REPORT OF THE REGIONAL DIRECTOR

The work of WHO in the Western Pacific Region
1 July 2018 – 30 June 2019
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I am delighted to present my first report to Member States on the work of the World Health Organization (WHO) in the Western Pacific Region. This report covers the period from July 2018 to June 2019. It highlights our progress in delivering better health for the 1.9 billion people of our Region over those 12 months as well as some ideas for tackling health challenges that will confront our Region in the future.

This report is unique in that it spans the terms of two regional directors: that of Dr Shin Young-soo, whose tenure ended on 31 January 2019, and my term, which commenced on 1 February 2019.

This report recalls the achievements of Dr Shin. Over the past decade, his leadership transformed WHO in the Western Pacific Region to become truly country-centred and more efficient and effective in supporting Member States to achieve significant improvements in health.

When I took up the role of Regional Director, I promised two things. First, that I would do my best to continue and build on Dr Shin’s considerable legacy, in particular the culture he created of continuously improving ways of working to better support countries. And second, that there would be no gaps in the Organization’s work while shaping the best way to do so. I hope this report reflects these commitments.

In the months since I took up the role of Regional Director, I have travelled to more than 20 countries and areas in the Region. I have been privileged to meet with leaders, partners, health workers and communities. I listened and learnt from them about how WHO can further strengthen our work to support countries and areas across the Region.

Throughout these conversations, three key messages have emerged.

First, each Member State is different, and they greatly value the direct, tailored support WHO provides to address their specific priorities. We must build on those strong foundations.

Second, there are shared challenges, such as health security, and collective action to address these challenges will benefit every Member State in the Region.

Third, we need to work for the future. Our Region is extremely dynamic and rapidly changing. While we should continue what we are doing well, business as usual will simply not be enough to confront the challenges of the future. To stay ahead of the curve, we must anticipate future needs and redesign systems accordingly.

These themes are reflected in the white paper, For the Future: Towards the Healthiest and Safest Region, which sets out priorities for our work in the Region.

Some of the challenges we face are significant – but they are not insurmountable. Innovations and new technologies make things possible that we could not have imagined a decade ago. I truly believe that by embracing new possibilities and acting today to address the problems of tomorrow, we can turn challenges into shared opportunities.

How we use the next five years will determine whether the Western Pacific can be the healthiest and safest region in the world. I thank you for your trust and look forward to continuing our work to make it happen.

Takeshi Kasai, MD, Ph. D.
Regional Director
Representative Offices

- Cambodia
- China
- Lao People’s Democratic Republic
- Malaysia (area of responsibility: Brunei Darussalam, Malaysia, Singapore)
- Mongolia
- Papua New Guinea
- Philippines
- Samoa (area of responsibility: American Samoa, Cook Islands, Niue, Samoa and Tokelau)
- Solomon Islands
- South Pacific (area of responsibility: Fiji, French Polynesia, Kiribati, the Marshall Islands, the Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Nauru, New Caledonia, New Zealand, Palau, Tonga, Tuvalu, Vanuatu, and Wallis and Futuna)
- Viet Nam

Country Liaison Offices

- Northern Micronesia (area of responsibility: the Marshall Islands, the Federated States of Micronesia and Palau)
- Kiribati
- Tonga
- Vanuatu
Executive summary

Member States in the Western Pacific Region achieved significant progress towards better health under the leadership of Dr Shin Young-soo, who put countries at the centre of the Organization’s work during his 10-year tenure as WHO Regional Director for the Western Pacific.

Dr Takeshi Kasai, who began his term as Regional Director in February 2019, had served as deputy to Dr Shin, ensuring a smooth transition to new leadership and continuity of WHO’s work.

Dr Kasai’s leadership agenda for the coming five years is detailed in For the Future: Towards the Healthiest and Safest Region, a white paper developed in close consultation with Member States and partners. It reflects a commitment to build on Dr Shin’s legacy of reform and leverage it for action to address the challenges of tomorrow and make the Western Pacific the healthiest and safest region in the world.

This annual report highlights the Organization’s progress in delivering better health to all of the 1.9 billion people in the Western Pacific Region, as well as ideas for tackling health challenges likely to confront the Region in the years ahead.

**Combating communicable diseases**

Over the past decade, WHO has focused on the need to conquer – once and for all – infectious diseases that the Organization has battled since its inception, including dengue, hepatitis, malaria, measles and tuberculosis (TB). Despite considerable success on this front, communicable diseases continue to be major drivers of morbidity and mortality in the Western Pacific Region.

Over the past year, the Region has remained polio free, nine countries and areas achieved measles elimination, and five countries and areas achieved rubella elimination. Only one country remains to achieve maternal and neonatal tetanus elimination regionwide. Vaccination coverage for diphtheria, tetanus and pertussis was above 97% in the Region.

In response to the Region’s high hepatitis burden, WHO has advocated early and intensive country-centred action. Today, 17 countries in the Region have developed or are drafting national hepatitis action plans, and a growing number of countries are now able to access lower-cost drugs for treatment. Two dozen countries and areas had achieved the 2017 goal of less than 1% prevalence among 5-year-old children for the surface antigen of the hepatitis B virus, as of March 2019.

The Region also has made substantial progress in combating TB, with a decline in TB deaths by 7% and TB incidence by 3% between 2015 and 2017, the latest year with complete data. Member States are now employing new strategies, including rapid diagnostic tools, systematic case finding and scaling up of programmatic management of drug-resistant TB, to make further inroads against TB.

The Region’s HIV response remains robust, with an estimated 73% of people living with HIV diagnosed in 2018, 59% treated and 55% having achieved viral suppression. In October 2018, Malaysia became the first country in the Region to receive WHO official validation of the elimination of mother-to-child transmission of HIV and syphilis.

In addition, malaria-endemic countries have continued to make good progress towards achieving national elimination, even as outbreaks in Cambodia, Papua New Guinea and Solomon Islands resulted in an increase in cases in 2018. Significant progress also continues to be made towards elimination of key neglected tropical diseases as public health problems, including lymphatic filariasis and blinding trachoma.

Dr Kasai has vowed to intensify work to address these “old enemies” and “reach the unreached” in an effort to end major communicable disease epidemics by 2030.
Health security in a changing world

The Western Pacific Region has made remarkable progress in strengthening health security systems that are vital in a region continuously threatened by emerging infectious and outbreak-prone diseases, natural disasters and unsafe food. But these systems must constantly evolve to address increasingly complex health security challenges.

Intensive efforts to build robust health security systems have been under way in the Region for nearly 15 years. For much of that time, the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies and its earlier versions have driven joint efforts to advance implementation of the International Health Regulations, known as IHR (2005).

Since the Strategy was introduced, Member States have upgraded health security systems by training and deploying rapid response teams, building surveillance systems, educating field epidemiologists, strengthening laboratory networks, reinforcing risk assessments, improving risk communications, establishing emergency operations centres and forming emergency medical teams (EMTs).

Similarly, joint efforts to strengthen systems at the country level for food safety and disaster risk management for health have been guided by regional frameworks.
Nearly a decade ago, WHO in the Region established the Division of Health Security and Emergencies to consolidate the work of units involved in surveillance and response, humanitarian action and food safety. The restructuring reflected the vision of former Regional Director Dr. Shin to bring staff and resources together under one team to develop a common generic platform to manage all types of health security threats – foreshadowing the establishment six years later of the global WHO Health Emergencies Programme.

Efforts over the past year have continued to build on the foundation of health security systems established during the previous decade. Now, all 27 countries in the Region have event-based or syndromic surveillance – sometimes both – capable of providing early warning signals of outbreaks and public health emergencies. All Pacific island countries now participate in the Pacific Syndromic Surveillance System. Eleven countries in the Region have undertaken a Joint External Evaluation of IHR (2005) capacities since 2016, including three countries since July 2018.

Over the past year, three EMTs were internationally classified: Fiji’s Emergency Medical Assistance Team, and teams from Macao SAR (China) and Tianjin in China. This takes the number of international teams in the Region to 10, which is more than one third of the global total.

These systems and tools helped Member States and WHO respond rapidly to outbreaks, emerging diseases and emergencies over the past year – from a poliovirus
outbreak in Papua New Guinea and flash floods in the Lao People’s Democratic Republic to Middle East respiratory syndrome in the Republic of Korea and Typhoon Mangkhut in the Philippines.

Dr Kasai’s white paper identifies health security as one of the issues Member States have prioritized going forward. As the first director of the Division of Health Security and Emergencies when it was founded, he has spent much of his career working to make the Western Pacific the healthiest and safest region in the world.

**Combatting NCDs and promoting health at all ages**

Noncommunicable diseases (NCDs), primarily cancer, cardiovascular disease, chronic respiratory diseases and diabetes, are responsible for four out of five premature deaths in the Western Pacific Region. These diseases were once considered a scourge of wealthier developed nations, but they now take an increasingly tragic toll on countries large and small throughout the Region.

As a result, NCDs and population ageing ranked among the highest Member State priorities during Dr Kasai’s consultations for the white paper. In an effort to combat NCDs and promote healthy ageing, WHO will continue to focus on country initiatives that further explore innovation, increase health advocacy by “champions” inside and outside the health sector, and promote strategic dialogue and partnership.

Climate change and environmental pollution was another priority highlighted by Member States. These threats mostly impact low-lying Pacific island countries and areas, Greater Mekong Subregion countries and rapidly industrializing countries.

In more traditional areas of work, Member States in the Region have seen notable gains in maternal and child health, tobacco control and cardiovascular health. Neonatal mortality has been reduced to less than 10 deaths per 1000 live births in four of the eight countries with the highest burdens in the Region. Meanwhile, tobacco use in the Region peaked at 392 million adult smokers in 2010. However, the total is projected to decline by 21 million adults by 2025, thanks in large part to Member State actions, including increased taxes on tobacco, graphic warnings on tobacco packaging, the expansion of smoke-free public places, bans on advertising and promotion, and similar measures.

In an effort to combat cancer, WHO has collaborated since 2013 with the National Cancer Center of the Republic of Korea to organize annual workshops for leadership and capacity-building for cancer control, which have led to new initiatives in several countries. The rise in NCDs and the expansion of an ageing population have made rehabilitation an essential element in helping people function at the highest possible level as they age or manage impairment and disability.

Attention to combating NCDs has been a priority in the Region for the past decade, and Dr Kasai is committed to strengthening country-centred support to help Member States combat these massive threats to population health.

**Building health systems that leave no one behind**

Despite dramatic improvements in population health over the past decade, not everyone in the Western Pacific Region has benefited equally. Wide inequities continue to persist in terms of coverage for essential services and access to health services – from one country to another and within countries.

WHO has addressed these concerns by intensifying support to Member States, guided by *Universal Health Coverage: Moving Towards Better Health*, an action framework endorsed by the Regional Committee in October 2015.

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

The following activities to build capacity in the five essential attributes provide a snapshot of the Organization’s work for UHC across the Region. Over the past year, WHO has worked closely with ministries of health in Cambodia, China, the Lao People’s Democratic Republic, Mongolia and Viet Nam to address the quality and safety of health-care services by building a regional collaborative network to share experiences to inform the development of national action plans.

An initiative to increase efficiency saw WHO provide support over the past year to Mongolia in developing a national health insurance platform to cover payments to providers of primary health care. Issues of equity were addressed early in 2019 in a systematic review of health inequities in the Region.

Accountability was enhanced as 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.

The sustainability and resilience of routine immunization and basic health services in Papua New Guinea were challenged following a 2018 earthquake and poliovirus outbreak. Employing a systems approach, WHO worked closely with the National Department of Health and partners to support the establishment of coordination mechanisms at the national and provincial levels for poliovirus immunization and outbreak monitoring.

Moving forward, opportunities will abound to share experiences and strengthen approaches in the Region to address disparities in gender and health equity. 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.

Dr Kasai’s leadership agenda, shaped with Member States and partners over the first five months of his term, embraces a systems approach to continue Dr Shin’s legacy of building robust health systems that ensure strong service delivery rooted in UHC and sustainable health outcomes.

Supporting healthy lives and sustainable futures in the Pacific

With the establishment of the Division of Pacific Technical Support in 2010, Dr Shin refocused WHO efforts on results at the country level. The division provides tailored and timely public health support to serve the unique needs of the 21 Pacific island countries and areas. Dr Kasai has vowed to keep country-specific support at the centre of efforts of WHO support.

Much of the division’s work is guided by the 1995 Healthy Islands vision, the unifying theme for Pacific health protection and promotion, which complements the comprehensive and multisectoral approach outlined in the Thirteenth General Programme of Work 2019–2023, the Organization’s global road map.

While WHO tackles many health issues in the Pacific, its work largely focuses on combating NCDs and strengthening health security, especially efforts to improve disaster preparedness and response and to address the health impacts of climate change. Other Pacific priorities include health systems strengthening and multisectoral health challenges such as NCDs.

Notable successes in the Pacific over the past year include enhanced support for emergencies, progress towards a regulatory platform for medicines and more robust mental health assistance. WHO also worked with Member States and experts to develop the Pacific Islands Action Plan on Climate Change and Health, which builds on national climate change and health impact plans championed by Dr Shin.

WHO’s work in the Pacific also has focused on strengthening IHR (2005) core capacities and enhancing service delivery during emergencies. Further, WHO has bolstered support for health systems towards UHC, including for a five-year primary health care modernization programme in French Polynesia.

Health promotion and prevention efforts have improved healthy behaviours, impacting tobacco control measures, with support for legislative strengthening, improved enforcement and greater availability of tobacco cessation services.

Moving forward, Dr Kasai’s ambitious agenda, which builds on a legacy of keeping countries at the centre and delivering results at the country level, will help support healthy, resilient lives and sustainable futures in the Pacific. ●
Building upon a legacy of leadership for health

Former Regional Director Dr Shin Young-soo and Regional Director Dr Takeshi Kasai during a panel discussion on how universal health coverage is changing lives.
Under the leadership of former Regional Director Dr Shin Young-soo, WHO and Member States in the Western Pacific Region achieved significant progress towards better health. Dr Shin’s reforms to the Organization, which put countries at the centre, will endure as his legacy.

Dr Takeshi Kasai served as deputy to Dr Shin, helping to ensure a smooth transition between the two regional directors and continuation of WHO’s work. Dr Kasai’s leadership agenda for the coming five years, shaped over the first five months of his term, reflects his commitment to building on Dr Shin’s legacy of reforms to WHO in the Western Pacific Region, leveraging them for action today to address the challenges of tomorrow.

A culture of change
During Dr Shin’s tenure, the Region earned a reputation within WHO as a leader in many areas. Dr Shin was a reformer: a stocktake of organizational development under his leadership conducted in 2016 found that he had instituted over 800 change actions. Dr Shin’s leadership entrenched a culture of commitment to continuously improving ways of working to better support countries. The Country Support Unit was established in the Regional Office to help ensure country needs were directly addressed. The Division of Pacific Technical Support was created, based in Suva, Fiji, to address the particular needs of the Pacific island countries and areas. The Division of Health Security and Emergencies was established to strengthen emergency preparedness and response, years before the global WHO Health Emergencies Programme was created.

Dr Shin created a culture of Regional Office and country office staff working as one to tackle increasingly complex and multisectoral public health challenges. All of these reforms helped make WHO in the Western Pacific Region more efficient, effective, people centred and country focused – a stronger organization overall.

Progress against old enemies to reach the unreached
Under Dr Shin’s leadership, the Western Pacific Region made significant progress in fighting old enemies including communicable diseases and maternal and child deaths – the so-called core business of WHO. Member States in the Region reduced maternal and child mortality by expanding access to care, including facility-based delivery and immunization. The Region as a whole met the 2015 Millennium Development Goal targets for HIV, malaria and tuberculosis. Ambitious targets for the reduction of hepatitis B were met, preventing an estimated 40 million new infections and saving more than 7 million lives, while expanding the options for those in need of care for chronic hepatitis infection.

However, this report comes at an important time, as many countries are on the cusp of reaching critical disease elimination targets. Amid many competing agendas, efforts must be intensified to reach those who have not yet benefited, and new approaches must be developed to sustain the fight against old enemies.

Keeping the Region safe
A decade ago, the Western Pacific Region was not fully prepared to face infectious disease outbreaks and other health emergencies: a dangerous position for a part of the world that has long been a hotspot for disasters and emerging infectious diseases. A decade of investment in preparedness and response, including event-based surveillance, systematic risk assessments, rapid response teams, emergency operations centres and field epidemiology training, now has the Region well positioned to confront these challenges. Strengthened capacities in Member States, guided by the systems approach embedded in the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies, have helped countries to manage health security threats. They have also helped Member States prepare for and respond to typhoons and cyclones, floods, foodborne disease incidents, and other potentially catastrophic events. Although capacity to detect and respond to health security
threats is stronger than ever, the context has changed dramatically. The volume and speed of movement of people and goods are greater than ever. The ways in which people access information are more diverse, including the widespread use of social media. The next influenza pandemic can occur at any time. To be effective in this rapidly changing context, systems must be constantly upgraded.

**Combating new threats**

While the fight against old enemies continues, new threats have emerged, such as noncommunicable diseases, antimicrobial resistance and the impact of climate change. Despite their complex nature, under the leadership of Dr Shin, Member States in the Region saw progress on a number of fronts. For example, more countries are adopting proven tobacco control measures such as large graphic health warnings. The Western Pacific Region is leading the world with policy measures such as plain packaging of tobacco products. Within the next six years, there will be an estimated 21 million fewer smokers in the Region.

New regional action plans have been developed, including plans to achieve universal health coverage and the Sustainable Development Goals and to address new threats. These action plans promote a multisectoral approach. For instance, WHO, the Food and Agriculture Organization of the United Nations and the World
Organisation for Animal Health are now working together to tackle the problem of antimicrobial resistance. On climate change, Dr Shin prioritized support for countries with the smallest carbon footprint but bearing the greatest burden. He also initiated the establishment of the new WHO Asia-Pacific Centre for Environment and Health, hosted by the Republic of Korea, to increase the Organization’s capacity to support countries in responding to the challenge. Given that many of the emerging threats to health in the Region are by-products of rapid development, these trends are likely to increase. The challenges are complex, but they are not impossible to overcome. Efforts must be geared up to address emerging health threats for the future.

**New leadership to address future challenges**
A continuing commitment to all of the issues outlined above — health security, including antimicrobial resistance, noncommunicable diseases and population ageing, climate change and environmental health, and the unfinished business of infectious diseases and maternal and child mortality — is at the core of the Region’s new agenda, articulated by Dr Kasai in his white paper, which sets out thematic priorities for WHO’s work in the Western Pacific for the coming five years.

The white paper is an implementation plan for the WHO Thirteenth General Programme of Work 2019–2023 in the Region. It not only defines the focus, but also sets out a series of ideas for new and different ways of working to collectively respond to current and future health challenges.

The white paper was developed through extensive consultation with Member States, partners and staff. In fact, it is one of the most extensively consulted-upon documents in the history of WHO’s work in the Region.

Mitigating the health impacts of climate and environmental change continues to be a priority in the region. The former Regional Director (far left) initiated the establishment of the WHO Asia-Pacific Centre for Environment and Health in the Western Pacific Region based in Seoul, Republic of Korea.
Soon after taking office, Dr Kasai convened a retreat of all 600 WHO staff in the Region to engage them in the development of a draft white paper. Using videoconferencing and social media apps, the retreat connected staff in 11 countries across six time zones over three days.

Since April, there have been extensive discussions with Member States on the white paper, virtually and through face-to-face consultations in countries, including during Dr Kasai’s travels throughout the Region.

Dr Kasai also convened the first-ever Western Pacific Region Partners’ Forum. Discussions were conducted online and through live-streaming. There was excellent engagement from partners – including a dedicated youth stream – as well as significant savings on travel and meeting costs, and greatly reduced carbon emissions than for a face-to-face meeting.

The goal of Dr Kasai and his team, shared with Member States and partners, is simple: to make the Western Pacific the safest and healthiest region in the world. The white paper shows us the way – building upon a legacy of leadership and embracing new possibilities. Acting today to address the problems of tomorrow, we can turn challenges into shared opportunities.
WHO Regional Office for the Western Pacific

The structure of divisions in the WHO Regional Office for the Western Pacific is designed to streamline operations and strengthen country-level support under the regional reform agenda.
## Divisions and programmes

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<td>Director, Office of the Regional Director (EXD)</td>
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<td>Director, Communicable Diseases (DCD)</td>
<td>Expanded Programme on Immunization (EPI) Malaria, other Vectorborne and Parasitic Diseases (MVP) HIV, Hepatitis and Sexually Transmitted Infections (HSI) Stop TB and Leprosy Elimination (STB)</td>
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<tr>
<td>Director, Health Systems (DHS)</td>
<td>Health Policy and Financing (HPF) Integrated Service Delivery (ISD) Essential Medicines and Health Technologies (EMT) Health Intelligence and Innovation (HII) Equity and Social Determinants (ESD)</td>
</tr>
<tr>
<td>Director, NCD and Health through the Life-Course (DNH)</td>
<td>Noncommunicable Diseases and Health Promotion (NCD) Tobacco Free Initiative (TFI) Mental Health and Substance Abuse (MHS) Reproductive, Maternal, Newborn, Child and Adolescent Health (MCA) Health and the Environment (HAE) Violence and Injuries (VIP) Disabilities and Rehabilitation (DAR) Nutrition (NUT)</td>
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<tr>
<td>Regional Emergencies Director, Health Emergencies Programme (RED) / Director, Health Security and Emergencies (DSE)</td>
<td>Emerging Disease Surveillance and Response (ESR) Disaster Risk Management for Health (DRM) Food Safety (FOS)</td>
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<tr>
<td>Director, Pacific Technical Support (DPS)</td>
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A compliance and risk management officer position has been established and reports directly to the Regional Director.

Programmes in regular font are led by coordinators (technical areas) and managers (administrative areas). Programmes in italic font are led by technical leads under the direct authority of their respective director.
Combating communicable diseases

Introduction

Elevating efforts to end TB with high-level commitment

Building on the lessons of polio eradication in the Region

Eliminating chronic hepatitis C through a public health approach

Strengthening outbreak response to accelerate malaria elimination

Combating the measles comeback

A health worker (left) from a community health station teaches a family about malaria rapid diagnostic testing, prevention and control in Khanh Hoa, Viet Nam. Strengthening surveillance is critical for malaria elimination efforts in the Region.
Introduction

Member States in the WHO Western Pacific Region have had significant success in combating communicable diseases through the introduction of effective country-centred interventions, as advocated and strengthened under former Regional Director Dr Shin Young-soo. Still, several diseases – including dengue, hepatitis, malaria, measles and tuberculosis (TB) – continue to be major drivers of morbidity and mortality in a number of countries in the Region.

Over the past decade, action against these infectious diseases was focused on the need to finally conquer diseases that WHO has battled since its inception. WHO Regional Director Dr Takeshi Kasai has vowed to intensify efforts to address these “old enemies” and reach the unreached in the coming years to eliminate or end epidemics of communicable diseases.

A decade of work by Member States, supported by WHO and other partners, has contributed to the achievement of many global and regional milestones, including many targets in the Millennium Development Goals by 2015. With support from WHO at the country level, Member States are working towards achieving the Sustainable Development Goals to put an end to epidemics of major communicable diseases by 2030.

The WHO Regional Committee for the Western Pacific in October 2014 endorsed the *Regional Framework for Implementation of the Global Vaccine Action Plan in the Western Pacific*. Implementation of the Regional Framework has strengthened immunization systems and communicable disease programmes across the Region, leading to improved health outcomes.

Over the past year, there have been many successes in the fight against communicable diseases. The Region has remained polio free, nine countries and areas achieved measles elimination, and five countries and areas achieved rubella elimination. Only one country in the Region has not achieved maternal and neonatal tetanus elimination. An outbreak of vaccine-derived poliovirus has been contained in Papua New Guinea, with the last confirmed case reported in October 2018.

As of March 2019, a total of 24 countries and areas had achieved the 2017 goal of less than 1% prevalence among 5-year-old children for the surface antigen of the hepatitis B virus, which indicates a recent infection. Regional diphtheria–tetanus–pertussis vaccination coverage remained above 97%.

The Region also made substantial progress in combating TB, with a decline in TB deaths by 7% and TB incidence by 3% between 2015 and 2017, the latest year for which complete data are available. Still, TB remains a major public health challenge, as the reduction in the incidence rate has been too slow.

Work is guided by the *Regional Framework for Action on Implementation of the End TB Strategy in the Western Pacific, 2016–2020*, endorsed by the Regional Committee in October 2015. Through the adoption of a country-centred approach, much progress has been made in implementing the Regional Framework, notably the introduction of rapid diagnostic tools, systematic case finding and scaling up of programmatic management of drug-resistant TB, including the use of shorter treatment regimens. Progress has also been made in improving HIV testing among TB patients, determining baselines for catastrophic costs due to TB and providing social protection for TB-affected families.

The Region has also made further progress in the HIV response, including implementation of the *Global Health Sector Strategy on HIV 2016–2021* and the *Regional Framework for the Triple Elimination of Mother-to-Child Transmission of HIV, Hepatitis B and Syphilis in Asia and the Pacific, 2018–2030*. 
An estimated 73% of people in the Region living with HIV were diagnosed in 2018, 59% were receiving treatment, and 55% had achieved viral suppression. Progress in elimination of mother-to-child transmission (EMTCT) of HIV was highlighted in October 2018 when Malaysia became the first country in the Region to receive WHO official validation of the EMTCT of HIV and syphilis, one more example of the merits of a country-centred approach for effective collaborative efforts.

Early in his tenure, Dr Shin vowed to take action to address the Region’s disproportionately high hepatitis burden. With WHO stridently advocating early and intensive country-centred action, the Region took strong action on hepatitis over the past decade. As a result, 17 countries in the Western Pacific Region have developed or are now drafting national hepatitis action plans.

A growing number of countries are now able to access lower-cost generic drugs for hepatitis treatment. They are developing service delivery models to scale up access to testing and treatment. Mongolia, which hosted global World Hepatitis Day events in July 2018, is among the countries championing efforts to eliminate the disease in the Region.

Malaria-endemic countries have continued to make good progress towards achieving national elimination, even as outbreaks in Cambodia, Papua New Guinea and Solomon Islands resulted in an increase in cases.
during 2018. Cambodia has demonstrated good progress in addressing the outbreak, having reported no deaths from malaria in 2018, a milestone on its path to elimination. Greater Mekong Subregion countries have continued to reduce the burden of Plasmodium falciparum malaria, as they accelerate towards elimination as a response to multidrug resistance. Country-centred support from WHO and strong national ownership have helped China maintain and Malaysia achieve zero indigenous malaria cases in 2018. Efforts have also been made by other countries in the Greater Mekong Subregion in accelerating malaria elimination, such as the Lao People’s Democratic Republic and Viet Nam.

Significant progress continues to be made towards elimination of key neglected tropical diseases (NTDs) as public health problems. Three countries and areas – Palau, Viet Nam, and Wallis and Futuna – were validated as having achieved elimination of lymphatic filariasis in 2018. Elimination has now been validated in nine of the Region’s 22 endemic countries – further testament to the success possible when WHO takes a country-centred approach. Meanwhile, China was validated as having achieved elimination of blinding trachoma in 2019.

High population coverage with mass preventive chemotherapy helped advance the control and elimination of selected NTDs. At the same time, efforts to strengthen integrated intersectoral efforts in water, sanitation and hygiene, as well as food safety and animal health, have spurred progress in the elimination of Asian schistosomiasis and the control of other zoonotic and foodborne NTDs. Countries are also making progress in reducing the health impact of dengue.

The elimination of communicable diseases will require intensified efforts, with actions that are more finely tuned and concentrated. Achieving the goal will also require health systems to be more resilient and innovative. Such an approach will accelerate time-bound efforts on specific issues based on the context of each country, as well as strengthen health systems and services to sustain achievements and ensure benefits beyond communicable disease control.

In setting out priorities for the next five years, the Regional Director notes the expectation of Member States to receive support from WHO to help control and eliminate infectious diseases as public health threats. Since taking the reins of the Region in February, Dr Kasai has been working tirelessly to prepare WHO to meet those challenges, especially by reaching the unreached with universal health services.
As a WHO flagship in the Region, the TB programme made substantial strides in reducing mortality from the disease by about 30% over the past decade. The reduction was largely due to the transition in WHO strategies from Stop TB to End TB, backed by WHO country-centred support.

TB incidence has been falling by about 2% per year in the Region. Still, an estimated 1.8 million people in the Region developed TB in 2017, with about 75% notified under national programmes. The emergence and spread of drug resistance is threatening control efforts, with only a small fraction of drug-resistant TB patients being diagnosed and treated, and a high proportion of TB-affected families continue to face catastrophic costs due to the disease.

In order to address missing cases, WHO introduced the Find.Treat.All initiative in 2018 in the Region to rapidly close gaps and scale up access to care. This represents a major shift from earlier passive case finding to intensified and active case finding among high-risk groups. The United Nations General Assembly High-level Meeting on the Fight to End Tuberculosis in September 2018 resulted in commitments at the highest levels to end TB by 2035.

In early 2019, WHO introduced updated regimens for drug-resistant TB and shorter preventive treatment options for latent TB infection to improve treatment uptake and outcomes. WHO also spearheaded support in the past two years to most of the high-priority countries in the Region to conduct TB patient cost surveys to determine baselines for the catastrophic costs and devise measures to mitigate them.

The high-priority countries in the Region are Cambodia, China, the Lao People’s Democratic Republic, Mongolia, Papua New Guinea, the Philippines and Viet Nam. High-level advocacy missions boosted country-specific actions to improve intensified case finding and strengthen multisectoral response in the following countries between mid-2018 and mid-2019.

**Mongolia** organized a high-level, multisectoral conference under the auspices of the Prime Minister. The resulting *Ulaanbaatar Declaration* commits to strengthening TB control through expanded patient-centred care and services as well as new technologies.

**The Philippines** launched a nationwide TB case-finding campaign with a commitment to find and treat 2.5 million people by 2022. The Government plans to achieve this ambitious target in three steps: (1) formation of high-level coordination committees; (2) massive screening and testing campaigns; and (3) enforcement of mandatory notification by private care providers and creation of a private sector consortium.

**Viet Nam** has developed an ambitious national action plan to end TB by 2030. The plan will provide a legal basis to mobilize the social and political system, in addition to the health sector, to end TB in line with national targets and the Sustainable Development Goals.
Building on the lessons of polio eradication in the Region

Launched in 1988, the Global Polio Eradication Initiative has helped countries make great strides in protecting the global population from the debilitating effects of poliomyelitis (polio). As part of global efforts, Member States in the Western Pacific Region eradicated the transmission of indigenous wild poliovirus in 1997. The Region was declared polio free in 2000.

Over the past decade, under the leadership of Dr Shin Young-soo, WHO support for countries has stressed health systems strengthening across programmes and partnerships. The Region has sustained the polio-free status through high population immunity and strong polio surveillance by integrating the polio programme with other public health priorities within the scope of national immunization programmes. However, the spread of wild poliovirus imported from endemic countries and the emergence of circulating vaccine-derived poliovirus (cVDPV) have continued even after polio-free certification.

From 2000 to 2012, there were five cVDPV outbreaks in the Region, in addition to a large-scale outbreak of imported wild poliovirus in China in 2011. The Lao People’s Democratic Republic and Papua New Guinea experienced large-scale cVDPV outbreaks in 2015–2016 and 2018, respectively. The Papua New Guinea outbreak is the second-largest outbreak of type 1 cVDPV in the world since 2000: 26 paralytic polio cases, including one death, were reported from April to October 2018. Despite its scale, the outbreak was successfully contained with strengthened outbreak detection and response capacity – the product of a decade of efforts by Member States, WHO and polio eradication partners.

Effective partnerships are key in the eradication of polio. Australia’s Victorian Infectious Diseases Reference Laboratory, a member of the WHO Regional Polio Laboratory Network, collaborated with WHO to conduct virology testing and genotyping for 663 stool samples from Papua New Guinea from June 2018 to May 2019. As a result, it was possible to generate the evidence of interruption of cVDPV transmission in the country.

As the world moves towards global certification of wild poliovirus eradication, efforts must continue to ensure that the achievements of the polio eradication programme are not reversed. The lessons and the legacy of polio eradication in the Region must be leveraged to ensure healthy lives and well-being for all, by strengthening health systems and accelerating progress towards universal health coverage, to keep the world safe from epidemics and other health emergencies.

Health workers provide immunization services to remote and hard-to-reach populations during outreach sessions in Port Vila, Vanuatu. Strong immunization programmes that reach every child are critical in maintaining the polio-free status in the Region.
Eliminating chronic hepatitis C through a public health approach

Of all the people in the world living with hepatitis C virus (HCV), approximately 14 million (or 20%) reside in the Western Pacific Region. To reverse this troubling trend, the Regional Action Plan for Viral Hepatitis in the Western Pacific 2016–2020 sets the target of eliminating viral hepatitis as a public health threat by 2030.

Today, nine out of every 10 cases can be cured with new direct-acting antiviral medicines, the generic alternatives of which have become increasingly affordable. These medicines present an unprecedented opportunity to eliminate HCV, which is a major risk factor for cirrhosis, liver cancer and premature death.

The Government of Mongolia is meeting the challenge head on with a commitment to eliminate HCV by 2020. About one in 20 people in the country are infected with HCV. Mongolia also has the world’s highest rates of new liver cancer cases. The Government launched the Healthy Liver Programme as a flagship initiative in May 2017 with WHO support. Testing is offered at all health facilities including primary care centres, initially targeting people aged 40–65 years, with links to confirmatory testing and treatment at the secondary and tertiary levels. A unique partnership model for laboratory testing – with 28 public and private laboratories working in collaboration – has been established to rapidly scale up access to testing, with all services covered under social health insurance. Building on this achievement, the Government demonstrated its strong commitment to eliminating HCV by hosting World Hepatitis Day events in Ulaanbaatar in July 2018, sharing its success stories for other countries to learn from and adapt. The Healthy Liver Programme has been expanded to cover everyone aged 15 years and above. By June 2019, more than 800,000 people have been tested and more than 27,000 people living with HCV were provided life-saving treatment.

Protecting families against hepatitis: Mongolia offers free universal childhood hepatitis B vaccination for all children under 5 and has added hepatitis B and C testing and treatment for adults in its push to eliminate hepatitis C by 2020.

By declaring hepatitis C a public health threat, the Government of Malaysia exercised its right to use the flexibilities permitted under the Agreement on Trade-Related Aspects of Intellectual Property Rights to facilitate access to lower-priced, generic, direct-acting antiviral medicines. With approximately 400,000 people living with HCV, the country launched universal free hepatitis C testing and treatment in March 2018. Services are now available at 44 hospitals and 25 primary care centres in the country, treating close to 3,000 people living with HCV at the end of June 2019. Further expansion to primary care facilities is planned to bring services closer to the population, including training for family physicians in August and September 2019 to ensure adequate human resources.
Strengthening outbreak response to accelerate malaria elimination

The emergence of partial resistance to artemisinin and its partner drugs in artemisinin-based combination therapies necessitated a radical approach to malaria in the Greater Mekong Subregion. Former Regional Director Dr Shin Young-soo provided leadership in the development of an accelerated elimination strategy for falciparum malaria in the Subregion.

Despite the efforts in the country, Cambodia experienced a malaria outbreak in 2017 because of stock-outs of antimalarial medicines and constraints in funding that impacted village malaria workers. The Ministry of Health through the National Center for Parasitology, Entomology and Malaria Control and the WHO country office in Cambodia developed an intensification plan targeting seven operational districts with the highest burden. Additional funding for the plan came from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

At its core, the plan involved an intensified outbreak response to ensure availability of key malaria commodities and services at all levels of the health system, including the village malaria worker network, and the use of strengthened surveillance data to target response by regular epidemiological analysis of disease trends. The plan also strengthened collaboration with partners under the leadership of local governments. WHO presence at the provincial level was bolstered by recruiting short-term consultants and conducting intensified supervisory visits to the provinces by staff from the Regional Office and country office. Dr Kasai, initially in his previous capacity as Director of Programme Management and later as Regional Director, participated in such missions in 2018 and 2019 to oversee implementation of the intensification plan.

These activities have resulted in a significant decrease in malaria cases. In May 2019, the reported number of falciparum infections for the first time was as low as 15% of all positive malaria cases. This progress brings Cambodia closer to realizing its national goal of eliminating falciparum malaria by 2020.

The response to the falciparum malaria outbreak in Cambodia, where multidrug resistance has been documented and considered a regional and global health security threat, is an exemplary case of applying a focused intensified approach as spelt out in Dr Kasai’s white paper for the Region. It demonstrates how success can be accelerated and achieved in the Region in the fight against communicable diseases.

To achieve malaria elimination by 2020, the malaria programme in Cambodia focuses on people living in forest-fringe areas and those engaged in logging or other forest-related work who are at highest risk of infection.
Measles is extremely contagious and can cause severe complications, including pneumonia, encephalitis, blindness and death. With support from WHO, Member States in the Region have been intensifying work to eliminate measles since 2003, when the regional burden was some 6.7 million cases.

Early in Dr Shin’s first term as Regional Director, WHO supported Member States to implement three core strategies for elimination: (1) immunization with two doses of measles-containing vaccine; (2) sensitive surveillance; and (3) strong national laboratory capacity and partnerships within the Region. As these strategies were implemented and scaled up, measles incidence was brought down to less than six cases per million people in 2012 in the Region.

A new challenge emerged from 2013 to 2016: a large regional resurgence of measles. Dr Shin and other WHO communicable disease experts recognized that more targeted strategies were needed to respond to new challenges while advancing towards the Region’s new goal of rubella elimination.

After a detailed analysis of the root causes of the resurgence and due consultation with Member States, WHO developed a new Regional Strategy and Plan of Action for Measles and Rubella Elimination in the Western Pacific, which was endorsed by the Regional Committee in 2017.

This Strategy now guides Member States in developing or updating national strategies and plans, including strategies to overcome barriers to health-care access for hard-to-reach populations and marginalized groups, such as migrants and the urban poor. The Strategy also promotes enhanced outbreak preparedness and response capacity. To date, four countries in the Region are updating or have finalized new action plans aligned with the new Strategy.

The results speak for themselves: nine countries and areas in the Region were verified as having achieved and sustained measles elimination in September 2018; many others are now close.

Over the past year, a measles resurgence worldwide has challenged all six WHO regions, leading to increased importation of the virus from endemic countries. Nevertheless, most countries in Western Pacific Region were relatively protected due to effective implementation of the measles elimination strategy. Endemic countries such as China, Malaysia and Viet Nam have continued to make encouraging progress towards elimination. And several Member States, including Cambodia, the Lao People’s Democratic Republic and Mongolia, effectively responded to importation-related measles outbreaks in early 2019 with support from WHO, in partnership with the Measles and Rubella Initiative, to prevent sustained measles transmission.

The strategies and programmes to support regional measles elimination that were developed and implemented under Dr Shin’s tenure have also helped build a durable legacy of establishing and strengthening systems, workforce capacity and partnerships that support routine and outreach health services.

With the commitment of Regional Director Dr Kasai to support countries on the path to universal health coverage, WHO will use investment in measles elimination as a key driver of fundamental health systems strengthening. Starting in June 2019, for example, WHO worked with multiple partners including the Global Polio Eradication Initiative, Gavi, the Vaccine Alliance, the Measles and Rubella Initiative and the United Nations Children’s Fund (UNICEF) to support a nationwide vaccination initiative in Papua New Guinea, which achieved 99% coverage, while also strengthening fundamental capacity for delivery of routine health services in remote areas. WHO will continue to work with Member States to strengthen their capacity to reach and vaccinate every child against measles, reaching the unreached while providing children with other crucial health services.
Introduction

Mongolia’s long-term approach to health security strengthening

Monitoring and assessing health security threats in the Region

Learning for continuous system improvements to manage food safety events in Cambodia

Like this farmer in the Lao People’s Democratic Republic, humans coexist in an interdependent relationship with the animals we depend on for our food, livelihoods and well-being. The interface between humans, animals, and the environments we share can also be a source of diseases. Countries across the Region have continued to strengthen systems for the coordinated, multisectoral management of zoonoses, as guided by the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies.
Introduction

Health security in the Western Pacific Region is continuously threatened by emerging infectious diseases, outbreak-prone diseases, natural disasters and unsafe food. While the Region has made considerable progress in strengthening health security systems, the context in which we manage health security is changing rapidly. The nature and range of threats we face are increasingly complex, and our health security systems must evolve to address new challenges.

Building health security systems to manage these threats takes time. For more than a decade, the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED III) and its earlier versions have driven joint efforts to advance implementation of the International Health Regulations, known as IHR (2005), towards a “region able to prevent, detect and respond to public health emergencies through collective responsibility for public health security”.

Three phases of activity, corresponding to the 2005, 2010 and 2016 versions of APSED, have helped countries move away from one-off health security projects and concentrate on long-term system development, incorporating a continuous improvement approach. In the nearly 15 years since APSED was introduced, Member States have upgraded health security systems by training and deploying rapid response teams, building event-based surveillance systems, educating field epidemiologists, strengthening laboratory networks, reinforcing risk assessments, improving risk communications, establishing emergency operations centres and forming emergency medical teams (EMTs).

Similarly, joint efforts to strengthen systems at the country level to make food safer and save lives during disasters have been guided, respectively, by the Regional Framework for Action on Food Safety in the Western Pacific and the Western Pacific Regional Framework for Action for Disaster Risk Management for Health.

WHO also has markedly strengthened its emergency capacities over the past decade to better serve Member States. The creation of the Division of Health Security and Emergencies in 2010 drew together units that had been working separately on surveillance and response, humanitarian action and food safety. The new division exemplified the vision of former Regional Director Dr Shin Young-soo to bring together under one team the staff and resources to develop a common generic platform to manage all types of health security threats – foreshadowing the establishment six years later of the global WHO Health Emergencies Programme. In addition, event-based surveillance systems from across the Region were connected for more systematic risk assessment and response decision-making.

The enhanced capacities and systems developed under the guidance of APSED were tested during responses to outbreaks and emergencies including avian and pandemic influenza, dengue, Middle East respiratory syndrome (MERS), typhoons and earthquakes. With each event, lessons learnt helped inform ongoing improvement.

Efforts over the past year have continued to build on the foundation of health security systems established over the previous decade. Now, all 27 countries in the Region have event-based surveillance or syndromic surveillance – sometimes both – capable of providing early warning signals of outbreaks and public health emergencies. All Pacific island countries now participate in the Pacific Syndromic Surveillance System, an early warning disease surveillance system that connects information across countries and areas.
All Asian countries in the Western Pacific Region apply incident management principles in emergency operations management, and nearly all (93%) have rapid response teams and field epidemiology programmes. Member States are increasingly conducting monitoring and evaluation activities to guide continuous improvement of their systems. Eleven countries in the Region have undertaken a Joint External Evaluation of IHR (2005) capacities since 2016, including three countries since July 2018, namely the Federated States of Micronesia, New Zealand and the Philippines. The Joint External Evaluation generated important momentum to advance health security systems in those countries.

The Western Pacific Region is prone to disasters. Seven of the 10 countries most vulnerable to natural
disasters are located in the Region. To be better placed to respond to these threats, three EMTs have been internationally classified since July 2018: Fiji’s Emergency Medical Assistance Team, and teams from Macao SAR (China) and Tianjin in China. This takes the number of internationally classified EMTs in the Region to 10, which is more than one third of the global total. Though based in the Western Pacific Region, these EMTs can respond to crises anywhere in the world. At the country level, some 23 500 responders from national EMTs across the Region also participated in capacity-building activities.

These systems and tools helped countries and WHO to respond rapidly to outbreaks, emerging diseases and emergencies. From July 2018 to June 2019, there were many such events, from a poliovirus outbreak in Papua New Guinea and flash floods in the Lao People’s Democratic Republic to an imported case of MERS in the Republic of Korea and Typhoon Mangkhut in the Philippines.

Building on Dr Shin’s legacy of focusing on long-term system development, rather than ad hoc project-based activities, Member States and WHO have worked to strengthen health security systems step by step, helping them become better prepared. At the same time, however, the nature and range of health security threats have become increasingly complex. The dramatic growth in international travel and rapid urbanization facilitate the spread of infectious diseases. Climate change not only increases the frequency and impact of natural disasters, but also alters the geographic reach of epidemic-prone diseases such as dengue. Antimicrobial resistance is on the rise. Misinformation and rumours spread faster on social media than viruses in real life, contributing to vaccine hesitancy and complicating emergency response. All of this occurs against a backdrop of uncertainty, not knowing when the next pandemic would strike.

In the Western Pacific Region, the Technical Advisory Group (TAG) on APSED III serves as a mechanism to monitor progress and identify priorities. The vision set out by Regional Director Dr Takeshi Kasai has energized the discussion in the latest TAG meeting held in June 2019. The white paper, For the Future: Towards the Healthiest and Safest Region, has also helped build momentum for collaboration of Member States and WHO through identifying health security, including antimicrobial resistance, as one of the thematic priorities in the Region.

The white paper also reinforced approaches embedded in APSED. Managing health security requires systems, and development of systems requires a long-term vision that guides prioritization of actions and a step-by-step approach. This is why APSED has always used the “backcasting” approach, in which a vision is developed first and then – working back from that point – priority actions are identified to achieve that vision.

At the TAG meeting, Member States committed to using pandemic preparedness to drive ongoing advancement of health security systems more broadly because the capacities required to respond to pandemics are also critical in the response to other hazards. Pandemic preparedness connects all the efforts to address health security threats.
Over the past 10 years, Mongolia has used a stepwise approach to build its health security system, developing and implementing several national plans. Mongolia kick-started its efforts in 2009 with the launch of its first national APSED implementation plan. It represented an important move away from ad hoc project-based activities and towards long-term system development. The national plan was updated in 2012 and 2018, guided by the latest versions of APSED and lessons learnt from real events.

As guided by the three phases of the national workplan, Mongolia established its core health security systems step by step, starting with rapid response teams and event-based surveillance. The Mongolia Field Epidemiology Training Programme (FETP) was launched in 2009, initially funded by external partners but since 2014 fully funded by the Government. A public health emergency operations centre was established in 2014, and an incident management system was introduced for emergency operations in 2015.

In June 2019, Mongolia held a forum to review its FETP. Since its inception 10 years ago, 63 field epidemiologists have completed the programme. The graduates have often been requested to support complex investigations and training sessions for public health surveillance and outbreak investigations. The forum participants developed a long-term vision and strategic actions for the FETP for the next decade. Mongolia’s FETP aims to further contribute to workforce development to strengthen resilient health systems and evidence-based decision-making at all levels.

Throughout 2018, Mongolia updated the national pandemic response plan and procedures. In October 2018, Mongolia collaborated with WHO to conduct the PanStop simulation exercise, engaging participants from various sectors, including health, agriculture and disaster management. The participants worked together to practise risk assessment and decision-making, including on whether and how to launch rapid containment measures, based on a scenario in which a new influenza strain was identified in a rural province.

PanStop proved to be an important opportunity to test the national regulations signed by the Deputy Prime Minister in 2017, which define procedures for multisectoral information sharing, risk assessment and response procedures for public health emergencies. The approval and implementation of the regulations was a key recommendation of the Joint External Evaluation mission in 2017. PanStop helped identify progress, as well as areas of further improvement for coordination within the health sector and across the sectors for effective emergency response operations.

Recognizing critical roles that other sectors play in pandemic preparedness and response, the Ministry of Health is now working to align pandemic preparedness planning with disaster management processes and structures, informed by lessons from real events and exercises. Health cluster partners, nongovernmental organizations and other sectors are working with community representatives to address the social, political and economic risk factors identified through pandemic influenza risk assessment. Preparedness planning for influenza epidemics and pandemics continues to drive the advancement of overall health security systems in Mongolia.
Monitoring and assessing health security threats in the Region

Over the past decade, WHO has strengthened its regional event-based surveillance system to monitor signals across the 37 countries and areas of the Region to inform risk assessments and responses by countries. The critical element of this surveillance system is the verification of information, which requires close collaboration between the WHO Secretariat and Member States. This is possible because of the trust developed under the leadership of Dr Shin, who promoted putting countries at the centre.

The WHO Regional Office for the Western Pacific operates this surveillance system around the clock to detect and monitor acute public health events across the Region and beyond. The team based at the Regional Emergency Operations Centre in Manila keeps a constant lookout for any emergency health hazard that threatens the lives and health of people anywhere in the Region. They conduct risk assessments when public health events are identified. Depending on the scale of events, risk assessments engage different levels of the Organization.

Between July 2018 and June 2019, regional surveillance systems screened more than 80,000 information sources and detected 1,672 signals of potential emergency health threats, of which 75 were verified as new public health events. Of these, 52 (69%) were attributed to infectious diseases, 14 (19%) to disasters, four (5%) to food safety events and five (7%) to other causes.

During the same period, the WHO Health Emergencies Programme responded to 42 events in the Region. They included two WHO-designated Grade 1 emergencies requiring significant additional in-country support – flash floods in the Lao People’s Democratic Republic and Typhoon Mangkhut in the Philippines – as well as a polio outbreak in Papua New Guinea. The international spread of poliovirus is a Public Health Emergency of International Concern.

Guided by the vision of Regional Director Dr Kasai, WHO is moving to further improve the system by informing risk assessment and decision-making with analyses of information from multiple sources.

During the past year, the Regional Office has worked with Member States to develop guidance to facilitate response decision-making based on multisource epidemiologic information. This approach guides the translation of decision questions into epidemiological questions, and it addresses those questions by synthesizing various sources of information. The annual APSED TAG meeting in June 2019 supported this approach. It has also been tested by WHO to analyse response options during real public health events, such as recent measles outbreaks in the Region.

To keep the Region safe, the Western Pacific regional surveillance team is constantly on alert, reviewing all types of information for signs of impending crises.
Cambodia has continuously improved its health security system, learning from its responses to past events. For example, following an outbreak of severe acute respiratory syndrome (SARS) in 2013, Cambodia was one of the first countries to introduce innovative event-based surveillance. This surveillance system was continuously strengthened and has long formed the backbone of the country’s surveillance for avian influenza and other emerging infectious diseases.

This system also plays a critical role in identifying acute events caused by health hazards other than emerging diseases, such as food safety events. This includes a recent spike in poisoning cases from locally produced wine laced with methanol, which has killed 59 people and sickened 555 others since 2014.

Between July 2018 and June 2019, two events associated with methanol poisoning were reported in Kratie Province. This led to over 150 affected cases, including 11 deaths. This situation triggered Cambodia to conduct an after-action review of the response to the methanol poisoning events, aiming to inform system improvements. Such a review approach was originally introduced as part of monitoring and evaluation activities under the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies.

The review identified a gap in the coordination of the response across ministries. As a multisectoral issue, food safety is handled by six government ministries in Cambodia, each responsible for different parts of the food chain. In the past, the six ministries shared information with each other on an ad hoc basis and had individual goals and objectives for food safety. This structure complicated the management of food safety risks, as well as the response to food safety events and emergencies, such as the poisoning incidents.

Under the leadership of the Ministry of Health, the methanol poisoning and other food safety incidents provided an opportunity to bring the six ministries together to establish common goals and objectives. These joint efforts to improve food safety resulted in the National Food Safety Policy in 2019, which follows the approach recommended in the WHO Regional Framework for Action on Food Safety in the Western Pacific.

This new approach is strengthening the overall food safety system by making it more unified and coordinated across sectors. In line with the proposed shifts in the white paper, Cambodia continues to strengthen coordination with partners beyond the health sector, improving overall preparedness for the next public health emergency.

Learning for continuous system improvements to manage food safety events in Cambodia
Combating NCDs and promoting health at all ages

Introduction

Mental health support in emergencies

Securing the best start in life for all children

Working beyond the health sector for health gains

Schools can help promote life-long healthy eating like this one in Darkhan-Uul Province, Mongolia. Combined with regular physical activity, the right diet supports optimal physical and intellectual development and decreases the risk of noncommunicable diseases.
Introduction

Noncommunicable diseases (NCDs) – primarily cancer, cardiovascular disease, chronic respiratory diseases and diabetes – are responsible for four out of five premature deaths in the Western Pacific Region. These diseases were once considered the problem of wealthier developed nations, but they now take an increasingly tragic toll on countries large and small throughout the Region.

As a result, NCDs, as well as population ageing, ranked among the highest concerns of Member States when consulted for the Regional Director’s white paper, For the Future: Towards the Healthiest and Safest Region, which spells out priorities for WHO’s work with Member States and partners in the coming years. In an effort to combat NCDs and promote healthy ageing, WHO in the Region will continue to focus on country initiatives over the next five years to further explore innovation, increase health advocacy by “champions” inside and outside the health sector, and promote strategic dialogue and partnership.

These initiatives are helping address Member State needs. For example, the response to disasters and emergencies for many years focused on immediate material needs, such as clean water, food and shelter. Now mental health interventions for distressed communities and training of local teams in psychosocial responses are integrated into WHO’s emergency response.

In an effort to stem the NCD epidemic, Member States are transforming health systems, building on commitments global leaders made in the Political Declaration of the Third United Nations High-level Meeting on Non-communicable Diseases in September 2018 and the Declaration of Astana endorsed by the Global Conference on Primary Health Care in October 2018.

Climate change and environmental pollution are among the greatest threats to health in the Western Pacific Region, particularly for low-lying Pacific island countries and areas, Greater Mekong Subregion countries and rapidly industrializing countries. In fact, intensified work on mitigating the health impacts of climate change and the environment is one of the priorities highlighted by Member States in the Regional Director’s white paper.

Several countries, including Cambodia and the Lao People’s Democratic Republic, have initiated programmes to build climate-resilient health systems. An agreement to establish the WHO Asia-Pacific Centre for Environment and Health in the Western Pacific Region was signed in Seoul in January 2019, with partial funding for 10 years from the Republic of Korea including the Seoul Metropolitan Government. The Centre will complement available resources in three technical areas: (1) air quality, energy and health; (2) climate change and health; and (3) water and the living environment.

Over the past decade, WHO has prioritized work to more directly address the needs of individual Member States. The Regional Director has vowed to continue to “keep countries at the centre” by working directly with health ministries and local partners. The commitment is backed by the impressive gains made across the Region in cardiovascular health, tobacco control, maternal and child health, and mitigating the health impact of climate change.

For example, tobacco use in the Region peaked at 392 million adult smokers in 2010, but by 2025, the total is projected to decline by 21 million adults, thanks in large part to Member State actions, including: increased taxes on tobacco; graphic warnings on tobacco packaging; the expansion of smoke-free public places; and bans on advertising and promotion. Neonatal mortality has been reduced to less than 10 deaths per 1000 live births in four of the eight
countries with the highest burdens in the Region. In an effort to combat cancer, WHO has collaborated since 2013 with the National Cancer Center of the Republic of Korea to organize annual workshops for leadership and capacity-building for cancer control. In fact, elements of the workshop curriculum were included in the National Integrated Cancer Control Act of the Philippines, which became law in February 2019.

With NCDs on the rise and populations ageing, rehabilitation has become an essential element in helping people function at the highest possible level as they age or manage impairment and disability. NCDs and population ageing also put pressure on health planning and the health workforce, making engagement with partners beyond the health sector more important than ever. In Tonga, WHO supported the Ministry of Internal Affairs to lead a coalition of nongovernmental service providers and organizations working to improve access to services for people with disabilities. The success of the initiative has prompted the Government to explore opportunities for expansion.

WHO developed the HeartCare software application to simplify and standardize cardiovascular disease risk prediction and management based on the WHO Package of Essential Noncommunicable Disease Interventions for Primary Health Care in Low-resource Settings, known as PEN, and the HEARTS technical package. Designed for primary care, HeartCare also includes clinical decision support and automated reporting functions. It has been pilot-tested in Cambodia. There is ongoing revision of health software in Mongolia to include key HeartCare functions for a local launch of PEN to be called MongPEN.

The Global Action Plan on Physical Activity 2018–2030: More Active People for a Healthier World was
launched regionally in October 2018 at the sixty-ninth session of the Regional Committee for the Western Pacific in Manila and the 8th Global Conference for Healthy Cities in Kuching, Malaysia. To build capacity on strategic health communications for behaviour change to reduce NCD risk factors, national workshops were conducted in Malaysia, Mongolia and Viet Nam. Global monitoring and evaluation frameworks for physical activity were supported.

Health advocacy in Viet Nam led to the rescue of a draft law restricting the marketing and availability of alcohol. Key provisions of the law were restored, after having been stricken following alcohol industry pressure. A key factor in the legislative battle was a WHO advocacy workshop to inform policy-making on youth and alcohol, held in April 2019 in Hanoi for government officials and partners. The workshop was co-organized by the WHO Collaborating Centre for Research and Training in Alcohol and Drug Abuse in New Zealand and the Global Alcohol Policy Alliance.

Eight countries with the Region’s highest neonatal and maternal mortality rates introduced life-saving Kangaroo Mother Care, which refers to the practice of continuous skin-to-skin contact and exclusive breastfeeding for preterm and low-birthweight infants in national hospitals. Five priority countries conducted assessments of reproductive, maternal and child health services at the primary level. Health ministries used the findings to identify actions to improve the quality of services and develop national plans. In addition, four countries strengthened nutrition integration into the health system through the Baby-friendly Hospital Initiative and training of health workers in nutrition in primary health care.
WHO often serves as a first responder during emergencies, disasters and outbreaks. To meet the many challenges of that role, WHO has developed psychological support capacity and other interventions for use in public health emergencies. The support can make a huge difference in the aftermath of events that often leave people without food, shelter and livelihood.

The Mental Health and Substance Abuse (MHS) programme at the WHO Regional Office for the Western Pacific collaborated with the WHO Health Emergencies Programme and the WHO country office in the Lao People’s Democratic Republic to support the Ministry of Health’s mental health and psychosocial response in the aftermath of the July 2018 flash floods in Attapeu Province. MHS helped prepare the team – four mental health clinicians from Mahosot Hospital and two WHO staff members – deployed to Samanxai District on 31 July 2018.

The WHO response team organized outreach activities to four evacuation camps, providing psychological first aid to more than 700 people and identifying and treating 30 people with severe distress reactions.

The team also provided six psychological first-aid training sessions to local groups, including 125 participants from the four main camps, representing the youth union, community leaders, district hospital staff and village health workers. These activities were coordinated with health authorities and partners involved in the emergency response.

Since the crisis, mental health has been integrated into emergency response policies. The strengthened capacity at the provincial and district levels has enabled the scale-up of mental health services. The Mental Health Gap Action Programme Humanitarian Intervention Guide provides guidance for the clinical management of mental, neurological and substance use disorders in non-specialized health settings.

After more than a decade of investment in cross-cutting and multisectoral enhancements to health security, countries in Region are now better prepared to face outbreaks and other health emergencies, including their impact on mental health and well-being of affected populations.
Securing the best start in life for all children

As part of the Region’s effort over the past decade to keep countries at the centre of WHO’s work and ensure that vulnerable groups are served, efforts to improve neonatal care have gained urgency, with neonates accounting for half of all under-5 deaths in the Region.

Neonatal mortality – the death of children 28 days old or younger – has long been a concern in the Western Pacific Region. In 2013, the Action Plan for Healthy Newborn Infants in the Western Pacific Region (2014–2020) was endorsed to provide guidance to Member States in reducing the neonatal mortality rate (NMR) to less than 10 per 1000 live births by 2020, a more ambitious target than 12 per 1000 live births in the Sustainable Development Goals.

Eight countries in the Western Pacific Region with the highest neonatal mortality burden – Cambodia, China, the Lao People’s Democratic Republic, Mongolia, Papua New Guinea, the Philippines, Solomon Islands and Viet Nam – were targeted for intensive support to systematically improve the quality of care. By 2018, three of the eight countries had achieved the regional NMR target ahead of schedule, with reductions up to 43%.

Over the past year, more than 50 000 health workers have participated in Early Essential Newborn Care (EENC) in 6921 health facilities – double the number just two years ago, according to WHO data. Kangaroo Mother Care, which refers to the practice of continuous skin-to-skin contact and exclusive breastfeeding for preterm and low-birthweight infants, has been introduced in nearly 200 provincial, regional and national hospitals in seven countries, more than doubling since 2016. This expansion of EENC has led to vast improvements in newborn health.

WHO has prioritized the unfinished agenda of child and maternal health – as well as related issues of childhood development, injury prevention and exposure to toxins among children – as part of the mission to make the Western Pacific the healthiest and safest region in the world in the coming five years.

Kangaroo Mother Care for preterm and low-birthweight infants is being practised in Houaphanh Provincial Hospital, Lao People’s Democratic Republic, following a WHO mission and meeting with the hospital director in May 2019.
Over the past decade, the Tobacco Free Initiative in the Western Pacific Region has intensified engagement with non-health sectors – including customs, finance, tourism and environment – in an effort to advance comprehensive tobacco control focusing on key demand reduction measures.

Guided by the WHO Framework Convention on Tobacco Control (WHO FCTC), these efforts have led to impressive results. More than half of the Member States in the Region now require large graphic health warnings on tobacco packages. Even in countries without national smoke-free laws, many of the Region’s largest cities – including Beijing, Shanghai and, as of November 2018, Xi’an – have been declared smoke free.

Meanwhile, many countries continue to make tobacco products less affordable by increasing taxes. Engagement with finance officials and support from civil society led to legislative approval to increase taxation on tobacco products in June 2019 in the Philippines. Since the July 2018 launch of Revolution Smoke-Free in the Region, hundreds of companies have pledged to support the smoke-free workplace campaign – another successful engagement with the private sector by WHO in the Region.

These successes in championing health beyond the health sector are reflected in a decreasing regional trend in tobacco smoking. The number of tobacco smokers in the Region has been in decline since its peak of 392 million adult smokers in 2010, with projections of 21 million fewer smokers in the Region by 2025.

Still, tobacco remains the leading preventable cause of death globally and in the Region. Efforts to improve health outcomes require further reductions in tobacco use and renewed engagement beyond the health sector. At the same time, new challenges increasingly threaten gains made in tobacco control. As more countries and cities have strengthened tobacco control measures, the tobacco industry has intensified its interference in policy-making and aggressive marketing of emerging tobacco products and electronic nicotine delivery systems, including e-cigarettes and vaping devices.

WHO is employing innovative strategies with partnerships beyond the health sector to help countries confront challenges from new tobacco and nicotine products while anticipating future challenges. These tobacco control measures will help WHO and Member States to strengthen economic development, environmental sustainability and poverty reduction, while protecting the health of people in the Region.
Building health systems that leave no one behind

Introduction
Tackling antimicrobial resistance
Partnering with lawmakers for UHC
Measuring progress towards UHC

The rapidly growing trend of population ageing in the Region will require strong healthcare 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.
Supporting healthy lives and sustainable futures in the Pacific

Introduction

Strengthening health security through partnership

Safer medicines in the Pacific

Turning the tide on mental health challenges

Changing climate and environmental conditions pose significant health risks, particularly for the Pacific’s low-lying islands. In Tuvalu, a Pacific nation with the highest point at 4.6 m above sea level, climate-related threats to food security, housing and safe drinking-water are major concerns.
The WHO Division of Pacific Technical Support (DPS) was established in 2010 to coordinate tailored and timely public health support to 21 Pacific island countries and areas (PICs). Early in his tenure, former Regional Director Dr Shin Young-soo stressed the need to put countries at the centre of WHO’s work. He delivered on that promise in the Pacific by creating DPS to coordinate intercountry support programmes and ensure that necessary and timely technical support is provided wherever needed.

In addition to its office in Suva, Fiji, DPS comprises six other offices across the Pacific. In guiding Member States, the division leverages the strengths of integrated approaches on regional issues and country-specific expertise at the national level. This direction has continued under the leadership of Regional Director Dr Takeshi Kasai, as his management team builds upon a legacy of progress to make the Region the safest and healthiest in the world.

Much of the division’s work is guided by the 1995 Healthy Islands vision, the unifying theme for Pacific health protection and promotion. This vision adopted among PICs goes well with the spirit of the comprehensive and multisectoral approach outlined in the WHO Thirteenth General Programme of Work 2019–2023.

While WHO tackles many health issues in the Pacific, its work focuses on combating noncommunicable diseases (NCDs) and strengthening health security – especially efforts to improve disaster preparedness and response and address the health impacts of climate change – as well as strengthening health systems and addressing unfinished health challenges, such as neglected tropical diseases. These foci are reflected in the high-level strategic priorities that will guide WHO’s work in the Region over the coming five years.

The hard work of Member States and the foundations laid over the past decade have produced real progress in the Pacific. Notable successes in the past year include enhanced emergency support, progress towards a regulatory platform for medicines and more robust mental health assistance. These achievements are important, but they are only snapshots of the overall strategic support and technical assistance WHO provides.

Much of this progress is due to the restructuring of WHO operating models in the Pacific, spurred by the need for a fresh approach to address the health consequences of climate change. In fact, the relationship between health and climate was a key consideration behind the decision to create DPS and continues to be a core component of the Region’s agenda going forward. This is especially important in the Pacific, where health impacts are felt more acutely. For some low-lying islands, rising sea levels threaten their very existence.

The white paper, For the Future: Towards the Healthiest and Safest Region, underscores why and how health must be at the centre of climate change discussions, especially in the Pacific. Over the past 12 months, WHO has worked with Member States and experts to develop the Pacific Islands Action Plan on Climate Change and Health, a road map that builds on national climate change and health impact plans championed by Dr Shin. More importantly, the Action Plan operationalizes the aspirations set out by Regional Director Dr Kasai to ensure that: health systems are resilient; resources are increased; and Pacific health leaders and Member States are empowered in climate change discussions and negotiations.

Over the past year, WHO has worked with Kiribati and Tuvalu to support the development of climate-resilient health systems. Both the Action Plan and wider efforts to combat the health impacts of climate change
require stepping up WHO leadership – in health and beyond – coupled with comprehensive, multisectoral advocacy and engagement.

This approach has proved valuable in other areas of work, particularly health emergencies. With 11 disasters and 26 outbreaks in the Pacific in 2018, effective cross-sectoral collaboration among resource-stretched governments, agencies, donors and partners was critical to mount effective responses.

To achieve this, WHO’s work in the Pacific has focused on strengthening core capacities required under the International Health Regulations, known as IHR (2005), and enhancing service delivery during emergencies. The results over the past year speak for themselves: development of emergency medical teams; ongoing implementation of the IHR (2005) Monitoring and Evaluation Framework, including a Joint External Evaluation in the Federated States of Micronesia; and the completion by many PICs of self-assessments of capacities to respond to public health risks.

In health systems, WHO has worked to bolster support towards universal health coverage (UHC) – including commencing support for a five-year primary health care modernization programme in French Polynesia. WHO is also helping to establish a subregional regulatory platform to improve access to more affordable and higher-quality medicines.
WHO and partners have also worked to revitalize the Pacific Health Information Network, supporting the health goals of PICs through health information and technology collaboration and information sharing. Work began to develop digital health strategies in Vanuatu in 2018 and in Tuvalu in 2019.

In the Pacific, WHO continues to support healthier populations, emphasizing national-level prevention and early detection and management of chronic conditions at the primary care level. WHO continues to support the Health Promoting Schools programme in Fiji. With 289 schools and 100,000 students involved, the programme seeks to improve health outcomes – and has prompted significant change. Prevention efforts have also enhanced behaviour impacting tobacco control measures, with support for legislative strengthening, improved enforcement and greater availability of tobacco cessation services.

These and all WHO areas of work in the Pacific are underpinned by the legacy of the last decade under Dr Shin – from keeping the Region safe to delivering results at the country level. DPS and its work are a testament to that vision of putting countries at the centre of WHO’s work. Moving forward, the ambitious agenda of Dr Kasai will build on this legacy to ensure that Pacific island countries and areas are healthier and safer. The new agenda prioritizes the needs of PICs with efforts focused on priority issues in order to support healthy, resilient lives and sustainable futures.

A Fijian student practises good hygiene at a Health Promoting School. Each participating school focuses on aspects of the programme that it most needs, including better sanitation and hygiene, nutrition and physical activity, and mental health and well-being.
Strengthening health security through partnership

Pacific island countries and areas are particularly vulnerable to public health emergencies, with 11 disasters and more than 26 disease outbreaks in 2018 alone. WHO’s decade-long commitment to keep the Western Pacific Region safe by enhancing health security capacities in all countries and areas enabled stronger support for preparedness and response to disasters and outbreaks.

The WHO Health Emergencies Programme (WHE) has provided direct support to Member States during these disasters and outbreaks, leveraging the results of years of work to enhance partnerships. Notably, a meningococcal C outbreak in Fiji – resulting in a number of deaths – was contained after efforts by WHO, the United Nations Children’s Fund and the Ministry of Health and Medical Services secured an affordable vaccine that was administered to more than 300,000 children and young adults.

WHO has continued to support the development of emergency medical teams (EMTs) in the Pacific. On 11 May 2019, Fiji’s Emergency Medical Assistance Team, or FEMAT, became the Pacific’s first internationally verified EMT. In partnership with the EMTs of Australia (AusMAT) and New Zealand (NZMAT), WHO trained FEMAT to respond to national and international sudden-onset emergencies. As a Type 1 EMT, FEMAT can provide life-saving clinical care to patients with severe trauma and other medical emergencies, outpatient care for up to 100 patients per day and public health interventions.

The EMT initiative is one more testament to the power of partnerships to help build capacity in countries. The past year also saw capacities of national EMTs strengthened in Cook Islands, Solomon Islands, Tonga and Vanuatu, as well as WHO support for emergency deployments in Vanuatu and the Commonwealth of the Northern Mariana Islands.

Fiji’s Emergency Medical Assistance Team (FEMAT) mobile field hospital deployed in Suva for WHO assessment: In 2019 FEMAT became the first team in the Pacific to be verified for international deployment.
Safer medicines in the Pacific

To achieve the 1995 Healthy Islands vision, with its strong links to UHC, people in the Pacific must have access to safe, effective and affordable essential medicines and vaccines.

To support countries on their journey towards UHC over the past year, WHO in the Pacific has focused on strengthening regulations and the regulatory environment for medicines to ensure access to safe medicines. WHO and partners have supported efforts to ensure fair prices, quality and availability of essential medicines in the past, but 2018 marked a turning point.

Work has been progressing to develop a subregional platform for medicines, which was endorsed by Pacific heads of health in April 2019. The plan is now at the ministerial level for advancement.

Progress on complex subregional arrangements, such as this platform for the regulation of medicines, demonstrates the viability of Pacific-wide approaches to health issues envisaged in the creation of DPS. WHO in the Pacific was able to leverage the expertise of others, support sharing of innovation and lesson-learning for future practice.

Working in partnership with Australia’s Therapeutic Goods Administration (TGA), WHO facilitated dialogue in 15 PICs on how to link intelligence and pharmacovigilance efforts to reduce the circulation of substandard and falsified medical products, helping to reduce the risk of harm in the subregion and globally. This intervention has led to TGA providing high-quality testing of key medicines for PICs with the results shared widely online.

Progress has been notable over the past year, with effective collaboration among PICs and impactful leadership by WHO and other partners. Building upon a legacy of leadership and innovation, and continuing efforts in this area, the future for Pacific medicines regulation is brighter than ever.
Turning the tide on mental health challenges

Putting countries at the centre of WHO’s work means putting people at the centre and not leaving anyone behind, especially the most vulnerable.

This commitment underpins WHO’s efforts to scale up support for mental health, a key component of the NCD agenda. Mental health issues are often neglected. Awareness of these issues is particularly low in the Pacific, even among health-care workers. To compound matters, mental health typically receives less 2% of health budgets.

A changing climate and frequent disasters have increased the demand for mental health and psychosocial support, particularly during emergencies. But the gap between needs and available services continues to widen in much of the Pacific. To address these challenges, WHO has scaled up efforts to develop local capacity and tailor work to address local conditions, including disaster response, climate change and the needs of people with disabilities.

To ensure universal mental health care delivery, WHO supports the integration of mental health into community-level primary health care. Workforce training via the Mental Health Gap Action Programme (mhGAP) continued over the past year in Fiji to develop skills and increase capabilities. Additionally, mhGAP supervisor training enhanced the capacity of staff managing mental disorders. In all, more than 1000 Fijian health workers were trained by mid-2019.

Elsewhere, Kiribati and Vanuatu continued to roll out mhGAP training, while in 2019, a train-the-trainers approach was undertaken in American Samoa and Cook Islands. As a result, the number of patients receiving treatment across these PICs has increased markedly.

To strengthen preparedness, WHO continued to enhance local psychological first-aid capabilities, particularly in American Samoa, Fiji, Kiribati, the Federated States of Micronesia, Tonga and Vanuatu. In addition, mental health and human rights training has continued across the Pacific in collaboration with the Pacific Disability Forum. Seeking to increase understanding of the rights of those impacted by mental disorders, the Marshall Islands and the Federated States of Micronesia commenced training in early 2019, following Fiji, Tonga, Solomon Islands, Samoa and Vanuatu in previous years.

Supporting these efforts, a multi-agency, multisectoral approach has been employed in collaboration with various WHO divisions and partners. While these efforts have increased awareness and availability of mental health services, large gaps remain. Continuing efforts will be needed to safeguard the health and dignity of those impacted by mental health, and reduce the NCD burden.

A nurse visiting her patient in Rarotonga, Cook Islands. Mental health is a critical aspect of primary health care, one that WHO has been supporting in the Pacific through increased capacity-building among local health workers.
Leadership, coordination and support

Introduction

Strengthening communications with a new web presence

Future brightens for WHO interns

WHO collaborating centres, unparalleled partners

Delegates, participants and guests gathered at the sixty-ninth session of the WHO Regional Committee for the Western Pacific in Manila, Philippines in October 2018.
Introduction

The Office of the Regional Director, the Division of Programme Management and the Division of Administration and Finance work in close coordination to support WHO’s work in the Western Pacific Region, coordinating technical programmes, country support, partner and donor relations, administrative and financial support, and communications.

The work of these branches of management is guided by the Regional Director’s vision of ensuring countries are always the starting point for WHO’s work. This year, the management team has led efforts to strengthen strategic communications including through the establishment of a new website for WHO in the Western Pacific Region, has continued to promote a strong culture of accountability and transparency, and has helped shape the new Regional Director’s vision and priorities for the next five years.

Office of the Regional Director

The Office of the Regional Director (RDO) directly supports the work of the Regional Director as the leader of WHO’s work within the Western Pacific Region and as a member of WHO’s global senior management team. RDO also provides leadership and coordination of communications, external relations and partnerships, and information products and services, and supports the work of WHO governing bodies.

The Communications unit (COM) within RDO works closely with the Region’s 15 WHO country offices, technical divisions and WHO headquarters to provide timely, accurate, credible, understandable, relevant and actionable health information and advice to policy-makers, partners and the public. This year, as part of a continuing effort to strengthen WHO communications in the Region, RDO led the development of a new website for WHO in the Western Pacific Region, including dedicated sites for all of the Region’s 37 countries and areas.

Strong communications rely on high-quality publications, information products and translation services. The Information Products and Services team (IPS), which includes the Library, the Publications unit and the Translation team, assist WHO staff and Member States in creating, translating, disseminating and retrieving health-related information.

The External Relations (ERP) unit supports good relationships with the 55 donors that directly support WHO’s work in the Region. ERP also ensures transparency and accountability in the use of donor funds, through rigorous systems of grant management and sustained coordination with technical units and country offices to ensure timely and high-quality donor reports. As a result, the Western Pacific Region has the highest proportion of donor reports submitted on time of all major WHO offices.

Division of Programme Management

The Division of Programme Management (DPM) provides overall direction for and coordination of the management of regional technical cooperation with Member States, through programme development and operations, country support and editorial services.

DPM directs strategic and operational planning focusing on results, oversees resource allocation based on priorities identified by WHO governing bodies as well as country cooperation strategies, fosters cross-programmatic collaboration and partnerships including with the United Nations (UN), and is responsible for overall coordination of governing body meetings as well as supporting mandates approved in WHO governing bodies.

The Programme Development and Operations (PDO) unit coordinates implementation of the programme
budget and strategic planning of the new programme budget across the Region. Over the past year, the unit supported the implementation of Programme Budget 2018–2019 with a 74.9% utilization rate against available resources as at 30 June 2019. The mechanism of follow-up at each budget centre is through a Programme Management Officer (PMO). The PMO Network meets regularly: monthly teleconferences and an annual face-to-face meeting to discuss concerns related to the programme budget within and across the Regional Office and country offices. They worked together in planning the Programme Budget 2020–2021, the first one under the Thirteenth General Programme of Work 2019–2023. This process ensured that the Region’s priorities for the next five years are reflected in the programme budget. PDO also supported the effective organization and management of 71 regional meetings held in 2018 involving Member State representatives, partners and more than 296 technical experts.

The Country Support Unit (CSU) works closely with WHO country offices to ensure that Member State priorities and needs are at the centre of all work. A key aspect of this is the responsibility to coordinate the development, monitoring and review of WHO country cooperation strategies. Cooperation strategies are jointly developed with Member States to guide WHO cooperation with countries in support of their national health policies, strategies and plans. They offer a medium-term strategic vision of five to six years. CSU also serves as a regional focal point for many initiatives: WHO global transformation; UN Reform; evaluation; and the Global Fund to Fight AIDS, Tuberculosis and Malaria. Additionally, the unit provides regional support for administering WHO collaborating centres, works closely with the human resources team to support interns and volunteers, and manages/coordinates significant cross-
cutting/special projects, such as the establishment of geographically dispersed specialized offices.

The Editorial Services team (EDT) continuously upgrades the quality and accessibility of documents that support the technical work of WHO in the Region. In addition to editing official documents, mission and meeting reports, EDT provides strategic guidance and quality control for information products in the Region and globally through its participation in the Publishing Policy Coordination Group. The team manages the updated Electronic Mission Report system and coordinates all documentation for the Regional Committee from all divisions in the Region. These documents, which now allow users to access reference materials by simply clicking hyperlinks, form the basis for important WHO technical support in Member States.

**Division of Administration and Finance**
The Division of Administration and Finance (DAF) consists of three units – Budget and Finance, Human Resources Management, and Information Technologies & Administration. The division ensures accountability and transparency in the use of funds through diligent reporting and oversight. Effective procedures for recruiting and retaining skilled staff, as well as support for equipping and empowering staff, help WHO deliver meaningful results in the Western Pacific Region.

The Budget and Finance unit within the division provides guidance, policies and reporting procedures that strengthen internal financial control for compliance and quality assurance. Over the past year, Direct Financial Cooperation (DFC) activities were implemented and reported in a timely manner in Member States across the Region, with financial support by the Organization that would otherwise have come from local government coffers. These payments assist governments to strengthen health development capacity, simultaneously enhancing the impact of WHO technical cooperation. The Region
has maintained zero overdue DFCs since September 2015. To ensure value for money, a total of 143 DFC quality-assurance activities have been conducted by WHO country offices in the Region, which is the highest among all WHO regional offices.

The Human Resources Management unit is tasked with recruiting world-class experts and getting them on board in the shortest time possible. The unit also considers gender and geographical representation to ensure gender balance and diversity among staff in the Region.

In 2018, WHO introduced professional counselling services to its workforce across the Region, including staff members and non-staff contractors such as consultants, as well as qualified dependents of staff members. This complements the services provided by ombudspersons and the Health, Safety and Well-being Committee. These efforts epitomize the Organization’s commitment to the welfare of staff and a safe working environment. The Region maintained its record of 100% compliance for timely completion of staff performance appraisals, known as Performance Management and Development System.

The Information Technology group worked to manage risks and increase compliance over the past year. Main initiatives focused on increasing infrastructure safeguards and back-ups, enhancing network quality, and delivering administrative and technical solutions based on best practices to meet WHO programme objectives. Key achievements included: the launches of an online consultant management system and a fixed asset management system.

In the Administrative Services Unit, 2018 saw a comprehensive review of services provided by external partners, which led to cost savings and increased efficiencies. Further, the unit continued to ensure security and an optimal working environment by enhancing a number of areas on the grounds of the Regional Office.

The Division of Administration and Finance provides diligent oversight to ensure that supplies and materials deployed to Member States reach those most in need while ensuring expediency, efficiency and cost-effectiveness.
Strategic, effective and well-coordinated communications are a crucial tool in WHO’s work to support countries to build a better, healthier future for people across the Western Pacific Region.

Former Regional Director Dr Shin Young-soo, identified strategic communications as a key priority for WHO’s work in the Region – a focus that is continuing under the new Regional Director Dr Takeshi Kasai.

From 2018 to 2019, a major focus of this work was the creation of a new web presence for WHO in the Western Pacific Region, including dedicated sites for each of the Region’s 37 countries and areas. As a result, countries are now much more prominently featured on the Region’s website. The Western Pacific is the first WHO region to achieve this milestone.

The process of reimagining WHO’s web presence began with a stakeholder survey that captured input from Member States, influential media in the Region, partners and staff. The survey suggested that WHO’s web presence needed a major overhaul: content was out of date; the information architecture of the site was no longer fit for purpose; and the content management system for maintaining the site was in need of replacement.

A thorough audit of the old site was conducted to inform the development and architecture of the new website – which was launched during the October 2018 session of the Regional Committee.

In the few weeks following the launch, more than 1200 stakeholders were surveyed, yielding extremely positive feedback on the new website. Analytics from the first eight months of the new site operation show that more people are visiting the WHO Western Pacific Region website as well as country office sites in the Region. Viewers are also spending more time, suggesting that they are better able to find the information they need once there.●

The Western Pacific is the first WHO region with dedicated websites for each of its 37 countries and areas, making it easier to find relevant, country-specific information.
Future brightens for WHO interns

Qin Xianjing hopes that her internship with WHO will help prepare her to play a role in solving health challenges in native Guangxi, a largely agricultural province located in western China.

“I want to get a better understanding (of health issues) to be able to help people,” says 27-year-old Qin, explaining her motivation to be an intern. She is in her first year of doctoral studies in social medicine and health management at Guangxi Medical University.

Qin is one of 184 interns from an array of countries who worked in WHO offices across the Western Pacific Region from 2017 to 2018. Interest has grown with higher numbers of applicants in recent years, as WHO has taken steps to make internships more attractive and accessible.

“Internships are one of the many ways we are preparing the Region for the health challenges of tomorrow,” explains WHO Regional Director for the Western Pacific Dr Takeshi Kasai. “Many of these bright minds will be tomorrow’s public health champions in Member States.”

To improve transparency, accessibility and equity in the internship programme, the World Health Assembly in May 2018 decided to increase financial assistance to interns “as soon as possible and no later than 2020”. The Assembly also stipulated that by 2022 most interns be from low- and middle-income countries.

Current interns, who must cover their own travel and living expenses, say the reforms will make the programme more effective by attracting even more talent. In Qin’s case, the university helped her parents – a schoolteacher and an agricultural supplies dealer – cover travel and living expenses.

“More help will mean more people can have this opportunity,” she says. “I’m so proud and nervous to do well because I’m the first one from this part of China.”
To achieve health-related Sustainable Development Goal targets, Member States in the Western Pacific Region face complex public health challenges: escalating health-care costs and inequities; advancing climate change; rapidly ageing populations; growing noncommunicable disease burdens; and persistent infectious diseases.

Strong partnerships in the health sector and beyond are critical to WHO's capacity to support Member States in addressing these challenges. Among WHO's partners, WHO collaborating centres stand out for the depth and breadth of support they provide in supporting the Organization to carry out its mandate and programmes while strengthening institutional capacity in countries.

Under the leadership of former Regional Director Dr Shin Young-soo, the Regional Forum of WHO Collaborating Centres in the Western Pacific has been organized every two years since 2014. Since the first forum, there have been vast improvements in how collaborating centres work with WHO and each other. Now some countries – Australia, Japan and the Republic of Korea – have in-country networks of collaborating centres. Collaborating centres routinely provide invaluable support for WHO and Member States, from timely diagnostic and testing assistance for infectious pathogens and vaccines during outbreaks to training health workers to improve the quality and safety of health-care services.

The Forum provides a platform for these innovations to take shape, where participants share progress, discuss innovative collaboration and networking mechanisms and explore ways to maximize the contribution of collaborating centres to health outcomes at the country level. The Third Regional Forum for WHO Collaborating Centres, held in Viet Nam in November 2018, brought together 227 participants from 140 collaborating centres across nine countries. The Forum reaffirmed the critical role of collaborating centres while strengthening information-sharing among WHO and collaborating centres, increasing understanding of country contexts and needs in order to improve alignment of collaborating centre activities with country priorities and WHO efforts to maximize impact at the country level.

Collaboration to improve WHO support at the country level will be strengthened further under the leadership of Regional Director Dr Takeshi Kasai. In 2020, the fourth Forum will review the outcomes of the partnerships of WHO, collaborating centres and Member States and guide the way forward to maximize the role of this critical component of WHO support.

Collaborating centres are vital to WHO’s country-level support for Member States, as reaffirmed by all participants at the Third Regional Forum of WHO Collaborating Centres in the Western Pacific in Ho Chi Minh City, Viet Nam.