WORLD HEALTH ORGANIZATION

ORGANISATION MONDIALE DE LA SANTE

REGIONAL OFFICE FOR THE WESTERN PACIFIC
BUREAU REGIONAL DU PACIFIQUE OCCIDENTAL

REGIONAL COMMITTEE

WPR/RC57/3

Fifty-seventh session
Auckland, New Zealand
18–22 September 2006

18 July 2006

ORIGINAL: ENGLISH

Provisional agenda item 8

PROGRAMME BUDGET 2004 2005: BUDGET PERFORMANCE (FINAL REPORT)

This document presents the final reports on the implementation of the regular budget and funds from other sources for 2004–2005 biennium.

The implementation of the regular budget from 1 January 2004 to 31 December 2005 amounted to US$ 71 436 000, or 100 % of the operating budget.

In addition, funds from other sources showed remarkable increases in terms of amount of funds mobilized, US$ 145 296 179, and expenditures, US$ 100 709 452 compared to the previous biennium. The total implementation for all funds during the period was US$ 172 145 452 (Annexes 2 and 3).

Information on the implementation by country is also provided (Annex 4). Information on programmatic outcomes is provided in Annex 5 of this report. It is based on an end-of-biennium assessment exercise and covers the period 1 January 2004 to 31 December 2005.

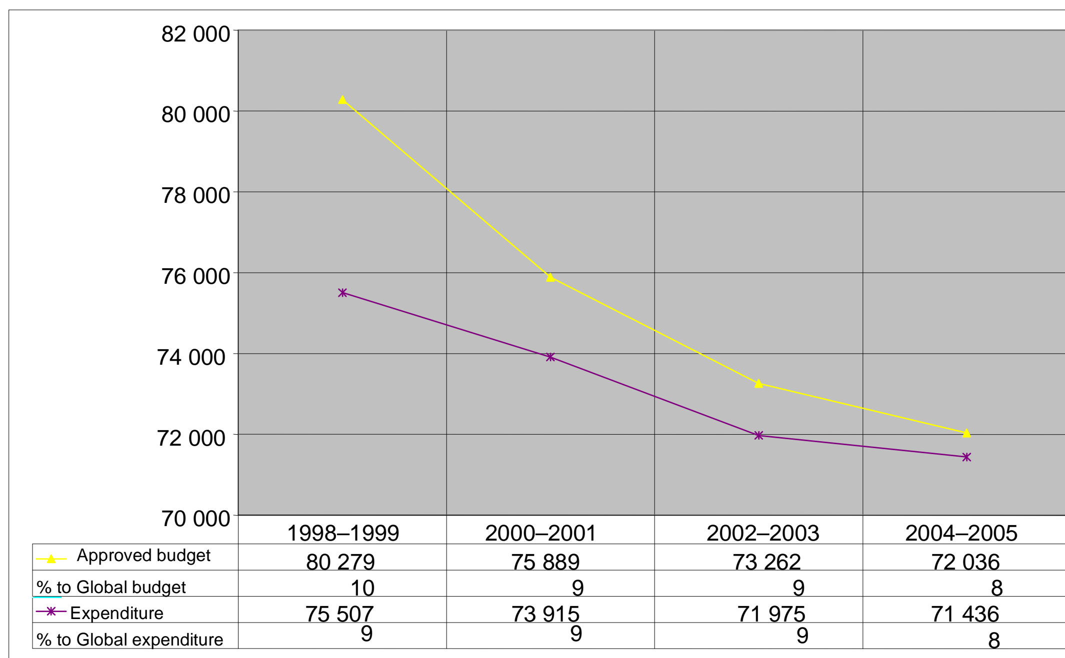
An interim report on the implementation of the regular budget and extrabudgetary funds for 2004-2005 was presented to the fifty-sixth session of the Regional Committee. The Regional Committee may now wish to review and discuss the final implementation figures.

This report on budget performance for the biennium 2004–2005 follows the interim report presented to the Regional Committee at its fifty-sixth session in September 2005. The programme outcomes reflect the situation as at 31 December 2005, based on information from the end-of-biennium assessment exercise conducted by all focuses and country offices. Information is also included on implementation of other sources of funds to provide a comprehensive picture of the total funds obligated and programme outcomes for each focus.

The 2004–2005 proposed programme budget for the Western Pacific Region was first presented to the Regional Committee at its fifty-third session in September 2002 and was subsequently approved at the Fifty-sixth World Health Assembly as part of the Global Programme Budget. The regular budget that was approved by the Health Assembly amounted to US$ 71 540 000 (a reduction of 2.35% from the 2002–2003 approved programme budget of US$ 73 262 000 as a result of resolution WHA51.31), it was later revised to US$ 72 036 000 due to inclusion of funds for International Health Regulations and SARS, and since then a number of other changes have been made which are detailed later in the report.

The following chart illustrates the impact of resolution WHA51.31, a cumulative reduction of US$ 19 650 000 in the regular budget allocation to the Western Pacific Region for bienniums 2000–2001 to 2004–2005 as from 1998–1999 as well as regular budget income and expenditure data.

Chart 1. Regular budget allocation and expenditure 1998–1999 to 2004–2005 (in US$ '000)



	1998–1999	2000–2001	2002–2003	2004–2005
Approved budget	80 279	75 889	73 262	72 036
% to Global budget	10	9	9	8
Expenditure	75 507	73 915	71 975	71 436
% to Global expenditure	9	9	9	8

EVOLUTION OF THE 2004-2005 REGULAR BUDGET

In December 2003, the Director-General established the initial working allocation at 97% of the 2004–2005 approved programme budget. WHO Headquarters initially withheld US$ 2 161 000, or 3% due to projected non-payment of assessed contributions but, on 17 June 2005, the Director-General released 2% of the withheld amount (or US$ 1 441 000). As a result, the working allocations released to the Western Pacific Region amounted to US$ 71 316 000 (Annex 1).

Since the establishment of the initial working allocation for 2004–2005 in December 2003, further adjustments have been made to the budget. Additional funds of US$ 120 000 were allocated by Headquarters for regional activities to be carried out by the focuses on sexually transmitted infections including HIV/AIDS and noncommunicable diseases including mental health (Annex 1). The revised working allocation as at 31 December 2005 was US$ 71 436 000 as shown in Annex 2, column 1 (operating budget in column 3).

Annex 2, column 2, consolidates all the changes that have occurred as a result of changes required to absorb cost increases, cost variations and changes due to reprogramming.

As requested by the Regional Committee, the programme budget was implemented in accordance with the themes and focuses proposed in the document *WHO in the Western Pacific Region: a framework for action* (WPR/RC50/2).[1]

At 31 December 2005, US$ 71 436 000, or 100 %, of the regular budget working allocation, had been obligated (Annex 2, columns 4 and 5).

OTHER SOURCES OF FUNDING

The Director-General's policy of increasing the allocation of resources to regions and countries, increased donors' interest in avian influenza as well as increased effort to mobilize resources at regional and country levels contributed to the increased level of funding and expenditure from other sources of funds. There was a 71% increase in the level of expenditures under other sources as

[1] Resolution WPR/RC50.R3.

compared to the previous biennium. The following charts illustrate the breakdown of funds received from other sources in 2004–2005 and expenditures from 1998–1999 to 2004–2005.

Chart 2: Income from other sources as of 31 December 2005 (in US$ '000)

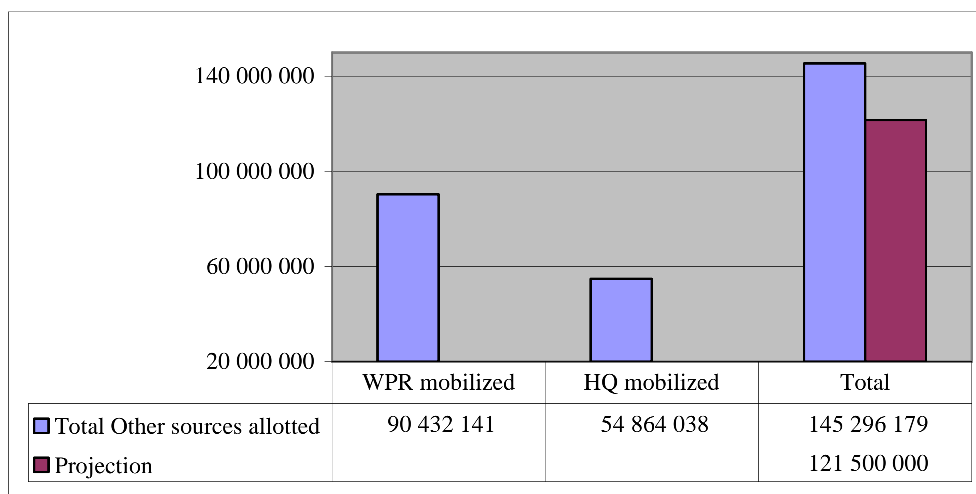
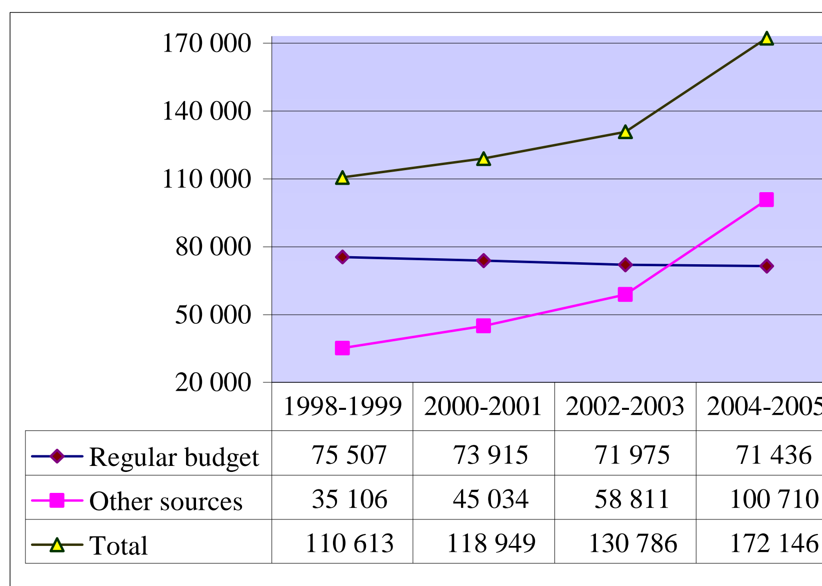


Chart 3. Expenditure from 1998–1999 to 2004–2005 (in US$ '000)



Implementation of other sources of funds by focus for regional and country activities appear in Annex 2, column 6. Columns 7 and 8 show the total implementation of all funds and implementation by focus as a percentage of all funds implemented.

Annex 3 illustrates that while many areas of work, such as Communicable disease surveillance, Essential medicines: access, quality and rational use, Blood safety and clinical technology and Surveillance, prevention and management of noncommunicable diseases exceeded the target set in the programme budget, there were other areas of work that did not achieve their targets.

Annex 4 contains information on the financial implementation of country programmes financed by the regular budget as well as those supported by other sources of funds. It should be noted that some countries such as Cambodia, China, the Lao People's Democratic Republic, Papua New Guinea, the Philippines and Viet Nam have benefited greatly from voluntary contribution whereas others such as Mongolia and some Pacific island countries have benefited to a lesser extent.

Results-based budgeting

The programme budget 2004–2005 followed a results-based approach, revolving around a set of objectives, strategies and expected results. A key feature of results-based budgeting is that it compels WHO to submit itself to self scrutiny and to compare actual accomplishments to expected results.

Results-based budgeting requires formulation of programmes and budgets that are driven by expected results articulated at the outset of budgeting process. Annex 5 provides a detailed narrative summary of what WHO programmes in the Region achieved in 2004–2005 biennium. The report is presented for all 18 focuses by the expected results included in the proposed programme budget approved by the Regional Committee at its fifty-fourth session.

Additional information on WHO activities in the Region during the biennium is contained in *The Work of WHO in the Western Pacific Region: 1 July 2003–30 June 2004*, *1 July 2004–30 June 2005* and *1 July 2005 – 30 June 2006*.

ANNEX 1

Changes to the 2004-2005 Regular Budget as at 31 December 2005

		Total (US$)	Column reference in Annex 2
I.	**Regular programme budget estimates presented to the Regional Committee at its fifty-third session and to the Fifty-sixth World Health Assembly**	**71 540 000**	
	PB 2004-2005 revised to include Funds for International Health Regulations and SARS	496 000	
II.	**Revised approved budget**	**72 036 000**	
	1% of budget withheld by the Director-General as contingency reserve*	(720 000)	
II.	**Working allocation**	**71 316 000**	
	Funds allocated from Headquarters for specific activities	120 000	
III.	**Revised working allocation**	**71 436 000**	1

*Note: Initial amount withheld was 3%. Release of 2% of the withheld amount (or US$ 1 441 000) by the Director General was received on 17 June 2005.

Financial implementation - regular budget and funds from other sources for the biennium 2004-2005 as at 31 December 2005

	(1) Regular budget working allocation	(2) Programme changes during implementation and other changes	(3) Operating budget (1)+(2)	(4) Actual expenditures/ obligations	(5) Percentage of operating budget implemented (4)/(3)	(6) Other sources implemented	(7) All funds implemented (4)+(6)	(8) Percentage of all funds implemented by focus
COMBATING COMMUNICABLE DISEASES								
1 Expanded programme on immunization	**2 073 000**	**2 195**	**2 075 195**	**2 064 204**	**99.47**	**13 017 974**	**15 082 178**	**8.76**
2 Malaria, other vectorborne and parasitic diseases	**3 935 000**	**221 965**	**4 156 965**	**4 030 967**	**96.97**	**16 887 296**	**20 918 263**	**12.15**
3 Stop TB and leprosy elimination	**1 610 000**	**23 862**	**1 633 862**	**1 637 636**	**100.23**	**10 720 914**	**12 358 550**	**7.18**
4 Sexually transmitted infections, including HIV/AIDS	**1 229 000**	**27 912**	**1 256 912**	**1 213 476**	**96.54**	**12 686 650**	**13 900 126**	**8.07**
5 Communicable disease surveillance and response	**2 835 000**	**320 637**	**3 155 637**	**2 942 397**	**93.24**	**10 597 905**	**13 540 302**	**7.87**
Subtotal	**11 682 000**	**596 571**	**12 278 571**	**11 888 680**	**96.82**	**63 910 739**	**75 799 419**	**44.03**
BUILDING HEALTHY COMMUNITIES AND POPULATIONS								
6 Healthy settings and environment	**6 334 000**	**169 142**	**6 503 142**	**6 476 564**	**99.59**	**2 925 039**	**9 401 603**	**5.46**
7 Child and adolescent health and development	**2 043 000**	**274 331**	**2 317 331**	**2 346 030**	**101.24**	**2 217 823**	**4 563 853**	**2.65**
8 Reproductive health	**1 456 000**	**(199 784)**	**1 256 216**	**1 256 711**	**100.04**	**1 625 156**	**2 881 867**	**1.67**
9 Noncommunicable diseases and mental health	**3 447 000**	**(411 154)**	**3 035 846**	**3 111 742**	**102.50**	**1 922 992**	**5 034 734**	**2.93**
10 Tobacco free initiative	**975 000**	**33 967**	**1 008 967**	**972 745**	**96.41**	**1 233 729**	**2 206 474**	**1.28**
Subtotal	**14 255 000**	**(133 498)**	**14 121 502**	**14 163 792**	**100.30**	**9 924 739**	**24 088 531**	**13.99**

	(1) Regular budget working allocation	(2) Programme changes during implementation and other changes	(3) Operating budget (1)+(2)	(4) Actual expenditures/ obligations	(5) Percentage of operating budget implemented (4)/(3)	(6) Other sources implemented	(7) All funds implemented (4)+(6)	(8) Percentage of all funds implemented by focus
HEALTH SECTOR DEVELOPMENT								
11 Health systems development and financing	**5 913 000**	**60 111**	**5 973 111**	**6 020 751**	**100.80**	**3 797 931**	**9 818 682**	**5.70**
12 Health technology and pharmaceuticals	**2 965 000**	**(22 105)**	**2 942 895**	**2 905 796**	**98.74**	**4 042 121**	**6 947 917**	**4.04**
13 Human resources for health	**7 512 000**	**(561 240)**	**6 950 760**	**6 941 207**	**99.86**	**2 528 185**	**9 469 392**	**5.50**
14 Health information and evidence for policy	**1 555 000**	**487 214**	**2 042 214**	**2 058 439**	**100.79**	**1 098 568**	**3 157 007**	**1.83**
15 Emergency and humanitarian action	**133 000**	**160 801**	**293 801**	**158 732**	**54.03**	**1 931 157**	**2 089 889**	**1.22**
Subtotal	**18 078 000**	**124 781**	**18 202 781**	**18 084 925**	**99.35**	**13 397 962**	**31 482 887**	**18.29**
REACHING OUT AND PROGRAMME MANAGEMENT								
16 Information technology	**1 173 000**	**(42 971)**	**1 130 029**	**1 141 773**	**101.04**	**5 664**	**1 147 437**	**0.67**
17 External cooperation and partnerships	**1 133 000**	**(25 466)**	**1 107 534**	**1 106 491**	**99.91**	**1 577 183**	**2 683 674**	**1.56**
18 Public information	**1 594 000**	**84 796**	**1 678 796**	**1 678 797**	**100.00**	**81 009**	**1 759 806**	**1.02**
19 Programme planning, monitoring and evaluation*	**14 561 000**	**(50 753)**	**14 510 247**	**14 572 684**	**100.43**	**3 237 362**	**17 810 046**	**10.34**
Subtotal	**18 461 000**	**(34 394)**	**18 426 606**	**18 499 745**	**100.40**	**4 901 218**	**23 400 963**	**13.59**
*Includes WHO Representative and Country Liaison Offices								

	(1) Regular budget working allocation	(2) Programme changes during implementation and other changes	(3) Operating budget (1)+(2)	(4) Actual expenditures/ obligations	(5) Percentage of operating budget implemented (4)/(3)	(6) Other sources implemented	(7) All funds implemented (4)+(6)	(8) Percentage of all funds implemented by focus
ADMINISTRATION AND FINANCE								
Budget and finance	**1 047 000**	**(17 317)**	**1 029 683**	**1 029 683**	**100.00**	**389 523**	**1 419 206**	**0.83**
Personnel	**655 000**	**(33 137)**	**621 863**	**621 863**	**100.00**	**585 108**	**1 206 971**	**0.70**
General administration	**4 414 000**	**(25 421)**	**4 388 579**	**4 388 795**	**100.00**	**7 117 201**	**11 505 996**	**6.68**
Supply	**604 000**	**(88 719)**	**515 281**	**515 281**	**100.00**	**79 794**	**595 075**	**0.35**
Subtotal	**6 720 000**	**(164 594)**	**6 555 406**	**6 555 622**	**100.00**	**8 171 626**	**14 727 248**	**8.56**
REGIONAL DIRECTOR'S OFFICE AND REGIONAL COMMITTEE								
Regional Director's office and development programme	**1 784 000**	**(403 203)**	**1 380 797**	**1 772 000**	**128.33**	**0**	**1 772 000**	**1.03**
Regional committee	**456 000**	**14 337**	**470 337**	**471 236**	**100.19**	**403 168**	**874 404**	**0.51**
Subtotal	**2 240 000**	**(388 866)**	**1 851 134**	**2 243 236**	**121.18**	**403 168**	**2 646 404**	**1.54**
Total	**71 436 000**	**0**	**71 436 000**	**71 436 000**	**100.00**	**100 709 452**	**172 145 452**	**100.00**

ANNEX 3

2004-2005 Other Sources
Budget and expenditure summary by area of work
As at 31 December 2005

Area of work		Programme budget 1/	Mobilized	Expenditure	% of Exp vs PB
Malaria	MAL	8 000 000	17 835 040	12 981 158	162
Immunization and vaccine development	IVD	15 000 000	17 259 115	12 980 067	87
HIV/AIDS	HIV	12 000 000	20 310 125	12 686 650	106
Communicable disease surveillance	CSR	4 000 000	14 182 778	10 345 758	259
Tuberculosis	TUB	12 000 000	13 995 443	9 624 133	80
Organization of health services	OSD	6 000 000	8 246 961	5 918 357	99
Communicable disease prevention, eradication and control	CPC	5 000 000	6 683 511	4 947 296	99
WHO's presence in countries	SCC	3 500 000	3 395 086	3 219 856	92
Essential medicines: access, quality and rational use	EDM	1 000 000	2 717 335	2 197 775	220
Emergency preparedness and response	EHA	5 000 000	2 326 411	1 931 157	39
Blood safety and clinical technology	BCT	500 000	3 197 389	1 661 125	332
Resource mobilization, and external cooperation and partnerships	REC	11 000 000	5 001 158	1 660 414	15
Child and adolescent health	CAH	5 000 000	1 713 830	1 452 757	29
Health and environment	PHE	6 000 000	2 155 915	1 442 757	24
Surveillance, prevention and management of noncommunicable diseases	NCD	500 000	1 814 919	1 310 689	262
Tobacco	TOB	1 500 000	1 527 601	1 233 729	82
Informatics and infrastructure services	IIS	5 000 000	6 460 349	1 194 465	24
Research and programme development in reproductive health	RHR	1 500 000	1 143 298	1 075 389	72
Sustainable development	HSD	1 500 000	1 185 303	958 660	64
Evidence for health policy	GPE	5 000 000	1 045 872	880 802	18
Nutrition	NUT	500 000	791 946	747 066	149
Injuries and disabilities	IND	2 500 000	680 997	614 424	25
Mental health and substance abuse	MNH	500 000	1 046 968	609 648	122
Human resources development	HRS	1 000 000	880 856	585 108	59
Making pregnancy safer	MPS	1 500 000	586 369	532 134	35
Food safety	FOS	1 500 000	945 965	412 137	27
Governing bodies	GBS	0	722 432	403 168	0
Health promotion	HPR	1 500 000	628 771	398 664	27
Budget and financial management	FNS	1 000 000	389 523	389 523	39
Research policy and promotion	RPC	1 500 000	188 360	147 172	10
Research and product development for communicable diseases	CRD	0	100 766	100 766	0
Health information management and dissemination	IMD	1 000 000	96 346	28 979	3
Women's health	WMH	0	18 011	17 633	0
Programme planning, monitoring and evaluation	BMR	0	18 900	17 506	0
Real Estate Fund	REF	0	6 002 530	6 002 530	0
Total		**121 500 000**	**145 296 179**	**100 709 452**	**83**

1/ As per EB 113/42 Add. 1

ANNEX 4

Final financial implementation by country for biennium 2004-2005 as at 31 December 2005

Country/Office	Regular budget			Other sources	Total implementation	Country implementation as percentage of total implementation
	World Health Assembly approved budget	Actual expenditure/ obligations	% of implementation	Actual expenditure/ obligations		
American Samoa	125 000	121 257	97.01	0	121 257	0.07
Australia	0	0	0.00	0	0	0.00
Brunei Darussalam	45 000	46 396	103.10	0	46 396	0.03
Cambodia	1 600 000	1 364 881	85.31	5 701 672	7 066 553	4.10
China	5 900 000	5 945 752	100.78	13 159 401	19 105 153	11.10
Cook Islands 1/	400 000	421 693	105.42	0	421 693	0.24
Fiji	980 000	935 523	95.46	41 089	976 612	0.57
French Polynesia	45 000	47 629	105.84	0	47 629	0.03
Guam	45 000	0	0.00	0	0	0.00
Hong Kong (China)	45 000	36 850	81.89	0	36 850	0.02
Japan	35 000	17 500	50.00	0	17 500	0.01
Kiribati	370 000	330 339	89.28	1 389	331 728	0.19
Lao People's Democratic Republic 1/	1 450 000	1 392 032	96.00	6 327 777	7 719 809	4.48
Macao (Chiana)	45 000	22 558	50.13	0	22 558	0.01
Malaysia 1/	850 000	759 083	89.30	0	759 083	0.44
Marshall Islands 1/	260 000	265 758	102.21	0	265 758	0.15
Micronesia, Federated States of	480 000	468 761	97.66	3 134	471 895	0.27
Mongolia	1 885 000	1 752 921	92.99	302 812	2 055 733	1.19
Nauru	96 000	87 487	91.13	26 044	113 531	0.07
New Caledonia	45 000	34 338	76.31	0	34 338	0.02
New Zealand	36 000	32 146	89.29	0	32 146	0.02
Niue	97 000	158 458	163.36	631 027	789 485	0.46
Northern Mariana Islands	45 000	48 672	108.16	0	48 672	0.03
Palau	115 000	100 227	87.15	0	100 227	0.06
Papua New Guinea 1/	2 250 000	2 627 393	116.77	1 510 499	4 137 892	2.40
Philippines 1/	1 550 000	1 631 160	105.24	5 332 208	6 963 368	4.05
Republic of Korea 1/	45 000	69 540	154.53	397 851	467 391	0.27
Samoa 1/	1 022 000	919 915	90.01	35 851	955 766	0.56
Singapore	45 000	34 296	76.21	0	34 296	0.02
Solomon Islands	1 263 000	1 029 364	81.50	1 287 287	2 316 651	1.35
Tokelau	95 000	90 466	95.23	0	90 466	0.05
Tonga	780 000	665 604	85.33	2 219	667 823	0.39
Tuvalu	115 000	92 637	80.55	12 593	105 230	0.06
Vanuatu 1/	960 000	868 571	90.48	62 939	931 510	0.54
Viet Nam 1/	3 950 000	4 060 793	102.80	10 433 417	14 494 210	8.42
Not distributed	975 000	0	0.00	0	0	0.00
Sub-total - countries	**28 044 000**	**26 480 000**	**94.42**	**45 269 209**	**71 749 209**	**41.68**
WHO's presence in countries	**12 008 000**	**14 093 000**	**117.36**	**1 929 704**	**16 022 704**	**9.31**
Total - countries	**40 052 000**	**40 573 000**	**101.30**	**47 198 913**	**87 771 913**	**50.99**
Regional and intercountry	**31 984 000**	**30 863 000**	**96.50**	**53 510 539**	**84 373 539**	**49.01**
Total	**72 036 000**	**71 436 000**	**99.17**	**100 709 452**	**172 145 452**	**100.00**
Allocation withheld by HQ (net of transfers)	(600 000)					
Total implementation	**71 436 000**	**71 436 000**	**100.00**	**100 709 452**	**172 145 452**	**100.00**

1/ Country expenditures include RDDP funded activities.

ANNEX 5

OUTCOMES (1 January 2004 - 31 December 2005)

1. Expanded Programme on Immunization

Expected result	Achievement of expected result as measured by indicators
1. Support provided to countries and areas to ensure that the poliomyelitis-free status of the Region is retained.	• None of the 37 countries and areas in the Region reported a case of wild poliovirus.
2. Support provided to enable countries and areas to reduce or interrupt measles transmission.	• The five-year average prevalence of measles was reduced by 50% in 19 countries and areas (American Samoa, Australia, Cook Islands, Fiji, French Polynesia, Kiribati, the Lao People's Democratic Republic, the Federated States of Micronesia, New Caledonia, New Zealand, Niue, the Commonwealth of the Northern Mariana Islands, Nauru, Samoa, Singapore, Solomon Islands, Tokelau, Tuvalu and Wallis and Futuna); 26 countries and areas (American Samoa, Australia, Palau, Brunei Darussalam, the Cook Islands, French Polynesia, Hong Kong (China), the Republic of Korea, Kiribati, Macao (China), the Federated States of Micronesia, Mongolia, the Marshall Islands, Nauru, New Caledonia, Niue, the Commonwealth of the

Annex 5

Expected result	Achievement of expected result as measured by indicators
	Northern Mariana Islands, New Zealand, Samoa, Singapore, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu, and Wallis and Futuna). It is assumed that developing countries and areas reporting no measles cases for the last year of reported data have probably interrupted measles transmission. It is also assumed that developed countries that have not reported outbreaks but may have reported cases on a sporadic basis (likely imported cases) have probably also interrupted transmission.
3. Support provided to countries and areas towards achieving maternal and neonatal tetanus elimination.	• Viet Nam has achieved maternal and neonatal tetanus elimination (confirmed by external verification).
4. Support provided to countries and areas to assure the quality of vaccines.	• Vaccines of assured quality used in 35 countries and areas. The National Regulatory Authorities of China and Viet Nam are not yet fully qualified.
5. Support provided to countries and areas to assure immunization safety.	• Safe injection plans of action developed in 11 countries and areas (Cambodia, Cook Islands, Malaysia, Mongolia, the Marshall Islands, Niue, the Commonwealth of the Northern Mariana Islands, Palau, the Philippines, Tonga and Tuvalu).

Annex 5

Expected result	Achievement of expected result as measured by indicators
6. Support provided to countries and areas to ensure that hepatitis B transmission is reduced.	• Transmission was reduced in 18 countries and areas (Australia, Brunei Darussalam, China, Cook Islands, French Polynesia, Hong Kong (China), the Republic of Korea, Malaysia, Mongolia, Nauru, New Zealand, Palau, Singapore, Tokelau, Tonga, Tuvalu, Viet Nam, and Wallis and Futuna) of the 23 that have information regarding birth dose coverage of hepatitis B vaccine, 16 countries and areas reported more than 90% timely coverage (within 24 hours of delivery) for babies of hepatitis B carrier mothers, three countries (Fiji, Micronesia and Nauru) reported between 80-90% and only four countries (the Lao People's Democratic Republic, Niue, Samoa and Viet Nam) reported less than 60%.
7. Support provided to countries and areas to strengthen immunization delivery systems.	• At least 90% DTP3 coverage was reported in 20 countries and areas (American Samoa, Australia, Brunei Darussalam, China, Cook Islands, French Polynesia, Hong Kong (China), Japan, Malaysia, Macao (China), Mongolia, New Zealand, Niue, Palau, Singapore, Tokelau, Tonga, Tuvalu, Viet Nam, and Wallis and Futuna).

Annex 5

Expected result	Achievement of expected result as measured by indicators
	• At least 90% hepatitis B vaccine coverage by 12 months of age was reported in 18 countries and areas (Australia, Brunei Darussalam, China, Cook Islands, French Polynesia, Hong Kong (China), the Republic of Korea, Malaysia, Mongolia, New Zealand, Niue, Palau, Singapore, Tokelau, Tonga, Tuvalu, Viet Nam and Wallis and Futuna).
8. Support provided to accelerate introduction of licensed new and underutilized vaccines.	• All countries and areas of the Region benefited from regular technical inputs provided through regional forms (Technical Advisory Group meetings, Pacific Immunization Programme Strengthening meetings, and biregional meetings on Japanese encephalitis) and enhanced their capacity to add one or more new antigens.
9. Support provided to countries and areas to appropriately plan and implement EPI programming.	• Fourteen countries and areas (Cambodia, China, Cook Islands, Fiji, the Lao People's Democratic Republic, Malaysia, Mongolia, New Caledonia, Palau, Papua New Guinea, the Philippines, Tuvalu, Vanuatu and Viet Nam) received direct technical support through field visits by WHO staff.
10. Support provided to optimize EPI programme operations.	• Of "all sources" of funds 90% were implemented.

Annex 5

2. Malaria, Vectorborne and other Parasitic Diseases

Expected result	Achievement of expected result as measured by indicators
1. Support provided to ensure that priority countries and areas receive effective technical and capacity support for planning and implementing practical and innovative activities for dengue control.	• Funds were mobilized from the United States Agency for International Development (USAID) for dengue control in the Lao People's Democratic Republic and to maintain the support for Cambodia (USAID and the World Bank). The new Greater Mekong Subregion: Regional Communicable Diseases Control Project includes support for the control of dengue in Cambodia, the Lao People's Democratic Republic and Viet Nam.
2. Support provided for Pacific Regional Programme for country-driven responses to dengue and other vectorborne diseases to be initiated in four selected countries and areas.	• Resources were secured to support dengue outbreak control in Tonga. Efforts were made to secure resources for other areas of the Pacific.
3. Support provided for operational research, quality assurance and effective evaluation of dengue control strategies.	• Operational research studies were ongoing in Cambodia and the Lao People's Democratic Republic involving new designs for jar covers. Dengue Communication for Behavioural Impact (COMBI) projects in Cambodia and the Lao People's Democratic Republic were

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Expected result	Achievement of expected result as measured by indicators
	evaluated in a joint WHO Headquarters/Regional Office for the Western Pacific mission.
4. Targeted technical and operational support provided to priority countries and areas for the implementation of mass drug administration (MDA).	• Of the 12 Pacific island countries and areas where lymphatic filariasis is endemic (American Samoa, Cook Islands, Fiji, French Polynesia, Kiribati, New Caledonia, Niue, Papua New Guinea, Samoa, Tonga, Tuvalu and Vanuatu), three (Cook Islands, French Polynesia and Niue) have reached 95% coverage in at least one MDA round.
5. Support provided to allow the Mekong Plus Initiative to be able to stimulate more effective partnerships and to implement the global lymphatic filariasis elimination strategy in the countries and areas included in the Mekong Plus group (Western Pacific Regional Office).	• All the countries and areas endemic for lymphatic filariasis have completed mapping the disease. • All countries except for the Philippines have scaled up their MDA to cover the entire population at risk. The Philippines is waiting for the confirmation of a World Bank loan and an AusAID grant to expand the MDA to the entire population at risk.
6. Countries and areas completing five years of MDA are supported to carry out surveys that demonstrate if microfilariae rates are less than 1%.	• Only Cook Islands and Samoa have completed their post-MDA surveys; neither reached the expected level of <1% antigenaemia. In Samoa, young males did not take their annual treatment and in the

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Expected result	Achievement of expected result as measured by indicators
	Cook Islands, prevalence remains high only on the island of Arutaki.
7. Priority countries and areas receive effective technical and operational support for expanding control programmes for parasitic diseases.	• Cambodia is the only country in the world to reach the global target of 75% of schoolchildren receiving regular deworming. The Lao People's Democratic Republic and Viet Nam have made significant progress towards that goal, which they are expected to meet within the next 2-3 years, with external support from the Government of Luxembourg. In the Pacific island countries, deworming campaigns were initiated in Kiribati, the Solomon Islands and Vanuatu.
8. Support provided for a regionally coordinated, expanded and more cohesive "War against Worms" programme.	• The proposed regional framework for the "War Against Worms" was not produced due to a lack of resources. Funds from the Programme for Technology Transfer (PTT) were used for deworming programmes in the Pacific.
9. Support provided to endemic countries and areas to receive adequate technical and capacity support to effectively manage their control programmes in line	• All 10 countries in the Region with endemic malaria (Cambodia, China, the Republic of Korea, the Lao People's Democratic Republic, Malaysia, Papua New Guinea, the Philippines, Solomon

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Expected result	Achievement of expected result as measured by indicators
with Roll Back Malaria (RBM) principles and approaches.	Islands, Vanuatu and Viet Nam) have control programmes based on RBM principles. The new name of RBM is now the Global Malaria Programme (GMP).
10. Support provided for more focused regional RBM initiatives that stimulate cohesive implementation of intercountry activities and partnerships for responding to the needs of populations at greatest risk for malaria.	• The implementation rate for "all sources" of funds was 83% (100% for funds derived from the regular budget). Unimplemented funds were from USAID and AusAID which were "carried-over" to the 2006-2007 biennium. Funds were mobilized through the ADB for the second phase of the Malaria Control for Ethnic Minorities in the Mekong Region Project.
11. Support provided for systems and mechanisms that further enhance the capacity of priority countries and areas to deliver immediate, good quality diagnosis, treatment and personal protection measures.	• The number of countries and areas among the 10 countries in the Region with malaria (see the list under expected result 9) that have established functional quality assurance systems or mechanisms for: - malaria diagnostics: five (Cambodia, the Lao People's Democratic Republic, the Philippines, Solomon Islands and Viet Nam), - antimalarial drugs: seven (Cambodia, China, the Republic of Korea, the Lao People's Democratic Republic, Malaysia, the Philippines and Viet Nam),

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Expected result	Achievement of expected result as measured by indicators
	- insecticide-treated nets: three (Cambodia, the Philippines and Solomon Islands). • Number of regional quality assurance facilities that are able to provide service to countries to improve the quality of: - malaria rapid diagnostic tests: two (Cambodia and the Philippines), - antimalarial drugs, especially artemisinin derivatives: three (Australia, Thailand and Viet Nam), - *in vitro* drug efficacy testing: one (Malaysia), - insecticide treated nets: nil.
12. Strengthening Malaria Control for Ethnic Minorities in the Greater Mekong Subregion, Greater Mekong Subregional Initiative which employs a participatory and locally-driven approach to information education and communication (IEC), social mobilization and advocacy developed and implemented.	• Relevant data disseminated among the countries of the Greater Mekong Subregion and partners: - Monthly RBM IEC Mekong project newsletter distributed, - Annual dissemination of malaria indicators including Geographic Information Systems in "Mekong Malaria", - The *Review of the Malaria Drug Efficacy Situation in 10 Countries of the WHO Western Pacific Region 1987-2003* was published,

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Expected result	Achievement of expected result as measured by indicators
	- The web-based Mekong Malaria Documentation Center was relocated to the Asian Collaborative Training Network (ACTMalaria) in Manila in 2005.

3. Stop TB and Leprosy Elimination

Expected result	Achievement of expected result as measured by indicators
1. Support provided to permit all countries and areas in the Region to achieve the leprosy elimination target of less than one case per 10 000 population.	• Sustained leprosy elimination status (less than 1 case per 10 000 population) was achieved in 35 countries and areas in the Region. • The prevalence rate in the Region of 0.057/10 000 population in 2004 represents a further 5% decline compared to 2003 baseline. In 2004, 22 countries and areas had fewer than 10 registered cases (the most recent data). • The Marshall Islands and the Federated States of Micronesia have not achieved the elimination target.

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Expected result	Achievement of expected result as measured by indicators
2. Technical support provided to enable selected countries and areas to set up cost-effective leprosy post-elimination surveillance systems.	• Post-elimination surveillance is now implemented throughout Cambodia; in 23 of the 58 provinces in Viet Nam, and in six areas in the Lao People's Democratic Republic. • The *Strategy to Sustain Leprosy Services Following Elimination in Asia and the Pacific* was published. The document was translated and workshops have been conducted to introduce the Strategy in Cambodia and Viet Nam. • The Strategy provides broad guidance to countries on implementing post-elimination activities, including surveillance.
3. Regional coordinating role for directly observed treatment, short-course (DOTS) implementation enhanced by strengthening technical support to countries and areas in order to achieve the 100% regionwide DOTS coverage target by 2005.	• DOTS expansion and case detection has accelerated tremendously in the Region in recent years. The population of the Region with access to DOTS increased from 77% in 2002 to 94% in 2004. Similarly, case detection also increased from only 40% in 2002 to 63% in 2004. The Region has continued to exceed the 85% treatment success rate target for several years now. Although the official 2005 figures will become available by

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Expected result	Achievement of expected result as measured by indicators
	mid-2006, early reports indicate that the Region has already achieved the targets and six of seven countries with a high burden of disease, including Cambodia, China, the Lao People's Democratic Republic, Mongolia, the Philippines, and Viet Nam have already reached the 2005 targets.
4. Regional coordinating role to provide adequate support for countries and areas to manage the emerging issues of HIV/TB co-infection, public-private mix DOTS (PPM DOTS) and multidrug-resistant TB (MDR-TB) and to strengthen social mobilization on the project by increased dissemination of advocacy materials.	• The regional TB-HIV framework for collaborative activities, which is an important first step, was developed. Of the five countries with a known significant TB-HIV problem (Cambodia, China, Malaysia, Papua New Guinea and Viet Nam), three countries (Cambodia, China and Viet Nam) have developed their national TB-HIV framework for collaboration. Cambodia developed effective collaboration between the TB and HIV programmes. Cambodia has also expanded TB-HIV collaborative activities to 10 operational districts in seven provinces. Although a Mekong-wide TB-HIV conference was successfully organized by the Government of Viet Nam in 2004, most parts of the Region have yet to implement TB-HIV activities,

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Expected result	Achievement of expected result as measured by indicators
	especially joint HIV surveillance among TB patients. • Several PPM DOTS models now exist in the Region (China, Japan, the Republic of Korea and the Philippines). There has been significant expansion of PPM DOTS in the Philippines. Collaboration between TB dispensaries and general hospitals (another form of public sector-driven PPM DOTS) has contributed to a huge increase in case detection in China. In Japan and the Republic of Korea, TB cases are identified largely through private sector collaboration (100% in Japan and 65% in the Republic of Korea). • Drug resistance surveys were conducted in several provinces of China, the Philippines and in Viet Nam. Results show significant problems with MDR in several provinces of China and in the Philippines. A high prevalence of MDR-TB was reported among prisoners in Mongolia. "DOTS-Plus", a programmatic approach to addressing MDR-TB, is being scaled-up in the Philippines and initiated in Mongolia. China has developed a national plan for piloting and expanding DOTS-Plus and

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Expected result	Achievement of expected result as measured by indicators
	has started building technical capacity in this field.

4. Sexually Transmitted Infections, including HIV/AIDS

Expected result	Achievement of expected result as measured by indicators
1. Support provided to countries and areas in the development of appropriate national policies, strategies and/or plans for the provision of HIV/AIDS and sexually transmitted infections (STI) prevention and care programme.	• Five countries (Cambodia, China, Fiji, Malaysia and Viet Nam) have included all global health sector strategy components in their national strategic plan.
2. Guidance and support provided to countries and areas in implementation and scaling up of HIV/AIDS and STI prevention and care programme.	• The 100% condom use programme (CUP) has been expanded: Cambodia – maintained in all provinces; China – 14 provinces; the Lao People's Democratic Republic – three provinces; Mongolia – six cities/aimags; the Philippines – eight cities and Viet Nam – maintained in 21 provinces (in a total of 52 sites). • In China, 35 sites are providing access to methadone maintenance treatment (MMT), and access for approximately

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Expected result	Achievement of expected result as measured by indicators
	7 000 patients. Needle and syringe access is now available at 90 sites. • In Malaysia, policy support for harm reduction was achieved in 2005 and a pilot MMT programme covering four sites began in the last quarter of the biennium. • In Viet Nam, access to needles and syringes has continued to develop in the 20 provinces identified under the Department for International Development (DFID), United Kingdom - funded WHO programme and elsewhere. • China, Cambodia, Fiji, Papua New Guinea and Viet Nam have increased the number of sites providing antiretroviral drugs (ARV). Cambodia has sites providing ARV in every province of the country. The countries and areas of the Pacific and the Lao People's Democratic Republic have developed ARV treatment guidelines and staff have received training to strengthen their HIV/AIDS care systems.

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Expected result	Achievement of expected result as measured by indicators
3. Support provided to countries and areas in strengthening HIV surveillance systems for planning, monitoring and evaluating interventions.	• Second-generation surveillance has been conducted in 13 countries (Cambodia, China, Fiji, Kiribati, the Lao People's Democratic Republic, Malaysia, Mongolia, the Philippines, Samoa, Solomon Islands, Tonga, Vanuatu and Viet Nam) including HIV sentinel surveillance, behavioural surveillance and an STI prevalence study.

5. Communicable Diseases Surveillance and Response

Expected result	Achievement of expected result as measured by indicators
1. Support provided to strengthen national surveillance and containment of known epidemic and emerging diseases.	• Three countries (the Lao People's Democratic Republic, Malaysia and Mongolia) developed national plans to strengthen communicable disease surveillance. • New guidelines to strengthen response to outbreaks were developed and existing guidelines were revised. These have included the biregional strategic framework for surveillance and response to epidemic-prone communicable diseases (with Regional Office for South-East Asia), regional guidelines for surveillance

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Expected result	Achievement of expected result as measured by indicators
	and outbreak response, and revision of the regional guidelines for antimicrobial resistance monitoring.
2. Support provided to develop strategies and training materials to build capacities for surveillance and outbreak response, including epidemiology and laboratory materials.	• The *Asia Pacific Strategy for Emerging Diseases* (APSED) was developed in collaboration with the Regional Office for South-East Asia. The Regional Committee endorsed this strategy in its fifty-sixth session in 2005 to further strengthen intercountry, interregional and global collaboration on emerging diseases. • A series of training materials and tools was developed in 2004, including modules on field epidemiology for short applied epidemiology courses for EpiNet team members in the Pacific island countries and areas; video guidance for personal protective equipment and safe sample collection in Vietnamese; training materials for the biosafety training programme performed at the National Institute of Hygiene and Epidemiology in Viet Nam; and a survey form for influenza surveillance. WHO cooperation was maintained with countries conducting Field Epidemiology Training Programmes (FETP) - Australia, China, Japan,

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Expected result	Achievement of expected result as measured by indicators
	Malaysia, the Republic of Korea and the Philippines.
3. Support provided to countries and areas for implementation of the new International Health Regulations (2005).	• A Regional Consultation on the Revision of the International Health Regulations (IHR) was conducted in April 2004 in Manila with 62 participants from 32 countries and areas. The major recommendations from the consultation have been incorporated into the revised draft. The Region has also actively participated in and made contributions to the revision process during the Intergovernmental Working Group on the revision of the IHR held at WHO Headquarters in Geneva in November 2004, February 2005 and the resumed session in May 2005. • Basic self-assessments of the degree of development of each capacity area using the inventory form developed by the Regional Office have been conducted by 27 countries and areas. • In May 2005, the World Health Assembly adopted the new IHR (2005) as the key global instrument for protection against the international spread of disease. The

Expected result	Achievement of expected result as measured by indicators
	first subregional workshop, the WHO Workshop on IHR (2005) and Pandemic Influenza Preparedness in the Pacific was held in Fiji in November 2005. The workshop was attended by 33 participants from 18 Member States and areas (American Samoa, Cook Islands, Fiji, French Polynesia, Guam, Kiribati, the Marshall Islands, Nauru, New Caledonia, the Commonwealth of the Northern Mariana Islands, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu and Wallis and Futuna). • Advocacy material on IHR (2005) has been developed as guidance for national leaders, policy-makers and funding agencies for distribution to countries, areas and partners to increase awareness. • WHO technical support was provided directly to Fiji and Kiribati in facilitating effective implementation of the IHR (2005). • The goals and the core capacity requirements for surveillance and response, defined under IHR (2005) have

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Expected result	Achievement of expected result as measured by indicators
	been incorporated into the Asia Pacific Strategy for Emerging Diseases (APSED), and they have helped frame its tactical approach.
4. Support provided for timely response to communicable disease outbreaks. (Please also refer to other outbreak response under ERs 6 and 14).	• In collaboration with WHO Headquarters in Geneva, support from the Global Outbreak and Response Network – GOARN (two epidemiologists and two laboratory experts) was mobilized in response to a request from the Department of Health of the Philippines to assess an outbreak of meningococcal disease in Baguio City. Laboratory supplies were also provided to strengthen surveillance capacity.
5. Support provided to enhance regional and national outbreak alertness and response.	• To strengthen collaboration with technical partners in Asia and the Pacific region, a GOARN Steering Committee meeting and a special meeting with potential GOARN partners in the Asia Pacific Region was held in collaboration with the Ministry of Health, Singapore. The meeting was attended by 11 participants from Cambodia, China, Malaysia and the Philippines to discuss potential roles of GOARN partners in support of three

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Expected result	Achievement of expected result as measured by indicators
	closely linked strategic issues: urgent preparedness for pandemic influenza; facilitating the implementation of IHR (2005); and implementing the *Asia Pacific Strategy for Emerging Diseases*. The special meeting has helped increase regional participation in GOARN. • In collaboration with the Field Epidemiology Training Programme (FETP) of the Ministry of Health, Thailand, a pilot training module on spatial epidemiology was held to develop the structure of a short course to enable public health professionals to efficiently use Geographic Information Systems (GIS) in disease surveillance and epidemic response. Support was provided for participants from Malaysia and the Philippines. • To strengthen laboratory response capacity in Viet Nam, construction of a biosafety level 3 laboratory at the Pasteur Institute in Ho Chi Minh City was assessed. A WHO technical expert provided recommendations for each phase of the project.

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Expected result	Achievement of expected result as measured by indicators
6. Support provided in response to *Streptococcus suis* outbreak.	• In July 2005, an outbreak in Sichuan Province, China, associated with high mortality, was reported to WHO by the Ministry of Health, China. The outbreak was caused by *Streptococcus suis*, a species of bacterium found in many parts of the world where pigs are raised. A Government response team applied extensive control measures. WHO provided support for the English translation of existing Chinese guidelines and protocols, including related journals on *Streptococcus suis*.
7. Support provided to emerging and resurging zoonotic diseases.	• WHO has provided support to countries and areas throughout the Region, driven mostly by the geographical spread of highly pathogenic avian influenza (HPAI) and ongoing human cases.
8. Support provided to strengthen the regional response to the SARS outbreak.	• More than 95% of the global SARS cases were reported in the Western Pacific Region, where 11 countries or areas (Australia, China, Hong Kong (China), Macao (China), Malaysia, Mongolia, New Zealand, the Philippines, the Republic of Korea, Singapore and Viet Nam) were significantly affected. WHO coordinated

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Expected result	Achievement of expected result as measured by indicators
	regional surveillance, response and resource mobilization.
9. Support provided to develop country preparedness and response to the SARS outbreak.	• A stockpile of emergency supplies and equipment is being maintained. Carry-over funds from 2003 were reprogrammed for emerging infectious diseases, including influenza, outbreaks caused by *Streptococcus suis* and meningococcal disease.
10. Support for collection and dissemination of information on SARS to health officials and to the general public to address concerns related to the epidemic.	• Thirteen media advisories were sent out to journalists and other interested parties. • A book on the SARS epidemic was prepared.
11. Support provided to strengthen the regional response to the avian influenza outbreak and pandemic preparedness.	• Twelve FETP trainees from the National Institute of Infectious Diseases Japan were recruited to triage the Regional Office for the Western Pacific outbreak e-communication and outbreak information and review document management to strengthen avian influenza surveillance and control.
12. Support provided to develop the response of countries to the avian influenza outbreak and pandemic preparedness.	• Two consultants were recruited for China and five for Viet Nam to provide infection control and laboratory diagnosis. A logistician was also recruited for

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Expected result	Achievement of expected result as measured by indicators
	Cambodia and the Lao People's Democratic Republic to assist in the procurement of supplies. Temporary advisers were recruited to improve country preparedness for avian influenza outbreaks by conducting training and workshops. • Supplies were purchased to strengthen laboratory capacity and surveillance in Cambodia, the Lao People's Democratic Republic and Viet Nam.
13. Support for collection and dissemination of information on avian influenza (AI) and pandemic preparedness to health officials and to the general public to address concerns related to these issues.	• A media officer was recruited for the county office in Viet Nam to manage communication needs in relation to surveillance and management of the avian influenza outbreak and other public health issues. Timely updates and 27 press releases were issued and were distributed and posted on the Internet related to the Disease Event Alert and Response situation. • Three workshops were held in Cambodia to assess the burden of avian influenza and to strengthen case management and laboratory investigation.

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Expected result	Achievement of expected result as measured by indicators
14. Support provided to building influenza surveillance capacity in Asia.	• A mid-term plan (two to three years) to strengthen virological surveillance of influenza in Mongolia. • Joint missions were conducted by WHO and the Government of China for laboratory and epidemiological investigation of avian influenza. • To further strengthen response, the *Pandemic Preparedness Guidelines* and the *WHO Internal Contingency Plan for Influenza Pandemic* were developed.
15. Explore risk reduction in strategies of avian influenza infection in human and animals associated with the market chain in Viet Nam.	• In July 2005, at the tripartite Food and Agriculture Organization of the United Nations (FAO)/World Organization for Animal Health (OIE)/WHO meeting in Malaysia, participants supported the recommendations for improved hygiene and animal management practices in the wet markets of Asia to limit the spread of highly pathogenic avian influenza. • In November 2005, a research study to identify and review legislation, regulations and standards addressing animal health and human health at key points along the poultry marketing chain was conducted.

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6. Healthy Settings and Environment

Expected result	Achievement of expected result as measured by indicators
1. Support provided to strengthen capacity at national and regional levels for effective leadership, policies and programmes on health promotion.	• A curriculum and training kit for the health promotion leadership training programme has been completed, and national health promotion programme managers from six countries (China, Fiji, Mongolia, Malaysia, the Philippines and Tonga) have participated in the training programme.
2. Support provided to strengthen capacity to undertake national healthy lifestyle campaigns.	• The Pacific Health Communications Workshop was attended by participants from 10 countries (Cook Islands, Fiji, Kiribati, Nauru, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga and Tuvalu). Three countries (Fiji, Tonga and Palau) have pursued healthy lifestyle communication plans.
3. Support provided to integrate and strengthen health promotion activities within other technical areas.	• Five countries and areas (Hirara, Okinawa, Japan; San Fernando, La Union, Philippines; Marikina, Metro Manila, Philippines; Kuching, Sarawak, Malaysia; and Palau) have initiated work on Tourism in Healthy Cities where tourism is a dominant industry.

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Expected result	Achievement of expected result as measured by indicators
4. Support provided to strengthen a regional mechanism to facilitate and coordinate the development of Healthy Cities initiatives.	• The Alliance for Healthy Cities network, was launched in October 2004 with 25 members from nine countries and areas (Australia, Cambodia, China, Japan, Malaysia, Mongolia, the Philippines, the Republic of Korea and Viet Nam). The membership grew to 52 members by the end of 2005.
5. Support provided for development of networks for healthy settings (school, marketplace and workplace) initiatives.	• The development of a web-based network and regional registry for health-promoting schools was initiated and a regional database on healthy workplaces was placed on the WHO website.
6. Support provided to develop models to link community-based health programmes for older persons with health facilities.	• Country profiles on ageing and health, including community-based health programmes for older persons, have been prepared for 36 countries and areas.
7. Support provided to strengthen capacity of targeted countries and areas to analyse and intervene to prevent injury.	• Eight countries have undertaken training programmes, and seven countries (Cambodia, China, the Lao People's Democratic Republic, Mongolia, Tonga, Vanuatu and Viet Nam) have initiated multisectoral prevention programmes.

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Expected result	**Achievement of expected result as measured by indicators**
8. Support provided for promotion of community-based rehabilitation services for persons with disability and support provided for integration into primary health care and healthy settings programmes in target countries and areas.	• Four Healthy Cities initiatives in four countries have focused on community-based rehabilitation programmes as part of their overall programmes.
9. Water quality standards and monitoring systems developed, the achievement of the Millenium Development Goals (MDGs) in water and sanitation facilitated, and household level water treatment techniques developed in target countries and areas.	• Nine countries (Cambodia, China, Fiji, Kiribati, the Lao People's Democratic Republic, Mongolia, the Philippines, Tuvalu and Viet Nam) have been supported to develop drinking water quality standards and monitoring systems, and five countries (Cambodia, China, the Lao People's Democratic Republic, the Philippines and Viet Nam) have introduce water safety plans.
10. Support provided to strengthen national capacity in the assessment and management of health impacts of environmental hazards from socioeconomic developments and global changes in target countries and areas.	• Support was given to 15 countries to strengthen national capacity in the assessment and management of health impacts of environmental hazards. Environmental health country profiles were developed in 14 countries. Six countries have initiated the development of national environmental health action plans.

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Expected result	Achievement of expected result as measured by indicators
11. Support provided to strengthen national capacity in the assessment, monitoring and management of air quality for health strengthened in target countries and areas.	• Two countries (the Lao People's Democratic Republic and the Philippines) have been supported to strengthen the assessment, monitoring and management of air quality for health.
12. Capacity improved to access chemical safety information, prepare and respond to chemical emergencies in target countries and areas.	• Five countries (Kiribati, Mongolia, Papua New Guinea, the Philippines and Vanuatu) have been supported to improve access to chemical safety information, prepare and respond to chemical emergencies.
13. Support provided to strengthen national capacity in developing appropriate waste management policies and plans in target countries and areas.	• The Lao People's Democratic Republic and Mongolia have been supported to develop appropriate health care waste management policies and plans.
14. Support provided to strengthen national capacity in occupational health and safety programmes in target countries and areas.	• The strengthening of occupational health and safety programmes was supported in nine countries (Australia, Brunei Darussalam, China, Malaysia, Mongolia, the Philippines, the Republic of Korea, Singapore and Viet Nam). Five countries (Brunei Darussalam, Malaysia, Mongolia, the Philippines and Viet Nam) have developed country occupational health and

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Expected result	Achievement of expected result as measured by indicators
	safety profiles. A Regional Framework for Action for Occupational Health and Safety has been developed.
15. Support provided to strengthen health input into multisectoral food safety activities at national, subregional and international levels.	• Of target countries, 80% have strengthened their food safety from production to consumption. Eight countries have initiated action to modernize legislation, and 14 countries have taken action to participate in the work of Codex.
16. Support provided to targeted countries and areas to strengthen their capacity to base their national food safety efforts on risk.	• All target countries (Fiji, the Philippines and the Solomon Islands) have strengthened their capacity in risk assessment.
17. Support provided to strengthen capacity to undertake foodborne disease surveillance, hazard monitoring and response enhanced in priority countries and areas.	• Two countries (Fiji and Viet Nam) have strengthened their capacity in food-borne disease surveillance. • Six countries have strengthened their capacity in hazard monitoring (Cambodia, Fiji, Kiribati, the Lao People's Democratic Republic, the Solomon Islands and Viet Nam).

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Expected result	Achievement of expected result as measured by indicators
18. Support provided to strengthen capacities in the areas of risk communication and food safety education.	• Seven countries (Cambodia, Fiji, Kiribati, Palau, the Philippines, Tuvalu and Vanuatu) have been supported to enhance food safety education.

7. Child and Adolescent Health and Development

Expected result	Achievement of expected result as measured by indicators
1. Support provided for planning, implementation, review and expansion of Integrated Management of Childhood Illness (IMCI) and other child health interventions.	• The *WHO/UNICEF Regional Child Survival Strategy* was developed and endorsed at the fifty-sixth session of the Western Pacific Regional Committee. • Country profiles for child survival were developed for six priority countries (Cambodia, China, the Lao People's Democratic Republic, Papua New Guinea, the Philippines and Viet Nam). • A review of maternal and child survival strategies was conducted in China jointly with WHO, UNICEF, UNFPA, the Ministry of Health and national academic institutions. • Meetings and workshops on child survival facilitated in Cambodia, China, the Lao People's Democratic Republic and Papua

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Expected result	Achievement of expected result as measured by indicators
	New Guinea, the Philippines and Viet Nam. IMCI coverage was expanded in Cambodia, China, Fiji, the Lao People's Democratic Republic, Mongolia, the Philippines and Viet Nam. Support was provided for improvement of the quality of paediatric referral care in Cambodia and the Solomon Islands. Support was also provided for integration and expansion of IMCI to pre-service education in Cambodia, China, Fiji, the Lao People's Democratic Republic, Papua New Guinea, the Philippines and Viet Nam. • A health facility survey was conducted in Cambodia, with the participation of representatives from Mongolia and Papua New Guinea. • A strategy to improve newborn care was developed in Viet Nam. Newborn care was improved as part of maternal and child survival strategies in China. A combined training course for counselling on breastfeeding, complementary feeding and feeding options for mothers living in HIV prevalent settings was developed.

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Expected result	Achievement of expected result as measured by indicators
2. Support provided for planning, implementation, monitoring and evaluation of national plans of action for nutrition (NPAN) including, where relevant, plans for the prevention and control of obesity.	• Review, monitoring and evaluation of national nutrition plans and policies were supported through training courses and national level activities in the following countries: China, Cook Islands, Fiji, the Lao People's Democratic Republic, Mongolia, Samoa, Tuvalu, and Vanuatu. • Multisectoral teams from four countries in the Region (Fiji, Malaysia, Mongolia and Viet Nam) took part in a WHO workshop held in Malaysia in 2005 to introduce Profiles as a means to strengthen advocacy for nutrition interventions. A national workshop on Profiles was conducted in the Lao People's Democratic Republic in 2004. • Five Pacific countries (Fiji, Kiribati, Palau, Tuvalu and Vanuatu) were supported in developing and strengthening their Healthy Schools Programme related to Nutrition, Food Safety and Water and Sanitation. • A nutrition and physical activity officer was appointed in Fiji to oversee implementation of activities related to the *Global Strategy on Diet, Physical Activity*

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Expected result	Achievement of expected result as measured by indicators
	and Health in the Pacific (21 countries and areas). • About 30 activities were conducted or supported for the implementation of the *Global Strategy on Diet, Physical Activity and Health* in the Region. • A Biregional Meeting for the development of an Integrated Strategy on Optimal Foetal Growth and Development was held in 2004 with two participants from each of eight countries of the Region. • Nutrition Country Profiles were posted on the WHO Western Pacific Regional Office website.
3. Support provided for the development, implementation, monitoring and evaluation of plans for infant and young child feeding.	• A training course on Implementation of the International Code of Marketing of Breastmilk Substitutes was conducted for six countries (Fiji, the Federated States of Micronesia, Palau, the Philippines, Samoa and Tonga). • The WHO integrated course on infant and young child feeding (IYCF) counselling was introduced for the first time in Manila for teams from seven countries (Cambodia, China, the Lao People's Democratic Republic, Mongolia, Papua

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Expected result	Achievement of expected result as measured by indicators
	New Guinea, the Philippines and Viet Nam). • Both China and the Philippines have finalized and adopted a national plan of action for IYCF. Samoa and Tonga have developed a national plan of action on IYCF. The implementation of the national plan of action on IYCF was supported in the Philippines. • A questionnaire on the current use of child growth charts was distributed to all countries and areas of the Region.
4. Support provided to develop and implement plans of action for the prevention and control of micronutrient deficiencies.	• A final evaluation of the Tibet Iodine Deficiency Disorders Elimination project was held and the final report was published in 2005. • Twelve papers on *Preventive Weekly Iron/Folic Acid Supplementation Can Improve Iron Status of Reproductive Age Women: Experience in Cambodia, the Philippines and Viet Nam* were published in a supplement to the December 2005 issue of *Nutrition Reviews.* • A pilot project for the prevention of anaemia in women and schoolchildren was started in Kiribati. Preparations for a

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Expected result	Achievement of expected result as measured by indicators
	pilot project on the prevention of anaemia in women of reproductive age and during pregnancy were made in China.

8. Reproductive Health

Expected result	Achievement of expected result as measured by indicators
1. Introduction of cost-effective interventions for unwanted pregnancy and unsafe abortion, and support given to update knowledge and skills of effective contraceptive methods in the priority countries and areas.	• Staff from 17 countries received training on improving quality of care in family planning and control of sexually transmitted infections (STI). • Training materials have been translated into Chinese, Laotian, Mongolian and Vietnamese and adapted in the Philippines. Training of health staff in family planning and the prevention and control of STI have been conducted in China, Mongolia, the Lao People's Democratic Republic, Solomon Islands and Viet Nam. • The regional framework on adolescent sexual and reproductive health has been finalized and edited.

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Expected result	Achievement of expected result as measured by indicators
2. Development or improvement of monitoring system to assess the progress of maternal mortality reduction and status of reproductive health in selected countries.	• Health staff of six countries (Fiji, Kiribati, the Marshall Islands, Solomon Islands, Tonga and Vanuatu) received training on strengthening health information systems for maternal and child health care services. The international edition *of Reproductive Health Surveillance System (RHSS) - User's Manual* was developed. • Six countries (Fiji, Kiribati, the Marshall Islands, Solomon Islands, Tonga and Vanuatu) developed a framework improving reproductive health reporting and recording systems.
3. Improve adolescent sexual and reproductive health.	• A regional framework on adolescent sexual and reproductive health has been developed.
4. Support provided to selected Pacific island countries for the adaptation and introduction of guidelines on sexual and reproductive health (Special Partnership Programme for 2005).	• Staff of 10 Pacific island countries and seven priority countries (Cambodia, China, Cook Islands, the Federated States of Micronesia, Fiji, Kiribati, the Lao People's Democratic Republic, the Marshall Islands, Mongolia, Papua New Guinea, the Philippines, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu and Viet Nam) attended a regional workshop on improving quality of care in family planning and STI control.

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Expected result	Achievement of expected result as measured by indicators
5. Support provided to priority countries and areas to develop policies on maternal and newborn mortality reduction.	• Three priority countries (China, Mongolia and Viet Nam) have developed and finalized national plans of action on maternal and newborn mortality reduction. Plans for Cambodia, the Philippines and Papua New Guinea were revised. Assistance was provided to the Government of the Lao People's Democratic Republic in developing the national plan of action on maternal and child health.
6. Support given for adaptation and introduction of appropriate evidence-based guidelines in national policies, strategies, programmes and standards for maternal and newborn care and postpartum care in selected countries and areas.	• Five countries (China, the Lao People's Democratic Republic, Mongolia, the Philippines and Viet Nam) adapted, translated and introduced Integrated Management of Pregnancy and Childbirth tools such as Managing Complications of Pregnancy and Childbirth (MCPC), Pregnancy, Childbirth, Postpartum and Newborn Care (PCPNC), Beyond The Numbers and Newborn Care Courses. • Five countries (China, the Lao People's Democratic Republic, Mongolia, the Philippines and Viet Nam) conducted training on MCPC and PCPNC at national and provincial levels.

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Expected result	Achievement of expected result as measured by indicators
7. Support given for increasing awareness of how to make pregnancy safer and generating awareness of reproductive health	• A regional consultation was held for the Regional Strategy on Adolescent Sexual and Reproductive Health. The United Nations Children's Fund and the United Nations Population Fund participated in the consultation.
8. Support given for dissemination of information on selected women's health and gender issues.	• Four documents on selected women's health and gender issues were disseminated to all priority countries (Cambodia, China, the Lao People's Democratic Republic, Mongolia, Papua New Guinea, the Philippines and Viet Nam). • Health staff of 10 countries (Cambodia, China, Japan, the Republic of Korea, the Lao People's Democratic Republic, Malaysia, Mongolia, Papua New Guinea, the Philippines and Viet Nam) received training through a regional workshop on gender and rights in reproductive, maternal and newborn health.

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9. Noncommunicable Diseases and Mental Health

Expected result	Achievement of expected result as measured by indicators
1. Support provided for adoption of standardized NCD surveillance activities.	All standardized noncommunicable diseases (NCD) surveillance activities were "on track". Overall, at the end of the biennium: • Mongolia, Nauru and Tonga had completed their analyses. • Tokelau had completed data entry. • Kiribati and Viet Nam had completed data collection. • Solomon Islands had started data collection. • The Federated States of Micronesia (Chuuk) and Papua New Guinea had started planning their surveys.
2. Support provided so that regional and national coordinating mechanisms exist for exchange of experience and for effective intersectoral action.	• Informal networking continued with the growth of the mailing list. • A prototype website had been developed to serve as the hub for a community of practice on physical activity. Another site has been developed for the sharing of WHO STEPwise approach to noncommunicable disease surveillance data.

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Expected result	Achievement of expected result as measured by indicators
3. Support given for implementation of evidence-based, appropriate, clinical management guidelines for diabetes and hypertension in countries and areas.	• Formal impact evaluation was carried out through the project on the intervention on childhood obesity in China. The Philippines and Viet Nam conducted process evaluation of their work. A joint meeting with the Regional Office for South-East Asia was supported in September 2005 in order to develop a common protocol for impact evaluation; this draft protocol has been developed but still needs review by counterparts.
4. Priority countries and areas supported in the development and implementation of integrated approaches to the prevention and control of NCD.	• The Philippines (Philippine Health Insurance Corporation) has collected the baseline data for the disease burden figures that will serve as a basis for the future design of NCD policies. A new project is now in development to pilot the use of commercial pharmacies as an outlet for hypertension medication. • Cook Islands reported on their clinical audit in Samoa in March 2005. • Training on diabetes guidelines was completed in Viet Nam in the demonstration provinces. All supplies and equipment were in place. Baseline surveys and audits were completed. There

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Expected result	Achievement of expected result as measured by indicators
	was a high rate of previously undiagnosed diabetes and high rates of complications detected.
5. Capacity for NCD prevention developed in selected developing countries in the Western Pacific Region.	• Close collaboration has resulted in development of the Mongolia National NCD Plan. Viet Nam revised its own plan and produced operational targets. The Philippines formalized its key performance indicators for the national NCD Coalition. • Cambodia and China were supported to start this work during the 2006-2007 biennium. Fiji, Palau, Samoa and Vanuatu completed National NCD Plans.
6. Support provided to two Pacific island countries and areas in the development of demonstration projects in community-based NCD prevention and control.	• The course had two cycles during the biennium. The two courses covered a total of 29 participants from 12 countries and areas.
7. Technical support provided to research conducted towards the development of a model for the prevention of avoidable childhood blindness.	• Projects have been identified and developed in Pacific island countries and areas (Cook Islands, Fiji, the Federated States of Micronesia, Samoa, Solomon Islands and Tonga) and another is under development in Nauru.

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Expected result	Achievement of expected result as measured by indicators
8. Assistance provided to two Pacific island countries in the analysis and reporting of NCD surveillance data.	• Support was provided to a number of countries including Fiji, Samoa, Marshall Islands and Nauru (among others). Fiji has published its report. Nauru has its completed a report pending a review of diabetes data in 2006.
9. Support provided to strengthen advocacy for mental health in countries and areas.	• Chinese translations of WHO publications in several areas were completed: alcohol policy, mental health legislation, mental health promotion and mental health policy and services package. The WHO instrument on mental disorders translated into Vietnamese and Mongolian languages. • Support was provided to celebrate the World Mental Health Day 2004-2005 (10 October) and World Suicide Prevention Day (10 September) in China, Fiji, Kiribati, Mongolia and Tonga.
10. National legislation, policies and plans of action on the prevention and treatment of mental disorders supported.	• Ongoing support was provided for the development of mental health legislation in China, Papua New Guinea, Samoa and Viet Nam. • Technical and financial support was provided for evaluation of mental health systems in China, Malaysia, Mongolia,

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Expected result	Achievement of expected result as measured by indicators
	Papua New Guinea, Solomon Islands, and Viet Nam.
11. Mental health service delivery and evaluation supported at national and local levels.	• A review of training needs was a core component of the programme of technical support for the organization of mental health services in Pacific countries and areas. An evaluation on previous training activities was conducted in China, Fiji, Papua New Guinea and Solomon Islands. • Support was provided to establish a regional network for urgent mental health response. AsiaLink and the Mental Health Consortium (Australia) are also engaged in the development of an interactive website and in the consultation process for the official launch of the network.
12. Support provided for the development of a research capacity in countries and areas, especially in connection with service improvement.	• Fellows from China, Mongolia, Samoa and Viet Nam participated in a four-week International Mental Health Leadership Programme in Melbourne, Australia through WHO fellowships.
13. Support provided for promotion of mental health, prevention of mental illness and suicide, and advocacy for global campaigns for mental health.	• Efforts were made to integrate mental health in general disaster and emergency responses. Relevant activities were supported in China and the Philippines. • An intercountry meeting on suicide

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Expected result	Achievement of expected result as measured by indicators
	prevention was held in August 2005. Participants from 22 countries and areas reported on their situation, shared experiences and lessons, and were actively involved in the training components on development of a national strategy for suicide prevention.

10. Tobacco Free Initiative

Expected result	Achievement of expected result as measured by indicators
1. Countries and areas enabled to actively participate in the ratification and implementation of the international Framework Convention on Tobacco Control (FCTC).	• All Member States of the Western Pacific Region signed the WHO FCTC and 25 of 27 ratified it, the best performance of any region. The Lao People's Democratic Republic and Papua New Guinea did not ratify by 31 December 2005, but were making progress to ratify by 2006.
2. Countries and areas assisted to improve and implement national plans of action on tobacco control.	• Of all Member States, 90% attended the FCTC capacity-building subregional workshops. New national plans were initiated or existing plans reviewed by 20 Member States which began actively implementing or planning implementation of the WHO FCTC provisions.

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Expected result	Achievement of expected result as measured by indicators
3. Support given to countries and areas to utilize comprehensive strategies for tobacco control, particularly in the areas of policy, legislation and regulation, clinical services, health promotion, media and advocacy, and education.	• Technical assistance for capacity-building was provided to 80% of all Member States through in-country consultations and visits, which emphasized comprehensive strategies. New legislation was developed by 10 countries (Brunei Darussalam, Cook Islands, Kiribati, Malaysia, Mongolia, New Caledonia, the Philippines, Solomon Islands, Tonga and Tuvalu and eight additional countries (Australia, China, Fiji, Guam, the Republic of Korea, New Zealand, Singapore and Viet Nam) significantly strengthened existing legislation.
4. Greater resources mobilized to support national and regional tobacco control programmes.	• The Regional Office for Western Pacific mobilized US$ 1.1 million in donor funds to support national and regional programmes. Seven countries (Brunei Darussalam, the Federated States of Micronesia, Guam, the Republic of Korea, Malaysia, Tonga and Viet Nam) increased governmental budgets for tobacco control (based on reported and verified data).

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Expected result	**Achievement of expected result as measured by indicators**
5. Tobacco control interventions integrated into other public health programmes, such as healthy settings and adolescent health programmes.	• Tobacco control programmes in 11 countries (China, Cook Islands, Fiji, the Republic of Korea, Malaysia, Mongolia, Nauru, the Philippines, Tonga, Vanuatu and Viet Nam) were integrated with health promotion, noncommunicable diseases and healthy settings and environment initiatives. This was done with the support of the Tobacco Free Initiative (TFI) through briefings, consultations and workshops. These covered best practices, publication of regional monographs (*Tobacco Free Sports Manual*, *Health Promotion Financing Opportunities in the Western Pacific*, and *The Establishment and Use of Dedicated Taxes in Health)*, as and integration of work with the NCD programme in WHO, WPRO.
6. Research, regional surveillance and database expanded to support tobacco control.	• The number of Member States participating in the Global Tobacco Surveillance System, which includes the Global Youth Tobacco Survey (GYTS) and Global Health Professional Survey (GHPS), was increased to 100%. Thirteen additional countries and areas (Brunei Darussalam, China, Hong Kong (China), Japan, the Republic of Korea, the Marshall

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Expected result	Achievement of expected result as measured by indicators
	Islands, New Zealand, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu) completed or were in the process of completing the GYTS. Health staff of five Member States (Cambodia, Fiji, Japan, the Republic of Korea and Viet Nam) were trained to conduct the GHPS, and one country completed it.

11. Health Systems Development and Financing

Expected result	Achievement of expected result as measured by indicators
1. Support provided for health insurance development as the main policy to protect the poor and low-income groups.	• Technical support was provided to six countries: Cambodia, Fiji, the Lao People's Democratic Republic, Papua New Guinea, Vanuatu and Viet Nam.
2. Support provided for national capacity- and capability-building in budgeting, financial planning and management in selected Pacific island countries and areas	• A training manual on budgeting, financial planning and management suited for Pacific island socioeconomic settings was developed. National experts from 10 Pacific island countries have been trained.

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Expected result	Achievement of expected result as measured by indicators
3. Support given for development and expansion of comprehensive and reliable National Health Accounts (NHA) in selected countries and areas.	• NHA was advocated in a number of countries and areas including in the Pacific. A NHA guide was translated into local languages, such as Mongolian. • Support provided to China to extend NHA to sub-provincial levels and the Philippines to financiers and service providers.
4. Countries and areas and WHO staff supported to increase awareness, knowledge and skills to address poverty, gender and health issues.	• External and internal capacity-building was undertaken on: - Health and development issues through collaboration with technical units and development of checklists to support integration of health systems issues in their programmes; organization of a high level forum on health-related Millennium Development Goals (MDGs) in Asia and the Pacific (June 2005); participation in a policy dialogue in Cambodia and the Lao People's Democratic Republic on prioritization, costing and better alignment between the MDGs and the national socioeconomic development planning process; finalization of a manual on health financing; and participation in regional meetings on MDGs and Poverty

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Expected result	Achievement of expected result as measured by indicators
	Reduction Strategy Papers. - Poverty, equity and gender through analytical documents for policy-makers on poverty and child health and poverty and TB; poverty- and equity-focused analytical work in health financing; several technical modules of a sourcebook on integrating poverty and gender into health; a regional workshop on gender and reproductive rights (December 2005); and preparatory work for a regional consultation on social determinants of health. - Health and human rights through an orientation in the Philippines and with WHO Representatives/Country Liaison Officers; translation of publications; and ongoing review of health of indigenous peoples.
5. Support given for guidance on policy development and programme implementation of health systems.	• A meeting was held with Asian countries in the Western Pacific Region in November 2005. This included observers from the Association for Medical Education in the Western Pacific Region (AMEWPR) and the Asia-Pacific Academic Consortium for Public Health (APACPH).

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Expected result	**Achievement of expected result as measured by indicators**
	• The revised Essential Public Health Functions (EPHF) framework was drafted after consultation meetings. Examples of methods and a protocol for EPHF assessment in the Pacific island countries were developed. • Two draft reports were developed to assist policy developers and advisers to identify important ethical issues in policy proposals; these reports are receiving further technical review.
6. Support provided to better inform the public health aspects of ongoing World Trade Organization accession negotiations.	• An interregional workshop held in India in October 2004, during which country plans and priorities were developed and identified.

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12. Health Technology and Pharmaceuticals

Expected result	Achievement of expected result as measured by indicators
1. Support provided to countries and areas in development and implementation of a national medicines policy or its elements, access to good quality essential medicines, medicine regulation and rational use of medicines.	• Support was provided to improve the implementation of national medicines policies or specific elements of national medicine policies, such as assessment of the pharmaceutical sector, medicine supply systems, medicine regulatory system, medicine financing, medicine pricing and rational use of medicines was given to 16 countries (Brunei Darussalam, Cambodia, China, Fiji, Kiribati, the Lao People's Democratic Republic, Malaysia, the Federated States of Micronesia, Mongolia, Papua New Guinea, the Philippines, Samoa, Solomon Islands, Tonga, Vanuatu and Viet Nam). • Six countries (Cambodia, the Lao People's Democratic Republic, Malaysia, Mongolia, Papua New Guinea and the Philippines) were supported to promote ethical practices in medicines registration, selection and procurement systems. • Four countries (Cambodia, the Lao People's Democratic Republic, Mongolia and the Philippines) were supported to

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Expected result	Achievement of expected result as measured by indicators
	combat counterfeit medicines through intensified surveillance and advocacy to providers and to consumers. • The Regional Rapid Alert System for Combating Counterfeit Medicines was joined by 28 countries.
2. Support provided to countries and areas for improved collaboration in promoting proper use of traditional medicine.	• A number of Member States were involved in standardization projects initiated by the Regional Office for the traditional medicine programme (TRM), as follows: - Experts (18) from China, Japan, the Republic of Korea and United Kingdom attended the 2nd Informal Consultation on Development of International Standard Terminologies on TRM in June 2005 in Tokyo, Japan. - Experts (14) from China, Japan, and the Republic of Korea attended the 2nd Informal Consultation on Development of Evidence-Based Clinical Practice Guidelines on TRM in July 2005 in Diego, Republic of Korea. - The 2nd Task Force Team Meeting on Development of Standard Acupuncture Point Locations was held in Beijing, China, in August 2005. One expert each

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Expected result	Achievement of expected result as measured by indicators
	from China, Japan and the Republic of Korea attended the meeting. - Experts (14) from Australia, China, Japan, the Republic of Korea, Singapore, United Kingdom and Viet Nam attended the Meeting on the Revision of Guidelines for Clinical Research on Acupuncture. - Experts (9) from China, Japan and the Republic of Korea attended the 5th Informal Consultation on Development of Standard Acupuncture Point Locations held in Kansai, Japan, in September 2005. - Experts (23) from eight countries (Australia, China, Japan, the Republic of Korea, Singapore, United Kingdom, United States of America and Viet Nam) attended the Meeting on Development of International Standard Terminologies on Traditional Medicine in Diego, Republic of Korea, in October 2005. - Experts (19) from China, Japan, the Republic of Korea, Mongolia and Viet Nam attended the Informal Consultation on Developing Evidence-Based Clinical Practice Guidelines for TRM on Cancer in November 2005 in Beijing, China.

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Expected result	Achievement of expected result as measured by indicators
3. Support provided to countries and areas in improving blood safety.	• Support was given to 14 countries (Brunei Darussalam, Cambodia, China, Fiji, the Lao People's Democratic Republic, Malaysia, Mongolia, Palau, Papua New Guinea, the Philippines, Samoa, Solomon Islands, Viet Nam and Vanuatu) to improve blood safety through various WHO activities: - Support was given to 10 countries (Brunei Darussalam, Cambodia, China, Fiji, the Lao People's Democratic Republic, Palau, Papua New Guinea, the Philippines, Samoa and Viet Nam) to strengthen or reform the national blood programme through consultancies, reviews or national blood safety workshops. - Eight countries (Cambodia, China, Fiji, the Lao People's Democratic Republic, Palau, the Philippines, Vanuatu and Viet Nam) were supported to develop voluntary nonremunerated blood donation programmes. Three countries (China, the Philippines and Viet Nam) were supported to conduct national training courses on voluntary donor recruitment using training modules jointly developed by

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Expected result	Achievement of expected result as measured by indicators
	WHO/Internal Federation of Red Cross and Red Crescent Societies. - Support was given to 11 countries to develop quality management system in the blood transfusion services. This includes: (1) Participants from 11 countries (Cambodia, China, Fiji, the Lao People's Democratic Republic, Malaysia, Mongolia, Palau, Papua New Guinea, the Philippines, Solomon Islands and Viet Nam) attended WHO two-week advanced quality management training (QMT) courses in Singapore; seven countries (China, Fiji, the Lao People's Democratic Republic, Mongolia, Papua New Guinea, the Philippines, and Viet Nam) were supported to conduct national QMT courses. Field visits by quality management experts to three countries (China, the Lao People's Democratic Republic and Mongolia) were supported. (2) WHO supported a External Quality Assessment Scheme (EQAS) for blood type serology through the collaborating centre in Singapore for eight countries (Cambodia, China, the Lao People's

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Expected result	Achievement of expected result as measured by indicators
	Democratic Republic, Malaysia, Mongolia Papua New Guinea, the Philippines and Viet Nam). • Attending the intercountry workshop on appropriate and safe clinical blood transfusion which was held in Macao (China) 28 participants from 10 countries and areas (Brunei Darussalam, Cambodia, China, Fiji, the Lao People's Democratic Republic, Macao (China), Malaysia, Mongolia, the Philippines and Viet Nam).
4. Support provided to countries and areas to improve the quality of clinical laboratory services.	• Support was given to 20 countries (American Samoa, China, Cook Islands, Fiji, Kiribati, the Lao People's Democratic Republic, Malaysia, Mongolia, the Marshall Islands, the Federated States of Micronesia, Nauru, Niue, Papua New Guinea, Palau, the Philippines, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu) to improve the quality of clinical laboratory services. • Seven countries (Cook Islands, Malaysia, Mongolia, Papua New Guinea, Solomon Islands, Vanuatu and Tonga) were supported to strengthen their quality management system through the visits of

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Expected result	Achievement of expected result as measured by indicators
	quality management experts or consultancies. The coverage of laboratory services were further expanded through WHO technical support. Mongolia was supported to review or restructure its national laboratory system and develop a specimen transport system between county and provincial laboratories. • China and the Philippines were supported to strengthen their national external quality assessment schemes (EQAS) for transfusion transmissible infections. • Twenty-three laboratories in 16 countries and areas (American Samoa, Cook Islands, Fiji, Kiribati, the Lao People's Democratic Republic, the Marshall Islands, the Federated States of Micronesia, Nauru, Niue, Papua New Guinea, Palau, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu) participated in the EQAS provided by a WHO Collaborating Centre in New Zealand supported by WHO. • Twenty-one participants from 13 Pacific island countries (Cook Islands, Fiji, Kiribati, the Marshall Islands, the

Expected result	Achievement of expected result as measured by indicators
	Federated States of Micronesia, Nauru, Papua New Guinea, Palau, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu) participated in the subregional workshop on strengthening blood safety and laboratory services in the Pacific.
5. Support provided to countries and areas to strengthen diagnostic imaging.	• In June 2004, the Fiji School of Medicine conducted a workshop on continuing education for diagnostic imaging for 12 participants from nine Pacific island countries.
6. Technical support provided to priority countries to increase their capacity in raising public awareness, creating demand for and improving safe injection, procurement and waste management practices.	• Six countries (Cambodia, China, Fiji, Kiribati, the Lao People's Democratic Republic and Mongolia) were supported to improve injection safety and related infection control practices. • Four countries (China, Fiji, Kiribati and the Lao People's Democratic Republic) were given support for preliminary injection safety assessment. • China and Mongolia were supported to conduct a national workshop or training to improve injection safety and related infection-control practice. • Mongolia and Viet Nam were supported to assess the impact of the injection safety

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Expected result	Achievement of expected result as measured by indicators
	projects in the countries. • Three countries (Cambodia, Mongolia and Viet Nam) were supported to develop information education communication (IEC) materials to promote injection safety. • Three countries (Cambodia, the Lao People's Democratic Republic and Viet Nam) were supported to develop comprehensive strategies and actions for universal precautions and safe injection advocacy. • Cambodia was supported to conduct an interactive group discussion to reduce the unnecessary use of injections. • Kiribati was supported to improve the disposal of needles and syringes in outer islands.

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13. Human Resources for Health

Expected result	Achievement of expected result as measured by indicators
1. Technical advice and developmental support provided to regional and country programmes.	• Fifteen technical missions were undertaken and there was WHO participation in several international and regional meetings, including but not limited to meetings in the following countries: China, Cook Islands, Fiji, Hong Kong (China), Japan, Kiribati, the Marshall Islands, the Federated States of Micronesia, Mongolia, Palau, Papua New Guinea and Viet Nam. • Technical support was provided to an external, independent evaluation of the WHO fellowship programme. • Training of fellowship WHO country office assistants was implemented. • Support was provided for 67 technical meetings and several other informal technical meetings. • Administrative support was provided for the implementation of 95% of planned fellowships and study tours (474 individual fellowships and 127 study tours).

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Expected result	Achievement of expected result as measured by indicators
2. Support provided to countries and areas for the preparation of methods, guidelines and tools for human resources for health (HRH) planning and management.	• At least seven countries (Brunei Darussalam, the Lao People's Democratic Republic, Malaysia, Mongolia, Papua New Guinea, the Philippines and Tuvalu) received technical support in HRH planning, management; the application and use of relevant tools or guidelines; and in rapid HRH survey research and analysis. • A situational analysis of health workforce issues in the region was undertaken. • A draft regional strategy on human resources for health 2006-2015 was developed. • More than 10 South Pacific island country nursing representatives received HRH technical support in the analysis of common HRH nursing and midwifery issues, including those impacting the health-related MDGs health goals, during the 2004 formation of the South Pacific Chief Nursing Officers Alliance.
3. Support provided for strengthened leadership, policy-making and research capacities of nurses and other health professionals.	• Over 300 nurses, midwives and other professionals were trained in leadership, strategic planning, injection safety, HIV/AIDS and other priority areas.

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Expected result	Achievement of expected result as measured by indicators
	• National and/or provincial plans and time schedules were established in at least two priority countries (China and Papua New Guinea).
4. Support provided to improve the quality of training and education of health professionals and to strengthen linkages between institutions and health services in target countries and areas.	• At least three countries and areas (American Samoa, Samoa and Viet Nam) undertook the analysis and/or evaluation of nursing education programmes and/or credentialing systems. • Accreditation guidelines were implemented, teaching methodologies conducted and quality improvement initiatives expanded in at least three countries (Cambodia, Fiji and the Lao People's Democratic Republic). • Fourteen institutional partnerships to develop or conduct distance education courses were developed in at least five Pacific island countries. • At least seven cross-country, inter-institutional partnerships to strengthen nursing and midwifery education, development, and practice were established or continue to be maintained. • Ninety training activities and courses were completed satisfactorily (including

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Expected result	Achievement of expected result as measured by indicators
	fellowships for Bachelor of Medicine and Bachelor of Surgery (MBBS) and Masters of Public Health (MPH) degrees; WHO fellows were placed and supported by the Japan International Corporation of Welfare Services (JICWELS) in Japan; Future Health Leaders were trained at Tokai University; and training of the President of the Papua New Guinea Midwifery Association was supported). • More than 250 health professionals trained from 10 Pacific island countries (Cook Islands, Fiji, Kiribati, the Marshall Islands, the Federated States of Micronesia, Palau, Samoa, Solomon Islands, Tonga and Vanuatu) in continuing education courses, and medical and public health open learning courses. • Ten Pacific island countries (Cook Islands, Fiji, Kiribati, the Marshall Islands, the Federated States of Micronesia, Palau, Samoa, Solomon Islands, Tonga and Vanuatu) have fully functional learning centres; four additional learning centres have been established in selected countries; and funding has been secured to establish learning centres in Nauru and Tuvalu.

Expected result	Achievement of expected result as measured by indicators
	• The Pacific Open Learning Health Net (POLHN) was externally reviewed and evaluated (2004); future network directions were endorsed by the Ministers of Health of the Pacific island countries in 2005. • Development of a POLHN business plan was started. • More than 15 senior policy makers and managers attended international meetings and training programmes.

14. Health Information and Evidence for Policy

Expected result	Achievement of expected result as measured by indicators
1. Support given for strategies, methods, guidelines and tools to be devised to enable countries and areas to enhance health information system (HIS) performance in collaboration with countries and areas and partner agencies.	• Integration of various HIS among programmes was promoted for better sharing of information, resource utilization and coordinated donor input. Information products were disseminated, including the Health Metrics Network (HMN) HIS tools and framework, and e-Health manuals to enhance improvement of HIS throughout the Region.

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Expected result	Achievement of expected result as measured by indicators
2. Support given to enable countries and areas to improve the use of health databases and health indicators in health service planning and programme management.	• Training and development of health and laboratory databases, health indicators and health reporting system were provided to support programme planning and management in four targeted countries.
3. Support provided to countries and areas to upgrade research capacity through research projects and training.	• Funding was provided for 12 research projects and eight other research projects in the Pacific countries and areas in collaboration with the Health Research Council of New Zealand. • A research training course was organized for the Pacific in New Zealand in 2005 with funding from WHO, the New Zealand Ministry of Health and NZAID. Other meetings to upgrade research capacity included: a workshop in June 2005 jointly organized with the Department of Research Policy and Cooperation, WHO, HQ and the Ministry of Health Malaysia, including five Member States (China, the Lao People's Democratic Republic, Malaysia, the Philippines and Viet Nam) for development of the Evidence-informed Policy Network (EVIPNet) and a research ethics conference in Jakarta in November 2005 (jointly with SEARO and the United

Expected result	Achievement of expected result as measured by indicators
	States National Institutes of Health). • National and regional training was supported in research ethics and was conducted in collaboration with the Forum for Ethics Review Committee in Asia and the Western Pacific.
4. A regional strategic plan on health information system (HIS) developed to guide countries to enhance HIS.	• The regional HIS strategic plan for the Western Pacific Region was finalized and distributed to countries and areas as a reference document.
5. Support provided to implement a high-level meeting on the Millennium Development Goals.	• A high level meeting on health-related Millennium Development Goals for Asia and the Pacific was successfully organized in June 2005.

15. Emergency and Humanitarian Action

Expected result	Achievement of expected result as measured by indicators
1. Support provided to collect, compile and analyse public health data on emergencies from countries and areas to share with other countries and areas and partner agencies.	• Assessments were conducted and information disseminated on 11 major emergency and humanitarian events in the Region. The Emergency and Humanitarian Action (EHA) webpage was updated to include reports on emergencies in the Region.

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Expected result	Achievement of expected result as measured by indicators
2. Support provided to improve emergency management through strengthened regional partnerships with relevant organizations and increased proactive technical support provided by WHO.	• Partnerships were strengthened with the following agencies: the Asian Disaster Preparedness Center, the Asian Disaster Reduction Center, the Japan International Cooperation Agency, the United States Centers for Disease Control and Prevention, the United States Agency for International Development. • Collaborative projects with WHO, HQ and regional offices were strengthened. • Emergency response support provided during eight major emergencies in the Region. Support was provided for the Asian tsunami response of WHO. • Technical guidelines were developed and disseminated, including *Western Pacific Region Emergency Response Manual; Pocket Emergency Tool, Field Manual for Capacity Assessment of Health Facilities in Responding to Emergencies*.
3. Support provided to ensure sufficient opportunities for national and provincial health staff in disaster-prone countries and areas to promote and update their emergency management capacity.	• Two international Public Health and Emergency Management for Asia and the Pacific (PHEMAP) training courses and five National PHEMAP training courses were conducted. • More than 230 persons trained in the

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Expected result	Achievement of expected result as measured by indicators
	PHEMAP courses. • National workshops were conducted in China, Malaysia, Papua New Guinea and the Philippines.
4. Support provided to increase accessibility to knowledge and skills on the best public health practices in emergencies among national and provincial health staff in disaster-prone countries and areas.	• A Regional Meeting of National Focal Points on Health Emergency Management was conducted in 2004. Eighteen Member States (Brunei Darussalam, Cambodia, China, Fiji, Japan, the Lao People's Democratic Republic, Malaysia, the Federated States of Micronesia, Mongolia, Niue, Papua New Guinea, the Philippines, the Republic of Korea, Samoa, Singapore, Solomon Islands, Vanuatu and Viet Nam) were represented. • WHO publications were translated to Vietnamese and Chinese and used in national training courses.
5. Support provided for identification of characteristics of past major disasters, hazard distribution and high-risk communities in disaster-prone Member States.	• WHO presented lessons learnt from recent experiences on emergencies in international meetings: Pacific Health Summit for Sustainable Risk Management and International Tsunami Conference. • Recent experiences from major emergencies in Fiji, the Federated States

Expected result	Achievement of expected result as measured by indicators
	of Micronesia, Niue, the Philippines, Samoa and Vanuatu were presented in the WHO Regional Meeting of National Focal Points. • Workshops to share national lessons learned were conducted in China, Papua New Guinea and the Philippines.

16. Information Technology

Expected result	Achievement of expected result as measured by indicators
1. Access to WHO programme management systems and allied systems enhanced.	• Development was shifted to a web-enabled application, allowing online access from all country offices. • Data exchange has been reprogrammed to use File Transfer Protocol access; this has reduced problems associated with using Outlook on the country office servers for the data exchange. • Key regional system was enhanced or redeveloped to improve functionality and access.

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Expected result	Achievement of expected result as measured by indicators
2. Enhanced security, performance and availability of the Regional Office's local area or wide area network (LAN/WAN) combined with a lower TCO.	• A new LAN infrastructure with redundancy was implemented, ready for integration with the new and renovated buildings at the Regional Office of WHO. • New and more cost-efficient server and data centre structure were installed, including a network attached storage, and a backup solution. • New Information and Communication Technology policies were developed and implemented, in collaboration with HQ and other regions.
3. Information and document management practices in WHO offices strengthened.	• Pilot SharePoint and document management systems were put in place. • Additional functionality and metadata information were explored.
4. Harmonization of Regional Office systems with counterparts in other regional offices and Headquarters.	• Ongoing collaboration with WHO, Headquarters and other regions has taken place on the Global Management System project (GSM), including updated system information for the GSM, the Global Private Network and WHO identity management system, including global security policies.

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Expected result	Achievement of expected result as measured by indicators
5. Improved access to technical information in the Regional Office throughout WHO and countries and areas.	• The regional website was redesigned and migrated to a content management system, and relaunched. • A simple web-based data presentation system was launched, which allowed web site visitors to select indicators and generate table, horizontal bar chart and country-level maps dynamically from the regional data. • Viet Nam began the implementation of Service Availability Mapping questionnaires as a tool to collect and present basic information on health services such as health infrastructure, human resources and services offered.

17. External Cooperation and Partnerships

Expected result	Achievement of expected result as measured by indicators
1. Support provided to strengthen collaboration, coordination and communication with intergovernmental and governmental bodies, civil society organizations, the private sector	• Seventy-three Memoranda of Understanding (MOU) or agreements were signed with 17 governmental partners, six United Nations agencies and intergovernmental partners and six foundations/NGO for joint activities both

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Expected result	Achievement of expected result as measured by indicators
and foundations in support of more focused and coherent programmes of collaboration with countries and areas.	at regional and country levels. • Ten joint meetings or missions were conducted with the Association of South-East Asian Nations, United Nations Children's Fund, United Nations Environment Programme, Asian Development Bank, Food and Agriculture Organization of the United Nations and Secretariat of the Pacific Community both at regional and country levels on communicable diseases surveillance, HIV/AIDS and STI prevention and care scale-up, emerging infectious diseases control and response including avian influenza, Roll Back Malaria, Stop TB, maternal and neonatal tetanus elimination, tobacco control, maternal and child health care, heath systems development and food safety.
2. Support provided to facilitate the improvement of relations with current donor partners and for seeking new partners to maintain and mobilize more resources for priority health programme at the regional and country levels.	• Extrabudgetary funds, received or committed, as of end of biennium, reached more than US$ 93.8 million, representing a 44% increase as compared to the amount (US$ 60 million) in the last biennium. Some 67% were mobilized or partly mobilized by the Region from 30 donor partners.

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18. **Public Information**

Expected result	Achievement of expected result as measured by indicators
1. Support provided to publish and disseminate practical manuals, guidelines, calendars, other advocacy materials, official documents and reference materials.	• The Public Information Office produced, marketed and distributed 95 titles in various subjects funded by respective technical units; participated in the 26th Manila International Book Fair (October 2005); training was undertaken in preparation for the planned regionalization of sales accounts in 2006. • Documents were translated and printed: The *World Health Report 2005 – Make Every Mother and Child Count*, harm reduction and neuroscience briefs, WHO Healthmapper, WHO articles, documents for the Regional Committee Meeting, documents on nutrition, malaria, health and human rights, private medical practice, international trade, marketing of live birds and animals for food, alcohol policy, macroeconomy, directly observed treatment, short-course, and laboratory biosafety. • Information materials were procured online and delivered to staff and

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Expected result	Achievement of expected result as measured by indicators
	researchers; training was conducted for WHO representatives and country liaison officers on information management (Manila and Suva). The regional workshop on the Health InterNetwork Access to Research Initiative (HINARI) for the Pacific Open Learning Health Net was conducted for supervisors and medical librarians in the Pacific (Suva). The regional workshop of national focal point librarians from the Western Pacific Region on the Global Health Library (Kuala Lumpur) was also conducted. Meetings on the establishment of the Western Pacific Region Index Medicus were held and training on HINARI was undertaken in Bangkok in collaboration with SEARO. Thirty-three Blue Trunk Libraries were purchased and distributed to Member States.
2. Support provided to improve the communications environment, leading to stronger media relations, increased use of information technology and better news reporting on health issues.	• Strengthened relations with media has resulted in increased attendance at WHO press conferences, meetings and other events. The Public Information Office (PIO) of the Regional Office developed 109 press releases with most featured in major newspapers, medical journals and

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Expected result	Achievement of expected result as measured by indicators
	even on radio and television. There was also heightened interest in the work of WHO as shown by the increase in the number of requests for interviews with WPRO spokesman, country media coordinators and other WHO staff.
3. Support provided to improve the knowledge of the general public about WHO's work in the Region through newsletters, advocacy materials and the website.	• PIO focused on coming up with more relevant and informative press releases and fact-sheets which were distributed to media within the Region. PIO also updated and expanded its mailing list (email and mailing addresses) so as to broaden the reach of our information materials. The list not only includes media but also non-governmental organizations public health practitioners and policy-makers. • PIO took a more active role in managing Western Pacific Regional Office's website, specifically the Media Centre and the home page, to ensure that news postings are up-to-date and relevant for media and the general public. The website has been reformatted to make it more user-friendly. This has resulted in an increase of 3.5 million visitor to the site as compared to the last biennium.

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