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The rapidly growing trend of population ageing in the Region will require strong health-care systems that offer age-friendly primary care services to address the health needs of older people, such as the super-aged population in Japan.
Introduction

The Western Pacific Region has seen dramatic improvements in population health over the past decade, but not everyone has benefited equally from this progress. The latest data suggest that wide inequities persist in terms of coverage for essential services and access to health services – from one country to another and within countries.

In an effort to address these inequities and achieve the Sustainable Development Goal health targets, WHO has intensified support to Member States to strengthen health systems and advance towards universal health coverage (UHC). This support is guided by Universal Health Coverage: Moving Towards Better Health, a regional action framework endorsed by the Regional Committee for the Western Pacific in October 2015.

The Action Framework highlights the five attributes of UHC – quality, efficiency, equity, accountability, and sustainability and resilience – and provides guidance on priority actions Member States can consider as they move towards UHC. Building on the Action Framework, the Regional Committee in October 2018 endorsed regional plans on e-health, hospital planning and legal frameworks for health, which will help further strengthen health systems and support UHC.

WHO, in collaboration with partners such as the European Union and the governments of Japan and the Republic of Korea, also increased support to Member States in their efforts to promote UHC and strengthen health systems as the foundation for achieving better and more equitable health outcomes. WHO support addressed specific needs related to the five essential attributes of UHC.

Quality
WHO in the Western Pacific Region over the past year has worked closely with ministries of health in Cambodia, China, the Lao People’s Democratic Republic, Mongolia and Viet Nam to build a regional collaborative network to share experiences that all can use to inform the development of national action plans to improve the quality and safety of health-care services.

WHO continued to support stronger regulation of medical products in Pacific island countries and areas. In March 2019, Pacific health ministers called for the establishment of a subregional regulatory platform to assist Pacific island countries and areas that face hurdles in meeting the increasingly complex demands of medicine and device regulation.

Efficiency
WHO provided support over the past year to Mongolia in developing a national health insurance platform to cover payments to providers of primary health care. As part of the effort, areas were identified for savings in primary health care, such as strengthening the health technology assessment process, in particular by determining how to better utilize primary health care expenditures from the national insurance scheme to combat noncommunicable diseases (NCDs).

Equity
A systematic review of health inequities in the Western Pacific Region was completed in early 2019. The review highlighted that premature mortality attributable to NCDs was higher among males than females in all countries in the Region, 50% or higher in most countries. Guided by the review and in consultation with partners, WHO supported capacity-building activities in countries to strengthen governance for health equity. These activities included policy dialogues and convening Member States to share experiences. A draft self-assessment tool to help
countries gauge the effectiveness of efforts to improve equity has been developed and is being rolled out in Cambodia, China, the Lao People’s Democratic Republic, Mongolia, the Philippines and Viet Nam.

**Accountability**

In the Region, WHO continued to support country efforts to strengthen data systems for civil registration and vital statistics in an effort to gather the most reliable sources of data on fertility, mortality and cause of death. These data are critical to inform decision- and policy-making to ensure that no one is left behind in national efforts to improve health.

In Cambodia, the 10th revision of the *International Statistical Classification of Diseases and Related Health Problems* was introduced to national and provincial hospitals to improve clinical practice and cost management. In parallel, WHO also provided technical support for subnational and health-centre data monitoring in Cambodia.

**Sustainability and resilience**

The 2018 earthquake and poliovirus outbreak in Papua New Guinea interrupted routine immunization and basic health services in the country. Using a systems approach, WHO worked closely with the National
Department of Health, the United Nations Children’s Fund, Gavi, the Vaccine Alliance, other development partners and the private sector to support the establishment of coordination mechanisms at the national and provincial levels for polio immunizations and outbreak monitoring.

**Next steps**

WHO in the Western Pacific Region aims to engage all Member States in strengthening the health sector response to population ageing and building momentum towards UHC. These efforts include an emphasis on enabling “ageing in place” through community-based approaches to integrated care. In fact, NCDs and population ageing are among the priorities for the Western Pacific highlighted in *For the Future: Towards the Healthiest and Safest Region*, which outlines future directions for WHO over the next five years in the Region based on consultations with Member States.

Moving forward, opportunities will abound to share experiences and strengthen approaches in the Region to address gender and equity disparities in health. Such efforts are expected to improve the effectiveness of health programmes and services, not only improving health outcomes, but also ensuring that people seeking care are not impoverished.

*A health-care worker conducts blood testing in a community affected by malaria in Vanuatu. Strengthening primary health care services is the foundation to achieving universal health coverage.*
Antibiotics are among the most frequently prescribed and most effective drugs for treating life-threatening infections and most serious diseases. However, the continuing overuse and misuse of antimicrobials have raised serious concerns about the rise of antimicrobial resistance (AMR). In fact, AMR is rendering antibiotics ineffective for treating common infections and impeding efforts to control and eliminate high-risk infections, such as malaria, sexually transmitted infections and tuberculosis.

Over the past decade, WHO has developed a more cross-cutting, multisectoral approach to combat AMR. This approach brought together WHO experts on health systems, regulations, health security and communicable disease programmes, in addition to other organizations, such as the Food and Agriculture Organization of the United Nations and the World Organisation for Animal Health.

As a result, WHO and Member States have been addressing the drivers of AMR. WHO assistance is guided by the Action Agenda on Antimicrobial Resistance in the Western Pacific Region (2015), which offers a three-pronged, country-focused approach built around: (1) multisectoral coordination; (2) strengthening country systems to combat AMR; and (3) building awareness, advocacy and behavioural change.

Over the past year, WHO supported countries in developing and implementing national action plans using the One Health approach, which aims to coordinate stakeholders in the human and animal health sectors, as well as in agriculture, environment and other sectors. The goal is for all countries to have a plan in place to combat AMR. The Lao People’s Democratic Republic and Tonga introduced plans in 2018, and Cambodia, Nauru and Tuvalu are set to launch plans in 2019.

In parallel, efforts are being focused on strengthening health system capacity to ensure the rational use and access to good-quality, safe and effective antimicrobials. WHO support is tailored to each country’s context, as some countries require assistance in strengthening stewardship, while others are establishing or improving AMR national surveillance systems.

Based on consultations with Member States, WHO has identified health security, including AMR, as one of the Region’s priorities for the Organization’s work in the next five years. WHO will continue to fight against AMR in the Region with innovative approaches, such as the introduction of an accountability framework that includes stakeholders beyond the health sector and a smartphone application in the final stages of development that will monitor the use of antibiotics in communities.

A pharmacist inspects prescriptions at a pharmacy in the Berakas Health Center in Brunei Darussalam. Monitoring the consumption of antimicrobials is essential to combat AMR.
Partnering with lawmakers for UHC

Many factors that impact health originate outside the health sector. Recognizing this reality, WHO in the Western Pacific Region works in partnership with officials and leaders, such as parliamentarians, to champion health beyond the health sector.

WHO has been at the forefront of engaging lawmakers in the drive towards UHC. Lawmakers draft and enact legislation, approve budgets, mobilize resources and provide oversight – making them critical stakeholders in processes that can improve the health of the people they represent, especially the most vulnerable.

Under the leadership of former Regional Director Dr Shin Young-soo, WHO pioneered the convening of the Asia-Pacific Parliamentarian Forum on Global Health, which has been held since 2015. The forum brings together lawmakers from 30 countries from the Region and the Association of Southeast Asian Nations. The Forum provides an opportunity to exchange ideas, build political will, enhance capacities and foster cooperation towards advancing health and UHC at the local, national and global levels.

In August 2018, the Forum’s fourth meeting in Manila highlighted the role of parliamentarians in achieving UHC, with a focus on securing sustainable financing and strengthening legal frameworks for UHC. WHO worked closely with the Philippine Senate Health and Demography Committee and the House of Representatives Health Committee in hosting the meeting.

The relationships forged while organizing the meeting proved helpful when WHO was asked to assist the Philippine Department of Health in facilitating passage of the country’s landmark UHC bill. WHO provided technical support in framing the bill and during deliberations leading up to its passage.

The Philippines hosted the Asia-Pacific Parliamentarian Forum on Global Health in August 2018 to promote the exchange of views on universal health coverage among parliamentarians across the Region.

The Universal Health Care Act, signed into law in February 2019, is expected to improve the health of all Filipinos, setting an example for other countries intent on strengthening legal frameworks for health. The effort is another example of WHO partnering with “champions” for health beyond the health sector, while maintaining UHC as a core component of national strategies to improve health.

WHO is supporting Fiji as the country prepares to host the Forum’s August 2019 meeting focusing on health and climate change. Both the Forum and expansion of the network of WHO collaborating centres are priorities for WHO in the Region over the next five years.
Measuring progress towards UHC

Over the past five years in the Western Pacific Region, there has been measurable progress in strengthening health systems and advancing towards UHC, providing increased access to quality health care and protection from the often-catastrophic costs of seeking care.

In fact, the Healthcare Access and Quality (HAQ) Index shows that substantial progress has been made in terms of both access to and coverage of good-quality health care. Using this index, every country in the Western Pacific Region has improved between 2000 and 2016 in terms of their overall score, with some countries registering a nearly 50% increase in scores.

Today, people across the Region enjoy increased financial protection from personal health costs. From 2009 to 2015, out-of-pocket expenditures as a percentage of total health expenditures decreased to 33% in 2015 from 39% in 2009. Still, inequities persist in most countries and across most dimensions of health. Health inequities predominantly burden the poorest and least-educated groups, as well as those residing in rural areas.

Identifying gaps and priority areas for health service delivery are important steps in improving health system performance and, as a result, the health of all people. In the Western Pacific Region, WHO has committed to helping Member States gather and use UHC monitoring and population characteristic forecasting data to guide service delivery changes as Member States move towards UHC. During 2018, WHO published UHC and SDG Country Profiles that show each country’s progress towards UHC and SDG health indicators. These profiles are helping governments identify ways to strengthen health systems and accelerate progress towards UHC.

In addition, WHO is assisting countries to refine phased implementation of UHC as a result of ongoing work focused on measuring rates of financial impoverishment due to health-care expenses, subnational intervention coverage estimates and equity monitoring.

WHO will continue to expand the use of data to accelerate progress towards UHC in countries – by enhancing use of financial protection and service coverage measures as well as to develop a deeper understanding of population health to ensure that health systems cater to the needs and demands of all people.

A mother and child visit a local clinic in Poya, New Caledonia. Member States have shown measurable progress for UHC, improving access to quality health care and reducing catastrophic spending for health care.