PROGRESS REPORTS ON TECHNICAL PROGRAMMES

As a follow-up to discussions at previous sessions of the WHO Regional Committee for the Western Pacific, progress reports on the following technical programmes and issues are presented herein:

15.1 HIV and sexually transmitted infections
15.2 Expanded Programme on Immunization
15.3 Disability prevention and rehabilitation including blindness
15.4 Regional action plan for healthy newborn infants
15.5 Antimicrobial resistance
15.6 Essential medicines

The Regional Committee for the Western Pacific is requested to note the progress made and the main activities undertaken.
15.1 HIV AND SEXUALLY TRANSMITTED INFECTIONS

1. BACKGROUND AND ISSUES

Asia and the Pacific ranks second after sub-Saharan Africa in terms of the number of people living with HIV. In the WHO Western Pacific Region, an estimated 1.4 million people were living with HIV in 2015. The number of people receiving antiretroviral therapy in the Region increased by 88% from 360,000 in 2012 to 675,000 in 2015.

There has been significant progress in tackling HIV in the Region, but much still remains to be done. Overall HIV prevalence in Western Pacific Region remains low at 0.1%. However, no significant drop in new HIV infections has been observed since 2010. In 2015, 94,000 new infections occurred in the Region. Among children, there was only a slight drop of new infections to 1800 in 2015 from 2200 in 2012.

In 2012, there were an estimated 61 million incident cases of chlamydia, 45 million of trichomonas, 35 million of gonorrhoea and 990,000 of syphilis in the Western Pacific Region. Sexually transmitted infections (STIs) are major contributors to HIV transmission, pelvic inflammatory disease, infertility and cervical cancer.

2. ACTIONS TAKEN

Support from WHO for HIV/AIDS efforts in the Region has focused on the five high-burden countries (Cambodia, China, Malaysia, Papua New Guinea and Viet Nam) and three low-burden countries (the Lao People’s Democratic Republic, Mongolia and the Philippines). All eight countries had been implementing national HIV/AIDS strategic plans in line with the WHO Global health sector strategy on HIV/AIDS 2011–2015.

With the transition from external funding to domestic resources throughout the Region, HIV and STI work focused on exploring possible linkages of vertical programme structures with tuberculosis and maternal and child health work, better strategic information systems, prioritizing expansion of quality interventions for key populations, and sustaining investments made through integration of HIV and STIs into broader health systems strengthening efforts.
Most of the high-burden countries in Asia have moved from prevention and control to elimination of mother-to-child transmission of HIV and syphilis linked to hepatitis B control efforts. The WHO Western Pacific and South-East Asia regions in 2015 established a biregional mechanism for validating elimination of mother-to-child transmission.

All countries have implemented most of the recommendations of the 2013 WHO consolidated guidelines on the use of antiretrovirals for treatment and prevention. In Malaysia and the Philippines, discussions on implementing recommendations on the use of antiretroviral pre-exposure prophylaxis have begun.

Support for strategic information systems focused on estimations and projections of the HIV burden and on determining risk factors for HIV and STI among high-risk populations. The WHO Regional Office for the Western Pacific supported the improvement of treatment monitoring—a cascade that begins with HIV testing and the linkage to care and leads towards the initiation of treatment and the retention of patients—and continued to support the strengthening of HIV and STI case-based surveillance and patient monitoring.

While the Region has progressed in the treatment of HIV, challenges remain in relation to stigma and discrimination, as well as ensuring access to prevention, testing and treatment services for both HIV and STIs. Major bottlenecks occurred because of issues with the quality of and access to HIV diagnosis and viral-load monitoring, as well as HIV and gonorrhoea drug-resistance monitoring. The transition from external to domestic funding for HIV, the absence of funding for STIs and the decreasing resources for WHO technical assistance also pose major challenges.

3. ACTIONS PROPOSED

The Regional Committee for the Western Pacific is requested to note progress in HIV/STI prevention and treatment and call for continued efforts in line with the Global Health Sector Strategy on HIV 2016–2021 and the Global Health Sector Strategy on Sexually Transmitted Infections 2016–2021, both endorsed by the World Health Assembly in May 2016.
15.2 EXPANDED PROGRAMME ON IMMUNIZATION

1. BACKGROUND AND ISSUES

In 2012, the World Health Assembly endorsed the Global Vaccine Action Plan and urged Member States to report every year to the regional committees on lessons learnt, progress made, remaining challenges and updated actions to reach immunization targets (WHA65.17). In 2014, the Regional Committee for the Western Pacific endorsed the Regional Framework for Implementation of the Global Vaccine Action Plan in the Western Pacific, which specified eight immunization goals for the Region: (1) sustaining polio-free status; (2) measles elimination; (3) rubella elimination; (4) maternal and neonatal tetanus elimination; (5) accelerated control of hepatitis B; (6) accelerated control of Japanese encephalitis; (7) introduction of new vaccines; and (8) meeting regional vaccination coverage targets (WPR/RC65.R5).

Overall, the Western Pacific Region has made good progress in strengthening immunization services. As of 2015, a total of 16 countries have achieved the regional target of coverage above 95% with three doses of diphtheria-tetanus-pertussis vaccine (DTP3), while 21 countries achieved DTP3 coverage of 90% or above. Still, vaccination coverage varies by country, and coverage disparities may exist within countries. Immunization service delivery gaps and data quality issues contribute to reported coverage disparities. Coverage disparities may hinder efforts to achieve elimination or control of vaccine-preventable diseases. In addition, financial sustainability is a challenge for many countries, especially with increased programme costs in countries that previously received support from Gavi, the Vaccine Alliance.

The Western Pacific Region has sustained its polio-free status since certification in 2000. But the Region still faces threats of importation of wild poliovirus (WPV)—most recently in 2011 in China—and the emergence of circulating vaccine-derived poliovirus (cVDPV). In 2015, the Region identified its most serious cVDPV emergence in the Lao People's Democratic Republic. In addition, while implementing the strategies of the polio endgame plan that included introducing at least one dose of inactivated polio vaccine (IPV), Member States confronted a global vaccine supply shortage.

In 2003, the Regional Committee endorsed the Western Pacific Regional Plan of Action for Measles Elimination (WPR/RC54.R3), then decided in 2005 that the Region should aim to eliminate measles by 2012 (WPR/RC56.R8). The Region achieved the historically lowest measles incidence in 2012. From 2013 to 2016, however, the Region experienced a resurgence of measles in countries with endemic measles virus transmission, nationwide outbreaks from imported measles virus in the
Federated States of Micronesia, Mongolia, Papua New Guinea, Solomon Islands and Viet Nam, as well as outbreaks from multiple importations to Australia, Hong Kong SAR (China), Japan, New Zealand, the Republic of Korea and Singapore.

In 2014, an estimated 40% of global deaths from viral hepatitis occurred in the Western Pacific Region, which translates to more than 1500 deaths from viral hepatitis in the Region every day. In 2005, the Region set the goal of reducing the prevalence of hepatitis B infection to less than 2% in 5-year-old children by 2012. This was an interim milestone towards the final regional goal of reducing prevalence to less than 1% by 2017.

Japanese encephalitis (JE) is a leading cause of viral encephalitis in the Western Pacific Region. The Region accounts for more than half of the 68 000 cases estimated globally each year. In 2014, the Regional Committee for the Western Pacific endorsed a goal to accelerate control of JE.

2. ACTIONS TAKEN

Countries and areas have been focusing on coverage disparities and addressing issues through implementing comprehensive multi-year plans (cMYP) on immunization. Improvement plans on effective vaccine management (EVM) were developed by seven countries (during 2014–2016) to address immunization service gaps in vaccine management. In addition, regional guidelines on immunization safety surveillance and communication were developed in 2015 to support staff capacity-building on service delivery. Countries are working on strengthening the Health Information Management System (HIMS) to generate quality immunization data to monitor and evaluate coverage disparities. To address the challenge of programme sustainability, most countries have identified funding needs and potential funding sources through country planning processes. Seven low- and middle-income countries (LMIC) are exploring programme support through Gavi transition plans.

In response to the cVDPV1 outbreak, the Ministry of Health of the Lao People's Democratic Republic, with support from WHO and partners as a part of a comprehensive outbreak response plan, strengthened surveillance, implemented mass vaccination campaigns, and developed and implemented social mobilization and communications activities to increase vaccination demand. In all, eight rounds of supplementary oral polio vaccine (OPV) campaigns have been conducted.

As a part of the Polio Endgame Strategic Plan, 15 of 17 countries/areas that were using an all-OPV schedule in 2015 introduced at least one dose of IPV in their national immunization schedules by the end of 2015. For three countries (China, Papua New Guinea and the Philippines) efforts to
introduce IPV are ongoing in phases. Two countries were delayed because of global vaccine supply shortages. All 16 Member States in the Region that were still using any OPV in 2016 switched from trivalent oral polio vaccine (tOPV) to bivalent (bOPV) from 17 April to 1 May 2016. Three additional countries/areas (Malaysia, Tokelau and Tuvalu) had already switched to an all-IPV (inactivated polio vaccine) schedule by end of 2015.

With the support of WHO and partners, several Member States conducted supplementary immunization activities with measles-containing vaccines, in response to resurgences or outbreaks of measles from 2013 to 2016. WHO analysed the epidemiology and concluded that the regional resurgence was caused by increased transmission in many countries among infants too young and adolescents and adults too old to be reached by the strategies of the Western Pacific Regional Plan of Action for Measles Elimination of 2003. In June 2015, the Technical Advisory Group (TAG) for Immunization and Vaccine-Preventable Disease in the Western Pacific Region recommended that WHO update the 2003 regional plan to include the latest strategies for measles elimination. The TAG also recommended including strategies for rubella elimination, for which Member States should consider setting a target year. In response, WHO consulted national immunization programmes across the Region and developed new strategies and a plan of action, which were reviewed by the TAG in July 2016. New strategies and plan of action will supplement the regional framework for achievement of regional measles elimination and rubella elimination goals.

As of June 2016, a total of 13 countries and areas have been verified as meeting the 2017 hepatitis B goal. An additional 11 countries and areas have conducted nationally representative serosurveys indicating a prevalence of less than 1%. A birth dose (BD) consultation was conducted in March 2015, focusing on priority countries with low BD coverage. Following publication of the Regional Action Plan for Viral Hepatitis in the Western Pacific 2016–2020, senior officials from eight Member States with high burdens met to discuss implementation of the regional plan. Findings from these meetings and updates to countries’ BD improvement plans will be discussed at the Fifth Hepatitis B Expert Resource Panel Consultation in January 2017.

The Western Pacific Regional Office has worked closely with Member States towards accelerated JE control. In March 2015, a JE Expert Resource Consultation was convened in Manila, and strategies and targets for accelerated control were developed. The primary strategy proposed is catch-up vaccination in children less than 15 years old, followed by routine immunization. Two targets were also proposed. The strategy and targets were presented and discussed at the TAG in July 2016.
3. ACTIONS PROPOSED

The Regional Committee for the Western Pacific is requested to note the progress and challenges in achieving regional and global immunization goals.
15.3 DISABILITY PREVENTION AND REHABILITATION INCLUDING
BLINDNESS

1. BACKGROUND AND ISSUES

The WHO global disability action plan 2014–2021: Better health for all people with disability (GDAP) continues to frame the priorities for WHO and Member States in the Western Pacific Region. Endorsed by the World Health Assembly in 2014, the GDAP is based on recommendations from the World Report on Disability 2011. The GDAP recognizes disability as a global public health issue, a human rights issue and a development priority. The work of the Disabilities and Rehabilitation (DAR) programme in the Western Pacific Region aligns with the actions of ministries of health for access to rehabilitation and health-care services for people with disability. In the Pacific, there has been considerable progress on community-based rehabilitation despite persistent challenges due to systemic under-reporting and the unavailability and complexity of population disability data. The inability to compare disability prevalence estimations across the Region is a major issue.

WHO supports the development of national plans, training, epidemiological surveys and disease-specific strategies in the programme area of Blindness Prevention and Control. Towards Universal Eye Health: A Regional Action Plan for the Western Pacific (2014–2019) guides efforts to further improve eye health by Member States, WHO and international partners. Governments have been supported with evidence to prioritize planning. The programme has also developed a set of recommendations to increase the effectiveness and improve the quality of national eye care systems.

2. ACTIONS TAKEN

Implementation of recommendations from the World Report on Disability 2011 and the High-level Meeting of the United Nations General Assembly on Disability and Development in September 2013 has been ongoing. The WHO global disability action plan 2014–2021: Better health for all people with disability is being implemented in the Region to guide ministries of health in national efforts. The DAR programme promotes integration of rehabilitation and assistive devices packages in social health insurance schemes, rehabilitation sector strengthening approaches and development of strategic plans when requested by ministries of health. WHO has worked closely with Cambodia, Fiji, Kiribati, the Lao People’s Democratic Republic, the Federated States of Micronesia,
Mongolia, the Philippines and Vanuatu, achieving policy success as demonstrated through national action plans and increased government funding to disability programmes in the Region.

Countries in the Region have also strengthened efforts to reduce disability due to visual impairment though more effective policies and integrated services. In line with *Towards Universal Eye Health: A Regional Action Plan for the Western Pacific (2014–2019)*, three new survey tools have been developed to reduce disability due to visual impairment. Surveys were implemented during the 2014–2015 biennium using the tools: (1) Eye Care Systems Assessment Tool (ECSAT) in 11 countries (Australia, Brunei Darussalam, Cambodia, China, Fiji, the Lao People's Democratic Republic, Mongolia, Papua New Guinea, the Philippines, Singapore and Viet Nam); (2) Tool for the Assessment of Diabetes and Diabetic Retinopathy Management Systems (TADDS) in eight countries (Cambodia, Fiji, Kiribati, the Lao People's Democratic Republic, Mongolia, the Philippines, Solomon Islands and Viet Nam); and (3) Tool for the Assessment of Vision Rehabilitation Services (TARSS) in the Philippines and Viet Nam. Evidence from trachoma mapping being supported in various Pacific countries will inform trachoma action plans towards the global goal of eliminating trachoma by 2020.

### 3. ACTIONS PROPOSED

The Regional Committee for the Western Pacific is requested to note progress towards implementation in the Western Pacific Region of the *WHO global disability action plan 2014–2021: Better health for all people with disability* and *Towards Universal Eye Health: A Regional Action Plan for the Western Pacific (2014–2019)*.
15.4 REGIONAL ACTION PLAN FOR HEALTHY NEWBORN INFANTS

1. BACKGROUND AND ISSUES

Significant progress has been made in reducing child mortality in the Western Pacific Region, but newborn mortality remains unacceptably high. By 2013, newborn deaths accounted for 54% of under-5 deaths, largely due to inappropriate clinical practices and gaps in health systems. To reduce this mortality rate, the Regional Committee for the Western Pacific in 2013 endorsed the Action Plan for Healthy Newborn Infants in the Western Pacific Region (2014–2020). The action plan focuses on practices in health-care facilities, where more than 90% of births occur in the Region.

The action plan outlines an approach for implementing and scaling up quality Early Essential Newborn Care (EENC) through five strategic actions: (1) ensuring consistent adoption and implementation of EENC; (2) improving political and social support to ensure an enabling environment; (3) ensuring availability of, access to and the use of skilled birth attendants and essential maternal and newborn commodities; (4) engaging and mobilizing communities to increase demand; and (5) improving the quality and availability of perinatal information. These strategic actions use indicators to gauge the progress of Member States, WHO, the United Nations Children’s Fund (UNICEF) and other partners. The indicators cover EENC planning, policy, standards, coordination, service inputs, communication and perinatal information.

2. ACTIONS TAKEN

Since 2013, eight priority countries with the highest burden of neonatal mortality (Cambodia, China, the Lao People's Democratic Republic, Mongolia, Papua New Guinea, the Philippines, Solomon Islands and Viet Nam) have made significant progress in improving the skills of health professionals, raising the quality of birthing facilities, upgrading programme planning and mobilizing social support for newborn care.

Seven of the eight countries have funded 12-month implementation plans for EENC. Cambodia, China, the Lao People's Democratic Republic, Mongolia and Papua New Guinea have costed and adopted five-year national action plans for EENC. Six countries have functional national EENC technical working groups. Cambodia, the Lao People's Democratic Republic, Mongolia, the
Philippines and Viet Nam have translated, adapted and widely disseminated the WHO 2014 *Early Essential Newborn Care Clinical Practice Pocket Guide* to improve newborn care.

Eleven countries (Cambodia, China, the Lao People's Democratic Republic, the Federated States of Micronesia, Mongolia, Palau, Papua New Guinea, the Marshall Islands, Solomon Islands, Vanuatu and Viet Nam) have adopted the 2016 WHO *Coaching for the First Embrace: Facilitator’s Guide* to upgrade the skills of health workers providing childbirth and newborn care. The Philippines has a practical training system that predates the WHO regional action plan. As of June 2016, a total of 27,544 health workers have been coached in EENC across the 11 countries. In the Philippines over 14,000 health-care facility staff were coached, while in Viet Nam nearly 8000 staff were coached and in Cambodia nearly 4000 staff were coached.

EENC has been introduced in approximately 2243 health facilities, including more than 80% of national hospitals in the Lao People's Democratic Republic, Mongolia, Papua New Guinea and Solomon Islands, as well as all provincial-level hospitals in Cambodia, Mongolia and the Philippines, and nearly all first-level referral facilities in Cambodia. To continually improve quality of EENC in health facilities, seven countries have adopted and implemented the draft WHO guide, *Introducing and sustaining EENC in hospitals: Routine childbirth and newborn care*. The Lao People's Democratic Republic, Papua New Guinea and Solomon Islands have introduced the guide in all national hospitals.

To track progress, identify country needs and inform decision-making, all eight priority countries completed the WHO regional *Monitoring and Evaluation Framework for Early Essential Newborn Care 2015–2020*. An Independent Review Group validated the data, which was presented at the Meeting on Accelerating Progress in Early Essential Newborn Care in September 2015.

The First Embrace communications campaign was launched in China, Mongolia, the Philippines, Solomon Islands and Viet Nam in 2015. The campaign included print materials, a short film and a website. Launches were done online and through organized events, generating more than US$ 2 million in estimated earned media value. The campaign hashtag (#FirstEmbrace) was viewed 12.8 million times on the Chinese social media site Weibo. The First Embrace video was viewed more than 100,000 times on YouTube and the WHO Facebook page.

Immediate newborn care practices have drastically improved in all eight countries. In participating health facilities, 72% of newborn infants are now placed in immediate skin-to-skin contact with mothers. Nearly half remain in skin-to-skin contact through the first breastfeeding, and four out of five are exclusively breastfed in the first days of life. However, only 7% of preterm
newborn infants receive Kangaroo Mother Care, which generally includes skin-to-skin contact, feeding with breast milk, and additional support for mother and baby.

Newborn mortality declined in Cambodia from 27 to 18 deaths per 1000 live births between 2010 and 2014. In the Philippines, the figure went from 16 to 13 deaths per 1000 live births between 2008 and 2013. Complete results are available in the First biennial report of progress towards implementing the action plan for healthy newborn infants in the Western Pacific Region (2014–2020).

3. ACTIONS PROPOSED

The Regional Committee for the Western Pacific is requested to note progress in providing universal access to quality Early Essential Newborn Care.
15.5 ANTIMICROBIAL RESISTANCE

1. BACKGROUND AND ISSUES

In 2014, the *Antimicrobial Resistance: Global Report on Surveillance* highlighted alarming rates of resistance in common bacteria that cause health care associated and community-acquired infections in the Western Pacific Region. In response, the sixty-fifth session of the Regional Committee for the Western Pacific endorsed the *Action Agenda for Antimicrobial Resistance in the Western Pacific Region*. The action agenda focuses on three priority areas: (1) developing and implementing comprehensive national plans to contain antimicrobial resistance (AMR) and raising awareness of the issue in multiple sectors; (2) improving surveillance of AMR and the monitoring of antimicrobial use; and (3) strengthening the health system response to contain AMR. In addition, the *Global Action Plan on antimicrobial resistance*, endorsed by the World Health Assembly in 2015, urges all Member States to develop multisectoral national AMR action plans by May 2017.

2. ACTIONS TAKEN

Significant progress has been made towards the implementation of the *Action Agenda for Antimicrobial Resistance in the Western Pacific Region*. Six countries (Australia, Cambodia, Fiji, Japan, the Philippines and Viet Nam) have launched comprehensive national AMR action plans. Six more countries currently are developing national action plans. Political commitment to AMR was confirmed in 2015 when the World Health Assembly called on all countries to develop national AMR action plans by May 2017 (WHA68.7). This commitment was reaffirmed in 2016 when ministers of health from 11 countries from the WHO South-East Asia and Western Pacific regions signed the *Communiqué of Tokyo Meeting of Health Ministers on Antimicrobial Resistance in Asia*. AMR also figured prominently in the activities of the G7, G20, ASEAN and the United Nations General Assembly in 2016.

The first World Antibiotic Awareness Week was celebrated in 2015 to increase understanding of AMR and the need for responsible use of antimicrobials. Twenty-one countries in the Region held national campaign activities targeting policy-makers, health-care professionals and the general public. Planning is already in progress for the 2016 campaign, which promotes messaging across the human and animal sectors with a collaborative approach involving WHO, the Food and Agriculture
Organization of the United Nations (FAO) and the World Organisation for Animal Health (OIE), as agreed at the Biregional Meeting on Antimicrobial Resistance in Asia, held in Tokyo in April 2016.

WHO has provided regional and country support to strengthen capacity for AMR surveillance. This effort included support for building laboratory capacity, harmonizing standards and methodologies, establishing laboratory information management systems, strengthening quality-assurance programmes and enrolling the countries in the Global Antimicrobial Resistance Surveillance System (GLASS). Additionally, WHO supports the establishment of an AMR surveillance platform in the Western Pacific Region to inform policy and action through country-focused analysis and dissemination of data on AMR and antimicrobial use.

In addition, WHO supports countries to monitor antimicrobial use through capacity-building for the WHO global methodology for monitoring antibiotic consumption and use. WHO collaborates closely with FAO and OIE to conduct comprehensive monitoring of antimicrobial use in humans and animal husbandry. To assess impact in the Region, WHO conducted a study to estimate the economic burden associated with AMR through the analysis of AMR trends, consumption of antibiotics, and morbidity and mortality attributed to AMR.

The Biregional Meeting on Antimicrobial Resistance in Asia focused on the importance of building resilient national health systems and actions towards universal health coverage to contain AMR. To improve prescribing practices and promote responsible use, WHO conducted trainings on the implementation of antimicrobial stewardship programmes in low- and middle-income countries. The 2016 World Hand Hygiene Day provided an opportunity to raise awareness of the need for strengthened infection prevention and control in health care and other settings.

3. ACTIONS PROPOSED

The Regional Committee for the Western Pacific is requested to note progress in implementing the Action Agenda for Antimicrobial Resistance in the Western Pacific Region.
15.6 ESSENTIAL MEDICINES

1. BACKGROUND AND ISSUES

The Regional Framework for Action on Access to Essential Medicines in the Western Pacific (2011–2016) has provided strategic direction and guidance for Member States to improve access to quality, safe, efficacious and affordable medical products. This goal has been achieved by focusing on three areas: (1) policy and access to essential medicines; (2) regulation and quality assurance; and (3) the rational selection and use of medicines. The findings from Guiding health systems development in the Western Pacific: summary report of a review on the use and utility of six regional health systems strategies 2013 indicate that the regional framework has provided solid technical guidance to assist countries in developing national medicines policies, particularly in China, Malaysia and Viet Nam.

The Regional Framework for Action on Access to Essential Medicines in the Western Pacific (2011–2016) will be superseded by Universal Health Coverage: Moving Towards Better Health, an action framework endorsed by the Regional Committee in October 2015. The latter framework provides guidance for Member States to advance towards universal health coverage (UHC). In an effort to increase access to safe, efficacious, quality and affordable medical products—which is integral in achieving equitable access to quality health services and the risk protection goals of UHC—three regional priorities must be pursued in the next biennium. The three priorities are: (1) ensuring quality through regulatory system strengthening; (2) promoting efficiency through rational selection and use; and (3) achieving equity through affordable prices.

2. ACTIONS TAKEN

WHO supported the development, review and implementation of national medicines policies that promote equitable and sustainable access to essential medicines in Brunei Darussalam, Cambodia, China, Cook Islands, Fiji, Kiribati, the Lao People's Democratic Republic, the Marshall Islands, Malaysia, the Federated States of Micronesia, Mongolia, Nauru, Palau, the Philippines, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu and Viet Nam.
To enhance policies that support affordable prices of medicines and limit out-of-pocket expenditures, the Asia Pacific Network on Access to Medicines was established in Seoul, Republic of Korea, in September 2015. The network will meet annually to provide a forum to share information that guides policies and strategies to achieve universal health coverage including equitable access to medicines. Pharmaceutical system country profiles were developed for Member States, and the Price Information Exchange for Selected Medicines in the Western Pacific Region (PIEMED) was relaunched, with an expanded list of medicines.

Regulatory system capacity was strengthened to ensure the quality and safety of medicines, vaccines and other health technologies in Cambodia, China, Fiji, the Lao People’s Democratic Republic, Malaysia, Mongolia, the Philippines, Papua New Guinea and Viet Nam. Specific areas strengthened included medical product registration, inspections, good manufacturing practices, reviews of legislation and pharmacovigilance. China and Viet Nam were certified as having functional vaccine regulatory systems in 2011 and 2015, respectively. Member States received training on detection and reporting of substandard/spurious/falsely labelled/falsified/counterfeit medical products (SSFFC) as part of the WHO global surveillance and rapid alert system for SSFFC products in 2014 and 2016.

The World Health Assembly in May 2014 addressed the need to assist Member States to build capacity in economic modelling and cost-effectiveness evaluations to support decision-making by endorsing *Health intervention and technology assessment in support of universal health coverage* (WHA67.23). In response, WHO assisted countries with evidence-based revisions of national essential medicines lists and the selection of new cost-effective therapeutic options based on health technology assessments (HTAs). Fifteen countries participated in the regional workshop on HTAs for UHC in 2015.

To improve access to medicine for children, the World Health Assembly in May endorsed a resolution to promote innovation and access to quality, safe, efficacious and affordable medicines for children (WHA69.20). WHO will assist Member States in accelerating implementation.

### 3. ACTIONS PROPOSED

The Regional Committee for the Western Pacific is requested to note progress in ensuring access to essential medicines in the Western Pacific Region.