Division of
Health Sector Development

Activity Report
2008–2009
# Table of Contents

Foreword ................................................................. iv
Who we are, What we do .............................................. vi
2008–2009 Overview .................................................. 4
Health Services Development ....................................... 12
Health Care Financing ................................................ 18
Equity, Human Rights, Gender and Health ....................... 24
Human Resources for Health ....................................... 30
Health Information ..................................................... 36
Health Research ......................................................... 40
Essential Medicines ..................................................... 44
Health Technology and Laboratory ................................ 50
Traditional Medicine .................................................. 56
Emergency and Humanitarian Action ............................. 62
An international opinion poll conducted in 1999 for the United Nations Millennium Report revealed that good health and family life were valued more than anything else.

Yet despite common recognition of the value of health to our personal, societal and economic well-being, there are still millions of people in the Western Pacific Region who are unable to access, or to afford, even the most basic health care.

The World Health Organization is closely involved in efforts to advance health for all and achieve the Millennium Development Goals set a decade ago. Together with our Member States, the Western Pacific Region’s Health Sector Development Division is working to develop robust health systems—the foundation that is essential for meeting these targets.

As WHO’s Regional Director for the Western Pacific, I look forward to supporting the Health Sector Development Division as it provides expert advice and assistance to our Member States. I am proud of its achievements so far, and am confident that it will continue to play a leading role in health development in our Region.

Prior to joining WHO, I spent many years in my native Republic of Korea working in the field of health systems development, and it is an area that I am passionate about. I am committed, with my colleagues, to seeking out more creative and collaborative ways to achieve universal coverage, with strong health systems providing quality services for all those who need them.

Shin Young-soo, MD, Ph.D.
WHO Regional Director for the Western Pacific
Who we are,
What we do
**Who we are**

The World Health Organization’s Western Pacific Region incorporates 37 countries and areas, and is home to approximately 1.8 billion people, nearly one third of the world’s population.

The Division of Health Sector Development, based in the Regional Office in Manila and with technical links to WHO Country Offices throughout the Region, supports Member States to improve and maintain their population’s health through strengthened health systems.

Under the leadership of the Regional Director for the Western Pacific and the Director of Programme Management, the Division of Health Sector Development is working toward the goal of universal coverage of quality health services in order to improve health outcomes for all.

**What we do**

Millions of people across the Western Pacific Region continue to suffer needless illness, disease and pain; and many are dying prematurely.

Much of this suffering, and many deaths, could be prevented using known, affordable technologies.

But ensuring that drugs, vaccines, information and other forms of prevention, care or treatment are available to those who need them—on time, reliably, in sufficient quantity and at reasonable cost—remains a problem.

At the centre of this gap between modern medicine and the people who need it most is the need for *improved health systems*. In too many countries health systems are weak or can be accessed only by particular groups in the population.

If present trends continue, several Member States are unlikely to meet the health-related Millennium Development Goals. Weak and inadequate health systems are contributing to that failure.

WHO’s Western Pacific Region is one of the most diverse regions in the world—with large variations in population, geography, wealth, ethnicity and governance. In such
diverse settings there is no one set of best practices for how a health system should function, but there are certain shared goals, including:

- procurement and distribution systems that deliver interventions to those in need;
- health care costs that are not prohibitive, particularly for the impoverished, and do not force households deeper into poverty;
- financing systems that are sustainable, inclusive, and fair;
- adequate, equitably distributed, sufficiently remunerated and supported staff; and
- workplace environments and management systems that address job satisfaction, staffing and safety.

The Division of Health Sector Development assists Member States to improve and maintain their population’s health by working towards these goals.
Key partners

Australia
American Pacific Nursing Leadership Council
Asia Pacific Emergency Disaster Nursing Network
Asian Development Bank
Asia-Pacific Action Alliance on Human Resources for Health
Association for Medical Education in the Western Pacific Region
Australian Agency for International Development
Bill & Melinda Gates Foundation
Canada
Council on Health Research for Development
European Commission Europeaid Cooperation
European Commission Humanitarian Aid Office
Evidence and Information for Policy Network
GAVI Alliance
Global Forum for Health Research
Global Health Workforce Alliance
Health Metrics Network
Health Research Council of the Pacific
International Council of Nurses
INTERPOL
Italy
Japan
Korean Foundation for International Healthcare
Luxembourg, Ministry of Development and Cooperation
New Zealand’s International Aid and Development Agency
Pacific Human Resources for Health Alliance
Pacific Islands Health Officers Association
Republic of Korea
Secretariat of the Pacific Community
South Pacific Chief Nursing and Midwifery Officers Association
Southeast Asian Ministers of Education Organization – Tropical Medicine and Public Health
Spain, Ministry of Foreign Affairs
United Nations Central Emergency Response Funds
United Nations Development Programme
United National Economic Social Commission for Asia and Pacific
United Nations International Strategy for Disaster Reduction
United Nations Trust Fund for Human Security
United Kingdom Department for International Development
United States Agency for International Development
World Bank
World Federation for Medical Education
Over the 2008–2009 biennium the Division of Health Sector Development received myriad requests from Member States for technical assistance, policy guidance, and expert advice.

In response, we worked to gather evidence, provide advice, develop technical strategies and frameworks and build capacity to strengthen health systems and improve health outcomes.

We have continued to strengthen ties with the South-East Asia Regional Office, with two new biregional strategies endorsed in 2009.

The *Health Financing Strategy for the Asia Pacific Region (2010–2015)* is a significant step towards the goal of attaining universal coverage of quality health services.

The *Asia Pacific Strategy for Strengthening Health Laboratory Services (2010–2015)* will guide the development of comprehensive laboratory services—an integral component of the health system at all levels.

Over the last two years, the foundation for a new Asia Pacific Observatory on Health Systems and Policies was laid. In collaboration with the World Bank and the Asian Development Bank, this biregional WHO initiative will increase the overall body of knowledge on health systems issues in the Asia Pacific region and improve access to relevant, evidence-based information.

In 2008–2009 the Division of Health Sector Development also administered funds for the intercountry programme for the Pacific island countries. This programme provides a pool of funds for projects across the Pacific island countries.

Another key focus has been supporting the major health sector reforms in China. The reforms, which cut across a range of work areas including health care financing,
human resources and health services development, aim to achieve universal coverage of basic health services by 2020.

In 2010 our focus will be on the development of a regional primary health care and health systems strengthening strategy. A high-level meeting in June will finalize elements of the new strategy before it is sent to the Regional Committee for the Western Pacific for endorsement in October.

To help us achieve our mission, on-going assistance from donors is vital. I thank our key partners for their commitment to our work and ask for their continued support so that in 2010 the Division of Health Sector Development can achieve even better results for the people of the Western Pacific Region.

This report summarizes the activities, funding and staffing for 10 main work areas within the Division of Health Sector Development. The graphs on pages 11–15 giving an overview of the operations of the division and country support.

I do hope you enjoy reading this special report on WHO’s work in Health Sector Development in the Western Pacific Region.

Dr Henk Bekedam
Director
Division of Health Sector Development
Division of Health Sector Development
Funds and Staff Overview: Regional Office

08/09 Funds Overview

- Assessed Contributions: 37%
- Voluntary Contributions: 63%

08/09 Implementation Rate (IR)

IR (%): 83%
Division of Health Sector Development
Funds and Staff Overview: Regional Office

08/09 Staffing

- General Services: 29.0 FTEs
- Professional: 19.8 FTEs

Full time equivalent (FTEs), (1FTE = 1staff for 24 months)

08/09 Major Donors

- Assessed Contributions
- Pooled Voluntary Contributions
- Australian Agency for International Development
- Japan
- Italy
- United Nations Central Emergency Fund
- Republic of Korea
- GAVI Alliance
- Asian Development Bank
- Other VC Donors (LUMIFS)

US$ (millions)
Division of Health Sector Development
Funds and Staff Overview: Support to Country Offices

Funding for Activities and Staff by Member State: 08/09

08/09 Major Donors
Division of Health Sector Development
Funds and Staff Overview: Pacific island countries

08/09 Funds Overview

- Assessed Contributions: 58%
- Voluntary Contributions: 42%

08/09 Implementation Rate (IR)

IR (%): 44%

08/09 Staffing

General Services: 3.7
Professional: 4.5

Full time equivalent (FTEs), (1FTE = 1staff for 24 months)

08/09 Top Donors

1) European Commission - Europeaid Cooperation
2) New Zealand’s International Aid and Development Agency
3) The Australian Agency for International Development
Health Services Development
Overview

“Good health services should deliver effective, safe, quality health interventions to those who need them, when and where needed, with a minimum waste of resources”.

A health system consists of all organizations, institutions and resources whose primary intent is to promote, restore or maintain health.

A good health system improves people’s lives tangibly every day—whether it be a school providing immunizations, a regulation encouraging cessation of tobacco use, or a person with HIV/AIDS receiving antiretroviral medicine and care at an affordable clinic. As well as funds, staff, information, supplies, transport and communication, a health system needs overall guidance and direction.

A health system should provide services that are effective at improving health and health equity, be responsive to people’s needs and desires, be financially fair, and use resources efficiently.

The Division of Health Sector Development’s goal of universal coverage of quality health services for all cannot be achieved without the development of robust health systems. These systems are inherently complex. Work in one area without regard to other parts of the system may not improve overall performance. An awareness of the need for a whole-systems approach is necessary even when work focuses on only one aspect.

The work of the Health Services Development Unit focuses on strengthening national capacity in the management and organization of quality health services, improving leadership and governance in health, and enhancing coordination.

Action

Robust health policy and planning processes are essential for effective, equitable and efficient health care, and must be led by national authorities. Support to national health planning has been provided to Cambodia, the Lao People’s Democratic Republic, Mongolia, Papua New Guinea, Solomon Islands, Tuvalu and Viet Nam.

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China is in the midst of ongoing health sector reform as it continues to experience rapid economic development. WHO is recognized as a valuable partner and source of technical expertise in health sector reform in this country.

With legal frameworks critical to the governance of the health sector, the Regional Office for the Western Pacific has assisted in reviewing the law on medical examination and treatment in Viet Nam and provided support to public health law development in Kiribati, Nauru and Tonga.

In many countries, the private sector is taking on increased importance within health systems. A review of public-private partnerships was completed in Papua New Guinea and recommendations on how to manage this important aspect of the health sector were developed.

Improving aid effectiveness is an important part of building a strong health sector in countries where overseas development assistance is a significant contributor to health care financing. WHO is a signatory to the Paris Declaration on Aid Effectiveness, as are most Member States within the Western Pacific Region. A study assessing compliance by the Regional Office with the Paris Declaration principles was completed and recommendations on improving compliance were developed.

Support to sector-wide approaches, aid coordination and joint annual health reviews have been supported in many countries, including Cambodia, the Lao People’s Democratic Republic, Papua New Guinea, Samoa, Solomon Islands and Viet Nam.

In Viet Nam, health donors and development partners have adopted a Statement of Intent that sets out actions to better coordinate their support. This statement aims to make development assistance for health more efficient and effective, and more closely aligned with Viet Nam’s health development goals.

To introduce the principles of quality assurance and quality improvement, as well as patient safety, support was given to two rounds of a training of trainers programme in six Asian countries (Cambodia, China, the Lao People’s Democratic Republic, Mongolia, the Philippines and Viet Nam) and one round for 12 Pacific island countries (Cook Islands, Fiji, Kiribati, the Marshall Islands, Micronesia, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu). Seed money for start-up projects in quality assurance was provided to be implemented by the trained trainers in both Asian and Pacific island countries.

In 2008 and 2009 support was also provided to both proposal and policy development for disease surveillance, malaria, tuberculosis, HIV/AIDS, reproductive health, child survival, patient-centred care, and noncommunicable diseases.
A major exercise on fostering synergies between global health initiatives, such as the GAVI Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria and health systems, brought teams from eight Western Pacific Region and five South-East Asian Region Member States together. The country teams were composed of programme managers of disease programmes supported by the global health initiatives—namely HIV/AIDS, tuberculosis, malaria, immunization services, and maternal/child health, together with a manager in charge of health systems/planning. They worked together to identify common health systems bottlenecks and come up with ideas for practical, synergistic interventions and activities.

WHO also provided technical assistance to develop funding proposals for global health initiatives aimed at strengthening health systems in a more holistic fashion. Cambodia, China, Fiji, the Lao People’s Democratic Republic, Mongolia, Papua New Guinea and Solomon Islands benefited from this support.

The recognition of the need for robust health systems to achieve improved health outcomes has coincided with a move for the renewal of primary health care. The Regional Committee for the Western Pacific in 2008 called for the development of a regional strategy for strengthening health systems based on the guiding principles and core values of primary health care.

In 2009, a draft regional strategy was developed with input from various experts and consultations through key informant interviews. The consultation process continued in 2010 under the guidance of a senior steering group. The strategy will be reviewed at a high-level meeting in June 2010 before being presented to the Regional Committee for the Western Pacific for endorsement in October.

**Challenges ahead**

**Improving service delivery**, especially in low-resource settings, and facilitating national capacity-building in the management and organization of quality health services.

**Supporting Member States** to increase capacity to lead the aid effectiveness agenda in health.

**Improving the WHO’s responsiveness** to health systems issues.

**Strengthening collaboration within WHO**, including among Headquarters, the Regional Office for the Western Pacific and Country Offices, to better support Member States.
**Mistakes cost lives**

Errors during the provision of health care can harm and even kill people. Several publications, such as *To Err is Human* by the Institute of Medicine in the United States of America, have documented the magnitude of the problem.

In 2007, the Philippine General Hospital was one of eight hospitals in diverse settings across the world to take part in a trial using a surgical checklist to reduce errors during surgical treatment.

The results of the study showed a surgical death rate of 1.5% before the safe surgery checklist was introduced and a rate of 0.8% after its introduction.

Professional associations of surgeons, anaesthesiologists, obstetricians, and operating and recovery room nurses in the Philippines decided to act on this information.

With only modest support through the World Health Organization, a Philippine Alliance for Patient Safety has been formed. Under the guidance of regional professional associations, training on the use of the checklist has been held in 11 regions. Up to 5000 posters of the checklist have been made available to operating rooms, and use of the checklist has been introduced in at least 50 hospitals.

With its inclusion in the Philippine Health Insurance Corporation benchbook on quality standards, more than 1000 hospitals are expected to use the checklist. Information, professional dedication and a useful tool have come together to improve the safety of patients. Sustaining this momentum and making quality improvement a part of every health institution in every health system is the next challenge.
Health Services Development

08/09 Funds Overview

- Assessed Contributions: 57%
- Voluntary Contributions: 43%

08/09 Implementation Rate (IR)

- IR (%): 81%

08/09 Staffing

- General Services: 2.6 FTEs
- Professional: 2.7 FTEs

Full time equivalent (FTEs), (1FTE = 1 staff for 24 months)

08/09 Key Donors

1) GAVI Alliance
2) United Kingdom Department for International Development
3) Pooled Voluntary Contributions
Health Care Financing
Overview

The lack of protection from health care costs is driving millions into poverty as they struggle to pay for health care.

Evidence points to a two-way relationship between poverty and health: poverty breeds ill-health, while ill-health causes more poverty.

Without greater and more effective investment in health systems and services, achieving many of the Millennium Development Goals will not be possible.

This is particularly true in the Region’s poorest countries, where the level of spending on health is insufficient to ensure equitable access to health care.

Out-of-pocket payments for health can cause households to incur catastrophic expenditures. In many countries, these account for more than one third of the total health expenditure, preventing many people from seeking care even when it is desperately needed.

A robust health financing system raises adequate funds for those in need. It ensures people can access services and are protected from financial catastrophe or impoverishment.

WHO’s work in developing such systems has been guided by The Strategy on Health Care Financing for Countries of the Western Pacific and South-East Asia Regions (2006–2010), with a new strategy for 2010–2015 developed in 2009.

Action

In 2008, a review of the 2006–2010 biregional health care financing strategy was conducted in 14 countries. Progress in attaining major health care financing objectives was assessed, and the findings were used to update the strategy for the next five years.

The Health Financing Strategy for the Asia Pacific Region (2010–2015) was subsequently endorsed in September 2009.

The updated strategy identifies eight strategic areas, supported by core actions, which will contribute to the goal of attaining universal coverage of quality health services. The strategy also proposes four target indicators that will be used to monitor and evaluate overall progress.
While these goals are important in moving towards universal coverage, Member States are encouraged to set their own realistic targets according to their conditions and needs.

A number of countries have adopted universal access to health care as a policy objective, which can be attained by reducing financial barriers such as user fees and increasing coverage for underserved populations. Cambodia and the Philippines, for example, have finalized a National Strategic Framework and Strategy for Health Financing. These are expected to increase effective coverage and access to quality health care.

### Health Financing Strategy for the Asia Pacific Region:

**Eight Strategic Areas**

1. increasing investment and public spending on health
2. improving aid effectiveness for health
3. improving efficiency by rationalizing health expenditures
4. increasing the use of prepayment and pooling
5. improving provider payment methods
6. strengthening safety-net mechanisms for the poor and vulnerable
7. improving evidence and information for policy-making, and
8. improving monitoring and evaluation of policy changes.

**Target Indicators**

1. out-of-pocket spending should not exceed 30%–40% of total health expenditure
2. total health expenditure should be at least 4%–5% of gross domestic product
3. over 90% of the population is covered by prepayment and risk-pooling schemes, and
4. close to 100% coverage of vulnerable populations with social assistance.

Technical support was provided to Member States to secure greater commitment to health investments and increase budgetary allocations regardless of economic difficulties caused by the recent financial crisis. A health sector financial management training module was developed with broad involvement of national and regional experts.
Supported improvements in national health accounts have enhanced the body of evidence available for analysing and developing health financing policies, particularly among Pacific island countries.

In China, the Regional Office for the Western Pacific provided technical support to health care reforms, particularly with regards to the expansion of health insurance coverage, as China works towards universal coverage by 2020.

Support was provided to Viet Nam in revising legislation for health insurance and in improving the policy environment surrounding health care financing and user fees. Pilot activities in social health insurance and the use of pro-poor health equity funds continue in several countries, including Cambodia and the Lao People’s Democratic Republic.

**Challenges ahead**

**Strengthening government commitment** to universal health coverage, reflected in increased investment and public spending.

**Supporting Member States, particularly those with limited resources**, to move step by step towards universal coverage.

**Strengthening mechanisms to protect the poor and vulnerable** including through safety nets, improving provider payment methods and increasing the use of prepayment and pooling.

**Collecting reliable and accurate information** to inform health financing strategies, including supporting countries to develop accurate, reliable and routinely updated National Health Accounts.

**Publications and links**

The *Health Financing Strategy for the Asia Pacific Region (2010–2015)* can be downloaded at www.wpro.who.int/sites/hcf/strategy.htm

The *Training module: Health Sector Financial Management* can be downloaded at www.wpro.who.int/sites/hcf/documents/Training+Module+on+health+sector+financial+management.htm
Making health care affordable in China

When Shi Liuchang, a worker at a state-owned electricity plant in China’s Henan province, was diagnosed with hepatitis B in 1982, his work unit gave him a blank cheque to pay the medical bill. “All I had to do was bring the cheque to the hospital to have it filled in with the total cost when I was discharged,” he explains.

The bill for a second three-month stay in hospital in 1987 was also picked up by Shi’s employer.

But by 2000, the cost of a stay in hospital had spiralled and Shi’s health insurance no longer met the cost. Shi had to pay the equivalent of more than half a year’s wages out of his own pocket.

In 2007, Shi was diagnosed with liver cancer. By then he had been made redundant and was no longer covered by an employer-based health insurance scheme. While he received insurance through an urban cooperative health scheme, it only provided partial coverage.

Shi was eventually able to round up money for an essential operation, but has completed only one of three follow-up rounds of chemotherapy. Each round is prohibitively expensive and he fears bankrupting his family.

Shi’s story is a microcosm of China’s health care financing issues, of how over three decades of economic liberalization, hospitals became driven by profits and access to care became uneven.

But China has recognized these problems and is now undertaking the biggest reform of its health system in history. For consumers such as Shi, out-of-pocket expenses—including user fees—are the main problem. But for the health authorities the challenges include how to raise money, how to pool what is raised and how to reimburse service providers.

With a vision of universal coverage of essential health care, China will continue negotiating these challenges, moving towards a system where safe and effective health services are available to all.

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Health Care Financing

08/09 Funds Overview

- Assessed Contributions: 56%
- Voluntary Contributions: 44%

08/09 Implementation Rate (IR)

IR: 76%

08/09 Staffing

- General Services: 1.0 FTEs
- Professional: 1.6 FTEs

Full time equivalent (FTEs), (1FTE = 1staff for 24 months)

08/09 Key Donors

1) Australian Agency for International Development
2) Pooled Voluntary Contributions
3) Asian Development Bank
Overview

Significant gains in health have been achieved in recent decades, but many of these have failed to reach the poor and other marginalized groups. Persistent and growing inequalities in access to health services and in health outcomes are increasingly evident, both within and between countries.

Barriers to access to services are wide ranging. They include low income, gender, ethnicity, low education or lack of awareness, cultural factors, stigma, residence/location (rural/urban), and even lack of responsiveness of the health system.

The Western Pacific Regional Office works to reduce socially determined barriers to access to health services by strengthening the capacity of Member States and health outcomes programmes to develop, implement and monitor policies and programmes to reduce health inequities.

Action

Increasing awareness and skills

The Regional Office for the Western Pacific works to raise awareness about health inequities and build skills to address them, both within the World Health Organization and with national counterparts and other partners.

The various modules in the regional publication series *Integrating Poverty and Gender into Health Programmes: A Sourcebook for Health Professionals* are a resource for health professionals in developing the knowledge and skills needed to address equity, poverty and gender concerns in health policies, programmes and actions. In the last two years, four new titles were added to the series: a foundational module on gender as well as modules on HIV/AIDS, sexual and reproductive health, and water, sanitation and food.

Websites containing links to this publication series and a range of other capacity-building resources on equity, gender, human rights, and the social determinants of health have been developed.

Training sessions and workshops on equity, gender and human rights were conducted for future health leaders at Tokai University in Japan, for provincial health staff in Viet Nam and for national tuberculosis programme staff in China.
The Western Pacific Regional Office has developed a six-day training manual on gender and rights in reproductive health, based on a three-week manual developed by the WHO Headquarters. A national workshop using the manual was held in China.

Training workshops on gender mainstreaming in health were also held in China, Fiji and the Lao People’s Democratic Republic.

**Implementation support**

The Division of Health Sector Development works with health outcomes programmes in countries and within the Regional Office of the Western Pacific to design and implement policies and actions to address equity, gender and human rights issues in health.

For example, a regional framework for mainstreaming gender was drafted in collaboration with the Communicable Diseases Surveillance and Response unit. Work on an equity-focused analysis of noncommunicable disease datasets in five countries was also completed.

The Tobacco Free Initiative (TFI) was also supported to develop a pilot project on gender and tobacco in Palau and Viet Nam, and officials in the Philippines were advised on addressing gender issues in tobacco control.

In China, technical support on designing equity-focused pilot interventions as well as reporting and recording systems was provided to national tuberculosis programme managers.

**Gathering and using evidence**

The Regional Office for the Western Pacific also works to strengthen the evidence base as well as capacity in equity analysis, monitoring and measurement; including through the collection, analysis and use of health information disaggregated by relevant characteristics such as socioeconomic status, sex or ethnicity.

The development of country profiles on gender, equity and human rights issues in health was initiated in Cambodia, China, Malaysia, Mongolia, the Philippines, Tonga and Vanuatu. These profiles will form the basis for subsequent capacity-building and action planning.

A desk review of the compulsory treatment of people who use drugs in Cambodia, China, Malaysia and Viet Nam was conducted from a human rights perspective, and recommendations developed to move from a punitive to a harm reduction approach.
Challenges ahead

**Strengthening commitment, awareness and capacities** on equity, gender and human rights issues in Member States and within WHO.

**Strengthening the evidence base** on these issues to support policy and programme development and implementation.

Publications and links

Modules in the Western Pacific Regional Office publication series *Integrating Poverty and Gender into Health Programmes: A Sourcebook for Health Professionals*, as well as other information, resources and tools, can be downloaded at www.wpro.who.int/health_topics/equity_human_rights/main.htm

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**Addressing gender issues in tackling second-hand smoke**

Viet Nam has one of the highest smoking rates in the world. The proportion of men who smoke is far greater than the proportion of women. But since smoking indoors is common practice, many women and children are still exposed to the harmful effects of second-hand smoke. Unequal gender relations and social acceptance towards male smoking prevent many women from asking for smoke-free homes. As a result, thousands of non-smokers die each year from smoking-related diseases.

In 2009, a pilot project worked with women’s groups and health care workers to empower women to speak out to protect themselves and raise awareness about the effects of second-hand smoke. Nonsmoking men served as advocates with their peers who smoked. Conducted in four communes in Thanh Mien district of Hai Duong province, the project campaigned for an end to smoking in the home, at work and in enclosed public places.

After only three months, smokers’ attitudes about exposing household members to second-hand smoke began to change.

“Now, they understand the problems so they can go out of the house automatically to smoke,” was one comment during a women’s focus group discussion. “Sometimes they forget about that, but if we remind them, they will take our advice.”
With growing awareness of the effects of smoking on smokers and nonsmokers alike, differences in the social norms surrounding smoking are noticeable.

“After understanding that it is harmful for nonsmokers to inhale second-hand smoke, I have not smoked in front of other people,” said one male smoker. Others commented that people now left the building to smoke at work, while in one commune, ashtrays had been removed from all meeting rooms.

With support from the World Health Organization, the project was implemented by the Center for Research and Community Development Services, in coordination with the Thanh Mien Women’s Union and the Centre for Preventive Medicine. It combined the use of promotional and educational material with workshops to empower women to persuade men in households to smoke outdoors.

By addressing prevailing gender norms and inequalities, the project was able to more effectively tackle the problem of second-hand smoking. And as smoking near others becomes less socially acceptable, more people are also encouraged to quit smoking altogether.

A second phase of the project is planned.
Equity, Human Rights, Gender and Health

08/09 Funds Overview

- Assessed Contributions: 28%
- Voluntary Contributions: 72%

08/09 Implementation Rate (IR)

- 85% implementation rate

08/09 Staffing

- General Services: 1.0 FTE
- Professional: 1.6 FTE

Full time equivalent (FTEs), (1FTE = 1staff for 24 months)

08/09 Key Donors

1) Australian Agency for International Development
2) Pooled Voluntary Contributions
3) Japan
Human Resources for Health
Overview

Health workers are indispensable. As the cornerstone of a health care delivery system, health care workers influence the quality of care, access to services and cost.

Human resources is the largest and most expensive component of health care, and it can be the most challenging to develop.

Chronic shortages of health workers—either at the national level or in rural and poor urban areas—lead to poor health outcomes.

In many countries, most health workers are untrained or have low skill levels. In others, the skill mix of the workforce is imbalanced, which means that workers perform duties for which they are either under- or over-qualified.

WHO works closely with Member States to address these issues; developing human resource policies and systems to support an adequate, competent, productive and supported health workforce.

WHO’s work in this area is guided by the *Regional Strategy on Human Resources for Health (2006–2015).*

Action

Training and education

During 2008 and 2009, the Western Pacific Regional Office continued to work with professional associations and partners to improve the quality of training in national institutions in Cambodia, the Lao People's Democratic Republic, Viet Nam and in the Pacific island countries and areas.

In view of high maternal mortality in Cambodia, for example, technical support was provided to rapidly scale up the training of midwives using a revised curriculum. Cambodia was also supported to make optimal use of existing midwives—promoting safe deliveries, and strengthening emergency obstetrics care referral services.

WHO has collaborated with the International Council of Nurses and various governments to bolster nursing and midwifery leadership development through mentoring, training and group work on problems of national significance. The first phase of the programme was completed in China and Papua New Guinea, culminating in participatory workshops and training of selected national trainers.
Senior nurses in Kiribati were also trained in the use of a simple tool to monitor the standards of nursing care and management in district facilities.

During 2008–2009 WHO awarded more than 550 fellowships for individual studies and supported more than 60 group study tours, assisting Member States to overcome the shortage of competent health workers and to address gaps in knowledge and skills. Forty-three continuing education health courses and online learning capacity-building activities took place through the Pacific Open Learning Health Net (POLHN), benefiting more than 900 health workers in Pacific island countries.

### Strategic planning

In the Lao People’s Democratic Republic, WHO provided support to align the human resources for health policy development framework with the national health sector development plan. The framework now addresses priority needs for human resources and identifies incentives for recruitment and retention.

In China, WHO carried out an analysis of the health workforce as part of the broader health sector reform programme and supported pilot projects on community health nursing.


In August 2009, WHO convened a meeting on the *Regional Strategy on Human Resources for Health (2006–2015)* attended by participants from 22 countries and from several partners and agencies. This meeting identified best practices and developed recommendations to accelerate the implementation of the Strategy.

Support was also provided to Papua New Guinea to develop a health workforce policy and plan.

In collaboration with WHO Headquarters, several consultations regarding the adoption of the *International recruitment of health personnel: draft global code of practice* were held. Member States were given the chance to share opinions and stances on the delicate issue of the migration of health workers.

Work on identifying incentives to promote retention of needed health workers in priority areas has also been conducted.
The Regional Office for the Western Pacific continues to provide financial and technical support to the Asia Pacific Disaster Nursing Network, which strengthens the capacity of countries to provide quality nursing care during emergencies and natural disasters.

Evidence

At the regional level, the Country Human Resources for Health Profile has been revised and updated to be consistent with the global workforce trends database being developed by WHO with partners including the International Labour Organization.

Pilots for a human-resources-for-health information management system for the Western Pacific Region were also conducted. These tested the system’s ability to capture minimum workforce data that will provide baseline information for analyses and projections, along with comparisons between countries. A guiding framework was developed to support countries in their implementation of this system.

Challenges ahead

Securing commitment to human resources for health and advocating for government leadership in ensuring a more cohesive approach to building and sustaining robust national health workforces.

Strengthening national capacity in evidence-based workforce policy and strategy development, planning and management.

Addressing migration of skilled health workers from countries where they are needed most.

Improving the quality of training and teaching, building clear linkages between health service needs and health education, and increasing student intake into training programmes.

Publications and links

The Regional Strategy on Human Resources for Health (2006–2015) can be downloaded at [www.wpro.who.int/publications/PUB_978+92+9061+2445.htm](http://www.wpro.who.int/publications/PUB_978+92+9061+2445.htm)

A range of health workforce-related information, policy briefs, technical tools and guides can be downloaded at [www.wpro.who.int/sites/hrh/overview.htm](http://www.wpro.who.int/sites/hrh/overview.htm)
Health care brain drain

The international mobility of health workers is nothing new. However, in recent years health workers—from nurses and midwives to highly skilled physicians—are fleeing their developing countries to wealthier nations in greater numbers.

Salaries and benefits are an obvious factor, given extreme wage differentials across countries. A registered nurse in Fiji could expect to earn up to four times as much working in Australia. However, pay is not the sole motive for leaving the country. Political and economic instability and poor governance are also to blame. Other factors include poor work environments characterized by heavy workloads, lack of resources such as drugs and equipment, poor supervision, and limited organizational capacity.

There are also environmental considerations; workplaces may be dangerous due to lack of sanitation and supplies to protect workers from contagious diseases. Some migrants contribute to their home countries with remittances and enhanced skills when they return. But for many countries, particularly the Pacific island countries, even limited migration can have a big impact.

When a country has a fragile health system, the loss of its workforce can bring the whole system close to collapse, with the consequences measured in lives lost.

Stemming the flow of migration is not simple: wages must be increased, training opportunities and working conditions improved, and all-encompassing issues such as limitations in management and partnerships addressed.
Human Resources for Health

08/09 Funds Overview

- Assessed Contributions: 35%
- Voluntary Contributions: 65%

08/09 Implementation Rate (IR)

IR (%)

87%

08/09 Staffing

- Professional:
  - Full time equivalent (FTEs): 4.0

- General Services:
  - Full time equivalent (FTEs): 12.0

08/09 Key Donors

1) Pooled Voluntary Contributions
2) Australian Agency for International Development
3) Japan
Overview

Strong health information systems help policy-makers understand the depth and nature of the health challenges they face, and assess how well their health system is doing to address these challenges.

Decisions such as where health centres are located, what kinds of medicines and equipment health centres use, and whether or not services are too expensive for the poor, should be guided by high-quality information and evidence.

WHO in the Western Pacific Region is working to enhance the capacity of countries to collect, disseminate and use information and evidence to facilitate the development of appropriate health policies.

Action

WHO continues to work with United Nations agencies, the Health Metrics Network, and other development partners to support countries in the Region to develop national Health Information System (HIS) strategic plans.

Targeted support has been provided in areas such as data collection and analysis, quality improvement, and in using data to inform decision-making.

In China, where the most significant health care reform effort in a generation is currently under way, WHO has provided technical assistance to develop the health system performance assessment framework used to track the reform’s progress. China has also been supported to develop verbal autopsy standards and conduct a retrospective death survey.

The Western Pacific Regional Office has worked closely with other levels of WHO to strengthen health management information systems in the Lao People’s Democratic Republic, design a system for routine data collection, and monitor and evaluate the provision of maternal, newborn and child health care services in selected provinces.

Viet Nam has been supported to build government capacity to monitor and evaluate the Safe Motherhood Programme—which provides valuable resources to help reduce maternal and newborn mortality.

In Kiribati, WHO provided technical support to improve the quality, management and use of the hospital information system. Tonga was also supported to develop and install a hospital information system, which was launched in April 2009.
The Western Pacific Regional Office has also worked closely with the United Nations Economic and Social Commission for Asia and the Pacific to improve national capacities to collect, analyse and disseminate reliable and useable vital statistics. Planning for a region-wide assessment in early 2010 is under way, followed by a forum with Member States.

The International Statistical Classification of Diseases and Related Health Problems (ICD) guides the reporting of vital statistics. It is now in its 10th revision (ICD-10). Papua New Guinea and the Philippines were both supported to attend an ICD-10 training of trainers and coding course, while support for training and a health data coding review was also provided in the Federated States of Micronesia.

As well as providing direct support to Member States, the Regional Office has worked to improve access to and comparability of health data in the Region. Over the last year preparatory work began on developing an integrated database that will include core health indicators, health systems data, and statistics from priority health programmes such as HIV/AIDS, tuberculosis and malaria. Once up and running, this publicly-accessible database will facilitate information sharing, data analysis and utilization.

In 2009, WHO published the 23rd edition of the Country Health Information Profiles (CHIPS 2009), which compiles statistics and information on the demographic, socioeconomic and political conditions, health situation and trends, and health systems, of each of the countries and areas in WHO’s Western Pacific Region.

CHIPS was first published in 1974 by the WHO Regional Office for the Western Pacific and remains a valuable resource tool for United Nations agencies, international organizations, government agencies and the general public.

Work is now under way for CHIPS 2010 which will include a section on the Region’s progress toward achieving the health-related Millennium Development Goals.

**Challenges ahead**

Developing comprehensive, standards-based health information systems at the national- and subnational levels with capacity to synchronize fragmented data collection, improve data quality, and improve coherent and consistent use of information.

**Strengthening HIS country ownership and organizational support** by improving governance, management, coordination, infrastructure and strategic planning.
Ensuring information is used for decision-making at all levels of the health system and can be accessed by the general public. This includes developing skills in data analysis, communication and dissemination.

Making use of new technologies, such as mobile phone messaging to maximize opportunities to improve health information systems, particularly in hard-to-reach and underserved areas.

Publications and links

The Country Health Information Profiles (2009) can be downloaded at www.wpro.who.int/sites/hin/documents/list.htm

Note: Funding information for Health Information has been combined with Health Research, with graphs presented on page 43.
Overview

Health research generates new and valuable knowledge that can be translated into strategies, technologies and interventions to save lives and reduce illness.

High-quality research and evidence benefits all people; particularly the poor and other vulnerable groups.

Increasing demands are being placed on researchers to resolve complex health problems —whether it be providing new ways to tackle the diseases of poverty, responding to chronic diseases, or preparing for global threats to health security.

Yet these demands cannot be met without the support of strong research systems.

WHO supports the development of such systems at the national level, and promotes the use of research results in health policy-making.

Action

WHO works with research institutions in Member States to build capacity on health systems research through the Asia arm of the Evidence and Information for Policy Network (EVIPnet).

EVIPnet is a social and collaborative system that promotes the use of health research outcomes in policy-making. It encourages and facilitates partnerships between policy-makers, researchers and civil society to strengthen policy development and policy implementation through the use of the most reliable scientific evidence available.

Training on undertaking systematic reviews and how this approach can be applied to gather evidence was delivered to EVIPnet teams from seven countries across the Region. Four teams also received support on how to prepare information on policy options for decision-makers.

In 2009, a report mapping health research in 15 Pacific island countries was published in partnership with the Council on Health Research for Development (COHRED) and the Health Research Council of the Pacific (HRCP). The report, National Health Research Systems in Pacific island countries, provides baseline information on health research and highlights issues in governance and management of health research, research priorities and policy formulation.

Much of the Regional Office’s work in building capacity for health systems research at the national level is supported by the Alliance for Health Policy and Systems Research.
In partnership with WHO’s South-East Asia Regional Office, the World Bank and the Asian Development Bank, and in collaboration with research institutes, the Western Pacific Regional Office is also working to establish the Asia Pacific Observatory on Health Systems and Policies. The Observatory will carry out high-quality research into health systems issues relevant to the region. So far, our focus has been on how the Observatory will be managed, but technical research work is also under way.

The Observatory will have two types of publications, both of which aim to stimulate policy dialogue on important health issues. HiTS (Health in Transition Series) provide a description and assessment of a country’s health system, using a standardized template that covers the essential pillars of a robust health system such as governance, human resources, financing and service provision. Policy briefs investigate a particular issue in depth, comparing experiences across countries in the Region. In 2009, two HiTS (Malaysia and the Philippines) and two policy briefs (on attracting health staff to underserved areas, and the impact of user fees on access to health services) were commissioned.

The Regional Office also supports 170 WHO Collaborating Centres. These centres facilitate cooperation between WHO and existing research institutions, enhancing WHO’s ability to implement its work by accessing expertise across the Region. In 2009, a new web-based system for collaborating centres (eCC) became fully operational.

Finally, the Division of Health Sector Development continues to act as a focal point for ethical review of research proposals supported by other divisions in the Regional Office. It has also provided guidance on ethical issues at the national level and supported participants from low- and middle-income countries to attend regional training in research ethics.

**Challenges ahead**

**Improving research skills** throughout the Region, along with capacity to disseminate research findings and translate research findings into policy.

**Developing clear national research policies** supported by regulatory frameworks and structures (including ethical oversight).

**Securing resources** to ensure research institutions are well-equipped and financed.

**Publications and links**

The *National Health Research Systems in Pacific island countries* can be downloaded at www.wpro.who.int/publications/PUB_9789290614067.htm
Health Information and Health Research

08/09 Funds Overview

- Assessed Contributions: 43%
- Voluntary Contributions: 57%

08/09 Implementation Rate (IR)

IR (%)

- 83%

08/09 Staffing

- General Services: 4.9 FTE (1 FTE = 1 staff for 24 months)
- Professional: 2.0 FTE

08/09 Key Donors

1) Australian Agency for International Development
2) Korean Foundation for International Healthcare
3) Pooled Voluntary Contributions
Essential Medicines
Overview

Essential medicines can save lives, reduce suffering and improve health. But to do so, they must be available and affordable, of good quality and properly used.

In many countries, this is not the case. Many people are unable to access essential medicines even when they are desperately needed.

At the same time, irrational use of medicines by health care providers and consumers can be dangerous, exposing individuals to harmful or ineffective medicines and wasting limited resources.

In countries with weak implementation of regulations and quality assurance systems, the distribution and sale of counterfeit and substandard medicines also remains a serious public health issue.

WHO works with Member States to develop, implement and monitor policies and programmes that ensure equitable access to safe, effective and affordable medicines. WHO’s work in this area is guided by the *Regional Strategy for Improving Access to Essential Medicines in the Western Pacific Region (2005–2010).*

Action

Policy development

In 2009, a review of the implementation of the Regional Strategy in Cambodia, China, the Lao People’s Democratic Republic, Malaysia, Mongolia and the Philippines found that the Strategy has ongoing relevance for Member States. A draft Framework for Action for 2010–2015 was therefore developed based on the existing Strategy, and is now undergoing further consultation.

Over the last five years, WHO has worked closely with the European Commission on a Partnership Project on Pharmaceutical Policies. In the Western Pacific Region this collaborative project oversees work to improve equitable access to essential medicines, and ensure the quality, safety and efficacy of medicines and their use in 14 Pacific island countries.

All 14 countries attended a workshop on Access to Essential Medicines in 2009, while in-depth analysis of medicines financing was supported in Cook Islands, the Marshall Islands, Nauru and Tuvalu.
A systematic review of literature addressing competencies, training and workforce requirements of health workers involved in medicines supply management in the Pacific was also undertaken.

Essential medicines lists in Pacific island countries were reviewed to ensure greater consistency with treatment guidelines. In 2009, a Pacific Technical Working Group for Medicines Selection and Use was formed. This group has initially focused on developing a common framework for diabetes management.

The Marshall Islands, the Philippines, Samoa and Tonga received technical support to assess their medicines sector and to develop national policies, while support was provided to the Lao People’s Democratic Republic, Nauru and Papua New Guinea to improve their medicines supply system.

The Western Pacific Regional Office has also worked to establish a regional Medicines Prices Information Exchange. Eighteen Member States are participating in the system which will be launched via the web in early 2010.

As part of the “Healthy China 2020” health sector reforms, WHO supported the development of a draft National Medicines Policy and provided recommendations to the State Council to establish a national essential medicine system. Also in China, WHO supported a national conference and training course on cost-effective selection of essential medicines and on basic methodologies for the evidence-based selection of medicines.

**Rational use of medicines**

WHO continues its commitment to promoting rational use of medicines. Training programmes have been extended to provincial and district hospitals in Cambodia, China, Mongolia and the Philippines and public education on rational use of medicines was conducted in several countries including Cambodia, China, Mongolia, Tonga and Tuvalu.

A pilot project involving consumers in medicines surveillance has been continued in Malaysia and the Philippines. In Papua New Guinea, a review of the pharmacy curriculum was conducted in order to adapt the capacity of pharmacists to country needs in both the public and private sectors. Technical support was provided to Solomon Islands to review antibiotics use and to Samoa to study medicines use at health facilities.
Medicines regulation and quality assurance

The Good Governance in Medicines (GGM) project, which promotes transparency and good governance in the pharmaceutical sector, is being implemented in four countries in the Western Pacific Region—the Lao People’s Democratic Republic, Malaysia, Mongolia and the Philippines. Plans are also underway for roll-out in Cambodia and Papua New Guinea. In the Philippines, GGM awards encourage local governments to compete in applying best practices in medicines. In Mongolia the project provided the public with Internet-based access to information about medicines registration. In Malaysia the project has been fully integrated into the Ministry of Health and is now self-sufficient.

In the war against counterfeit medicines, Operation STORM, undertaken by INTERPOL and supported by WHO, on combating fake antimalarials in the Greater Mekong countries, netted 20 million fake tablets.

A Medicines Transparency Alliance (META) was established in the Philippines. Technical support was provided to Cook Islands, Niue and the Philippines to develop and review medicines legislation.

Challenges ahead

Establishing a national policy on access to medicines in all countries and areas in the Western Pacific Region

Strengthening regulatory systems that can enforce laws relating to the distribution, sale and use of medicinal products. In particular, preventing counterfeiting of medicinal products that can jeopardize treatment outcomes and waste resources.

Reducing ineffective and harmful drug use practices such as the overuse and misuse of antibiotics and injections.

Publications and links

The Regional Strategy for Improving Access to Essential Medicines in the Western Pacific Region (2005–2010) can be downloaded at www.wpro.who.int/publications/PUB_9290611855.htm
The fight against counterfeit medicines

A multi-country police operation targeting the manufacture and distribution of counterfeit medicines in South-East Asia resulted in more than 30 arrests and the seizure of 20 million fake and illegal medicines, including antibiotics, antimalarials and birth control medicines, anti-tetanus serums, aspirin and erectile dysfunction drugs. It also led to the closure of more than 100 pharmacies and illicit drug outlets.

Under the framework of the WHO International Medical Products Anti-counterfeiting Task Force (IMPACT), Operation Storm II was coordinated by INTERPOL and supported by the WHO Western Pacific Regional Office.

National police and customs and drug regulatory authorities from Cambodia, China, Indonesia, the Lao People’s Democratic Republic, Myanmar, Singapore, Thailand and Viet Nam worked with INTERPOL throughout Operation Storm.

“It shows that collaboration involving public and private sector partnerships and joint international action is crucial to significantly disrupt the trade in counterfeit medicines” said INTERPOL Secretary General Ronald K. Noble.

Participating countries have now decided to create a “Storm Network” in the Region in collaboration with the Western Pacific Regional Office. The Network will improve and shape joint anti-counterfeit actions on an on-going basis—important as new methods of producing and distributing counterfeit medicines cut across borders and pose an increased threat to people’s lives.

INTERPOL has also announced the creation of a new Medical Products Counterfeiting and Pharmaceutical Crime (MPCPC) unit. Its task is to support the WHO-IMPACT programme and to fight other pharmaceutical crimes, including the online sale of counterfeit medicines.
**Essential Medicines**

**08/09 Funds Overview**
- Assessed Contributions: 33%
- Voluntary Contributions: 67%

**08/09 Implementation Rate (IR)**
- IR (%): 92%

**08/09 Staffing**
- General Services: 2.8 FTEs
- Professional: 2.0 FTEs

**08/09 Top Donors**
1) Australian Agency for International Development
2) Japan
3) Pooled Voluntary Contributions
Overview

Laboratory

Health laboratory services are an integral part of any strong and effective health system. They influence the efficiency and effectiveness of both clinical and public health functions—from diagnosis and treatment to surveillance, and research.

But while considerable effort has been focused on improving health laboratory services, much of the emphasis has been on specific disease control programmes such as HIV/AIDS, malaria, polio and tuberculosis. As a result, the health laboratory systems in many countries are fragmented, and in varying stages of development.

Under the guidance of the Asia Pacific Strategy for Strengthening Health Laboratory Services (2010–2015), WHO assists Member States to deliver comprehensive and integrated laboratory services that are efficient and reliable.

Blood safety

Although blood transfusions can save lives and improve health, many people do not have timely access to safe blood.

WHO supports countries to establish national blood transfusion services, emphasizing that 100% of blood should be from voluntary non-remunerated blood donors; and that all donated blood should be screened for infectious agents. It also promotes the rational clinical use of blood.

Organ, cell and tissue transplantation

The transplantation of human organs, tissues and cells has greatly enhanced the quality of life for many people. But the growing demand for donor organs has stimulated growth in the commercial traffic of human organs, leading to unsafe and unethical practices.

WHO promotes ethical transplantations by supporting countries to implement the WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation.
**Action**

**Laboratory**

The *Asia Pacific Strategy for Strengthening Health Laboratory Services (2010–2015)* was endorsed by Member States at the sixtieth session of the WHO Regional Committee for the Western Pacific in 2009.

Jointly developed by the WHO's Western Pacific and South-East Asia Regional Offices, the Strategy assists Member States in providing comprehensive laboratory services to improve health outcomes.

Based on extensive consultation with Member States, the Strategy outlines an approach to strengthening health laboratory services that can be adapted to country-specific contexts and integrated with existing national health policies, strategies and resources.

Cambodia, Fiji, Kiribati, the Lao People’s Democratic Republic, Malaysia, Mongolia, Nauru, Papua New Guinea, Solomon Islands and Tuvalu will be supported to develop laboratory policies and plans in 2010.

To facilitate holistic approaches to strengthening laboratory services, a Laboratory Working Group within the Regional Office has been formed. The group comprises members across programme areas within WHO, including communicable and noncommunicable diseases, malaria, HIV/AIDS, tuberculosis, the Expanded Programme on Immunization, and maternal and child health.

In 2008 and 2009, WHO continued to provide technical support to Member States to strengthen health laboratory services. For example Cambodia, Fiji, the Lao People’s Democratic Republic, Mongolia and Solomon Islands were supported to develop proposals on strengthening health laboratory services for the Global Fund to Fight AIDS, Tuberculosis and Malaria Rounds 8 and 9.

Support was also provided to the WHO Collaborating Centre in New Zealand to conduct the Regional External Quality Assessment Scheme in 18 Pacific island countries and in Papua New Guinea.

**Blood safety**

WHO has worked with Member States to develop national systems to ensure the safe and proper use of blood and blood products.
Fiji was supported to finalize the National Blood Service legislation and policy, and to strengthen the quality assurance system for the national blood programme in the form of standard operating procedures and guidelines.

In Cambodia, WHO strengthened the implementation of the strategic plan for national blood transfusion services, the national blood policy and national regulations. Viet Nam was also supported in developing national technical standards and guidelines. In China, the Regional Office supported training on monitoring and evaluation of the quality of their national blood services.

WHO also supported activities for World Blood Donor Day 2008 and 2009 in 12 countries.

The WHO Design Guidelines for Blood Centres were reviewed and a draft document finalized during an informal consultation in April 2009. These guidelines will assist Member States in developing appropriate, purpose-built facilities for blood services.

In partnership with the WHO Collaborating Centre for Transfusion Medicine, Singapore, a series of workshops on the Management of National Blood Programmes were held.

In 2009, WHO also conducted a workshop focused on the 100% screening of blood donations for infectious agents such as hepatitis B, hepatitis C and HIV/AIDS. A biregional workshop focusing on 100% voluntary non-remunerated blood donation will take place in June 2010.

**Organ, cell and tissue transplantation**

A regional meeting on the WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation was held.

**Challenges ahead**

**Linking fragmented health laboratory systems** through the development of coherent national frameworks.

**Securing adequate resources** to support health laboratory services, including infrastructure, equipment and ongoing supplies.
Supporting the development of blood donor management programmes that are safe, and address the education, motivation, recruitment and retention of voluntary blood donors.

Publications and links

The Asia Pacific Strategy for Strengthening Health Laboratory Services (2010–2015) can be downloaded at www.wpro.who.int/health_topics/laboratory_services

The WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation can be downloaded at www.wpro.who.int/sites/htl/documents/Guiding+Principles+for+Human+Cell+Tissue+and+Organ+Transplantation.htm

The Design Guidelines for Blood Centres can be downloaded at www.wpro.who.int/health_topics/blood_safety
Health Technology and Laboratory

08/09 Funds Overview

- Assessed Contributions: 85%
- Voluntary Contributions: 15%

08/09 Implementation Rate (IR)

IR (%): 85%

08/09 Staffing

- General Services: 1.0 FTEs
- Professional: 1.0 FTEs

(1FTE = 1 staff for 24 months)

08/09 Top Donors

1) Pooled Voluntary Contributions
2) Australian Agency for International Development
3) Japan
Traditional Medicine
Overview

A growing number of people are now looking for alternative approaches to maintain their health. This demand, along with recognition of the economic potential of traditional medicine, has led to increased interest on the part of both governments and academic communities in the Western Pacific Region.

Traditional medicine can be defined as the knowledge, skills and practices of holistic health care, recognized and accepted for its role in the maintenance of health and the treatment of diseases. All Member States in the Western Pacific Region utilize traditional medicine.

The Regional Strategy for Traditional Medicine in the Western Pacific works to maximize the contributions of traditional medicine in maintaining health and fighting disease.

While supporting the integration of traditional medicine into national health care systems where appropriate, WHO also works to ensure that traditional medicines are safe and effective.

Action

The Western Pacific Regional Office continues to work with Member States to develop traditional medicine policies and to explore possibilities for bringing traditional medicine into the mainstream of the health service system.

For example, in Cambodia and the Lao People’s Democratic Republic, WHO supported the development of national policies on traditional medicine and the regulation of herbal medicines. These policies promote the safe and effective production of traditional medicines and outline systems for monitoring and evaluating the consumption of traditional medicines.

Mongolia and the Philippines have also established national policies on traditional medicine. In 2009 these policies were assessed, and actions and recommendations further developed.

Officials from Papua New Guinea interested in local regulations on traditional and herbal medicines were also sponsored to visit the Philippines to share experiences and best practices.
WHO has supported the preparation of manuscripts on medicinal plants in the Lao People’s Democratic Republic, Mongolia and Papua New Guinea. These manuscripts make information about indigenous plants more widely available and are a valuable resource for researchers academics and others working with traditional medicines.

In Viet Nam, WHO supported the research and development of anti-hepatitis B agents derived from plants.

In 2009, a regional meeting of 13 WHO Collaborating Centre directors was convened to help strengthen and sustain networking and coordination of work to implement WHO’s Traditional Medicine programme priorities and to facilitate evidence and experience sharing.

A major focus of WHO’s work in traditional medicine has been standardizing traditional medicines. Two books published by the Western Pacific Regional Office, *WHO International Standard Terminologies on Traditional Medicine in the Western Pacific Region* and *WHO Standard Acupuncture Point Locations in the Western Pacific Region*, are now contributing to the development of the International Classification of Traditional Medicine globally.

The International Classification of Traditional Medicine in East Asia was also accepted by the WHO Family of International Classifications in Geneva in April 2008.

WHO continues to maintain an active role in the Western Pacific Regional Forum for Harmonization of Herbal Medicines, consisting of regulatory authorities from Australia, China, Hong Kong (China), Japan, the Republic of Korea, Singapore and Viet Nam.

**Challenges ahead**

**Developing a new regional strategy** that reflects developments in the field of traditional medicine. The current strategy expires in 2010.

**Developing an evidence base** on the use of traditional medicine products and practices and broadening research to encompass the holistic nature of traditional medicine.

**Strengthening national policies and regulations** to protect against harmful practices, and ensuring that traditional medicines are used appropriately and effectively.
Publications and links

The Regional Strategy for Traditional Medicine in the Western Pacific can be downloaded at www.wpro.who.int/publications/pub_9290610115.htm

WHO International Standard Terminologies on Traditional Medicine in the Western Pacific Region can be downloaded at www.wpro.who.int/publications/PUB_9789290612487.htm

WHO Standard Acupuncture Point Locations in the Western Pacific Region can be downloaded at www.wpro.who.int/publications/PUB_9789290613831.htm

Manuscripts on medicinal plants in selected Member States within the Western Pacific Region can be downloaded at www.wpro.who.int/sites/trm/documents/list.htm
Traditional Medicines

08/09 Funds Overview

- Assessed Contributions: 56%
- Voluntary Contributions: 44%

08/09 Implementation Rate (IR)

IR (%)

- 78%

08/09 Staffing

- General Services: 1.0
- Professional: 1.2

08/09 Top Donors

1) Republic of Korea
2) Pooled Voluntary Contributions
Emergency and Humanitarian Action
Overview

Of the six WHO regions, the Western Pacific Region generally has the highest number of natural hazard events annually. There is also a growing number of technological hazards with the potential to cause health emergencies.

WHO assists Member States in strengthening risk reduction and health emergency preparedness, which will reduce immediate and long-term avoidable mortality, morbidity and disability related to emergencies and disasters.

In particular, WHO collaborates with Member States to strengthen the emergency management capacity of the health sector at the regional, national and community levels.

By working in close partnership with national governments, other agencies, regional institutions, donors and nongovernmental organizations, WHO ensures that limited resources are spent in a coordinated and cost-effective way.

Actions

Emergency response

In 2008 and 2009, the Western Pacific Regional Office continued to respond to emergency requests from Member States. Over the last two years, financial, logistical and technical support was provided in response to more than 15 emergencies, including severe flooding following typhoons in Cambodia, the Lao People’s Democratic Republic, the Philippines and Viet Nam, the tsunami affecting Samoa and Tonga, and floods in Vanuatu.

Other potential threats, such as volcanic activity in the Philippines and Vanuatu, and a complex emergency in the southern Philippines, have been closely monitored with updates published online.

Support for many of these activities was received from the United Nations Central Emergency Response Funds (CERF) and bilateral donor agencies that contributed to a Flash Appeal.

As well as providing immediate support and assistance, WHO has worked to build national capacity in responding to emergencies. Following the Philippine floods, for example, a review of the response effort was conducted to identify gaps and provide recommendations for improvement of response systems at the national and regional levels.
In 2009 EHA also supported *The Southeast Asian Journal of Tropical Medicine and Public Health* in publishing a special issue on disasters in the Western Pacific region.

**Safe hospitals**

In support of the global campaign on Hospitals Safe from Disasters, WHO has continued to implement the Safe Hospitals Initiative at the regional level, with activities focusing on the target countries Cambodia, the Lao People’s Democratic Republic, the Philippines and Viet Nam.

In December 2009, the Regional Office facilitated the International Conference on Safe Hospitals in Manila in collaboration with the Southeast Asian Ministers of Education Organization–Tropical Medicine and Public Health (SEAMEO-TROPMED), the Government of the Philippines and United Nations International Strategy for Disaster Reduction (UNISDR). The regional implementation of the World Risk Reduction Campaign 2008–2009 was evaluated, and recommendations to sustain the campaign were formulated.

In partnership with the WHO’s South-East Asia Regional Office, a meeting of the Asia Pacific Task Force on Safe Hospitals was also organized to review the Regional Strategic Framework for Action, identify accomplishments and develop plans for activities in 2009 and beyond.

The World Health Day in April 2009 focused on the theme “Save lives! Make hospitals safe in emergencies.” The Western Pacific Regional Office supported the global celebration in Beijing, the regional celebration in Manila and national events in Member States across the Region.

**Training**

The Western Pacific Regional Office has developed and delivered numerous training courses to support capacity-building efforts and enhance preparedness for emergencies within the Western Pacific Region.

In partnership with SEAMEO-TROPMED, a training course on School Health and Disasters has been developed, with the curriculum completed during a consultation in October 2009.

In 2008 and 2009, regional training courses on Mass Casualty Management and Hospital Preparedness, Disaster Risk Communication, and Health Emergency Response Operations were held. The training material developed for these courses has subsequently been used as a basis for national training courses.
An interactive self-learning training course on disaster health management has also been developed. It comprises three modules: preparedness and emergency management; risk management; and emergency response.

**Challenges ahead**

Facilitating collaborative relationships among partner agencies, enabling effective use of limited resources and collective efforts in emergency management.

Providing leadership to the Health Cluster as part of the United Nations humanitarian reform process.

Securing commitment to strengthening emergency management at the national level.

Gathering systematic and reliable public health information on emergencies to enable Member States to accurately measure impact, develop sound policies and monitor activities.

**Publications and links**

During 2009 the Regional Office continued to publish resources to assist public health authorities in preparing for emergencies. Resources provide guidance in areas such as emergency management, safe hospitals and health facilities, and risk assessment and preparedness. Many of these resources can be downloaded at www.wpro.who.int/sites/eha/documents/list.htm
Disaster proofing health services

In late 2009, three powerful storms struck the Western Pacific Region in the space of only two months. The typhoons—known as Ketsana, Parma and Mirinae—left large areas inundated with floods and caused extensive damage to property.

In the Philippines, almost 1000 people were killed. More than 30 major hospitals, private and public alike, and 100 health centres sustained heavy damage from chest-high water. The total cost of damage to health facilities alone amounted to more than US$ 21.7 million. In Viet Nam, more than 250 people died, while 325 health facilities were damaged or destroyed.

These disasters demonstrate the need to make sure hospitals and health care facilities are prepared for disasters.

As health care systems strain to respond to those injured during the disasters, or infected by disease in their aftermath, the loss of even one facility can stretch a system beyond its limits.

Through the “Hospitals Safe from Disasters: Reduce Risk, Protect Health Facilities, Save Lives” campaign, WHO is working to raise awareness of why and how to protect health facilities and staff from disasters. Coordinated by the United Nations International Strategy for Disaster Reduction (UNISDR) and supported by a grant from the Humanitarian Aid Department of the European Commission (ECHO), the initiative aims to ensure that services can continue to be provided even during disaster situations.

Member States throughout the Region are now showing greater commitment to disaster-proofing hospitals and health care facilities, with initiatives ranging from identifying safe areas for the storage of drugs and equipment through to developing standards for the construction of safe hospitals.

Often, just a small investment can make a facility much safer. And this investment can be more than offset as buildings, equipment and most importantly—patients’ lives—are protected during a disaster.

WHO in the Western Pacific Region will continue to work with Member States to maintain the momentum of the campaign, providing advice, resources and training to assist all countries to make sure their hospitals can continue to provide services when they are needed most.
Emergency and Humanitarian Action

08/09 Funds Overview

- **Assessed Contributions:** 24%
- **Voluntary Contributions:** 76%

08/09 Implementation Rate (IR)

- IR (%): 83%

08/09 Staffing

- **General Services:** 1.0 FTEs
- **Professional:** 1.2 FTEs

Full time equivalent (FTEs), (1FTE = 1 staff for 24 months)

Key Donors

1) Pooled Voluntary Contributions
2) United Nations Central Emergency Response Fund
3) European Commission - Humanitarian Aid Office