB control domains. Direct support was provided to KHM, CHN, PNG, PHL and VNM in the programmatic management of drug-resistant TB (PMDT), to MNG for a TB prevalence survey, and to PNG for a drug resistance survey and programme review. An increasing trend in detection and enrolment of multidrug-resistant TB (MDR-TB) cases was noted in KHM, CHN, PHL and VNM, accelerated partly through the adoption of a WHO-endorsed new molecular diagnostic test. In CHN, the MDR-TB programme was transitioning from Global Fund support to full country financial ownership.

Challenges include ensuring delivery of quality care packages from hospitals and adoption of a sound policy for financial and social protection of patients. To this end, the WHO Regional Office for the Western Pacific (WPRO) initiated work towards bold policies and supportive systems particularly on TB drug regulation, TB-care financing and antimicrobial resistance (AMR) as a collaborative effort across the Organization. In light of decreasing external funding, financing of national TB programmes and the declining quality of MDR-TB care also posed major challenges.

Malaria

Technical support in malaria control was provided to the 10 endemic countries in the Region (KHM, CHN, LAO, MYS, PNG, PHL, KOR, SLB, VUT and VNM) to progress towards malaria elimination. All endemic countries in the Region now include malaria elimination in their national health strategies, following a significant decrease in the burden of disease in the last two years. Technical assistance (TA) was provided to six countries (KHM, LAO, PNG, PHL, SLB and VUT) in updating their national malaria strategic plans. WHO supported several capacity-strengthening activities at regional and country levels on basic microscopy, microscopist competency assessments, integrated vector management and external quality assessment (EQA) of malaria laboratories, including a biregional Western Pacific and South-East Asia training on malaria. Given the serious malaria multidrug-resistance situation in the Region, malaria drug-efficacy monitoring was stepped up, through the support of WHO-coordinated malaria drug-resistance networks in the Mekong and the Pacific. Support included annual meetings for data review and planning, monitoring visits and in-

country cooperation to develop high-quality malaria drug therapeutic efficacy surveillance studies as the basis for updating national malaria treatment guidelines. Update of malaria treatment guidelines was completed with WHO support. The WHO Emergency Response to Artemisinin Resistance in the Greater Mekong Subregion (ERAR) Regional Hub based in KHM became fully functional in coordinating the Mekong-wide effort and providing technical assistance, including the development of a draft ERAR surveillance and monitoring and evaluation strategy and a web-based data sharing platform. In response to the deteriorating multidrug-resistance problem in the Greater Mekong Subregion (GMS), a feasibility assessment on *falciparum* malaria elimination in the GMS was conducted and presented to the Malaria Policy Advisory Committee as an ultimate strategy to suppress malaria drug resistance. A draft malaria elimination strategy was developed and discussed with countries and partners, culminating in the endorsement by the East Asia Summit Leaders of the goal of malaria elimination in Asia and the Pacific by 2030. Five countries (KHM, LAO, PNG, PHL, SLB) were given technical support in their applications to the Global Fund. Partnerships were strengthened with WHO collaborating centres and other parties such as the Asia Pacific Leaders Malaria Alliance (APLMA), the Asian Development Bank (ADB) and the Asia Pacific Malaria Elimination Network (APMEN).

Challenges to sustainability in reducing the malaria burden included inadequate funding, limited human resources to monitor implementation of plans and recommended activities, existing impediments in health systems, opportunity costs and coordination issues in an increasingly crowded malaria environment.

Neglected tropical diseases

Several countries were supported in developing or updating their national neglected tropical disease (NTD) action plans, with emphasis on integrated programme management. Intersectoral collaboration among NTDs, animal health, and water and sanitation was strengthened. Meetings were also convened to strengthen and expand support in the implementation of NTD activities.

For lymphatic filariasis, WPRO supported countries to prepare dossiers for verification of lymphatic filariasis elimination as a public health problem (KHM, COK, MHL, NIU, PLW, VUT), in mass drug administration (MDA) where required, in monitoring surveys (FJI, KIR, PYF, TON) and in the implementation of lymphatic filariasis (LF) morbidity management. For schistosomiasis, technical support was provided in addressing the animal hosts in PHL; in the roll-out of water, sanitation and hygiene (WASH) (KHM, LAO and PHL); in scaling-up deworming in a number of countries; and in mapping and initiating MDA for foodborne trematodes in GMS. Schistosomiasis elimination advanced well in the GMS (KHM and LAO), thus making the 2016 target highly feasible. Yaws

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MDA was supported in VUT, and a trial on *azithromycin* dosage for areas where both yaws and trachoma were co-endemic was initiated in SLB. WHO also facilitated donations of medicines and diagnostic tests. A road map to address zoonoses was developed with WHO support in MNG.

Trachoma elimination made good progress in the Region, with WHO providing support for coordination of nongovernmental organization (NGO) activities in the Pacific and for the completion of trachoma programmes in the Mekong countries.

Support for leprosy focused on the provision of quality services and the eventual elimination in three remaining countries (KIR, MHL, FSM). WHO supported KIR to organize a national leprosy review meeting. The meeting resulted in the formulation of a national leprosy strategic action plan. Leprosy disability prevention training was held in FSM and MHI in collaboration with US CDC. Community-based case finding and health education activities were supported in KHM and LAO. WPRO also established a web-based data collection system for leprosy programmes that facilitates accurate and timely reporting of leprosy surveillance data. Leprosy data reported by countries in the past 30 years have been compiled and stored in the database for further analysis and dissemination.

Activities to control rabies were supported in LAO and PHL.

Following outbreaks of dengue and other arboviral diseases, such as chikungunya, in the Region, WHO focused on country capacity-building and technical support to affected countries.

Sustainability of financial support remained a major challenge to reaching the target set in the global NTD road map and the *Regional Action Plan for Neglected Tropical Diseases in the Western Pacific (2012–2016)*. Competing priorities within countries, and in one case serious country system issues, adversely affected domestic funding and human resource allocation.

Vaccine-preventable diseases

The implementation of the Expanded Programme on Immunization (EPI) work plan was very successful and contributed to achieving global and regional immunization targets with particular attention to the equity and gender to reach all of the unreached with immunization services. Measles and rubella elimination progressed in the Region. Although the Region experienced a resurgence of measles in several countries in 2013–2014, four countries were verified in 2014 as having achieved measles elimination (AUS, MAC, MNG and KOR). Measles outbreak response and catch-up or follow-up immunization campaigns were conducted in LAO, FSM, PNG, PHL, SLB and VNM. WHO continued to strengthen and maintain functional laboratory networks to ensure the quality of vaccine-preventable diseases (VPD) surveillance. The newly established national measles laboratory

in BRN was accredited in 2014. In LAO, technical support was provided to identify high-risk populations for VPD with special reference to measles. In KHM, routine immunization coverage increased (76% measles first-dose coverage in the first 10 months of 2014). In WSM, EPI made great progress through the Government's leadership and ongoing training of nurses as vaccinators, with immunization coverage reaching 95%. To address the evolving need for diverse technical expertise in immunization – due to technical progress in the supply chain, progress in laboratory testing and increasing country activities in vaccine regulation – the role of WHO collaborating centres and other networks, such as the Regional Alliance for National Regulatory Authorities, was strengthened.

Key risks and impediments included inadequate funding for non-Gavi-eligible countries, especially those with large populations (CHN and PHL), adversely affecting support in routine immunization strengthening and new vaccine introduction.

ASSESSMENT OF PROGRAMME OUTPUTS

HIV/AIDS

1.1.1. Implementation and monitoring of the global health sector strategy on HIV/AIDS 2011–2015 through policy dialogue and technical support at global, regional and national levels.

Appraisal: **On track**

Comments on achievements

Taking stock of progress in implementing the health sector strategy, WHO facilitated national HIV programme reviews, which also covered coinfections and STIs, in KHM, LAO, MNG, PNG, PHL and VNM. Data collected will help public health planners determine how to improve services and programmes and ultimately plan for the post-2015 development and health agenda. An offshoot of WHO's technical assistance was the Global Fund's commitment to sustain funding, with applications from KHM, LAO, MNG, PNG, PHL, VNM and Pacific island countries. This will help implement the global HIV health sector strategy, including HIV drug-resistance surveillance and strengthening of health information systems and public health laboratory capacity. Decreasing human and financial resources for HIV and lack of funding support for hepatitis and STI work at the country level remained as major challenges. To better respond to evolving needs of Member States for technical assistance, WPRO continued to diversify its regional technical expertise. WPRO was also the first WHO region to demonstrate commitment to viral hepatitis response by recruiting a full-time medical officer for hepatitis.

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1.1.2. Adaptation and implementation of most up-to-date norms and standards in preventing and treating paediatric and adult HIV infection, integrating HIV and other health programmes, and reducing inequities

Appraisal: **On track**

Comments on achievements

Highlights of WPRO's work were the development of the 2014 WHO *Metrics for Monitoring the Cascade of HIV Testing, Care and Treatment Services in Asia and the Pacific* and the *Road Map for Surveillance and Monitoring of HIV Drug Resistance in the Western Pacific Region* to support assessments of how best to increase uptake of HIV testing and improve linkages to care, retention and adherence and to monitor HIV drug resistance. The early adaptation and initial roll-out of the WHO guidelines on use of antiretrovirals for HIV treatment and prevention and HIV interventions for key populations progressed well, enabling countries to initiate the process of updating national guidelines including reflecting the issues of key populations and gender. PHL's harm-reduction project to reduce transmission of HIV and hepatitis was a notable initiative. WHO laid out the architecture for implementation research to provide data on operations and service delivery to improve programmes and services. In light of the high burden of chronic hepatitis, WHO convened regional and country consultations initially for the purpose of promoting a public health approach for viral hepatitis including diagnosis and management of chronic hepatitis.

Raising necessary resources for the HIV, hepatitis and STI programme, particularly interventions for preventing HIV, hepatitis and other STIs among vulnerable populations, remained a challenge in light of competing health priorities. Also international funding for viral hepatitis in general does not reflect the size of the disease burden.

Tuberculosis

1.2.1. Intensified implementation of the Stop TB Strategy to scale up care and control, with focus on reaching vulnerable populations, strengthening surveillance, and interventions and alignment with health sector plans facilitated.

Appraisal: **On track**

Comments on achievements

Following endorsement of the global *End TB Strategy*, countries were supported in engaging with other players to reach vulnerable populations and strengthen TB services in the context of broader health planning. Many countries in the Region faced major health financing reform, and continuous support would be required to ensure that TB control and care were adequately funded. Countries applying to the Global Fund's new funding model (NFM) were given extensive WPRO support throughout the application process through national TB programme reviews, epidemiological assessment including analysis of key barriers and gender inequalities that may impede access to TB services, country dialogue activities, updated national strategic plans for TB control, NFM concept note development and other related activities. In addition, WHO supported advocacy efforts within countries, such as a meeting on health insurance reform to advocate TB financing and connect with the broader health-financing sector.

WPRO convened two national programme managers meetings for high-burden and Pacific island countries, which included sessions on sustainability, reaching vulnerable populations and integration of TB activities within the broader health sector. Country missions were organized to provide direct support for PMDT in KHM, CHN, PNG, PHL and VNM; a TB prevalence survey was conducted in MNG; and a drug-resistance survey and programme review was supported in PNG. National TB surveillance systems were strengthened and regional analyses were conducted with published results in the *Western Pacific Surveillance and Response Journal* (WPSAR).

1.2.2. Updated policy guidance and technical guidelines on HIV-related tuberculosis, delivery of care for patients with MDR-TB, tuberculosis diagnostic approaches, tuberculosis screening in risk groups and integrated community-based management of tuberculosis.

Appraisal: **On track**

Comments on achievements

Countries were supported in implementing updated global guidance on the TB/HIV coinfection, drug-resistant TB, diagnosis, high-risk group screening, and TB care and control in the community. WHO country offices supported the expansion of PMDT leading to a notable increasing trend in detection and enrolment of MDR-TB cases in KHM, CHN, PHL and VNM. This was accelerated partly through the rapid adoption of a WHO-endorsed new molecular diagnostic test. However, with the expansion came the challenge of substantially decreased quality of care as reflected in a reduced treatment success rate in some countries. Under the regional Green Light

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Committee (rGLC), PMDT monitoring missions were organized to all high-burden MDR-TB countries and other priority countries. Technical assistance missions were also conducted based on need assessment and at the request of the country.

The recently endorsed *End TB Strategy* called for a broader approach to TB control involving other sectors and players. WPRO, therefore, initiated work to facilitate the implementation of the Pillar 2 components (i.e. bold policies and supportive systems) particularly on TB drug regulation, TB care financing and AMR, which included the conduct of three meetings to address these issues. With increasing attention to the challenges of TB in children, the WPR was the first region to establish a Regional Taskforce for Child TB, in which the child health sector and national TB programmes were both represented. Following the regional meeting on childhood TB, countries were supported in accelerating work in this area.

Malaria

1.3.1. Countries enabled to implement malaria strategic plans, with focus on improved diagnostic testing and treatment, therapeutic efficacy monitoring and surveillance through capacity strengthening

Appraisal: **On track**

Comments on achievements

To reach the targets set in the *Regional Action Plan for Malaria Control and Elimination in the Western Pacific (2010–2015)*, WPRO and its country offices provided direct technical and back-stopping support to countries for a more effective and efficient implementation of their malaria strategic plans, which included country capacity-building, strengthening laboratory quality assurance, monitoring and evaluating progress through the *World Malaria Report*, facilitating dialogue among stakeholders, forging and maintaining partnerships, resource mobilization and coordinating research. Countries were supported to strengthen surveillance (including drug efficacy and insecticide resistance monitoring), monitoring and evaluation (M&E) and reporting through country TA visits and the regional networks, formal training, and through interactions during the data collection, analysis and validation of the malaria data from the health information system and other sources. At least one full-time staff in malaria was posted in each of eight countries in the Region. Consultation meetings were convened jointly with WHO headquarters to provide regional inputs into global strategies, such as the *Global Technical Strategy for Malaria (2016–2030)* and the *Global Malaria Action Plan 2* (GMAP2). Given the serious malaria multidrug-resistance situation in the Region,

malaria drug-efficacy monitoring was stepped up in coordination with the Mekong and the Pacific malaria drug-resistance networks through data review and planning meetings, as well as monitoring visits and strong in-country support. Malaria treatment guidelines were updated in KHM, SLB and VUT with WHO support. With the regional decline in malaria external funding posing a risk to sustainability of progress made, resource mobilization for malaria in the Region was expanded by supporting KHM, LAO, PNG, PHL and SLB in meeting Global Fund application requirements. A close partnership was forged with APLMA and ADB; political support was mobilized, pharmaceutical issues moved high on the agenda, and a regional trust fund was established. For WHO to continue to play a key role in leadership and technical guidance in an increasingly crowded environment for malaria control, a key challenge would be sustaining high-quality human resources at the country and regional levels, specifically the posts of regional entomologist, a malaria monitoring and evaluation technical officer, and a database manager.

1.3.2: Updated policy recommendations, strategic and technical guidelines on vector control, diagnostic testing, antimalarial treatment, integrated management of febrile illness, surveillance, epidemic detection and responses

Appraisal: **On track**

Comments on achievements

WPRO and its country offices provided technical support to KHM, LAO, PNG, PHL, SLB and VUT in updating their malaria strategic plans and other policies and guidelines on diagnostic testing, antimalarial treatment and vector control through national consultations, meetings with stakeholders and TA visits. Policy and guidelines for microscopy and treatment were also reviewed and updated in KHM, SLB and VUT. Regional inputs were provided into two important global strategies: the *Global Malaria Action Plan 2* and the *Global Technical Strategy for Malaria (2015–2030*), including a draft strategy for elimination of *falciparum* malaria from the GMS by 2030, which were expected to greatly advance a concerted six-country malaria elimination effort. The ERAR Regional Hub, based in KHM, was actively coordinating the Mekong-wide effort and providing technical assistance by holding consultations/meetings on improving access to malaria services for migrant and mobile populations, reviewing of the status of artemisinin and multidrug resistance, developing of an advocacy strategy, conducting surveillance and M&E, and carrying out operational research/targeted mass treatment. A draft ERAR surveillance, monitoring and evaluation strategy document was developed and a web-based data-sharing platform launched. A major effort was made to coordinate ERAR-related research through visits to research institutions, country and subregional workshops/meetings. In response to the deteriorating multidrug-resistance problem in the GMS, a feasibility assessment was

conducted on *falciparum* malaria elimination in the GMS as an ultimate strategy to suppress malaria drug resistance, which was presented to the Malaria Policy Advisory Committee. Momentum for support to eliminate artemisinin resistance and *falciparum* malaria has been secured and maintained, culminating in the endorsement by the East Asia Summit leaders of the goal of malaria elimination in Asia and the Pacific by 2030.

Challenges in implementing global, regional and national strategies and plans included engaging stakeholders (partners, national malaria control programmes, networks and other sectors) and sustaining funding. Also, there was difficulty in monitoring the implementation of recommended activities given the limited human resources in the Region.

Neglected tropical diseases

1.4.1. Implementation and monitoring of the WHO road map for NTDs 2020 facilitated

Appraisal: **On track**

Comments on achievements

WPRO strongly contributed to the progress made towards the achievement of targets set in the global NTDs road map and the *Regional Action Plan for Neglected Tropical Diseases in the Western Pacific Region (2012–2016)* through direct technical and backstopping support to countries, country capacity-building, monitoring and evaluating progress, facilitating dialogue among stakeholders, forging and maintaining partnerships, resource mobilization, and facilitating drug and supply donations. Hence, NTD programmes in many WPR countries were reasonably well placed to achieve the regional and global goals. Country dossiers for verification of lymphatic filariasis elimination as a public health problem were being progressively submitted to WHO by KHM, COK, MHL, NIU, PLW and VUT. WPRO supported lymphatic filariasis MDA in FJI, FSM, PNG and TUV and transmission assessment surveys in FJI, KIR and MHL. Morbidity management progressed well in KHM, FJI, KIR, LAO and VUT successfully reached the targets set by WHO for soil-transmitted helminths (STH). WPRO facilitated the donation of *praziquantel* in KHM and LAO while capacity-building activities in M&E were organized in PHL. MDAs for foodborne trematodes were supported in KHM, LAO and VNM, but coverage needed to be scaled up to reach targets set by WHO. Yaws case detection and treatment were initially supported in VUT, but a lack of funds did not permit expansion of MDA. An *azithromycin* trial was initiated in SLB. A road map to address zoonoses was developed with WHO support in MNG. WHO supported surveys for trachoma in LAO and VNM; the coordination of NGO mapping activities in the Pacific; and MDA in SLB. Support for leprosy focused on provision of

quality services for those affected including prevention and care of disability, and to progress on elimination in the three countries that have not yet achieved it (KIR, MHL and FSM). A leprosy e-learning module was developed in PHL and innovative case-finding projects were supported in KHM and LAO. Activities to control rabies were supported in LAO and PHL. For dengue, support was provided to FJI for an integrated vector management project, to KHM and LAO in the development/updating of dengue action plans, in KHM on community-based dengue prevention project, and in several countries on outbreak control of dengue and other arboviral diseases. Several countries were supported in convening NTD national reviews and stakeholder meetings, and developing or updating their national NTD action plans (KIR, PNG, PHL and VNM) with emphasis on integrated programme management.

Key challenges included funding for activities in countries and for key NTD staff at regional and country levels (LAO, PNG and PHL). This funding should be ensured if global and regional NTD targets are to be reached.

1.4.2. Implementation and monitoring of NTDs facilitated by evidence-based technical guidelines and technical support

Appraisal: **On track**

Comments on achievements

Most disease-endemic countries of the Region have adopted WHO norms, standards and evidence in their implementation of NTD diagnosis and treatment. WPRO provided Region-specific inputs in the development of these guidelines and continued to support countries in capacity strengthening, M&E, and management of morbidity and disability prevention, including eradication of yaws and integrated vector management (KHM for STH, LAO for schistosomiasis and LF, PNG for LF and Buruli ulcer, PHL for STH, schistosomiasis and paragonimus, and several Pacific island countries for LF, STH and leprosy). The challenge was to translate these guidelines into practice in programmes at all levels, which would require roll-out of training which may include gender mainstreaming as a topic to consider. WPRO continued to utilize support from the Western Pacific Regional Programme Review Group on Neglected Tropical Diseases (RPRG), WHO collaborating centres, and other partners for strengthening NTD prevention and control, including diagnostic capacity in countries. A particularly important issue was the verification of the elimination of LF as a public health problem, and countries progressively submitted their dossiers.

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Vaccine-preventable diseases

1.5.1. Implementation and monitoring of the global vaccine action plan as part of the Decade of Vaccines Collaboration strengthened with emphasis on reaching unvaccinated and under-vaccinated populations

Appraisal: **On track**

Comments on achievements

Following endorsement by the Regional Committee for the Western Pacific in 2014, the regional framework for implementation of the Global Vaccine Action Plan (GVAP) in the Western Pacific guided priority actions in the Region towards achieving the eight immunization goals and strengthening immunization systems. The EPI programme sustained growth in most priority countries in the Region. In KHM, routine immunization coverage increased over the previous year (76% measles first-dose coverage in the first 10 months of 2014), and three rounds of routine catch-up campaign were conducted in 2014 to reach unreached/unvaccinated children. In WSM, the Government's strong leadership and the ongoing training of nurses as vaccinators resulted in 95% immunization coverage. In LAO, technical support was provided to identify high-risk populations for VPD with special reference to measles.

Technical support was also provided to countries for seven vaccine introductions (Japanese encephalitis [JE] in LAO; pneumococcal conjugate vaccine [PCV] in KHM, LAO, PNG, PHL and SLB; and rotavirus in KIR) along with studies of disease burden, vaccine cost-effectiveness and implementation, and the impact to support policy decisions. Rotavirus and invasive bacterial vaccine-preventable disease (IBVPD) surveillance networks were coordinated among eight countries. Laboratory networks for polio, JE, rotavirus and IBVPD were coordinated.

Challenges included limited national resources for surveillance and expertise in data management and analysis. The polio, measles, JE and new vaccine (Rota and invasive bacterial diseases) laboratory networks sustained high accreditation standards. To expand polio laboratory capacity to perform intratypic differentiation test, training in nine provincial laboratories in CHN, MNG and MYS was initiated and has now has expanded to 33 polio laboratories. Likewise, cell-culture training was conducted in May 2014 to strengthen capacity of polio and measles laboratories for virus isolation. WHO continued to support network laboratories to ensure sustainability. In 2014, the newly established national measles laboratory in BRN was accredited.

In light of several vaccine safety accidents in WPR countries recently due to coincidental or improper vaccine handling, WHO supported countries to ensure adverse effects after immunization (AEFI), effective vaccine management (EVM) and national regulatory authority (NRA) capacity development was on track by conducting training, regional meetings and other forms of technical support. For example in CHN, work is underway for proper valuation of vaccines, the establishment of a vaccine regulatory oversight in line with WHO standards, and the introduction of new vaccines into the EPI system with evidence-based recommendations to support equitable access.

1.5.2. Intensified implementation and monitoring of measles and rubella elimination and hepatitis B control strategies facilitated.

Appraisal: **On track**

Comments on achievements

The Region-wide measles resurgence in 2013–2014 adversely affected elimination efforts. However, measles elimination has since been verified in AUS, MAC, MNG and KOR. The national verification committees (NVCs) in BRN, KHM and JPN also submitted evidence of elimination. Additional documentation was awaited in at least six other countries or areas, which already may have achieved elimination. Measles outbreak response and catch-up or follow-up immunization campaigns were conducted in LAO, FSM, PNG, PHL, SLB and VNM. CHN implemented recommendations from two separate WHO consultations on measles and rubella, but elimination was still a challenge owing to high population density and many immunity gaps among adults. WPRO participated with headquarters and partners to develop and finalize updated supplementary immunization activities (SIA) guidelines and monitoring tools.

Hepatitis B control efforts were on track in most countries. Twelve countries were verified as having achieved the regional hepatitis B control goal, including ASM. Low hepatitis B birth-dose coverage remained a challenge in the Region, with 10 countries reporting birth-dose coverage of less than 80% in 2013. Technical support was provided to KIR, LAO and PNG to improve the situation. In some countries, reported AEFIs left some parents uncomfortable with the vaccine even though thorough causality assessments were completed and no causal association was identified. Provision of cold chain equipment for maternity wards for birth dose and development of information, education and communications (IEC) materials were underway or planned. Updated hepatitis B prevention guidance was published by WPRO, and the WPR hepatitis website was redesigned and updated.

Rubella elimination was endorsed by the Regional Committee for the Western Pacific in October 2014 as one of eight regional immunization goals.

1.5.3. Target product profiles for new vaccines and other immunization-related technologies defined and research priorities to develop vaccines of public health importance and overcome barriers to immunization agreed.

Appraisal: **On track**

Comments on achievements

Countries increasingly used evidence to support policy decisions for vaccine introduction with WHO technical support. Examples were compilation of evidence on rotavirus, PCV and HPV vaccines for VNM, a rotavirus vaccine effectiveness study in PHL, HPV vaccine demonstration projects in LAO and SLB, and PCV impact assessments in LAO, MNG and PNG. HPV vaccination costing, post-introduction evaluation and coverage survey were also supported in LAO, and PCV cost-effectiveness analysis was conducted in MNG.

However, limited national funding, insufficient quality of surveillance data and other epidemiologic evidence, limited ministry of health expertise in data analysis and interpretation and research implementation remained a challenge.

CATEGORY 2. NONCOMMUNICABLE DISEASES

Reducing the burden of noncommunicable diseases, including cardiovascular diseases, cancers, chronic lung diseases, diabetes and mental disorders, as well as disability, violence and injuries, through health promotion and risk reduction, prevention, treatment and monitoring of noncommunicable diseases and their risk factors

Summary of progress and achievements

Noncommunicable diseases

The Western Pacific *Regional Action Plan for the Prevention and Control of Noncommunicable Diseases (2014–2020)*, endorsed by Member States, articulates the commitment in the Region towards addressing the noncommunicable disease (NCD) epidemic and is consistent with the *Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020* that contains a set of nine voluntary global targets to be achieved by 2025 – including a target for 10%

reduction in tobacco use over five years that is further detailed in the *Regional Action Plan for the Tobacco Free Initiative in the Western Pacific (2015–2019)* that seeks to accelerate implementation of the WHO Framework Convention on Tobacco Control (FCTC).

WHO will continue to provide technical support to coordinate engagement of other sectors in the development and implementation of NCD-related multisectoral action plans. Continued high-level advocacy has been supported to mitigate the growing health and economic impact of NCDs by including NCDs in health planning processes and national and local development agendas.

To support Member States in meeting the nine NCD global targets, WHO supports countries in implementing, as appropriate to their national context, very cost-effective policies and interventions for the prevention and control of NCDs. In the Region, surveillance systems to monitor NCD risk factors and disease trends, as well as interventions and their impact on outcomes, have been updated.

To strengthen capacity in Member States, WHO shared new and existing tools, facilitated relevant fellowships, study tours and training. Workshops have been conducted on social marketing, tobacco taxation, tobacco cessation, and leadership and advocacy for NCDs.

Technical support has been provided to Member States (CHN, SLB, VNM and WSM) to organize national Health Promotion Leadership (ProLead) training towards autonomous infrastructure and sustainable financing mechanisms. Country-specific training support has also been provided to strengthen settings-based approaches such as health-promoting schools (COK, KHM, FJI, FSM, KIR, LAO, MYS, SLB, TON, VNM and VUT) and healthy cities (CHN, KHM, FJI, LAO, MNG, PHL, SLB, VUT, VNM and WSM).

Support was provided in advancing legislation and regulations related to tobacco control and nutrition/diet-related marketing, labelling and taxation in CHN, COK, KHM, FJI, KIR, KOR, LAO, MHL, MNG, MYS, NEC, PLW, PNG, PHL, WSM, SGP, SLB, TON, VUT and VNM. WHO also continues to work with intergovernmental bodies such as the Association of Southeast Asian Nations (ASEAN) on tobacco control, most notably in the area of smoke-free cities (BRN, KHM, LAO, MYS, PHL and VNM).

Responding to the challenge of NCDs requires effective governance, and strategic and specific actions that will result in changes in the environment, evidence-based policies, and programmes that are effectively implemented. Although there has been increasing high-level political commitment, this needs to be matched with investments in NCD prevention. Prioritization needs to be evidence-based and limited resources focused on strategic cost-effective interventions that are country specific. In

particular, many countries will not require an inordinate amount of domestic revenues to implement tobacco control, salt reduction and the WHO *Package of Essential Noncommunicable Interventions for Primary Health Care in Low-Resource Settings* (PEN) at national and local levels.

New approaches are being explored to achieve better results through integrated health service delivery (Healthy Districts) particularly in the Pacific and involvement of communities and families (Action for Healthier Families).

Mental health and substance abuse

Using the *Agenda for Implementing Mental Health Action Plan 2013–2020* endorsed at the sixty-fifth session of the Regional Committee for the Western Pacific as its framework for prioritizing and accelerating mental health policies and actions in the Region, technical support has been provided to counterparts in KHM, COK, FJI, PYF, KIR, LAO, MHL, FSM, PLW, WSM, VUT and VNM to develop and identify ways to strengthen mental health policies, strategies and plans. WHO supported countries in raising increased awareness on harmful use of alcohol through development of campaigns and distribution of advocacy materials. A resource book and brochure on alcohol and drinking for young people is in its final stages of production for adaptation in Member States. To further build country capacity in delivering mental health and social care services, WHO supported training courses in COK, PYF, KIR, MHL, FSM, PLW, WSM and VUT. The participation of all Member States in the *Atlas for Mental Health, Neurological Disorders and Substance Abuse* contributed to situation analysis and needs assessment for policy development and service planning. WHO continues to support the development of laws on regulation of alcohol products in KHM and LAO.

To achieve stronger regulations and enforce effective control of harmful use of alcohol (e.g. taxes, bans on advertising, promotion and sponsorship) capacity needs to be built to counteract industry interference in policy development.

Violence and injuries

The implementation of country-specific action for the prevention of road traffic injuries has been strengthened in KHM, CHN and VNM through partnership with the Bloomberg Global Road Safety Programme. WHO has supported the development of comprehensive risk-factor legislation, enforcement procedures and practices, and strengthening of national capacity, particularly for the prevention of drink-driving and scaling up the use of motorcycle helmets. Alignment of interventions for the national road safety programmes in KHM and VNM ensure sustainable outcomes and practices into the future.

Technical support has been promoted for advocacy activities to ensure greater prioritization and strategic planning for violence and injury prevention measures. The launches of key global publications, such as the *Global Status Report on Violence Prevention 2014* and the *Global Report on Drowning*, provided opportunities to raise public awareness on the magnitude and burden of violence and injuries. Training and capacity development opportunities for Member States included the Regional Workshop on Systems Approaches to Road Safety in the Western Pacific, in Melbourne, Australia, on 12–14 August 2014, with senior participants from police, transport and health sectors from KHM, CHN, LAO, MYS, MNG, PHL, WSM and VNM.

Preparation for the presentation of the *Regional Action Plan for Violence and Injury Prevention in the Western Pacific (2016–2020)* to the sixty-sixth session of the Regional Committee for the Western Pacific in 2015 included an experts' consultation in Australia in October 2014. The action plan is aligned to the Sustainable Development Goals (SDGs) and relevant indicators for violence and injuries. The action plan proposes strengthening data systems for informing and evaluating action, designing coordinated mechanisms for intersectoral collaboration and scaling up the implementation of evidence-based interventions for context-specific priority forms of violence and injuries in countries.

Disabilities and rehabilitation

The programme seeks to increase access to a range of services for people with disabilities through more inclusive and accessible health services, as well as improve rehabilitation services. WHO provided targeted support programmes in KHM, FJI, LAO, PHL, WSM and VUT through analysis of data, dialogue events and high-level programme planning. Community-based rehabilitation was strengthened in KHM, KIR, WSM and VUT, demonstrated through increased government leadership and funding support. Addressing the needs of women with disabilities and highlighting the double burden of discrimination they experience was integrated into all technical support.

In support of *Towards Universal Eye Health: A Regional Action Plan for the Western Pacific (2014–2019)*, WHO supported capacity development through innovative training and the use of practical tools to generate data from existing sources and use it for specific evidence-based interventions to reduce the burden of blindness: (1) Training of Trainers for Rapid Assessments of Avoidable Blindness (RAAB) with participants from KHM, CHN, LAO, MYS, PNG, PHL and VNM; (2) Eye Care Systems Assessment Tool piloted in AUS, FJI, MYS, PNG and SLB; and (3) Tool for the Assessment of Diabetic Retinopathy and Diabetes Management Systems implemented in FJI, KIR, LAO, MNG, PHL, WSM, SLB and VNM. In VNM, a national prevalence of blindness

survey received technical and funding support from WHO. Country strategies to implement the regional action plan were further developed during a regional meeting of government counterparts.

The governments of KHM, CHN, LAO and VNM made significant progress towards the elimination of blinding trachoma. In FJI, KIR, SLB and VUT, WHO has supported governments in the mapping and planning of trachoma elimination efforts.

Some of the major challenges were systemic under-reporting, unavailable data and the complexity of population monitoring for disability. Another challenge was that, in some countries, the ministry of health's role in addressing the multisectoral issues of disability was not clearly defined. Key risks around finances remained as well.

Nutrition

With WHO support and collaboration, Member States have developed and updated nutrition-related national plans of actions to reflect global commitments, including the six global nutrition targets, the voluntary global targets for the prevention and control of NCDs, and recommendations made at the joint Second International Conference on Nutrition (ICN2), sponsored by WHO and the Food and Agriculture Organization of the United Nations (FAO). Support was provided to strengthen legal frameworks on national implementation and enforcement of the *International Code of Marketing of Breast-Milk Substitutes* (KHM, LAO and MNG), the *Set of Recommendations on Marketing of Foods and Non-Alcoholic Beverages* (COK, KIR and PHL), national regulations on nutrition and food safety in schools (LAO), front-of-pack labelling (FJI), and in initial advocacy efforts to raise taxes on sugar-sweetened beverages (PHL and VNM). Ongoing support was provided to the implementation of weekly iron folic acid supplementation (LAO). Implementation of the Early Essential Newborn Care (EENC) strategy is expected to contribute to increased exclusive breastfeeding rates (KHM, CHN, LAO, MNG, PNG, PHL, SLB and VNM). Nutrition surveillance activities were supported in CHN, FJI, LAO and SLB. Advancing policies and programmes to improve nutrition requires a gender-sensitive approach, as higher levels of gender inequality are associated with higher levels of malnutrition, specifically undernutrition. The nutrition programme continues to identify entry points to address gender inequalities, for example through its work on the promotion, protection and support of breastfeeding and by eliminating gender stereotypes in nutrition advocacy and education materials.

Challenges to improving nutrition in Member States may include incoherent policies across multiple sectors (e.g. health, education, agriculture, trade) with potential impact on nutrition and food systems. Marketing and promotion of breast-milk substitutes within the health sector is a frequently

encountered barrier to better nutrition outcomes. Healthier diets, better access to nutritious food and sustainable food systems require laws and countermeasures to address industry interference and conflict of interest in the development and implementation of policies and laws on nutrition. Stronger efforts are needed to deliver essential nutrition services through the health system. WHO will continue to support Member States to align policies, plans and training curricula with updated guidelines and will increase efforts to build legal and technical capacity to support implementation of policy options to address under-nutrition and the growing burden from overweight and obesity.

ASSESSMENT OF PROGRAMME OUTPUTS

Noncommunicable diseases

2.1.1. Development of national multisectoral policies and plans for implementing interventions to prevent and control noncommunicable diseases facilitated

Appraisal: **On track**

Comments on achievements

In line with the *Western Pacific Regional Action Plan for the Prevention and Control of Noncommunicable Diseases (2014–2020)*, during the first part of the biennium, nine Member States were developing national multisectoral action plans or strategies for NCD prevention and control (KHM, COK, FJI, LAO, MNG, NRU, PNG, PHL and VNM). WHO support included enhancing strategic communications, providing guiding frameworks and policy options, conducting trainings and joint strategic planning sessions, and providing legal support. The engagement of other sectors in the development and implementation of NCD-related multisectoral action plans needs continued coordination and advocacy. WHO will continue to provide technical support and capacity-building during this process.

With the implementation of the *Regional Action Plan for the Tobacco Free Initiative in the Western Pacific (2015–2019)*, WHO provided technical support to Member States in accelerating implementation of the WHO Framework Convention on Tobacco Control. KHM, CHN and PNG strengthened their tobacco control laws. KOR initiated litigation against the tobacco industry for the recovery of health-care costs relating to smoking, while increasing the tobacco excise tax by nearly double. VNM established a Tobacco Control Fund and launched an advocacy campaign to increase the excise tax on tobacco. The Protocol on Illicit Trade of Tobacco Products was ratified by MNG.

WHO is finalizing a resource guide on plain packaging, as well as advocacy resources on tobacco and betel nut use.

Member States worked to strengthen health promotion infrastructures and sustainable financing mechanisms. The health promotion leadership (ProLead) programme is a key example of support to Member States, such as CHN, which adapted the regional model into a national programme to build a cadre of health promotion champions and advocates, who will be critical in facilitating collaborations across sectors and pushing for change. SLB initiated the establishment of health promotion foundations through legislation. A regional consultation was convened on overweight, obesity, diabetes and law, with experts from Member States and representative from AUS, KHM, FJI, GUM, MYS, MNG, NEC, NEZ, PLW, PNG, PHL, KOR, WSM, SGP, TON, VUT and VNM. Marketing restrictions, labelling and taxation of unhealthy food products were identified as key legal interventions. As a follow-up, FJI convened a national multisectoral meeting in collaboration with WHO to strengthen legal frameworks for reducing NCD risk factors. Healthy cities and healthy schools were promoted by Member States, including KHM, CHN, FJI, HOK, LAO, MYS, MNG, PHL, KOR, SLB, VUT and VNM. The importance of policy and legal interventions, ranging from nutrition and food safety standards to environmental protection, was highlighted in the context of healthy settings. A consultation to define strategies for promoting health in workplaces was conducted with experts from AUS, FJI, GUM, JPN, NEZ, PHL, KOR, SGP and VNM.

2.1.2. High-level priority given to the prevention and control of noncommunicable diseases in national health planning processes and development agendas

Appraisal: **On track**

Comments on achievements

Member States worked to prioritize NCD prevention and control at the national level with support from WHO. The 2014 Leadership and Advocacy for the Prevention and Control of Noncommunicable Diseases (LeAd-NCD) workshop was held in Japan. The workshop was organized by the National Institute of Public Health, Japan, in collaboration with WHO. This regional workshop involved participants from KHM, CHN, FJI, GUM, HOK, LAO, MYS, MNG, PLW, PHL, WSM, SGP, SLB, TON and VNM, and included representatives from departments of international cooperation and NCD focal points for ministries of health. WHO also engaged closely with Member States to ensure NCDs were considered in national planning processes and the development agenda. As WHO is secretariat and convenor for the Pacific Regional UN Thematic Group on NCDs, Member States are supported in the integration of NCDs into the *United Nations Development Assistance*

Framework (UNDAF), to raise awareness and engage United Nations (UN) agencies to address broad determinants of NCDs. WHO continues to engage with regional networks, such as the ASEAN Network of Focal Points on Tobacco Control. WHO continues to support the Smokefree Cities ASEAN Network in close collaboration with civil society partners.

At the regional and global levels, efforts are underway to convene high-level political leaders and policy-makers through NCD and health-promotion events to sustain political commitment and ensure action. At the global level, attention to NCDs is emphasized through the forthcoming Ninth Global Conference on Health Promotion planned for 2016 in CHN with the theme Health Promotion in the Sustainable Development Goals.

At the subnational level, cities are demonstrating how to implement NCD prevention and control through subnational legislation, policies and programmes. Following the WHO–Macao Healthy Cities Leadership Course, city leaders from six Member States and areas (KHM, CHN, HOK, LAO, MNG, KOR and VNM) came together at the Biennial Meeting of the Healthy Cities Leadership Programme and the Sixth Global Conference of the Alliance for Healthy Cities to share experiences and strengthen networking. This sustained dialogue and commitment to the Healthy Cities approach is the basis for an updated *Regional Framework for Urban Health in the Western Pacific (2016–2020).*

2.1.3. Monitoring framework implemented to report on progress in realizing the commitments made in the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases and the global action plan for the prevention and control of NCDs (2013–2020)

Appraisal: **On track**

Comments on achievements

Member States endorsed the comprehensive global monitoring framework that includes 25 indicators and nine voluntary global targets to be achieved by 2025 for the prevention and control of NCDs. WHO supported Member States in the development of national targets aligned with the global targets. Surveillance systems were strengthened through updated STEPwise approach to surveillance of risk factors for NCDs (STEPS) surveys, at different stages of the process (planning, data collection, analysis or finalization) in ASM, COK, KIR, LAO, MNG, WSM, SLB, TOK, TON, TUV and VNM. Technical support was provided to PHL and VNM for the preparation of the Global Adult Tobacco Survey, and to BRN, CHN, GUM, FSM, MNP, MNG, PLW, KOR, TKL and VNM for either implementation or data analysis of the Global Youth Tobacco Survey.

Health information systems were strengthened through the establishment of cancer registries in BRN, KHM, FJI, LAO, MNG, PNG, PHL, TON and VNM. WHO continued to work closely with Member States in adapting PEN to improve relevance and suitability for each country's context and implementation at selected sites, as part of integrated service delivery to strengthen health systems. Most Member States also initiated salt reduction activities or salt measurement surveys as part of their commitment towards reaching global targets on salt/sodium and elevated blood pressure, with support from WHO.

Ongoing country-specific support for all Member States is a priority in relation to the setting of national NCD targets consistent with the global targets and the implementation of policies, interventions and strategies to mobilize social and political support to achieve the goals.

Mental health and substance abuse

2.2.1. Countries' capacity to develop and implement national policies and plans in line with the 2013–2020 global mental health action plan strengthened

Appraisal: **On track**

Comments on achievements

WHO provided technical support to KHM, COK, FJI, PYF, KIR, LAO, MHL, FSM, PLW, WSM, VUT and VNM in identifying and developing ways to strengthen mental health policies in line with the 2013–2020 global mental health action plan – through regional and subregional network meetings, national workshops, and in-country and expert advice. Efforts are focused on the promotion of integration, multisectoral collaboration and comprehensiveness of service planning and delivery. Long-term collaboration with WHO collaborating centres and academic institutions resulted in the April 2014 launch of the Asia Pacific International Research and Education (ASPIRE) Network. ASPIRE aims is to create regional collaborative processes that support the design and development of evidence-based mental health services tailored to individual country needs. The Pacific Islands Mental Health Network (PIMHnet), established in 2007 and funded by the New Zealand Aid Programme, supports the development of national mental health plans in several Pacific island countries.

The sixty-fifth session of the Regional Committee for the Western Pacific endorsed the *Regional Agenda for Implementing the Mental Health Action Plan 2013–2010 in the Western Pacific*. This was a fresh opportunity to invest in improving mental health in the Region. To address bottlenecks identified in the regional agenda, there is an urgent need to match the renewed commitment with increased investment in mental health, strengthened governance and infrastructure

(e.g. establishing mental health units in ministries of health), more effective leadership and coordination mechanisms for mental health, and advocacy for laws and policies that reposition mental health in the context of overall health-care delivery and social development.

2.2.2. Mental health promotion, prevention, treatment and recovery services improved through advocacy, better guidance and tools on integrated mental health services

Appraisal: **On track**

Comments on achievements

Recognizing that disease-focused and curative-care approaches to mental health should be pursued in tandem with whole-of-society approaches for promotion of mental health and well-being, WHO facilitated training on mental health in FJI, KIR, MHL, FSM, PLW, WSM, TOK and VUT to build health workers' skills in delivering mental health and social-care services. A series of trainings and ongoing mentoring on evidence development for mental health policy were conducted in KHM, LAO and VNM in collaboration with the University of Melbourne, the University of Oslo and the University of Rochester. After the devastating Typhoon Haiyan in November 2013, WHO worked with humanitarian assistance agencies and organizations to address psychosocial needs of affected population in the acute phase. The focus was shifted in the rehabilitation phase to building a sustainable and resilient mental health-care system in affected areas and nationally, including legislation on mental health.

Technical support for mental health and psychosocial support were provided following Cyclone Ian in TON and flooding in SLB. Likewise, WHO co-sponsored the Sixth Asia Pacific Regional Conference of the International Association for Suicide Prevention (IASP) in June 2014 that became a forum for exchange of information and sharing of best practices in suicide prevention among Member States in the Region. The mental health gap action programme (mhGAP) training provided under PIMHnet activities benefitted more than 200 doctors and nurses in six countries in the Region (FJI, KIR, FSM, TKL, TON and VUT). Alcohol and substance abuse was included in the mhGAP modules for non-specialists in several regions of PHL. The work on *Atlas for Mental Health, Neurological Disorders and Substance Abuse*, completed in 2014, improved the understanding of the magnitude of mental health issues and resources available in individual countries and paved the way for better policies and plans based on core, expanded and comprehensive needs and capacities.

The regional agenda and updated national plans provide an opportunity to reposition mental health as an inseparable part of general health and social services and care. This will require effective

governance, investments and integration in health systems development. Key initiatives such as PIMHnet are important to sustain as mechanisms for regional action.

2.2.3: Expansion and strengthening of country strategies, systems and interventions for disorders due to alcohol and substance use enabled

Appraisal: **On track**

Comments on achievements

WHO continued to support countries in developing and implementing effective public health measures to reduce the harmful use of alcohol in line with the WHO global and regional strategies and plans. Over the past year, progress was made in developing and updating national alcohol policies in KHM, HOK, LAO, MNG, PHL, KOR, WSM and VNM. In FJI, JPN and TON, reducing alcohol-related harm was a specific goal of national strategies to prevent NCDs. KHM, MNG and VNM completed their draft alcohol law for submission to their respective national congress or assemblies. LAO promulgated the Law on Alcohol Beverage on 19 December 2014, a date that has also been proclaimed as Alcohol-Free Day. WHO organized a regional forum and national workshops to support KHM, CHN, FJI, LAO, MNG and VNM in promoting multisectoral action; developing public-health-oriented alcohol policies and plans, and building national capacity; and implementing efficient and cost-effective approaches to reduce the harmful use of alcohol. A regional network of senior government officials was reactivated to facilitate policy dialogues, sharing of best practices and exchange of information.

Violence and injuries

2.3.1. Development and implementation multisectoral plans and programmes to prevent injuries, with a focus on achieving the targets set under the Decade of Action for Road Safety (2011–2020)

Appraisal: **On track**

Comments on achievements

Under the banner of the United Nations Decade of Action for Road Safety 2011–2020, WHO supported road safety action in KHM, CHN and VNM. Actions included legislation revision, enhanced enforcement, and workforce and institutional capacity development as well as hard-hitting mass media and social marketing campaign. Substantial opportunities and mechanisms for sustainable

action have been created. WHO provided technical support to countries as requested and helped secure additional resources to build on the progress that was achieved. Twenty-three out of 27 countries in the Region (AUS, KHM, CHN, COK, FJI, JPN, KIR, LAO, MYS, MHL, FSM, MNG, NEZ, PLW, PNG, PHL, KOR, WSM, SGP, SLB, TON, VUT and VNM) have completed submissions for the *Global Status Report for Road Safety, 2015* that serves as the global monitoring tool for progress in achieving the objectives of the Decade of Action. This will be published in November 2015 in conjunction with the Second Global High-Level Conference on Road Safety in Brazil. Regional capacity development for road safety has been strengthened through a training programme for senior delegates from police, health and transport from eight countries with the highest road traffic mortality rates in the Region (KHM, CHN, LAO, MYS, MNG, MYS, PHL, WSM and VNM). The training is conducted in collaboration with a WHO collaborating centre, the Monash University Injury Research Institute, and builds capacity to undertake cross-sectoral dialogue and consensus building for intersectoral localized action and serves an opportunity to observe highly effective interventions demonstrated by international best practices in Australian road safety jurisdictions.

In line with efforts to scale up the prioritization of violence and injury prevention, an audio-visual advocacy documentary has also been produced. The documentary highlights the magnitude and preventability of violence and injuries in the Region. It is envisioned that it will be adapted and disseminated widely through WPRO, country office and government websites.

Good progress was made towards the development of the *Regional Action Plan for Violence and Injury Prevention 2016–2020*. An experts' consultation was held in Sydney in October 2014 to review the proposed objectives, recommendations and supportive actions by WHO. The outcome of this consultation was a draft that was tightly aligned to the objectives of the SDGs, which directly and indirectly call for substantial prioritization for scaling up violence and injury prevention.

Efforts are underway to ensure sustained funding for policies, enforcement and action from national and local budgets of Member States. Several low- and middle-income countries still lack strategies for sustainable investment in the prevention of road traffic injuries, a challenge addressed in the draft *Regional Action Plan for Violence and Injury Prevention in the Western Pacific 2016–2020*.

2.3.2. Countries and partners enabled to develop and implement programmes and plans to prevent child injuries

Appraisal: **On track**

Comments on achievements

The launch of the *WHO Global Report on Drowning Prevention* in November 2014 highlighted the unrecognized and neglected magnitude of drowning and presents opportunities for multisectoral dialogues within Member States on how to advocate for greater prioritization. The development of a baseline situational assessment is proposed to review the current status of drowning prevention in priority countries, including national preparedness. Advocacy and identification of opportunities for integration of injury prevention in wider child health programmes continue. WHO supported the development of a national strategy for the prevention of child injuries in MNG from 2014 to 2016.

Investments by governments in human and financial resources and capacity are needed to sustain gains in this area of work.

2.3.3. Development and implementation of policies and programmes to address violence against women, youth and children facilitated

Appraisal: **On track**

Comments on achievements

Twenty countries in the Region (AUS, BRN, KHM, CHN, COK, FJI, JPN, KIR, LAO, MYS, MNG, NEZ, PNG, PHL, WSM, SGP, SLB, TUV, VUT and VNM) participated in the *Global Status Report on Violence Prevention 2014.* MNG has led the way in allocating resources for activities under this output. *Violence Prevention in the Western Pacific Region 2014,* a regional status report based on the result of the 2014 global status report, is in final stages of development.

A series of posters highlighting the magnitude, the consequences and the preventability of violence against women was produced. Technical support was also provided to KIR and SLB for the development of the UN joint programme on elimination of violence against women. Within WHO, work on violence and injury prevention (VIP) is closely linked to the work on equity and social determinants.

Challenges related to limited financial and human resources may be addressed through advocacy, social mobilization and community action.

Disabilities and rehabilitation

2.4.1. Implementation of the recommendations of the World Report on Disability and the High-level Meeting of the General Assembly on Disability and Development

Appraisal: **On track**

Comments on achievements

Using the WHO Global *Disability Action Plan 2014–2021*, WHO worked with ministries of health towards making health services accessible and inclusive and improving the quality of rehabilitation services, community-based rehabilitation and assistive-device provision. Integration of rehabilitation and assistive-device packages in social health insurance schemes has been promoted by Member States. Support for strengthening of the rehabilitation sector has been requested, and provided by WHO, in KHM, FJI, KIR, LAO, MNG, PHL, WSM, SLB and VUT, including technical assistance requests from CHN and MYS. WHO has supported Member States in increasing their capacity to generate and collect data on disability using indicators from internationally comparable tools. A regional survey on the national capacity to deliver disability inclusive health and rehabilitation is underway and will address some key evidence gaps.

The lack of data on the health of people with disabilities, the barriers to health care and unmet service needs remain key challenges. Limited human resource capacity and financial support for the WHO regional programme may hamper support to countries in the future.

2.4.2. Countries are able to strengthen the provision of services to reduce disability due to visual impairment and hearing loss through more effective policies and integrated services

Appraisal: **On track**

Comments on achievements

In 2014, WHO supported the implementation of *Towards Universal Eye Health: A Regional Action Plan for the Western Pacific (2014–2019).* WHO provided support for countries to gather evidence and develop national plans and strategies. Priorities for WHO support included country capacity to carry out national blindness surveys through rapid assessments and to assess current eye care systems, especially for diabetes related eye diseases. Attention was given to the financing aspects of eye care services through an expert consultation. The consultation reviewed innovative approaches to eye care financing, addressing not only affordability but also availability, making recommendations

on the integration of eye health services into broader health systems to make them more efficient and highlighting persistent evidence gaps around the drivers of both the supply of and demand for eye care services. A full-time staff member for eye health is in place in the VNM country office. This has enhanced WHO support to the national eye health programme.

Sustained funding is considered a major challenge for the programme and potential donors are currently being approached. Limited resources in countries might be focused on gender equity, diabetic eye disease and uncorrected refractive error. With the recent data showing clear disparities between men and women accessing eye health services, improvements to sex- and age-disaggregated data collection is key. To improve effectiveness of programmes, countries might consider strengthening integrated eye care services to screen and treat the increasing number of people with diabetes in a range of settings (e.g. primary care, workplaces, communities) to reduce the burden of avoidable visual loss linked to the NCD epidemic.

Nutrition

2.5.1. Countries enabled to develop, implement and monitor action plans based on the maternal, infant and young child nutrition comprehensive implementation plan

Appraisal: **On track**

Comments on achievements

The *Action Plan to Reduce the Double Burden of Malnutrition in the Western Pacific (2015–2020),* which builds on the *Comprehensive Implementation Plan for Maternal, Infant and Young Child Nutrition* (CIP) and the *Global Action Plan for the Prevention and Control of Noncommunicable Diseases (2013–2020),* was presented at the sixty-fifth session of the Regional Committee for the Western Pacific in October 2014. Regional advocacy materials to support implementation of the action plan were developed. Technical support was provided to advance policies under development or review, including national nutrition and food security strategies and action plans (KHM, LAO, MNG, and PHL), national strategies on infant and young child feeding (MNG), and national strategies for nutrition in emergencies (MNG). In collaboration with other development partners, WHO supported LAO in scoping contents for a nutrition law proposed by the National Assembly and conducting a review of nutrition-related policies. National multisectoral advocacy workshops were held on the double burden of malnutrition, placing emphasis on the roles and responsibility across sectors (including for example health, education, agriculture and trade) to improve nutrition in LAO and MNG. Member States have been supported to participate in various

joint meetings/missions with partners to build networks and advance collaboration, in particular also ICN2. The regional nutrition dashboard for the WHO Western Pacific Region Health Intelligence Information Platform was developed. Nutrition surveillance activities were supported in FJI (nutrition survey) and SLB (STEPS survey including micronutrient assessment), selected Pacific island countries and areas (baseline salt assessments and STEPS), LAO (anaemia survey to monitor implementation of weekly iron and folic acid supplementation [WIFS]), and CHN (preparation of the report on left-behind children's nutrition and health situation).

National policies that impact on nutrition exist across multiple sectors: health, education, agriculture, finance, commerce and trade. Aligning these policies is challenge faced in work towards global nutrition targets. WHO will continue to support advocacy and policy dialogue in Member States emphasizing common interventions to address all forms of malnutrition.

2.5.2. Norms and standards on maternal, infant and young child nutrition, population dietary goals, and breastfeeding updated, and policy options for effective nutrition actions for stunting, wasting and anaemia developed

Appraisal: **On track**

Comments on achievements

Technical support is being provided to develop, implement and monitor the *International Code of Marketing of Breast-Milk Substitutes* in KHM, LAO and MNG. KHM was supported to strengthen enforcement of its national Code of Marketing of Breast-Milk Substitutes (Sub-Decree 133) by drafting terms of reference for the Oversight Board. MNG was supported in revising and strengthening the current National Code of Marketing of Breast-Milk Substitutes. Support was also provided to strengthen legal frameworks in other areas, including the *WHO Set of Recommendations on Marketing of Foods and Non-Alcoholic Beverages to Children* (COK, KIR and PHL), front-of-pack labelling (FJI), food safety and nutrition in schools (LAO) and advocacy efforts to raise taxes on sugar-sweetened beverages (PHL and VNM).

Annex 1

CATEGORY 3. PROMOTING HEALTH THROUGH THE LIFE-COURSE

Promoting good health at key stages of life, taking into account the need to address social determinants of health (the societal conditions in which people are born, grow, live, work and age) and gender, equity and human rights

Summary of progress and achievements

Reproductive, maternal, newborn, child and adolescent health

During the first year of the biennium, WHO supported Member States in implementing the *Action Plan for Healthy Newborn Infants in the Western Pacific Region (2014–2020)*. All eight high-burden countries (KHM, CHN, LAO, MNG, PNG, PHL, SLB and VNM) established national technical working or coordination groups on EENC. Six countries developed national EENC plans. WHO also worked with these countries, using the *Early Essential Newborn Care Clinical Practice Pocket Guide* developed by WPRO, to improve the skills of health professionals, raise the quality of birthing facilities, upgrade programme planning and mobilize social support for newborn care. In line with the global initiative of Commission on Accountability for Women and Children's Health (CoIA), KHM, LAO, PNG, PHL and VNM made progress in the maternal death review programme, supported by WHO, from passively collecting data to applying information for improving quality of care.

Regional monitoring of programmes in countries was strengthened using the Millennium Development Goals (MDGs) and CoIA indicators. Efforts were intensified to promote family planning, early childhood development and adolescent health in KHM, CHN, KIR, LAO and PHL. A review was conducted on the mapping of abortion policies, programmes and services in KHM, CHN, LAO, PNG, PHL, SLB and VNM. Adolescent health fact sheets providing situation analyses and covering topics such as sexual and reproductive health, substance use, mental health and nutrition were developed for KHM, CHN, LAO, MNG, PNG, PHL, SLB and VNM. Preliminary discussions are being held with relevant stakeholders towards the possible development of a regional action plan for adolescent health in the near future.

Challenges to strengthening reproductive, maternal, newborn, child and adolescent health (RMNCAH) programmes relate to system limitations, including unavailability of data and lack of or outdated clinical protocols, as well as changes in the political environment impacting ministry of health activities. Due to limited financial and technical resources, regional support has focused on areas where Member States have expressed the greatest need for assistance, such as newborn health.

A vacant professional officer post in Papua New Guinea also slowed progress, especially on early essential newborn care.

Ageing and health

Characterized by a strong health systems focus, WHO's support to countries on ageing and health aimed to promote awareness and commitment, improve the evidence base, and strengthen evidence-informed policy-making and national capacity. As a result, several Member States (including KHM, CHN, FJI, LAO, MNG and VNM) advanced work on ageing and health. Gender, equity and human rights-based approaches were integrated across activities on ageing and health, as articulated in the *Regional Framework for Action on Ageing and Health in the Western Pacific (2014–2019)*. Partnerships with key regional stakeholders were strengthened, enhancing WHO's technical capacity and voice on ageing and health.

Gender, equity and human rights mainstreaming

In response to the growing number of requests for support in this area, WHO followed a two-pronged approach: First, efforts were made to incorporate gender, equity and human rights across WHO programmes and actions by strengthening WHO staff capacity at regional and country levels, and by facilitating the development and dissemination of regional and country tools. Second, WHO collaborated with Member States (KHM, CHN, FJI, KIR, LAO, MNG, PNG, SLB and VNM) in integrating and monitoring gender, equity and human rights in their health policies, programmes and actions by assisting them with policy advocacy and dialogue, building capacity, strengthening the evidence base and fostering collaboration with key stakeholders. Violence against women remained a serious concern in many countries in the Region, resulting in increased demand for WHO support in KHM, FJI, KIR, LAO, PNG, SLB and VNM. Partnerships were fostered through participation in regional events organized by partners on older people's rights and the Beijing+20 process.

Social determinants of health

WHO supported countries through a combination of evidence building, capacity strengthening and implementation support to increase countries' capacity to implement a health-in-all-policies approach, intersectoral action and social participation in addressing the social determinants of health (SDH). As a result, CHN, LAO, MNG and selected Pacific island countries showed enhanced interest in strategies to address the SDH. WHO's work was strengthened by efforts at the regional level to build partnerships, including collaboration with the Alliance for Healthy Cities and the WHO Kobe

Annex 1

Centre. Universal health coverage (UHC), NCDs and urban health were some emerging focus areas for SDH work.

Inadequate financial resources limited the scope of technical support on SDH.

Health and environment

WHO provided technical support to Member States in strengthening national risk assessment capacity and in developing appropriate response plans to address environmental and occupational hazards to health. WHO facilitated the drafting of environmental health profiles for members of the Regional Forum on Environment and Health in Southeast and East Asian Countries. WHO also supported development of country profiles on climate change and health as well as occupational health in selected Member States.

WHO assisted Member States in monitoring the MDG targets on water and sanitation and in their participation at the Global Analysis and Assessment of Sanitation and Drinking Water (GLAAS). WHO worked with Member States to promote the development of laws, regulations, policies, plans and actions, norms, standards and guidelines to address major environmental and occupational health issues at the country level, including those for water safety plans (WSP). Four countries made WSP legally compulsory for drinking-water suppliers, and six countries either updated or were in the process of updating their national drinking-water standards based on the WHO drinking-water quality guidelines. As a result, an estimated additional 30 million people now have regular access to safer water compared to 2006. All countries engaged in water safety planning are implementing a gender-oriented approach based on WHO guidance, to reduce inequities in access to water and sanitation services. Cooperation with other sectors was strengthened through a high-level August 2014 meeting of the Regional Forum on Environment and Health in Thailand, in with participants from BRN, KHM, CHN, JPN, LAO, MYS, MNG, PHL, KOR, SGP and VNM.

Human resources and financial shortfalls are expected for the next biennium (2016–2017) when the Australian Government Department of Foreign Affairs and Trade funds expire. Most Member States in the Region achieved MDG 7 targets on water and sanitation, but support is still needed to address water and sanitation in rural areas as disparities exist between urban and rural areas and between different socioeconomic groups. Efforts are underway to enable countries to invest in water and sanitation using domestic resources in support of the SDGs.

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ASSESSMENT OF PROGRAMME OUTPUTS

Reproductive, maternal, newborn, child and adolescent health

3.1.1. Further expansion enabled of access to and quality of effective interventions from pre-pregnancy to postpartum focusing on the 24-hour period around childbirth

Appraisal: **At risk**

Comments on achievements

In line with the *Action Plan for Healthy Newborn Infants in the Western Pacific Region (2014–2020)*, national newborn action plans and annual implementation plans were developed in LAO, MNG and PHL, increasing the total to six out of eight priority countries with national plans. In KHM and VNM, efforts were underway to develop or finalize action plans. In VNM, a framework on *Ending Preventable Early Neonatal Deaths through Universal Access to Quality Early Essential Newborn Car*e was developed by WHO in consultation with the United Nations Children's Fund, the United Nations Population Fund and the Ministry of Health. In addition, EENC services were introduced in selected facilities in KHM, LAO and MNG, with plans for expansion to other facilities in 2015. In line with recommendations of CoIA, an evaluation of the provincial maternal and child health surveillance systems was finalized in CHN, while training in maternal and newborn death reporting systems was completed in nine target regions in PHL. WHO also assisted KHM, LAO, PNG, PHL and VNM in strengthening their maternal death review programmes. The *Early Essential Newborn Care Clinical Practice Pocket Guide* was disseminated to Member States and used to improve the skills of health professionals, raise the quality of birthing facilities, upgrade programme planning and mobilize social support for newborn care. Support was also provided for its local adaptation in KHM, LAO, MNG, PNG and VNM. Efforts were made at regional and country levels to closely coordinate with and leverage the expertise and resources of other development partners, including UN partners, such as UNICEF and UNFPA, as well as WHO collaborating centres in the Region

Key challenges to implementing the *Action Plan for Healthy Newborn Infants in the Western Pacific Region (2014–2020)* in countries included insufficient skilled health professionals and financial resources. Turnover of staff in ministries of health has resulted in delays in programme planning and implementation. In Papua New Guinea, a vacant professional officer post slowed progress in key areas, such as early essential newborn care.

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3.1.2. Countries' capacity strengthened to expand high-quality interventions to improve child health and early child development and end preventable child deaths, including from pneumonia and diarrhoea

Appraisal: **On track**

Comments on achievements

Technical support to reduce under-5 mortality rates was provided to priority countries in the Region (KHM, CHN, LAO, PNG, PHL and VNM) with a focus on the Integrated Management of Childhood Illnesses (IMCI) and essential child survival interventions. Surveys on hepatitis B prevalence among children and coverage of the hepatitis B birth-dose vaccine were undertaken in KIR to inform programme implementation. Partnerships on reproductive, maternal, newborn and child health were strengthened at subnational level to coordinate and strengthen delivery of interventions. WHO sought to improve linkages of hospital water and sanitation and immunization administration with child health programmes. Technical contributions were also made to the *Regional Action Plan on Reducing the Double Burden of Malnutrition*. Efforts were ongoing to support, protect and promote breastfeeding in the Region. Two studies related to breastfeeding are to be published in scientific journals.

3.1.3. Countries enabled to implement and monitor effective interventions to cover the unmet needs in sexual and reproductive health and to reduce adolescent risk behaviour

Appraisal: **On track**

Comments on achievements

Efforts have been intensified to promote family planning and adolescent health. A review was undertaken to map abortion policies, programmes and services in the Region, including data from KHM, CHN, LAO, PNG, PHL, SLB and VNM. An adolescent health situational analysis was also carried out, and short fact sheets covering key adolescent health topics are in final stages of development. Main challenges relate to national policies and regulations on sexual and reproductive health that may restrict the scope of activities that can be undertaken, as well as insufficient technical and financial resources to provide country support. In CHN, national family-based adolescent health and development guidelines were developed, while efforts to develop guidelines on reproductive and adolescent health were underway in KHM. Assessment of youth-friendly services was conducted in PHL and VNM. WHO worked with technical assistance providers in Pacific island countries and areas to develop the next phase of the STI and HIV response, which encompassed maternal and child

health and gender-based violence. In LAO, a small-scale screening programme for cervical cancer was initiated.

Staffing and funding limitations in the Regional Office for the Western Pacific and in country offices remained a challenge to supporting adolescent health programmes.

3.1.4. Research undertaken, and evidence generated and synthesized to design key interventions in reproductive, maternal, newborn, child and adolescent health, and other conditions and issues linked to it

Appraisal: **On track**

Comments on achievements

WHO supported countries through evidence generation and technical and financial support for the development of new evaluation tools, interventions and approaches including coaching on early essential newborn care for health workers. Regional charts based on global data and results related to MDGs 4 and 5 and policy reviews in RMNCAH were developed. Information sharing and dissemination among countries, partners and regional networks including WHO collaborating centres were facilitated through monthly RMNCAH newsletters as well as the creation of email groups. A draft tool, *Pathways for Effective Action through Regulation and Legislation*, is being developed to enable integrated approaches to the regulation of marketing of harmful products to children, such as tobacco, alcohol, unhealthy food and breast-milk substitutes.

In light of limited staffing at the Regional Office for the Western Pacific and country offices, the research capacity of WHO collaborating centres is being leveraged to support and strengthen WHO priority programmes in the Region.

Ageing and health

3.2.1. Countries enabled to develop policies and strategies that foster healthy and active ageing, and improve access to, and coordination of, chronic, long-term and palliative care

Appraisal: **On track**

Comments on achievements

Following endorsement of the *Regional Framework for Action on Ageing and Health in the Western Pacific (2014–2019)* at the sixty-fourth session of the Regional Committee for the Western

Pacific, Member States showed increasing awareness and demand for support on ageing and health. In CHN, a knowledge translation project on ageing and health, with WHO support, resulted in a national report and policy briefs. In MNG, the Government endorsed the National Programme on Healthy Ageing and conducted policy dialogue on its implementation with support from WHO. In FJI, policy dialogue with the Ministry of Health focused on reorientation of health systems to meet the needs of older people and expand palliative care. LAO endorsed its national NCD strategy and policy, which addressed problems from ageing-related diseases. Government officials were sent overseas for training on palliative care. The ASEAN Health Ministers conference hosted by VNM included a side event on ageing and health, organized with WHO's technical support.

WHO support to countries was characterized by a strong health systems focus, together with an advocacy and agenda-setting role. This included reviews of integrated service delivery, essential medicines and health technology, human resources for health, and long-term care. WHO supported activities aiming to strengthen countries' awareness, commitment, the evidence base, evidence-informed policy-making and capacity on ageing and health, as a basis for the development of policies and strategies that foster healthy and active ageing, and improve access to, and coordination of, chronic, long-term and palliative care. Activities included policy-focused advice and technical assistance to KHM, CHN, FJI, LAO, MNG and VNM, increasing their attention to ageing. In addition, analysis of the potential of older people's associations to meet the health needs of older people was initiated. Partnerships across sectors, UN partners and stakeholders continued to be strengthened, such as with HelpAge International affiliates in Asia and the Pacific (on older people's associations) and the United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP) (on the rights of older people and on long-term care), and participation in selected conferences and missions to VNM and Thailand. Gender, equity and human rights-based approaches were continuously integrated into work planning and implementation, as demonstrated by WPRO’s contribution in a UNESCAP consultation on the rights of older people (September 2014) and the development of background papers on gender and ageing and on the right to health of older people for the forthcoming *World Report on Ageing*.

3.2.2. Technical guidance and innovations that identify and address the needs of older people for improved health care

Appraisal: **On track**

Comments on achievements

WPRO supported activities aiming to strengthen awareness, commitment, the evidence base, evidence-informed policy-making, and national capacity on ageing and health. Specifically, WPRO provided policy-focused support and technical assistance in CHN, LAO, MNG and VNM by strengthening the evidence base through analysis of the implications of population ageing for various health systems dimensions. At the regional level, analysis of the implications of population ageing for various health systems dimensions was undertaken as a basis for policy advocacy and dialogue in countries, including on long-term care, the health workforce, essential medicines and health technologies, eye health and older people's associations. Other activities included publication of a regional fact sheet on ageing and health released on the 24th International Day of Older Persons, and drafting of two background papers for the *World Report on Ageing*. A lunchtime session was organized and keynote speaker facilitated on "age-friendly cities" at the Sixth International Conference of the Alliance of Healthy Cities. Partnerships were fostered with UNESCAP on long-term care and the rights of older people, with HelpAge International on older people's associations and social care, and with the Alliance for Healthy Cities on age-friendly cities, among others.

3.2.3. Policy dialogue and technical guidance provided to countries focusing on the health of women beyond the reproductive age

Appraisal: **On track**

Comments on achievements

Efforts were made to integrate a gender-responsive approach into ongoing activities on ageing and health, including some sex-disaggregated analysis in a regional fact sheet on ageing and health. WPRO also coordinated the development of a draft background paper on gender and ageing for the forthcoming *World Report on Ageing*. Moreover, issues related to gender and older women's health were raised in policy advocacy and dialogue in KHM, CHN, FJI, LAO and MNG. Following the approach of building evidence to inform policy and future interventions, CHN drafted a national report on ageing and health, as a basis for preparation of policy briefs as well as a policy dialogue in 2015, through a knowledge translation project with WHO support. In LAO, the Government implemented a cervical cancer-screening test, with WHO support. The national treatment guideline was under revision.

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Gender, equity and human rights mainstreaming

3.3.1. Gender, equity and human rights are incorporated in routine strategic and operational planning and monitoring of WHO programmes

Appraisal: **On track**

Comments on achievements

The Programme Budget 2016–2017 development process provided additional opportunities for advocacy on gender, equity and human rights (GER) mainstreaming at the different levels of the Organization, and identification of suitable entry points for integrating GER into technical programme areas at the Regional Office for the Western Pacific and country offices was ongoing. Global, regional and country resources on GER mainstreaming were also strengthened through regular staff briefings and orientation, and the development of regional tools such as fact sheets on gender and health, on equity and health, and on violence against women. In LAO, capacity on gender mainstreaming was strengthened through collaboration with UN agencies and NGOs, including as part of the UNDAF. This facilitated the integration of gender issues in relevant strategies and policy discussion. In VNM, staff capacity to mainstream gender and human rights was strengthened by disseminating key resources and checklists. In the Pacific, activities were targeted at increasing awareness on gender and health, resulting in the submission of a joint proposal on NCDs that integrated gender issues.

WPRO also participated as an expert in the process of development of global tools to support attention to gender, equity and human rights, such as the GER marker, the methodology to reorient health policies and programmes towards health equity, and human rights criteria/attributes.

3.3.2. Countries' capacity strengthened to integrate and monitor gender, equity and human rights in their health policies

Appraisal: **On track**

Comments on achievements

In light of the growing awareness and commitment across countries in the Region to integrate and monitor GER in their health policies, programmes and actions, WPRO engaged in technical collaboration with KHM, CHN, FJI, KIR, LAO, MNG, PNG, SLB and VNM. Tianjin City (CHN) successfully implemented a project on empowering women for smoke-free homes. In MNG, integrated GER was conducted at a workshop on health system strengthening at the subnational level,

and a technical working group to support the development of a gender strategy for the health sector was established. The WHO training package on gender mainstreaming for health managers was translated into Mongolian to prepare for a capacity-building workshop planned for 2015. Similar capacity-building workshops on gender were planned in FJI, LAO and PNG. In LAO, gender and equity issues were integrated into the UNDAF. In KHM, two capacity-strengthening workshops were also organized, and the *Gender Mainstreaming Strategy and Action Plan* for 2013–2017 was finalized with WHO support. In VNM, WHO participated in activities of UN joint programming group on gender and human rights and facilitated the celebration of Human Rights Day. KHM, CHN, LAO, MNG and VNM also participated in a regional capacity-building and trainer-of-trainers workshop on health equity monitoring and country reports were developed.

Violence against women remained a serious concern in many countries in the Region, and resulted in increasing demand for WHO support in Member States' efforts to measure violence against women (KHM and LAO), in raising awareness and the health sector response (KHM and VNM), and the development of national guidelines on responding to intimate partner violence and sexual violence (KHM, FJI and PNG). Technical support was also provided in KIR and SLB in the context of the UN joint programme on gender-based violence. In the South Pacific, the active engagement of partners beyond health was critical in creating an environment free of violence.

The regional Beijing+20 review process, participated in by WHO, increased awareness in Member States on gender and women's rights issues and provided renewed impetus for action. Various analytical and technical documents, including fact sheets, were developed as a basis for policy advocacy and dialogue on GER.

Social determinants of health

3.4.1. Increased country capacity to implement a health-in-all-policies approach, intersectoral action and social participation to address the social determinants of health

Appraisal: **On track**

Comments on achievements

There was increasing interest in Member States, specifically CHN, LAO, MNG and Pacific island countries, to implement a health-in-all-policies approach, intersectoral action and social participation to address SDH. In CHN, a project on empowering women for smoke-free homes in Tianjin City was implemented; in LAO, the NCD strategy and policy, which addressed the reduction of social/health risk factors, was integrated into the *8th Health Sector Development Plan* of the

Ministry of Health, and strong and extensive advocacy was undertaken to promote tobacco-free environments and increase tobacco taxation; in MNG, subnational health planning integrated health-in-all policies and SDH together with GER issues; and in Pacific island countries, a Pacific UN Interagency Task Force on NCD was established to improve coordination on NCD prevention and control between UN agencies and integrate NCDs and other health issues into the development agenda of multiple sectors.

WPRO's work in this area was strengthened by efforts at the regional level to build partnerships, including collaboration with the Alliance for Healthy Cities on age-friendly cities and health-in-all policies; and with the WHO Kobe Centre on the development of indicators for age-friendly cities and on updating the 10 steps document on intersectoral action. Evidence to inform policy advocacy and dialogue was strengthened through analysis of access to health services by migrants in Mekong countries and fact sheets on equity and health, gender and health and violence against women. UHC, NCDs and urban health presented emerging focus areas for SDH work.

3.4.2. Effective guidance to countries to mainstream social determinants of health in all WHO programmes

Appraisal: **On track**

Comments on achievements

WPRO's approach in SDH combined evidence building, capacity strengthening and implementation support. Collaboration with technical programmes was critical; thus work was undertaken to address SDH in programme areas such as ageing and health, urban health and UHC. WHO programmes at the country level aimed to raise awareness of and build capacity for mainstreaming SDH through briefings and orientations for country office staff during country visits (CHN, FJI and MNG). WPRO supported the development of key global tools, including the methodology to reorient health policies and programmes towards health equity, updating of the 10 steps document on intersectoral action by the WHO Kobe Centre and the country framework on HiAP by the Health Promotion department at WHO headquarters. At the regional level, fact sheets on equity and health, gender and health, and violence against women were developed.

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Health and the environment

3.5.1. Country capacity strengthened to assess health risks, develop and implement policies, strategies or regulations for the prevention, mitigation and management of the health impacts of environmental risks

Appraisal: **On track**

Comments on achievements

WHO supported Member States to strengthen national capacity to assess risks and develop appropriate response plans to address environmental and occupational hazards to health. These included draft outlines of environmental health profiles of Member States of the Regional Forum on Environment and Health in Southeast and East Asian Countries (BRN, KHM, CHN, JPN, LAO, MYS, MNG, PHL, KOR, SGP and VNM); detailed profiles on climate change and health vulnerability assessments (KHM, LAO, PNG, PHL and KOR); and draft occupational health country profiles (VNM).

In water and sanitation, WHO supported Member States to develop and strengthen the legal and institutional framework on drinking-water quality through the water safety plans (WSP) mechanism (KHM, CHN, COK, FJI, PYF, LAO, MYS, MNG, PHL, WSM, TON, VUT and VNM), including training on WSP and household water treatment and safe storage systems at the household level. WPRO supported Member States in the monitoring and reporting of the MDG targets on water and sanitation (WHO/UNICEF Joint Monitoring Programme Report 2014) and Global Analysis and Assessment of Sanitation and Drinking Water (GLAAS) (AUS, KHM, COK, FJI, JPN, LAO, MNG, PHL, TON, VUT and VNM). A new initiative was carried out in the PHL and VNM piloting the Sanitation Safety Plan (SSP).

On air pollution, WHO worked with Member States in developing strategies for prevention, control and mitigation of the adverse effects of air pollution on health and on actions by health and other sectors, including the organization of an informal consultation with air quality and health experts to take stock of existing evidence of the effect of air pollution on health in the Region. A major communication campaign on air quality is envisioned in the future to prompt policies and actions in countries.

In the area of climate change, WHO supported Member States to develop detailed profiles on climate change and health vulnerability assessments (KHM, LAO, PNG, PHL and KOR) to be published in *Climate Change and Health in the Western Pacific Region: Synthesis of Evidence,*

Profiles of Selected Countries and Policy Direction. A similar report was being drafted for the Pacific island countries and areas entitled *Human Health and Climate Change in Pacific Island Countries – Synthesis Report*, and detailed health vulnerability assessments due to climate change were reported for 13 countries (COK, FJI, KIR, MHL, FSM, NRU, NIU, PLW, WSM, SLB, TON, TUV and VUT). TKL was also strengthening its national programme on climate change.

With health-care waste being one of the major problems in the Region, WPRO supported Member States in developing a draft *Health Waste Management Status in the Western Pacific Region*. In LAO, the *WHO Training Modules on Basic Health Care Waste Management* was translated into Laotian, and IEC materials on proper segregation of health-care waste and proper management of mercury spills were developed. In MNG, the environmental hygiene requirements for health-care facilities were launched, and trainings were conducted among the health-care personnel in the country. In PHL, the third edition of the *Health Care Waste Management Manual* became the main reference in the health-care waste training conducted in several areas affected by Typhoon Haiyan. In Pacific island countries, WHO worked closely with the Ministry of Health, FJI and Fiji National University in developing a curriculum on environmental health, and supported training of environmental health officers GUM, KIR, MNP, MHL, FSM, NRU and PLW.

3.5.2. Norms, standards and guidelines to define environmental and occupational health risks and benefits associated with air quality, chemicals, water and sanitation, radiation, nanotechnologies, and climate change

Appraisal: **On track**

Comments on achievements

In water and sanitation, WHO supported Member States in the development or strengthening water quality standards and guidelines, especially strengthening the legal framework to institute WSPs at the national level (KHM, CHN, COK, FJI, PYF, LAO, MYS, MNG, PHL, WSM, TON, VUT and VNM), and development or revision of drinking-water quality standards (KHM, CHN, COK, MNG, PHL, WSM, VUT and VNM), as well as contribution to development of the Drinking-Water Law in VNM.

In the area of climate change, WPRO prepared a draft *Climate Change and Health in the Western Pacific Region: Synthesis of Evidence, Profiles of Selected Countries and Policy Direction*, which also contained a chapter on Policy Direction for Health Sectors Roles in Climate Change that provided policy guidance to Member States to strengthen health sector resilience and health impact

assessment tools due to climate change. Similarly, a Pacific synthesis report on climate change and health contained recommendations for policy-makers in the Pacific island countries.

On air pollution, WHO worked closely with the Clean Air Asia (one of the partners of the Thematic Working Group – Air Pollution of the Regional Forum) to develop a draft *Guidance Framework for Better Air Quality in Asian Cities*, which was intended to provide guidance in implementing the long-term vision for urban air quality in Asia by 2030. In addition to this, a fact sheet on air quality and health has been drafted for a communication campaign to promote development of policies and actions in countries.

3.5.3. Public health issues incorporated in multilateral agreements and conventions on the environment and sustainable development

Appraisal: **On track**

Comments on achievements

WPRO supported Member States in convening the high-level meeting of the Regional Forum on Environment and Health in Southeast and East Asian Countries in Bangkok, Thailand, which was participated in by BRN, KHM, CHN, JPN, LAO, MYS, MNG, PHL, KOR, SGP and VNM. A work plan of activities for 2014–2016 was developed that focused on enhancing regional technical cooperation and networking, intercountry sharing of best practices, strengthening environmental surveillance and information systems, and promoting policies and actions at the national level through the Environmental Health Action Plan (NEHAP). WPRO also provided support to Member States to participate in thematic working groups (TWGs) to improve their capacity to address the risks due to unsafe water and inadequate sanitation, poor air quality (indoor and outdoor), exposure to toxic, hazardous waste and chemicals, and climate change. In collaboration with the Government of the Republic of Korea, WPRO supported participation of Member States in the TWG meetings on Health Impact Assessments in Seoul, Republic of Korea, and the International Workshop on Children's Environmental Health for Developing Countries in Asia.

CATEGORY 4. HEALTH SYSTEMS

Health systems based on primary health care, supporting universal health coverage

Summary of progress and achievements

National health policies, strategies and plans

Major progress was made in the Western Pacific Region with the review and development of national health policies, strategies and plans (NHPSPs) in 10 of the Region's 37 countries and areas. High-level multisectoral policy dialogue and engagement with government stakeholders, donors and other partners was achieved or is ongoing in 12 Member States. Capacity-building was conducted in NHPSPs, health financing and health system strengthening at national and subnational levels. Evidence was generated on strengthening legislative and regulatory frameworks, institutionalization of health accounts, and cross-country assessments and case studies across a spectrum of health policy issues, including health financing with focus on equity in access to health services and financial risk protection.

Integrated people-centred health services

In the broad area of people centred integrated service delivery (PCI), WPRO's work included facilitation of patient safety as well as hospital services and management activities in collaboration with WHO headquarters and country offices. It also included provision of technical support in the implementation of health systems and disease programmes funded by the Global Fund and Gavi, including sustainability support to countries graduating from Gavi support. Countries undergoing health reform were supported to develop more efficient and streamlined people-centred services. WHO continued to support Member States in addressing workforce distribution, mobility and skill mix disparities through human resources for health (HRH) strategic planning, implementation and monitoring and the alignment of high-quality workforce education with health needs. Joint efforts to advance the HRH agenda, shaped through the *Human Resources for Health Action Framework for the Western Pacific Region (2011–2015)*, continued. The first Hospital Quality Management course was held in collaboration with Japan National Institute of Public Health and with the active participation of five Member States.

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Access to medicines and health technologies and strengthening regulatory capacity

Due to increased interest from Member States, WPRO initiated a preliminary assessment on policy frameworks for more efficient use of health technologies such as blood services, medical devices and laboratory services. Addressing trade-related intellectual property rights in the context of regional trade agreements remained a high priority in several countries due to potential adverse impacts on affordability of innovative health technologies. Efforts to strengthen regulatory capacity continued in the Region with the support of many partners. Several Member States engaged in regulatory capacity-strengthening activities (registration, quality assurance and post-marketing surveillance of health technologies, and traditional medicines), and they reviewed/updated standards, norms and other regulatory tools to ensure availability of effective, safe and quality medical products in the Region. The Greater Mekong Subregion agreed on a plan and identified gaps to address pharmaceutical system weaknesses to ensure access to quality malaria health products, reducing the risk of spread/emergence of artemisinin-resistant malaria and safeguarding artemisinin-based malaria therapies efficacy as a global public health good.

Health systems information and evidence

The online health research management systems conceptualized by WPRO were successfully institutionalized in FJI, LAO and PHL, with MNG and PNG following. This was expected to have substantial impact on quality and accountability in health research in the Region. The systems were being assessed at the global level for adoption in other regions and among Member States, feeding into efforts to establish a global health research observatory. Major progress in online data repository was also achieved in KHM, FJI and MNG resulting in improved access to data and impact on health policies and programmes. In LAO, the operational health research project on community-based health workers led to a policy change. WPRO developed a new regional UHC M&E framework with a set of core indicators and demonstrating unique country priorities and variance in measuring UHC. Pilot country intelligence dashboards were developed in KHM, LAO and PHL, and a comparative UHC performance analysis was conducted using the Health Information and Intelligence Platform (HIIP). Regional forums, planning courses and events were successfully organized with WHO collaborating centres and major development partners in the Region. The Asia Pacific Observatory on Health Systems and Policies (APO) made substantial progress with several new publications and the renewal of the Research Hub Network through a new call for proposals. An external evaluation was conducted resulting in governance structure changes.

Some of the major challenges in the Region are related to political commitment and engagement with partners, exacerbated by high government staff turnover, limited institutional

capacity and/or lack of a WHO country office focal point. Other challenges included coordination with internal and external stakeholders, mobilization and sustainability of financial and human resources, the standardization of health data definitions and indicators at various levels (global, regional and country), and use of unique identifiers for patients, providers and facilities.

ASSESSMENT OF PROGRAMME OUTPUTS

National health policies, strategies and plans

4.1.1. Advocacy and policy dialogue to support countries to develop comprehensive national health policies, strategies and plans

Appraisal: **On track**

Comments on achievements

WPRO provided support in the development of NHPSPs in six Member States (KHM, LAO, MHL, MNG, PLW and SLB), on health sector reform and health financing policy development in five Member States (KHM, CHN, LAO, MNG and VNM), and on hospital policy development in two Pacific island countries (PLW and SLB). WPRO also participated in the policy dialogue on integration of global health initiatives (GHIs) and concept note development for Gavi and the Global Fund in two Mekong countries (KHM and LAO). Training was conducted on NHPSPs (national and subnational levels) in MNG. Throughout 2014, discussions were held between WPRO and country offices for the development of a regional road map for UHC.

WPRO developed and compiled evidence to guide the Region's high-level policy engagement, which included comparative reviews (governance of national health insurance and health financing, hospital autonomy, public–private partnerships and parliamentarian mechanisms), studies (pharmaceutical policy), assessments (impact of fiscal and political decentralization on health system development), case studies, frameworks and policy briefs (financing of prevention and long-term care, sustainability and efficiency of priority public health programmes such as TB and HIV/AIDS), and technical briefs for policy-makers (tobacco taxation and its use on health). Close collaboration between and across the three WHO levels as well as with relevant partners/stakeholders was a big factor for success.

4.1.2. Country capacity to develop and implement legislative, regulatory and financial frameworks strengthened by generation and use of evidence, norms and standards, and robust monitoring and evaluation

Appraisal: **On track**

Comments on achievements

WPRO provided support on health accounts to seven Member States (KHM, CHN, LAO, FSM, MNG, PNG and PHL), and conducted a training workshop on the System of Health Accounts and the health accounts production tool for nine Pacific island countries (FJI, KIR, FSM, PLW, PNG, WSM, SLB, TON and VUT), with MYS joining as an observer. In addition, WPRO collaborated with headquarters on the Region's annual health account updates for the *World Health Statistics Report* and for the *WHO Global Health Expenditure Database*. In 2014, WPRO published the health financial country profiles with data from 1995 to 2011 for 27 countries in the Region. Analytical support from WPRO and headquarters to various Member States included household survey analysis on equity in access to health services and financial risk protection (KHM and MNG) and on benefit incidence (MNG). The stratified analysis reflected socioeconomic status such as sex, income, education level and employment status. WPRO collaborated with three entities in the Republic of Korea (Ministry of Health and Welfare, National Health Insurance Service, Health Insurance Review and Assessment Service) and the UNESCAP on a social health insurance training course and provided support for the participation of five Member States (KHM, CHN, MYS, MNG and PHL). WHO and the World Bank co-organized with KOR an international forum on UHC with the theme of covering the informal sector, where national and international experts shared country experiences, challenges and lessons learnt. With regard to legislation and regulation, WPRO continued to collect data on public health laws from various Member States, organized a regional expert consultation, reviewed the structure of the public health law database and conducted a legislation review focusing on hospitals. Close collaboration between and across the three WHO levels, as well as with relevant partners/stakeholders, was an important factor for success.

Integrated people-centred health services

4.2.1. Policy options, tools and technical support to countries for equitable people-centred integrated service delivery and strengthening of public health approaches

Appraisal: **On track**

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Comments on achievements

Responding to Member States requests, WPRO supported the health service integration for GHIs in KHM, LAO, MNG, PNG and SLB and the development of service delivery packages in SLB. WPRO also engaged in the service delivery components of the health sector plan reviews in LAO, MHL, MNG, PLW and SLB. By supporting and sharing Patients for Patient Safety in MYS, WPRO facilitated other work on patient/family/community engagement towards PCI in other Member States. Following the Informal Expert Consultation on Hospital Services and Management in the Western Pacific Region held at WPRO, further consultation was planned to facilitate PCI under UHC. WPRO costing exercises on feasibility and sustainability of new vaccines would be used to feed into a larger global picture and debate on the topic of new vaccine pricing and introductions. Notable results were achieved through planned activities on governance, people-centred interventions and tools, and multi-stakeholder engagement in KHM, LAO and PHL. Policy dialogues were organized in CHN and VNM to provide strategic guidance on hospital services development and regulation, focusing on public-private partnerships for health and equity in service utilization In the Pacific, WSM, SLB and TON initiated planning of pilot community health services models, building on previous programme costing and role delineation work with government counterparts and development partners. WPRO supported KHM, particularly in reaching out to under-served communities in remote areas, LAO and PNG in their health systems strengthening proposals to Gavi and the Global Fund, and graduation assessments were conducted for PNG. The integration of disease programmes into health systems was especially important now that many countries would be graduating from GHI support in the next few years.

4.2.2. Countries enabled to plan and implement strategies that are in line with WHO's global strategy on HRH and the WHO Global Code of Practice on the International Recruitment of Health Personnel

Appraisal: **On track**

Comments on achievements

Information and knowledge on HRH in the Region, disaggregated by sex and age and including health workforce regulation and health workforce mobility, improved. WPRO continued to support countries in strengthening health workforce through needs assessment activities and training courses. Efforts to further health professional development in FJI, KIR, WSM, SLB, TON, TUV and VUT were ongoing through the Pacific Open Learning Health Net (POLHN). In Mekong countries, activities to improve health workforce training, including health profession institutions, were ongoing.

In CHN, 11 medical universities were supported to undertake a comprehensive survey on retention and recruitment of HRH in rural remote areas and formulate policy recommendations. A study to analyse challenges for HRH to support the health-care reform was also conducted. MNG undertook reviews of the postgraduate training curriculum and the internship programme, including accreditation indicators, as well as the development and implementation of licensing examinations. MYS strengthened its capacity for the upcoming health workforce needs projection. NRU developed a postgraduate public health course for nurses to be implemented in 2015, and PHL supported the attendance of selected health staff in international events.

Despite the above achievements, resource constraints posed a significant challenge to further progress.

4.2.3. Guidelines, tools and technical support to countries for improved patient safety and quality of services, and for patient empowerment

Appraisal: **On track**

Comments on achievements

WPRO provided country support to CHN, JPN and MYS, as well as biregional collaboration in Thailand, and made headway in capacity development for patient safety and quality-of-care initiatives in the Region. Government counterparts and partners focused on quality and safety issues in FJI, MNG, WSM, TON and VNM through training, development of guidelines and performance monitoring frameworks, and community engagement. WPRO participated in the conduct of expert consultations related to patient safety and quality of care in service delivery, and supported country participants' attendance at a hospital quality-management course in March 2014. To make WHO documents more adapted to country use, the translation of patient safety tools in local languages was supported in KHM, MNG, KOR and VNM.

Access to medicines and health technologies and strengthening regulatory capacity

4.3.1. Countries enabled to develop or update, implement, monitor and evaluate national policies on better access to health technologies, and to strengthen evidence-based selection and rational use of health technologies

Appraisal: **On track**

Annex 1

Comments on achievements

Following adoption by the Regional Committee for the Western Pacific of the *Action Agenda on Antimicrobial Resistance in the Western Pacific Region* in 2014 and WHO's establishment of the regional network on access to medicines under UHC, several countries, with support from WPRO, implemented national medicines policies through more detailed national strategic plans. Countries also regularly conducted activities including selection of essential medicines, implementation of rational use of medicines interventions, and reviews and updates of national medicines policies. Revision of national medicines policies is used as an opportunity to promote reduction of gender inequality and other discriminatory practices that can affect timely and effective access and use of quality and safe medical products, vaccines and technologies. Activities to strengthen capacity in blood safety, rational drug use and technologies were undertaken in KIR, LAO, MYS, MHL, MNG, NRU, PLW, PNG and VNM. Major regulatory law revisions also included review and development of a regulatory framework for traditional medicine in PNG. WHO supported essential medicines and reimbursement lists (KHM, VTN) and mainstreamed equity and gender perspectives by selecting technologies to address health conditions for women and men of different social groups across the life course in order to respond to their specific and distinct health needs. An International Technical Consultation on Tissue and Organ Donation/Transplantation in the Western Pacific Region highlighted the need for urgent actions to increase organ tissue donation according to globally accepted ethical standards to improve equity in access to life saving organ transplantation and reduce exploitation of poor and vulnerable groups for organ donation.

The move towards the malaria elimination strategy implementation will need major investment in related commodities and country capacity-building to ensure quality monitoring of and full access to medicines and elimination of counterfeits.

4.3.2. Implementation of the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual property

Appraisal: **On track**

Comments on achievements

Together with other UN agencies, WHO provided technical assistance to KHM on trade-related intellectual property rights and compulsory licensing laws. VNM engaged in high-level advocacy on policy coherence for trade and health, focusing on access to essential medicines and discussing risks and mitigation processes on the potential impacts of global trade agreements. WPRO collaborated

with ASEAN Member States and other experts on pharmaceutical development in the Region. As part of implementation of the *Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property*, WPRO assisted FJI, LAO and PHL in developing national health research/clinical trial registries and guidelines and standard operating procedures (SOPs) for the ethical conduct of research.

4.3.3. Strengthening national regulatory authorities facilitated; norms, standards, guidelines for medical products developed; and quality, safety and efficacy of health technologies ensured through prequalification

Appraisal: **On track**

Comments on achievements

WPRO continued to support efforts to strengthen regulatory capacity in the Region with a focus on improving registration, quality assurance and post-marketing surveillance of health technologies, including traditional medicines. CHN was recognized as an advanced international standard regulator and retained its WHO functionality status for vaccines; FJI furthered its regulatory efforts and capacity development initiatives; KHM, PNG, WSM, TUV and VNM developed and implemented relevant guidelines, policies and strategic plans relating to rational drug use and technologies; and training to strengthen regulatory authorities continued in PHL and several Pacific island countries through the POLHN. WPRO continued to be engaged in global-level dialogue to shape policies and tools (NRA assessments and prequalification schemes) that would feed into policy dialogue at regional and national levels to implement the World Health Assembly resolution on regulatory system strengthening for medical products. In the area of traditional medicine, WPRO concentrated its efforts on safety and quality of product and practices through adequate regulation and improved data availability.

To ensure successful delivery of the outputs in the improvement of regulatory systems, political commitment and investment should match the increased interest and strong financial commitment demonstrated by development partners. Unfortunately, this was not the case in some countries as demonstrated by the limited resources allocated for the development of the national regulatory authority to perform basic regulatory functions.

Annex 1

Health systems information and evidence

4.4.1. Comprehensive monitoring of the global, regional and country health situation, trends and determinants, using global standards, and leadership in the new data generation and analyses of health priorities

Appraisal: **On track**

Comments on achievements

In addition to the core Country Health Information Profiles (CHIPS) data collection, WPRO provided technical support to KHM, LAO and PHL in the development of prototype UHC dashboards with key equity stratifiers including sex, and conducted data quality analysis and data use training to enhance national health statistics reports developed in the Region. WPRO also collaborated with the Organisation for Economic Co-operation and Development (OECD) in the production of the 2014 *Health at a Glance: Asia/Pacific* report. Technical support was provided to the Asia eHealth Information Network (AeHIN) and the Pacific Health Information Network (PHIN) for developing and implementing regional and country- level support activities to strengthen national UHC M&E, health information systems (HIS) and civil registration and vital statistics (CRVS) systems and to improve the quality, analysis and use of health data and statistics. Several training activities were supported both at regional and country levels: a workshop on measurement and monitoring of health inequalities in CHN; health information system training in COK; trainings on national health accounts and CRVS for KIR participants; training of trainers on medical certification of cause of death in PHL; ICD-10 training in PNG; training of HIS officers in VUT; and data analysis and report-writing workshop in the Pacific. Technical support was provided for developing and implementing regional and country-level activities to strengthen national HIS and CRVS systems in KHM, CHN, LAO, PNG, PHL, SLB and VUT.

4.4.2. Countries enabled to plan, develop and implement an e-health strategy

Appraisal: **On track**

Comments on achievements

WPRO supported e-health strategy development and implementation in eight countries in the Region, and engaged in e-health policy dialogues through a series of meetings and roundtable discussions. Regional e-health, HIS and CRVS capacity-building programmes were also supported, as well as in-country training activities to improve health systems performance. WPRO worked in

collaboration with AeHIN to develop a national e-health capacity road map linking e-health strategies with governance, architecture, planning, standardization and interoperability, and information and communications technology (ICT) programme management. A series of technical certification programmes were implemented in seven countries to effectively scale and sustain ICT investments.

4.4.3. Knowledge management policies, tools, networks, assets and resources developed and fully utilized by WHO and countries to strengthen their capacity to generate, share and apply knowledge

Appraisal: **On track**

Comments on achievements

Technical support was provided to countries in the establishment of national health portals (FJI, LAO, MNG, PNG) and national database for published research (*MongolMed* in MNG), as well as in key operational research and evidence-informed policy networks. Maintenance and management of WPRO's health research portal and the Western Pacific Region Index Medicus (WPRIM) continued as key knowledge management tools. The Asia Pacific Observatory on Health Systems and Policies (APO) made substantial progress in 2014, publishing four Health Systems in Transition (HiTs) reports, three policy briefs and an edited volume of papers. Following an external evaluation, several changes were made to the APO governance structure, including the creation of a Strategic Technical Advisory Committee and a Finance, Risk and Audit Subcommittee. Other APO highlights included refreshing of website, launching of an e-newsletter, awarding a Vietnamese researcher the Stanford University/APO postdoctoral fellowship, and releasing a new call for expressions of interest to join the Research Hub Network.

4.4.4. Policy options, tools and support provided to define and promote research priorities, and to address priority ethical issues related to public health and to research for health

Appraisal: **On track**

Comments on achievements

WPRO continued to support priority countries (KHM, FIJ, LAO, MNG, PNG and PHL) and substantial tangible progress was made in articulating appropriate policies and establishing health research governance and management systems, including research ethics, which would provide a solid foundation in the coming years in evidence-informed policy-making and making the best use of research investments. Effective support to generate policy-relevant evidence was also provided as

requested. A rigorous regional review of e-health projects and their impact was organized, which provided input to a WHO/ADB regional workshop on UHC and e-health in December 2014. Ongoing support was provided to Pacific island countries for the 20-year review of the Health Islands vision. The secretariat for the Western Pacific Ethics Review Committee (WPRSC), constituted by the Regional Director in December 2010, maintained the online health research portal that received and managed research proposals and memberships. In 2014, a total of 46 research proposals were received and processed by the WPRSC.

CATEGORY 5. PREPAREDNESS, SURVEILLANCE AND RESPONSE

Reducing mortality, morbidity and societal disruption resulting from epidemics, natural disasters, conflicts and environmental and food-related emergencies, through prevention, preparedness, response and recovery activities that use a multisectoral approach to build resilience

Summary of progress and achievements

The unprecedented Ebola virus disease (EVD) outbreak in West Africa was declared a Public Health Emergency of International Concern in August 2014, in accordance with the International Health Regulations (2005) (IHR). Though no confirmed cases of EVD were reported in the Region, this large-scale outbreak tested the level of regional preparedness as well as regional ability to support the global response. This Region also continues to be a hotspot for emerging infectious diseases and is prone and vulnerable to emergencies and disasters. Ongoing emerging infectious disease threats include human infections with avian influenza A (H5N1, H7N9), the yearly resurgence of dengue and imported cases of Middle East respiratory syndrome coronavirus (MERS-CoV). Devastating disasters such as Typhoon Haiyan in PHL in November 2013 and flooding in the SLB in April 2014 caused enormous health and socioeconomic impact.

Accelerated efforts have been made by Member States, WHO and partners to tackle the challenges of emerging infectious disease threats, food safety, and emergencies and disasters in the Region. These efforts are guided by the global mandate of IHR (2005) and the health cluster approach, as well as by three key regional strategies: the *Asia Pacific Strategy for Emerging Diseases* (APSED), the *Western Pacific Regional Food Safety Strategy 2011–2015* and the recently endorsed *Western Pacific Regional Framework for Action for Disaster Risk Management for Health*. Of the Region's 27 IHR States Parties, 18 reported meeting the core capacity requirements by June 2014. Implementation of APSED enabled Member States to respond effectively to emerging disease threats. WPRO continued to strengthen regional preparedness capacities through the regional surveillance and

response platform, including event-based surveillance and risk assessment, field epidemiology training programmes (FETP), laboratory strengthening, risk communications, logistics, emergency operations centres (EOCs) and the *Western Pacific Surveillance and Response* (WPSAR) online journal.

WHO coordinated health sector response and recovery to acute emergencies caused by Typhoon Haiyan in PHL in November 2013, Cyclone Ian in TON in January 2014 and flooding in SLB in April 2014. Through EOCs at WPRO and in selected country offices, WHO supported response to public health events and emergencies, such as human infection with avian influenza A(H7N9) in CHN, measles and dengue outbreaks in Asia and in Pacific island countries and areas, and imported cases of MERS-CoV infection to MYS and PHL. EVD has become one of the top priorities in the Region. Under the Regional Director's leadership, the Western Pacific Region Ebola Support Team (WEST) was deployed to Sierra Leone in West Africa in December 2014. National experts from two Member States participated in the global response. WPRO further supported strengthening of preparedness capacities in Member States through the development and implementation of the *Ebola Regional Framework for Action*. The *Western Pacific Regional Framework for Action for Disaster Risk Management for Health* was endorsed during the sixty-fifth session of the Regional Committee for the Western Pacific in 2014. Technical support was provided to Member States in developing or updating their own national frameworks for action.

Progress was made across the seven themes of the *Western Pacific Regional Food Safety Strategy 2011–2015*. In 2014, efforts focused on the development of regional tools for country adaptation, provision of country-specific technical assistance, and strengthening multisectoral collaboration and cross-programme linkages to better manage food safety throughout the food chain. Several Member States strengthened their legal frameworks for food safety and quality by drafting or adopting new food laws and regulations. For improved availability of food safety data, a draft manual on strengthening surveillance and response for foodborne diseases was developed. Capacity-building activities, including risk-based food inspection, were conducted at national and regional levels, and guidance on management of food safety risks during emergencies was provided to Member States affected by natural disasters.

The Region's polio-free status was maintained in 2014, and a *Regional Polio Endgame Plan* was developed and distributed to Member States. Seven Gavi-eligible Member States developed and submitted applications for IPV support. SLB and VUT were supported in developing their applications for special funding for inactivated polio vaccine (IPV) introduction through the Polio Oversight Board.

Despite the encouraging improvements made in outbreak and crisis response in the Region, many challenges remain.

The very nature of avian influenza and zoonoses means that no single sector can manage the risks alone, and it is critical to strengthen the collaboration between animal and human health sectors. Nine out of 27 Member States in the Region requested a second extension for achieving IHR core capacities. Some critical milestones in the implementation of the APSED work plan, such as development of generic public health emergency preparedness plans and capacity development at points of entry, have not yet been met in some Member States. Health cluster coordination and national and subnational capacity for disaster risk management for health (DRMH) need to be strengthened in normal times. Adequate financial and human resources to strengthen all the programme areas posed a key challenge for WHO as well as Member States. Additional resource allocation will be needed to scale up the implementation of the regional DRMH framework. Foodborne disease surveillance, food safety training, public awareness and the management of food safety incidents require significant investment in most Member States.

ASSESSMENT OF PROGRAMME OUTPUTS

Alert and response capacities

5.1.1. Countries enabled to develop core capacities required under IHR (2005)

Appraisal: **On track**

Comments on achievements

WHO continued to support Member States in developing IHR core capacities through APSED, which has provided Member States with a strategic direction for developing alert and response capacities needed to meet the requirements of IHR (2005). The EVD outbreak in Africa and ongoing emerging infectious disease threats have highlighted the need for regional preparedness for emerging diseases. WHO further supported strengthening of preparedness capacities in Member States through the development and implementation of the *Ebola Regional Framework for Action*, proactively engaging with Member States and partners and ensuring WHO's regional system and capacity were in place. Preparedness work on EVD has demonstrated the achievements made under APSED and IHR and also indicated that countries still have technical challenges and areas for improvement. In particular, WHO held the annual meeting of the APSED Technical Advisory Group (TAG) and a

Pacific-focused IHR meeting to review collective progress towards regional health security and to agree on priorities for the year ahead.

The APSED (2010) work plan will come to an end in 2016, which is also the final deadline for achievement of IHR (2005) core capacity requirements. WHO has started preparatory work on the evaluation of APSED which will inform the future directions.

5.1.2. WHO has the capacity to provide evidence-based and timely policy guidance, risk assessment, information management and communications for all acute public health emergencies

Appraisal: **At risk**

Comments on achievements

WHO has continued to strengthen its regional system for early detection, verification, risk assessment and information-sharing of disease outbreaks and public health emergencies, such as H7N9, MERS-CoV and EVD, using an all-hazards approach. This approach includes recognition of gender in public health emergencies through disaggregation of surveillance data by sex and age, tailored IPC documents and inclusion of gender aspects in risk communication strategies. The FETP fellowship programme, an integral part of this surveillance system, contributed to human resource development through on-the-job training of fellows from Member States. WHO provided technical support on risk assessment and response for acute public health events and emergencies including for Avian influenza A(H7N9) in CHN, measles outbreaks in Asia and in Pacific island countries and areas, dengue and arbovirus outbreaks in the Pacific, an imported case of MERS-CoV in MYS, Typhoon Haiyan in PHL, and flash flooding in SLB. The WPSAR journal continues to be published on a quarterly basis and was used for timely information sharing.

To strengthen capacity, staff received training in WHO's Emergency Response Framework (ERF). To support the response to the EVD outbreak in West Africa, WPRO dispatched staff members, including WEST, to Sierra Leone using a team approach. The EVD outbreak has also provided opportunities for the Region to test the capacity for response and preparedness under the ERF and APSED. Staff deployments to West Africa to support the EVD outbreak could have affected WPRO's capacity to provide timely guidance for all public health emergencies, hence the output appraisal "at risk".

Annex 1

Epidemic- and pandemic-prone diseases

5.2.1. Countries are enabled to develop and implement operational plans, in line with WHO recommendations on strengthening national resilience and preparedness covering pandemic influenza and epidemic and emerging diseases

Appraisal: **On track**

Comments on achievements

The Western Pacific Region continues to be a hotspot of epidemic- and pandemic-prone diseases. Influenza remains one of the priority diseases in the Asia Pacific region with continued detection of avian influenza A(H5N1) virus in humans and animals, the recent outbreak of H7N9 in CHN, and the detection of several new influenza subtypes such as A(H5N6) and A(H10N8). In 2014, WHO continued to focus on strengthening existing influenza detection and preparedness planning in the context of strategic direction of APSED to meet the requirements under IHR, in line with the Pandemic Influenza Preparedness Framework. WHO has held a rapid containment exercise that tested and strengthened various procedures related to communication, coordination and decision-making. In addition, WHO supported regional laboratory capacities to detect influenza viruses, and co-organized the annual tripartite zoonosis meeting with FAO and the World Organisation for Animal Health (OIE).

To strengthen influenza surveillance systems, data reporting and response, WHO held the Eighth Annual Biregional Meeting of National Influenza Centres and Influenza Surveillance. With 21 national influenza centres in 15 countries and three WHO collaborating centres for reference and research on influenza, the Region has been an active player in the WHO Global Influenza Surveillance and Response System (GISRS). GISRS in the Western Pacific Region was sustained and enhanced to accommodate new threats, such as avian influenza, MERS-CoV, EVD and other newly emerging diseases.

5.2.2. Expert guidance and systems support in place for disease control, prevention, treatment, surveillance, risk assessment and risk communications

Appraisal: **On track**

Comments on achievements

WHO continued to monitor public health events in the Region, share information on priority diseases with Member States, conduct risk assessments, and support the response to health events and emergencies upon request by Member States. WHO continued to disseminate biweekly regional updates on priority diseases: influenza, dengue, and hand, foot and mouth disease. Routine risk assessments at global, regional and national levels were conducted for avian influenza and H7N9.

The EOC was activated in response to the EVD in West Africa and for Ebola preparedness in the Region. The team has been monitoring and analysing the global and regional situation on a regular basis. Guided by APSED, a framework of action was prepared to guide Member States' activities. SOPs were upgraded to better define the functions of the event management system. As part of regional preparedness, the regional stockpile of antivirals and personal protection equipment (PPE) was maintained for deployment and rapid containment, and simulation exercises were conducted. WPRO staff members were deployed to West Africa to support the global response efforts. Following the WHO Global Policy Group discussions, the WEST was established in December 2014 at the direction of the Regional Director. A team approach was advocated to ensure effective work in the field, continuity and sustainability in supporting response efforts and also to provide a platform for national experts to engage in international responses.

Emergency risk and crisis management

5.3.1. Global Health Cluster and country health clusters reformed in line with the Inter-Agency Standing Committee's Transformative Agenda

Appraisal: **On track**

Comments on achievements

Health clusters were activated during the response to Typhoon Haiyan in PHL, recurrent natural disasters in PNG and flash flooding in SLB. In the Pacific, a WHO-led health cluster structure was part of the Pacific Humanitarian Team, with a strong focus on preparedness. WHO technical assistance was provided in health cluster coordination, information management, rapid assessments, risk communications and surveillance of outbreak-prone diseases. In addition, financial resources were made available immediately after emergency events for the immediate deployment of critical staff, covering the gap until United Nations Central Emergency Response Fund (CERF) funds became available. In PHL, the coordination of foreign medical teams (FMTs) deployments after Typhoon Haiyan as well as information management and assessments of the health facilities in affected areas

with the health resources availability and mapping system (HeRAMS) were well received by local and national health authorities. HeRAMS informed the strategic decision of the recovery of the health sector. Further training was needed on essential tools during the response such as the *Health Cluster Monitoring Framework* and health-specific rapid assessment tools.

5.3.2. Health established as a central component of global multisectoral frameworks for emergency and disaster risk management; national capacities strengthened for all-hazard emergency and disaster risk management for health (DRMH)

Appraisal: **On track**

Comments on achievements

Following the Regional Committee for the Western Pacific endorsement of the *Western Pacific Regional Framework for Action for Disaster Risk Management for Health* in 2014, intensive and informal consultations with countries and technical workshops were held to guide the development and implementation of national plans. A workshop on DRMH in Pacific island countries and areas was held to support development or update of national DRMH plans. Capacity-building and strategic, technical and operational support have been provided to KHM, FJI, LAO and SLB. National DRMH plans were drafted in KHM, LAO and updated in VNM. In PHL, a risk assessment was conducted and shared with partners to guide public health sector response to Typhoon Haiyan, and the emergency response capacity of local health officers was assessed. Limited human and financial resources posed a challenge to achieving output.

5.3.3. Organizational readiness to fully implement WHO's Emergency Response Framework

Appraisal: **On track**

Comments on achievements

A regional ERF training workshop was conducted for WHO staff focal points in the Region, following the APSED TAG meeting in July 2014. A special session on improving country office readiness for emergency response was held in March 2014. The GER approach was considered during the regional ERF training. In PHL, a toolkit to support implementation of the ERF was developed. In PNG, the WHO country office's readiness was strengthened through a series of exercises and provision of additional human resources.

Insufficient human and financial resources were a challenge to achieving this output. Resources from other programme areas were mobilized to implement cross-programme activities.

5.3.4. Health sector strategy and plan developed, implemented and reported on all targeted protracted emergency countries by an in-country network of qualified and trained WHO emergency staff

Appraisal: **On track**

Comments on achievements

In cooperation with the PHL Department of Health, WPRO continued to support the Typhoon Haiyan response, which shifted from responding to the acute needs of affected populations to longer-term recovery and rehabilitation. Following civil unrest in Zamboanga City, WPRO deployed a full-time team member to assess health needs and support local health authorities in leadership, information management and surveillance.

Slow implementation of the health sector recovery related to difficulties for local governments to manage the funds released by the central Government. For WHO, the limited funds dedicated to recovery under the 12-month humanitarian action plan, have been stretched to cover the support to the initial phases of the recovery. Advocacy on the importance of appropriate resource allocation for health sector recovery in the context of a protracted crisis, such as the Zamboanga event, should be pursued with the Government and international donors.

Food safety

5.4.1. Support the work of the Codex Alimentarius Commission to develop, and for countries to implement, food safety standards, guidelines and recommendations

Appraisal: **On track**

Comments on achievements

WPRO continued to support countries to more effectively participate in Codex Alimentarius work, to adopt Codex Alimentarius texts into national legislation and policies, and to develop guidelines and codes of practice in line with Codex. Member States in the Western Pacific Region made good progress in developing and implementing food safety standards, guidelines and recommendations. LAO endorsed a new food law, while food regulations in line with Codex and a common Pacific approach were adopted in COK. Draft food safety regulations in line with Codex

were developed for KIR, MHL, MNG and VUT. Amendments to food regulations in FJI have been endorsed. Through the Codex Committee for North America and the Southwest Pacific (CCNASWP), Pacific island members of Codex agreed to recommend that Codex explore possible ways to take further action to address the huge burden of obesity and NCDs through development and amendments to food compositional commodity standards. The suggested approach is for the Codex commodity committees to review the salt and/or sodium content of processed food items and possibly develop maximum levels of sodium content in processed food.

Member States' graduation from the Codex Trust Fund posed a challenge for maintaining active participation in Codex, especially for small Member States in the Pacific. Other challenges included limited technical capacity in Member States to effectively implement food standards and regulations and for food businesses and importers to comply with necessary requirements.

5.4.2. Multisectoral collaboration to reduce foodborne public health risks, including those arising at animal–human interface

Appraisal: **On track**

Comments on achievements

WPRO continued to play a key role in facilitating cross-sectoral collaboration in support of the development of national policies, plans and strategies by coordinating regional collaboration with agricultural sector, including animal health, and promoting regional collaboration and coordination on issues of interest to many countries. This included enhancing regional collaboration on food safety emergency response as well as Member States' engagement in the International Network of Food Safety Authorities (INFOSAN). Several countries in the Region implemented some level of coordination mechanisms to oversee food safety through the food chain continuum, but marked variations existed between countries with regard to the scope and scale of these mechanisms. Multisectoral coordination committees and mechanisms were established in BRN, CHN, MYS, SGP and VNM. In KHM, MNG and PNG multisectoral food safety plans and strategies were developed. Other Member States have made efforts to integrate food safety issues into other programmes, such as NCDs, nutrition, environmental health, climate change, disaster risk reduction, and public health surveillance and response. The strategy on enhancing INFOSAN in Asia served as a guiding document for strengthening networking and partnership, as well as provided a common framework for strengthening INFOSAN at the country level.

Effective multisectoral coordination at the country level was often hampered by the absence of national food policies or food laws that defined the roles and responsibilities of concerned agencies. Member States were also challenged by the lack of technical and administrative expertise within relevant agencies, leading to difficulties in implementing a comprehensive and effective food control system through the food chain continuum. In addition, low-income Member States in the Region were often faced with a lack of funding available for food safety control and coordination in food-related laws and policies.

5.4.3. Adequate national capacity to establish and maintain risk-based regulatory frameworks to prevent, monitor, assess and manage foodborne and zoonotic diseases and hazards

Appraisal: **On track**

Comments on achievements

WPRO provided technical assistance to Member States to develop legislation based on Codex Alimentarius and other internationally recognized standards. For Pacific island countries, a common regional approach and template were developed as reference for drafting harmonized contemporary food legislation. A joint FAO/WHO regional workshop on food recall/traceability within the risk analysis framework was conducted for Member States in Asia, which provided Member States with common tools and approaches for developing national food recall and traceability systems. Another joint FAO/WHO regional technical workshop on developments in Codex relevant to Pacific island countries was conducted, which identified barriers and opportunities for more effective participation in Codex and identified common regional priorities for Codex participation and food legislation development. Significant progress was made by Member States on strengthening legal framework for food safety and quality, with food safety laws and regulations developed in a number of Member States, and either adopted by national governments or being reviewed and considered for endorsement. COK, LAO, WSM and VNM set up risk-based regulatory frameworks and CHN, FJI, JPN and SGP revised legal documents to better reflect prevailing risks and consider recent international developments. BRN, KIR, MHL, FSM, KOR, TON and VUT drafted new legislation in line with relevant international standards, particularly those of the Codex Alimentarius Commission. KHM and PHL were in the process of developing codes of practice outlining the requirements for hygiene certificates while FJI developed standard operating procedures for food establishment grading. Risk-based food inspection capacity-building activities were implemented in FJI, FSM and TON and inspectors have been exposed to contemporary risk-based food inspection techniques. An online food safety curriculum targeting Pacific food inspectors was developed and will be offered through the POLHN platform.

National capacity to maintain risk-based regulatory frameworks was challenged by limited human and financial resources for ongoing capacity-building in national food control systems. For many Member States, food safety was not a key priority and political commitment and support to build adequate capacity needed to be strengthened.

Polio eradication

5.5.1. Direct support to raise population immunity against polio to the required threshold levels in affected and high-risk areas

Appraisal: **On track**

Comments on achievements

WPRO continued to work with countries to ensure sustainability of efforts to increase population immunity against polio in high-risk areas. Polio vaccination was integrated in nationwide SIAs in PHL. Oral polio vaccine (OPV) was integrated in measles and rubella SIAs and provided in high-risk areas in KHM and LAO. Technical support was provided to CHN in convening a WHO international consultation on polio risk assessment. CHN conducted border screening of vaccination status of people arriving from polio-affected countries. Limited financial and human resources to support supplemental activities remained a challenge.

5.5.2: International consensus established on the cessation of the use of oral polio vaccine type 2 in routine immunization programmes globally

Appraisal: **On track**

Comments on achievements

In January 2014, 17 countries and areas were using an all-OPV schedule in their national routine immunization programmes. Two additional countries were using a sequential IPV–OPV schedule. A year later, all 17 countries and areas have committed to introduce at least one dose of IPV in their national immunization programmes by end of 2015 in accordance with the global polio endgame strategies.

Challenges for the tOPV–bOPV switch may occur in countries that self-produced their polio vaccines (CHN and VNM).

5.5.3. Processes established for long-term poliovirus risk management, including containment of all residual polioviruses, and the certification of polio eradication globally

Appraisal: **On track**

Comments on achievements

WPRO initiated the establishment of long-term poliovirus risk management process within the polio laboratory network in accordance with the regional *Polio Eradication Endgame Strategic Plan* and as outlined in the third Global Action Plan (GAP) which calls for all countries to adopt international goals for timely destruction or containment of wild poliovirus (WPV) type 2 materials and of OPV2/Sabin2 materials (Phase I). The 2014 Regional Certification Commission (RCC) recommended that all countries update their laboratory containment inventories and take steps to destroy unnecessary WPV isolates or potentially infectious materials. Two countries were identified to have previously unreported stores of WPV or potentially infectious materials, and appropriate measures were taken for their destruction. In 2015, countries and areas would be asked to submit documentation to the RCC for certification of eradication of WPV type 2. To assist countries with the implementation of the third GAP, WPRO will organize a series of training events.

5.5.4. Establishment of the polio legacy plan

Appraisal: **On track**

Comments on achievements

Polio legacy planning was integrated into the regional endgame planning. In CHN, the *Polio Eradication Endgame Strategic Plan* was incorporated in its immunization programme, and one peer-reviewed international publication on the history of polio eradication history was published. MNG would contribute to the global polio legacy plan once a draft framework at the global level was finalized.

Outbreak and crisis response

5.6.1. Implementation of the WHO's Emergency Response Framework in acute emergencies with public health consequences

Appraisal: **On track**

Annex 1

Comments on achievements

As a part of global response to EVD outbreak, WPRO proactively engaged Member States and partners in: (1) strengthening Member State preparedness in the Region; (2) ensuring WHO's regional system and capacity are in place; and (3) supporting the global EVD response in West Africa. Guided by APSED, a *Regional Framework for Action for Ebola Virus Disease Preparedness* was developed. A survey involving 26 National IHR Focal Points (NFPs) was conducted to assess overall level of regional preparedness, and a regional Ebola simulation exercise involving 23 NFPs was conducted to test Member States' readiness for EVD response. Based on priority needs, a number of regional and subregional training workshops and meetings were convened to strengthen EVD preparedness. These activities were carried out in the context of IHR core capacity-building using APSED as a regional tool. EOCs were activated with an Ebola Emergency Support Team (EST) in place to assist Member States with EVD preparedness and response activities. WHO provided technical support to 21 countries in their preparedness for a potential EVD case in the Region. A WHO Global Outbreak and Alert Response Network (GOARN) pre-deployment training for EVD was held in Australia with RedR Australia and GOARN for people who night be deployed from the Region.

WPRO continued to provide technical support for the Typhoon Haiyan response in PHL. Support shifted from responding to the acute needs of affected populations into longer-term recovery and rehabilitation. Assessment of health facilities functionality was conducted in cooperation with the PHL Department of Health to determine appropriate fund allocation. As a response to Cyclone Ian in Tonga, funds were allocated for the provision of curative and preventive medical care, and improvement of water hygiene and safety. In response to the flooding in SLB, WHO sent a heath cluster coordinator and risk communication expert, and provided technical and financial support to deal with the situation. WHO provided support to mobilize financial support from CERF and for health cluster coordination. Technical support was provided to arbovirus outbreaks in Pacific island countries and areas, including deployment of an epidemiologist in PYF and WSM and a risk communication expert for the dengue outbreak in FJI. As requested by Member States, support was provided to outbreaks such as human infection of avian influenza A(H7N9) epidemic in CHN, measles outbreaks in Asia and in Pacific island countries, dengue outbreaks in Asia and Pacific island countries, imported cases of MERS–CoV infection to MYS and PHL, and the EVD outbreak in West Africa.

CATEGORY 6. CORPORATE SERVICES/ENABLING FUNCTIONS

This category includes both work on strengthening WHO's leadership and governance, and activities to foster improved transparency, accountability and risk management within the Organization. It also covers the work on enhancing strategic planning, resource coordination and reporting, management and administration, and strategic communications.

Summary of progress and achievements

Leadership and governance

WPRO continued to strengthen WHO's leadership role at regional and country levels by strengthening partnerships with Region-specific groups in the health sector and other stakeholders, and by ensuring that country offices performed their functions effectively. Following completion of an external evaluation, in December 2014 the Regional Director approved the implementation plan for the WPR reform plan entitled Keeping Countries at the Centre. Availability of funds from the Regional Director's Development Programme (RDDP) enabled WPRO to fund innovative priorities and provide quick response to countries facing emergencies. WPRO contributed to advance WHO's framework of engagement with non-State actors, as well as enhance coordination at all three levels of the Organization through the development of an electronic register. Members of the diplomatic community, UN agencies and multilateral organizations were invited to attend World Health Day celebrations at WPRO as part of promoting the work of WHO and enhancing collaboration among stakeholders to have a more unified approach to the Region's health issues. Capacity-building of WPRO's senior management and country offices was sustained, and the Global Health Learning Centre was launched to enhance communication skills and problem-solving capacity of government officials from selected countries in the Region. Collaboration was also strengthened with the convening of the first Regional Forum of WHO Collaborating Centres in the Western Pacific in November 2014. Effective use of technology increased Member States' access to WHO's work and related information, such as the first ever broadcast of a session of the Regional Committee for the Western Pacific, as well as the creation of an electronic catalogue of WPR information products, thereby reducing printing and dissemination costs.

Transparency, accountability and risk management

Compliance and risk management was strengthened across the Division of Administration and Finance and the Division of Programme Management by ensuring a more stringent application of processes and by introducing tools to effectively monitor and review transactions on a regular basis.

Annex 1

Upcoming regional activities were planned to examine processes in greater detail and to identify responsibilities for any required mitigation at the regional or country level. With respect to direct financial cooperation (DFC), significant progress was made in reducing outstanding reports across budget centres. Monthly reviews were undertaken to ensure close follow-up and closure. Key achievements in developing an evaluation culture in the Region included the establishment of the WPRO evaluation register, and the wide dissemination of the WHO evaluation practice handbook in the Region. Human resources funding risks and vulnerability were addressed through the centralized management of core positions and by closely monitoring funding, appointment extensions and recruitments, and related funds projections. In addition, efforts were made to promote and strengthen ethical behaviour, decent conduct and fairness in the Region by engaging the Staff Association and staff in relevant activities and initiatives.

Strategic planning, resource coordination and reporting

Technical coordination across programmes was emphasized. For example, the bimonthly forum of technical coordinators was refocused to concentrate on issues related to cross-programme fertilization and coordination. Efforts to improve regular monitoring of the overall Programme Budget (PB) and key business areas were sustained. Funding gaps for priority activities under PB 2014–2015, including core staff funding requirements, were identified and a detailed plan was developed for strategic allocation of flexible resources. Capacity of programme management staff at both regional and country levels was enhanced through training. A series of planning exercises to identify regional and country priorities for PB 2016–2017 was completed in a timely manner. In accordance with WHO reforms, resources were allocated to a few high-impact areas and activities. Financial control and compliance continued to be strengthened through exception reporting and regular briefings, and management procedures were streamlined for efficiency. Coordination of resource mobilization efforts, including active involvement and dialogue with potential donors at both the regional and country levels, was improved resulting in mobilization of resources to address shortfalls.

Management and administration

In line with the global management reform, WPRO sustained its initiatives and process improvements to ensure efficient and timely delivery of support services. Significant measures and activities included maintaining and strengthening internal controls in WPRO and the country offices, active implementation of the staff rotation and mobility policy, monitoring and managing staff performance, development of monitoring tools, active participation in global networks, closure of audit recommendations, enhanced DFC monitoring, continued focus on Region-wide networks through attendance of senior headquarters staff at high-level regional meetings, and continuous

monitoring and enforcement across procurement areas. Global information and technology (IT) initiatives and enhancements to both network and security were rolled out in the Region, and new standards were introduced and enforced at the end-user-device level. WPRO's IT unit also continued to provide critical support to emergency operations in terms of support and applications both at the regional and country levels. The Regional Administration Network, which kept the information exchange updated and ensured compliance at both WPRO and at country offices, was a key factor in both progress and meeting the objectives for this programme area.

Strategic communications

Communications continued as a priority in the Region, and efforts to build the capacity of staff in this area are ongoing. Workshops at WPRO focused on "cutting the jargon" from WHO's external communications and improving staff skills in emergency communications. Country offices were supported to establish their own websites. Communications and media inquiries in response to the EVD outbreak in West Africa were handled by the WPRO Public Information Office. A uniform format for displays at sessions of the Regional Committee for the Western Pacific was adopted, and enhanced daily news releases resulted in increased media coverage of WHO stories and a streamlined look for exhibits at sessions of the Regional Committee for the Western Pacific. A suite of advocacy materials was developed for key public health days, for example World Health Day and World Immunization Week, to communicate important public health messages to target audiences and promote behavioural changes in populations to decrease associated health risks. The media directory grew to about 450 journalists and the email list to 750 addresses as of end of 2014. Country offices in CHN, MNG and PHL started to engage in social media to provide timely and proactive information to the public and demonstrate value to donors and stakeholders. Three social media community managers from the Region were deployed to headquarters to assist in the EVD response and at the same time undergo training in social media policy, the code of engagement and appropriate practices.

ASSESSMENT OF PROGRAMME OUTPUTS

Leadership and governance

6.1.1: Effective WHO leadership and management in place

Appraisal: **On track**

Comments on achievements

WPRO senior management continuously worked to strengthen the Organization's convening role in relation to cross-border and multisectoral issues through enhanced collaboration with the Regional Office for South-East Asia and by leading country offices and technical units in engagement with stakeholders beyond the health sector. A session on NCDs was organized during the Small Islands Developing States meeting, which was expected to influence achievement of the outcomes in NCDs. The country cooperation strategies (CCS), which define the medium-term vision of WHO's technical cooperation with Member States, achieved better alignment with national health policies, strategies and plans, and continue to serve as a practical guide for strengthening WHO leadership at the country level. In addition, the CCS defined the way to deliver support to Member States and coordinate efforts of multiple sectors and partners to achieve national health goals and objectives.

6.1.2: Effective engagement with other stakeholders in building a common health agenda that responds to countries and areas' priorities

Appraisal: **On track**

Comments on achievements

Efforts were ongoing to effectively engage with other key stakeholders in building a common health agenda that would respond to countries' priorities. The increasing number of health actors in the Region created a challenge in terms of minimizing duplication of efforts at the country level, with WPRO continuing to strive for better coordination and engagement. Broader partnerships were being developed with Region-specific groups through memorandums of understanding (MOUs), as well as concerted efforts carried out in countries with WHO presence to ensure close partnership with the health authorities, other government sectors, UN agencies and other relevant partners. In September 2014, a renewed collaboration framework was signed between ASEAN, the WHO Regional Office for South-East Asia and the WHO Regional Office for the Western Pacific. The new Memorandum of Understanding, signed by the Secretary General of ASEAN and the two WHO regional directors, marked an important milestone in strengthening collaboration between ASEAN and WHO.

The number of NGOs, intergovernmental organizations and UN agencies attending sessions of the Regional Committee for the Western Pacific increased exponentially, as did the number of statements submitted for delivery during the session. Work around WHO's framework of engagement with non-State actors was ongoing, and when adopted, the framework should help shape WHO's effective engagement with other stakeholders in the future.

6.1.3. WHO governance strengthened with effective oversight of the sessions of the governing bodies, and efficient, aligned agendas

Appraisal: **On track**

Comments on achievements

Improvements to governance structures at the regional level resulted in better coordination of the work of the World Health Assembly, Executive Board and the Regional Committee for the Western Pacific. Briefings with Member States were both timely and comprehensive. For example, WPRO held a high-level EVD briefing for the country's diplomatic corps in October 2014. The Regional Committee for the Western Pacific continued to include a mandatory agenda item each year, entitled "Coordination of the work of the World Health Assembly, the Executive Board and the Regional Committee", to ensure efficient alignment of agendas. WPRO continued to implement the recommendations from the external assessments focused on strengthening WHO's effectiveness particularly at the country level. WHO representatives in countries continued to enhance the level of support provided to governments in ensuring better coordination and implementation of the outcomes stemming from WHO governing bodies. Starting with the sixty-fifth session of the Regional Committee for the Western Pacific, sessions were broadcast to enable remote participation of Member States unable to attend, as well as the electronic dissemination of Regional Committee documents and online access for translated working documents via SharePoint. In line with a Joint Inspection Unit recommendation, a "Go Green Initiative" to reduce printing and dissemination costs for Western Pacific Region information products was introduced. Progress was also made in implementing the recommendations arising from the external assessments with a focus on the country level.

6.1.4. Integration of WHO reform into the work of the Organization

Appraisal: **On track**

Comments on achievements

WPRO is implementing WHO's global and regional reform agenda aimed at improving health outcomes in the Region by supporting country offices in building capacity in priority areas, including intercountry collaboration (such as the work in the Greater Mekong Subregion) and subnational engagement (such as the Western Area Health Initiative, or WAHI, in China). WPRO continued to pursue reform towards improving the Organization's overall programme delivery, governance and management. Following completion of an external evaluation, in December 2014 the Regional Director approved the implementation plan for the WPRO reform plan, known as Keeping Countries

at the Centre. To improve operational capacity, bi-monthly technical coordinators meetings are convened. These meetings provide a forum for discussion and peer learning among WHO staff on priority ways of working e.g. cross-cutting technical working groups and mainstreaming gender. At the regional level, the Global Health Learning Centre was launched to develop the communication and public health problem-solving skills of government officials from selected countries in the Region. In addition, the First Regional Forum of WHO Collaborating Centres in the Western Pacific was successfully convened in November 2014.

Transparency, accountability and risk management

6.2.1. Accountability ensured through strengthened corporate risk management and evaluation at all levels of the Organization

Appraisal: **On track**

Comments on achievements

WPRO actively participated in the global effort of identifying risks across all budget centres and the creation of the risk register entailing both risk identification and risk mitigation. Upcoming regional activities were scheduled to ensure further discussion of details and responsibilities for any required mitigation at the regional or country levels. Further, the Regional Administration Network and the Programme Management Network continued to be strong forums for ensuring that compliance, risk management and accountability were discussed and reinforced. Significant progress was made across budget centres in reducing outstanding DFC reports with monthly reviews to ensure close follow-up and eventual closure. The internal control framework and its roll-out were discussed with heads of country offices, with WPRO and one country office participating in the self-assessment checklist pilot prior to roll-out in the Region in 2015. Audit findings and recommendations received across the Region until the end of 2014 were successfully closed. The Region has also piloted new analytical dashboards to all programme and administrative officers to encourage closer monitoring and compliance. HR funding risks and vulnerability were addressed through centralization and management of core positions and their funding, close monitoring of appointment extensions and recruitments, and regular monitoring of human resource funding gaps and related funds projections. However, there was a need to provide ongoing training to staff in WHO rules, policies and regulations.

6.2.2. Implementation of WHO's evaluation policy across the Organization

Appraisal: **On track**

Comments on achievements

WPRO remained actively engaged in the global evaluation network. Progress in achieving the output consisted of the establishment of the WPRO evaluation registry, wide distribution of the WHO evaluation practice handbook in the Region and approval of the reform implementation plan including evaluation recommendations. Implementation of WHO's evaluation policy was a work in progress with future directions expected in 2015. Currently, however, no funds or resources are available to initiate external evaluations at the country level.

6.2.3. Ethical behaviour, decent conduct and fairness promoted across the Organization

Appraisal: **On track**

Comments on achievements

Accessibility of relevant policies to staff and maintaining an open line of communication between the administration and the Staff Association were key points in promoting and achieving this output. Several global policies in this area were disseminated across the Region, and activities of the Staff Association were also supported. The Region introduced online induction training, with a "respectful workplace" as one of its key messages. Ongoing global initiatives and policy updates are expected to further improve and strengthen this output. Collaboration between headquarters and WPRO in obtaining feedback from staff will be required.

Strategic planning, resource coordination and reporting

6.3.1. Results-based management framework in place including an accountability system for WHO's corporate performance assessment

Appraisal: **On track**

Comments on achievements

Two-phase, high-level planning for PB 2016–2017 was completed in a timely manner within a tight timeframe. The limited number of country priorities identified through a bottom-up approach posed a challenge for some country budget centres. There was also difficulty in pursuing long-term plans due to a rapidly changing environment, evolving health needs and unpredictable future financing. Focus needs to be given to alternative financing mechanisms. The midterm assessment for PB 2014–2015 was completed by all country budget centres within the specified deadline.

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6.3.2. Alignment of WHO financing with agreed priorities, facilitated through strengthened resource mobilization, coordination and management

Appraisal: **On track**

Comments on achievements

Overall PB management improved, including human resources and award management and monitoring, resulting in WPRO's implementation rate exceeding both the global average and the regional implementation rate, compared to the same period in PB 2012–2013. This was attributable to a strengthened PB management mechanism in the Region, which included the Programme Committee, Programme Management Officers Network annual meetings, the Budget Centre mini-Programme Committee and senior management group meetings. Management of resources at regional and budget centre levels was monitored through regular comprehensive PB status analysis, as well as human resources and voluntary contributions (VC) projection analysis. Strategic reviews were conducted and a detailed plan developed for strategic allocation of flexible resources to fill funding gaps for priority activities and funding for core staff. Coordination of resource mobilization efforts at regional and country levels was strengthened, and staff resource mobilization capacity enhanced through training and experience sharing. New initiatives were introduced to enhance donor reporting and visibility, for example developing aesthetically appealing summary reports to accompany technical submissions, compiling audiovisual materials, and using the WPRO website to communicate donor contributions and results.

The lack of flexible and predictable resources continued to adversely affect alignment with priority activities identified in the work plans.

Management and administration

6.4.1. Sound financial practices managed through an adequate control framework, accurate accounting, expenditure tracking and the timely recording of income

Appraisal: **On track**

Comments on achievements

Regular monitoring of the financial implementation of the PB 2014–2015, ongoing coordination with budget centre focal points and regular reporting on PB status to senior management helped ensure that accountability and controls were in place and compliant with the WHO financial

rules and regulations. Similar steps were evident in the preparation of PB 2016–2017. Updates and improvements on internal controls were discussed in regional administration meetings, meetings of WHO Representatives and Country Liaison Officers, and Programme Management Network meetings. Regular follow-ups were made on submission and clearance of outstanding items, such as imprest transactions, receivables, expenditure monitoring and DFC reports. Maximizing use of available networks (both programme and administration) should strengthen processes and enhance efficiency.

6.4.2. Effective and efficient human resources management in place to recruit and support a motivated, experienced and competent workforce in an environment conducive to learning and excellence

Appraisal: **On track**

Comments on achievements

Enabling and maintaining an equipped workforce entailed dynamic programmes and activities supported by management and expeditious processes implemented at WPRO and in country offices. In line with WHO reform, gender balance and geographical distribution were considered during recruitment. Staff members were engaged at all levels on performance management reporting, reviewing/updating of position descriptions as and when necessary, and using online recruitment and training tools. Work was also completed on computer-based induction and training on WHO's Global Management System (GSM) for new staff. An active and strong Regional Administration Network allowed for information exchange, process improvement, and consistent policy implementation at WPRO and in country offices. The Region continued close coordination at the regional and global levels through existing networks. Global policies were widely disseminated and critical human resources initiatives were addressed at meetings and briefings.

6.4.3. Efficient and effective computing infrastructure, network and communications services, corporate and health-related systems and applications, and end-user support and training service provided

Appraisal: **On track**

Comments on achievements

The deployment of new technologies continued with connectivity enhancements at several country offices. This included moving to higher bandwidth connections and away from satellite

technologies, the implementation of cloud-based collaboration and video conferencing solutions, the gradual roll-out of global security architecture and piloting of a new email solution. Critical support was provided to emergency operations in terms of support and applications both at the country and regional levels. Implementation of global solutions continued at both the regional and country levels. The infrastructure that serves the entire Region's communications with headquarters was reinforced through a secondary data centre, enhanced and upgraded links, improved security, and enhanced local area network architecture. At the end-user-device level, new standards were introduced and enforced and the Internet protocol telephony project was completed at WPRO. A new mobile standard was also introduced. Further, work on management dashboards continued with positive results.

6.4.4. Provision of operational and logistics support, procurement, infrastructure maintenance and asset management, and of a secure environment for WHO's staff and property (in compliance with United Nations Minimum Operating Security Standards [MOSS] and Minimum Operating Residential Security Standards [MORS])

Appraisal: **On track**

Comments on achievements

Close collaboration and coordination continued between units handling logistics, security, travel, registry, conferences and meetings, with the infrastructure maintenance operation and support both at regional and country offices. Timely monitoring of implementation of activities, keeping track of security concerns, appropriate reporting of assets, and maintaining compliance with policies continued to ensure the quality of services provided. As natural disasters were a major risk at both WPRO and country offices, necessary preparations were done to mitigate risks, including a comprehensive earthquake and waterproofing analysis. The Business Continuity Plan was also regularly updated.

Strategic communications

6.5.1. Improved communication by WHO staff leading to a better understanding of the Organization's actions and impact

Appraisal: **On track**

Comments on achievements

Close collaboration with communications staff and communications focal points in the regional and country offices helped the Public Information Office (PIO) in promoting the WHO identity within the Region. WHO country offices were supported in creating their own websites and/or in maintaining an online presence. Communications workshops aimed at "cutting the jargon" from WHO's external communications were carried out at WPRO. Likewise, staff members were trained in emergency communications to prepare for public health events and natural disasters. Regular teleconferences with the Western Pacific Communications Network in 2014 promoted and strengthened collaboration. In addition to planned actions, PIO managed the increased number of media inquiries relating to the EVD outbreak in West Africa.

6.5.2. Development and efficient maintenance of innovative communication platforms

Appraisal: **On track**

Comments on achievements

Social media was instrumental in WHO's EVD response. A timely and proactive response on social media at all times helped to develop trust in WHO and to demonstrate value to donors and stakeholders. However, this could only be achieved with proper mechanisms and adequate human resources in place. The country offices in CHN, MNG and PHL began to engage on social media, and the country office in VNM will launch its presence shortly. Three social media community managers from the Region were deployed to headquarters to help respond to the EVD crisis. These staff members were also trained on social media policy, code of engagement and appropriate practices.