Health Sector Development
Introduction

Health systems are the foundation of public health efforts aimed at combating diseases and building healthy communities. The mission of the Division of Health Sector Development is to help Member States attain universal coverage of health services for better and more equitable health outcomes.

Over the past year, countries in the Western Pacific Region have made universal health coverage central to their vision and goals. For example, Cambodia, China, the Lao People’s Democratic Republic, Mongolia, the Philippines, Solomon Islands and Viet Nam have carried out policy dialogues on technical aspects of universal health coverage. This is a hugely positive development in light of United Nations discussions that will begin this year to decide on new health-related goals for the period after 2015.

Regional strategies and action frameworks for health systems comprise a major part of WHO’s support to Member States. All health system strategies have a common goal—to support Member States in their efforts to attain universal health coverage and equity in health outcomes. WHO experts and external advisers reviewed strategies to determine their usefulness and gauge the progress of countries. In a Region with few low-income countries, the focus in health systems will be on more equitable access to health so all may benefit from the Region’s economic development.

At the request of the Minister of Health of the Lao People’s Democratic Republic, WHO organized a policy dialogue to assist the country in developing its Health Sector Reform Strategy. These efforts are designed to help the Lao People’s Democratic Republic meet the Millennium Development Goals (MDGs) by 2015, transform into a middle-income country by 2020 and demonstrate progress towards universal health coverage by 2025.

The realization that health systems must be strengthened for programmes to be effective has led to broader collaboration among divisions at the Regional Office. The result has been improved service delivery of programmes on antimicrobial resistance, malaria, maternal and child health, noncommunicable diseases (NCDs) and tuberculosis. Advances have also been made in developing strategic frameworks on NCDs, reproductive health and newborn care.

The launch of both the Asia Pacific Observatory on Health Systems and Policies and the Health Information and Intelligence Platform has improved the flow of information about health systems in the Western Pacific Region and has made this data more accessible and user-friendly. Member States are also developing and improving civil registration and vital statistics systems.

WHO, in collaboration with other United Nations agencies and partners, produced Accelerating Equitable Achievements of the MDGs: Closing Gaps in Health and Nutrition Outcomes, a country-by-country progress report. Health at a Glance: Asia/Pacific 2012, a report jointly produced by WHO, the Organisation for Economic Co-operation and Development (OECD) and the OECD Korea Policy Centre, provides easy-to-use information and broad indicators related to health and health systems.

“Aging and health” was the theme of World Health Day 2012. This year Member States have been analysing the health profile of their older populations and assessing their health policies in the context of ageing.

Amid fiscal and political decentralization in some countries, WHO has consulted with Member States to provide support at the subnational level for universal health coverage. Health systems development is an important component of a subnational project in the Philippines and the Western Area Health Initiative in China.
Health Services Development

Strategy and actions

Effective health services provide safe, high-quality care with a minimal waste of resources to the majority of people. However, across the Western Pacific Region, there are gaps in coverage due to unavailability of health services, personnel and medicines, high fees for services and confusion due to the existence of so many separate disease programmes, among other factors.

The Health Services Delivery unit works closely with Member States to build strong national health plans, engage in national policy dialogue and work towards universal health coverage through the advocacy of people-centred, integrated, quality service delivery. WHO supports Member States to address service delivery from grassroots community health services to hospital services, including palliative care.

Secondly the unit supports the strengthening of the governance role of ministries of health, which set the vision and objectives for the health sector and guide and monitor service delivery. This also involves ensuring the development and implementation of effective public health laws.

Results achieved

WHO published service delivery profiles for 17 countries and areas in the Western Pacific Region. Available on the Regional Office web site, these profiles provide concise, user-friendly briefs of the service delivery model, health-care financing, human resources for health, medicines and technologies, and the quality and equity of each health-care system.

WHO’s six regional health system strategies on human resources, health-care financing, essential medicines, traditional medicine, laboratory services and health systems strengthening based on the values of primary health care, were comprehensively reviewed. Member States discussed the findings and lessons learnt.

Cambodia, the Philippines, the Republic of Korea, Samoa and Vanuatu were the first to review their health sector legislative framework using a WHO-developed public health law assessment tool. The Lao People’s Democratic Republic, Mongolia, Papua New Guinea and Solomon Islands had local researchers trained, who subsequently assisted those countries also to complete the assessment tool. Analysis of the data will help countries identify gaps in their public health laws on issues such as food safety, mother and child health and violence against women.

The GAVI Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria provided six countries in the Region—Cambodia, the Lao People’s Democratic Republic, Mongolia, Papua New Guinea, Solomon Islands and Viet Nam—with health systems grants that led to integrated service delivery for the diseases and improved availability of vaccines and immunization coverage.

Cambodia, the Lao People’s Democratic Republic and Viet Nam have put in place strategies to improve patient safety, such as safe-surgery checklists, hand-washing campaigns, and the translation into local languages in all institutions of WHO’s curricula on patient safety.
There is a growing commitment in the Lao People’s Democratic Republic to improve access to health services for all citizens. This drive for broader health coverage is fuelled, in part, by efforts to meet the United Nations Millennium Development Goals (MDGs). The Lao People’s Democratic Republic is working to graduate from the United Nations list of least-developed countries, and public health improvements are a key to that effort.

In June 2012, Health Minister Dr Eksavang Vongvichit asked WHO to provide technical assistance for the development of the country’s Health Sector Reform Strategy. Thanks in part to a coordinated effort by the Ministry of Health, WHO, the Japan International Cooperation Agency, the Korea International Cooperation Agency and other development partners, the Health Sector Reform Strategy was approved by the National Assembly in December 2012.

The two main objectives of the Health Sector Reform Strategy are to meet health-related MDGs and to achieve universal health coverage by 2025. Putting the new strategy into practice has become one of the Government’s top priorities. “Talking and designing a strategy is good,” Dr Vongvichit says. “Now we need action.” WHO helped the Ministry of Health draw up a comprehensive framework and an action plan for nationwide implementation of the Health Sector Reform Strategy. The strategy has three phases. The first focuses on laying the foundation for universal health coverage and accomplishing the MDGs by 2015. The second aims to ensure that essential health services of reasonable quality are available to the majority of the population by 2020. The final phase calls for achieving universal coverage by 2025.

“The expected impact of the reform is to achieve not only the health MDGs, but also to improve the lives of children and women,” Dr Vongvichit says. “The reform represents a new way, a breakthrough, in how to achieve universal health coverage.”
Health Care Financing

Health-care financing

Strategy and actions

Health-care financing involves mobilizing resources for health spending and making the best use of those resources. WHO works with Member States in the Western Pacific Region on health financing policies, especially those aimed at providing universal health coverage, which has become a top priority for many countries.

WHO’s Health Financing Strategy for the Asia Pacific Region (2010–2015) and the World Health Report on Health System Financing: the Path to Universal Coverage provide guidance to Member States on how to move towards universal health coverage. WHO works with countries on improving financial risk protection, which involves lowering the burden that health payments place on people. WHO also collaborates with countries to make interventions more accessible and works with all sectors to make health a major part of national development agendas.

Results achieved

The Lao People’s Democratic Republic Health Sector Reform Strategy aims for universal health coverage. Working with the Ministry of Health, other ministries and development partners, WHO successfully advocated for more public spending for essential health services in rural and remote areas of the country.

WHO provided technical support and facilitated a policy dialogue to help Viet Nam revise its health insurance law and develop a health insurance road map. At the sixty-third session of the Regional Committee for the Western Pacific in September 2012, Viet Nam organized an event on universal health coverage. At the meeting, which was chaired by Dr Shin Young-soo, WHO Regional Director for the Western Pacific, Viet Nam affirmed its commitment to universal health coverage, while China, Japan and the Republic of Korea shared their knowledge on the subject.

Mongolia pledged to use government subsidies to expand national insurance coverage, with a special focus on poor people and informal workers. WHO collaborated with the Ministry of Health and the Ministry of Population Development and Social Protection in Mongolia to develop a long-term national health insurance strategy.

WHO helped engage different sectors in Cambodia and provided technical support to the Government to revise its health financing charter and to develop a health financing policy. WHO also supported the

Mongolian dairy farmers in a remote village take a rest between milking sessions. Universal health coverage must reach everyone—even people in the most far-flung stretches of the Region—to keep populations safe.
Vaccination campaigns are among the most cost-effective public health interventions and key to building sustainable universal health coverage systems in the Region.

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development of a national monitoring and evaluation framework for universal health coverage in the Philippines.

WHO facilitated country consultations to verify reporting for national health accounts, which provide evidence to monitor trends in health spending for all sectors and to make financial projections of countries’ health system requirements. That reporting will be included in World Health Statistics 2013. Eight Member States participated in a WHO-supported national health accounts workshop that trained government officials on how to track health expenditures.

WHO produced six policy briefs and a report comparing countries in the Region on their use of health services and financial protection.

headquarters and the World Bank organized a high-level policy meeting on universal health coverage, and the Regional Office for the Western Pacific facilitated the participation of ministers of health and finance, as well as other government officials. Together with partners, WHO hosted the Asia-Pacific Leadership and Policy Dialogue for Women’s and Children’s Health, an event for government officials and international agencies that included topics such as how to mobilize more money for health and how to spend it more efficiently.

Future directions

WHO continues to support Member States in making progress towards universal health coverage. Member States will receive technical support for high-level dialogue and evidence-based policy-making. WHO will help countries improve governance and institutions involved in health financing. The Organization will also help governments explore innovative ways to use alcohol and tobacco taxes for health expenditures.

WHO is providing assistance to Member States to improve incentive and payment systems for health workers. As public hospitals become more autonomous, the Organization intends to evaluate their management and efficiency.

Snapshots of the health financing systems of Member States will be updated in Health Financing Country Profiles 1995–2011, which will be published in 2013.

Equity, Social Determinants of Health, Gender and Human Rights

Strategy and actions

Work on health equity, gender mainstreaming and the right to health in the Western Pacific Region broadly follows three strategic approaches: technical or programmatic collaboration; building capacity; and strengthening evidence, technical tools and resources.

Results achieved

Examples of technical and programmatic collaboration on social determinants of health include the introduction of Island HEART (an adaptation of Urban HEART, or Health Equity Assessment and Response Tool) in Fiji, in collaboration with the WHO Kobe Centre. This tool is a user-friendly guide to identify health inequities and plan actions to reduce them. WHO took part in the Second Pacific Islands Health Research Symposium, whose theme was the social determinants of health. The Regional Office also assessed approaches to Health in All Policies in the Region and reviewed the book Health in All Policies in preparation for the 8th Global Conference on Health Promotion held in Helsinki, Finland in June 2013, whose theme was Health in All Policies.
The Regional Office is providing technical support to address gender-based violence in Cambodia and the Lao People’s Democratic Republic. WHO also compiled evidence on injuries, violence and reproductive health to inform the sixty-third session of the Regional Committee for the Western Pacific in September 2012.

Capacity-building activities supported by WHO included workshops on gender mainstreaming in Malaysia and Papua New Guinea. WHO also supported the Government of Papua New Guinea in producing its health sector gender policy. Few Member States in the Region have such policies, despite the huge need to promote gender equality and address critical issues such as widespread violence against women. In collaboration with the Government of South Australia, WHO supported the development of a training manual on Health in All Policies and held a workshop in Manila, Philippines, on Health in All Policies.

To strengthen evidence, technical tools and resources, WHO and the Government of the Philippines organized a national workshop that resulted in a report on equity and the health of women and children in the Philippines. Selected WHO country cooperation strategies and national health plans were reviewed from the perspective of equity, gender and human rights. The Regional Office also contributed to the development of a WHO sectoral brief on the social determinants of health, with a focus on energy and health issues. Selected regional publications were translated into Chinese, Khmer, Mongolian and Vietnamese.

Future directions

Equity remains the key health and development challenge in the Region. Health inequities have increased within and between countries over the past few decades. Reversing this trend will require action on the social determinants of health through an intersectoral approach as well as equity-focused, gender-responsive and human rights-based policies and actions within the health sector. Due to increased awareness of these issues, requests for technical collaboration from Member States are expected to increase.
Ageing

Population ageing constitutes a key public health challenge for Member States in the Western Pacific Region. Due to declining fertility rates and longer life expectancies, the proportion of people over 60 years old is growing faster than any other age group in the Region. This trend reflects, in part, the success of public health and development policies. It also poses challenges to societies and health systems as they try to maximize the functional capacity, security and participation in society of older people. These issues are especially challenging in low- and middle-income countries, where the proportion of older people has been increasing even more rapidly, leaving less time to prepare for the consequences.

WHO has been strengthening its work on ageing and health in Member States. To increase awareness of these issues in a positive way, World Health Day 2012 promoted the theme: Good health adds life to years. WHO recognizes the contributions of older people to society and frames ageing not as a process of inevitable decline, but one in which people can continue to carry out meaningful and productive activities as they grow older.

To provide guidance for Member States, WHO has been working on a draft Regional Framework for Action on Ageing and Health in the Western Pacific. The draft framework recommends four pillars of action. These include: fostering age-friendly environments through action across sectors; promoting healthy ageing across the life course and preventing functional decline and disease among older people; reorienting health systems to respond to the needs of older people; and strengthening the evidence base on ageing and health. The draft framework builds on evidence brought together in two pieces of analytical work: a comparative analysis of the health status and needs of older people and a review of policies related to ageing and health in selected Member States. An informal experts’ consultation was held in April 2013 to review the findings and policy implications of these analyses and to provide further guidance for the draft framework. Preparations are being made to convene a regional meeting with Member States in July 2013 to seek Member States’ inputs in finalizing the draft framework.

Member States are becoming more aware of health issues related to ageing, and many are seeking technical collaboration with WHO in this area. They will discuss ageing and health at the sixty-fourth session of the Regional Committee for the Western Pacific in October 2013.

Much of the work on ageing is led by those working in other sectors, such as social security, housing and urban planning. As a result, increased advocacy and strengthened partnerships with Member States, United Nations partners, older people’s associations and other stakeholders will be important in taking forward the work on ageing and health.
Human Resources for Health

Healing hands: Nursing school graduates who recently passed the licensing test in the Philippines take their oath of service during a ceremony in Manila.

Strategy and actions

The efforts towards universal health coverage are challenged without competent and productive health workers, who are vital in making progress towards the Millennium Development Goals. Decades of cost-cutting, poor salaries, and underinvestment in education and training have led to critical shortages in health workers and imbalances in their mix of skills.

WHO supports Member States in addressing these disparities in workforce distribution, mobility and skill mix. This support includes human resources for health (HRH) strategic planning, implementation and monitoring, as well as help in aligning high-quality workforce education with health needs.

Results achieved

WHO cooperates with countries and partners in advancing the HRH agenda shaped through the Human Resources for Health Action Framework for the Western Pacific Region (2011–2015). WHO is developing a database to monitor progress towards regional HRH indicators. The database will include information collected through...
HRH country profiles that have been developed for 10 countries, as well as data routinely collected through the Health Information and Intelligence Platform (HIIP). In-depth analysis of HRH information systems was carried out in the Lao People’s Democratic Republic. WHO also supported capacity-building for an analysis of health workforce inequalities. Country databanks on nurses and midwives were updated for 17 Member States. WHO provided support to a project funded by the China Medical Board to strengthen human resources for health research capacities and knowledge in the western provinces of China.

In collaboration with the Australian Agency for International Development (AusAID), WHO worked with ministries of health to address workforce challenges in Solomon Islands and Vanuatu and HRH strategic planning. WHO also collaborated with the Philippines to monitor

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The WHO Global Code of Practice on International Recruitment of Health Personnel and on the integration of Cuban-trained physicians in Pacific island countries and areas.

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WHO support continues in Cambodia and the Lao People’s Democratic Republic for education development centres designed to improve education capacities and quality. With financial support from AusAID, a programme in Cambodia puts nurses with associate degrees on track to earn bachelor of science degrees in nursing. The University of the Philippines and Seoul National University designated their teacher training centres as regional education development centres to promote collaborative education and the sharing of information on health professions education development.

The Western Pacific Region has addressed quality improvement in nursing education by developing measurement criteria to accompany the Global Standards for the Initial Education of Professional Nurses and Midwives. The Pacific Open Learning Health Network provides online and hybrid courses, course materials and information to health professionals in the Pacific island countries and areas.

Delegates to the Asia Pacific Emergency and Disaster Nursing Network Meeting held in October 2012 in Kuala Lumpur, Malaysia, agreed on a research action framework, and 25 network members participated in AusAID-sponsored research training at James Cook University, a WHO collaborating centre in Australia. In an important WHO contribution to capacity-building for Member States, 280 fellowships and study tours were awarded in 2012. The first group of fellows under the Health Leadership Development Initiative has completed the programme, and the second group of fellows has been recruited.

**Future directions**

WHO provides technical cooperation to help countries develop clearer strategies and plans to address HRH challenges that take into account population needs and the dynamics of the labour market. WHO will build governance and financing capacity for implementation of HRH strategies. Member States will also receive assistance to strengthen HRH information and train people to carry out labour market analysis.
Essential Medicines and Technologies

Through regional collaboration, WHO helps Member States strengthen regulatory authorities and enforce international quality standards on medicine.

Strategy and actions

The Essential Medicines and Technologies unit promotes development of national policies to improve access to safe and affordable medical products, health technologies and laboratory services. The Regional Framework for Action on Access to Essential Medicines in the Western Pacific (2011–2016) provides strategic guidance for improving quality, safety and access to affordable medicines.

It is crucial that national policies on medicines be integrated with overall health goals. Equitable health financing policies that reduce out-of-pocket spending on essential medicines, especially for the poor, contribute significantly to progress towards universal health coverage.

Through regional collaboration, WHO helps Member States strengthen their regulatory authorities and adhere to international standards on medicine quality. Countries also receive WHO assistance to ensure the quality and safety of traditional medicine and to integrate traditional medicine into national health systems.

Results achieved

Key achievements over the past year include the revision and development of national policies on financing of essential medicines, development
of local production of medical products and improvements in rational drug use. Member States sought WHO assistance to develop practical treatment guidelines to manage noncommunicable diseases at the primary care level and ensure uninterrupted supplies of essential medicines and health technologies.

Cambodia, the Philippines and Viet Nam took part in high-level dialogues using in-depth country analyses to develop national policies on combating antimicrobial resistance. China, the Lao People’s Democratic Republic and the Philippines strengthened regulatory capacity to ensure that medical products are fabricated and controlled according to good manufacturing practices and quality standards. Training was conducted for regulatory authorities on the use of the new global Rapid Alert System to report and collect data on substandard and counterfeit medicines.

WHO assisted Pacific island countries and areas in developing national strategies for health laboratory services and in strengthening capacity for providing safe blood services. Cambodia and the Lao People’s Democratic Republic collaborated with WHO to develop national strategies on traditional medicine. Service delivery profiles on traditional medicines systems were developed for 17 countries in the Region.

WHO also supported Member States in adopting the principles and strategies recommended in The Regional Strategy for Traditional Medicine in the Western Pacific (2011–2020).

Future directions

The Regional Framework for Action on Access to Essential Medicines in the Western Pacific (2011–2016) lists indicators with targets to monitor progress on access to safe and affordable medical products. Data on framework implementation by Member States are regularly monitored to identify achievements as well as areas in which countries require WHO support.

WHO will continue providing technical support to strengthen national laboratory services, ensure the safety and quality of traditional medicines, and promote access to products needed to most cost-effectively manage the growing burden of noncommunicable diseases.

Through a regional network of policy-makers, countries will be able to share their experiences of using pricing policies to improve affordability and equitable access to medicines.

National regulatory authorities will attend a regional forum to share experiences and lessons on enforcement of standards for medical products.

Support for developing national policy responses to the threats of antimicrobial resistance will be critical. The Emergency Response to Artemisinin Resistance in Cambodia, China, the Lao People’s Democratic Republic, Myanmar, Thailand and Viet Nam will be reinforced. WHO will continue to promote evidence-based selection of essential medicines and their responsible use. Proper treatment of tuberculosis, malaria and other infections is essential to avoid organisms becoming resistant to medicines available today, leaving the world unprotected tomorrow.
Health Information, Evidence and Research

Strategy and actions

Accurate and timely health information is vital for making decisions on public health. Too often, however, health information systems (HIS) are unreliable and fragmented, and data are isolated and not employed in decision-making, which obscures the true drivers of morbidity and mortality.

Multisectoral engagement and investments in HIS are insufficient. Information and communications technology, or eHealth, is poorly implemented and does not adhere to health data standards, which constrains the ability to link systems and share data. Data managers lack analytical skills, making it harder for them to generate quality and timely evidence to support policy-makers. In recent years in health research, the supply of trained staff has not kept pace with the substantial increase of health data and surveys in Member States, which is why many of these investigations are carried out by external organizations.

WHO supports Member States in upgrading their HIS and civil registration and vital statistics (CRVS) systems and improving governance and management of health research.

Results achieved

In January 2013, WHO launched the Health Information and Intelligence Platform (HIIP) for the Western Pacific Region, which links users to new databases and sophisticated analytical and visualization tools. WHO contributed to multi-partner progress reports, such as Health at a Glance: Asia/Pacific 2012 and Accelerating Equitable Achievements of the MDGs: Closing Gaps in Health and Nutrition Outcomes.

Under the direction of the Commission on Information and Accountability for Women’s and Children’s Health and with support from the Health Metrics Network, WHO and partners produced a regional action plan for achieving well-functioning CRVS systems by 2020 in Asia and the Pacific. These partners included the Economic and Social Commission for Asia and the Pacific, the Secretariat of the Pacific Community, the University of Queensland and others.

WHO is also collaborating with partners to improve CRVS systems in Cambodia, Fiji, the Lao People’s Democratic Republic, Mongolia, the Philippines, Samoa, Solomon Islands, and Vanuatu. For example, health officials are being trained to go beyond the immediate cause of death to identify underlying factors on death certificates to improve quality of burden of disease statistics.

Member States received support to strengthen capacity on HIS and on the use of eHealth standards.

WHO implemented training and mobilized peer networks of HIS and eHealth professionals for knowledge sharing. WHO hosts the secretariat for the Asia eHealth Information Network (AeHIN) and supports the Pacific Health Information Network (PHIN). WHO coordinates with other development partners through these networks for the development of national HIS, CRVS, and eHealth assessments, strategies and plans and the implementation of multisectoral governance mechanisms.

WHO and Member States developed frameworks to guide prioritization and investment in health research and to make research results broadly accessible. WHO also helped countries develop ethical standards and oversight systems to protect the rights of participants in health research projects. Fiji and the Lao People’s Democratic Republic received support to develop national guidelines for conducting health research. In the past year, WHO helped countries prioritize investment in systems development and support, such as the launch of Mongol Med to increase online access to Mongolian public health literature.
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Future directions

WHO will focus on the transfer to Member States of HIIP data and metadata standards to improve the consistency and quality of health indicators used in national health information systems. Nine Member States will be supported to design interoperable HIS solutions and receive training on routine data quality analysis, so they can better track changes in health system performance and universal health coverage. Six Member States will be supported to develop national eHealth strategies to encompass HIS, mHealth, eLearning, knowledge management, standardization and interoperability, and other priority eHealth areas according to national priorities.

WHO is working with stakeholders to increase coverage of birth and death registration and improve the quality of mortality data within CRVS systems in all Member States by 2020. WHO supports strategic components of existing HIS and eHealth networks, AeHIN and PHIN, to build skills and enhance leadership and governance by institutions as part of long-term strategies and plans.

WHO continues to support the strengthening of national governance and management structures for health research in Cambodia, Fiji, the Lao People’s Democratic Republic, Mongolia, Papua New Guinea and Viet Nam. These countries also receive assistance to establish policies for public archiving and access to health research data. WHO provides capacity-building assistance in some countries to teach students and health workers to analyse data, rather than just compile it.

Health Information and Intelligence Platform

Health Information and Intelligence Platform logo: Look for it!

Health information often is hard to find and stored in ways that make it difficult to use and impossible to share. The Health Information and Intelligence Platform (HIIP) for the Western Pacific Region (http://hiip.wpro.who.int) helps meet the growing demand for reliable, user-friendly country health information.

A collaborative public health platform launched in January 2013, HIIP provides easy access to databases containing all WHO health-related indicators. Now, government officials, policy-makers, researchers, donors and the public can access and compare country and regional health data using HIIP.

With greater ease, users can tabulate data from many sources on a range of health indicators to compile charts, graphics and reports covering various countries and time periods. Users can find country-level data for all countries in the Region. HIIP also allows users to track historical trends, such as progress towards the Millennium Development Goals, tobacco control efforts and maternal health outcomes.

In addition, HIIP provides easy, one-stop access to statistical and analytical reports. The platform was used to develop information and analysis for World Health Day and International Women’s Day. It also allows for charting, mapping and tabulation of health data using dashboards and other innovative techniques.

The platform’s easy-to-use features encourage the transfer of knowledge as well as the harmonization and standardization of the Region’s health indicators. HIIP helps public health officials make better-informed decisions.
Asia Pacific Observatory on Health Systems and Policies

Strategy and actions

The Asia Pacific Observatory on Health Systems and Policies (APO) links research with decision-makers in an effort to promote evidence-based national health-care policies. Established in 2011 and hosted by the WHO Regional Office for the Western Pacific, the APO is a partnership of governments, development organizations and the research community. Governments include Bangladesh, Hong Kong (China), Myanmar, the Philippines and Singapore. Development agencies include AusAID, the Asian Development Bank, the World Bank and the WHO regions for the Western Pacific and South-East Asia. Research institutions active in the APO include: the Institute of Health Policy, Sri Lanka; the International Health Policy Program, Thailand; and The University of Queensland and the Nossal Institute at the University of Melbourne, Australia. Japan and the Republic of Korea provide regular financial contributions to the APO.

A fisherman and his children watch the world go by from their traditional stilt house in Tatana village in Papua New Guinea. WHO is working to ensure that the advances in global health do not also bypass them.
Over the past year, the APO has worked to broaden recognition of its role and utility by increasing familiarity with its publications and expanding the range of activities it supports to inform national health policy development in the Asia Pacific region. The observatory has sought to create new collaborative working arrangements with other important research institutions, such as the Organisation for Economic Co-operation and Development and the National Institute for Health and Care Excellence, as well as expanding its network of universities within the region.

Results achieved

The Health Systems in Transition (HiT) reviews—profiles that categorically describe and assess the core components of a country’s health system—are the observatory’s flagship publications. HiT reviews provide an objective, user-friendly description of the entire health sector of a country in a single volume.

The APO has completed HiT reviews for Fiji, Malaysia, Mongolia and the Philippines. There are currently 13 country HiTs in progress. Five more HiT reviews should be completed in 2013: the Lao People’s Democratic Republic, Myanmar, New Zealand, Solomon Islands and Tonga. The APO launched a new “Living HiTs” series in 2013 that will update published HiTs with new information and evidence on developments in countries’ health sectors.

In addition to the HiTs, the APO produces a policy briefs series that presents the best available evidence on key policy topics confronting countries throughout the Asia Pacific region.

In 2013 the APO published one policy brief on the dual practice of public sector medical professionals, and has commissioned an additional six policy briefs for release in late 2013 or early 2014.

The APO began a new series of country comparative studies on the governance of public hospitals that will release seven country case studies on hospital autonomy.

Future directions

The observatory will expand its range of analytical products, targeting new areas of health policy development for countries in the Asia Pacific region. Among the topics to be examined are: trends in ageing and the implications of the compression of morbidities for health systems; experiences with using diagnostic related groups as a payment mechanism; and governance of alternative purchasing mechanisms for health-care services. Regional seminars for academics from leading national universities will be organized, with special editions of high-impact journals publishing scholarly papers presented. Additional calls for policy brief proposals will be advertised and subsequently commissioned.

The APO plans to publish comparative analyses of the original seven country case studies on reforms intended to increase the autonomy, quality and efficiency of public hospitals. The investigations will be conducted by national researchers and will be released during 2013 at seminars in each country, then published as a book with comparative analyses in 2014.

The APO will also conduct country-level policy dialogues to strengthen national capacity for evidence-based decision-making on health issues as a follow up to activities to complete HiTs.