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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:

- 16.1 Health security and the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies
- 16.2 Noncommunicable diseases
- 16.3 Tobacco-free initiative
- 16.4 Mental health
- 16.5 Tuberculosis
- 16.6 Hepatitis
- 16.7 Traditional medicine
- 16.8 Gender and health

The Regional Committee for the Western Pacific is requested to note the progress made and the main activities undertaken.

16.1 HEALTH SECURITY AND THE ASIA PACIFIC STRATEGY FOR EMERGING DISEASES AND PUBLIC HEALTH EMERGENCIES

1. BACKGROUND AND ISSUES

The *Asia Pacific Strategy for Emerging Diseases* (APSED) was first endorsed by the WHO Regional Committee for the Western Pacific in 2005. In October 2016, an upgraded APSED, known as the *Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies* (APSED III) was endorsed by the Regional Committee. APSED III continues to provide a common, stepwise approach for Member States to build generic capacities, serves as the regional action framework for strengthening Member State core capacities under the International Health Regulations or IHR (2005), and provides a platform for partnership and regional preparedness and response towards achieving collective health security.

Health security threats from infectious diseases and public health emergencies are inevitable, and the international community is universally vulnerable. In recognition of this situation, and following the Ebola virus disease outbreak in West Africa, WHO reformed its work in outbreaks and emergencies through the establishment of a WHO Health Emergencies Programme (WHE). In the Western Pacific Region, the Division of Health Security and Emergencies is now part of WHE. During this transition, WHO continues to seamlessly support Member State core capacity development, including strengthening surveillance, risk assessment and emergency operations.

Most recently, at the Seventieth World Health Assembly, the WHO Director-General was requested to develop, in consultation with Member States, a draft five-year global strategic plan to improve public health preparedness and response, and to continue to pursue and strengthen efforts to support Member States in the full implementation of the IHR (2005). APSED III has been used to provide a strategic action framework to strengthen national and regional preparedness through building IHR core public health capacities to meet the challenges posed by the changing global health security landscape.

2. ACTIONS TAKEN

The Western Pacific Region has been the epicentre of many emerging diseases and public health events that pose serious threats to both national and regional health security. The Region continues to face such threats, and the WHO regional event-based surveillance system detected and assessed more than 300 public health events during the past year. WHO provided technical support for a number of these events including: risk assessments; rapid deployment of experts such as epidemiologists, clinicians and risk communication specialists for field investigation and prevention and control efforts; laboratory testing; and information-sharing through IHR (2005) mechanisms and rapid publications in the *Western Pacific Surveillance and Response Journal*. WHO also activated its response operations to support Member State response to Tropical Cyclone Donna in Vanuatu in May 2017 and the conflict event in the Philippines in June 2017.

Under APSED, WHO supported Member States towards strengthening their core public health capacities. A number of priority actions taken in the Region through APSED are in line with and have contributed to building and strengthening IHR core public health capacities of Member States. This includes critical capacities in areas such as event-based surveillance, laboratory diagnosis, field epidemiology training and zoonosis coordination mechanism.

Monitoring and evaluation is an important focus area of APSED, which has promoted accountability and learning in the Region since 2010. This approach includes regular stakeholder review and progress reporting, such as the annual Technical Advisory Group (TAG) meeting, which serves as an important mechanism for the implementation of APSED III. The four components of the new *IHR (2005) Monitoring and Evaluation Framework* (IHR MEF) are annual reports, after-action reviews, exercises and joint external evaluation (JEE), and these are fully embedded in APSED III.

Conducting a JEE enables countries to identify priority actions to enhance their health security, to foster partnerships with stakeholders and to mobilize resources. To date the Regional Office has supported five of its Member States to complete JEEs: Cambodia, the Lao People's Democratic Republic, the Republic of Korea, Mongolia and Viet Nam. A JEE will take place in Australia in November 2017. JEEs for other Member States are at various stages of planning. The Regional Office provides technical support for Member States to develop, review or update national action plans using APSED III as a guiding framework to implement strategic priorities recommended following the JEE.

The newly created WHE adds to the Region's strong momentum towards regional and global health security. The regional WHE team is now part of the One WHO structure for building

operational capacities and capabilities, which will enable more effective response to outbreaks and emergencies.

As part of WHE, an emergency health adviser, risk communication officer and epidemiologists have been deployed from the Region to Congo, Ethiopia, Nigeria and Iraq to support response to public health emergencies. Under WHE, APSED III implementation is a top priority for the Region. Key activities include the JEEs of IHR (2005) core capacities and the development and implementation of updated national health security action plans for health security, guided by APSED III. There has been consistent use of EOCs and implementation of the Incident Management System, following the WHO Emergency Response Framework, to guide and coordinate responses to emergencies such as Tropical Cyclone Donna in Vanuatu and the conflict in Marawi, Philippines.

In consultation with Member States, including through regional committees, WHO is developing a five-year global strategic plan to improve public health preparedness and response (WHE/CPI/IHR). This plan will be submitted to the Seventy-first World Health Assembly in May 2018, through the 142nd Executive Board in January 2018. The plan will consist of guiding principles for sustained implementation of the IHR (2005), building on and aligning with existing global and regional strategies. In the Region, the global plan will build on the momentum of APSED III implementation.

3. ACTIONS PROPOSED

The Regional Committee for the Western Pacific is requested to note the progress in strengthening IHR core capacities through APSED III. The Regional Committee is also invited to provide feedback on the development of a draft five-year global strategic plan to improve public health preparedness and response.

16.2 NONCOMMUNICABLE DISEASES

1. BACKGROUND AND ISSUES

The WHO Regional Committee for the Western Pacific in 2013 endorsed the *Western Pacific Regional Action Plan for the Prevention and Control of Noncommunicable Diseases (2014–2020)*, which is aligned with the *Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020*.

The Regional Plan focuses action around six objectives: raising the priority accorded to NCDs through cooperation and advocacy; strengthening national capacity; reducing risk factors through health-promoting environments; strengthening health systems to prevent and control NCDs; promoting capacity for research and development; and monitoring progress on NCDs.

2. ACTIONS TAKEN

In raising the priority of action on NCDs, development and endorsement of national multisectoral action plans on NCDs are critical to make progress on NCD prevention and control within countries. The United Nations Interagency Task Force on the Prevention and Control of NCDs dispatched missions to Tonga and Mongolia in 2015 and to Viet Nam in 2016 to improve interagency coordination. A mission by the United Nations Global Joint Programme on Cervical Cancer Prevention and Control was held in Mongolia in June 2017. To ensure integrated support and to optimize NCD expertise from the three organizational levels of WHO, four countries (Mongolia, the Philippines, Tonga and Viet Nam) were selected for the accelerated implementation of multisectoral action plans to reduce risk factors and manage NCD cases at primary care level.

Strengthening national capacity has been supported through leadership development: 1) the Regional Workshop on Strengthening Leadership and Advocacy for the Prevention and Control of Noncommunicable Diseases (LeAd-NCD)(16 Countries attended workshops 2014–2016); 2) the Workshop on Leadership and Capacity-Building for Cancer Control (CanLEAD) (17 Countries participated in the workshops 2015-2017); 3) the Health Promotion Leadership (ProLEAD) workshops in China, Macao SAR (China) and the Northern Pacific (Guam, the Federated States of Micronesia, Commonwealth of the Northern Mariana Islands and Palau).

Action to reduce risk factors through health-promoting environments remains a priority for all countries. Salt reduction initiatives were supported in China, the Federated States of Micronesia, Mongolia and Viet Nam. Brunei Darussalam and Malaysia piloted a globally developed technical package to increase physical activity. The technical units of Tobacco Free Initiative and Nutrition will report separately in progress reports on the actions in tobacco control and in reducing unhealthy diets.

The healthy settings approach continues through health-promoting schools (Cambodia, Fiji, Tonga and Viet Nam), healthy cities (Cambodia, China, the Lao People's Democratic Republic and the Philippines), healthy islands and villages (Cook Islands, the Federated States of Micronesia, Fiji, Kiribati, Samoa, Solomon Islands and Vanuatu) and healthy restaurants (Brunei Darussalam).

In the area of strengthening health systems, the WHO Package of Essential NCD Interventions for Primary Care in Low-resource Settings (PEN) continues to be rolled out across the Region. The Global HEARTS Initiative has launched an expanded version of PEN. The *Noncommunicable disease education manual for primary health care professionals and patients* is a regional innovation that offers concise counselling guides for the prevention and management of hypertension and diabetes.

To promote capacity for research and development for NCD prevention and control, a set of activities has been identified with expert consultation for leading, convening and promoting cooperation and formulating guidance for high-quality research.

To monitor progress, NCD surveillance systems were strengthened by the WHO STEPwise approach to surveillance (STEPS) survey and the Global School-based Student Health Survey in 16 countries and areas since 2014. Tonga was the first in the world to pilot objective measurement of physical activity as part of the STEPS survey with a sample of 750 participants. Cambodia was the first country in the Region to do a trial of Android-based eSTEPS. WHO conducted the NCD Country Capacity Survey across all six WHO regions in 2015 and 2017. Since 2014 training support for cancer registration has been provided to Brunei Darussalam, Fiji, French Polynesia, Papua New Guinea, Solomon Islands and Tonga. In addition, online courses are offered on cancer control, e-CanLEAD and palliative care training in the Region.

3. ACTIONS PROPOSED

The Regional Committee for the Western Pacific is requested to note the progress in addressing NCDs in the Western Pacific Region.

16.3 TOBACCO-FREE INITIATIVE

1. BACKGROUND AND ISSUES

Smoking has declined in two out of three countries and areas in the Western Pacific Region in recent years. Seven countries recently raised tobacco taxes. Raising the price of cigarettes has proven to be the most effective intervention to combat tobacco use: an increase of just US\$ 0.80 per pack could prevent an estimated 7 million premature deaths among current smokers in the Region.

Still, significant challenges remain, including increasing interference by tobacco companies to hinder tobacco control efforts. So far, Mongolia is the only country in the Region to ratify the Protocol to Eliminate Illicit Trade in Tobacco Products.

In line with the *Regional Action Plan of the Tobacco Free Initiative in the Western Pacific (2015–2019)*, tobacco control efforts have been focused on three areas: strengthening sustainable institutional capacity; legislation and regulations; and working with stakeholders on enforcement.

2. ACTIONS TAKEN

2.1 Strengthening sustainable institutional capacity

Partnering with the Secretariat of the WHO Framework Convention on Tobacco Control (FCTC), the Regional Office organized subregional preparatory meetings prior to the Seventh Conference of the Parties (COP7). At the Secretariat's request to participating countries, Viet Nam excluded tobacco monopoly representatives from its delegation.

WHO signed a memorandum of understanding with the Oceania Customs Organization to prevent illicit trade in the Pacific, following a workshop on the Protocol to Eliminate Illicit Trade in Tobacco Products conducted with the WHO FCTC Secretariat in September 2016.

Thirty countries and areas reported full or partial government funding for tobacco surveys.

2.2 Legislation and regulations

Papua New Guinea announced a comprehensive tobacco control law in 2017.

Following Australia, New Zealand adopted plain-packaging. Vanuatu introduced the largest graphic health warnings in the Region, covering 90% of the pack. Hong Kong SAR (China) increased the size of its graphic health warnings from 50% to 85%, doubling the number of revolving images to 12. Fifteen countries and areas now have graphic health warnings covering at least 50% of the pack, including Cambodia, the Philippines and the Republic of Korea.

Kiribati, Singapore and Tonga banned point-of-sale display of tobacco products. Cambodia outlawed direct advertising of tobacco products, including online. China banned tobacco advertising in mass media and retail outlets, as well as in public transport and outdoors.

The Philippines issued an executive order banning smoking in public places and public transport as well as point-of-sale advertising. Cambodia, Kiribati, the Lao People's Democratic Republic, Malaysia, the Republic of Korea and Tonga expanded the coverage of smoke-free laws. In China, Beijing, Shanghai and Shenzhen – with populations totalling 58 million - passed comprehensive smoke-free laws.

All Olympic Games have been smoke-free since 1988. Following the tradition, Japan is working on smoke-free legislation in the run-up to the 2019 Rugby World Cup and 2020 Tokyo Olympics.

Thirteen countries and areas, including Australia, Brunei Darussalam, Cambodia, Fiji, Guam, Hong Kong SAR (China), Japan, Malaysia, the Commonwealth of the Northern Mariana Islands, New Zealand, the Philippines, the Republic of Korea and Singapore adopted regulatory measures on electronic nicotine delivery systems (ENDS). Brunei Darussalam, Cambodia and Singapore banned ENDS outright.

Since 2015, Australia, China, Cook Islands, Fiji, New Zealand, the Republic of Korea and Viet Nam have increased cigarette excise taxes. The Lao People's Democratic Republic, Palau, the Philippines and Viet Nam have dedicated tobacco tax revenues for health. In the Philippines, revenues have exceeded expectations, boosting health funding.

Guam has raised the legal age for smoking to 21. Singapore is trying to do the same.

2.3 Working with stakeholders on enforcement

Half of the countries in the Region report actions to address tobacco use in vulnerable and marginalized groups.

Initiatives on smoke-free World Heritage Sites and the Smokefree Cities ASEAN Network have been sustained in partnership with the Southeast Asian Tobacco Control Alliance.

Capacity-building of professionals in law and public health to address legal challenges was provided to several countries in collaboration with the McCabe Centre for Law & Cancer, Australia.

3. ACTIONS PROPOSED

The Regional Committee for the Western Pacific is requested to note the progress in tobacco control and to continue to urge accelerated implementation of the WHO FCTC.

16.4 MENTAL HEALTH

1. BACKGROUND AND ISSUES

In 2013, the World Health Assembly endorsed the *Mental Health Action Plan 2013–2020*. In turn, the WHO Regional Committee for the Western Pacific endorsed the *Regional Agenda for Implementing the Mental Health Action Plan 2013–2020 in the Western Pacific* in 2014.

Aligned with the global Action Plan, the Regional Agenda sets out four objectives: (1) strengthen effective leadership and governance for mental health; (2) provide comprehensive, integrated and responsive mental health and social care services in community settings; (3) implement strategies for promotion and prevention in mental health; and (4) strengthen information systems, evidence and research for mental health. The Regional Agenda encourages Member States to consider capacity and a menu of core, expanded and comprehensive actions to improve mental health programmes and services.

2. ACTIONS TAKEN

WHO has supported Member States in the areas of governance, service delivery, mental health promotion and information systems. These were discussed at the Regional Meeting on Strengthening Mental Health Programmes in January 2017.

Since 2014, national mental health policies and plans have been endorsed in Brunei Darussalam, Cambodia, Cook Islands, Fiji, Japan, Kiribati, the Republic of Korea, Singapore and Vanuatu. National plans are under consideration in the Federated States of Micronesia, Marshall Islands, Nauru, Tokelau and Tonga. Mongolia and Viet Nam have strengthened their national programmes. Solomon Islands has developed a draft mental health law. The Philippines recently approved a bill creating a national mental health policy.

The WHO Mental Health Gap Action Programme for community-based mental health services was implemented in Cook Islands, Fiji, Kiribati, the Federated States of Micronesia, Nauru, Niue, Palau, the Philippines, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu.

Mental health services were integrated into community services, public health facilities or primary health care in Brunei Darussalam, Cambodia, China, Japan, Mongolia, the Philippines, Republic of Korea, Singapore and all Pacific island countries. Japan, Malaysia and the Philippines

also incorporated mental health into national disaster plans. In support of Member States, WHO has developed toolkits on dementia and workplace mental health.

Through the strong mobilization efforts of ministries of health, World Health Day 2017 entitled “Depression: Let’s Talk” was a resounding success. The event raised awareness, addressed stigma and enabled advocacy for mental health policies and programmes. Statements of support from ministers of health and celebrities were recorded. Coverage was strong on local, international and social media. This momentum and public interest can be sustained through advocacy and social mobilization of national networks, coalitions and communities of practice.

Currently, 14 countries have mental health promotion and prevention programmes: Australia, China, Cook Islands, Fiji, Japan, Kiribati, Malaysia, Marshall Islands, New Zealand, the Philippines, the Republic of Korea, Samoa, Solomon Islands and Tonga. Six countries have suicide prevention strategies in place: Australia, Fiji, Japan, Malaysia, New Zealand and the Republic of Korea. Capacity-building for mental health literacy and health-seeking behaviour research was supported in Cambodia, Fiji and the Philippines.

Eight Pacific island countries and areas included a mental health component in their WHO STEPS noncommunicable disease survey: Cook Islands, French Polynesia, Niue, Palau, Samoa, Tokelau, Tonga and Vanuatu. Malaysia included mental health in its national health survey, and China incorporated mental health data into its national information database.

3. ACTIONS PROPOSED

The Regional Committee for the Western Pacific is requested to note the progress in advancing the mental health agenda in the Western Pacific Region.

16.5 TUBERCULOSIS

1. BACKGROUND AND ISSUES

The Millennium Development Goals (MDGs) pledged to combat HIV/AIDS, malaria and other diseases, including tuberculosis (TB). By the time the MDG era ended in 2015, the Western Pacific Region had seen TB prevalence decline by more than 50% and TB mortality fall by more than 70%. Despite those achievements, the Region still had an estimated 1.6 million new TB cases and 89 000 TB-related deaths in 2015. The disease is increasingly concentrated in vulnerable populations, including the urban poor, people living with HIV, migrants, prisoners and other high-risk groups. Drug-resistant TB also remains a major challenge and poses a significant threat to national and regional health security.

In May 2014, the World Health Assembly adopted the *Global Strategy and Targets for Tuberculosis Prevention, Care and Control after 2015*, also known as *The End TB Strategy* (WHA67.1). To adapt the strategy to the particular circumstances of countries and areas in the Western Pacific Region, the WHO Regional Committee for the Western Pacific in October 2015 endorsed the *Regional Framework for Action on Implementation of the End TB Strategy in the Western Pacific 2016–2020* (WPR/RC66.R3).

2. ACTIONS TAKEN

Member States used the *Regional Framework for Action on Implementation of the End TB Strategy in the Western Pacific 2016–2020* as guidance in integrating *The End TB Strategy* into national strategies and plans for TB control. Implementation of the strategy requires quality, people-centred TB services for all patients and families, interventions to address the growing burden of drug-resistant TB, social and financial risk protection measures to address vulnerability, effective regulatory policies, and increased capacity for rapid adoption of new tools and technologies.

Member States in the Region are conducting TB patient cost surveys in an effort to help spearhead efforts to establish baselines for the global target: No affected families facing catastrophic costs due to tuberculosis. Three countries (China, the Philippines and Viet Nam) completed surveys in early 2017, and an additional four countries (Fiji, Mongolia, Papua New Guinea and Solomon Islands) are planning to conduct surveys later in the year. The results are being utilized for exploring policy options to provide better financial and social protection for patients and their families. Assessing and

addressing the financial burden among TB patients is an important example of multisectoral collaboration, in line with the Sustainable Development Goal (SDG) Target 3.3 with targets and indicators for TB.

Although some countries have made progress in expanding services for drug-resistant TB, the pace of adoption and expansion of new diagnostic and treatment regimens is still slow. Among an estimated 83 000 multidrug-resistant and rifampicin-resistant TB patients in the Western Pacific Region in 2015, only 18 022 (22%) were diagnosed and 13 722 (17%) were enrolled in treatment. In addition, the treatment success rate remains low at 57% for the 2013 cohort. Gaps in detection, treatment initiation and successful treatment outcomes are a significant public health threat in the Region. The limited progress in addressing these gaps clearly indicates the need for accelerating the adoption of innovative diagnostics and treatment, supported by strong political commitment and more investment.

In order to garner high-level global support and national commitments, WHO is organizing the First Global Ministerial Conference on Ending TB in the Sustainable Development Era: A Multisectoral Response, hosted by the Russian Federation in November 2017. The outcomes of the ministerial conference will be presented to a high-level meeting requested by the United Nations General Assembly on TB in 2018. WHO and Member States are preparing to participate in these high-visibility opportunities to increase efforts to end the global and regional TB epidemics.

3. ACTIONS PROPOSED

The Regional Committee for the Western Pacific is requested to note the progress in tuberculosis control through implementation of *The End TB Strategy*.

16.6 HEPATITIS

1. BACKGROUND AND ISSUES

Globally, an estimated 325 million people are living with chronic hepatitis. Forty per cent of them – or 129 million – live in the Western Pacific Region. Of those in the Region, approximately 115 million people are infected with hepatitis B and 14 million with hepatitis C.

To address viral hepatitis in the Western Pacific, the Regional Committee in October 2015 endorsed the *Regional Action Plan for Viral Hepatitis in the Western Pacific 2016–2020* (WPR/RC66.R1), urging Member States to develop national hepatitis action plans and disease surveillance systems. The action plan calls for a reduction of chronic hepatitis B prevalence to less than 1% in 5-year-old children by 2017, the development of national policies for health-care worker immunization, catch-up immunizations for high-risk populations, and for increasing coverage of diagnosis and treatment of chronic hepatitis B and hepatitis C.

2. ACTIONS TAKEN

WHO support has focused on high-level advocacy and stakeholder engagement, resulting in comprehensive national action plans in seven countries: Australia, Japan, Kiribati, Mongolia, New Zealand, Singapore and Viet Nam. In addition, Mongolia has developed a national policy on hepatitis C elimination.

WHO completed disease-burden analyses for chronic hepatitis B infection and/or hepatitis C infection in six countries: China, Fiji, Kiribati, Mongolia, the Philippines and Viet Nam. Three countries – Cambodia, the Lao People's Democratic Republic and Papua New Guinea – currently are conducting disease-burden analyses. Baseline epidemiologic and response assessments have been completed in four countries: Fiji, Kiribati, Mongolia and Viet Nam. Operational plans for national surveillance, patient monitoring and laboratory systems strengthening are being established in three countries: Mongolia, the Philippines and Viet Nam. Protocols for biomarker surveys have been developed for four countries: Cambodia, the Philippines, Solomon Islands and Viet Nam.

Major success has been achieved in hepatitis B control. Immunization programmes have reduced the regional hepatitis B prevalence to 0.9% among children born in 2012, thus achieving the 2017 regional goal of less than 1% hepatitis B prevalence among 5-year-old children. According to

the 2016 Joint Reporting Form, 13 out of 27 (48%) responding countries and areas indicated they had hepatitis B health-care worker vaccination policies. Building on universal HIV and syphilis screening programmes and a common platform of maternal and child health, a regional framework is being developed to link hepatitis B immunization to achieve the triple elimination of perinatal transmission of HIV, syphilis and hepatitis B.

Steady progress has been made towards the treatment of hepatitis B and hepatitis C. In the Western Pacific Region, an estimated 1.38 million people with chronic hepatitis B were being treated in 2015, and a cumulative 1.17 million patients initiated hepatitis C treatment between 2004 and 2015 – although only a small proportion was treated with direct-acting antiviral drugs. Treatment guidelines for hepatitis B and hepatitis C are available in 11 countries. Registration and price negotiations on access to medicines have begun in most Member States. Some form of reimbursement through national health insurance programmes for hepatitis B and/or hepatitis C treatment has been introduced in Australia, China, Japan, Mongolia, the Philippines, the Republic of Korea and Viet Nam.

3. ACTIONS PROPOSED

The Regional Committee for the Western Pacific is requested to note the progress in the fight against viral hepatitis.

16.7 TRADITIONAL MEDICINE

1. BACKGROUND AND ISSUES

The *Regional Strategy for Traditional Medicine in the Western Pacific (2011–2020)*, endorsed in 2011, provides strategic guidance to Member States in maximizing the potential of traditional medicine, which is extensively used in the Region. The strategy includes five strategic objectives: (1) to include traditional medicine in the national health system; (2) to promote its safe and effective use; (3) to increase access to safe and effective traditional medicine; (4) to promote protection and sustainable use of traditional medicine resources; and (5) to strengthen cooperation in generating and sharing traditional medicine knowledge and skills.

The global *WHO Traditional Medicine Strategy 2014–2023* was subsequently developed in response to the World Health Assembly resolution on traditional medicine adopted in 2009 (WHA62.13). The regional action framework *Universal Health Coverage: Moving Towards Better Health*, endorsed by the Regional Committee for the Western Pacific in 2015, provides overall guidance on how to advance traditional medicine as part of actions to achieve universal health coverage (UHC).

2. ACTIONS TAKEN

WHO has supported Member States including Cambodia, Fiji and the Federated States of Micronesia in developing, reviewing and implementing national policies to integrate traditional medicine in national health systems. The *Regional Strategy for Traditional Medicine in the Western Pacific (2011–2020)* was translated into various languages, and guidance was provided at a WHO workshop in Hong Kong SAR (China) in 2012.

WHO analysed traditional medicine integration models in the Region in 2014 and discussed them with experts in Jeju, Republic of Korea, in 2015. Also in 2015, WHO organized an agenda-setting expert consultation in Manila to develop action plans within the UHC framework. In 2017, the Meeting on the Contribution of Traditional Medicine in Strengthening Primary Health Care facilitated the sharing of experience and lessons. WHO has developed a set of indicators on traditional medicine, based on expert consultations in 2013 and 2014. The indicators will be revised in 2018–2019 to align with the regional monitoring framework for the Sustainable Development Goals and UHC.

To strengthen regulatory systems for traditional medicine, WHO has provided support to develop legal frameworks in Fiji and Papua New Guinea and to identify key safety and quality issues related to traditional medicine in 13 Pacific island countries through a meeting in Nadi, Fiji, in 2017.

Since 2013, WHO has helped strengthen national regulatory capacity in Cambodia, the Lao People's Democratic Republic, Mongolia, the Philippines and Viet Nam through laboratory training programmes and WHO meetings in the Republic of Korea. In addition, WHO has worked with WHO collaborating centres to include traditional medicine within national adverse-event reporting systems. WHO has supported Member States to strengthen regulatory and education systems for traditional medicine practitioners through country-specific support in Cambodia and the Meeting on the Education of Traditional Medicine Practitioners in the Western Pacific Region in 2013 in Australia. Issues related to traditional medicine regulation have been incorporated in the draft *Western Pacific Regional Action Agenda on Regulatory Strengthening, Convergence and Cooperation for Medicines and the Health Workforce*, being considered for endorsement by the Regional Committee for the Western Pacific in October 2017

3. ACTIONS PROPOSED

The Regional Committee for the Western Pacific is requested to note the progress on traditional medicine, with the understanding that a draft action plan aligned with the global strategy and regional UHC action framework will be developed for consideration in 2020.

16.8 GENDER AND HEALTH

1. BACKGROUND AND ISSUES

Health is influenced by differences in power and resources between men and women, which are rooted in gender inequality. In addition, gender-based violence remains a significant public health concern. Despite progress on gender and health in the Region, significant work remains.

The WHO Regional Committee for the Western Pacific has addressed gender issues for more than three decades, with resolutions on *Women, Health and Development* (1984 and 1997) and on *Full Involvement of Women in all Aspects of the Work of WHO in the Western Pacific Region* (1996). Gender is integrated into many regional strategies, including ageing and health (2013), tuberculosis (TB) (2015) and emerging diseases (2016). Gender is critical to advancing the Sustainable Development Goals (SDGs), as illustrated in regional frameworks on universal health coverage or UHC (2015) and the SDGs (2016). The World Health Assembly adopted a *Strategy for integrating gender analysis and action into the work of WHO* in 2007. SDG 5 pertains to gender equality and women's empowerment, and gender is integrated in other goals. To systematically consider gender in health policies and programmes, WHO's strategic approach includes policy dialogue, capacity-building and technical support.

2. ACTIONS TAKEN

Historically, WHO's approach has broadened from focusing on women, health and development to gender mainstreaming to recognizing linkages with equity, social determinants of health and human rights. The Regional Office for the Western Pacific established a Technical Working Group (TWG) on Gender and Women's Health in 2011, which was reframed to focus on gender and the social determinants of health in 2015.

All programmes are encouraged to identify gender-related linkages and opportunities in their area and incorporate actions on gender and equity. Promising practices were compiled into a report on advancing health through attention to gender, equity and human rights in 2016–2017. The report illustrates the value that gender, equity and/or rights can add in analysis, design and implementation of programmes, as well as monitoring and evaluation in diverse programme areas, such as: emerging disease surveillance and response; health policy and systems; communicable diseases; tobacco

control; and water and sanitation. The exercise was informed by collaboration with Member States in policy dialogues, capacity-building, advocacy, and strengthening evidence on gender and health.

In response to Member State concerns regarding gender-based violence, WHO has strengthened technical support. A regional campaign – Human Together – was launched during a side event at the October 2016 session of the Regional Committee for the Western Pacific. The campaign was also replicated at the country level and drew on country experiences, such as adaptations of WHO's methodology for measurement of violence against women, and development or revision of policies and guidelines to strengthen health sector responses, supported by WHO. Participants from 10 countries gathered at a three-day meeting in November 2016 in Thailand that brought together governments, civil society and United Nations agencies to strengthen multisectoral responses to gender-based violence against women and girls in Asia and the Pacific.

Lessons learnt will help to advance health through attention to gender in the Region. Future priorities include gender- and equity-focused monitoring and evaluation and service models, as well as social and political mobilization on gender and gender-based violence, including masculinity and intersectionality (or links between gender and other forms of social disadvantage). Partnerships across sectors, stakeholders and communities will remain key to support Member States in achieving SDG 5 on gender equality and SDG 3 on good health and well-being.

3. ACTIONS PROPOSED

The Regional Committee for the Western Pacific is requested to note the progress in gender and health.