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BUREAU RÉGIONAL DU PACIFIQUE OCCIDENTAL**

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**PROGRAMME BUDGET 2010–2011: BUDGET PERFORMANCE
(FINAL REPORT)**

This document presents the final reports of the Regional Office for the Western Pacific on implementation of assessed and voluntary contributions for the 2010–2011 biennium by source of funding, strategic objective and category of expenditure.

In monetary terms, the implementation of assessed contributions amounted to US\$ 78.3 million or 100.0% of the final working allocation (US\$ 78.3 million) for the period of 1 January 2010 to 31 December 2011 (Tables 1, 3a and 3b). In addition, the activities implemented utilizing voluntary contributions amounted to US\$ 185.4 million as of 31 December 2011. The total implementation for all funds was US\$ 263.7 million as of 31 December 2011 (Tables 3a and 3b). The implementation of all funds by strategic objective and by budget centre is shown in Tables 4a and 4b, respectively and the implementation by category of expenditure is reflected in Table 5.

Information on outputs and results is provided in Annex 1 of this report. The information is based on an end-of-biennium assessment exercise and covers the period of 1 January 2010 to 31 December 2011.

An interim report on implementation of assessed contributions and voluntary contributions for 2010–2011 was presented to the sixty-second session of the Regional Committee. At this time, the Regional Committee may wish to review and discuss the final implementation figures.

IMPLEMENTATION OF PROGRAMME BUDGET 2010–2011

This document presents the final reports on implementation of assessed and voluntary contributions for the 2010–2011 biennium by source of funding, strategic objective and category of expenditure.

Structure of this document

With the aim of achieving coordinated reporting in uniform formats, this paper draws its information from the financial report and audited financial statements for the period of 1 January 2010 to 31 December 2011 (Document A65/29), discussed at the Sixty-fifth World Health Assembly in May 2012.

Level of programme budget

The proposed Programme Budget 2010–2011 was presented to the Regional Committee for the Western Pacific at its fifty-ninth session in September 2008. The Global Programme Budget 2010–2011 was approved at the Sixty-second World Health Assembly in May 2009. The assessed contributions approved by the World Health Assembly for the Region amounted to US\$ 78.7 million. This figure represents a 1.9% decrease from the US\$ 80.2 million approved for 2008–2009, reflecting the global reduction of assessed contributions due to a decrease in projected miscellaneous income for biennium 2010–2011.

Table 1. Financing sources summary: 2010–2011 and 2008–2009
(US\$ millions)

Programme budget 2010–2011			
Source of financing	Approved budget	Final working allocation	%
Assessed contributions	78.7	78.3	99.5
Voluntary contributions	227.8	234.9	103.1
Total	306.5	313.2	102.2

Programme budget 2008–2009			
Source of financing	Approved budget	Final working allocation	%
Assessed contributions	80.2	79.4	99.0
Voluntary contributions	256.7	277.7	108.2
Total	336.9	357.1	106.0

Table 2: Gaps in financing for 2010–2011 by strategic objective—all funds
(US\$ millions)

Strategic objective	2010–2011 Total						2008–2009 Gap
	Final working allocation	Income			Gap	% to Income	
		AC	VC	Total			
1 Communicable diseases	64.7	6.5	60.5	67.0	2.3	3.4	(10.3)
2 HIV/AIDS, tuberculosis and malaria	48.7	4.9	39.8	44.7	(4.0)	(8.9)	1.0
3 Chronic noncommunicable conditions	18.1	5.1	10.8	15.9	(2.2)	(13.8)	(4.9)
4 Child, adolescent, maternal, sexual and reproductive health, and ageing	21.4	4.2	10.2	14.4	(7.0)	(48.6)	(14.1)
5 Emergencies and disasters	12.6	1.5	6.8	8.3	(4.3)	(51.8)	(1.7)
6 Risk factors for health	19.1	3.4	10.0	13.4	(5.7)	(42.5)	(9.5)
7 Social and economic determinants of health	2.0	0.2	1.8	2.0	0.0	0.0	(1.6)
8 Healthier environment	13.0	2.7	8.4	11.1	(1.9)	(17.1)	(5.5)
9 Nutrition and food safety	12.1	2.0	6.0	8.0	(4.1)	(51.3)	(9.2)
10 Health systems and services	37.9	15.9	20.2	36.1	(1.8)	(5.0)	(2.6)
11 Medical products and technologies	14.5	2.8	7.9	10.7	(3.8)	(35.5)	(1.3)
12 WHO leadership, governance and partnerships	20.6	11.8	7.8	19.6	(1.0)	(5.1)	(0.1)
13 Enabling and support functions	28.5	17.3	10.5	27.8	(0.7)	(2.5)	(3.6)
Total	313.2	78.3	200.7	279.0	(34.2)	(12.3)	(63.4)

AC=assessed contributions; VC=voluntary contributions.

Due to uncertainties with regard to the payment of contributions from Member States, the WHO Director-General initially decided to establish the working allocation at 98%, hence temporarily reducing the Western Pacific Region's assessed contributions to US\$ 77.1 million. Effective May 2011, the Director-General released half of the 2.0% withholding, which resulted in a working allocation of US\$ 77.9 million. The subsequent release of an additional 0.5% resulted in the final working allocation of US\$ 78.3 million for 2010–2011.

During the biennium, the WHO Regional Office for the Western Pacific mobilized US\$ 200.7 million in voluntary contributions (Table 2).

Table 2 reveals the gaps in financing for the 2010–2011 biennium. While the Region mobilized adequate resources under Strategic Objective 1 (communicable diseases), gaps were identified in other strategic objectives during the implementation stage.

Implementation

The implementation of assessed contributions amounted to US\$ 78.3 million or 99.5% of the approved budget and 100.0% of the final working allocation for the period of 1 January 2010 to 31 December 2011. In addition, the activities implemented utilizing voluntary contributions as of 31 December 2011 amounted to US\$ 185.4 million or 78.9% of the final working allocation and 92.4% of the available resources (US\$ 200.7 million), respectively.

Table 3a compares the total implementation for 2010–2011 (US\$ 263.7 million as of 31 December 2011), with the figures from 2008–2009. Table 3b presents a comparison of implementation by country offices and Regional Office for the 2010–2011 and 2008–2009 bienniums.

Table 3a. Implementation of all funds
(US\$ millions)

Implementation 2010–2011						Implementation 2008–2009			
Fund	Income	Expenditure	Encumbrances	Total	%	Fund	Income	Implementation	%
Assessed contribution	78.3	76.9	1.4	78.3	100.0	Assessed contribution	79.4	79.2	99.8
Voluntary contribution	200.7	179.9	5.5	185.4	92.4	Voluntary contribution	214.3	150.8	70.4
Total	279.0	256.8	6.9	263.7	94.5	Total	293.7	230.0	78.3

The Financial Report and Audited Financial Statement for the period of 1 January 2010 to 31 December 2011 (Document A 65/29) presented to World Health Assembly in May 2012 reflects a total expenditure of US\$ 267.9 million, which includes expenditure against 2008–2009 encumbrances (Schedule 4 page 50 of the report). The figures reflected in the financial report represent the disbursements only and not the encumbrances.

Table 3b. Implementation by country offices and Regional Office
(US\$ millions)

Implementation 2010–2011					Implementation 2008–2009				
Level	Assessed contribution	Voluntary contribution	Total	%	Level	Assessed contribution	Voluntary contribution	Total	%
Country	45.9	119.9	165.8	62.9	Country	44.5	84.9	129.4	56.3
Regional	32.4	65.5	97.9	37.1	Regional	34.7	65.9	100.6	43.7
Total	78.3	185.4	263.7	100.0	Total	79.2	150.8	230.0	100.0

Table 4a and Table 4b show the implementation of all funds (expenditure plus encumbrances) by strategic objective and by budget centre, respectively.

Table 4a: Implementation by strategic objective
(US\$ millions)

Strategic objective	Expenditure		Encumbrances		Total		Impl	Current working allocation	Income	% Impl to Current Working Allocation	% Impl to Income	2008–2009 Impl	% 2008–2009 Impl to 2008–2009 Income
	AC	VC	AC	VC	AC	VC							
1 Communicable diseases	6.4	54.0	0.1	2.0	6.5	56.0	62.5	64.7	67.0	96.6	93.3	55.9	74.2
2 HIV/AIDS, tuberculosis and malaria	4.8	36.0	0.0	0.7	4.8	36.7	41.5	48.7	44.7	85.2	92.8	41.6	72.6
3 Chronic noncommunicable conditions	5.0	8.9	0.1	0.1	5.1	9.0	14.1	18.1	15.9	77.9	88.7	10.6	80.9
4 Child, adolescent, maternal, sexual and reproductive health, and ageing	4.2	9.0	0.0	0.2	4.2	9.2	13.4	21.4	14.4	62.6	93.1	9.1	79.1
5 Emergencies and disasters	1.5	6.6	0.0	(0.6)	1.5	6.0	7.5	12.6	8.3	59.5	90.4	8.0	67.8
6 Risk factors for health	3.3	9.0	0.0	0.4	3.3	9.4	12.7	19.1	13.4	66.5	94.8	11.0	85.3
7 Social and economic determinants of health	0.2	1.6	0.0	0.0	0.2	1.6	1.8	2.0	2.0	90.0	90.0	0.8	61.5
8 Healthier environment	2.7	7.3	0.0	0.4	2.7	7.7	10.4	13.0	11.1	80.0	93.7	6.7	80.7
9 Nutrition and food safety	1.9	4.9	0.0	0.6	1.9	5.5	7.4	12.1	8.0	61.2	92.5	4.6	85.2
10 Health systems and services	15.6	17.9	0.4	0.9	16.0	18.8	34.8	37.9	36.1	91.8	96.4	30.8	79.4
11 Medical products and technologies	2.8	7.6	0.1	(0.1)	2.9	7.5	10.4	14.5	10.7	71.7	97.2	9.6	71.6
12 WHO leadership, governance and partnerships	11.8	7.3	0.0	0.1	11.8	7.4	19.2	20.6	19.6	93.2	98.0	14.1	93.4
13 Enabling and support functions	16.7	9.8	0.7	0.8	17.4	10.6	28.0	28.5	27.8	98.2	100.7	27.2	92.2
Total	76.9	179.9	1.4	5.5	78.3	185.4	263.7	313.2	279.0	84.2	94.5	230.0	78.3

AC=assessed contributions; VC=voluntary contributions; Impl=implemented

Table 4b: Implementation by budget centre
(US\$ millions)

Budget Centre	Income			Implementation			% Implementation/ available resources			2008–2009 Impl	% 2008–2009 Impl to 2008-09 Income
	AC	VC	Total	AC	VC	Total	AC	VC	Total		
American Samoa	0.1	0.0	0.1	0.1	0.0	0.1	100.0	-	100.0	0.1	100.0
Brunei Darussalam	0.0	0.0	0.0	0.0	0.0	0.0	-	-	-	0.1	100.0
Cambodia	3.6	18.8	22.4	3.5	17.4	20.9	97.2	92.6	93.3	23.1	77.0
China	8.4	21.8	30.2	8.5	19.3	27.8	101.2	88.5	92.1	28.8	80.0
Cook islands	0.4	0.0	0.4	0.4	0.0	0.4	100.0	-	100.0	0.5	100.0
Fiji	2.8	1.2	4.0	2.8	1.1	3.9	100.0	91.7	97.5	3.5	89.7
French Polynesia	0.1	0.0	0.1	0.0	0.0	0.0	-	-	-	0.1	0.0
Japan	0.0	0.0	0.0	0.0	0.0	0.0	-	-	-	0.1	0.0
Kiribati	0.9	0.4	1.3	0.9	0.4	1.3	100.0	100.0	100.0	1.1	91.7
Lao People's Democratic Republic	3.0	13.6	16.6	3.0	13.0	16.0	100.0	95.6	96.4	12.4	81.6
Malaysia	1.6	0.6	2.2	1.6	0.6	2.2	100.0	100.0	100.0	2.1	95.5
Marshall Islands	0.3	0.0	0.3	0.4	0.0	0.4	133.3	-	133.3	0.3	100.0
Micronesia, Federated States of	0.5	0.0	0.5	0.5	0.0	0.5	100.0	-	100.0	0.6	100.0
Mongolia	2.6	3.9	6.5	2.6	3.2	5.8	100.0	82.1	89.2	5.6	86.2
Nauru	0.1	0.0	0.1	0.1	0.0	0.1	100.0	-	100.0	0.1	100.0
Niue	0.1	0.0	0.1	0.1	0.0	0.1	100.0	-	100.0	0.1	100.0
Northern Mariana Islands, Commonwealth of the	0.0	0.0	0.0	0.0	0.0	0.0	-	-	-	0.1	0.0
Palau	0.1	0.0	0.1	0.1	0.0	0.1	100.0	-	100.0	0.1	100.0
Papua New Guinea	3.8	13.8	17.6	3.8	12.8	16.6	100.0	92.8	94.3	12.0	88.9
Philippines	2.3	14.3	16.6	2.4	12.6	15.0	104.3	88.1	90.4	8.3	62.9
Republic of Korea	0.1	0.2	0.3	0.1	0.2	0.3	100.0	100.0	100.0	0.3	100.0
Samoa	2.2	0.9	3.1	2.2	0.9	3.1	100.0	100.0	100.0	2.3	95.8
Singapore	0.0	0.0	0.0	0.0	0.0	0.0	-	-	-	0.1	100.0
Solomon Islands	1.9	1.7	3.6	1.9	1.7	3.6	100.0	100.0	100.0	2.3	85.2
Tokelau	0.1	0.0	0.1	0.1	0.0	0.1	100.0	-	100.0	0.1	100.0
Tonga	1.3	0.4	1.7	1.4	0.4	1.8	107.7	100.0	105.9	1.5	83.3
Tuvalu	0.1	0.0	0.1	0.1	0.0	0.1	100.0	-	100.0	0.1	100.0
Vanuatu	1.7	1.3	3.0	1.7	1.3	3.0	100.0	100.0	100.0	2.0	90.9
Viet Nam	6.2	22.2	28.4	6.2	20.6	26.8	100.0	92.8	94.4	22.1	73.7
Pacific Island Countries	1.4	15.2	16.6	1.4	14.3	15.7	100.0	94.1	94.6	0.0	0.0
Office of the Regional Director	2.1	1.2	3.3	2.1	1.2	3.3	100.0	100.0	100.0	2.2	104.8
Division, Administration and Finance	6.3	6.1	12.4	6.2	6.2	12.4	98.4	101.6	100.0	11.1	92.5
Division, Combating Communicable Diseases	3.6	24.7	28.3	3.6	22.9	26.5	100.0	92.7	93.6	36.9	70.7
Division, Building Healthy Communities & Populations	5.9	11.4	17.3	5.8	10.1	15.9	98.3	88.6	91.9	20.5	83.0
Division, Health Sector Development	6.7	10.5	17.2	6.6	9.5	16.1	98.5	90.5	93.6	21.6	70.8
Division, Programme Management	6.2	4.3	10.5	6.3	4.0	10.3	101.6	93.0	98.1	7.8	87.6
Division, Health Security and Emergencies	1.8	12.2	14.0	1.8	11.7	13.5	100.0	95.9	96.4	0.0	0.0
Total	78.3	200.7	279.0	78.3	185.4	263.7	100.0	92.4	94.5	230.0	78.3

AC=assessed contributions; VC=voluntary contributions; Impl=implemented

The implementation of assessed and voluntary contributions in 2010–2011, broken down by category of expenditure, is shown below in Table 5.

**Table 5: Implementation by category of expenditure (encumbrances shown as reconciling item)
(US\$ millions)**

Category	2010-2011		2008-2009	
	Amount spent	%	Amount spent	%
Staff cost	118.1	46.0	95.8	45.0
Contractual services	36.3	14.2	30.1	14.1
Direct financial cooperation	32.9	12.8	26.2	12.3
Travel	23.7	9.2	22.0	10.3
Medical supplies and literature	9.8	3.8	9.8	4.6
General operating costs	9.6	3.7	9.6	4.5
Others*	26.4	10.3	19.5	9.2
Total Expenditure	256.8	100.0	213.0	100.0
Encumbrances	6.9		17.0	
Total Implementation	263.7		230.0	

*Others include equipment, furniture and vehicles, training, consulting, research services, telecommunications and fellowships

During the 2010–2011 biennium, the largest percentage of expenditure was attributed to staff costs (46%), followed by contractual services (14.2%) and direct financial cooperation (12.8%).

Travel costs include those associated with attending training activities and meetings convened and/or supported by WHO. The Secretariat continues to enact cost-saving measures to reduce travel expenditures.

Outputs and results

Annex 1 contains the end-of-biennium performance report on outputs and results, summarizing progress made from 1 January 2010 to 31 December 2011 towards strategic objectives and regional expected results identified in the Programme Budget 2010–2011.

During the discussions of the interim performance report for the Programme Budget 2010–2011, it was noted that overall implementation had increased for the period. The overall increase in implementation rates compared to the previous biennium reflected strengthened regional financial management and improved functioning of the Global Management System. Also, the improved implementation rates reflected more realistic budgeting and better planning.

The performance assessments at the office level were consolidated and synthesized into reports by strategic objective teams at the Regional Office. The degree of success in achieving the regional expected results was assessed on the basis of the following criteria:

- Fully achieved—All indicator targets for the regional expected result were met or surpassed;
- Partly achieved—One or more indicator targets for the regional expected result were not met; and
- Not achieved—No indicator targets for the regional expected result were met.

The overall performance by strategic objective and regional expected result for 2010–2011 was satisfactory. Of the 101 regional expected results, 93% were on track and 7% were at risk. Those at risk were partly achieved, which means that one or more of the indicator targets were not met.

PROGRAMME BUDGET 2010–2011 OUTPUTS AND RESULTS

SUMMARY OF PROGRESS MADE TOWARDS
STRATEGIC OBJECTIVES AND REGIONAL EXPECTED RESULTS
1 January 2010–31 December 2011

March 2012

COUNTRIES AND AREAS* OF THE WESTERN PACIFIC REGION			
COUNTRY	ACRONYM	COUNTRY	ACRONYM
<i>American Samoa</i>	ASM	<i>New Caledonia</i>	NEC
Australia	AUS	New Zealand	NEZ
Brunei Darussalam	BRN	Niue	NIU
Cambodia	KHM	<i>Northern Mariana Islands, Commonwealth of the</i>	MNP
China	CHN	Palau	PLW
Cook Islands	COK	Papua New Guinea	PNG
Fiji	FJI	Philippines	PHL
<i>French Polynesia</i>	PYF	<i>Pitcairn Islands</i>	PCN
<i>Guam</i>	GUM	Republic of Korea	KOR
<i>Hong Kong (China)</i>	HOK	Samoa	WSM
Japan	JPN	Singapore	SGP
Kiribati	KIR	Solomon Islands	SLB
Lao People's Democratic Republic	LAO	<i>Tokelau</i>	TKL
<i>Macao (China)</i>	MAC	Tonga	TON
Malaysia	MYS	Tuvalu	TUV
Marshall Islands	MHL	Vanuatu	VUT
Micronesia, Federated States of	FSM	Viet Nam	VNM
Mongolia	MNG	<i>Wallis and Futuna</i>	WAF
Nauru	NRU		

* Areas are indicated by italics.

Annex

List of abbreviations

AC	assessed contributions		
ADB	Asian Development Bank	cMYPs	comprehensive multi-year plans
ADH	adolescent health		
AEFI	adverse events following immunization	CO	country office
AFHS	adolescent-friendly health services	CSF	Country Strategic Framework
ANC	antenatal care	CSR	Emerging Disease Surveillance and Response
AMR	antimicrobial resistance	d4T	stavudine
APCOM	Asia Pacific Coalition on Male Sexual Health	DCC	Division of Combating Communicable Diseases
APNLC	American Pacific Nursing Leaders Council	DHP	Division of Building Healthy Communities and Populations
APPEDNN	Asia Pacific Emergency Disaster Nursing Network	DHS	Division of Health Sector Development
APSED	Asia Pacific Strategy for Emerging Diseases	DOTS	directly observed treatment, short course
ART TWGs	Antiretroviral Therapy Technical Working Groups	DPM	Division of Programme Management
ASEAN	Association of Southeast Asian Nations	DPS	Division of Pacific Technical Support
AusAID	Australian Agency for International Development	DSE	Division of Health Security and Emergencies
CACMS	China Academy of Chinese Medical Sciences	EASAN2	Second East Asia Ministerial Conference on Sanitation and Hygiene
CBR	Community-based rehabilitation	ECP	External Cooperation and Partnerships
CCs	collaborating centres	EHA	Emergency and Humanitarian Action
CCS	Country Cooperation Strategy	EID	emerging infectious diseases

EMS	emergency medical services	FSER	National Food Safety Emergency Response
EOC	Emergency Operation Centre	G6PD	glucose-6-phosphate dehydrogenase
EPI	Expanded Programme on Immunization	GACP	Guideline for Good Agricultural and Collection Practice
ERC	Ethics Review Committee	GAIN	Global Alliance for Improved Nutrition
ESCAP	United Nations Economic & Social Commission for Asia and the Pacific	GASP	Gonococcal Antimicrobial Susceptibility Programme
ESHUT	Environmentally Sustainable and Healthy Urban Transport	GATS	Global Adult Tobacco Survey
ESR	Emerging Disease Surveillance and Response	GAVI	Global Alliance for Vaccines and Immunization
ESRC	event-based surveillance and response systems for the community	GBV	gender-based violence
EST	Environmentally Sustainable Transport	GDF	Global Drug Facility
EVM	effective vaccine management	GEMS	Global Environment Monitoring System
FAO	Food and Agriculture Organization of the United Nations	GF R10	Global Fund, Round 10
FAPA	Federation of Asian Pharmaceutical Association	GFN	Global Foodborne Infections Network
FCTC	Framework Convention on Tobacco Control	GGM	Good Governance for Medicine
FET	field epidemiology training	GLC	Green Light Committee
FFI	Flour Fortification Initiative	GMP	good manufacturing practice
FIND	Foundation for Innovative New Diagnostics	GOARN	Global Outbreak Alert and Response Network
FOS	Food Safety	GPN	global private network
		GSHS	Global School-based Student Health Survey
		GSM	Global Management System

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GYTS	Global Youth Tobacco Survey	ICS	incident command system
HIS	health information systems	ICTM	International Classification of Traditional Medicine
HAARP	HIV AIDS AusAID Regional Programme		
HCF	health care financing	IHR	International Health Regulations
HCWM	health care waste management	IMCI	Integrated Management of Childhood Illness
HEART	Health Equity Assessment and Response Tool	INFOSAN	International Food Safety Authorities Network
HIA	health impact assessment	INPUD	International Network for People Who Inject Drugs
Hib	<i>Haemophilus influenzae</i> type b	INTERPOL	International Criminal Organization
HIS	health information systems	IPTP	intermittent preventive treatment in pregnancy
HiTs	Health in Transition	IPV	inactivated polio vaccines
HIV	human immunodeficiency virus	IVM	integrated vector management
HPS	health-promoting school	iVDPV	immunodeficiency-related vaccine-derived poliovirus
HSD	Health Services Development	JE	Japanese encephalitis
HR	human resources	KIT	Korean Institute of Tuberculosis
HRH	human resources for health	KOICA	Korea International Cooperation Agency
HSD	Health Systems Development	LEHAP	local environment health action plans
HSPC	Health Sector Partnership Committee	LF	lymphatic filariasis
HSS	health systems strengthening	LLIN	long-lasting insecticide treated nets
HWTS	household water treatment and safe storage	LQS	National Laboratory Quality Standards
ICATT	IMCI computerized adaptation and training tool	M&E	monitoring and evaluation

MCH	Mother and Child Health	NEHAP	national environmental health action plans
MCN	Maternal Child Health and Nutrition	NFP	national IHR focal points
MCV	measles-containing vaccine	NITAG	national immunization technical advisory group
MDA	mass drug administration		
MDR-TB	multidrug-resistant tuberculosis	NGOs	nongovernmental organizations
META	Medicines Transparency Alliance	NHP	national health plans
MI	Micronutrient Initiative	NRA	national regulatory authorities
MIND	motivational interviewing for nicotine dependence	NRL	national reference library
MMP	Mekong Malaria Programme	NTDs	neglected tropical diseases
MMR	measles, mumps rubella	NTP	National Centre for Tuberculosis and Leprosy Control
MNCH	maternal newborn and child health	NUGAG	Nutrition Guidance Expert Advisory Group
MOH	Ministry of Health		
MORSS	minimum operational residential security standard	OASIS	organizational assessment for improving and strengthening of health financing
MOSS	minimum operating security standards	OIE	World Organization for Animal Health
MR	measles and rubella	OPV	oral polio vaccine
MRA	medicine regulatory agencies	PB	Programme Budget
MTEF	Medium-term Expenditure Framework	PCR	polymerase chain reaction
MVP	Malaria, other Vectorborne and Parasitic Diseases	PEN	package of essential noncommunicable diseases intervention
NCD	noncommunicable disease	PEPFAR	U.S. President's Emergency Plan for AIDS Relief
NCGH	National Centre for Global Health	PHC	primary health care

Annex

PHIC	Philippine Health Insurance Commission	REQAS	Regional External Quality Assessment Scheme
PHIN	Pacific Health Information Network	RIT	Research Institute of Tuberculosis
PICs	Pacific island countries	RITM	Philippine Research Institute of Tropical Medicine
PID	primary immune deficiency disorder	RMPIES	Regional Medicines Price Information Exchange System
PIHOA	Pacific Island Health Offices Association	RNAS+	Regional Network for Asian Schistosomiasis and other Helminth Zoonoses
PIMHNet	WHO Pacific Islands Mental Health Network	RRPA	Regional Research Plan of Action on Infectious Diseases of Poverty
PIO	Public Information Office	RSTAP	Regional Support Team, Asia Pacific
PMDS	Performance Management and Development System	RUM	rational use of medicines
PMDT	programmatic management of drug-resistant tuberculosis	RUP	reaching the urban poor
PMO	programme management officer	SDH	social determinants of health
PMTCT	prevention of mother-to-child transmission	SEAMEO-TROPMED	Southeast Asian Ministers of Education Organization-Regional Tropical Medicine and Public Health Network
PPTCT	prevention of parent-to-child transmission	SEAR	South-East Asia Region (WHO)
PTT	Programme on Technology Transfer	SEARO	South-East Asia Regional Office (WHO)
RAP	regional action plan	SIA	supplementary immunization activity
RAS	Rapid Alert System for Combating Counterfeit Medicines	SMS	short message service
RCM	Regional Committee meeting	SM&E	surveillance and monitoring and evaluation
REACH	End Child Hunger and Undernutrition	SO	Strategic Objective
RER	Regional Expected Result		
rGLC	Regional Green Light Committee		

SRH	sexual and reproductive health	WHO FCTC	WHO Framework Convention on Tobacco Control
STEPS	STEPwise approach to surveillance	WHO/EC/ACP	WHO/European Commission/Africa, Caribbean Pacific
SWAPs	sector-wide approach		
TA	technical assistance	WIFS	weekly iron and folic acid supplementation
TAG	technical advisory group		
TBTEAM	TB Technical Assistance Mechanism	WMD	World Malaria Day
TDR	tropical disease research	WPSAR	Western Pacific Surveillance and Response
TRIPS	Trade-related Aspects of Intellectual Property Rights	WPR	Western Pacific Region
TSF	Technical Strategic Framework	WPRO	Western Pacific Regional Office
TT	tetanus toxoid	WRA	women of reproductive age
UNDAF	United Nations Development Assistance Framework	WRs/CLOs	WHO representatives and country liaison officers
USAID	United States Agency for International Development	WSP	water safety plan
USCDC	United States Centers for Disease Control and Prevention		
VC	voluntary contributions		
VDPV	vaccine-derived poliovirus		
VPD	vaccine-preventable disease		
WHO AIMS	WHO Assessment Instrument for Mental Health System		
WHO CC	WHO Collaborating Centre		
WHOPES	WHO Pesticide Evaluation Scheme		

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STRATEGIC OBJECTIVE 1

To reduce the health, social and economic burden of communicable diseases.

SUMMARY OF REGIONAL CONTRIBUTIONS TO ATTAINMENT OF THE STRATEGIC OBJECTIVE

The Western Pacific Region is making progress in fighting vaccine-preventable diseases. Regionwide coverage with the first and second doses of measles containing vaccine (MCV1 and MCV2) has been improving, reaching 97% and 91% in 2010, respectively. MCV2 has now been introduced in 32 countries and areas, and rubella containing vaccine in 31 countries and areas as of 2011. To ensure equitable access to vaccines, nationwide measles supplementary immunization activities (SIAs) were conducted in CHN, PNG, TUV and VNM in 2010, KHM, LAO and the PHL in 2011, and PNG in 2010–2011, subnational measles SIAs in two states of FSM in 2010–2011; a tetanus toxoid (TT) SIA was conducted in LAO. Most countries integrated other health services and disease-prevention initiatives during the SIAs, including other vaccines (e.g., oral polio vaccine [OPV]), vitamin A and deworming medicine. Other measures towards maternal and neonatal tetanus elimination in countries concerned (CHN, KHM, LAO, PHL and PNG) included district-level risk assessments and planning of interventions; often in coordination with Mother and Child Health (MCH) programmes. All low- and lower middle-income countries in the Region have now introduced *Haemophilus influenzae* type b (Hib) vaccine with technical support from the Western Pacific Regional Office (WPRO). Hepatitis B vaccination has had an important impact on reducing chronic hepatitis B infection prevalence in children from approximately 7% to less than 2% which is the regional hepatitis B control milestone for 2012. WHO provided technical assistance and donated pandemic influenza (H1N1) for vaccination campaigns conducted throughout the Region. An intercountry workshop was conducted on increasing routine immunization coverage at the district level and on data management capacities, as well as on National Immunization Technical Advisory Group (NITAG) strengthening to improve evidence-based policy-making.

Substantial progress was made on national regulatory authority (NRA) strengthening in CHN and VNM, and WPRO supported NRA self-assessments in four countries (CHN, JPN, PHL and VNM). Adverse events following immunization (AEFI) surveillance systems were strengthened during the pandemic influenza (H1N1), measles and TT campaigns. Effective vaccine management (EVM) assessment training was conducted for five countries (CHN, KHM, LAO, MNG and the PHL) and vaccination supplies stock management training in four countries (LAO, MNG, PHL and VNM). The

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Region has remained poliomyelitis-free despite the constant threat of importations, such as the wild poliovirus importation from Pakistan into CHN. CHN notified WHO on 26 August 2011 of a polio outbreak in southern Xinjiang. Rigorous response measures were implemented by the Chinese government and supported by WHO, including large-scale immunization activities in September, October and November 2011. The onset of the last of 21 polio cases occurred on 9 October. If enhanced surveillance can that wild poliovirus transmission has been limited to less than 12 months, the Region's certification status will be retained.

All other countries have stayed polio-free despite the continued importation risk and limited funding. The Regional Certification Commission sustained its very active oversight and met in 2010 and 2011, supported by the WPRO Secretariat, with the chairpersons of all national certification committees and key partners, to alert everyone to the risks and quality requirements in immunization and surveillance, including laboratory testing required to detect wild poliovirus importation and emergence of circulating vaccine derived polioviruses (VDPV) in a timely and reliable fashion.

WPRO continued to coordinate vaccine preventable diseases (VPD) laboratory network in the Region and all polio, measles/rubella and Japanese encephalitis (JE) laboratories in the Region were maintained under main WHO quality standards. In 2010–2011, WPRO organized second and third laboratory network meetings for vaccine-preventable diseases, intercountry training to strengthen the molecular diagnosis of measles and rubella, and two intercountry hands-on training workshops for JE laboratory diagnosis. All polio (n=43), measles/rubella (n=48) and JE (n=10) network laboratories in the Region participated in the WHO accreditation programme, including annual proficiency programme, confirmatory testing and regular on site assessment. Direct and financial (operational) support was provided to six polio, 10 measles and six JE laboratories in priority countries in the Region.

Progress was made in the control and elimination of neglected tropical diseases (NTD). KHM, KIR, LAO and TUV continued to maintain the WHO's global target of deworming of 75% of school-aged children at risk. The four countries where schistosomiasis is endemic, namely CHN, KHM, LAO and PHL continued with targeted intervention campaigns against schistosomiasis, including mass treatment of the entire at-risk population in KHM and LAO. In addition, CHN implemented animal host and vector control interventions. The Region continued to move towards the global goal of eliminating lymphatic filariasis (LF) by 2020; COK, NIU, TON and VAN are among the countries that will have eliminated LF by 2015. Pilot interventions to control food-borne trematodes and cestodiasis were started in KHM and VNM.

In collaboration with Tropical Disease Research (TDR) and WHO collaborating centres (CCs), capacity for operational research has improved in many Member States. An operational research agenda has been identified, and technical support to implement priority issues and use emerging evidence has been intensified.

While WHO through its country offices and the Regional Office has continued to provide technical support and limited financial support to countries for dengue prevention and outbreak control, dengue incidence has continued to increase in the Western Pacific Region (WPR) through 2010, following a trend observed over the past decade. In 2010, 24 countries and areas in the WPR (ASM, AUS, BRNU, CHN, FJI, FSM, GUM, HOK, JPN, KHM, KIR, KOR, LAO, MAC, MYS, NEC, NEZ, PHL, PLW, PYF, SGP, TON, VNM and VUT) reported dengue cases, compared to 25 in 2009; 353 907 cases and 1073 dengue-related deaths were reported (ASM, AUS, BRN, CHN, COK, FJI, FSM, HOK, JPN, KHM, KIR, KOR, LAO, MYS, NEC, NEZ, PLW, PHL, PNG, PYF, SGP, TON, VNM, VUT and WAF). WHO is strengthening the capacity of Member States to implement the *Dengue Strategic Plan for the Asia Pacific Region (2008–2015)*. This includes vector control and community mobilization to reduce and lessen the impact of outbreaks using the key principles of integrated vector management (IVM); strengthening of dengue surveillance through integration with the *Asia Pacific Strategy for Emerging Diseases* (APSED) and capacity-building in case management where needed.

WPRO provided technical and operational support for epidemiologic and laboratory-based surveillance for invasive bacterial diseases in four countries (MNG, PHL, PNG and VNM), rotavirus in seven countries (CHN, FJI, KHM, LAO, MNG, PNG, and VNM), and JE in four countries (KHM, LAO, PHL and VNM). WPRO convened an intercountry meeting, provided hands-on training, and direct technical and operational support to 10 JE laboratories in nine countries (CHN, JPN, KHM, KOR, LAO, MYS, PHL, PNG, and VNM), as well as for measles and polio laboratories in countries and areas throughout the Region. Intercountry workshops on epidemiologic surveillance for these diseases and on developing/strengthening NITAGs were conducted to improve decision-making on new vaccine introduction and other immunization issues.

The draft *Regional Research Plan of Action on Infectious Diseases of Poverty* (RRPA) was further refined with inputs from TDR, WHO collaborating centres, researchers and research institutions within and outside the Region, and the Regional Network for Asian Schistosomiasis and other Helminth Zoonoses (RNAS+). This plan is expected to encourage political commitment and increase allocation of resources for research. It is to be refined to cut across all programmes in the Division of Combatting Communicable Diseases, including those under Strategic Objective (SO) 02. Research will be at the core of next year's World Health Report.

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The updated APSED (2010), endorsed at the sixty-first session of the Regional Committee for the Western Pacific in October 2010, builds directly on the significant progress already achieved under the earlier APSED (2005) and lessons learnt from pandemic preparedness and response. APSED (2010) addresses all issues related to health security and consolidates into one framework the national core capacity requirements under the International Health Regulations, or IHR (2005), and influenza pandemic preparedness in order to maximize resources and efforts.

Under the IHR (2005), countries are obliged to meet all the national core capacity requirements by June 2012, with an extension mechanism in place for those who could not meet the deadline. While most Member States in the WPR have made significant progress, the majority of resource-limited countries need more time. National workplans developed under APSED (2010) serve as a road maps for countries to meet their IHR requirements, enable national capacity beyond international obligations and ultimately ensure public health security.

This past year was the first full year of APSED (2010) implementation. At the regional level, consultations were organized to provide more concrete guidance and direction in each focus area. A robust monitoring and evaluation framework to ensure APSED implementation has been put in place and will be further improved to ensure accountability and learning for programme improvements at both national and regional levels. This includes the annual meeting of the Asia Pacific Technical Advisory Group (TAG) to bring countries, donors and partners together to review progress, identify key issues and recommend priority actions and solutions to problems. At the national level, many countries including KHM, LAO, MNG, PHL and Pacific island countries (PICs) developed and progressed with implementation of their APSED (2010) national workplans. A number of countries, including KHM, LAO, MNG and VNM, have been planning monitoring and evaluation (M&E) work and establishing an integrated planning and review process.

ASSESSMENT OF REGIONAL EXPECTED RESULTS

RER 01.001.WP01: Policy and technical support provided to Member States to maximize equitable access of all people to vaccines of assured quality, including new immunization products and technologies, and to integrate other essential child health interventions with immunization.
Appraisal: Fully Achieved
Comments on achievements
Immunization activities and coverage against an increasing array of VPDs continues to improve. WPRO has provided technical support to improve routine coverage through training and monitoring tools, improve equity through SIAs, improve quality through strengthening NRAs and surveillance

for AEFIs, improve financing through comprehensive multi-year plans (cMYPs), and support decision-making by strengthening surveillance and laboratory networks for diseases targeted by new and underutilized vaccines and training on NITAGs.

In 2010–2011, measles SIAs immunized about 133 million children. SIAs used monovalent measles vaccine in CHN, KHM, PNG and VNM; measles and rubella (MR) in LAO, PHL and TUV, and measles, mumps rubella vaccines (MMR) in FSM. There is increased awareness on rubella vaccination. LAO introduced rubella vaccine initiated through national wide-range measles and rubella supplementary immunization activity. The 2011 WHO–UNICEF Expanded Programme on Immunization (EPI) Joint Reporting Form for 2010 data indicates that 22 countries (AUS, BRN, CHN, COK, HOK, JPN, KHM, KIR, KOR, MHL, MNG, MYS, NEC, NEZ, NIU, NRU, PYF, SGP, TKL, TON, VNM and VUT) have reached at least 90% DTP3 coverage; 21 countries (AUS, BRN, CHN, COK, HOK, JPN, KHM, KOR, MHL, MNG, MNP, MYS, NEC, NEZ, NIU, NRU, PYF, SGP, TKL, TON and VNM) have reached at least 90% MCV1 coverage. Seventeen countries (ASM, AUS, BRN, COK, FSM, HOK, MHL, NRU, NEC, NIU, KOR, PYF, SGP, TKL, TON, TUV and WAF) have at least 80% DTP3 coverage in all districts, and 16 countries (ASM, AUS, BRN, COK, FSM, GUM, HOK, MNP, MHL, NEC, NIU, KOR, SGP, TKL, TON and WAF) have at least 80% MCV1 coverage in all districts. Regionwide MCV1 and MCV2 coverage has been improving, reaching 96% and 91% in 2010, respectively. MCV2 has now been introduced in 32 countries (ASM, AUS, BRN, CHN, COK, FJI, FSM, GUM, HOK, JPN, KIR, KOR, MAC, MHL, MNG, MNP, MYS, NEC, NEZ, NIU, NRU, PLW, PHL, PNG, PYF, SGP, TKL, TON, TUV, VUT, VNM and WSM), and rubella containing vaccine in 30 countries as of 2010 (ASM, AUS, BRN, CHN, COK, FJI, FSM, GUM, HOK, JPN, KIR, KOR, MAC, MHL, MNG, MNP, MYS, NEC, NEZ, NIU, NRU, PLW, PYF, SGP, TKL, TON, TUV, WAF and WSM). All low-income countries in the Region have now introduced Hib vaccine with technical support from WPRO. WHO provided technical assistance and donated pandemic influenza (H1N1) for vaccination campaigns conducted throughout the Region. An intercountry workshop was conducted on increasing routine immunization coverage at the district level and data management. To ensure equitable access to vaccines, nationwide measles SIAs were conducted in CHN, PNG, TUV and VNM and in one city of the PHL and one state of FSM; a TT SIA was conducted in LAO. Most countries integrated other health services and disease prevention initiatives during the SIAs, including other vaccines (e.g., OPV), vitamin A and deworming medicine. Substantial progress was made on NRA strengthening in CHN and VNM, and WPRO supported NRA self-assessments in four countries. WPRO assisted four countries (KIR, PNG, SLB and VNM) to develop costed multi-year plans with line-item budgets for immunization. WPRO provided technical and operational support for epidemiologic and

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laboratory-based surveillance for invasive bacterial diseases in four countries (MNG, PHL, PNG and VNM), rotavirus in seven countries (CHN, FJI, KHM, LAO, MNG, PNG and VNM), and JE in four countries (KHM, LAO, PHL and VNM). WPRO provided hands-on training, intercountry meetings, and direct technical and operational support to 10 JE laboratories in nine countries (CHN, JPN, KHM, KOR, LAO, MYS, PNG, PHL and VNM), as well as for measles and polio laboratories in countries and areas throughout the Region. Intercountry workshops on epidemiologic surveillance for these diseases and on developing/strengthening NITAGs were conducted to improve decision-making on new vaccine introduction and other immunization issues.

RER 01 002.WP01: Effective coordination and provision of support to Member States to retain certification of poliomyelitis elimination and to achieve destruction, or appropriate containment of polioviruses, leading to simultaneous cessation of oral polio vaccination.

Appraisal: Fully Achieved

Comments on achievements

Despite multiple challenges the Western Pacific Region has stayed polio-free, with continued active oversight by the Regional Certification Commission. Following reintroduction of wild poliovirus in the WHO European Region in 2010 and subsequent polio outbreaks in at least four countries (Kazakhstan, the Russian Federation, Tajikistan and Turkmenistan), WPR Member States took various preventive measures to enhance surveillance and importation preparedness, conduct risk assessment and increase immunity against polio. Polio laboratories in the Region maintained high-quality performance and reduced the time to identify polioviruses by successfully implementing the new algorithm for virus isolation and real time Polymerase Chain Reaction (PCR) for intratypic differentiation of polioviruses and VDPV screening. Following wild poliovirus importation from Pakistan, CHN notified WHO on 26 August 2011 of a polio outbreak in southern Xinjiang. Rigorous response measures were implemented by the Chinese government and supported by WHO, including large SIAs in September, October and November 2011. The onset of the last of 21 polio cases on 9 October. If enhanced surveillance can prove wild poliovirus transmission to be limited to less than 12 months, the certification status of the Region will be retained.

All other countries have stayed polio-free despite the continued importation risk and limited funding. The Regional Certification Commission sustained its active oversight and met in 2010 and 2011, supported by the WPRO Secretariat, with the chairpersons of all National Certification Committees and key partners to alert everybody to the risks and quality requirements in immunization and surveillance, including laboratory testing required to detect wild poliovirus importation and emergence of circulating VDPV in a timely and reliable fashion.

Since 2010, following the introduction of wild poliovirus into the European Region and subsequent polio outbreaks in four countries (Kazakhstan, Russian Federation, Tajikistan and Turkmenistan), WPRO has been supporting national and subnational risk assessments in key countries and risk mitigation activities undertaken, and based on the results included polio SIAs in CHN (preventive) and KHM, LAO, MNG, the PHL, PNG and VNM.

Updated importation preparedness plans have been put in place in the majority of countries and surveillance strengthening is ongoing. All polio laboratories in the Region are accredited under main WHO quality standards. To reduce the time to identify polioviruses, all network laboratories outside of CHN have successfully introduced the new algorithm for virus isolation and real-time PCR for intratypic differentiation of polioviruses and VDPV screening. CHN laboratories will follow in the near future.

Clinical trials for Sabin-based inactivated polio vaccines (IPV) production in CHN and JPN are progressing well, and WPRO has continued its consultation on future polio immunization options with countries, as required. After the 2011 wild polio outbreak, CHN decided to introduce the new algorithm for virus isolation starting from 1 July 2012 and the real-time PCR for ITD of polioviruses and VDPV screening from 2012.

RER 01.003.WP01: Effective coordination and support provided to Member States to provide access for all populations to interventions for the prevention, control, elimination and eradication of neglected tropical diseases, including zoonotic diseases.

Appraisal: Fully Achieved

Comments on achievements

Dengue

Dengue is an increasing public health problem in the Region. However, dengue control and prevention continued to be severely underfunded, especially preventive vector control, and funding to WHO is very limited.

- The Malaria, other Vectorborne and Parasitic Diseases (MVP) unit maintains close collaboration with the Emerging Disease Surveillance and Response (ESR) unit on dengue situation updates and outbreak response. MVP provided technical assistance and mobilized resources to respond to the outbreaks reported in MHL and Yap in FSM in late 2011.

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WHO's dengue outbreak stockpiles in Suva in FJI play an important role for dengue outbreak preparedness in the Pacific.

- MVP collaborated with the ESR Unit to organize the WHO–ASEAN workshop on priority actions for dengue prevention and control and generated three key messages for ASEAN Dengue Day 2011.
- Technical assistance was provided to PHL on vector surveillance and community mobilization for dengue prevention and control.
- WHO cooperated with the Asian Development Bank (ADB) in the ADB-funded project, Regional Public Goods for Health: Combating Dengue in ASEAN, assessing the use of guppy fish for community-based dengue prevention in KHM and LAO.
- In recognition of the importance of insecticide resistance for vector control, and in collaboration with ACTMalaria, MVP unit has supported the establishment of the Asian Pacific Insecticide Resistance Monitoring Network.

Neglected tropical diseases (NTDs)

Overall, good progress has been made in the Region in the control and elimination of NTDs. The draft *Regional Neglected Tropical Diseases Action Plan (2012–2016)* and indicator framework were reviewed and recommended for submission to sixty-third session of the Regional Committee for the Western in October 2012 for endorsement.

- The regional NTD programme managers meeting was held in FJI in May 2011, with 23 countries and numerous partners participating. (ASM, BRN, COK, FJI, FSM, KHM, KIR, KOR, LAO, MHL, MNG, MYS, NIU, PLW, PHL, PNG, PYF, TON, TUV, VNM, VUT, WAF and WSM). National LF and other NTD programme managers shared experiences, reviewed the progress of each NTD national programme, and drafted NTD national action plans.
- The LF programme has progressed towards its goal of elimination by 2020. In the Mekong-Plus area, KHM and VNM have entered the post-mass drug administration (MDA) surveillance phase. In the Pacific, SLB was verified by WHO as having eliminated LF. ASM, COK, MHL, NIU, TON, VUT and WAF are in the post-MDA surveillance phase; NIU and TON have completed all post-MDA surveillance surveys and are expected to verify elimination in 2012, with seven others to be verified by 2016.

- For soil-transmitted helminthiases, KHM, LAO and TUV have achieved the WHO global target of deworming 75% of school-aged children. Due to low political and financial commitments, at least 11 potentially endemic countries have not initiated mass deworming programmes for school-aged children.
- MDA for foodborne trematodes is ongoing in KHM, LAO and VNM. LAO will expand the MDA to all six endemic provinces in 2012.
- Yaws is endemic at least in PNG, SLB and VUT. VUT has assessed the prevalence of yaws which is the baseline for developing a detailed national action plan for yaws elimination.
- NTD regional advocacy material and letters of intent have been developed for use as fundraising tools.
- The draft *Regional Neglected Tropical Diseases Action Plan (2012–2016)* and indicator framework were significantly revised after the FJI meeting. MVP unit is processing the plan for the endorsement by the Regional Committee in October 2012.

Leprosy

- In line with the *Enhanced Global Strategy for Further Reducing the Disease Burden due to Leprosy (2011–2015)*, the *Action Framework for Leprosy Control and Rehabilitation* has been developed and finalized for the three Pacific island countries (FSM, KIR and MHL).
- A Plan of Action was developed in 2011 for the elimination of leprosy in FSM, KIR and MHL, the three countries in the Region that have not yet achieved elimination status.
- WHO convened two meetings in 2010: a Global Leprosy Programme meeting was held in June to develop guidelines to strengthen participation of people affected by leprosy in leprosy services and the Second Workshop on Sustaining Leprosy Services in the Pacific island countries was held in Nadi, Fiji, (11 PICs: FJI, FSM, GUM, KIR, MHL, MNP, PNG, PYF, SLB, VUT, and WSM were in attendance along with technical partners and agencies).

RER 01.004.WP01: Policy and technical support to Member States to enhance their capacity to carry out surveillance and monitoring of all communicable diseases of public health importance.

Appraisal: Fully Achieved

Comments on achievements

The updated APSED (2010), endorsed at the sixty-first session of the Regional Committee for the Western Pacific in October 2010, serves as a common framework for national and regional capacity-

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building in both the South-East Asia and Western Pacific Regions. The national workplans developed under APSED (2010) serve as a road map for countries to meet their IHR requirements, enable national capacity beyond international obligations, and ultimately ensure public health security.

A robust monitoring and evaluation framework to ensure APSED implementation has been put in place and will be further improved to ensure accountability and learning for programme improvements at both national and regional levels. This includes the annual meeting of the Asia Pacific Technical Advisory Group (TAG) to bring countries, donors and partners together to review progress, identify key issues and recommend solutions to the issues and priority actions.

This past year was the first full year of APSED (2010) implementation. Under the IHR (2005), countries are obliged to meet all the national core capacity requirements by June 2012, with the extension mechanism in place for countries that cannot meet the deadline. The national workplan was the first output of the national stakeholders' planning and review working group/team to coordinate the implementation of APSED (2010). Regular national planning and review processes have been the central effort for implementation of the APSED (2010) new focus area—monitoring and evaluation (M&E), which aims to ensure both country- and regional-level mechanisms for accountability and effective implementation. The IHR assessment of core capacities was conducted through the M&E system, and this resulted in most resource-limited Member States requesting extensions in meeting their IHR obligations, using the national APSED (2010) workplan as basis for future actions.

WPRO provided technical and operational support for epidemiologic and laboratory-based surveillance for invasive bacterial diseases in four countries (MNG, PHL, PNG, and VNM), rotavirus in seven countries (CHN, FJI, KHM, LAO, MNG, PHL and VNM), and JE in four countries (KHM, LAO, PHL and VNM). Regional feedback on measles and rubella surveillance has been provided on a monthly instead of quarterly basis since June 2011, studies were conducted to assess the congenital rubella syndrome (CRS) disease burden in LAO and PNG, and sentinel CRS surveillance was established in CHN, KHM and VNM.

The 2011 *Leprosy Report* containing data for 2008 to 2010 was published. An external review of the National Leprosy Control Programme of PNG was carried out to assess performance, review the national strategic plan and review the epidemiological situation. Situation assessments in FSM, KIR and MHL also contributed to data collection and overall programme monitoring, and the new Plan of Action will ensure continuous surveillance over the next five years. WPRO is supporting a review of

the leprosy programme in the PHL, with a position paper to be finalized in 2012. Sustaining leprosy control in CHN was discussed during the Global Leprosy Programme managers meeting in Delhi, and TB/HIV Core Working Group met in Beijing.

Regional dengue surveillance is incorporated within APSED (2010).

Countries were supported technically and financially to conduct the NTD surveys to monitor national programmes (blood surveys for LF and stool surveys for helminths). The new *LF Transmission Assessment Survey Guidelines* from HQ were introduced to the WPR during the NTD programme managers meeting, and technical support was provided to guide individual countries. WPRO has developed and populated a regional database on NTDs, harmonized with the WHO NTD HQ database. MVP has also developed a draft *Neglected Tropical Diseases Indicator Framework*, which will need to be finalized later in 2012 together with the regional NTD action plan.

RER 01.005.WP01: New knowledge, intervention tools and strategies that meet priority needs for the prevention and control of communicable diseases developed and validated, and scientists from developing countries and areas increasingly taking the lead in this research.

Appraisal: Fully Achieved

Comments on achievements

Despite financial constraints, communicable diseases research was strengthened in the Region. *Regional Research Framework on Communicable Diseases* was drafted. Progress was made in capacity-building, partnership and resource mobilization. The MVP unit facilitated TDR's engagement in the Region, and acquired funding for regional workshops. Stop TB (STB) provided technical support to develop new strategies for leprosy elimination, but operational research has not begun. Funding is still fragile and inadequate.

In 2010, the draft *Regional Research Plan of Action on Infectious Diseases of Poverty* (RRPA) was refined with RNAS+, TDR and research institutes within and beyond the Region. Some components of the plan, such as capacity-building, were implemented. In 2011, the Division of Combating Communicable Diseases (DCC) expanded the scope of the RRPA from MVP to DCC-targeted diseases in the *Regional Research Framework to Strengthen Communicable Disease Control and Elimination in the Western Pacific* (RRF-DCC).

The fourth round of TDR small grants programme funded four studies from LAO, PNG, and PHL. Seven previously funded studies were completed in this biennium, and four were published in

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peer-reviewed journals: 1) the effect of habitat fragmentation on the schistosome-transmitting snail *Oncomelania hupensis* in a mountainous area of CHN; 2) a first insight into the genotypes of *Echinococcus granulosus* from humans in MNG; 3) quantifying the quality of life and disability of patients with advanced schistosomiasis japonica in CHN; and 4) the application of mosquito-proof water containers in the reduction of dengue mosquito population in a dengue-endemic province of VNM.

The EPI unit supported two studies on immunodeficiency-related vaccine-derived poliovirus (iVDPV) in CHN and PHL, which focuses on strategy development as well as programmatic gaps. This multi-country research project sought to establish the prevalence of prolonged and chronic poliovirus excretion among people with primary immune deficiency disorders (PID) in middle- and low-income countries. The key research question is to which extent people with PIDs could serve as potential reservoirs for VDPVs and subsequent polio outbreaks in countries with low population immunity. Both studies were completed with final reports.

In 2010, MVP and STOP TB (STB) co-organized a workshop on research proposal writing targeting young researchers and programme managers. A scientific writing workshop was also conducted in 2011 for TDR grants recipients to assist them in publishing their results in peer-reviewed journals.

Several key activities of TDR were hosted in the Region, such as the Joint Coordinating Board, Thematic Reference Groups (innovation, technology and infectious diseases of poverty; and environment, agriculture and infectious diseases of poverty) and the Disease Reference Group (for TB). In addition, TDR selected the Philippine Research Institute of Tropical Medicine (RITM) as a TDR regional training centre. RITM received financial support from Korea Centers for Disease Control via TDR, and organized a regional workshop on scientific writing, with technical support from MVP and STB.

Effort was made to strengthen collaboration with WHO collaborating centres (WHO CC) on research. Staff from the MVP unit visited the National Institute of Parasitic Diseases in CHN (WHO CC for Malaria, Schistosomiasis and Lymphatic Filariasis), the Institute for Medical Research in Kuala Lumpur, Malaysia (WHO CC for ecology, taxonomy and control of vectors of malaria, filariasis and dengue), and the University of Malaya (WHO CC for arbovirus reference and research in dengue) and jointly developed workplans. The Institute for Medical Research in Malaysia also hosted the Chikungunya vector- surveillance-training workshop for five endemic countries in the Region. Environmental Health Institute of SGP was assigned as a new WHO CC in 2011 for Reference and Research of Arbovirus and their Associated Vectors.

MVP also invested considerable effort in resource mobilization to support research. MVP assisted RNAS+ in developing a multi-country research proposal on schistosomiasis and foodborne trematodiasis that was funded by the International Development Research Centre (IDCR) of Canada Ecohealth Research Grants. Other resource mobilization activities included brokering of scholarships and training such as the PhD scholarship on filariasis from the Liverpool School of Tropical Medicine; and the IDRC Ecohealth training attended by six trainees from CHN, KHM, LAO, the PHL and VNM.

RER 01.006.WP01: Support provided to Member States in achieving the minimum capacities and functions required by the International Health Regulations (2005), specifically those related to advocacy, National International Health Regulations Focal Points and the core capacities for designated points of entry.

Appraisal: Fully Achieved

Comments on achievements

IHR 2005 is an essential global legal framework to ensure global health security. Under IHR 2005, Member States are obliged to attain the core capacity requirements, as listed under IHR Annex 1, by June 2012. This provides an opportunity for the Member States to formally review their progress in developing public health capacities, and can provide additional incentives for developing and implementing workplans under APSED framework.

The roles of National IHR Focal Points (NFP) were strengthened through annual regionwide IHR event-communication exercises (IHR Exercise Crystal) and an annual meeting of the Western Pacific Region Focal Points as part of the APSED TAG meetings. Response capacities for designated points of entry (POE) were enhanced with development of a guidance document on POE public health emergency planning and with regional meetings.

The formally established networking of NFPs and the WHO IHR Contact Points links all the WPR countries and the international community in the event of a public health emergency of international concern. This mechanism helped timely sharing of information, joint risk assessments and harmonization of public health responses.

The NFP played a vital role in IHR event communications between Member States and WHO, including the responses during the outbreak of Pandemic Influenza A(H1N1) 2009 and JPN earthquake and tsunami and the resulting nuclear power plant breach in 2011. The roles of NFPs

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were strengthened through regular meetings/workshops/exercises and were involved in APSED implementation to meet the core capacity requirements under IHR.

Sharing of information among countries via IHR event communications between Member States and WHO has also been significantly improved over the past years. This channel of communication has also been widely and effectively used during recent important public health events, including pandemic influenza in 2009 and 2010 and JPN earthquake and tsunami in 2011.

APSED is the regional framework to strengthen public health core capacities in compliance with the IHR requirement. Under the TAG mechanism, with the active participation of countries and partners, regional partnership will be continually enhanced.

RER 01.007.WP01: Support provided to Member States to achieve the minimum capacities required for the preparedness, detection, assessment of and response to emerging diseases, including major epidemic and pandemic-prone diseases such as influenza, by effectively implementing the Asia Pacific Strategy for Emerging Diseases (APSED).

Appraisal: Fully Achieved

Comments on achievements

Health security threats will continue to occur. Collective and sustainable actions are required to ensure a safer and more secure Region. The independent review supported by the Australian Agency for International Development (AusAID) in May 2010 confirmed that APSED enabled Member States to strengthen their core capacities and facilitated preparedness for pandemic and other emergency events. As discussed during the TAG meeting in 2011, the new APSED (2010) workplan provides an up-to-date common pathway for achieving regional health security. The achievement must be consolidated and further enhanced in different focus areas, including risk assessment, national public health diagnostic laboratory systems, public health emergency preparedness, and monitoring and evaluation.

With the foundations laid out and the significant achievements made over the past several years, the Asia Pacific Region has much more confidence in managing emerging disease outbreaks, food safety events and disasters. Pandemic Influenza A (H1N1) 2009 provided an opportunity to validate and demonstrate the significant improvements in the national and regional capacity in addressing public health security threats, resulting from the collective implementation of the IHR 2005 and APSED 2005 over the past five years.

Through the common regional strategy of APSED, countries in the Region worked with WHO and partners to improve their capacities to detect and respond to disease outbreaks. This included establishing and strengthening surveillance and response systems, laboratory capacity, risk communications, and zoonoses collaboration between human and animal health sectors.

Surveillance, Risk Assessment and Response

To ensure collection of quality information for decision-making, steady progress has been made in improving the areas of risk assessment and field epidemiology training (FET). WHO played a key role in developing guidance and tools for risk assessment for acute public health events while FET was further enhanced through continuing development of human and technical capacity to address the needs of the surveillance and response teams, especially in those newly established teams in KHM, LAO, MNG and VNM.

Laboratories

Another key element to ensure quality information is the availability of laboratory diagnosis. In APSED (2010), public health diagnostic laboratories that exist at both national and subnational levels have been proposed as a model to undertake early detection of both novel and known pathogens. WHO has also harmonized activities with the Association of Southeast Asian Nations (ASEAN) for the development of public health laboratory systems.

Zoonoses

The Food and Agriculture Organization of the United Nations (FAO), the World Organisation for Animal Health (OIE) and WHO have established a tripartite coordination mechanism at the regional level to coordinate and implement activities for surveillance and response of zoonotic diseases at the human–animal interface. A series of regional workshops was organized jointly to advocate a One Health approach for surveillance, response and research of emerging infectious diseases (EID) and zoonoses. Exploratory discussions were also conducted by reference centres on EID of both sectors for collaborative work and a research agenda to support zoonoses control in the Region and globally.

Risk communications

Member States developed both regional and national workplans for risk communications under the APSED (2010) framework with focus on ensuring that a functional mechanism for health emergency communications exists at the national level. This also involved developing strong linkages to

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coordinate health emergency communications with risk assessment, surveillance and response, as well as with relevant sectors.

RER 01.008.WP01: Coordinated regional capacity made rapidly available to Member States for detection, verification, risk assessment of and response to epidemics and other public health emergencies of regional and international concern.

Appraisal: Fully Achieved

Comments on achievements

Under the framework of APSED, a regional system was established to provide early detection, verification and risk assessment of public health emergencies. These include establishment of a regional event-based surveillance system monitoring, regular publication of regional surveillance information on priority diseases, development of an open-access journal, *Western Pacific Surveillance and Response* (WPSAR), and regionalization of Global Outbreak Alert and Response Network (GOARN).

Regional surveillance, including event-based surveillance and indicator-based surveillance of priority diseases, was developed at the regional level, with involvement of Field Epidemiology Training Programme (FETP) fellows from Member States. GOARN institutions were strengthened at regional level. WPSAR was developed to provide opportunities for information sharing and capacity-building. PanStop Exercises were conducted regularly for preparation for rapid containment.

Working together with a broad spectrum of partners, WPRO is involved in a host of closely related public health activities, including surveillance and data banking, disease prevention and control, provision of standards and technical guidance, research, monitoring and evaluation, and resource mobilization.

RER 01.009.WP01: Effective operations and response by Member States and the international community to declared emergency situations due to epidemic- and pandemic-prone diseases.

Appraisal: Fully Achieved

Comments on achievements

As required and when requested from WPRO, support has been provided to outbreak situations including pandemic H1N1 2009 where WHO-donated pandemic vaccines were deployed. With support of WHO, several countries have reviewed lessons learnt from pandemic response. WHO has

provided support to outbreak situations such as dengue in the PHL, hand-foot-and-mouth disease in VNM, and cholera in KHM, LAO and PNG.

In July 2010, WPRO created the new Division of Health Security and Emergencies (DSE) composed of three units—Emerging Disease Surveillance and Response (ESR), Emergency and Humanitarian Action (EHA), and Food Safety (FOS). This new structure brought together all the key technical programmes involved in public health emergencies to provide a common platform for emergency response during public health events. The response to the JPN earthquake and tsunami showed that the common operational platform within DSE proved cost effective in dealing with multiple areas of work, such as acute disaster response, food safety, environmental concerns (water and radiation), health systems, communicable and noncommunicable diseases, and mental health issues.

Under the APSED (2010) framework, public health emergency preparedness was included as a focus area for capacity-building. Building on lessons learnt from the pandemic response, a step-by-step approach is being used to improve regional capacity. This includes the establishment of effective national and local health emergency command-and-response structures using the Incident Command System (ICS) as a tool and supported by a functional Emergency Operation Centre (EOC).

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STRATEGIC OBJECTIVE 2

To combat HIV/AIDS, tuberculosis and malaria.

SUMMARY OF REGIONAL CONTRIBUTIONS TO ATTAINMENT OF THE STRATEGIC OBJECTIVE

The Region continues to contribute to normative guidance and programmatic innovations in all areas of Strategic Objective 2 (SO2), with access to adequate diagnosis and care for vulnerable groups and drug resistance as important cross-cutting issues. The new *Regional Strategy to Stop Tuberculosis in the Western Pacific (2011–2015)* was endorsed by the Member States and will lead to considerable innovations of national tuberculosis (TB) control programmes. Significant inputs were provided to Member States for all three diseases to update/revise and cost national strategic plans. Overall, the Region is on track, with significant progress made in all disease programmes.

The human immunodeficiency virus (HIV), malaria and tuberculosis units have been providing extensive technical assistance to countries, both through in-country technical assistance and through regional workshops. The number of collaborative activities within the SO2 group and beyond has been increasing, including in areas such as HIV/tuberculosis, prison health, migrant health, infection control, research and laboratories. The strengthening of the in-country presence of WHO is considered crucial for countries as well as the future of WHO.

All three units are engaged in supporting countries to ensure access to and continuous supply of quality medicines, diagnostics and other commodities (e.g. bednets) for prevention and case management of HIV, tuberculosis and malaria. With drug resistance in malaria and tuberculosis, including last-line treatment for gonorrhoea being of major concern in the Region, efforts are ongoing to improve rational use of medicines and monitor the quality of medicines and diagnostics. While there is good cooperation with the WPRO Pharmaceuticals programme, more cooperation is needed with other related WHO programmes at the Regional Office and Headquarters (HQ) levels to address these major issues with a health systems approach.

Major progress has been made in strengthening regional and national surveillance, monitoring and evaluation (SM&E) systems for HIV, malaria and tuberculosis. Regional indicator frameworks have been refined, burden estimations and surveys supported, malaria SM&E capacity is being assessed, programme SM&E plans are being updated, and all three units are continuing to provide intensive technical support and capacity-building to key countries. Data was published in major regional and

global reports contributing to the accountability in view of the massive global investments currently being made in HIV, tuberculosis and malaria programmes. Innovations have been supported, for example into web-based surveillance and SMS-based reporting systems (short messaging service). With drug resistance for HIV, malaria and tuberculosis an increasing threat in the Region—and one with global implications—WPRO has intensified its support to countries to ensure timely and high-quality monitoring of drug and insecticide resistance, conduct training, improve coordination including via networks, and review, publish and disseminate results.

The HIV, TB and malaria units and the unit tasked with coordinating support from the Global Fund to Fight AIDS, Tuberculosis and Malaria to intensively support countries to mobilize resources, especially through the Global Fund, to support a massive scale-up of programme activities. Countries continue to require technical support for implementation of these grants. However, funding for WHO staff remains limited, with HIV/AIDS and STI (sexually transmitted infections) units particularly affected. Partnerships with key technical partners, agencies and networks, as well as with WHO Collaborating Centres and academia, were strengthened, and new networks such as the technical support network for HIS have been established. Tuberculosis and malaria have advanced the involvement of the private sector in key countries. The HIV unit continues to actively participate in various regional task forces to enhance the active involvement of most-at-risk populations and people living with HIV. Community-based interventions have been expanded in many countries across all the three disease control programmes. Advocacy and communication were strengthened.

All three programmes supported research, often in cooperation with partners, as one important component of their programmes, to fill knowledge gaps and improve the effectiveness of the programmes. This is in line with the ongoing efforts by the DCC to develop a Regional Research Plan of Action on Infectious Diseases of Poverty (RRPA). Units mainly supported operational research, but also a basic research grant mechanism, for example on artemisinin resistance. One programme (STB) launched a research scheme, while the Malaria unit supported the Mekong Malaria Programme (MMP) operational research agenda-setting effort in countries of the Greater Mekong Subregion. With research capacity still weak in most infectious disease-endemic countries in the Region, special emphasis was paid to research-capacity building; the STB and MVP units jointly facilitated a grant writing workshop, in collaboration with TDR. Grant writing and scientific writing workshops are a huge element of the Division's draft Regional Research Plan of Action. The establishment of the WPRO Ethics Review Committee (ERC) and a related training for all ERC members facilitated the WHO ethical review of research proposals. Collaboration among technical units, as well as partnerships with key partners, academia, technical partners and agencies in research, was

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strengthened. However, donor interest largely determined the area of research to be supported, and continuation of research funding remains a challenge.

ASSESSMENT OF REGIONAL EXPECTED RESULTS

RER 2.001.WP01: Regional guidelines, policies and other tools developed (adapting global ones, as appropriate) for prevention, treatment and care for STI and HIV/AIDS, malaria and tuberculosis (including innovative approaches for increasing coverage of the interventions among poor, hard-to-reach and vulnerable populations).
Appraisal: Fully Achieved
Comments on achievements
<p>All three units made notable achievements in the past biennium through their normative work and support to countries, including development and implementation of regional strategies and convening of high-level policy meetings with national programme managers and technical partners.</p> <p><i>HIV</i></p> <p>Nine countries (CHN, FJI, KHM, LAO, MNG, MYS, PHL, PNG, and VNM) were supported to develop costed medium-term strategic plans (MTSP). The <i>Global Health Sector Strategy on HIV/AIDS</i> was disseminated which supported the development of country MTSPs for 2011–2015. Strategy documents which were finalized and/or disseminated include the <i>Strategy to Halt and Reverse the HIV Epidemic Among People Who Inject Drugs in Asia and the Pacific (2010–2015)</i>, <i>Priority HIV and Sexual Health Interventions in the Health Sector for Men Having Sex with Men and Transgender People in the Asia Pacific Region</i>, and the <i>Asia Pacific Conceptual and Monitoring Framework for the Elimination of New Paediatric HIV Infection and Congenital Syphilis</i>. Several meetings and workshops were organized, including a meeting for the HIV/AIDS programme managers of Asian countries in the Region in June 2012 (KHM); the 8th United Nations Prevention of Parent-to-Child Transmission Task Force Meeting in November 2011 (LAO); a regional workshop on priority health sector HIV interventions with sex workers in July 2011.</p> <p><i>TB</i></p> <p>The STB unit developed the <i>Regional Strategy to Stop TB in the Western Pacific (2011–2015)</i> in consultation with countries and technical partners. Meetings were organized among TB high-burden countries and technical partners, including the following: 7th Technical</p>

Advisory Group Meeting (PHL), 6th National TB Programme Managers' and Laboratory Managers' Meeting (PHL), 5th Stop TB Meeting for Pacific island countries (FJI) and 1st Meeting of Low and Intermediate TB burden countries (PHL). National strategic plans were developed and costed in all TB high-burden countries, and direct WHO support was provided for MNG and VNM. New guidelines and frameworks were developed in human resource development (MNG), TB/HIV (KHM and PNG), infection control (MNG and the PHL), paediatric TB (PNG), strengthening laboratory networks (VNM), programmatic management of drug-resistant TB (PNG) and high-risk groups (regionwide).

Malaria

For mobile and migrant populations, KHM conducted an assessment of the migrant worker situation and has implemented pilot activities in the artemisinin resistance containment areas; Yunnan in CHN with the help of Health Unlimited is working with migrant Chinese workers to Myanmar; and VNM with plantation and forest workers. LAO and VNM have been focusing on ethnic minority groups, providing health promotion materials and novel prevention tools (insecticide treated hammocks and hammock nets). Countries conducted studies on malaria in pregnancy, including the screening of pregnant women for malaria as part of antenatal care (KHM), use of weekly chemoprophylaxis (VUT), and the use of intermittent preventive treatment in pregnancy (IPTP) (SLB). All WPR countries were supported to adapt national strategies and M&E plans for the *Regional Action Plan for Malaria Control and Elimination in the Western Pacific (2010–2015)*. A biregional indicator framework was developed and is still awaiting by the WHO Regional Office for South-East Asia. The strategy to contain artemisinin resistance on the Cambodia-Thailand border has become the basis of the *Global Plan for Artemisinin Resistance Containment*.

RER 02.002.WP01: Policy, technical and coordination support provided to countries and areas for the implementation of prevention, treatment and care interventions for STI, HIV/AIDS, malaria and TB and their scaling up to reach the populations most in need (including integrated training and service delivery; wider service provider networks; strengthened laboratory capacities and better linkages with other health services).

Appraisal: Fully Achieved

Comments on achievements

Priority countries were supported to update Integrated Management of Childhood Illness

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(IMCI) guidelines to reflect new recommendations for malaria assessment and treatment. Selected countries were supported to improve adolescent-friendly health services (AFHS). Priority countries were supported to update IMCI guidelines to reflect new recommendations for malaria assessment and treatment. Maternal Child Health and Nutrition (MCN) staff participation in a regional meeting on malaria was a venue to underscore the importance of including the under-5 population in country plans for malaria. MNG and VNM were specifically supported to review health services for adolescents (including sexual and reproductive health) and the implementation of AFHS.

Provision of technical support was provided to all key countries in HIV and other sexually transmitted infections (HSI), STB and MVP programmes. This includes in-country and regional-level technical support for activity scale-up and guidance on the introduction of new interventions and tools. Cross-cutting activities were given high priority support.

HIV

Support to countries to expand and strengthen the linked response between HIV and sexual and reproductive health (SRH) and other programmes, including TB, have been provided (CHN, KHM, LAO, MYS, MNG, PNG and VNM). In-country support and technical input through reviews and on-line discussions were provided to CHN, KHM, LAO, MNG, MYS, PHL, PICs, PNG, and VNM. TB/HIV collaborative activities and next steps were discussed at the HIV/AIDS programme managers' meeting in CHM. Technical inputs have also been provided in various technical areas related to HIV through key regional and international meetings. Regular technical and programmatic updates to countries were provided through the *HIV/AIDS Prevention and Care Newsletter* with one issue published this year and 700 copies disseminated. In addition, the HIV web site has been improved to provide real-time technical updates and epidemiologic situations and to disseminate key technical documents and guidelines, including the newsletter.

TB

As per the new Regional Strategy, collaborative activities were conducted in the areas of infection control, laboratory, the TB/HIV co-infection and vulnerable groups. KHM and PNG have developed new TB/HIV guidelines. Missions have been conducted on TB in prisons in collaboration with Health Services Development (HSD) unit (PHL and MNG). Collaboration continues with the International Organization for Migration on migrant TB screening (KHM, Thailand and VNM). Technical assistance (TA) coordinated through the

TB Technical Assistance Mechanism (TBTEAM), which helps countries plan for TA needs and mobilize resources. TA plans were developed in KHM, LAO, MNG and the PHL. The Regional Green Light Committee (rGLC) was established to help coordinate support for the scale up of Programmatic Management of Drug-resistant Tuberculosis (PMDT). The following workshops were organized: Regional Workshop on TB surveillance and Impact Monitoring (VNM); Regional Compact TB laboratory Training in JPN; Regional Workshop on Recording and Reporting of Drug-resistant TB; and the Regional Workshop on Research Design, Methodology and Proposal Writing. A national workshop on TB high-risk groups was held in KHM. WPRO staff and country staff contributed to a TB programme review in CHN and VNM, and several specialized reviews took place in other high-burden countries. STB facilitated negotiations with the Global Fund and dedicated significant resources to supporting countries in grant writing and implementation.

Malaria

Country support for vector control was provided throughout the Region. The artemisinin resistance containment project on the Cambodia-Thailand border introduced innovative approaches for achieving 100% vector control coverage in Containment Zone 1. A Regional Consultation on Sound Management of Public Health Pesticides in the Western Pacific was jointly organized by WPRO and the WHO Pesticide Evaluation Scheme (WHOPES) in MYS. WPRO was involved in country support for the selection of quality antimalarials and rapid diagnostic tests; procurement of antimalarials and diagnostics; quality assurance of antimalarials; addressing bottlenecks in Global Fund (GF) grant implementation; and the evaluation of novel approaches, including community-based diagnosis and treatment (KHM, LAO and the PHL) and public-private mix (LAO). MVP at the Regional Office and at the country level has supported development of strategies for safe use of primaquine in Glucose-6-Phosphate Dehydrogenase (G6PD) deficient patients. Support was provided to the country offices for comprehensive intervention packages for vulnerable groups, for example LAO (ethnic minorities) and KHM (migrants). Linkages with health system strengthening were made throughout the Region, including through Global Fund grants to strengthen health systems. Nine countries in the Region (CHN, KHM, KOR, LAO, MYS, PHL, SLB, VNM and VUT) have included progressive malaria elimination in their updated national strategic plans. In 2010, WPRO received US\$ 1 million funding from the Korean International Cooperation Agency (KOICA) for a one-year project to mitigate the effects of climate change on vectorborne diseases, with country components in KHM, MNG and PNG. In

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2011, the Asia Pacific Insecticide Resistance Network covering 11 countries in South-East Asia was established to standardize data reporting and information sharing on insecticide-resistance monitoring on disease vectors (Bangladesh, KHM, CHN, LAO, MYS, Myanmar, PHL, Indonesia, Thailand, Timor Leste and VNM).

RER 02.003.WP01: Guidance and technical support provided on policies and programmes to promote equitable access to essential medicines of assured quality for the prevention and treatment of STI and HIV/AIDS, malaria and tuberculosis and their rational use by prescribers and consumers; and on uninterrupted supply of quality diagnostics, safe blood and other essential commodities.

Appraisal: Fully Achieved

Comments on achievements

Seven countries (CHN, KHM, LAO, MNG, PHL, PNG, and VNM) have been supported to access to quality antiretroviral therapy (ART) and other prevention commodities. STB will be able to provide more guidance on drug management when the Global Drug Facility (GDF) staff, seconded by the GDF, has assumed the post, and will be able to respond to the needs of countries when requested. This Regional Expected Result (RER) is largely health system-based and quite significant for scaling up malaria and other programmes and for preventing the development of antimalarial and antimicrobial drug resistance.

HIV

Five countries (CHN, KHM, LAO, PNG and VUT) were supported to ensure continuous supply of quality ART treatment. Four high-burden countries (CHN, KHM, PNG and VNM) and one low-burden country (LAO) were supported to adapt new WHO ART guidelines (2010) through national Antiretroviral Therapy Technical Working Groups (ART TWGs). To ensure availability and access to quality ART drugs, the drug procurement and management systems have also been strengthened. Majority of countries are phasing out stavudine (d4T), as recommended by WHO. Support was given to countries to monitor the availability of ART through the WHO monitoring and evaluation framework. The quality of HIV testing at national reference laboratories was supported through external quality assessments by the National Reference Laboratory in Melbourne, Australia. MNG and PHL were supported to strengthen national reference laboratories through laboratory improvement systems; CHN, PHL, PICs and VNM were supported to improve the quality of HIV rapid testing algorithms; the PICs were supported to develop guidance on programmatic

approaches to introduce and implement rapid HIV and STI laboratory; while MYS was guided on procurement of needles and syringes for harm reduction among people who inject drugs and on the procurement of male condoms.

TB

Drug management is managed by the GDF, WHO Country Office staff and the Green Light Committee (GLC). In 2011, the GLC decentralized to form rGLC. The rGLC WPRO has already conducted missions to CHN, KHM and PNG. A drug management workshop was conducted in KIR and MHL and three participants from CHN and LAO were supported to participate in the Pharmacovigilance Conference in Kenya. A review of the national drug management system for first-line drugs was conducted in VNM (2010 and 2011). A second-line drug management system for PICs was established through consultation meetings with the Global Fund to ensure timely procurement of second-line drugs. Technical support on the management of first- and second-line anti-TB drugs was provided to CHN, LAO, PICs and VNM. Many activities were conducted for laboratory strengthening, including: WPRO-supported Compact TB Laboratory Course facilitated by the Research Institute of Tuberculosis, Japan, in 2010 and 2011, laboratory training supported by the Korean Institute of Tuberculosis (KIT); regional training of trainers, and a Regional Infection Control Course for Architects and Engineers. Laboratory and infection control inventories were conducted in 2010 and 2011 and will be instrumental in designing TA tailored to country needs. Countries requested additional guidance and support for the introduction of new diagnostic tools, such as GeneXpert, which STB has been providing at in-country and regional meetings.

Malaria

Four Mekong countries (CHN, KHM, LAO and VNM) continued to monitor antimalarial drug quality supported by USAID through United States Pharmacopeia, with WHO Mekong Malaria Programme (MMP) and WPRO collaboration. CHN was supported to monitor antimalarial drug quality in Yunnan; protocol was streamlined and implementation commenced. PNG is establishing drug-quality assurance system using minilabs. WPRO convened an expert consultation on the Surveillance and Alert System for Counterfeit Medicines (2010) to develop harmonized protocol. Seven countries from WPR (CHN, KHM, LAO, SGP and VNM) and from SEARO (Myanmar and Thailand) collaborated with the International Criminal Police Organization (INTERPOL) on counterfeit medicines through a

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coalition of police, medicine regulatory agencies (MRAs) and customs agencies (Storm Network). SGP drug laboratory analysed the drug samples while WPRO contributed seed funds for network meetings. Several Mekong countries are establishing structures in provinces to fight counterfeit drugs. KHM enforces this through its "justice police". WHO CHN, through a Global Fund health systems strengthening grant, supported manufacturers for WHO prequalification. WPRO has supported implementation of the WHO policy on universal access to parasite-based malaria diagnosis. KHM and LAO issued decrees to ban oral artemisinin monotherapies. Antimicrobial resistance was the theme of 2011 World Health Day. The Regional Committee in 2011 endorsed a WHO six-point policy package for combating antimicrobial resistance. WPRO established inter-programmatic antimicrobial resistance (AMR) working group and supported KHM, LAO, PNG and SLB to improve supply.

RER 02.004.WP01: Regional and national surveillance, evaluation and monitoring systems strengthened and expanded to monitor progress towards targets and resource allocations for STI and HIV/AIDS, malaria and tuberculosis control, including monitoring of drug and insecticide resistance and the impact of control efforts.

Appraisal: Fully Achieved

Comments on achievements

HSI provided technical support to build capacity in nine key countries for HIV strategic information based on WHO recommendations, with the regional and country HIV estimates published. (CHN, FJI, KHM, LAO, MYS, MNG, PNG, PHL and VNM).

STB has provided notable support in the area of surveillance, particularly for multidrug-resistant tuberculosis (MDR-TB). The *Tuberculosis Control in the Western Pacific Region (2010)* was published. The regional malaria indicator framework, an integral part of the *Regional Action Plan for Malaria Control and Elimination in the Western Pacific (2010–2015)* is being implemented and reported on by all endemic countries.

HIV

HSI supported strategic information strengthening in nine countries (CHN, FJI, KHM, MYS, MNG, LAO, PNG, PHL and VNM), in addition to the global HIV estimation process (UNAIDS/WHO Estimation Working Group) and the Regional Estimation Workshop (Bangkok, 2011) by WPRO/UNAIDS Regional Support Team, Asia Pacific, (RSTAP) for KHM, LAO, MYS, MNG, PHL, PNG and VNM. All maintained WHO-recommended

surveillance systems. KHM, MNG, PNG and VUT developed national surveillance strategic plans with the United States Centers for Disease Control (US CDC). HSI developed a *Report on HIV and STI in Western Pacific Region (2000–2010)* on the epidemic and responses, contributed to 2012 *Global Universal Access Progress Report*, and reported on the health sector progress using the WHO framework. Regional workshops conducted included Priority Health Sector HIV Interventions with Sex Workers (Manila, 2011) and the Asia Pacific HIV Drug Resistance Genotyping, with WHO HQ (VNM, 2010). CHN, KHM, PNG and VNM monitored HIV drug resistance. The Regional Reference Laboratory in CHN and two national laboratories in VNM were accredited for drug-resistance testing. A systematic review of drug-resistance assessments was published in 2011. Four peer-reviewed papers were submitted on HIV drug-resistance assessments (CHN, PNG and VNM).

TB: WPRO continues to facilitate annual TB surveillance data collection, and the Regional TB Control Reports for 2010 and 2011 were completed. Guidance on strengthening information systems was provided to all TB high-burden countries through a Recording and Reporting Workshop, aimed at building national capacity in surveillance, registration, monitoring and evaluation of drug-resistant TB cases. CHN completed the 2010 TB prevalence survey and an analysis and dissemination workshop was conducted in 2011. The significant reduction of the TB burden in the last decade was validated. Prevalence survey consultant training was conducted in 2010. A Regional Surveillance Workshop was conducted in VNM (2010) and a Surveillance Review in PNG (2011). Prevalence survey support was provided in LAO. Several national programme reviews were also supported. WPRO assisted LAO and PNG with the preparation of a drug-resistance survey in conjunction with the prevalence survey. Technical assistance was focused on culture and drug-susceptibility testing. A workshop on recording and reporting to train MDR-TB supervisors in KHM was also supported.

Malaria

National malaria surveillance, monitoring and evaluation (SME) systems were strengthened based on assessed capacities in nine countries (CHN, KHM, LAO, MYS, PNG, PHL, SLB, VUT and VNM), with training and guidance on the malaria indicator framework (MIF) being implemented and reported on by all countries. Through the MVP country network, technical assistance for SME was provided. KHM, PHL, SLB, VUT and VNM updated their national malaria monitoring and evaluation plans based on MIF and revised national strategic plans.

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Activities included the Regional MIF Consensus Meeting (KHM, 2010), M&E Curriculum Writing (Thailand, 2011); GMS SM&E Curriculum Training (LAO, 2011). Malaria risk stratification based on surveillance data was updated in five countries (CHN, LAO, MYS, PHL and VNM). All countries reported on trends and impact. Malaria indicator surveys were supported (KHM, SLB and VUT). WPRO improved burden- of-disease estimates (LAO and VNM). WPRO contributed to the World Malaria Report with best practices published (KHM, LAO and MYS) and case studies (CHN, KHM, LAO, PHL and SLB). The WPRO database webpage was updated. Artemisinin-resistance containment in Cambodia-Thailand border was a success. WPRO contributed to Global Malaria Programme's *Global Plan for Insecticide Resistance Management* and the Asia Pacific web-based system established for insecticide resistance monitoring. The Korea International Cooperation Agency (KOICA) supported a climate change and vectorborne disease project in KHM, MNG and PNG, and trained and funded vectorborne disease surveillance.

RER 02.005.WP01: Political commitment sustained and mobilization of resources ensured through advocacy and nurturing of STI and HIV/AIDS, malaria and tuberculosis partnerships at country, regional and global levels; support provided to countries and areas as appropriate to develop/strengthen and implement mechanisms for resource mobilization and utilization; and engagement of communities and affected persons increased to maximize the reach and performance of STI and HIV/AIDS, malaria and tuberculosis control programmes.

Appraisal: Fully Achieved

Comments on achievements

Six countries (FJI, KHM, LAO, MNG, MYS, and PNG) were supported to mobilize Global Fund resources for HIV. Partnerships with seven key players in HIV (WHO SEARO, UNAIDS, UNICEF, UN Office on Drugs and Crime (UNODC), US Centers for Disease Control and Prevention (CDC) and the AusAID-supported HIV AIDS Asia Regional Programme (HAARP) have been maintained through various regional task forces. STB has provided significant advocacy through its new Regional Strategy to countries in many technical areas, including diagnostic tools, drug regulation and partner coordination. Resources were mobilized for country malaria programmes by MVP. The number of malaria partners, including those in the private sector, has increased.

HIV

FJI, KHM, LAO, MNG, MYS and PNG mobilized Global Fund resources for HIV. HSI

supported four Global Fund-related meetings to develop operational workplans. Nine countries (CHN, FJI, KHM, LAO, MNG, MYS, PNG, PHL and VNM) engaged at-risk populations, people living with HIV/AIDS and civil society in HIV programme implementation as integral part of regional and national HIV strategies. Partnership with seven key partners, stakeholders and task forces was maintained. Regional task forces have ensured involvement of key populations and groups, such as the International Network of People Who Inject Drugs (INPUD), the Asia Pacific Coalition on Male Sexual Health (APCOM) and sex workers. The 8th PPTCT United Nations task force meeting (Prevention of Parent-To-Child Transmission) endorsed the revised terms of reference of PPTCT.

WPRO supported regional working groups for men having sex with men (MSM), sex workers and prevention of mother-to-child transmission (PMTCT); the establishment of Treatment 2.0 Task force; the strengthening of the WHO Network on HIV and Health (business plan and website). Within the Network, support was provided by Department of Microbiology, Prince of Wales University; national reference laboratories (KHM, LAO and MNG); National STI Institute, CHN; the University of Melbourne (PMTCT); and the Pacific Paramedical Training Centre. Joint action plan to strengthen partnership and synergize resources was developed with UNAIDS.

TB

The new Regional Strategy to Stop Tuberculosis in the Western Pacific (2011–2015) aims to strengthen national budgets for TB, increase resources for human resource development, strengthen national partnerships and improve overall programme management. WPRO provided support to countries on the development of new national strategic plans (except PNG), with national endorsement signifying a commitment to stop TB. Support was provided for interventions focusing on high-risk groups, including the TB Equity Project in CHN (reducing financial barriers to access), and public-private and public-public mixed directly observed treatment, short-course (DOTS) in (LAO, PHL and VNM). Projects were implemented in KHM in collaboration with the National Centre for Tuberculosis and Leprosy Control (CENAT) and the International Organization for Migration. Countries implementing TBREACH and CIDA projects include LAO, the PHL and VNM. Through Expanding Access to New Diagnostics for TB Initiative (EXPAND TB), WPRO is collaborating with WHO Headquarters, UNiTAID, the Foundation for Innovative New Diagnostics (FIND), the Global Laboratory Initiative, and the Global Drug Facility.

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TBTEAM worked with countries to develop national TA plans together with national partners. TBTEAM WPRO's initiatives include the National TA Plan Template used at HQ, KHM, LAO and MNG and a quarterly newsletter to showcase success stories in countries. National Stop TB Partnership was established in VNM. WPRO supported KHM, LAO and MNG for Global Fund Round 10 applications. Missions were organized to support Round 11 preparations (FJI, KHM and PNG).

Malaria

World Malaria Day (WMD) was commemorated at the regional and country levels and helped sustain political commitment. Most countries maintained or increased their national malaria expenditures. The Global Fund is single most important malaria donor in the Region with US\$ 850 million approved for eight out of 10 endemic countries. WHO played a lead role in proposal development, grant negotiation and implementation oversight, including Round 9 consolidation (KHM), phase 2 (PNG, SLB, VNM and VUT), an approved CHN Round 10 proposal on the Myanmar border through Health Unlimited, and Round 11 proposals (LAO, PHL and VNM). Strategic MVP malaria activities were supported by WPRO's Collaboration with the Global Fund unit. Also, WHO mobilized funds from other major donors: USAID-PMI (Mekong); AusAID (Pacific Malaria Initiative); Gates Foundations (Thailand-Cambodia border-artemisinin resistance containment); and KOICA (climate change and vectorborne diseases in KHM, MNG and PNG). Community volunteers were engaged in all malaria-endemic countries, especially CHN, KHM, LAO, MYS, PHL and VNM. The private sector was engaged in diagnosis and treatment (KHM, LAO and PHL). MVP cooperated with an increasing number of stakeholders, networks and programmes.

RER 02.006.WP01: Operational research for the prevention and control of STI and HIV/AIDS, malaria and tuberculosis supported and research capacity strengthened in target countries and areas.

Appraisal: Fully Achieved

Comments on achievements

STB

Operational research activities that address programmatic gaps and evaluate innovative tools and strategies have been increasingly integrated into national TB programmes as an

important component. As a result of country requests for support in research capacity-building, STB established the Western Pacific TB Operational Research Grant to which countries have applied with a number of quality proposals that are of high programmatic relevance.

HIV

Two operational research projects have been finalized during this period: the validation study on HIV testing algorithms in PICs (in collaboration with the National Reference Library and the Pacific Paramedical Training Centre [NEZ]) and the cost-effectiveness analysis linking HIV services with sexual and reproductive health services (in coordination with UNICEF, the Economist International Unit, and the National Centre for AIDS, Dermatology and STIs [KHM]). WPRO monitored gonococcal antimicrobial resistance in partnership with a WHO Collaborating Centre (Department of Microbiology, Prince of Wales Hospital, Sydney) and the National Centre for STD Control, Nanjing, China, through the Gonococcal Antimicrobial Susceptibility Programme (GASP). The result of the GASP monitoring was published in a peer-reviewed journal in partnership with the National Centre for Global Health (NCGH), JPN. A costing tool for the prevention of mother-to-child transmission (PMTCT) was developed. MYS was supported to conduct an assessment of the linkages between HIV and sexual and reproductive health (SRH). Studies initiated in 2011 include two PMTCT-related projects in PNG and VNM and one on syphilis in the PHL. Two pilot sites on Treatment 2.0 have been initiated in CHN and VNM, which will inform the scale up of ART.

TB

Research projects launched during the reporting period include Migrant TB in Shanghai (CHN), TB-Diabetes in Shandong (CHN), TB knowledge, attitude and practice (KAP) among traditional healers (VUT), Barriers for TB Cases for Previously Treated TB Patients, Shanghai (CHN), TB-Diabetes in PHL, and TB Control Review in Prisons (MNG). Operational research capacity-building activities were implemented throughout the biennium. WHO has been proactively supporting the design and implementation of operation research at the national and subnational levels. Operational research capacity-building workshops were conducted at the regional level in collaboration with MVP and STB. The activities included a proposal-writing workshop in 2010 and scientific paper-writing workshop in

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2011. STB launched the Western Pacific TB Operational Research Grant in 2011. Six countries (CHN, FJI, MNG, PHL, VNM and VUT) submitted 15 research proposal, of which four studies have been funded and three will be launched in 2012.

Malaria

Research is an integral part of the *Regional Action Plan for Malaria Control and Elimination in the Western Pacific (2010–2011)*. Priority issues are detailed in the action plan's logistical framework. WPRO developed a *Regional Research Framework to Strengthen Communicable Disease Control and Elimination in the Western Pacific*. Mekong malaria research priorities were identified during a subregional workshop (HKM, 2010). Twenty-four malaria studies were initiated in the biennium. In the area of diagnosis and treatment efforts focused on therapeutic efficacy monitoring, screening, treatment and G6PD deficiency test evaluation (KHM); primaquine and vivax (PHL); and monitoring of malaria parasite resistance to chloroquine and sulphadoxine-pyrimethamine by DNA microarray technology (SLB).

In vector control efforts focused on the influence of environmental factors on the abundance of *Anopheles farauti* in large brackish water streams in northern Guadalcanal (SLB); spatial decision support systems for guiding focal indoor residual spraying interventions in malaria elimination zones; modern geographical reconnaissance of target populations in malaria elimination zones (SLB and VUT); conventional bednet bundling with insecticide kits (KHM); long-lasting insecticide treated nets (LLIN) bioassays/chemical analysis and community acceptance (LAO); durability of LLIN (PHL); and larviciding in areas targeted for malaria elimination (VUT). Social research efforts included respondent-driven sampling among mobile/migrant populations (KHM) and treatment seeking (PHL). WHO supported KHM to conduct a research review workshop (2011). The results of non-malarial febrile illness study (KHM and LAO) were disseminated in a 2011 paper presented at the American Society of Tropical Medicine and Hygiene (ASTMH) symposium in Philadelphia in the United States of America.

STRATEGIC OBJECTIVE 3

To prevent and reduce disease, disability and premature death from chronic noncommunicable diseases, mental disorders, violence and injuries and visual impairment

SUMMARY OF REGIONAL CONTRIBUTIONS TO ATTAINMENT OF THE STRATEGIC OBJECTIVE

The sixty-second session of the Regional Committee for the Western Pacific endorsed a resolution (WPR/RC62.R2) on expanding and intensifying noncommunicable disease (NCD) prevention and control in the Region. NCD prevention through multisectoral interventions was advanced through the engagement of health and non-health sectors. NCD risk factor surveillance was promoted widely, and during the year reports from four countries (KHM, LAO, MNG and SLB) were made available. High-level advocacy for breast cancer control was organized for representatives and participants at Regional Committee session in 2010. NCD prevention was introduced as a major component of Healthy Cities initiatives in CHN, MNG and the PHL. Successful resource mobilization was achieved for NCD management and blindness prevention. A programme on prevention of blindness and visual impairment has been established in WPRO with a dedicated technical officer and planned activities.

The WHO Pacific Islands Mental Health Network (PIMHNet) has been sustained by successful resource mobilization and active engagement, with voluntary contributions by individuals and academic organizations. PIMHNet provides a mechanism to promote all work of advocacy, policy, service delivery and human resource development for mental health in the Pacific.

A project on monitoring and interventions for suicide behaviour includes 11 countries (AUS, CHN, FJI, GUM, HOK, MNG, NEZ, PHL, PYF, TON and VUT) and is contributing to networking, capacity-building and surveillance.

The *Decade of Action for Road Safety (2011–2020)* provided a unique platform for countries to work across sectors to reduce road traffic injuries. Member States were supported to develop their plans for national launches of the “Decade” and the development of road safety plans. With funding from Bloomberg Philanthropies, WHO supported multisectoral road safety interventions activities in CHN, KHM and VNM, especially in the enforcement of motorcycle helmet, seatbelt, and drinking and driving laws. Following announcement of a WHO/AusAID partnership for a disability project, a position and activities in the area of Disability and Rehabilitation in WPRO will be supported for the next four years.

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Progress has been made in developing appropriate systems in CHN, MNG, MYS and PHL to help smokers quit. Advocacy for services to address tobacco use as a major risk factor for premature deaths from noncommunicable disease has been expanded through training projects on strengthening tobacco control in health systems and the integration of cessation policies and services in national action plans for tobacco control.

A WHO Collaborating Centre for Smoking Cessation and Treatment of Tobacco Dependence has been established in the Department of Health, Hong Kong (China), which is envisioned to become a regional training hub. WHO continues to work with partners and experts to enable health workers to provide brief advice, establish quit lines and make nicotine replacement therapy widely available. The work supports the Guidelines of Article 14 (Demand reduction measures concerning tobacco dependence and cessation) that was endorsed by the 4th Conference of Parties of the WHO Framework Convention on Tobacco Control (WHO FCTC).

ASSESSMENT OF REGIONAL EXPECTED RESULTS

RER 03.001.WP01: Advocacy and support provided to increase political, financial and technical commitment in Member States in order to tackle chronic noncommunicable conditions, mental and behavioural disorders, violence, injuries and disabilities together with visual impairment, including blindness
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Appraisal: Fully Achieved

Comments on achievements

Three important meetings took place in 2011: a meeting of high-level policy-makers and partners in Seoul, KOR, in March with the participation of 16 Member States (AUS, BRN, CHN, HOK, JPN, KHM, KIR, KOR, LAO, MAC, MNG, MYS, NEZ, PHL, SGP and VNM) developed the <i>Seoul Declaration on Noncommunicable Disease Prevention and Control in the Western Pacific Region</i> ; a meeting in the Pacific in February on NCD prevention and control resulting in the <i>Nadi Statement on the NCD Crisis in the Pacific Island Countries and Areas</i> ; and the 9th Meeting of the Ministers of Health for the Pacific Island Countries in June resulting in the <i>Honiara Communiqué on the Pacific Noncommunicable Disease Crisis</i> . The sixty-second session of the Regional Committee in resolution WPR/RC62.R2 urged Member States to develop an action plan for NCDs with time-bound targets and indicators. NCD policy advocacy briefs and a primer for the media were developed and advocacy was carried out at different levels. An advocacy event on breast cancer was held as a side event at the sixty-first session of the Regional Committee in Kuala Lumpur, MYS. Advocacy and

technical support was provided to the ASEAN meetings on NCD held in MYS and PHL.

Ministers of health discussed mental health on two occasions in 2011—during the sixty-second session of the Regional Committee and at the meeting of the Meeting of Ministers of Health for the Pacific Island Countries. Support was provided to national focal points to prepare policy briefs for decision-makers as well as technical support through consultants to promptly respond to ad hoc requests from Member States. Advocacy efforts were made through development of advocacy documents including quarterly WHO (PIMHNet) newsletters, publications in academic journals and media coverage (approximately 10 stories and interviews were published in 2011).

The *Decade of Action for Road Safety (2011–2020)* was launched in May 2011 to advocate for more resource investments in road safety and to encourage intersectoral collaboration for prevention efforts. In the Western Pacific Region, 17 countries had activities related to the launch of the “Decade” (AUS, BRN, CHN, COK, FJI, JPN, KHM, LAO, MNG, MYS, NEZ, PHL, SGP, TON, VNM, VUT and WSM).

For the first time, a full-time professional staff member was recruited to work on disability and rehabilitation issues in WPRO. Some of the key achievements to date include development of the *Regional Framework for Action on Community-based Rehabilitation (2010–2020)*, support to the 2nd Asia Pacific Community-based Rehabilitation (CBR) Congress in Manila, PHL, in November 2011 attended by over 600 delegates. The congress demonstrated that CBR approaches are being strengthened in many countries in the Region and that the WHO CBR guidelines are playing an important role in improving the understanding and practice of CBR. In addition, there were national launch events on the *World Report on Disability and Rehabilitation* in AUS, CHN, NEZ and PHL and support for the translation of the CBR guidelines into Malay language.

RER 03.002.WP01: Guidance and support provided to Member States for the development and implementation of policies, strategies and regulations in respect of chronic noncommunicable conditions, mental and neurological disorders, violence, injuries and disabilities

Appraisal: Fully Achieved

Comments on achievements

Countries are moving towards multisectoral interventions for NCD prevention and control.

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The national strategic plan for NCD prevention in MYS is an example of a whole-of-government intervention. Other key activities conducted include: capacity-building for multisectoral interventions at the Japan–WHO Joint Meeting in July 2010; a regional consultation on strategies to reduce salt intake in SGP in June 2010; and a regional initiative for healthy cities supported in CHN, MNG and PHL for introducing NCD interventions.

In the area of mental health, guidance and support were provided to nine countries (COK, FJI, FSM, KIR, MHL, MNP, NIU, SLB and VUT) in the development of mental health policy and strategic plans. WHO has been working with counterparts in CHN to support and promote the development of mental health law for more than two decades. Resource materials were provided for World Mental Health Day and World Suicide Prevention Day. The 3rd meeting of the WHO Pacific Island Mental Health Network was also organized.

In the area of injuries prevention, technical guidance on the development of national road safety plans was provided to KHM, LAO, MNG and VNM. A regional meeting on prevention of childhood drowning was held in 2010 for ASEAN countries to strengthen data collection and develop pilot intervention programmes.

WHO supported MNG to develop a National Rehabilitation Strategy and provided further technical support for its implementation.

In the area of preventing avoidable blindness and visual impairment, WPRO provided assistance in the development of national strategies for FJI, MNG, PHL and VNM.

RER 03.003.WP01: Improvements made in Member States' capacity to collect, analyse, disseminate and use data on the magnitude, causes and consequences of chronic noncommunicable conditions, mental and neurological disorders, violence, injuries and disabilities together with visual impairment, including blindness

Appraisal: Fully Achieved

Comments on achievements

In the area of chronic NCD prevention and management, the following were achieved: development of a regional NCD profile that will serve as a baseline for moving towards time-bound targets and indicators; training in cancer registration to Pacific island countries in May 2010; support to MNG for developing and expanding cancer registration; and an NCD regional country-capacity survey, with 35 out of 37 countries and areas (ASM, AUS, BRN, CHN, COK, FJI, FSM, GUM, HOK, JPN, KIR, KHM, KOR, LAO, MAC, MHL, MNG,

MNP, MYS, NEC, NEZ, NIU, NRU, PLW, PHL, PNG, PYF, SGP, SLB, TKL, TON, TUV, VNM, VUT and WSM) providing information on various aspects of NCD prevention and control, including national capacity, surveillance systems, policies and programmes, health services for NCDs, and collaboration. Support was provided to finalize the STEPwise approach to surveillance (STEPS) reports from KHM, LAO, MNG, PNG and SLB.

A regional survey was conducted in December 2011 to assess the integration of eye health care with general health care at different levels, resulting in a report that will inform the regional Prevention of Blindness programme activities. The survey includes current national policies on eye health care and their use. Technical assistance was provided to KHM and MNG on the collection of prevalence data for visual impairment and blindness and its causes. Participants from WPR Member States where trachoma is defined as endemic attended the meetings of the WHO Alliance for the Global Elimination of Trachoma by 2020 held in 2010 and 2011 to monitor progress, review opportunities and challenges.

In the area of mental health, intensive support was provided to CHN, FJI, PHL, PYF, TON and VUT in data collection on suicide behaviours. Support was also provided to MNG to prepare an epidemiological study proposal. A manual on monitoring of suicide behaviours was developed and distributed and two regional trainings were organized.

KHM, LAO, MNG, the PHL and VNM were supported in completing assessments of their national road traffic injury prevention status. A regional meeting on road safety data collection was held in 2011 to train national data coordinators.

RER 03.004.WP01: Improved evidence compiled by WHO on the cost-effectiveness of interventions to tackle chronic noncommunicable conditions, mental and neurological and substance-use disorders, violence, injuries and disabilities together with visual impairment, including blindness.

Appraisal: Fully Achieved

Comments on achievements

WHO package of Essential NCD Interventions (PEN) is being considered as an option for strengthening health systems for NCD management. Nine countries in the region (PHL, VNM and seven PICs—FSM, KIR, PNG, SLB, TON, VUT and WSM) were supported for introducing WHO PEN.

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Two technical guidance publications were completed and distributed: *Towards Evidence-based Suicide Prevention Programmes*, and *Addressing the Harmful Use of Alcohol—a Guide to Developing Effective Alcohol Regulation*. Systematic reviews were conducted in two areas: media and suicide prevention, and the effectiveness of a workplace approach for mental health promotion and mental disorder management.

RER 03.005.WP01: Guidance and support provided to Member States for the preparation and implementation of multisectoral population-wide programmes to promote mental health and to prevent mental and behavioural disorders, violence and injuries, together with hearing and visual impairment, including blindness.

Appraisal: Fully Achieved

Comments on achievements

In the area of mental health, some key activities conducted included technical support by country visits to FJI, TON and VUT; support to six countries (CHN, FJI, MNG, PHL, TON and VUT) to attend the Asia Pacific Regional Meeting on Suicide in 2010 and the World Congress on Suicide Prevention in 2011; support to six countries (CHN, FJI, KHM, LAO, PHL and VNM) to attend the Asia Pacific Regional Meeting on Psychosocial Rehabilitation; and guidance and support to CHN, PHL, TON and VUT to develop multisectoral, population-wide programmes for prevention of suicide. In addition, during this biennium, WHO collaborated with and provided support to CHN, FJI, JPN, KOR, PHL, TON and VUT in data collection and the development of suicide-prevention plans. In addition, a systematic review on the effectiveness of media interventions on suicide prevention was undertaken and consultations have been conducted in CHN, JPN and KOR with different stakeholders on the role of the media in suicide prevention.

As part of the Road Safety 10 project, technical guidance for road safety was provided to CHN, KHM and VNM for multisectoral community-based interventions for drinking and driving, and motorcycle helmet promotion. Technical support was provided to FJI and MNG (for violence against women) and to PHL (violence against children). A regional meeting on the Prevention of Intimate Partner and Sexual Violence Against Women was held in Manila in 2011 to build capacity among professionals from different sectors for selected countries. A manual on data systems was disseminated to countries. This manual assisted in the strengthening and improvement of data on road traffic injuries and risk factors, especially in LAO, MNG and PHL.

At regional level, the Mongolia Blindness Prevention Committee for Eye Health, working in collaboration with international and national partners, was supported on the development of a national plan for eye health care. Technical assistance was provided to four Member States for eye-care programmes (CHN, MNG, PHL and VNM).

RER 03.006.WP01: Guidance and support provided to Member States to improve the ability of their health and social systems to prevent and manage chronic noncommunicable conditions, mental and behavioural disorders, violence, injuries and disabilities together with visual impairment, including blindness

Appraisal: Fully Achieved

Comments on achievements

Two meetings were convened: one to support comprehensive cervical cancer control in the Region, and the other to improve access to essential drugs and technology for integrated management of NCDs at the primary care level. A satellite meeting was organized in Seoul, KOR, along with the 4th International Cancer Control Congress to identify priorities for cancer control. WHO Package of Essential NCD Interventions (PEN) was introduced in countries. LAO was supported to develop a draft national strategy and action plan for cervical cancer control. Chronic respiratory disease prevalence surveys were initiated in KHM and LAO.

WHO AIMS (Assessment Instrument for Mental Health Systems) was completed for LAO. Regional data collected for the *Mental Health Atlas* was launched on 10 October 2011. Four countries (COK, SLB VUT and WSM) finalized country summaries outlining mental health needs and priorities, ongoing efforts in partnership with WHO to improve the treatment, human rights conditions and key achievements of work to date.

Technical guidance was provided to VNM for strengthening of trauma care systems including pre-hospital care. Support for the review of pre-hospital care was provided to KHM and MNG.

Good progress has been made in the development of specific components of smoking cessation systems. These components can later come together to form complete cessation systems. The approach of the programme has been to tap expertise, tools and guidance from advanced countries (AUS, GUM, HOK, NEZ or the United States of America), adapting and adopting these in priority countries.

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Country-specific advice has been most intense in PHL, with an emphasis on cities and localities that have implemented smoke-free policies (Makati City, the 16 municipalities of Negros Oriental, Metro Manila and Nueva Vizcaya). In particular, efforts have been made to work with partners such as the Philippine Ambulatory Paediatric Association and other nongovernmental organizations (NGOs) that have developed tools for training and policy advocacy. Very early work toward the development of national consensus guidelines for treatment of tobacco dependence has started through the conduct of training programmes on motivational interviewing for nicotine dependence (MIND). MIND was developed as an offshoot from collaboration for training with the Hong Kong Department of Health and the Mayo Clinic.

Training on brief cessation advice in primary health care has progressed in eight countries (CHN, FSM, MHL, MNG, MNP, MYS, PLW and PHL) with the help of cessation experts from AUS, GUM, HOK, KOR and NEZ. Training on providing brief advice was introduced in four PICs: FSM, MHL, MNP and PLW. Similar training has been introduced in CHN and PHL. Pre- and post-test results from the training yielded improvement in knowledge and skills in several domains. With support from Quit Victoria, technical assistance has also been provided to MNG. In collaboration with the Tobacco Free Initiative (TFI) HQ, materials on training of primary health-care service managers on Strengthening Tobacco Control in Health Systems was conducted in MYS and PHL with participation of cities, districts and health centres.

Efforts have been made to integrate brief cessation advice among paediatric societies and health-care providers for children and adolescents. This has been done in collaboration with the Maternal, Child Health and Nutrition unit. A training network on child and adolescent health and tobacco control has been initiated and supported with projects in CHN, PHL and VNM.

In collaboration with the Asia Pacific Quit Line Network, which is chaired by the National Centre for Cancer of the Republic of Korea, TFI participated in network activities toward updating on new approaches and sharing of best practices. This has led for a plan for supporting countries that wish to set up quit lines through a mentoring programme with countries that already have quit lines. This will be implemented in late 2012.

STRATEGIC OBJECTIVE 4

To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy ageing for all individuals.

SUMMARY OF REGIONAL CONTRIBUTIONS TO ATTAINMENT OF THE STRATEGIC OBJECTIVE

In this biennium, priority countries were made more aware of the need to develop integrated plans and policies for improving maternal, newborn and child health, which are anchored by national health plans. Activities conducted included maternal and child health reviews to inform policy and strategy development.

Progress was also made in identifying key areas for action towards the attainment of Millennium Development Goals (MDGs) 4 and 5 along the continuum of care through the key life stages and across all levels of health systems, in collaboration with relevant programmes including those related to maternal and child health outcomes, disease control and health systems strengthening. A particular emphasis has been given to integrated service delivery and approaches to remove barriers to accessing essential maternal and child health services. In support of these goals, a cross-cutting informal consultation on MDGs 4 and 5 was held with participation by WPRO and key country office staff from CHN, KHM, LAO, MNG, PHL, PNG and VNM. Country-specific approaches towards universal coverage for maternal and child health have also been supported.

Progress was noted in six countries (CHN, LAO, MNG, PHL, PNG and VNM) to improve the proportion of deliveries assisted by skilled attendants and the use of evidence-based guidelines and tools to build capacities for clinical competencies in maternal and newborn care, data collection, analysis and reporting of results, and monitoring efforts. Six countries (CHN, KHM, LAO, MNG, SLB and VNM) were supported in comprehensive aspects towards the achievement of universal access to reproductive health, including standards and guidelines on family planning and sexually transmitted infections.

Good progress was made in supporting countries to improve integrated case management of childhood illness at community and facility levels to scale-up access to key interventions for newborn and child health. Technical and logistic support was provided to introduce community approaches towards home-based newborn care in LAO and VNM, updating the IMCI guidelines including those

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for sick young infants, and facilitating IMCI scaling-up efforts with a computerized adaptation and training tool. Six countries (CHN, LAO, MNG, PHL, PNG and VNM) were supported to improve referral level care. A regional monitoring framework for MDG 4 was likewise developed, and integrated maternal and child health monitoring efforts supported in priority countries.

Technical support was provided to build capacity and develop standards for adolescent-friendly health services. A rapid programme review for adolescent health was carried out in Mongolia.

ASSESSMENT OF REGIONAL EXPECTED RESULTS

RER 04.001.WP01: Support to Member States to develop a comprehensive policy, plan and strategy for scaling up towards universal access to effective interventions in collaboration with other programmes, paying attention to gender inequality and gaps in health equity, providing a continuum of care throughout the life course, integrating service delivery across different levels of the health system and strengthening coordination with civil society and the private sector.

Appraisal: Fully Achieved

Comments on achievements

In the last biennium, priority countries were more aware of the need to develop integrated plans and policies for improving maternal, newborn and child health that were anchored by national health plans. Activities included maternal and child health reviews to inform policy and strategy development.

The Maternal, Child Health and Nutrition unit (MCN) in WPRO supported KIR, KHM, LAO, PHL, PNG, SLB and VNM in various stages of maternal and child health (MCH) programme review and national policy and strategy development. Specific examples include support for the review of MCH programme implementation and development of the MCH strategic directions for 2011–2015 in KHM; support in LAO for the implementation of the integrated maternal, neonatal, and child health (MNCH) strategic framework with focus on district-level planning in three provinces; support for the enhancement of the UNDAF (United Nations Development Assistance Framework) content in PHL to reflect the national MNCH and nutrition policy; and support to SLB for the review of its child health programme implementation and development of the national child health strategy.

MCN in collaboration with the Division of Health Sector Development (DHS) conducted a training workshop involving nine countries (CHN, KHM, LAO, MNG, MYS, PNG PHL, SLB and VNM) in November 2011 on strategic planning and costing for MNCH using the UN OneHealth Tool. Discussions with priority countries on how to implement the

recommendations of the Commission on Information and Accountability were also initiated with WHO country focal persons for MNCH.

RER 04.002.WP01: National research capacity strengthened as necessary and new evidence, products, technologies, interventions and delivery approaches of global and/or national relevance available to improve maternal, newborn, child and adolescent health, to promote active and healthy ageing, and to improve sexual and reproductive health.

Appraisal: Fully Achieved

Comments on achievements

While there is no direct regional assistance for operational research, some countries (CHN, LAO, MNG, PHL, PNG and VNM) have initiated research on important issues in maternal and child health and have used this information to inform policy development and quality improvement in health care delivery. The MCN unit in the Regional Office participated in reviewing proposals submitted by countries to WHO HQ, as a member of the Asia Pacific Regional Advisory Panel.

RER 04.003.WP01: Technical and policy support provided to Member States for implementing national plans of action for the reduction of maternal and newborn mortality thereby achieving universal coverage of skilled attendants on maternal and newborn care.

Appraisal: Fully Achieved

Comments on achievements

Strategic action has been undertaken in priority countries in the area of maternal and neonatal health that focused on improving the coverage of skilled care at birth and managing obstetric complications and essential newborn care. Six countries (CHN, KHM, LAO, MNG, PNG and VNM) were supported to improve quality of skilled care at birth. Neonatal care training was conducted in FJI. A protocol of maternal and newborn health (MNH) interventions and training materials was developed in KHM. Skilled Birth Attendants (SBA) training was carried out in LAO. Pregnancy, Childbirth, Postpartum and Newborn Care (PCPNC) training was conducted in MNG. A strategic MNH assessment was carried out in MYS. Training on a quality hospital delivery model was conducted in PHL. Integrated MNCH service delivery was promoted in PNG and SLB.

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An intercountry workshop on maternal death reviews was organized in MYS to facilitate priority countries, namely KHM, LAO, MYS, PHL, PNG and VNM to learn from each other and the experience of MYS. Countries developed action plans for improving the process and tools for maternal death reviews to ensure its effectiveness in preventing future maternal deaths by addressing key factors that lead to maternal death.

RER 04.004.WP01: Guidelines, approaches and tools for improving neonatal survival and health in use at country level, with technical support provided to Member States for intensified action towards the achievement of universal coverage, effective interventions and progress monitoring.

Appraisal: Fully Achieved

Comments on achievements

Countries have recognized that reducing neonatal mortality is key to attaining MDG 4 and have focused efforts in addressing this. There is demand for regional consensus on the priority strategies to ensure universal access and coverage for key interventions with the most impact on neonatal health and survival.

A desk review of newborn care guidelines and country implementation was done. The findings support convening a workshop to discuss progress of neonatal health activities in countries and to discuss priority interventions and strategic actions to address increasing newborn mortality. With WPRO support, 10 countries have updated their IMCI guidelines for sick young infants, including newborn children for implementation at the primary care level (CHN, KHM, KIR, LAO, MNG, PHL, PNG, SLB, VNM and VUT). LAO and VNM have implemented community-based newborn care in selected districts with plans for scaling up. MNG and PHL are finalizing their national adaptations for community newborn care.

RER 04.005.WP01: Policy and technical support provided to Member States for intensified action towards agreed goals ensuring universal access, coverage and quality of key public health interventions for newborn and child survival.

Appraisal: Fully Achieved

Comments on achievements

Countries were supported to implement national strategies and plans for increasing access and coverage to essential newborn and child interventions including quality improvement.

Support for national policy development was provided to FJI, KHM, PHL, PNG, SLB and VNM to conduct child health reviews and develop MCN strategic directions. SLB was supported for child health reviews and the development of a national child health strategy, and PNG was supported to conduct a short programme review for maternal and child health. Countries were supported to improve quality care at all levels: at the community level (LAO, MNG, PHL and VNM); at the primary care (all priority countries, in particular LAO, reviewed their IMCI curriculum); and at the referral-care level (five PICs—FJI, KIR, TON, VUT and WSM—and LAO). Enhancement of pre-service IMCI training through the use of the IMCI computerized adaptation and training tool (ICATT) took place in MNG, PHL and VNM. WPRO in collaboration with HQ and the WR/PHL conducted a field test of the training package for the healthy growth and development of children. The Regional Monitoring Framework was finalized as an important contribution to tracking progress of work in MCH towards achievement of MDGs 4 and 5.

RER 04.006.WP01: Policy and technical support provided to Member States for coordinated implementation of evidence-based strategies, norms and standards for the prevention and care of diseases and health-compromising behaviours in adolescents, as well as conditions that place adolescents at risk.

Appraisal: Fully Achieved

Comments on achievements

Technical support was provided for building capacities of health workers in selected countries to implement evidence-based strategies, norms and standards. Assessment of the Adolescent Health (ADH) programme implementation was supported in MNG and VNM. The Adolescent and Youth Situation Analysis in the Lao PDR is underway. Policy

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development for ADH was supported in PNG, and PHL was supported in developing its National Standards for Adolescent Friendly Health Services. Capacity-building of health workers in CHN, HOK and MAC was undertaken to improve Adolescent Friendly Health Service (AFHS). Fact sheets were completed in 10 countries (CHN, FJI, KHM, KOR, LAO, MNG, MYS, PHL, PNG and VNM).

RER 04.007.WP01: Technical support provided to Member States for accelerated action towards implementing the Global Reproductive Health Strategy and improving family planning and reproductive health care.

Appraisal: Fully Achieved

Comments on achievements

An overview, a full report and an advocacy leaflet on *Women and Health* in the Region were published and distributed during the sixty-second session of the Regional Committee in 2011, as requested by Member States during the sixty-first session. They provided information on various aspects of women and health throughout the life cycle and offered a strategic approach in addressing key issues of women's health, which will be useful for decision-makers and programme managers.

The draft *Strategic Framework for Accelerating the Achievement of Universal Access to Reproductive Health* was finalized. CHN, KHM and VNM were supported in capacity-building for family planning, MNH and women's health. The LAO cervical cancer strategy was developed, the Reproductive Health Strategy in MNG was updated and integrated MNCH strategy was developed in SLB. Family Planning materials were translated in PNG. Studies on antenatal care (ANC), syphilis screening and improved service linkage were conducted in VNM.

RER 04.008.WP01: Technical support provided to Member States for increased advocacy for implementation of policies and programmes, and for training programmes for health care providers on healthy ageing.

Appraisal: Fully Achieved.

Comments on achievements

Specific technical support to policies and programmes on ageing is not systematically addressed in WHO's current programme of work in the Region. However, there has been

some progress. Most notably, the Informal Experts Consultation on Healthy Ageing in the Western Pacific Region was held in May 2011, in Manila, PHL, to give guidance on developing a regional framework of action on healthy ageing and priority actions WHO could take in cooperation with Member States to promote healthy ageing. The 10 temporary advisers who attended were experts who discussed five themes: health systems and service models; disease prevention; social protection; intersectoral action; and improving the evidence base.

The 7th World Ageing and Generations Congress was held in Switzerland from 28 August to 2 September 2011. The organizer, the World Demographic and Ageing Forum, funded the participation of three WHO Regional Office focal points.

WHO has also encouraged Member States and cities to attend the 1st International Conference on Age-Friendly Cities in Dublin, Ireland, in September 2011. The CHN Country Office participated, along with selected cities from CHN.

Preparatory activities and planning were undertaken for World Health Day 2012, the topic of which was ageing and health.

MNG has provided support for building capacity and services for healthy ageing.

Annex

STRATEGIC OBJECTIVE 5

To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact.

SUMMARY OF REGIONAL CONTRIBUTIONS TO ATTAINMENT OF THE STRATEGIC OBJECTIVE

The Western Pacific Region is prone to health security threats, including emerging diseases, emergencies and disasters, especially those caused by natural hazards like earthquakes, tsunamis, typhoons and floods. Over the past two years, a number of devastating natural disasters occurred, including the unprecedented earthquakes in CHN, JPN and NEZ, and the massive typhoons and floods in KHM, LAO, PHL and VNM, resulting in enormous loss of life and serious damage and destruction of health infrastructure and systems.

Effective preparedness and response to emergencies and disasters are required in developing and developed countries to minimize their health, social and economic impact. WHO worked with Member States, donors and partners (including AusAID, the United Kingdom Department of International Development, European Commission Humanitarian Aid and the Japanese Government) to support country preparedness and health responses to emergencies and disasters. Much effort was made to ensure the provision of a health sector response to acute emergencies and natural disasters that occurred in the Region, including the tropical storm Washi in PHL in December 2011 and the Japan earthquake and tsunami on 11 March 2011. In addition, advocacy and the promotion of safe hospitals was conducted in four countries (KHM, LAO, PHL and VNM) through development of assessment tools, exercise materials, staff training. Regional and national training workshops were conducted for health emergency personnel, and operational procedures for emergency response were developed. These activities contributed to improved sharing of information and lessons learnt among countries, a reduction in human suffering, better health services for the disaster-affected population, and the prevention and control of communicable disease outbreaks.

During the sixty-second session of the Regional Committee in October 2011, country lessons learnt from the response to the major disasters were shared. Past experiences clearly indicated the need to shift from reactive emergency response to more proactive preparedness-driven investment and efforts in the future. Currently, there is no common global and regional strategic framework for health sector preparation for emergency risk management. Future efforts are needed to develop and implement a common framework for action to guide health emergency risk management.

ASSESSMENT OF REGIONAL EXPECTED RESULTS

RER 05.001.WP01: Norms and standards developed, capacity built and technical support provided to Member States for the development and strengthening of national emergency preparedness plans and programmes.
Appraisal: Partly Achieved
Comments on achievements
<p>The value of health emergency preparedness and risk reduction activities has been increasingly recognized in the wake of recent disasters in the Region. More attention is now being paid health sector preparedness for emergency and disaster response. A number of countries have developed and updated their national preparedness and response plans. Technical support was provided to develop national emergency preparedness and response plans in several countries including KHM, LAO and VNM, as well in some PICs. Efforts have been made to strengthen the synergy between disaster preparedness and public health emergency preparedness required under the most-recent revision of the International Health Regulations (IHR 2005) through the updated <i>Asia Pacific Strategy for Emerging Diseases</i> (APSED). In LAO, an emergency medical service system is being developed.</p> <p>Safe hospitals remain a priority objective of health sector disaster risk reduction activities. The safe hospital project activities were implemented in four priority countries including KHM, LAO, PHL and VNM. A number of tools, training and advocacy materials were developed, such as the safe hospital assessment tool, the emergency exercise guide and advocacy materials. Several training courses on safe hospitals were conducted and a number of hospitals were assessed for safety. Support was provided in developing LAO Emergency Medical Services (EMS) systems as part of overall preparedness effort.</p> <p>Future actions will be taken to develop and implement a common framework to guide continuing preparedness for health service provision in emergencies and disasters. A long-term strategic approach would need to be taken to promote safe hospitals.</p> <p>However, the response to several unexpected significant natural disasters in 2011, limited human and financial resources—including technical personnel within ministries of health and WHO—prevented the development and updating of national preparedness plans. There is the lack of a strategic framework to guide health sector preparedness and long-term risk reduction efforts in the Region.</p>

Annex

RER 05.002.WP01: Norms and standards developed, capacity built and technical support provided to Member States for a timely response to disasters associated with natural and human-generated hazards.
Appraisal: Fully Achieved
Comments on achievements
<p>Preparedness for a timely response has been an important component of national preparedness and response plans for health emergencies and disasters. Following emergency and disaster events, many affected countries (including CHN, JPN, KHM, NEZ, PHL and a number of PICs) reviewed and revised their national plans, protocols, technical guidelines and training materials on emergency response.</p> <p>Technical support was provided to strengthen health response capacity through various training and response procedure development. The Regional Training Course on Health Emergency Response Operations was conducted to improve knowledge and skills related to health emergency response concepts, principles and processes. Regional training on public health and emergency management was provided to governmental top and middle-level managers, and humanitarian actors in the Asia Pacific region.</p> <p>In line with the newly developed <i>WHO Emergency Response Framework</i>, WHO regional emergency response procedures are being updated to provide timely support to Member States in response to emergencies.</p>

RER 05.003.WP01: Norms and standards developed, capacity built and technical support provided to Member States for assessing needs and for planning and implementing transition and recovery actions in post disasters and post conflict situations.
Appraisal: Fully Achieved
Comments on achievements
<p>The importance of health needs assessments and planning for the implementation of recovery activities following emergencies and disasters has been recognized by countries. Several disaster-affected countries including CHN, FJI, JPN, KHM, NEZ, PHL and VNM made efforts in conducting health needs assessments and strengthening health service and system recovery.</p>

Technical collaboration focused on strengthening post-disaster health systems and health service recovery. Efforts were also made to support recovery activities after the tropical storm and floods in PHL, the tropical cyclone in FJI, floods in KHM and VNM, and earthquakes in JPN.

Following the earthquake and tsunami in JPN on 11 March 2011, an informal consultation meeting on disaster recovery for the health sector was conducted in May 2011 in Kobe, JPN, to discuss guidance and recommendations for early recovery activities and strengthening roles of health partners in recovery. Post-disaster health needs and a risk assessments tool was developed to guide identification of health needs of affected populations.

RER 05.004.WP01: Coordinated technical support provided to Member States for communicable disease control in disasters resulting from natural and human-generated hazards.

Appraisal: Fully Achieved

Comments on achievements

Communicable disease prevention and control was a priority health response to disasters in countries. Many affected countries fully utilized or modified their existing communicable disease surveillance and response systems to address the need of disaster situations. Great efforts were made to prevent communicable diseases through provision of safe water and food and ensuring environmental sanitation. Over the past two years, no major communicable disease outbreaks occurred following natural disasters.

Post-disaster communicable disease-risk assessments and surveillance were a priority area of work for emergency and disaster risk management. Technical support and health-risk assessment tools were provided to several countries in supporting post-disaster risk assessments and communicable disease surveillance, including JPN, KHM, PHL and VNM. In the PHL, technical and financial support was provided to establish and implement the *Surveillance in Post Extreme Emergencies and Disaster* (SPEED) initiative, in collaboration with donors and partners. After the earthquake and tsunami in JPN in March 2011, intensive discussions at a meeting for post-disaster surveillance (May 2011) were summarized in an article on post-disaster surveillance in developed countries published in the *Western Pacific Surveillance and Response Journal* in 2011.

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RER 05.005.WP01: Coordinated technical support provided to Member States on environmental health and food safety in disasters resulting from natural and human-generated hazards.
Appraisal: Fully Achieved.
Comments on achievements
<p>Good progress has been made in coordinating technical support in disaster response since the establishment of the new Division of Health Security and Emergency in WPRO. The Division provided a common platform for emergency response operations. Close collaboration and coordinated support among emergency management, food safety and environment health were provided to JPN and other countries during the JPN earthquake and tsunami in March 2011.</p> <p>Environmental health needs in emergencies, particularly water sanitation, is a priority for affected populations. Technical support was provided to strengthen the South East Asian Technical Working Group for environmental health.</p> <p>During the JPN earthquake and tsunami—and the resulting Fukushima nuclear emergency—technical advice on food safety and environmental health was provided to the international community. Environmental health support was also provided in response to disease outbreaks related to food and waterborne diseases, such as cholera, in PNG.</p> <p>Epidemiological and food safety support was provided to FSM to assist in the response to a mass outbreak of chelonitoxism and laboratory analysis was provided for food samples associated with foodborne disease outbreaks.</p>
RER 05.005.WP02: Support provided to Member States for strengthening national preparedness, alert and response to food safety and environmental health emergencies.
Appraisal: Partly Achieved
Comments on achievements
<p>The recently endorsed <i>Western Pacific Regional Food Safety Strategy (2011–2015)</i> and the updated APSED provided strategic frameworks to strengthen emergency preparedness and response.</p> <p>Progress was made in strengthening national preparedness, alert and response mechanisms for food safety and environmental health emergencies. Technical support was provided to</p>

develop food safety emergency response plans in a workshop for Asian countries and also in-country meetings in FJI, KHM, LAO, SLB and VNM. However, assistance provided to countries was limited due to a lack of financial resources, which in turn affected the national development of food safety emergency response plans. Lack of funding was translated in suboptimal country coverage, such as the partial delivery of expected results.

While some countries adopted a generic approach for health emergency preparedness, others developed various national plans for specific hazards, ensuring linkages between plans as appropriate. Synergy is being strengthened for coordinated public health emergency preparedness for emerging diseases, food safety, and chemical and nuclear events.

RER 05.006.WP01: Effective communications issued, partnerships formed and coordination developed with other organizations in the United Nations system, governments, local and international nongovernmental organizations, academic institutions and professional associations at country, regional and global levels.

Appraisal: Fully Achieved

Comments on achievements

Efforts at the country level were made to strengthen the coordinated health sector response to humanitarian emergencies and disasters. The health “cluster approach” and principles were applied in a number of countries including PHL, with the participation of various health partners, including governmental agencies and nongovernmental organizations.

Country experiences and lessons learnt from the emergency and disaster responses were shared through various regional and international forums, especially the sixty-second session of the Regional Committee for the Western Pacific Region in October 2011. Situation reports were made available to the international community and the public through the IHR event information site (for example, the JPN earthquake and tsunami), International Food Safety Authorities Network (INFOSAN), government websites and other means of communication.

Technical collaboration has been established and is operational with other United Nations agencies and international development partners and networks, including the Asia Pacific Humanitarian Network, the Southeast Asian Ministry of Education Organization Regional Tropical Medicine and Public Health Networks (SEAMEO-TROPMED) and the Asian Disaster Preparedness Centre.

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WHO, as the health cluster lead agency, made its efforts to work with health partners to strengthen preparation for the health cluster coordination in emergencies. The first regional health cluster forum was conducted in August 2011 in Kobe, JPN, to discuss and develop a draft regional operational framework for a health cluster response at country level. The "3-Plus-1" function areas—information, health service, resources, and monitoring and evaluation—were agreed upon by the forum.

Situation updates on disaster events (including the JPN earthquake and tsunami in March 2011 and the PHL tropic storm Washi in December 2011) and other materials were shared with Member States and the international community through various means, including WHO websites, press releases, questions and answers, fact sheets and posters.

RER 05.006.WP02: Effective communications in emergency and outbreak situations.

Appraisal: Fully Achieved

Comments on achievements

Good progress was made to facilitate situation monitoring, information sharing and provision of public health advice during emergencies and outbreak situations. For example, at least 35 situation reports on the Japan earthquake and tsunami were issued and posted on the WHO website.

Situation updates on disaster events (including the JPN earthquake and tsunami) and other materials were shared with Member States and the international community through various means, including WHO websites, press releases, questions and answers, fact sheets and posters.

RER 05 007.WP01: Acute, ongoing and recovery operations implemented in a timely and effective manner.

Appraisal: Fully Achieved

Comments on achievements

A significant number of emergencies and disasters occurred in the Region in 2010–2011, including devastating earthquakes in CHN, JPN and NEZ, frequent floods in CHN, KHM, LAO, PHL and VNM, as well as the drought in some PICs. The JPN earthquake, tsunami and nuclear event in March 2011 and the massive tropical storm Washi in December 2011 in PHL were two recent examples of such significant disasters.

Emergency response operations to save lives and care for affected populations were undertaken by Member States, WHO and other partners collectively to ensure timely and sufficient health response to the disasters. Key response actions included health situation monitoring, health needs and risk assessments, strengthening of post-disaster disease and event surveillance and response, and the provision of public health advice and services, such as mental health and psychosocial support, care of NCD patients and reproductive health.

Humanitarian assistance and technical support were provided and facilitated by WHO in response to a number of emergencies and disasters, including the Qinghai earthquake; the FJI tropical cyclone; JPN earthquake; a stampede in KHM; a severe winter in MNG; the NEZ earthquake; tropical storms and floods in PHL; the VUT earthquake; floods in KHM, LAO and VNM; and drought emergencies in TKL and TUV. Coordinated technical and financial support was provided in PHL during tropical storm Washi in December 2011, including the health cluster coordination in close work with the Department of Health, information dissemination, implementation of the SPEED, (Surveillance in Post Extreme Emergencies and Disasters) and the mobilization of human and financial resources, including the Central Emergency Response Fund (CERF) and other WHO emergency response funds.

Annex

STRATEGIC OBJECTIVE 6

To promote health and development, and prevent or reduce risk factors for health conditions associated with use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex.

SUMMARY OF REGIONAL CONTRIBUTIONS TO ATTAINMENT OF THE STRATEGIC OBJECTIVE

Progress has been achieved in advocacy and capacity-building for health promotion through technical networks for Healthy Cities, Healthy Islands and health promotion foundations.

Countries have recognized the need for monitoring NCD risk factors. National health and nutrition surveys in many countries have included NCD risk factors. WHO STEPS surveys were completed in KHM and MNG during 2010. The STEPS report of SLB has been published. The Global School-based Student Health Survey (GSHS) has been completed in MNG in 2010. PHL has initiated the GSHS.

Adoption by the World Health Assembly in May 2010 of a *Global Strategy to Reduce the Harmful Use of Alcohol* has put more emphasis on work in the area of alcohol policies and programmes. A number of countries have been supported with activities in the government and nongovernmental sector to further strengthen country capacity, especially in KHM, LAO, MNG and VNM. A legislation guide has been finalized to support the specific area of effective alcohol control policies.

Support was provided for the Pacific Food Summit and the adoption and implementation of the *Framework for Action on Food Security. Physical Activity and Food-based Dietary Guidelines* were communicated through national campaigns. Evidence-based Diet and Physical Activity (DPAS) intervention programmes (policies, supportive environment and community-based lifestyle programmes) were developed and implemented with technical support provided to PICs. A regional consultation was held to develop strategies to reduce salt intake.

Advocacy efforts for full implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC) have been stepped up and these have resulted in new regulations, policies and actions linked to WHO FCTC Articles 5.3, 8, 11 and 13. National action plans have been reviewed and updated in two countries (BRN and KHM). Amendments to existing laws and/or new legislation and regulations have been filed in some legislatures. Capacity-building activities to support WHO FCTC implementation at the regional level included: the Meeting on the Control of Betel Nut and Tobacco Chewing for Concerned Pacific Island Countries, the Workshop on Indicators for Tobacco Control,

the Regional Training Workshop on Tobacco Taxation (through the Bloomberg Initiative) and the Meeting on a Training Network on Child and Adolescent Health and Tobacco Control. Seven countries (LAO, MNG, MYS, PHL, TON, VNM and WSM) have been working on projects on health promotion foundations and tobacco taxes using the ProLead approach. WPRO's leadership in tobacco control is highlighted by the successful bid of KOR to host the Fifth Session of the Conference of Parties in 2012.

Tobacco surveillance and the strengthening of surveillance systems continue to be pillars of the programme. The Global Adult Tobacco Survey (GATS) was completed in three countries (CHN, PHL and VNM) and is planned for a fourth country (MYS). Member States participated in the data collection for the Third Global Tobacco Control Report that focuses on health warnings but also provides updated information on the MPOWER policies (*Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco use; Warn about the dangers of tobacco; Enforce bans on tobacco advertising, promotion and sponsorship; Raise taxes on tobacco*). Training on the Global Youth Tobacco Survey (GYTS) was also conducted in six countries (CHN, GUM, KHM, LAO, PHL and VNM).

Capacity-building, multisectoral and multidisciplinary action, technical support, monitoring and evaluation, and other activities reflecting the core functions, as well as technical and country strategic frameworks for health and development, have been provided and coordinated in the Western Pacific Region.

ASSESSMENT OF REGIONAL EXPECTED RESULTS

RER 06.001.WP01: Advice and support provided to countries and areas to strengthen their health promotion capacity across all relevant programmes, and to establish effective multisectoral and multidisciplinary mechanisms and collaborations to promote health and prevent and reduce the occurrence of major behavioural and structural risk factors.
Appraisal: Fully Achieved
Comments on achievements
WPRO is advocating the Healthy Cities, Healthy Islands and Healthy Settings approaches based on health promotion principles and encouraging intersectoral cooperation to achieve optimal health. Eight countries (KHM, LAO, MNG, MYS, PHL, TON, VNM and WSM) participated in ProLead, which strengthened health promotion leadership and worked towards institutionalizing health promotion and establishing a mechanism to sustain financing.

Annex

Progress has been achieved in advocacy and capacity-building for health promotion through technical networks, health promotion foundations and revitalized Healthy Islands.

Some key achievements in the area of health promotion include:

- Three countries (MNG, PHL and VNM) that piloted the use of Urban Health Equity Assessment and Response tool (HEART) in the last biennium conducted an evaluation in this biennium and identified areas for improvement in the planning and implementation process. There is also increased awareness of health equity principles and the need to incorporate findings into the planning processes and agenda setting. Seven countries and areas (CHN, HOK, JPN, KHM, KOR, LAO, and MYS) also had increased knowledge of health equity principles and the use of Urban HEART to assess health equity and how it can be applied.
- National Focal Points for Healthy Cities were nominated and submitted to WPRO.
- Cities in three countries (KHM, LAO and MNG) conducted meetings to discuss Healthy City expansion plans and advocate for the Healthy Cities and Healthy Settings approaches in second half of 2011.
- Two countries (KHM and VNM) piloted the use of the Health Promoting Schools (HPS) approach to address NCD risk factors with reference to the *HPS Framework of Action*. Schools conducted baseline assessments of the school and student health, participated in a training workshop, designed interventions to improve the school environment and expanded on the health curriculum and activities. Pilot schools saw improved environments and increased engagement of students and the community.
- Healthy diet and physical activity programs were enhanced in different settings (schools, workplaces and villages) in FJI and KIR.
- LAO revised its National School Health Policy in 2010.
- MNG conducted four trainings for secondary school educators in selected districts of Ulaabaatar city and Khovsgol aimag.
- Five cities (Nagoya, JPN; Phnom Penh, KHM; Marikina, PHL; Changwon and Seoul, KOR) identified and expanded on activities to serve as pilot demonstration sites for the Environmentally Sustainable and Healthy Urban Transport (ESHUT) initiative.
- PHL developed implementation guides for Healthy Settings, which will take the country forward in promoting health through the Healthy Settings approach.

- VNM's Health Promoting School Framework is almost complete.
- Healthy Islands was revitalized with a new recognition programme. Organizations in four Member States (FJI, FSM, PLW and VUT) were recognized for their best practices and best proposals.
- SLB made progress in strengthening Healthy Settings models, focusing on the Western Province before expanding to the other provinces.
- TON rolled out its church partnership programme throughout Tongatapu. Awareness was raised with the implementation of World No Tobacco Day, World Health Day and Mental Health Day activities. A three-day health communication strategy workshop was also conducted, building country capacity.
- TUV's health promotion capacity was strengthened through a training programme.
- Progress was made in establishing health promotion foundations in COK, FJI and VUT.

RER 06.002.WP01: Guidance and support provided to strengthen national systems for major risk factor surveillance by developing, validating and disseminating programme and evaluation frameworks, tools and operating procedures to countries and areas with a high or increasing burden of premature death and disability attributable to major behavioural risk factors.

Appraisal: Fully Achieved

Comments on achievements

Stand-alone NCD risk-factor surveys and other disease-monitoring programmes can be strengthened using the WHO proposed surveillance framework for NCD. This will help to move towards national NCD surveillance systems.

NCD risk-factor surveillance has been supported in the Region. A nationwide STEPS survey has been carried out in KHM and results were published. Analysis was completed and a final report was generated for COK, MNG (second round), and SLB. STEPS surveys were carried out earlier in these countries. The Global School-based Student Health Survey (GSHS) was carried out in Luzon region of PHL and in MNG. An NCD risk-factor profile for the Region was generated.

Annex

RER 06.003.WP01: Technical assistance, training and advocacy support provided to countries and areas with a high and increasing burden of disease and death associated with tobacco use to strengthen institutions in order to address and/or prevent public health problems concerned. Support provided to the Conference of the Parties to the WHO Framework Convention on Tobacco Control for implementation of the provisions of the Convention.

Appraisal: Fully Achieved

Comments on achievements

Technical assistance missions, capacity assessment missions, national consultations or workshops have been conducted in the following countries to update or support national action plans or national coordinating mechanisms for tobacco control: BRN, FJI, FSM, KHM, KOR, LAO, MNG, MYS, PHL, PLW, PNG, SLB, VNM and WSM. Additional assistance was provided through the Workshop on Alcohol and Tobacco Action Plans that included participants from the COK, FJI, KIR, MHL, NRU, PLW, PNG, SLB, TON, TUV, VNM, VUT and WSM.

With the support of the Bloomberg Initiative and in partnership with the economics team of TFI HQ, a taxation workshop was held with participation of tax experts from ministries of finance from 11 countries (FJI, KHM, KOR, LAO, MNG, MYS, PHL, PLW, TON, VNM and WSM). This meeting provided a technical assistance package to countries towards computing for an optimum tax increase that would result in a win-win situation with higher revenue for government and a reduction in tobacco consumption. Follow-up activities were conducted through partnership with the Southeast Asian Initiative for Tobacco Tax (SITT). This project helps KHM, LAO, the PHL and VNM conduct research and propose new tax regimes. TFI WPRO sits on the steering committee of this project, which is funded by the Gates Foundation. Linked to this, three sessions of ProLEAD (Health promotion leadership training) were held in MYS and VNM, as well as Thailand, to introduce teams of leaders to tobacco taxation measures to support and guide advocacy projects on tobacco taxes. Three countries have made significant progress in this project: LAO, VNM and WSM. Prices and taxes have increased in a number of countries and areas including AUS, BRN, FJI, GUM, JPN, KOR and LAO.

Major progress has been achieved in the Bloomberg Initiative priority countries of CHN, PHL and VNM toward advocacy, public information campaigns in media, and projects on smoke-free policies at national and subnational levels. At the regional level, collaboration with the WHO Centre for Health Development, Kobe, JPN, and the Alliance for Healthy Cities has led to the development of technical training packages for 15 smoke-free cities in eight

countries (CHN, JPN, KOR, MNG, MYS, PHL, TON and VNM). In collaboration with WR/PHL, a team of 16 mayors were sent to visit the Malacca Smoke Free World Heritage Site. In partnership with the Southeast Asia Tobacco Control Alliance (SEATCA), a training package for smoke-free World Heritage sites was developed and training was conducted also at the Malacca World Heritage Site and support for implementation of these project sites was provided in KHM (Angkor Wat), LAO (Champasak and Luangpabang) and VNM (Hoi-an and Wat Phu).

Progress in relation to Article 8 of the WHO FCTC on bans on indoor smoking in public places or workplaces have moved more quickly at the subnational levels (regional, provincial, and city or state) or within specific sectors (health and education facilities) in CHN, FSM, JPN, and PHL.

Stronger regulations and enforcement on bans on advertising, promotion and sponsorship of tobacco products have been reported and noted in BRN and MYS.

Advocacy for graphic health warnings was sustained in countries and a technical advocacy document, *Show and Tell: Pictorial Warnings Show It Like It Is in The Western Pacific Region*, was published and disseminated. Graphic health warnings were implemented in MNG in 2010. BRN increased the size of graphic health warnings to 75% of pack size.

In keeping with the *Regional Action Plan for the Tobacco Free Initiative in the Western Pacific (2010–2014)*, a meeting on Indicators for Tobacco Control was convened in 2010 with participation of national focal points on tobacco control and tobacco control surveillance officers. At this meeting, participants reviewed national targets and were encouraged to think about strategies, approaches and activities that would lead to a 10% reduction in prevalence over a five-year period. An on-line technical tool for assessing targets was introduced at the meeting. A smaller meeting of priority countries was convened on smokeless tobacco.

Tobacco surveillance and strengthening of surveillance systems continue to be pillars of the programme. A Workshop on Indicators for Tobacco Control was implemented with participation from 32 Member States. GATS was completed in CHN, PHL and VNM. GATS has been initiated in MYS. A national survey patterned after the GATS has been initiated in KHM.

Annex

RER 06.004.WP01: Technical support provided to countries and areas with a high and increasing burden of risk factors and disease in order to strengthen institutions to prevent public health problems associated with alcohol, drugs and other psychoactive substance use.

Appraisal: Fully Achieved

Comments on achievements

With the increased attention to NCDs and the adoption of the *Global Strategy to Reduce the Harmful Use of Alcohol* at the Sixty-third World Health Assembly in 2010, alcohol as a major risk factor has received more attention in countries. It is, however, still difficult to get effective alcohol policies in place as they require other sector involvement such as for taxation and marketing issues. Many developing countries are experiencing an increase in alcohol consumption and related problems as their income levels rise.

Some key activities or achievements include:

- Support to MNG for drafting new legislation and a national programme, translation of essential technical guidance documents and training for implementation of the International Alcohol Control Study.
- Support to KHM to set up cross-sectional working group to draft a national alcohol policy and support to the education sector to ban alcohol consumption in schools.
- Support to LAO to set up an inter-ministerial task force on alcohol issues to draft a national policy and for police training on enforcement of drink driving.
- Support to one province in PHL to draft and enforce drink driving legislation and collect data on the proposed law.
- Support to VNM on situation assessment of national policies and training on effective policies.
- Support to VUT to draft a national alcohol strategy.
- Support to FJI to develop a community action project to reduce the harmful use of alcohol.
- Support to a number of PICs through a subregional workshop in planning activities to implement effective alcohol (and tobacco) control plans in countries (COK, FJI, KIR, MHL, NRU, PLW, PNG, SLB, TON, TUV, VUT and WSM).

- Development and publication of proposed *Guide to Developing Effective Alcohol Legislation*.
- In collaboration with the HIV unit, drafting and publishing *Technical Briefs on Amphetamine-type Stimulants*.
- Convening of an expert group meeting on adolescents and substance abuse in the Western Pacific Region.
- Convening of PICs for a workshop on developing effective alcohol and tobacco control plans.
- Establishment of regional network of alcohol counterparts and regional representation in Global Coordinating Council for the implementation of the *Global Strategy to Reduce the Harmful Use of Alcohol*.

RER 06.005.WP01: Evidence-based and ethical policies, strategies, recommendations, standards and guidelines developed and technical support provided to countries and areas with a high or increasing burden of disease or death associated with unhealthy diets and physical inactivity to strengthen institutions in order to address and/or prevent public health problems concerned.

Appraisal: Fully Achieved

Comments on achievements

Some key activities conducted were:

- Supported salt reduction initiatives in MNG, PHL and VNM.
- Improved labelling promoted in PHL to indicate healthier products.
- A pilot project on improving street-food quality was piloted in PHL and the experience of SGP was shared as a case study.
- Convened a regional consultation on strategies to reduce salt intake in SGP and identified approaches for national level implementation.
- Convened a technical consultation to identify approaches to control obesity in Melbourne, AUS, in April 2011.

Annex

RER 06.006.WP01: Evidence-based and ethical policies, strategies, interventions, recommendations, standards and guidelines developed, and technical support provided to countries and areas to promote protected sex and strengthen institutions in order to address and manage social and individual consequences of unsafe sex.

Appraisal: Fully Achieved

Comments on achievements

WPRO is among other UN agencies that are members of the Asia Pacific Task Force for the Elimination of New Paediatric HIV Infections and Congenital Syphilis. The task force addresses, among other issues, the consequences of unsafe sex. The task force produced a strategic framework on the subject and a monitoring and evaluation framework, which is used by countries in developing/updating their policies and programmes. The "All in One Curriculum" was adapted in CHN to improve provider skill in advocating safer sex.

STRATEGIC OBJECTIVE 7

To address the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender-responsive and human rights-based approaches

SUMMARY OF REGIONAL CONTRIBUTIONS TO ATTAINMENT OF THE STRATEGIC OBJECTIVE

Work under this Strategic Objective aims to provide technical advice and tools to Member States and collaborate with other technical programmes, regions and agencies to promote more equitable, pro-poor, gender-responsive, and human rights-based health policies, programmes and interventions, in the context of efforts to achieve MDGs and of the broader development agenda.

The overall approach of WPRO has been, first, to build the awareness, skills and capacity of technical programmes and countries on poverty/equity, gender and human rights issues in health and to develop, disseminate and promote the use of tools to support this work. The second element of the approach has been to support implementation by technical programmes and countries to address poverty/equity, gender, and human rights in their policies, programmes and actions. A third approach has been to strengthen capacity on equity analysis, monitoring and measurement, as well as collection, analysis and use of health information that is disaggregated by relevant social stratifiers.

ASSESSMENT OF REGIONAL EXPECTED RESULTS

RER 07.001.WP01: Support provided to strengthen the capacity of the Organization and Member States to reduce health inequities, address socioeconomic determinants of health and promote more equitable and pro-poor policies, programmes and interventions.

Appraisal: Fully Achieved

Comments on achievements

Four countries (CHN, KHM, MNG and VNM) were supported to translate selected technical materials into local languages, two of which (MNG and VNM) were supported to strengthen capacity on equity, gender and human rights. Seven cities in PHL worked to assess and address urban health equity with the Urban Health Equity Assessment and Response tool (HEART).

A Regional Meeting on Social Determinants of Health and Health Equity was held in

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June 2011, resulting in various action points. Fifteen country case examples of success in addressing the social determinants of health were developed, of which nine were selected for dissemination at the World Conference on Social Determinants of Health.

New technical documents that were developed and printed include the Module on Nutrition in the series *Integrating Poverty and Gender into Health Programmes: A Sourcebook for Health Professionals*; and *Noncommunicable Disease Risk Factors and Socioeconomic Inequalities: What are the Links? A Multicountry Analysis of Noncommunicable Disease Surveillance Data*.

Selected modules in the Sourcebook series were translated into Chinese, Khmer, Mongolian and Vietnamese.

Drafts of country profiles on equity, gender and human rights issues in health for CHN, MNG and MYS were developed. The draft profiles for KHM, PNG and VUT were finalized.

WPRO participated in the Global Forum on Urbanization and Health, which strongly emphasized urban health equity and made a presentation on equity and health at the 8th ASEAN and Japan High-level Officials Meeting for Caring Societies.

A capacity-building workshop was conducted on equity, gender and human rights in MNG. A training workshop on the social determinants of health (SDH) and human resources for health (HRH) was organized for health managers and among social development division directors.

Seven pilot cities in PHL worked to assess and address urban health equity with the Urban HEART tool. Nine cities also provided support through implementation of the Reaching the Urban Poor (RUP) initiative.

RER 07.002.WP01: Opportunities created and mechanisms used to facilitate action across sectors to reduce health inequities and address the socioeconomic determinants of health.

Appraisal: Fully Achieved

Comments on achievements

As follow-up to the recommendations of the Commission on Social Determinants of Health, a global summer course on Health in All Policies was organized in Adelaide (28 November–

2 December 2011) by the government of South Australia, with technical support from WPRO and WHO/HQ. With WHO/HQ, the first four in a series of sectoral policy briefing materials were developed (on education, housing, transport and social protection), three of which were disseminated at the World Conference on Social Determinants of Health. A Regional Meeting on Social Determinants of Health and Health Equity was held in June 2011. Activities planned for 2010 in VNM were fully implemented. The SDH network in VNM was established and planned activities, including publications, were completed.

Support was given for the development of trade policies in PHL. A Department of Health Trade and Health Committee was developed and relevant technical support was provided by WHO to the department, in particular for the review of trade policies. Support was provided to facilitate action across sectors in Tonga to reduce health inequities and to address the social determinants of health.

RER 07.002.WP02: Opportunities created and mechanisms used to facilitate action across sectors to address the socioeconomic determinants of health in specific settings (e.g. urban setting).

Appraisal: Fully Achieved

Comments on achievements

PHL was supported for increasing knowledge and awareness on trade in health services.

PHL and VNM were supported for increasing knowledge and awareness on the implications of intellectual property provisions in trade agreements.

A Regional Framework for Action on Access to Essential Medicines (2011–2016), which includes the section "Access to Essential Medicines, Intellectual Property Rights and International Trade Agreements", was finalized, serving as a guide for strategic collaboration between WHO and Member States in improving access to essential medicines.

KHM was supported to review draft legislation to implement certain trade-related aspects of intellectual property rights (TRIPS) flexibilities.

Thirteen Member States participated in a Consultation on the *Regional Framework for Action on Access to Essential Medicines in the Western Pacific (2011–2016)* in Manila in September 2010 (BRN, CHN, FJI, KHM, LAO, MNG, MYS, PHL, PLW, SLB, TON, VNM and WSM).

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11 Member States (BRN, COK, FJI, FSM, KHM, MNG, PLW, TON, TUV, VNM and VUT) have been supported to revise or develop national medicines policies that also advocate public health safeguards of the Agreement of the Trade-related Aspects of Intellectual Property (TRIPS). National consultations were held.

RER 07.003.WP01: Support provided to strengthen country capacity to collect, analyse and use information on health and social determinants that is disaggregated by various relevant indicators of social exclusion, such as sex, age, ethnicity, income or location.

Appraisal: Fully Achieved

Comments on achievements

In collaboration with WHO HQ, financial and technical support was provided to seven participants from four WPR countries (CHN, MYS, PHL and VNM) to attend a global meeting: A Policy Dialogue to Strengthen Evidence to Improve Women's Health through Gender and Health Statistics. Follow-up activities were developed. WPRO participated in and made a presentation at the Global Forum on Gender Statistics, organized by the United Nations Statistics Division. A chapter on equity issues in achieving the MDGs was developed for inclusion in the regional MDG progress report. In PHL, the conduct of the URBAN HEART programme was scaled up to other cities. A regional report on *Women and Health* was produced. A regional report on social determinants of health was supported. A publication on mainstreaming gender into emerging infectious diseases programmes was produced. The first four parts of a sectoral briefing series (on education, housing, transport and social protection) were prepared, with WHO HQ, to support action on Health in All Policies. Fifteen country case examples of successful action on the social determinants of health were documented, of which nine were disseminated at the World Conference on Social Determinants of Health. WPRO participated in the development of a UNESCAP–UNDP–ADB regional report on MDG progress.

RER 07.004.WP01: Support provided to strengthen the capacity of the Organization and Member States to promote ethical human rights-based approaches to health.

Appraisal: Fully Achieved

Comments on achievements

Activities were initiated on health in prisons, including an expert's visit, a "brown bag" seminar and a meeting of technical units. A draft framework and assessment tool was

developed to assess health in prisons. Using tuberculosis services as an entry point, the tool was piloted in country visits to PHL and MNG. WPRO made presentations at two annual network meetings of the EURO Health in Prisons Programme. Support was provided to KHM on health in prisons and to CHN on disabilities. Support was provided for awareness-raising activities on the right to health in LAO and VNM, particularly as it relates to issues of violence.

In PHL, in collaboration with other UN agencies, modules on a rights-based approach to development with separate intersectoral modules (with health as its own module) were developed. A series of training courses for key government agencies were undertaken, providing knowledge and skills in applying a rights-based approach in programmes and project management. A checklist was drafted for the use of legislative technical staff.

Social assessment findings and a dissemination workshop were undertaken in LAO in March 2010, and two district planning workshops with an emphasis on health inequities were conducted in WHO demonstration provinces. A National Assembly Conference on domestic violence and gender-based violence was carried out with WHO support in November 2010. A national domestic violence survey was conducted in VNM, which served as an important source for evidence-based planning and policy-making. Training on gender mainstreaming with the Ministry of Health was conducted and a checklist for integration of rights-based approach to health was developed.

WPRO participated in attended the 8th Global Summit of National Bioethics Advisory Bodies, and a capacity-building workshop was conducted for the WPRO Office Ethics Review Committee.

A “brown bag” seminar was organized on disabilities with the WPRO unit on violence and injuries prevention. A training of trainers was supported to strengthen the capacity of nurses to improve nursing and health services for people with disabilities in CHN through Shandong University.

Human Rights Day 2010 and 2011 were observed in the Regional Office and country offices with posters, videos and publications to raise awareness and capacity on health and human rights.

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RER 07.005.WP01: Support provided to strengthen the capacity of the Organization and Member States to promote more gender-responsive health policies, programmes and interventions.

Appraisal: Fully Achieved

Comments on achievements

Support was provided on gender mainstreaming to produce a technical document on gender and emerging diseases, make a presentation on gender at the TAG meeting of the Emerging Disease Surveillance and Response (CSR) unit; conduct a capacity-building workshop for Regional Office and country office staff, and conduct follow-up gender analyses of CSR data. A capacity-building workshop on gender was held for the Department of Health infectious diseases managers and staff in PHL.

Gender training was conducted for MOH staff and partners in SLB and VNM. Provincial roll-out to all provinces in the SLB was undertaken, and the programme was reviewed by an external assessor. Two national events on gender were supported in MYS.

Technical support was provided on gender analysis during the mid-term review of the health sector strategic plan in KHM.

Selected modules of the *Sourcebook* series were translated into Chinese, Khmer, Mongolian and Vietnamese.

Technical documents were developed for an agenda item discussion at the sixty-second session of the Regional Committee in October 2011. A regional report, a factsheet and a booklet on *Women and Health* was produced. A regional working group on gender, women and health was established.

The regional baseline assessment report on the WHO gender mainstreaming strategy was printed and disseminated, and input was made to the mid-term review.

Gender analysis and actions are being integrated into MNCH district planning and health centre micro-planning in LAO. Gender integration was discussed during the National reproductive health (RH) and MNCH policy review meeting in October 2011. A National Parliamentarians Conference on gender-based violence and domestic violence was conducted in November 2010, followed by a meeting in August 2011 to finalize the *National Strategy for the Advancement of Women (2011–2015)*.

A national survey on gender-based violence was supported in VNM, and work was supported by under the UNiTE campaign in the Pacific island countries. In PNG, the focus has on gender-based violence (GBV), especially sexual violence. A regional workshop was held on preventing intimate partner and sexual violence against women. Support was also given to PNG in implementing policy review related to gender analysis in the area of reproductive, women, maternal and child rights.

RER 07.005.WP02: Support provided to build capacity of Member States to implement the Strategy For Integrating Gender Analysis and Actions into the Work of WHO, including support for Member States to mainstream gender and rights into reproductive , women, maternal and child health.

Appraisal: Fully Achieved

Comments on achievements

Support was provided to build capacity of Member States to implement the *Strategy For Integrating Gender Analysis and Actions into the Work of WHO*, including support for Member States to mainstream gender and rights into reproductive, women, maternal and child health.

Support was provided to PNG in implementing a policy review related to gender analysis.

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STRATEGIC OBJECTIVE 8

To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health.

SUMMARY OF REGIONAL CONTRIBUTIONS TO ATTAINMENT OF THE STRATEGIC OBJECTIVE

The most significant event was the Second Ministerial Regional Forum on Environment and Health in Southeast and East Asian Countries, organized by the WHO Regional Offices for the Western Pacific and South-East Asia, in collaboration with the United Nations Environment Programme Regional Office for Asia and the Pacific, in Jeju, Republic of Korea, in July 2010. The ministers attending the forum approved the workplans for 2010–2013 of seven regional Thematic Working Groups on priority environmental health issues (air quality; water, sanitation and hygiene; solid and hazardous waste; toxic chemicals; climate change; environmental health emergencies; and health impact assessments) and established a task force to improve the governance, partnership and impact of the Regional Forum.

WHO's support to assess health vulnerability and strengthen the health sector's response to climate change has been extended to 20 developing countries (CHN, COK, FJI, FSM, KHM, KIR, LAO, MHL, MNG, NIU, NRU, PHL, PLW, PNG, SLB, TON, TUV, VNM, VUT and WSM).

WHO's support and collaboration has also continued to be provided to countries in water-safety plans, household water treatment and storage, national environmental health action plans, health-care waste management, health impact assessments, health issues of the transport sector, poison centres, asbestos-related diseases and occupational health.

ASSESSMENT OF REGIONAL EXPECTED RESULTS

RER 08.001.WP01: Evidence-based assessments made and norms and standards formulated and updated on major environmental hazards to health (e.g. poor air quality, chemical substances, electromagnetic force, radon, drinking-water, waste water reuse).

Appraisal: Fully Achieved

Comments on achievements

Technical support was provided to CHN, KHM, LAO, MNG, MYS, PHL and VNM, as well as PICs, in the areas of water and sanitation, health-care waste management, and environmental health impact assessments.

Activities supported in the Region included water resources issues in inner-continental provinces (CHN), drinking-water quality standards (KHM and LAO), health-care waste management and sanitation in cold climate (MNG), water-safety plans (PHL and VNM).

Activities supported in Member States included a baseline survey on arsenic-exposed populations and health effect (CHN); a water supply and sanitation assessment (LAO); national standards and guidelines for surveillance of water quality in recreational water, a guidance document on environmental health risk assessments for municipal solid waste Management (MYS); a water supply and sanitation assessment and a draft administrative order on household water treatment and safe storage, with an action plan (PHL); a water supply and sanitation assessment (VNM); and drinking water quality standards (FJI and PICs).

RER 08.002.WP01: Technical support and guidance provided to countries and areas for the implementation of primary prevention interventions that reduce environmental hazards to health, enhance safety and promote public health, including in specific settings and among vulnerable population groups.

Appraisal: Fully Achieved

Comments on achievements

Technical assistance provided to Member States for the implementation of activities that reduce environmental hazards to health including poison networks, water safety plans, household water treatment and safe storage.

Support also was provided to country activities in areas such as the health-care waste management and environmental health improvements for Healthy Settings, including and healthy workplaces.

Major achievements include the provision of technical guidance and support to Member States for a Poison Information Network project in the PICs, the launch of the Asia Pacific Water Safety Plan Network, the development of a draft Training Module on Household Water Treatment and Safe Storage, and a Water and Sanitation Sector Assessment.

Specific activities carried out during the biennium included: health-care waste management, water quality management, pesticide management, Healthy Settings, including healthy markets, hospitals, schools and workplaces (KHM); environmental health (EH) in health-care settings and water safety plan for six urban utilities (LAO); HWTS and water safety

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plans (VNM); EH in health-care settings, regulations on sound health-care waste management, an end to the use of mercury-containing equipment, and Healthy Settings (MNG); health-care waste management (HCWM) (PNG); HCWM (KIR); water and food safety (NRU); water safety plans (TON); poison information network (COK, KIR, SLB, TON and WSM; and HWTS and water safety plans (PHL).

RER 08.003.WP01: Technical assistance and support provided to Member States for strengthening national occupational and environmental health risk management systems, functions and services.

Appraisal: Fully Achieved

Comments on achievements

Technical assistance provided to Member States to strengthen their national occupational and environmental health risk management systems, functions and services through the National Environmental Health Action Plans (NEHAP), Local Environmental Health Action Plans (LEHAP); Occupational Health and Safety Plans, especially the elimination of asbestos; Environmental Health Improvement for Healthy Cities and Healthy Settings; and plans and policies for water, sanitation and hygiene improvement.

Major achievements include support provided to Member States in the development and strengthening of their NEHAPs; capacity-building activities on occupational health and safety; and plans and policies for water, sanitation and hygiene improvement.

Specific activities included: support for the development of NEHAPs (KHM, LAO, MYS, PHL, SLB and VNM); healthy settings (KHM); local EH action plans and LEHAPs, and improved capacity on EH monitoring and management systems of (CHN); national profile on environmental and occupational health (MNG); support for participation in the 3rd Asian Asbestos Initiative Seminar (CHN, KHM, LAO, MNG, PLW and PHL; (6) draft Administrative Order on Occupational Health for the Informal Sector (PHL); National Programme for Elimination of Asbestosis (VNM); pilot programmes on the prevention of occupational diseases and training and capacity-building on occupational health (VNM); capacity-building on occupational risks of asbestos (LAO); national occupational health initiatives); harmonization of occupational and environmental health monitoring in selected industry sectors (CHN); improved capacity on use of health impact assessments (HIA) and burden-of-disease tools in the management of environmental health issues.

RER 08.004.WP01: Guidance, tools, and initiatives created in order to support the health sector in influencing policies in other sectors to allow policies that improve health, environment and safety to be identified and adopted.

Appraisal: Fully Achieved

Comments on achievements

Technical support provided to Member States on initiatives by the health sector to influence policies in other sectors, including the transport sector (water safety plans and Environmentally Sustainable and Healthy Urban Transport [ESHUT]; manufacturing and power generation, as well as in agriculture (pesticides and chemicals).

Major achievements: support provided to Member States in the incorporation of health concerns in transport, agriculture, industrial and energy sectors.

Activities supported at the regional level include capacity-building of Member States on ESHUT (CHN, KHM, LAO, MNG, MYS and PHL) and support to six cities in these countries that have implemented and documented ESHUT (CHN, JPN, KHM, KOR, and PHL).

Activities supported in Member States include harmonization of occupational and environmental health monitoring in bricks, chemical manufacturing and power generation industries (CHN) and WHOPES (WHO Pesticide Evaluation Scheme) on pesticide management with agriculture sectors and other relevant stakeholders (KHM).

RER 08.005.WP01: Health-sector leadership enhanced for creating a healthier environment and changing policies in all sectors in order to tackle the root causes of environmental threats to health, through means such as responding to emerging and re-emerging consequences of development on environmental health and altered patterns of consumption and production and to the damaging effect of evolving technologies.

Appraisal: Fully Achieved

Comments on achievements

Technical assistance provided and activities supported to Member States to participate in regional meetings and forums on various aspects of environmental and occupational health to enhance the health sector leadership for creating a healthier environment.

Major achievements included support provided for high-level meetings including the Regional Forum on Environment and Health and various sub-meetings; Thematic

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Working Group Meetings on Water, Sanitation and Hygiene, with various sub-meetings; the 2nd East Asian Ministerial Conference on Sanitation and Hygiene; a meeting on Occupational Health and Safety in Small- and Medium-size Enterprises in ASEAN Countries; the 3rd Asian Asbestos Initiative Seminar, and back-to-back meetings on the Regional Framework for Occupational Health, Japan.

Reports published included *Technical Guidelines on Household Water Treatment and Safe Storage, Sanitation and Hygiene in East Asia* (published jointly by WHO, the UN Secretary-General's Advisory Board and USAID). Supported Member States in data collection and management for the UN Global Annual Assessment of Sanitation and Drinking-Water.

During this biennium the Asia Pacific Water Safety Plan Network was launched and the *Regional Framework for Action for Occupational Health: (2011–2015)* was produced.

RER 08.006.WP01: Evidence-based policies, strategies and recommendations developed, and technical support provided to Member States for identifying, preventing and tackling public health problems resulting from climate change.

Appraisal: Fully Achieved

Comments on achievements

Achievements include:

Health vulnerability assessments due to climate change carried out and reported for CHN, FSM, KHM, KIR, LAO, PLW, PHL, PNG, SLB, VNM and VUT.

Other studies were carried out in CHN on retroactive information and analysis on mortality, environmental and meteorological data for early warning models on heat waves and health; in VNM on mapping of vulnerable areas and communities related to climate change; and in PHL on tools for health vulnerability and capacity assessment.

Countries that developed plans to enable the health sector to adapt to the health effects of climate change include KHM, MNG, PHL, PNG and WSM. Pacific island countries have also produced adaptation plans to enable the health sector to adapt to the health effects of climate change.

CHN has conducted a survey on community health service systems and adaptation capacity for health risks due to climate change. CHN also developed a climate change and health protection local action plans for Changchun City.

Other work on climate change and health included: VNM on raising public awareness of in coastal areas and among health-care staff on adaptation and mitigation of climate change; the 3rd National Symposium on Climate Change and Health for the health and other sectors and the development of behaviour change and communications and training materials on water scarcity and water quality due to climate change (MNG); the development of event-based surveillance and response systems for the community related to climate change, capacity-building activities on climate change and health adaptation, and information, education and communication materials for climate change and health, as well as support to the Department of Health for a draft Administrative Order on Climate Change and Health (PHL); climate change and vectorborne disease, and database management (KHM).

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STRATEGIC OBJECTIVE 9

To improve nutrition, food safety and food security, throughout the life-course, and in support of public health and sustainable development.

SUMMARY OF REGIONAL CONTRIBUTIONS TO ATTAINMENT OF THE STRATEGIC OBJECTIVE

Support was provided to targeted countries through the National Plan of Action for Nutrition workshop held annually in the Pacific and the Pacific Food Summit held in April 2010. Support was also provided to Asian countries (CHN, KHM, LAO, PHL and VNM) to address nutrition problems through intersectoral programmes.

An analysis of the cost-effectiveness of the Yen Bai (VNM) weekly iron and folic acid supplementation (WIFS) for women of reproductive age (WRA) programme was conducted by a collaborating institution (Melbourne University) and submitted to the *WHO Bulletin* for publication. A guide for the implementation of programmes on WIFS for WRA was produced.

Continuing support was provided to countries on infant and young child feeding, micronutrient supplementation, promotion of healthy diets, nutritional assessment and surveillance, management of malnutrition, and capacity building in nutrition.

Following the Pacific Food Summit and the adoption and implementation of the *Pacific Framework for Action on Food Security*, support was provided for implementation of the action plan produced in 2010–2011. Physical activity and food-based dietary guidelines were communicated through national campaigns. Food standards were introduced as part of legislation for selected PICs (covering food safety issues, as well as wheat flour and salt fortification, and for fat levels in food).

Significant advances were made by Member States in building national systems for food safety. Of particular note in relation to advancing their basic food laws are CHN, KIR, MHL, VNM and WSM; and as discussed above, and several PICs have advanced their food regulations and standards. LAO and VNM has strengthened enforcement capacity, and PNP and SLB are taking steps to introduce risk-based imported food control. CHN has made advances in food safety education for mass gatherings and in increasing consumer participation in food safety. NRU has become a Codex Alimentarius member. All countries are participants in the International Food Safety Authorities Network (INFOSAN) and efforts to increase national INFOSAN networks are under way.

ASSESSMENT OF REGIONAL EXPECTED RESULTS

RER 09.001.WP01: Partnerships formed and support provided to countries and areas to increase political, financial and technical commitment to addressing nutrition, food safety and food security through intersectoral action.

Appraisal: Fully Achieved

Comments on achievements

In food safety and nutrition, food summits have been held in several PICs. Support has been provided to countries to develop national food strategies and policies on the roles and responsibilities of authorities.

The *Framework for Action on Food Security in the Pacific* was finalized and endorsed by 22 WPR Pacific countries and areas at Pacific Food Summit and at Pacific Islands Forum Leaders meeting (ASM, COK, FJI, FSM, GUM, KIR, MHL, MNP, NEC, NIU, NRU, PCN, PLW, PNG, PYF, SLB, TKL, TON, TUV, VUT, WAF and WSM). The *Pacific Regional Food Safety Strategy (2011–2015)* was endorsed by the sixty-second session of the Regional Committee in October 2011.

In nutrition, partnerships were built and resource mobilization initiatives started in CHN, KHM, LAO, PHL, VNM and several PICs. An analysis of nutrition training needs was conducted in LAO and PNG. In KHM, a curriculum for a master's of science programme in nutrition was developed. In MNG, training needs assessment and situation analyses with key informants, academics, government units, nongovernmental organizations and other development partners was conducted.

A collaborative review of the REACH (Ending Child Hunger and Undernutrition) pilot project was conducted in LAO by WHO, UNICEF, the Food and Agriculture Organization of the United Nations (FAO) and the World Food Programme (WFP), including an analysis of current constraints and challenges. The LAO experience with REACH has been positive, with considerable stimulus to interagency and intersectoral collaboration provided in the important phase of development of the National Nutrition Policy, National Strategy and National Plan of Action on Nutrition. The various meetings mentioned above have contributed to strengthening partnerships, building leadership, increasing coordination and networking among all stakeholders.

WHO supported the promotion of integrated approaches for food and nutrition security by participating in an Investment Forum for Food Security in Asia and the Pacific, organized by

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the Asian Development Bank, FAO and the International Fund for Agriculture Development; a Regional Consultation on Food Security in the ASEAN Region, co-organized by FAO and the Association of Southeast Asian Nations; and other meetings. Normative work included holding of the Regional Meeting on Regulatory Monitoring of Salt and Flour Fortification in Asia, convened with UNICEF, the Flour Fortification Initiative (FFI), Global Alliance for Improved Nutrition (GAIN), Micronutrient Initiative (MI) and the World Bank.

RER 09.002.WP01: Evidence-based norms, assessments and guidance developed, adapted, where appropriate and disseminated, to enable countries and areas to implement cost effective interventions responding to all forms of malnutrition and foodborne diseases, and to promote healthy dietary practices in the Western Pacific.

Appraisal: Fully Achieved

Comments on achievements

In food safety, further development of food standards has provided Member States with standards to which businesses involved in the production of food throughout the food chain continuum should comply, leading to safer food being produced—if the standards are adequately enforced.

A manual on risk-based control of imported food was developed for SLB and will be used as a starting point in other countries. Draft guidelines on standards for smaller island states have been developed, tested and are currently being updated to include lessons learnt during the test trial process. Food-recall guidelines have been drafted and were used as a reference point for the development of global FAO/WHO guidelines on recalls. Guidelines on risk-based food inspections have been drafted and are currently under review.

Templates to complement the global FAO/WHO guidelines on risk analysis in emergency situations have been developed and have been introduced in workshops.

In nutrition, *Pacific Framework on Food Security* has been implemented, new guidelines were developed for preventing and managing child malnutrition in LAO and PHL, and guidelines on implementation of programmes to prevent anaemia with WIFS for WRA were published. Technical support was provided to LAO and the PHL on the development of the new malnutrition guidelines. WPRO also participated in four meetings of the Nutrition Guidance Expert Advisory Group (NUGAG) to review food standards and dietary guidelines development.

RER 09.003.WP01: Improved capacity in countries and areas to collect, analyze, disseminate and use data on the magnitude, causes and consequences of undernutrition and overnutrition, inappropriate diets and physical inactivity.

Appraisal: Fully Achieved

Comments on achievements

Integrated food security information systems were promoted in the Pacific, and nutrition surveillance systems were strengthened in MYS through a workshop and by establishing collaboration with WHO Headquarters. With WHO support, zinc status was assessed for the first time in PHL, and surveys on iodine status in GUM and WSM were promoted. A vitamin D survey in MNG was also started in collaboration with Harvard University and the University of Otago, New Zealand.

Financial support was provided for a survey on iodine status in school children and pregnant women in GUM, US CDC has supported the preparation and conduct of the survey. Financial and technical support was provided for a vitamin D survey in MNG, with involvement of WHO staff and of the WHO Collaborating Centre on Nutrition, University of Otago.

RER 09.004.WP01: Capacity built and support provided to target Member States for the development, strengthening and implementation of nutrition plans, policies and programmes aimed at improving nutrition throughout the life-course, in stable as well as humanitarian crisis situations.

Appraisal: Fully Achieved

Comments on achievements

Anaemia prevalence in women of reproductive age was reduced by scaling up weekly iron and folic acid supplementation in communities and schools in KHM, LAO and VNM. Technical evidence for these programmes, which was first presented at a global consultation, was published together with a guide on best practices for implementing the programme and developing a communications strategy for scaling up the programme. Strategies for anaemia prevention throughout the life cycle were promoted through follow-up action after a workshop conducted in VNM in 2010.

A training course on the *WHO Child Growth Standards* was held in MHL, with a WHO consultant; a course on Infant and Young Child Feeding was held in MYS with participation of a WHO staff member.

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A meeting on the Regulatory Monitoring of Salt and Flour Fortification Programmes in Asia was conducted with the participation of WPRO countries (CHN, MNG, MYS, PHL and VNM), as well as SEARO countries.

A consultation on strategies for the reduction of salt consumption in Asian and Pacific countries was held in SGP in April; and a consultation on the prevention and control of obesity was held in AUS.

RER 09.005.WP01: Foodborne disease surveillance and food contamination monitoring programmes strengthened regionally and in targeted countries and areas.

Appraisal: Fully Achieved

Comments on achievements

There has been an increased understanding of the importance of utilizing a risk-based approach to food control management and therefore a greater demand to have systems in place to provide data to use for such approaches. These systems relate to both food contaminant monitoring and foodborne disease.

Support was provided for MYS to advance its efforts to undertake a burden-of-disease study through a mentoring visit to JPN. Surveillance in CHN has been advanced through a pilot project in the province of Qingdao involving more than 300 sites to improve collection and handling of data on foodborne disease. Laboratory assessments and microbiology capacity-building has been undertaken in KHM, LAO and VNM.

National Global Environment Monitoring System (GEMS) centres have been appointed in several countries. A new WHO Collaborating Centre for Risk Analysis of Chemicals in Food was established at the Hong Kong Centre for Food Safety. Asia FoodNet has been established, but for it to be fully functional a review of the type of information to be shared needs to be undertaken and a moderator who actively engages with Membership is required to optimize the sharing of information. Steps towards developing a laboratory capacity questionnaire were undertaken.

RER 09.006.WP01: National capacity built to enable countries and areas to set up food-control systems based on risk-analysis principles, implement effective food safety education, and to operate food-safety emergency response systems with links to international systems.

Appraisal: Fully Achieved

Comments on achievements

Countries and areas that have revised their laws, regulations or standards such that they are more in line with Codex Alimentarius and/or FAO and WHO guidance include: Laws—CHN, KIR, MHL, VNM, VUT and WSM and Regulation/Standards—CHN, COK, FJI, FSM, KIR, LAO, MHL, NIU, NRU, PLW, PNG, SLB, and TUV. NRU became a member of Codex.

Imported food control was advanced through support to four COK, PNG, SLB and TUV.

Food safety officials from MNG took part in a mentoring visit to MYS to learn from the national Codex team.

Another important area of work was enhancing enforcement and education. As countries adopt new laws, regulations and standards, there is an increasing need for inspectors to be appropriately trained to enforce the legislation effectively and efficiently. In support of this, inspectors from the FSM, PLW and PNG were trained in food safety auditing, with the latter being mentored by the New Zealand Food Safety Authority. Further capacity-building was provided to PNG through a mentoring visit to AUS. Food inspection was further developed in several countries through direct in-country technical support, of particular note is a large project in LAO.

Food safety was also enhanced through collaborative action on food safety education and on settings-based community action. With WHO technical advice, a consumer information platform was established with the aim of making health authorities the primary and most trusted source of information for consumers on food safety matters in CHN. In VNM, together with FAO, WHO supported the provision of key food safety messages to communities and businesses as well as establishing a community-based food complaint system. *The Five Keys to Safer Food* was translated into five new languages and new promotional materials were developed using these key messages.

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On risk management associated with mass gatherings, technical advice was provided to health, food and drug authorities in association with the Shanghai WORLDEXPO 2010.

Food Safety Emergency Response (FSER) plans were also initiated through training in FJI, KHM, LAO, MNG, SLB and VNM.

Food safety support was provided to FSM to assist in the response to a mass outbreak of chelonitoxism and to LAO for several foodborne disease outbreaks.

Fourteen Pacific island countries and areas (COK, FJI, FSM, KIR, MHL, MNP, NIU, NRU, PLW, PNG, SLB, TON, VUT and WSM) took part in a meeting of the Pacific Food Safety and Quality Legislation Expert Group to discuss progress made and share experiences in developing food legislation.

A meeting of the northern Pacific small island states regulators was supported to advance food standards development and harmonization between these countries and areas where possible.

With FAO, risk-based food inspection concepts were introduced to 14 Pacific island countries through a subregional workshop (COK, FJI, FSM, KIR, MHL, MNP, NIU, NRU, PLW, PNG, SLB, TON, VUT and WSM).

A Global Foodborne Infections Network (GFN) and Asia FoodNet meeting was conducted in association with WHO to introduce key personnel to the FAO/WHO *Framework for Developing National Food Safety Emergency Response Plans* (FSER). Fourteen Pacific island countries were introduced to FSER in another workshop (COK, FJI, FSM, KIR, MNP, MHL, NIU, NRU, PLW, PNG, SLB, TON, VUT and WSM).

After the nuclear incident in the wake of the Japan earthquake and tsunami in March 2011, technical advice on food safety was provided to the international community.

STRATEGIC OBJECTIVE 10

To improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research.

SUMMARY OF REGIONAL CONTRIBUTIONS TO ATTAINMENT OF THE STRATEGIC OBJECTIVE

All the planned activities, as well as those arising from the requests of the Member States, have been timely implemented.

Strategic Objective 10 encompasses four major areas and teams aligned with the six building blocks for health systems strengthening. The four major areas are: (1) leadership and health services delivery, (2) health information and research, (3) human resources for health, and (4) health-care financing. Overall, regional indicators reflect the number of countries that have received WHO support in these key areas.

In any of the four major areas of intervention, the implementation of the planned activities and those requested by Member States have been well implemented.

The *Western Pacific Regional Strategy on Health Systems Based on the Values of Primary Health Care* was endorsed by the Regional Committee in October 2010 after a two-year consultation process.

Support has been provided to most countries in the Region on quality assurance, patient safety, national health policy and planning processes, and aid effectiveness.

Workshops and support were provided to improve the quality and application of health information at the country and regional levels through introducing and applying WHO analysis tools, building capacity at the country level, and improving data analysis and utilization at the country and regional levels.

Cross-sectoral efforts and networks to strengthen workforce production and educational quality, as well as support to the creation of Education Development Centres for the Pacific Region and the Mekong countries has also been provided.

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The regional launch of *Health Financing Strategy for Asia and the Pacific (2010–2015)* and the launch of the *World Health Report* in six priority countries increased policy focus and commitment to modify health financing systems to move quickly towards universal coverage.

ASSESSMENT OF REGIONAL EXPECTED RESULTS

RER 10.001.WP01: Improved management and organization of health service delivery, through both public and non-public providers and networks, reflecting the principles of integrated primary health care with increased coverage, equity, and quality of health services leading to better health outcomes.
Appraisal: Fully Achieved
Comments on achievements
<p>The work under this area has been primarily on quality assurance and planning for better quality and coverage of service delivery. There is overlap between this RER and RER 10.002, which should be avoided in the next biennium.</p> <p>Plans and policies among stakeholders and development partners are integrated and aligned. Quality assurance projects are integrated into National Strategic Plans.</p> <p>CHN: Excellent progress in Ministry of Health (MoH) on policy development for primary health care, universal access, and health care financing;</p> <p>KHM: Medium-term review of the <i>Health Strategic Plan (2008–2015)</i>;</p> <p>LAO: Good progress has been made in governance, human resources for health, health information systems (HIS) and service delivery;</p> <p>MNG: Mid-term review of national health plan, training for integration of primary health care (PHC) at <i>soum</i> (district) level, quality-improvement programme initiated at the National Blood Transfusion Centre and hospital laboratories. A second hospital achieved full ISO (International Organization for Standards) certification;</p> <p>PNG: Supported the National Department of Health to develop the <i>National Health Plan (2011–2020)</i>, implementation of the National Drug Policy, roll-out of the Provincial Health Authority Act and partnered with AusAID, ADB and KOICA to develop programme to strengthen rural health services;</p>

PHL: Quality Assurance/Quality Improvement (QA/QI) and patient safety training were developed and used in selected local government units;

SGP: Support was provided for strengthening capacity-building in the Family Medicine Training Programme;

VUT: Good progress was made for the development and use of the IMCI package;

VNM: Reasonable progress on some activities, but the complexity of others has limited progress, with initial activities being reprioritized to be more realistic.

Global Fund to Fight AIDS, Tuberculosis and Malaria Round 10 and 11 grant negotiations: Three of the five countries (MNG, PNG and VNM), supported by WHO in 2010 were approved for their health systems strengthening (HSS) section 4B proposals. The Health Systems Development (HSD) unit at WPRO supported the Financial Management Assessment mission for the approved HSS grants in LAO, and also supported the stakeholder consultation of the JANS (jointly assessed national strategies) in VNM, which resulted in US\$ 24.2 million over four years from the GAVI Alliance.

RER 10.002.WP01: Improved national capacities and practices for governing, steering, and regulating the health sector through (i) evidence-based policy dialogue, (ii) policy analysis, (iii) greater transparency and accountability for performance, and (iv) more effective intersectoral collaboration.

Appraisal: Fully Achieved

Comments on achievements

Overall, there has been extensive and positive work under this RER. The *Western Pacific Regional Strategy on Health Systems Based on the Values of Primary Health Care* provides a summary guide for critical actions needed for achieving universal coverage of basic health services with equity across all population groups. The areas that have less input and progress have been in some of the PICs, such as KIR and VUT.

Support was provided for stronger National Health Plans with equity and universal coverage as explicit goals in most countries and better costing and links to the Medium-term Expenditure Framework (MTEF). Donor coordination and aid effectiveness are gradually improving. Assessments of current regulatory frameworks in countries have improved.

FJI: A review of nursing laws and regulation was conducted.

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KHM: Quality and MoH ownership of national health planning and policy processes continues to strengthen. The three-year rolling health plan was strengthened to align with the Ministry of Economy and Finance's Budget Strategy Plan. A mid-term review of the *Health Strategic Plan (2008–2015)* has been conducted with WHO supporting strong MoH leadership of entire process.

KIR: Development of the next *National Health Strategic Plan (2012–2015)* remains a work in progress.

MYS: Capacity in health systems governance was strengthened.

PHL: Work with Centers for Health Development in managing ongoing health sector reforms.

PNG: A study tour by national Department of Health Staff to three countries (HOK, LAO, and Thailand) on options to establish an Institute of Public Health; position paper on the social determinants of health and noncommunicable diseases (NCDs) was supported.

VNM: There were improvements in the national and subnational health sector policy development, regulation, strategic planning, implementation of reforms, and in intersectoral and inter-institutional coordination.

RER 10.003.WP01: Improved coordination of the various mechanisms (including donor assistance) that support Member States in their efforts to achieve national targets for health system development and global health goals.

Appraisal: Fully Achieved

Comments on achievements

Individual consulting services to several Member States in policy dialogue, planning, mid-term reviews, sectoral and intersectoral coordination, and regulatory frameworks were made. Much activity in this area is integrated with other aspects of work where collaboration with partners is important for streamlining and maximizing impact. Sector-wide approach (SWAs) meetings and donor coordination are occurring in many countries. Although none are fully harmonized and aligned as defined by the *Paris Declaration on Aid Effectiveness*, progress is being made.

Several countries have strengthened their SWAP mechanisms, and more donors are joining

either partly or fully. Ministries of Health are holding more frequent and comprehensive meetings on stakeholder and donor coordination.

MNG: Quarterly donor coordination meetings where all health partners discussed programme issues including MCH, NCDs, mid-term reviews of national health plans, and emerging disease surveillance and response programmes were held.

PHL: The Department of Health led regular coordination meetings. Joint assessment and monitoring activities were also conducted.

PICs: Technical support was provided to donor coordination meetings in FJI, VUT and WSM.

PNG: Health Sector-wide Approach was redesigned to enhance the leadership role of the National Department of Health through the Health Sector Partnership Committee (HSPC).

VNM: Donor coordination was improved.

RER 10.004.WP01: Contribute to strengthened country health information systems that provide and use high-quality and timely information for health planning and for monitoring of country and major international goals.

Appraisal: Fully Achieved

Comments on achievements

Technical support was provided and training workshops were conducted to improve the capacity on health statistics especially on data analysis and data quality improvement in the low- and middle-income countries in the Region.

National Health Information Strategic Plans and core indicators were developed in FJI and SLB.

Technical support on HIS strengthening was provided to CHN, FJI, KHM, LAO, PHL, TON and VNM. Training workshops on HIS standards and operability, country ownership and leadership, data quality and user tools were organized with support from HQ and other partners. In FJI and SLB, national health information strategic plans were developed. WPRO worked with various partners to support the activities of the Pacific Health Information Network (PHIN) in the PICs to improve national health information systems. The first annual

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health statistics yearbook in LAO was developed with support from WHO. In-depth analysis in selected areas was conducted as well. WHO HQ, WPRO and the Country Office provided technical support for the mid-term review of the health system reform in CHN, with detailed recommendations produced. An analysis report and a leaflet on progress on the health-related MDGs were produced at the regional level and shared with all Member States in the Region to help countries to monitor their MDG progress.

RER 10.005.WP01: Better knowledge and evidence for health decision-making, by consolidation and publication of existing evidence, facilitation of knowledge generation in priority areas and leadership in health research policy and coordination, including ensuring ethical conduct.

Appraisal: Fully Achieved

Comments on achievements

National web-based repositories in KHM, LAO and VNM published their first annual health statistics yearbook. TON established its national data dictionary and interpretation of data. WHO worked with the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP) and the University of Queensland to improve vital statistics and civil registration in the Region. Quick assessments on vital statistics were conducted in several countries, including FJI and PHL.

A training workshop was conducted in VNM on the better use of information and communications technology (ICT) on health information, including developing databases and repositories at national and subnational levels. Representatives from CHN, KHM, LAO, PHL, TON and VNM participated in the workshop. National web-based repositories were developed in KHM and VNM. WHO supported the first annual health statistics yearbook published in LAO. In TON, a national data dictionary and an interpretation of data were developed. In SLB, national plans for health information systems and defined core health indicators to facilitate health monitoring and reporting were developed through WHO technical support.

WHO worked with ESCAP and University of Queensland to apply the tool to conduct quick assessments on vital statistics, with several countries in the Region, including FJI and PHL.

The following information products were produced at Regional level: *Western Pacific Country Health Information Profiles (CHIPS) 2010 revision*; *Western Pacific Country Health Information Profiles (CHIPS) 2011 revision*; *Achieving the Health-related MDGs in*

the Western Pacific Region (booklet); *Achieving the Health-related MDGs in the Western Pacific Regional Progress Report (2010)*.

The Asia Pacific Observatory on Health Systems and Policies was officially launched in June 2010, and the partnership so far has produced a number of publications, for example the *Fiji Islands Health Systems Review* (or Fiji HiT, Health in Transition country profiles), the *Philippines Health Systems Review* and the *Malaysia Health Systems Review*. A number of other HiTs are in the making, for example, HOK, LAO, MNG, SGP and SLB. Furthermore, the newly established Research Hubs of the Observatory have been commissioned with additional HiTs, for example in Bangladesh, Indonesia, Sri Lanka and Thailand. In addition to the HiTs, the Asia Pacific Observatory on Health Systems and Policies intends to support policy-makers with evidence-based policy briefs and has so far produced and published one brief on *Direct Household Payments for Health Services in Asia and the Pacific*. More policy briefs on other topics are planned and in the making. All products and publications can be downloaded free of charge from the following website:

www.wpro.who.int/asia_pacific_observatory.

RER 10.006.WP01: National health research for development of health systems strengthened in the context of regional and international research and engagement of civil society.

Appraisal: Partially Achieved

Comments on achievements

An expert consultation on health research governance and management involving 14 Member States and several partners identified the priority actions of strengthening national health research systems and provided much needed policy guidance to improve the efficiency and impact of health research investments (AUS, CHN, FJI, JPN, KHM, KOR, LAO, MNG, MYS, NEZ, PHL, SGP, VNM and the United States of America). Some of these priorities included establishing systems to improve transparency and accountability in health research (potentially through publically accessible health research registries), systematic archiving and access to health research data, and streamlining and optimizing the other health research governance systems, particularly research ethics systems. The consultation successfully increased awareness on these key issues as evidenced by subsequent country-initiated dialogue and action in several Member States (CHN, FJI, KHM, MNG, MYS and PHL). PHL is much advanced in developing its national health research registry, and MNG hopes to

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have its own scientific literature database (MongolMed) in place soon, which will provide improved access and hence utilization of research.

Though awareness is generated—and some action has taken place—greater financial and political commitment are needed before each Member State has a system to allow all stakeholders to track ongoing research, systematically archive and provide access to data generated, and streamline research ethics governance systems that support good quality research, rather than stifle it. WHO will remain engaged with Member States to support them technically and help them mobilize necessary resources to turn these recommendations into reality.

While assisting Member States was a priority, work also was undertaken to streamline the health research governance systems within WPRO. The Regional Ethics Review Committee (WPRO/ERC) was established in November 2010 and has reviewed and provided support to improve the technical and ethical quality of more than 35 research studies conducted in the Region. An electronic web-based research portal has been launched that provides visibility and transparency to the health research sponsored by WPRO. The system is being customized for use by some smaller Member States.

However, progress in this area has been rather slow, despite the detailed assessment undertaken in the past. The slow progress is due to limited domestic funding for health research in priority low- and middle-income countries and the low priority given to overall governance and management of health research in an environment of very high dependence on external research funding, as well as competing priorities. However, work by WPRO in this biennium and emphasis on impact and results by multiple donors have contributed to increasing appreciation of the need for better management and governance of health research to improve the access, quality, efficiency and utilization of health research.

In addition, both the indicators under this RER are not being measured by most of the low- and middle-income countries. For indicator 10.6.1, there are no internationally agreed upon minimum standards as of now, and hence it is difficult to assess which low- and middle-income countries meet what would be presumed to be international minimum standards. For indicator 10.6.2, although the Commission for Health Research Development convened by WHO in 1990 made a recommendation for commitment of at least 2% of the health budget on research, the current national health accounts do not allow estimations of budget spent on health. Although it is estimated that most of low- and middle-income

countries do not spend 2% of their health budget on research, and most of research in these countries is still externally funded.

WPRO has launched an initiative to establish national health research registries in the Member States that may allow tracking and monitoring of health research, including research funding in the future. However, it may be unrealistic for most of low- and middle-income countries to commit 2% of their national health budget to health research, at least in near to medium-term future, although the goal should be retained for long-term direction. Greater efforts by donor and partner agencies will be required for better knowledge management and translation of ongoing research through better health research governance and management.

RER 10.007.WP01: Improved use of e-Health applications (such as electronic medical records and distance learning) and networking—including the network of WHO collaborating centres—to strengthen health systems.

Appraisal: Fully Achieved

Comments on achievements

In collaboration with other partners and WHO HQ, one intercountry training workshop was conducted in VNM on better use of ICT on health information and e-Health at national and subnational levels. National e-Health strategy was developed in Mongolia with WHO support.

In collaboration with other partners, a training workshop was conducted in VNM on the better use of ICT on health information, including developing databases and repositories at national and subnational levels. Representatives from CHN, KHM, LAO, PHL, TON and VNM participated in the workshop. WHO Collaborating Centres on informatics and e-Health were developed in CHN and PHL. A national e-Health strategy was developed in MNG with WHO support.

RER 10.007.WP02: Implementation of knowledge management strategy, including improved access to health information via portals, such as the Global Health Library, Regional Index Medicus and HINARI.

Appraisal: Fully Achieved

Comments on achievements

The knowledge management strategy, including improved access to health information via portals, such the Global Health Library, Regional Index Medicus, and HINARI were

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implemented. All planned activities have been implemented.

RER 10.008.WP01: Support provided to strengthen health workforce information and knowledge base, to build capacity of countries and areas for policy development and planning, and to enhance research, networking and information-sharing.

Appraisal: Fully Achieved

Comments on achievements

Health workforce data and information has been updated to further improve the knowledge base for better policy and strategy development. Progress is satisfactory with sustained support to human resources for health (HRH) priority countries. HRH database reviews were conducted. HRH research studies contributed to policy framework formulation in KHM and LAO. Assistance was provided in the workforce database update in CHN, FJI, KHM, LAO, PNG, PHL, SLB, TON, TUV, VUT and WSM. Reliable health workforce data exist in AUS, HOK, MYS, NEZ and SGP. Several partnerships were forged such as in NEZ (MOH, the quality improvement (QI) partnership with Asia Pacific Emergency Disaster Nursing Network (APEDNN); MHL (infection prevention and control training); CHN (WHO Collaborating Centre for Nursing and Midwifery, and disability partnerships), AUS (WHO Collaborating Centre for Nursing and Midwifery); American Pacific Nursing Leaders Council (APNLC) Northern Pacific Jurisdictions - PLW, APEDNN, and infection prevention and control partnerships.

RER 10.009.WP01: Technical support provided to countries and areas to improve the production, distribution, skill mix, retention and the management of their health workforces.

Appraisal: Fully Achieved

Comments on achievements

Countries have been supported in using evidence to better manage overall health workforce performance.

Countries were provided with tools and guidelines to assist them as they develop and implement HRH activities. Countries accorded support were CHN, FJI, KHM, LAO, MYS, PHL and VNM. Countries with evidence-informed practices include AUS, HOK, NEZ and SGP.

Countries and areas with established national mechanisms to regulate, monitor and set standards on education, training, performance and practices of different categories of health

occupations were also supported, including AUS, FJI, HOK, JPN, KHM, KOR, LAO, MNG, MYS, NEZ, the PHL, SGP, SLB, TON and WSM.

The partnerships, collaborating centres and networks established for research, advocacy and resource mobilization, and for facilitating a common and coordinated approach to strengthen the health workforce capacity, include new the collaborating center established in Peking Union Medical College School of Nursing. There were re-designations for University of Technology Sydney, the Hong Kong Polytechnic University and the Health Human Resource Development Center in China.

RER 10.010.WP01: Technical support provided to improve health system financing in terms of the availability of funds, social and financial risk protection, equity, access to services and efficiency of resource use.

Appraisal: Fully Achieved

Comments on achievements

Technical support was provided to CHN, KHM, LAO, MNG, MYS, PHL and VNM to increase health care coverage with adequate and equitable financing arrangements and safety net elements. For example, in LAO support was provided to produce the country's first *National Health Care Financing Strategy (2011–2015)*. Efficiency issues have been addressed through modification of provider payment schemes in CHN, MNG, PHL and VNM.

All priority countries officially launched the universal coverage agenda following the launch of *Health Financing Strategy for Asia and the Pacific (2010–2015)* and *World Health Report 2010*. High political commitment for universal coverage was obtained in MNG, MYS, PHL and VNM, embarking on the road to reform health and health financing systems to meet the increasing need and demand of the population. Health financing teams strengthened in CHN, MNG, PNG and the South Pacific. Universal coverage focused on technical support for LAO, MYS, and PHL.

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RER 10.011.WP01: Norms, standards and measurement tools are used for tracking resources and estimating economic consequences of illness, the cost and effects of interventions, financial catastrophe and impoverishment, and social exclusion.
Appraisal: Fully Achieved
Comments on achievements
<p>WPRO has supported six country studies on the consequences of out-of-pocket health expenditures and health service utilization. Two workshops were organized, one on the training of the WHO methodology and the other on the policy implications of the studies. Countries that participated in the studies were CHN, KHM, LAO, MNG, PHL and VNM. All participating countries have developed an analysis report as well as a policy brief, with in-depth support from WHO before and after the workshops.</p> <p>A fiscal space projection tool, called MacroHealth, was developed in 2010 to simulate the likely resources available for health over a 10-year period given macroeconomic and public finance constraints. This was followed in 2011 by training on the broader joint UN OneHealth costing and planning tool, a sophisticated health systems analysis software that links together individual programme planning and accounts for overall health system constraints.</p> <p>The WHO tool on organizational assessment for improving and strengthening of health financing (OASIS) was applied in the Region. MNG and VNM conducted the studies and country-specific reports were produced. The studies will also be presented in an international meeting in January 2012. Study results were obtained earlier from KHM and KOR and were shared in the Region. These various tools and studies were done in close collaboration with HQ.</p>

RER 10.012.WP01: Health financing data, information and evidence are used for developing, implementing and monitoring health financing policies and strategies.
Appraisal: Fully Achieved
Comments on achievements
<p>Health accounts data were updated for all countries in the Western Pacific Region. National health accounts (NHA) capacity was strengthened in the Pacific and in LAO.</p> <p>Using NHA data, <i>Health Financing Country Profiles</i> were published in 2011. These allow</p>

easy comparison of health expenditure trends for 1995–2008 and health financing systems across the Western Pacific Region.

RER 10.013.WP01: Implementation of norms, standards and measurement tools by Member States to quantify and decrease the level of unsafe health care provided and improve the quality of the health care system.

Appraisal: Fully Achieved

Comments on achievements

This is a separate RER, following the structure WHO HQ. However, the work under this RER would be better aligned with the broader work of quality assurance in health services delivery.

Emphasis was placed on greater awareness on the principles of quality and of patient safety, and their integration into the whole health system and National Strategic Health Plans. Quality assurance and patient safety programmes were initiated or extended in many facilities in most Member States. Rates of hospital-acquired infections and other adverse events are anticipated to drop. Collaboration among donor agencies, academia, medical societies and ministries of Health was extended. The *Global Patient Safety Curriculum Guide* was introduced and disseminated to Member States with support to incorporate it into existing curricula and to expedite its implementation.

MYS: A policy and monitoring tool for patient safety framework was developed.

PHL: A patient safety programme was implemented in Romblon, one of the poorest provinces, where the health facilities have not earned PhilHealth accreditation due to a failure to meet the quality standards of the Philippine Health Insurance Commission (PHIC).

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STRATEGIC OBJECTIVE 11

To ensure improved access, quality and use of medical products and technologies.

SUMMARY OF REGIONAL CONTRIBUTIONS TO ATTAINMENT OF THE STRATEGIC OBJECTIVE

All the planned activities, as well as those arising from the requests of the Member States, have been implemented timely.

The regional work under Strategic Objective 11 is divided into three broad areas the impact the rational use of medical products and technologies. The first is to provide support to the Member States in formulating, monitoring and revising national policies on access to medical products and technologies. The second is to improve the quality assurance and regulation of medical products and technologies. The third is to promote the cost-effective and rational use of medical products and technologies. The regional indicators therefore reflect the number of countries that have received WHO support in these three areas.

In all of these three areas, the implementation of all of the planned activities and those requested by Member States in the Pharmaceuticals, Health Technologies and Laboratory and the Traditional Medicine programmes have been well implemented.

Some of the major activities implemented under this Strategic Objective included the development and launch of the *Regional Framework for Action on Access to Essential Medicines (2011–2016)*; strategic collaboration between WHO and Member States on improving access to essential medicines; the official launch of the regional web-based Price Information Exchange (PIEmeds) for selected essential medicines; support for the development of the National Laboratory Policies and Plans in eight Member States (CHN, FJI, KHM, LAO, MNG, MYS, PNG and PHL); and the development and endorsement of the *Regional Strategy for Traditional Medicine in the Western Pacific (2011–2020)*.

ASSESSMENT OF REGIONAL EXPECTED RESULTS

RER 11.001.WP01: Support provided to countries and areas to develop, monitor or revise comprehensive policies on access, quality and use of essential medical products and technologies.
Appraisal: Fully Achieved
Comments on achievements
<p><i>Pharmaceuticals</i></p> <p>Twenty-four Member States (BRN, CHN, COK, FJI, FSM, HOK, KHM, KIR, LAO, MHL, MNG, MYS, NEZ, NIU, NRU, PHL, PLW, PNG, SLB, TON, TUV, VNM, TUV and WSM) have received WHO support and have collaborated with WHO in the area of National Medicines Policy (NMP) and improving access to essential medicines monitoring, development and related policy revisions.</p> <p><i>A Regional Framework for Action on Access to Essential Medicines (2011–2016)</i> was finalized, serving as a guide for strategic collaboration between WHO and Member States in improving access to essential medicines.</p> <p>Eleven Member States supported the development and revision of their NMPs (BRN, COK, KHM, FJI, FSM, MNG, PLW, TON, TUV, VNM and VUT).</p> <p>A strategic collaboration on universal access has been agreed upon with VNM and on an essential medicines system with CHN.</p> <p>The Regional Medicines Price Information Exchange System (RMPIES) for essential medicines was officially launched, involving 18 Member States (CHN, COK, FJI, FSM, KIR, LAO, MNG, MYS, NIU, NRU, PLW, PNG, PHL, SLB, TON, VNM VUT and WSM). The prices of 40 key medicines was collected and compared.</p> <p>WHO/European Commission/Africa, Caribbean and Pacific (WHO/EC/ACP) Partnership Project in Pharmaceutical Policies was successfully completed in 14 PICs (COK, FJI, FSM, KIR, MHL, NIU, NRU, PLW, PNG, SLB, TON, TUV, VUT and WSM) after six years of implementation. A final evaluation of the project has been undertaken in August 2010 with positive results.</p>

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Data collection of the pharmaceutical sector country profile has been completed in 16 Member States (BRN, COK, FJI, KHM, LAO, MHL, MNG, MYS, NEZ, NRU, PLW, PNG, PHL, TUV, SLB, and VUT).

A consultation meeting on improving access to priority medicines for mothers and children (CHN, KHM, LAO, MNG, PNG, PHL and VNM) and for NCDs (BRN CHN, KHM, HOK, LAO, MNG, MYS, PHL and VNM) defined country-specific feasible options and next steps for improving medicines for maternal and child health and for NCDs.

Sixteen Member States (CHN, COK, FJI, FSM, KHM, KIR, LAO, MHL, MNG, MYS, PLW, PHL, SLB, TUV, VNM and VUT) were supported in strengthening and assessment of medicines procurement and supply systems; in developing standard operating procedures (SOPs), manuals and guides; in reviewing procurement plans; and training health professionals on inventory management or developing inventory management systems.

Overall, 24 Member States (BRN, CHN, COK, FJI, FSM, HOK, KHM, KIR, LAO, MHL, MNG, MYS, NEZ, NIU, NRU, PLW, PHL, PNG, SLB, TON, TUV, VNM, VUT and WSM) have received WHO support or collaborated with WHO in the monitoring of the medicines sector, in developing and revising NMPs, in assessing and strengthening procurement and supply systems, in developing inventory management systems, and establishing of price information for medicines. A *Regional Framework for Action on Access to Essential Medicines (2011–2016)* was finalized.

Health Technologies and Laboratories

There has been good progress in many Member States in developing national policies and plans for laboratories and blood safety.

A Biregional Consultation for Finalization of Guidance Documents on National Laboratory Policies and Plans and Laboratory Quality Standards was held in LAO January 2011 with participation from seven Member States from the Western Pacific Region (CHN, KHM, LAO, MNG, MYS, PHL and VNM) and seven from the South-East Asia Region.

A Regional Workshop on the Implementation of the Asia Pacific Strategy for Strengthening Health Laboratory Services (2010–2015) in PICs was held in September 2010 with participation from 13 Member States WPR (COK, FJI, FSM, KIR, MHL, NRU, PLW, PNG, SLB, TON, TUV, VUT and WSM).

Technical support was provided to FJI, KHM, KIR, LAO, MNG, NRU, PHL, PLW, PNG, SLB, TON, VUT and WSM in developing their National Laboratory Policies and Plans.

A revised draft of the National Blood Policy in LAO was prepared and submitted to the Ministry of Health.

Technical support was provided for the National Voluntary Blood Services Programme in PHL to develop a national strategic plan for development of blood services.

An Expert Consultation on Approaches and Priorities for the Optimal Use of Medical Devices was held in HOK in April 2011.

Support was provided to WHO HQ for development of a policy guidance document on health technology management.

Technical support to CHN, KOR and MNG was provided for development of national policies on transplantation.

Traditional medicine

The *Regional Strategy for Traditional Medicine in the Western Pacific (2011–2020)* was endorsed by the Regional Committee at its sixty-second session in October 2011. Seven Member States have received technical support or have collaborated with WHO (CHN, JPN, KHM, KOR, LAO, MNG and PLW).

Experts and intercountry consultations on the *Regional Strategy for Traditional Medicine in the Western Pacific (2011–2020)* was organized in HOK (November 2010) and in KOR (March 2011) with participation of experts and representatives from AUS, BRN, CHN, FJI, FSM, HOK, JPN, KHM, KIR, KOR, LAO, MNG, MYS, NEZ, PHL, PNG, SGP, SLB, VNM and WSM.

Support was provided to KHM and LAO to develop their national policies and strategies on traditional medicine, including implementation and operational plans, and to CHN, JPN, MNG, PHL and KOR to review and assess the situation of traditional medicine.

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RER 11.002.WP01: Support provided to countries and areas to implement internationally accepted norms, standards and guidelines for the quality, safety, efficacy and cost-effectiveness of medical products and technologies, and to strengthen the national regulatory and quality assurance system.

Appraisal: Fully Achieved

Comments on achievements

Pharmaceuticals

Twenty-one Member States (AUS, BRN, CHN, COK, FJI, FSM, HOK, JPN, KHM, KIR, LAO, MNG, MYS, NEZ, PHL, PLW, PNG, SGP, TON, TUV and VNM) have been supported or have collaborated with WHO to strengthen medicines quality-assurance systems and regulations, such as prequalification system, good manufacturing practices (GMP) inspection, safety surveillance and medicines legislation.

The WHO/INTERPOL joint Operation STORM 2 to combat counterfeit medicines was completed involving three Mekong countries (KHM, LAO and VNM) and Indonesia. WHO participated in and supported an enforcement network led by INTERPOL to improve collaboration between medicines regulatory authorities and law enforcement agencies in Mekong countries and in South-East Asia (CHN, KHM, LAO, MYS and the PHL).

The Rapid Alert System (RAS) for Combating Counterfeit Medicines has been revised through an expert consultation on Surveillance and RAS for Counterfeit Medicines (February 2010) in Manila.

Sixteen Member States exchanged information and shared knowledge on medicines regulatory matters and selected technical and regulatory developments through participation in a Meeting of Medicines Regulators from the Western Pacific Region (December 2010) in SGP. The Member States were: AUS, BRN, CHN, FJI, HOK, KHM, KOR, LAO, MNG, MYS, NEZ, PHL, PNG, SGP, TON and VUT.

Seven Member States (CHN, KHM, LAO, MNG, MYS, PHL and VNM) attended the interregional workshop on Combating Substandard/Spurious/Falsely labelled/Falsified, Counterfeit Medicines in October 2011.

Good Governance for Medicines (GGM) has been implemented in four Member States (KHM, LAO, MNG and MYS) while one Member State (PHL) is implementing the Medicines Transparency Alliance (META).

A prequalification project for TB medicines was successfully implemented in CHN.

Two Member States (VNM and VUT) were supported to assess and set up a pharmacovigilance system and to improve medicines safety.

WHO participated in the evaluation mission of the Medicines Safety Programme in MNG, which is funded by ADB.

Overall, 21 Member States have been supported and have collaborated to strengthen medicines quality assurance (QA) systems and regulations with WHO, such as the prequalification system, GMP inspection, safety surveillance, medicines legislation (AUS, BRN, CHN, COK, FJI, FSM, HOK, JPN, KHM, KIR, LAO, MNG, MYS, NEZ, PLW, PHL, PNG, SGP, TON, TUV and VNM).

Health Technologies and Laboratories

There has been good progress in improving standards and quality assurance in laboratories.

Support was provided to FJI, KHM and PNG in the development of national Laboratory Quality Standards (LQS).

Laboratories in FJI were assessed for compliance with national LQS.

Collaboration was undertaken with the Pacific Island Health Officers Association (PIHOA) laboratory network to strengthen QA systems.

Situational assessments of health laboratory services was made in PLW, TON and WSM.

Laboratory Quality Management System training for laboratory technologists and technicians was conducted in FJI.

Revision and distribution of the Medical Laboratories Standards Checklist for the Pacific region was made.

A Biregional Workshop on Blood Donor was held in VNM from 16 to 18 June 2010 with participation from 11 Member States from the Western Pacific Region (CHN, FJI, KHM, KOR, LAO, MNG, MYS, PHL, PNG, SGP and VNM) and six Member States from the South-East Asia Region.

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Support was provided for the publication and distribution of *Design Guidelines for Blood Centres*.

Support was provided to the Cambodia National Blood Transfusion Centre to maintain the safety of the blood supply following a doubling of the blood donation rate following the public call from the prime minister for citizens to increase voluntary non-remunerated blood donation.

Support was provided for the development and continuation of dialogues with LAO and PHL to collect evidence on the current situation regarding the selection, management and use of medical devices.

Traditional medicine

All activities have been implemented as planned. Additional funding was mobilized from the Nippon Foundation for the development and introduction of Traditional Medicine kits project in VNM.

Four Member States (MNG, MYS, PHL and VNM) were given an opportunity to participate as observers to the International Classification of Traditional Medicine (ICTM) Project Advisory Group (PAG) and Technical Advisory Group (TAG) meeting held in February 2011 in Manila so that they might align their national coding of diseases in traditional medicine with ICTM. Support was provided to the Food and Drug Department (FDD) of LAO to establish Herbal Medicine Computerized Registration System.

Eleven Member States attended the WPR Forum for Harmonization of Herbal Medicines meeting to discuss and harmonize herbal medicine regulations in Member States (AUS, CHN, HOK, JPN, KOR, SGP and VNM as full members, and LAO, MNG, MYS and PHL as observers).

A baseline assessment of traditional medicine service delivery in six remote communes in VNM is under way and technical support to the MOH in VNM to develop a project proposal for the Nippon Foundation to introduce traditional medicine kits at the grassroots level in remote areas of VNM are being developed.

Support was provided to translate the *WHO Guideline for Good Agricultural and Collection Practice (GACP)* into Khmer language.

RER 11.003.WP01: Support provided to countries and areas to promote evidence-based, scientifically sound and cost-effective use of medical products and technologies and traditional medicine by health workers, practitioners and consumers.

Appraisal: Fully Achieved

Comments on achievements

Pharmaceuticals

Twenty-two Member States (AUS, BRN, CHN, COK, FJI, FSM, KHM, KIR, KOR, LAO, MHL, MNG, NRU, PHL, PLW, PNG, SLB, TON, TUV, VNM, VUT and WSM) have received WHO support or have collaborated with WHO to promote the rational use of medicines by health workers, practitioners and consumers; to develop, revise and implement Standard Treatment Guidelines and Essential Medicines Lists; to establish Drug Therapeutics Committees; to build capacity for the rational use of medicines; and to monitor the use of medicines, including antimicrobials.

Thirteen Member States (CHN, COK, FJI, KHM, KIR, LAO, NRU, PLW, PNG, SLB, TON, TUV and VNM) have been supported to improve medicines selection and develop and use treatment guidelines.

Four Member States (CHN, KHM, MNG and PHL) have been supported to implement focused interventions for rational use, namely monitoring, training and planning (MTP) and consumers interactive learning.

Support has been provided to four Member States (COK, PLW TUV and VUT) to establish Medicines/Drugs Therapeutic Committee.

Two Member States (FJI and VUT) were supported to participate in National Medicines Symposium in Melbourne in April 2010.

A common approach for in the Pacific for the management of diabetes has been drafted in collaboration with NCD unit.

A joint workshop with the Federation of Asian Pharmaceutical Associations (FAPA) on promoting the role of pharmacists in health care was organized in KOR in August 2010.

A national advocacy workshop on antimicrobial resistance was supported in several countries (COK, FJI, KHM, KIR, PNG, SLB and TUV).

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Support was provided to the PHL to organize national training on pharmacoconomics in April 2011.

Four Member States (BRN, LAO, MYS and the PHL) attended the training workshop on the Rational Use of Antimicrobials and the Containment of Antimicrobial Resistance in December 2011 in BRN.

Health Technologies and Laboratories

In 2010 and 2011 of the Regional External Quality Assessment Scheme (REQAS) for basic testing in biochemistry, microbiology, serology, haematology and blood donation screening with 24 laboratories in the Western Pacific Region was completedS

A Biregional Workshop (including hands-on training) on Laboratory-based surveillance of Antimicrobial Resistance was held in Chennai, India, in March 2011 with the participation of nine Member States in the WPR (CHN, FJI, KHM, LAO, MNG, MYS, PNG, PHL and VNM) and eight from the South-East Asia Region.

Support was provided by the Luxembourg Development Corporation for implementation of the blood transfusion service costing model for use in VNM.

Support was provided for the development and continuation of dialogue with LAO and PHL to collect evidence on the current situation regarding selection, management and use of medical devices.

Traditional medicine

KHM, LAO, MNG and VNM participated in the WHO Consultation on the Conservation of Herbal Medicine in October 2011 in Toyama, Japan,

External assessments of WHO Collaborating Centres (CCs) in the WPR to consider for re-designation and to strengthen and increase the quality of cooperation with WHO CCs have been completed.

Research on Traditional Medicine service delivery is under way in 14 Member States of the WPR. (AUS, BRN, HOK, JPN, KHM, KOR, LAO, MNG, MYS, NEZ, PHL, PNG, SGP and VNM).

A meeting of directors of WHO CCs in the WPR was organized in December 2011 in Beijing, with support from the China Academy of Chinese Medical Sciences (CACMS.)

The Second Global survey was completed in 27 Member States of in the Western Pacific. (AUS, BRN, CHN, FJI, FSM, HOK, JPN, KHM, KIR, KOR, LAO, MAC, MHL, MNG, MYS, NEC, NEZ, NRU, PHL, PLW, PNG, PYF, SGP, SLB, TON, TUV and VNM).

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STRATEGIC OBJECTIVE 12

To provide leadership, strengthen governance and foster partnership and collaboration with countries, the United Nations system, and other stakeholders in order to fulfil the mandate of WHO in advancing the global health agenda as set out in the Eleventh General Programme of Work.

SUMMARY OF REGIONAL CONTRIBUTIONS TO ATTAINMENT OF THE STRATEGIC OBJECTIVE

The Secretariat continued to increase its effectiveness and efficiency through better organization and ways of working. Three specific areas were addressed: strengthened support to countries and areas in the Region and the work of country offices; better alignment of the work of the Regional Office and country offices; and improvement in communications and knowledge management.

To strengthen collaboration with countries and areas in the Region and aiming to realign and harmonize its health strategies with national priorities as well as operationalize the Country Cooperation Strategies (CCS), the Country Strategic Framework (CSF) was developed in 2010. At the regional level, to ensure that the strategic work at the Regional Office is in harmony with the CSFs, a similar tool, the Technical Strategic Framework (TSF), has been developed.

Some restructuring of the Secretariat took place in the biennium in order to streamline some overlapping areas and realign related programmes. The number of technical programmes has been trimmed down from 31 programmes to 16 technical teams.

The functions related to gender have been transferred from the Maternal and Child Health and Nutrition (MCN) unit in the Division of Building Healthy Communities and Populations (DHP) to the Health Care Financing (HCF) unit of the Division of Health Sector Development (DHS), which is also responsible for human rights and equity issues.

The creation of two new divisions, namely, the Division of Health Security and Emergencies (DSE) and the Division of Pacific Technical Support (DPS), including the opening of a new CLO office in Northern Micronesia, have further enhanced the governance of WPRO as a whole on the one hand, and facilitated WHO's support to the smaller countries and areas in the South Pacific on the other.

To foster and strengthen partnership, collaboration and communication with countries, the External Relations and Communications Unit (ERC) has been formed within the Regional Office under the Division of Programme Management (DPM). The Unit is comprised of three offices—External

Cooperation and Partnerships (ECP), Public Information (PIO) and the Programme on Technology Transfer (PTT). The aim of the ERC unit is to bring together our external relations and communications functions and, through more effective outreach, strengthen the visibility of the Organization and its capacity to mobilize resources. The Unit has been strengthened with more staff with additional responsibilities that include proposal tracking and donor relations.

In order to align Information Technology with the global organizational structure, the Information Technology unit has been transferred to the Division of Administration and Finance.

By the end of the biennium, in collaboration with WHO, nine countries developed or renewed their CCSs which brought in close alignment both WHO and national health priorities. In Viet Nam, the second five-year *One UN Plan* (2012–2017), which incorporated the health sector plan, was developed.

Two consultations of WHO Representatives and Country Liaison Officers (WRs/CLOs) and one regionwide Programme Management Officers Network meeting were held in each year of the biennium.

Two sessions of the Regional Committee—the sixty-first in 2010 and the sixty-second in 2011—were organized during the biennium. Priorities for the Region were set during those sessions and countries and areas have been provided with guidance and resources to implement these priorities. In addition, WHO organized the 9th Meeting of Ministers of Health for the Pacific Island Countries in 2011 in Honiara, SLB. In this meeting, areas of health priorities were identified and strategies and interventions were agreed upon.

All 15 countries with WR/CLO offices present were leading or actively engaged in health and development partnerships, including in the context of reforms of the UN system. In addition, WHO's collaboration with other UN agencies, intergovernmental bodies, nongovernmental organizations and other partners in a number of health areas continued to be strengthened in the biennium. During the biennium, a total of 11 new partnerships were built to carry out health activities in line with priorities identified in the WHO Regional Strategic Objectives and workplans.

To improve communication and knowledge management, WHO advocacy materials and technical information were shared with government counterparts, policy-makers and stakeholders in the health sector. Bilingual websites were created in a number of countries and areas in the Region.

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Through training and improvement in modernizing communications capabilities, countries and areas are better equipped in knowledge management, accessing health research and advocacy information.

ASSESSMENT OF REGIONAL EXPECTED RESULTS

RER 12.001.WP01: Effective leadership and direction of the Organization exercised through enhancement of governance and the coherence, accountability and synergy of WHO's work.
Appraisal: Fully Achieved
Comments on achievements
<p>Two sessions of the Regional Committee—the sixty-first in 2010 and the sixty-second in 2011—were organized during the biennium. Priorities for the Region were set by the Regional Committee at those sessions, and countries and areas were provided with guidance and resources to implement these priorities. In addition, WHO organized the 9th Meeting of Ministers of Health for the Pacific Island Countries in 2011 in Honiara, SLB. In this meeting, areas of health priorities were identified and strategies and interventions were agreed upon.</p> <p>The coherence, accountability and synergy of WHO's work have been further improved through the development of Technical (regional) and Country Strategic Frameworks (TSF and CSF), which aligned priorities and work of WHO at country level with those at the regional level. Accountability has been enhanced through improved programme and budget monitoring and the formation of the Programme Management Officers Network.</p> <p>In addition, under the leadership of the Regional Director and Director, Programme Management, structural reforms, including creation and strengthening of DPS and ERC, took place to improve the governance and coherence of WHO's work.</p>

RER 12.002.WP01: WHO country presence is effectively led at the country level, harmonized with other development partners and guided by Country Cooperation Strategies (CCS) that support the national health agendas of Member States in the context of the Eleventh General Programme of Work.
Appraisal: Fully Achieved
Comments on achievements
<p>During the biennium 2010–2011, nine countries developed or renewed their CCSs, which brought closely aligned WHO and national health priorities. All country offices (CO) have CCSs in place. A multi-country CCS for the South Pacific consisting of FJI, FSM, KIR,</p>

MHL, MNP, PYF, NEC, NEZ, NRU, PLW, SLB, TON, TUV, VUT and WAF was developed. In Viet Nam, the second five-year *One UN Plan* (2012–2017), which incorporated the health sector plan, was developed.

The WHO country offices worked closely with governments and other UN agencies to align CCSs with national policies and to ensure that CCSs are harmonized with the *United Nations Development Assistance Framework* (UNDAF) strategic plan. To ensure that the CCS priorities can be clearly translated into implementable programmes, an initiative was taken by all WHO country offices to develop their CCS.

RER 12.003.WP01: Global and regional health development architecture effectively providing more sustained and predicable technical and financial resources for health based on a common health agenda that responds to the health needs and priorities of Member States in the Region.

Appraisal: Fully Achieved

Comments on achievements

All 15 countries with WR/CLO offices present were leading or actively engaged in health and development partnerships, including in the context of reforms of the UN system. During the biennium, a total of 11 new partnerships were built to carry out health activities in line with the priorities identified in the WHO Regional Strategic Objectives and workplans. All 11 partnerships in 2010–2011 managed by WHO complied with WHO partnership and policy guidance.

In terms of Voluntary Contributions (VC), 2010 saw WPRO mobilize a total of 115 VC awards worth a total of US\$ 45 589 809. In 2011, there were 84 awards worth US\$ 78 344 560. These amounts excluded award distributions from HQ and SEARO, and reflected only what was recorded with a Western Pacific award manager and start date during 2010–2011.

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RER 12.004.WP01: Essential multilingual health knowledge and advocacy material made accessible to Member States, health partners and other stakeholders through the effective exchange and sharing of knowledge.

Appraisal: Fully Achieved

Comments on achievements

Significant progress towards improving and modernizing communications capabilities has been made in 2010–2011. By the end of 2011, 285 media contacts were in WPRO's media directory and they regularly receive health information and advocacy materials from WPRO.

WHO advocacy materials and technical information were regularly shared with government counterparts, policy-makers and stakeholders in the health sector. Bilingual websites were created in a number of countries including CHN, MNG and VNM. In addition, the WHO Representative offices in FJI and the PHL have established country-specific websites.

A WHO Western Pacific Communications Network was created with communications focal points in all the divisions and country offices, as well as draft regional communications strategy and action plan.

RER 12.004.WP02: Information products and their effective use are supported within a Knowledge Management System (KMS).

Appraisal: Fully Achieved

Comments on achievements

WPRO continued to lend support to the Emergency and Humanitarian Action (EHA) unit in providing and updating information on its website. Substantial progress was made towards improving and modernizing the Region's communications capabilities during the second half of the biennium. During 2010–2011, WPRO contributed a total of 38 press releases and three new articles.

In terms of library services, on a monthly average in 2010–2011, 250 references/responses were provided to requests submitted to WPRO. A larger number of publications have been translated into non-official languages through improved coordination with WHO country offices.

RER 12.004.WP03: Translation services, editing services for Governing Bodies documents and official records and word-processing and typesetting services.

Appraisal: Fully Achieved

Comments on achievements

A new format for the report of sessions of the Regional Committee was successfully implemented at sixty-second session of the Regional Committee in 2011. All documentation was edited, finalized, translated and distributed within the expected time-frame.

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STRATEGIC OBJECTIVE 13

To develop and sustain WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively.

SUMMARY OF REGIONAL CONTRIBUTIONS TO ATTAINMENT OF THE STRATEGIC OBJECTIVE

A detailed analysis of the current planning and programme management situation were carried out in cooperation with budget centres leading to the identification of the Organization's weaknesses and strengths and areas requiring improvement. Various monitoring and report-generating tools that were made available to all offices helped provide reliable information and determine project performance at any given time. The monthly Programme Committee meetings support improved fund management through monitoring the implementation of the Programme Budget (PB) and Human Resources (HR) plans. Improved controls have also been put in place by introducing checklists for various committal documents.

A rationalized staff development and training programme was developed targeting competency blocks by grade level. Improved compliance in utilizing the Performance Management and Development System (PMDS), WHO's staff evaluation system, added to improved communication among staff. The regional rotation and mobility scheme has been successfully implemented leading to the rotation of over 20 staff members. Efforts to ensure qualified female candidates are included in the recruitment shortlists have resulted in steady progress on staff gender balance.

The renovation of the conference hall and structural upgrades of the Regional Office buildings were close to completion resulting in improved air quality, improved drainage and sanitation, additional green space, additional parking, and expanded and improved functionality of conference facilities.

The security and safety of staff has been enhanced through improved compliance with the Minimum Operating Security Standards (MOSS) and Minimum Operational Residential Security Standard (MORSS) in WHO offices in the Region.

In order to be able to handle growing amounts of server utilization of the regional IT infrastructure, servers have been consolidated and virtualized.

Local network and Global Private Network (GPN) connectivity services have been provided to all offices in the Region for the past 12 months.

Server consolidation is an approach to the efficient usage of computer server resources in order to reduce the total number of servers or server locations that an Organization requires.

Server virtualization uses a software application to divide one physical server into multiple isolated virtual environments.

Rejections in supplier creation management in the Global Management System (GSM) were reduced through monthly monitoring and targeted training.

ASSESSMENT OF REGIONAL EXPECTED RESULTS

RER 13.001.WP01: Work of the Organization is guided by strategic and operational plans that build on lessons learnt, reflect country needs, are elaborated across the Organization, and used to monitor performance and evaluate results.
Appraisal: Fully Achieved
Comments on achievements
<p>The completion of the Country Strategic Frameworks (CSFs) and the Technical Strategic Frameworks (TSFs) in WPRO has greatly facilitated the planning of the biennium 2012–2013. The new biennium plans now fully take into consideration the priorities of the WPR Member States, consistent with the global and regional priorities of the Organization. Performance indicators developed can more closely indicate the achievement of the Expected Results.</p> <ol style="list-style-type: none">1. PB 2012–2013 Expected Results and workplans developed at both the regional and country levels based on the CSFs and TSFs and CCSs.2. Efficiency of using the GSM enhanced through local and regional training.3. Programme management and coordination across the two levels of the Organization improved through establishment of the PMO network and holding regular teleconferences.4. Implementation rates of both AC and VC have reached new highs indicating efficiency implementation of programmes.5. Programme monitoring reports issued monthly by PDO to all budget centres.

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RER 13.002.WP01: Organization-wide integrated systems for budgets, allocation, monitoring and reporting for all sources of funds; programme budget coordinated and supported consistently.
Appraisal: Fully Achieved
Comments on achievements
<p>With the Global Management System (GSM) being stable and integrated systems on programme budget development and controls in place, all of the offices within the Region are now confident with the system. Implementation of financial resources is efficiently performed with high degree of reliability. Analysis and efficient monitoring of programme budget implementation are better achieved.</p> <p>Management is provided with reliable information on regional achievements and performance through efficient coordination of Programme Budget allocation, implementation monitoring and reporting.</p>
RER 13.002.WP02: Sound financial practices and efficient management of financial resources.
Appraisal: Fully Achieved
Comments on achievements
<p>Financial resources are effectively managed and administered in accordance with WHO financial rules and regulations and International Public Sector Accounting Standards (IPSAS). Sound financial practices and internal control mechanisms are in place and strengthened in country offices</p> <p>Management is provided with reliable information on regional achievements and performance through efficient coordination of Programme Budget allocations, implementation monitoring and reporting.</p>
RER 13.002.WP03: Accounting and financial reporting and internal control; country imprest management, cash management.
Appraisal: Fully Achieved
Comments on achievements
<p>Reliable, regular and timely financial reports are submitted to management for information and decision-making. Financial management reports were provided to the donors and</p>

partners in accordance with the agreements. Extensive training was given to the country staff dealing with e-Imprest on accounting and reconciliations. Administrative reviews of the country offices have been undertaken to strengthen internal controls and compliance.

Management is provided with reliable information on regional achievements and performance through efficient coordination of Programme Budget allocations, implementation monitoring and reporting.

RER 13.003.WP01: Strengthened links between programme, individual and team accountability and performance supported by the appropriate development of staff skills and competencies.

Appraisal: Fully Achieved

Comments on achievements

In response to the needs identified during the “Fit for the Future” reform initiative and the continuous effort to assess the learning requirements for the greatest number of staff members, various training programmes have been identified and some have already been conducted within the Region. Completion of the Staff Development Plan (Section F) of the PMDS became mandatory starting 2010, whereby staff have to indicate their training needs in consultation with their supervisors.

An assessment of the training needs as a result of the Fit for the Future is proving to be an essential tool in providing the various training programmes suited to the learning requirements of staff members. PER/WPRO is closely monitoring the submission of the PMDS, including the completed Staff Development Plan (Section F).

RER 13.003.WP02: Human resources management to attract and retain top talent, promote learning and professional development, manage performance, foster ethical behaviour, and protect and promote staff health and well-being in order to facilitate programme delivery.

Appraisal: Fully Achieved

Comments on achievements

Increased emphasis on quality recruitment and selection, plus staff development and performance issues. Ensure accurate implementation of different benefit packages for staff in different WPR duty stations (i.e. rental subsidy, education grant, relocation grant, etc.) in

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compliance with staff rules and regulations; ensure wellness of staff through the Records Management System (RMS) and in support from the Staff Association in conducting several “brown bag” sessions on healthy diets, operation of the gym and fitness centre, etc.;

Implementation of different staff entitlements facilitated;

Improved recruitment and selection process.

RER 13.004.WP01: Country-level ongoing support and development of secure and cost-effective solutions that meet the changing needs of the Organization.

Appraisal: Fully Achieved

Comments on achievements

The biennium saw enhancements across IT areas at the regional level. At the infrastructure level, equipment has either been updated or new maintenance and licensing agreements signed. A significant upgrade of all end-of-life equipment was undertaken. A number of countries saw enhancements to their network. At the application level, new systems were rolled out, including specific customizations to various countries.

RER 13.004.WP02: Development of secure and cost-effective solutions that meets the changing needs of the Organization. Ongoing support to regional, country, and global information systems and their users.

Appraisal: Fully Achieved

Comments on achievements

Overall, the regional network and end-user support services and projects have been strengthened. Not only has hardware been procured, but software allowing for remote management and control has been acquired, strengthening both support services and projects. Processes at the regional level—and to the extent possible at the global level—have either been updated or in the latter case adopted.

RER 13.005.WP01: Provision of cost effective and efficient procurement services.
Appraisal: Fully Achieved
Comments on achievements
Procurement services and support have been provided to the Regional Office and country offices in a timely and efficient manner. The Supply unit (SUP) also responded quickly to purchase requests related to emergency situations, such as outbreaks and natural disasters.

RER 13.005.WP02: Provision of business support and services.
Appraisal: Fully Achieved
Comments on achievements
Business support services have been provided on a timely basis with the best-value-for-money principle.

RER 13.006.WP01: Working environment conducive to the safety and security of staff and premises.
Appraisal: Fully Achieved
Comments on achievements
Security services both inside and outside WHO premises are given priority at the Regional Office and country office levels.

RER 13.006.WP02: Building operations are properly managed (utilities, insurance, minor improvements, rental, local property taxes, cleaning, etc.)
Appraisal: Fully Achieved
Comments on achievements
Work environment has been improved in various areas such as fresh air intake, drainage and sewage systems, new parking, enhanced conference facilities, outdoor space, etc. through renovation and construction projects that took place during the biennium.

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RER 13.006.WP03: Real Estate needs (acquisition, major refurbishment, furniture and equipment)
Appraisal: Fully Achieved
Comments on achievements
Various renovation projects, including the fire alarm system upgrade, the installation of hand-dryers, the repair of the Main Building roof, the replacement of obsolete kitchen equipment, the replacement of office lights with LED, etc. have been completed.