REPORT OF THE REGIONAL DIRECTOR

The Work of WHO in the Western Pacific Region
1 July 2013–30 June 2014

World Health Organization
Western Pacific Region
# Table of contents

**Message from the Regional Director** ................................................................. 1

**Communicable Diseases** ........................................................................... 14
  - Introduction .................................................................................................. 15
  - Expanded Programme on Immunization .................................................... 17
  - Malaria, other Vectorborne and Parasitic Diseases ................................... 20
  - HIV, Hepatitis and Sexually Transmitted Infections ................................. 26
  - Stop TB and Leprosy Elimination ............................................................... 28

**Health Security and Emergencies** ............................................................... 32
  - Introduction ................................................................................................. 33
  - Emerging Disease Surveillance and Response ........................................... 35
  - Emergency and Humanitarian Action ......................................................... 37
  - Food Safety .................................................................................................. 41

**NCD and Health through the Life-Course** .................................................... 44
  - Introduction .................................................................................................. 45
  - Environmental Health .................................................................................. 47
  - Maternal and Child Health and Nutrition .................................................. 49
  - Noncommunicable Diseases and Health Promotion ............................... 53
  - Mental Health and Injury Prevention .......................................................... 57
  - Tobacco Free Initiative ................................................................................ 62

**Health Systems** ............................................................................................ 64
  - Introduction .................................................................................................. 65
  - Health Care Financing .................................................................................. 67
  - Human Resources for Health ...................................................................... 69
  - Health Services Development ..................................................................... 71
  - Essential Medicines and Health Technologies .......................................... 73
  - Health Information, Evidence and Research ............................................. 75
  - Equity, social determinants of health, gender, human rights and ageing .... 77
  - Asia Pacific Observatory on Health Systems and Policies ......................... 79

**Pacific Technical Support** ............................................................................ 80

**Support, Coordination and Leadership** ....................................................... 88
  - Administration and Finance ........................................................................ 89
  - Programme Management and Coordination ............................................... 92
  - Office of the Regional Director ................................................................... 95
The past year has been one of great challenges for the World Health Organization in the Western Pacific Region – from ongoing battles to control noncommunicable diseases and dangerous new viruses to the stewardship of efforts to recover from the worst natural disaster ever to strike the Philippines.

Our Region is home to one quarter of the world’s population, yet it endures a much larger share of the world’s most pressing health issues and natural disasters.

This annual report highlights WHO’s work in addressing those challenges in the year that ended 30 June 2014. It was a year in which Member States made remarkable progress on a number of fronts. There have been significant gains against communicable diseases, including hepatitis B, measles and polio. We are on track but still must push to achieve the Millennium Development Goals related to maternal and child health and the epidemics of HIV/AIDS, malaria and tuberculosis.

WHO staff also must be commended for their hard work over the past year. Their efforts were exemplary during our response to Typhoon Haiyan in the Philippines – the country that has graciously hosted the Regional Office since 1951. The super typhoon was the first Grade 3 disaster under WHO’s new Emergency Response Framework.

The response to the tragedy underlined the special bond the Regional Office has with the Philippine people, and people all over the Region, as we tailor our support ever more tightly to countries’ specific needs and priorities.

In keeping countries at the centre of our work, WHO has continued to review the support it provides to Member States in the Western Pacific Region. An external assessment of the country support provided by the Regional Office has been conducted in addition to an external assessment of WHO roles and functions in the Pacific. We are moving quickly to carry out review recommendations to maximize the impact of our support to Member States.

The body of this report provides a detailed account of WHO’s work in the Western Pacific Region over the past year. But I would like to take time to highlight some accomplishments and results and emphasize the major themes for my second term as your Regional Director.

**Success in immunization**

Many of our more measurable successes involve communicable disease prevention and control through immunization. Vaccinations are among the most cost-effective and fast-acting weapons we have to combat disease.

While polio continues to be a global worry, the Western Pacific Region has maintained its polio-free status, improving screening and surveillance as we work towards the polio endgame and the vision of a polio-free world.

The Western Pacific Region bears a disproportionate burden of hepatitis B-related mortality and morbidity, accounting for almost half of all the world’s chronic hepatitis B infections. We lose about 350 000 lives each year to hepatitis B.

Despite outbreaks in some countries, Member States made impressive strides towards elimination of measles and rubella by expanding vaccination programmes. The Regional Verification Commission was established, and
measles elimination was verified in four countries and areas in the Region during the past year. As of mid-2014, all but three Member States have officially eliminated maternal and neonatal tetanus, and several Member States have introduced new vaccines into their routine schedules.

**Vector-borne diseases**

The news is also encouraging in the fight against vector-borne diseases, although resistance to artemisinin – the main weapon in combating malaria – continues to be a major threat. All malaria-endemic countries have continued to make important progress. Some countries, such as the Philippines, are ahead of targets for reducing their malaria burden.

As a result, more countries are striving to eliminate malaria, rather than merely control it. But new foci of artemisinin resistance have been detected bringing the number of countries affected in the Greater Mekong Subregion to five. Our efforts with partners are more important than ever.

We are working hard on the regional response to artemisinin resistance. WHO’s support on
Of the four schistosomiasis-endemic countries in the Region, Cambodia and the Lao People’s Democratic Republic have reported significant reductions in human infections with an eye towards elimination of the disease.

Efforts to strengthen leprosy control have also shown encouraging results. Most importantly, high-burden countries and areas have worked to detect many hidden cases, a step that reduces transmission going forward and provides a stepping stone to elimination.

**HIV and TB – a deadly pair**

Advocacy, capacity-building efforts and partnerships with civil society organizations and local governments have continued to address emerging epidemics of HIV and sexually transmitted infections among men who have sex with men and people who inject drugs.

The target for the elimination of mother-to-child transmission was adopted by Cambodia, China, Fiji, Malaysia and Papua New Guinea, with China advancing triple elimination of mother-to-child transmission of HIV, syphilis and hepatitis in more than 1000 counties.

To reduce the co-morbidity of HIV and tuberculosis, WHO supported activities throughout the Region that contributed to universal access to quality TB care, including intensified case-finding among people living with HIV and other high-risk populations.

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**Neglected tropical diseases**

As I have stressed, our efforts to rid the Region of neglected tropical diseases (NTDs) are producing measurable results. With NTDs endemic in 28 countries and areas in the Region, we must accelerate progress.

Among the 22 countries and areas in the Region endemic for lymphatic filariasis, Niue, Palau and Vanuatu are in the process of verification of elimination. In Papua New Guinea, WHO supported the development of a draft national plan for NTDs.
WHO has supported the development of national TB strategic plans in nearly all Member States with a high burden of TB, using as guidance the comprehensive *Regional Strategy to Stop Tuberculosis in the Western Pacific 2011–2015.*

**Our disaster-prone Region**
According to the *World Risk Report 2013,* 10 of the top 20 countries in the world with the highest risk of disasters due to natural hazards are in the Western Pacific Region. We are often the proving ground for the world’s response to all types of disasters and outbreaks. The past year was no exception.

One of the most powerful and destructive storms ever recorded, Typhoon Haiyan tore through the central Philippines in November. The storm affected 16 million people, including more than 6000 deaths. At the time, the Philippines was still recovering from two other emergencies – increased fighting in the South and an earthquake in the same area hit by Haiyan.

Following WHO’s Organization-wide response, the typhoon was declared a United Nations Level 3 emergency, which prompted the rapid scale up of human resources and operational capacity from across the United Nations system. As a co-lead agency of the health cluster with the Philippine Department of Health, WHO’s ongoing response has been unprecedented in terms of human resources and field deployments of logistics and supplies.

We supported the Philippines in coordinating the work of 150 foreign medical teams and other agencies providing health assistance.

WHO assistance has also been critical in responding to many other disasters and outbreaks around the Region over the past year.

To offer a few examples, rapid response teams were sent to investigate dengue and avian influenza outbreaks in Cambodia, China and the Lao People’s Democratic Republic. We made risk assessments for H7N9, Middle East respiratory syndrome coronavirus (MERS-CoV), ebola virus and dengue. We update these assessments continuously to guide national control measures.

These critical tests show emphatically the tangible improvements in national capacity and coordination of efforts under the *Asia Pacific Strategy for Emerging Diseases (2010).*

In managing public health threats, the legal framework of the International Health Regulations (2005), or IHR (2005), is more important than ever to WHO’s ability to help strengthen health systems and bolster global health security.
While most of the Region has made significant progress in meeting IHR (2005) core capacity requirements, we will continue to assist Member States to overcome any obstacles they may have to reach that goal by 2016.

**Rising tide of NCDs**

Our efforts to save lives and improve the health and well-being of people must address the leading causes of premature mortality in the Region, namely noncommunicable diseases, or NCDs.

NCDs – mainly cardiovascular disease, cancer, diabetes and chronic respiratory diseases – are responsible for four out of five deaths in the Region.

For decades, WHO has worked with Member States to help people make healthier lifestyle choices to control and prevent NCDs by influencing the social determinants of health and reducing avoidable risk factors, such as unhealthy diets, physical inactivity, smoking and the harmful use of alcohol.

In the Western Pacific Region, tobacco is one of the biggest contributors to the NCD epidemic, causing 13% of adult deaths. Two people die each minute from tobacco-related disease in our Region, where one third of the world’s cigarettes are consumed.

Of WHO’s six regions, the Western Pacific has the most smokers, the largest number of male smokers and the fastest increase in tobacco uptake by woman and young people.

Our assistance has become much more specialized over time, as we provide Member States with guidance for increasingly complex challenges. Campaigns to increase taxes on cigarettes – a step proven to help reduce consumption – are a good example.

WHO provides comprehensive guidance on taxation – from what type of taxation works best and how much revenue can be generated to how to combat the efforts of tobacco companies and smugglers to circumvent legislation.

**Perils in the Pacific**

Perhaps nowhere is the effect of NCDs felt more keenly than in the Pacific. The statistics are daunting: as many as one in 10 diabetics in Fiji have undergone amputation; nearly 40% of people in Nauru have high blood pressure; more than 50% of people in Kiribati use tobacco daily.

In some Pacific communities, 19 out of 20 men and nine out of 10 women present NCD risk factors.

As a result, our focus has tightened. WHO works with Member States in the Pacific to develop and implement country-specific, crisis-response action plans that include milestones for tobacco control, NCD intervention in primary health care and salt reduction. Our efforts aim to achieve the global target of a 25% reduction in premature mortality due to NCDs by 2025.

The Healthy Islands vision has served as a unifying theme for health protection and health promotion in the Pacific, stressing the need to support health systems to cope with the double burden of communicable and noncommunicable disease.
Pacific island countries and areas are tackling NCDs by identifying and treating existing conditions to halt the progression of morbidity and premature mortality, and by preventing the development of NCDs through behavioural risk-factor reduction.

The WHO Package of Essential Noncommunicable Disease Interventions for Primary Health Care in Low-resource Settings, or PEN, strengthens all components of the health system and provides the framework through which primary care practitioners can provide holistic and integrated services to those who need them.

Over the past year, WHO worked with American Samoa, Cook Islands, the Federated States of Micronesia, Fiji, Guam, Kiribati, the Marshall Islands, Nauru, Niue, Palau, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu to move PEN from a feasibility phase to full integration of NCD interventions and management into primary health-care services. Up to 70% of health facilities in these countries are currently implementing PEN services with WHO support.

The declaration by Pacific health ministers of the goal of a Tobacco Free Pacific by 2025 is a major political commitment to reduce a significant cause of preventable NCDs.

With WHO support, Cook Islands, Fiji, Palau, Solomon Islands and Tonga have taken action to involve non-health sectors such as finance and customs in increasing tobacco taxes.

**Whole-of-society solutions**

Indeed, plans to address the NCD epidemic point to the central issue in sustaining health gains and improving overall health and well-being in the Region: the need for strengthened health systems and working towards universal health coverage.

NCDs illustrate how health issues can stymie development and reverse economic gains. I recently met with health and economic ministers of Pacific island countries to emphasize the need to incorporate all sectors of society and government in national NCD plans.

The Healthy Cities concept embraces this cross-cutting approach, bringing together all sectors of society to create healthier physical and social environments.
environments. Health does not exist in a vacuum. The factors that influence health involve many sectors, such as finance, trade, labour, environment and legal, as well as other stakeholders such as non-governmental and faith-based organizations.

These sound investments in health are one of the best ways to spur development and prosperity. Many vexing issues – from the host of diseases that can be prevented with vaccination or cured if caught early to NCDs that require lifestyle changes – can be addressed at the primary health-care level with extremely cost-effective measures.

**Strengthening health systems**

Improving the capacity of health workers is critical to build better health systems. WHO has assisted Member States throughout the Region to develop comprehensive human resources for health, or HRH, strategic plans, including mechanisms to improve data generation for better assessment of needs and progress.

For instance, WHO worked with high-burden Member States using the *Regional Early Essential Newborn Care Clinical Practice Pocket Guide* to improve the skills of health professionals, raise the quality of birthing facilities, upgrade programme planning and mobilize social support for newborn care. The manual was part of an action plan by WHO and UNICEF, making the Western Pacific the first WHO region to present a regional platform for action focused on newborn infants. In addition, WHO has worked to strengthen health professionals’ capacity throughout the Region. One example is the Pacific Open Learning Health Net (POLHN), which has 40 learning centres in 14 countries and areas that offer courses tailored to the public health needs of Pacific communities.

Since 2012, more than 2500 health professionals have taken advantage of the programme offering free, online and blended courses to improve the quality and standards of practice in the Pacific. The programme, the result of a partnership between WHO and ministries of health, allows professionals to build their skills while staying in their Pacific communities.

The Global Health Learning Centre was re-launched in February 2014 and attended by 15 fellows from five countries. They attended six months of courses in English and leadership and governance at the Regional Office.

WHO’s efforts to build human resources for health in the Region are critical because the lack of competent and productive health workers hinders efforts to achieve universal health coverage.
The impact of universal health coverage goes well beyond health. This global vision will strengthen the fabric of societies by reducing poverty, building trust in government, and contributing to secure a sustainable economic growth and development.

We have been heavily involved in health systems strengthening in the Western Pacific Region, building capacity to improve financial protections and access to quality health services and medicines.

I was personally involved in Viet Nam’s recent revision of its Health Insurance Law to introduce compulsory membership, mandatory family-based enrolment for the informal sector and expanded benefits for vulnerable populations, especially poor people and ethnic minorities. Over the past year, we also supported efforts to strengthen health systems in Cambodia, China, Mongolia, the Philippines, Viet Nam and other Member States.

But we have a long way to go to make universal health coverage a reality. Even for countries with robust health systems, sustaining progress remains a challenge.

People’s expectations are now greater. Populations are ageing rapidly,
imposing new stresses on health systems. And disease patterns are changing due to environmental and societal pressures.

Nevertheless, countries with strong health systems like Japan and the Republic of Korea provide a wealth of experience, as well as technical and financial support, to help other countries on the road towards universal health coverage.

**Challenges going forward**

Each year brings new challenges to the Region and to the WHO Regional Office for the Western Pacific as we search for new and innovative ways to increase the effectiveness of our support to Member States.

To help prepare Member States for whatever the future holds, I have spent this year sharply focused on building our human resources for health: the best team of public health experts to take the Region forward.

I have recruited two new directors from outside WHO, bringing fresh perspectives and enthusiasm. Their public health experience, much like mine before becoming Regional Director, was gained working in Member States. I have also rotated seven WHO country representatives - an unprecedented number - all part of the drive to put the right people in the right place to serve Member States better.

We have a lot more to accomplish before I complete my second term as Regional Director. Perhaps the greatest challenge will be assisting Member States to strengthen health systems towards the goal of achieving universal health coverage. Indeed, the long-term success of many of our efforts – from disaster preparedness to combating communicable and noncommunicable diseases – depends on accessible and effective health systems.

At the start of my second term in February 2014, I looked carefully at ways we can work harder and smarter to better serve Member States. In many ways, we must be willing to constantly reinvent ourselves to fulfil our mission of service to Member States as their health needs change.

I enunciated four key principles that will guide our work in the Western Pacific Region over the next four-plus years:

One – WHO must be country-needs oriented and people centred by focusing on the most vulnerable populations within countries.

Two – WHO must build on successes, tackling emerging challenges while continuously recognizing unfinished business.

Three – WHO must be flexible and adaptable as it continues to engage all actors in health and beyond health.

Four – WHO staff must be more effective managers – of both financial and human resources.

Going forward, we must do everything possible to ensure that health assumes its proper role in the post-2015 agenda as a core development issue.

Only in this way will we be able to offer real hope of health and well-being—and all the promise for sustainable development they bring—for all 1.8 billion people of the Western Pacific Region.
WHO Regional Office for the Western Pacific

New structure to better serve Member States

The structure of divisions in the WHO Regional Office for the Western Pacific has been changed to streamline operations and strengthen country-level support under the regional reform agenda. The current Report of the Regional Director reflects the new division names, while results remain grouped under the categories in which they were achieved.

Abbreviations
WR: WHO Representative
CLO: Country Liaison Officer
## Divisions and programmes

<table>
<thead>
<tr>
<th>DIRECTOR</th>
<th>PROGRAMME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director, Programme Management (DPM)</td>
<td>Programme Development and Operations (PDO)</td>
</tr>
<tr>
<td></td>
<td>Country support (CSU)</td>
</tr>
<tr>
<td></td>
<td>Editorial Services (EDT)</td>
</tr>
<tr>
<td>Director, Administration and Finance (DAF)</td>
<td>Budget and Finance (BFU)</td>
</tr>
<tr>
<td></td>
<td>Human Resources Management (HRM)</td>
</tr>
<tr>
<td></td>
<td>Information Technologies and Administration (ITA)</td>
</tr>
<tr>
<td>Director, Office of the Regional Director (EXD)</td>
<td>External Relations and Partnerships (ERP)</td>
</tr>
<tr>
<td></td>
<td>Public Information Office (PIO)</td>
</tr>
<tr>
<td></td>
<td>Information Products and Services (IPS)</td>
</tr>
<tr>
<td>Director, Communicable Diseases (DCD)</td>
<td>Expanded Programme on Immunization (EPI)</td>
</tr>
<tr>
<td></td>
<td>Malaria, other Vectorborne and Parasitic Diseases (MVP)</td>
</tr>
<tr>
<td></td>
<td>HIV, Hepatitis and Sexually Transmitted Infections (HSI)</td>
</tr>
<tr>
<td></td>
<td>Stop TB and Leprosy Elimination (STB)</td>
</tr>
<tr>
<td>Director, Health Systems (DHS)</td>
<td>Health Policy and Financing (HPF)</td>
</tr>
<tr>
<td></td>
<td>Integrated Service Delivery (ISD)</td>
</tr>
<tr>
<td></td>
<td>Essential Medicines and Health Technologies (EMT)</td>
</tr>
<tr>
<td></td>
<td>Health Intelligence and Innovation (HII)</td>
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<tr>
<td></td>
<td>Equity and Social Determinants (ESD)</td>
</tr>
<tr>
<td>Director, NCD and Health through the Life-Course (DNH)</td>
<td>Noncommunicable Diseases and Health Promotion (NCD)</td>
</tr>
<tr>
<td></td>
<td>Tobacco Free Initiative (TFI)</td>
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<tr>
<td></td>
<td>Mental Health and Substance Abuse (MHS)</td>
</tr>
<tr>
<td></td>
<td>Reproductive, Maternal, Newborn, Child and Adolescent Health (MCA)</td>
</tr>
<tr>
<td></td>
<td>Health and the Environment (HAE)</td>
</tr>
<tr>
<td></td>
<td>Violence and Injuries (VIP)</td>
</tr>
<tr>
<td></td>
<td>Disabilities and Rehabilitation (DAR)</td>
</tr>
<tr>
<td></td>
<td>Nutrition (NUT)</td>
</tr>
<tr>
<td>Director, Health Security and Emergencies (DSE)</td>
<td>Emerging Disease Surveillance and Response (ESR)</td>
</tr>
<tr>
<td></td>
<td>Disaster Risk Management for Health (DRM)</td>
</tr>
<tr>
<td></td>
<td>Food Safety (FOS)</td>
</tr>
<tr>
<td>Director, Pacific Technical Support (DPS)</td>
<td>Health Security and Communicable Diseases (PSC)</td>
</tr>
<tr>
<td></td>
<td>Health Systems (PHS)</td>
</tr>
<tr>
<td></td>
<td>NCD and Health through the Life-Course (PNH)</td>
</tr>
</tbody>
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Programmes in regular font are led by Coordinators (technical areas) and Managers (administrative areas). Programmes in italic font are led by Technical Leads under the direct authority of their respective Director.
WHO Representatives Offices

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

Country Liaison Offices

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

Disclaimer: The boundaries and names shown and the designations used on this map do not imply the expression of an opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or areas or its authorities, or concerning the delimitation of its frontiers or boundaries.
The Art Gallery at the WHO Regional Office for the Western Pacific was established in October 2011 during the sixty-second session of the WHO Regional Committee for the Western Pacific. With the support of Member States, the Art Gallery features generous donations of artwork based on the theme of healing and represents the richness and diversity of the countries and areas that make up the WHO Western Pacific Region.
Introduction

The Division of Communicable Diseases (DCD) and its network of country office focal points aim to reduce morbidity and mortality related to key diseases such as HIV/AIDS, malaria, neglected tropical diseases, tuberculosis and vaccine-preventable diseases.

Major reductions in many of these diseases have been achieved in recent years throughout the Western Pacific Region. However, these diseases still cause an unacceptably high level of ill health and death. The poor and marginalized are most often at highest risk for communicable diseases due to living conditions and lack of adequate access to health care. The disproportionate burden of communicable diseases on these groups leads not only to higher rates of illness and death, but also contributes to a cycle of ill health, lack of education, unemployment and poverty.

The Division is increasingly promoting a health systems approach to communicable disease control, which is seen as crucial to the sustainability of efforts to tackle these threats to health.

Over the past year, DCD continued to support Member States in the control of vaccine-preventable diseases.

Good progress has been made towards eliminating measles, with four Member States now verified as having achieved elimination. The Regional Committee for the Western Pacific endorsed a new
WHO supported a number of Member States in their efforts to tackle neglected tropical diseases through mass treatment and deworming campaigns.

Solid progress continued to be made in the fight against TB, although drug-resistant TB remains a worrisome threat not yet under control. The Division supported a number of Member States with high burdens of TB to develop national strategic plans to guide their efforts. Responses to multidrug-resistant TB were strengthened through improvements in diagnostic and treatment capacities. Access to quality TB care was improved through a number of activities, including intensified case finding in some high-risk populations. Leprosy remains a problem, particularly in some Pacific island countries and areas, and the Division has provided important support to improve and maintain local capacity to detect and care for those affected.

Significant progress continued to be made in reducing morbidity and mortality from malaria, however the emergence of artemisinin resistance in the Greater Mekong Subregion remains a major threat. To contain its spread, WHO and partners established Emergency Response to Artemisinin Resistance, which includes a regional hub in Cambodia.

Containing resistance, improving malaria control and eliminating malaria in some areas will be beneficial not just to the people of the Greater Mekong Subregion, but also to malaria progress worldwide. DCD is also an active partner in other key international malaria initiatives such as the Asia Pacific Leaders Malaria Alliance and provided a wide range of technical support to malaria elimination and control efforts in Member States. DCD has worked closely with the Division of Health Security and Emergencies to conduct dengue surveillance and control activities, particularly in response to major epidemics during 2013 and 2014.

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Expanded Programme on Immunization

Strategy and actions

Clear and ambitious goals are needed to build on recent gains. In 2013–2014, a draft Regional Framework for Implementation of the Global Vaccine Action Plan was developed through extensive consultation with Member States. This draft framework has been designed to support Member States by tailoring the strategies and activities recommended in the Global Vaccine Action Plan 2011–2020 (GVAP) to the Western Pacific Region. Existing regional and global goals have been consolidated to assist Member States to implement the GVAP.

Results achieved

In 2013, the Region sustained its polio-free status. The Regional Certification Commission for Poliomyelitis Eradication identified three countries at high risk for importation of poliovirus: the Lao People’s Democratic Republic, Papua New Guinea and the Philippines. Polio laboratories throughout the Region maintained accreditation and with WHO support many introduced new techniques for intratypic differentiation and screening for vaccine-derived poliovirus.

In 2014, Australia, Macao SAR (China), Mongolia and the Republic of Korea were verified as having achieved elimination of endemic measles virus transmission for a period greater than 36 months. Although measles transmission has been declining, resurgence occurred in 2013 and mass outbreak response immunization campaigns were conducted in China, the Philippines and Viet Nam. The number of WHO measles and rubella laboratories in the Region participating in the WHO accreditation programme rose to 53 in 2014. During past year, molecular diagnostic capacities of network laboratories for genotyping and sequencing were further strengthened to provide fast genotyping results for the programme.

Cambodia introduced rubella vaccine into its routine immunization programme following a nationwide measles–rubella vaccination campaign targeting children from 9 months to 15 years of age. As of mid-2014, 34 of the 37 countries and areas in the Region have introduced rubella into their routine immunization schedule. With most countries in the Region establishing rubella control...
In 2013, two additional countries established surveillance to better define the disease burden. This year also marked the first WHO prequalification of a Japanese encephalitis vaccine, which was also the first prequalified vaccine produced in China. These factors make it feasible for the Region to accelerate Japanese encephalitis control over coming years.

Achieving 95% national coverage and 90% district coverage for all vaccines used in national immunization programmes was proposed as a regional goal. Such high coverage is important to the success of disease elimination and control programmes and to reduce inequities in vaccine access. In 2013, seven countries exceeded the 95% national goal for coverage with three doses of diphtheria–tetanus–pertussis vaccine. WHO supported formulation of a regional alliance for national regulatory authorities for vaccines, which helps build independent, competent and effective regulatory systems.

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Countries in the Region increasingly gathered and used evidence for vaccine policy decisions. During the past year, four Member States introduced one or more new vaccines into their routine schedules and eight participated in the WHO rotavirus and invasive bacterial disease surveillance networks, collecting evidence on disease burden and the impact of vaccination. WHO-supported laboratories provided quality-assured testing.
for these diseases, along with Japanese encephalitis. WHO provided support for the Lao People’s Democratic Republic to undertake a human papillomavirus vaccine demonstration project and for Mongolia to evaluate the cost-effectiveness of pneumococcal conjugate vaccine.

Future directions

Immunization is a cost-effective, life-saving intervention that contributes substantially to the achievement of Millennium Development Goal (MDG) 4, which calls for a reduction in child mortality, and MDG 5, which calls for a reduction in maternal mortality. The new draft Regional Framework for Implementation of the Global Vaccine Action Plan outlines a way forward to strengthen immunization systems and achieve regional immunization goals. WHO will continue to work closely with Member States and assist them in their efforts to strengthen immunization programmes and further reduce the impact of vaccine-preventable diseases. WHO promotes a comprehensive approach that engages maternal, newborn, child and adolescent health in an effort to maximize the benefits of vaccination and to promote sustainable programmes.

Fighting the scourge of hepatitis B

Doctors explain to a new mother in the Philippines the importance of vaccinations, especially the hepatitis B birth-dose vaccine. Half of the world’s hepatitis B cases are in the Western Pacific Region.

Worldwide 240 million people live with chronic hepatitis B and 325,000 die each year from the disease, according to WHO estimates. The Western Pacific Region is home to a quarter of the world population, yet accounts for more than half of the deaths from hepatitis B. This high burden prompted countries in the Region to take stronger action to prevent new cases of hepatitis B through increased vaccination coverage.

Their efforts have sharply reduced new infections. In 2012, the Region achieved the milestone of reducing hepatitis B chronic infection among 5-year-old children to less than 2%. By 2013, vaccination coverage had improved to 91% for the three-dose series and 76% for timely birth dose. To accurately monitor impact, WHO established an independent Expert Resource Panel for hepatitis B, charged with verifying the achievements of Member States in reducing prevalence among children. The panel has independently verified 11 countries and areas as having achieved a chronic infection prevalence of less than 1% among 5-year-old children.

At the sixty-fourth session of the Regional Committee for the Western Pacific, Regional Director Dr Shin Young-soo congratulated Member States on successes in controlling hepatitis B in children. He also called attention to the challenges ahead. With many pregnant women in the Region already infected, reducing mother-to-child transmission of hepatitis B requires providing the first dose within 24 hours of life. Reaching millions of mothers living in remote areas that lack ready access to health care will require intensified efforts and a greater commitment of resources.
Malaria, other Vectorborne and Parasitic Diseases

Malaria

Strategy and actions

While malaria continues to pose a significant threat to health in the Western Pacific Region, all malaria-endemic countries have continued to make important progress towards achieving the 2015 targets of the Regional Action Plan for Malaria Control and Elimination in the Western Pacific (2010–2015). Some countries, such as the Philippines, are even ahead of set targets in terms of reductions in malaria cases and deaths. All endemic countries are now considering malaria elimination a feasible goal and have incorporated elimination into their national malaria strategic plans.

However, the problem of falciparum malaria parasites resistant to artemisinin has grown, posing a significant risk to existing progress. New foci of artemisinin resistance have been detected in the Lao People’s Democratic Republic, bringing the number of countries affected in the Greater Mekong Subregion to five.

Established in April 2013, the Emergency Response to Artemisinin Resistance (ERAR) in the Greater Mekong Subregion Regional Hub is now operational. Located in the WHO Cambodia country office, this biregional programme aims to strengthen the response to artemisinin resistance by coordinating action, strengthening technical leadership and catalysing resource mobilization. It is anticipated that by reinforcing monitoring and evaluation and increasing focus on the most vulnerable groups, such as mobile and migrant populations, the project will lead to more equitable access to malaria prevention, diagnosis and treatment – all crucial to containment and elimination efforts.

Continued strong political will and commitment are vital to ensure further progress against malaria. As a follow-up to a high-level malaria conference hosted by the Australian Government in Sydney in November 2012, the Asia Pacific Malaria Leaders Alliance (APLMA) was established during the 8th East Asia Summit in Brunei Darussalam in October 2013. WHO will work closely with APLMA to reduce malaria further in the region.
Results achieved

In close collaboration with WHO, national malaria programme reviews were completed in the Lao People’s Democratic Republic, Papua New Guinea, the Philippines, Solomon Islands and Vanuatu, providing important opportunities for countries to address programmatic gaps, draw on lessons learnt and inform future strategic plans. Programme reviews also serve as important elements in the process of securing funding from development partners for continued anti-malaria efforts. WHO is working closely with all Member States and partners to support this fund mobilization.

WHO also worked closely with the Asian Development Bank to assist with the establishment and implementation of the APLMA initiative. Through APLMA, WHO will support work on pharmaceuticals, regional financing for malaria, and malaria monitoring and evaluation. A monitoring scorecard has been developed for APLMA with input from WHO to help track progress in malaria control and elimination in Asian and Pacific countries.

The first biregional malaria-elimination training course was conducted in February 2014. The course was attended by 20 senior malaria programme staff members from 11 Member States in the WHO Western Pacific and South-East Asia regions with a shared goal of malaria elimination. The training course was designed to provide the necessary knowledge and skills to strengthen the development and implementation of national or subnational plans for malaria elimination.

The Global Fund to Fight AIDS, Tuberculosis and Malaria is supporting a Regional Response to Artemisinin Resistance (RAI) in the Greater Mekong Subregion with a budget of US$ 100 million over three years. WHO provided technical support in developing the concept note for RAI and will now be the secretariat of the regional steering committee based at the WHO Cambodia country office.

Future directions

To set global and regional directions in malaria control and elimination, WHO is developing a new Global Technical Strategy for Malaria: 2016–2025 in collaboration with experts, organizations and national control programmes. This technical strategy will also be used to develop the second Global Malaria Action Plan of the Roll Back Malaria Partnership and serve as a framework for advocacy and mobilization of funds as well as a multisectoral response for continued strong efforts against malaria. Future national strategies will likewise build on this global strategy, forming the basis for tailored operational plans for further progress towards elimination of malaria in the Region.
Emergency response to antimalarial drug resistance

The emergence in the Greater Mekong Subregion of resistance to artemisinin poses a serious potential threat to global health, warned WHO Regional Director for the Western Pacific Dr Shin Young-soo in Phnom Penh, Cambodia, on World Malaria Day 2013.

Dr Shin spoke at the launch of WHO’s Emergency Response to Artemisinin Resistance in the Greater Mekong Subregion: Regional Framework for Action 2013–2015, a cross-border, multi-pronged initiative designed to provide Cambodia, China, the Lao People’s Democratic Republic, Myanmar, Thailand and Viet Nam with the strategic direction to beat resistance to artemisinin.

Dr Shin warned the audience of malaria experts and development partners: “Failure to contain resistance to artemisinin in this part of the world may have tragic consequences globally.” Artemisinin-based combination therapies are the most effective treatment for uncomplicated falciparum malaria in most endemic countries and have been central to recent successes in global malaria prevention and control. With the support of donors, a regional hub has been set up in the Cambodian capital to provide coordination and support for intensified containment and preventive measures.

Dengue

Strategy and actions

Over the past decade, dengue cases have continued to increase in the Western Pacific Region, with large outbreaks in several Member States. More than 400,000 new cases of dengue and 900 deaths are now reported annually in the Region.

WHO responded to dengue outbreaks in Fiji, Kiribati, the Lao People’s Democratic Republic, the Federated States of Micronesia, Solomon Islands and Vanuatu, providing supplies, equipment and technical support for rapid entomological assessments and vector control. Together with WHO collaborating centres, the Organization continued to support regional capacity-building activities for dengue laboratories on vector surveillance and programmes on integrated vector management.

WHO provided technical support to Cambodia for implementation of an effective response to climate-sensitive vector-borne diseases, with a focus on dengue and outbreak response. This project contributed to identifying the correlation between climatic risk factors and increases in dengue vector densities and clinical cases. The project also raised awareness on dengue risks and the need for protective measures in vulnerable communities. Through replenishment of its Pacific stockpile of vector-control supplies, WHO...
facilitated the rapid delivery of needed supplies to deal effectively with outbreaks in Pacific island countries and areas, potentially limiting their scale and impact. WHO also assisted Fiji in the development and launching of its dengue strategic action plan for vector control.

Results achieved

Cooperation between WHO and Member States saw dengue outbreaks successfully controlled in Fiji, Kiribati, the Lao People’s Democratic Republic, the Federated States of Micronesia, Solomon Islands and Vanuatu. Dengue surveillance and data collection improved, with Pacific island countries and areas able to identify and establish the presence of DENV-3 serotype through WHO’s partnership with WHO collaborating centres. Dengue activities were implemented with broad intersectoral and community participation. In the Lao People’s Democratic Republic, the clinical management of dengue improved through capacity-building. In collaboration with the Asian Development Bank, countries and communities in the Region were provided with evidence for community-based vector control through the environmentally friendly use of larvivorous fish. WHO continues to provide programmatic and financial gap analyses in the Region.

Future directions

WHO is engaging with national programmes to help them evolve from reactive to proactive dengue vector control. To optimize this effort—and in keeping with the objectives of WHO’s new global strategy for dengue control—the Regional Office will facilitate estimates of the dengue burden in Cambodia, Fiji and the Lao People’s Democratic Republic. WHO will continue to engage in resource mobilization to strengthen dengue vector surveillance and control, including improving intersectoral collaboration with communities, partners and other key stakeholders. Integrated vector management, case management, laboratory detection and isolation of the dengue virus from mosquito vectors will be further strengthened. WHO will also continue to facilitate monitoring of insecticide resistance in dengue vectors, and a regional integrated vector management strategy for the Western Pacific will be developed.
Neglected tropical diseases

WHO supported the campaign to rid children of yaws in Tanna Island and other parts of Vanuatu where the prevalence is as high as 90%. The highly contagious disease causes weeping ulcers and possible disfigurement and disability.

Strategy and actions

Neglected tropical diseases (NTDs) affect more than a billion people worldwide, with poor people suffering the greatest toll. These debilitating diseases can be controlled, eliminated or even eradicated with recommended interventions, including preventive chemotherapy and intensified disease management. In the Western Pacific Region, NTDs are endemic in 28 countries and areas. The battle against lymphatic filariasis (commonly known as elephantiasis) is steadily moving towards the global goal of elimination in the Region. Fiji, French Polynesia, the Lao People’s Democratic Republic, the Federated States of Micronesia, Papua New Guinea, the Philippines, Samoa and Tuvalu are implementing preventive chemotherapy through mass drug administration campaigns.
lymphatic filariasis. A pilot mass drug administration campaign against lymphatic filariasis was conducted in the New Ireland province of Papua New Guinea.

Schistosomiasis is endemic in Cambodia, China, the Lao People’s Democratic Republic and the Philippines. Programme reviews in Cambodia, the Lao People’s Democratic Republic and the Philippines showed large reductions in infections. Mass drug administration in Cambodia reduced the prevalence of schistosomiasis to less than 5% in 2011. In the endemic districts of Khong and Mounlapamok in the Lao People’s Democratic Republic, the rate is currently 2.1% and 0.4%, respectively. These achievements suggest that schistosomiasis may soon be eliminated in Cambodia and the Lao People’s Democratic Republic. In the Philippines, 760 000 people were treated in 2012. Significant progress was also made in China, but challenges include behavioural changes to reduce exposure to river water and improved animal health, water and sanitation.

Mongolia recognized emergence of echinococcosis as an important public health problem and included the parasitic disease in the national plan of action on NTDs. Vanuatu is one of seven countries worldwide selected for a pilot mass treatment campaign against yaws and, as a result, achieved more than 90% coverage.

Results achieved

Among the remaining 22 lymphatic filariasis-endemic countries and areas in the Region, Niue, Palau and Vanuatu have submitted dossiers for verification of elimination, which are being evaluated by WHO. Papua New Guinea drafted a national plan for NTDs and secured United States Agency for International Development (USAID) support to eliminate lymphatic filariasis. A pilot mass drug administration campaign against lymphatic filariasis was conducted in the New Ireland province of Papua New Guinea.

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Schoolchildren in the Lao People’s Democratic Republic take deworming medicine. Many countries in the Region are carrying out deworming campaigns to combat soil-transmitted helminthiasis.

Future directions

To meet regional action plan goals for NTDs, lymphatic filariasis, schistosomiasis and trachoma must be eliminated and yaws eradicated by 2020, which will require intensified intervention and monitoring. Reduced morbidity from soil-transmitted helminthiasis and foodborne trematodiases requires transmission-control measures that involve all sectors: health, water and sanitation and agriculture.
HIV, Hepatitis and Sexually Transmitted Infections

A nurse at a health centre in Hanoi, Viet Nam, hands a daily dose of methadone to an injecting drug user. WHO is working to address tuberculosis and HIV infection among drug users and other high-risk groups.

Strategy and actions


Regional efforts have focused on generating data for action on HIV and STI, including WHO-facilitated programme reviews in Cambodia, Mongolia, Papua New Guinea and the Philippines. The increasing number of people now receiving antiretroviral therapy (ART) makes it crucial to improve the quality of services in the Western Pacific Region. The 2014 WHO Metrics for Monitoring the Cascade of HIV Testing, Care and Treatment Services for Asia and the Pacific confirms practices used to increase uptake of HIV testing and improve linkages to care, retention and adherence to exploit fully the benefits of ART. Together with an evolving research agenda, data from such assessments and programme reviews will inform planners to improve public health services and programmes.

Current rates of pre-treatment and acquired HIV drug resistance (HIVDR) vary in populations receiving ART in Asia and the Pacific. Transmitted HIVDR appears to be low (less than 5%), suggesting that first-line antiretroviral regimens may be effective. However, with a high risk of HIVDR among the rising numbers of people receiving ART, gathering more data on HIVDR is critical to guide future efforts.

Advocacy, capacity-building efforts and partnership with civil society and local governments continued, addressing emerging HIV, hepatitis and STI epidemics among men who have sex with men (MSM) and people who inject drugs (PWID).

Despite the existence of an effective treatment for hepatitis B and a cure for hepatitis C, the number of deaths from hepatitis far exceeds those from HIV, tuberculosis and malaria. Globally the Western Pacific Region accounts for the highest rates of liver cancer, mostly due to hepatitis B and C. Successes in hepatitis B immunization programmes and lessons learnt from
tackling HIV may help countries to mount a public health approach to hepatitis and prevent liver cancer.

The WHO Network for HIV and Health in the Western Pacific Region consists of 20 institutions, including WHO collaborating centres and long-term technical partners. The network supports WHO’s efforts and provides high-quality technical assistance for improving laboratory quality management. As such, its expansion to the WHO South-East Asia Region has been proposed.

Results achieved

Member States have begun adapting their national HIV treatment guidelines in line with the 2013 WHO recommendations.

The mother-to-child transmission elimination targets for HIV and syphilis, as well as targets for hepatitis B control, were adopted by Cambodia, China, Fiji, Malaysia and Papua New Guinea, with China advancing the triple elimination of mother-to-child transmission of HIV, syphilis and hepatitis in 1156 of 2861 counties.

WHO has developed a country-led action plan to implement and sustain a global strategy for the assessment and implementation of HIVDR surveillance and monitoring.

Studies have been initiated in China and Viet Nam to assess the feasibility and effectiveness of HIV testing and ART among key populations and serodiscordant couples.

Future directions

WHO convened the first regional hepatitis working group and initiated country dialogue on raising awareness, surveillance, prevention and management of hepatitis and will continue to work with Member States on these efforts.

HIV and hepatitis must be treated as chronic diseases, with prevention and management of both diseases integrated into long-term chronic care and decentralized service delivery (Treatment 2.0). This will allow Member States to increase the reach of WHO-recommended interventions and explore sustainable financing strategies. Current efforts are insufficient to contain the rapidly increasing HIV, hepatitis and STI epidemics among MSM and PWID. Intensified advocacy is required to improve information and address the needs of vulnerable populations.

WHO will develop a process to validate elimination of mother-to-child transmission of HIV and congenital syphilis elimination targets. Sexually transmitted infections continue to threaten the reproductive health, particularly in the South Pacific. WHO will focus on containing congenital syphilis and improving STI surveillance. Preventing the spread of drug-resistant HIV and gonorrhoea, in particular, will require more data on transmission and populations affected.
Stop TB and Leprosy Elimination

Tuberculosis

Strategy and actions

Although the Western Pacific Region is on track to achieve the TB-related Millennium Development Goals and other international targets by 2015, the TB burden remains unacceptably high in the Region with some new 1.6 million cases and 110 000 people dying every year.

A recent analysis showed that a significant proportion of TB patients experience a catastrophic economic burden due to the disease, which pushes them deeper into poverty.

The Regional Strategy to Stop Tuberculosis in the Western Pacific 2011–2015 responds to these and other challenges. Action in the Region includes the introduction of new rapid diagnostics, the dissemination and implementation of new standards for childhood TB, active case finding for TB risk groups, the promotion of public-private collaboration and technical assistance in the field of multidrug-resistant TB (MDR-TB), and TB/HIV co-infection and health systems.
strengthening, including disease surveillance and drug management systems.

Results achieved

Robust national policies and strategies underpin effective TB control. WHO supported the process of national TB strategic plan development in most Member States in the Region with a high burden of TB. As part of the process of national policy development, WHO also coordinated and organized national TB programme reviews in Cambodia, the Lao People’s Democratic Republic, Papua New Guinea and the Philippines. The WHO Regional Green Light Committee continued to support country capacity to diagnose and treat MDR-TB patients. All priority countries introduced rapid diagnostic technology, such as Xpert MTB/RIF (a WHO- endorsed molecular diagnostic method), and incorporated new techniques in diagnostic algorithms. WHO supported activities that contributed to universal access to quality TB care, including intensified case finding among TB high-risk populations such as people living with HIV, poor urban dwellers, older persons and prisoners.

To strengthen links between TB control and broader health systems, two cross-cutting activities were organized. A meeting entitled Quality-assured Drugs for Better Public Health: Strengthening and Harmonizing the Regulation of TB Medicines in the Western Pacific Region was the first

Coal miners relax at the end of their shift in Quang Ninh province in Viet Nam. They are at high risk for tuberculosis and other respiratory infections.

Coal miners are at high risk for developing TB and spreading the disease in confined underground mines. But miners often do not seek care until their condition is already severe. In 2013, intensified case finding conducted among 7401 coal miners in Quang Ninh Province in Viet Nam revealed a disturbing rate of TB: nearly double that of surrounding populations. The case finding involved collaboration between WHO, the national TB programme, local health centres and specialized TB hospitals, as well as coal mining companies. WHO is working with the provincial TB programme and the Vietnam National Coal-Mineral Industries Group to strengthen TB screening among coal miners. This significant increase in case detection allows early diagnosis and treatment, which cuts transmission and controls the spread of TB.

WHO also supported intensified case finding among high-risk prison populations living in crowded conditions in Palawan in the Philippines using new tools, such as digital X-ray and a molecular diagnostic test that provides same-day diagnosis. Of 3596 people screened, 231 cases were detected, including 10 drug-resistant cases.
Three years ago, the Regional Director assigned high priority to the fight against leprosy in the Western Pacific Region. Since then, efforts to strengthen leprosy control have shown encouraging results. The creation of a full-time position for a leprosy specialist in the Regional Office – thanks to generous help from American Leprosy Missions – has played an important role.

WHO’s leprosy strategy is built on four pillars: measure, analyse, innovate and train. WHO has strengthened coordination and collaboration with partners and is also working closely with programmes that target lymphatic filariasis and yaws. Interrupting transmission through early detection and treatment is the ultimate goal in eliminating leprosy.

In 2012, 5400 new patients were diagnosed with leprosy in the Western Pacific Region. Of these, 568 had serious disabilities and 510 were children. As part of its response, WHO is actively implementing the Enhanced Global Strategy for Further Reducing the Disease Burden Due to Leprosy (2011–2015), which offers a comprehensive approach to the control of leprosy.

Cambodian tuberculosis patients sit on a bed at a hospital in Kampong Speu province, some 45 kilometres west of Phnom Penh. Member States have endorsed WHO’s ambitious framework for TB control over the next 20 years.
Results achieved

High-burden countries, including Cambodia, the Lao People’s Democratic Republic, the Philippines, and the Pacific island countries and areas, have improved programme implementation at all levels and many hidden cases have been detected with likely reductions in transmission. Technical input and financial resources from WHO and its partners enabled national programmes to intensify leprosy activities. Surveillance data have become more reliable and accessible as a result of the web-based data collection system piloted in 2012.

While continuing to strengthen national capacities for diagnosis, treatment and care for those affected by leprosy, more proactive and innovative strategies are being supported. For instance, Cambodia organized community-based active case-finding campaigns in which many people at risk of developing leprosy were diagnosed by outreach teams. A recent analysis supported by WHO discovered that the number of patients with a severe form of disability can be significantly reduced with this proactive case-finding effort.

Future directions

WHO and its partners will simultaneously pursue the twin strategies of continuing to strengthen existing leprosy services while designing and piloting new strategies. Efforts will continue to focus on Pacific island countries and areas that have yet to reach elimination and on high-burden countries that continue to report significant numbers of new cases. Collaboration with partners in the Pacific will be strengthened to ensure coordination and the efficient use of complementary expertise and resources. The response will include programme evaluation and related capacity-building to address gaps, including those that relate to broader health system issues, such as supply chain management.
Health Security and Emergencies
Introduction

Emerging infectious diseases, emergencies and disasters, and unsafe food pose serious threats to health security in an increasingly interconnected world.

These challenges are particularly acute in the Western Pacific Region, which experiences an inordinate share of such threats. Typhoon Haiyan, the strongest tropical storm ever recorded at landfall, struck the Region in November 2013, claiming more than 6000 lives in the Philippines alone. And SARS, one of the most serious emerging infectious diseases in recent history, originated in the Region little more than a decade ago.

Avian influenza A(H7N9), a subtype of the influenza virus once seen only in birds, was found in humans in China in March 2013 and continued to cause illnesses and deaths in 2014. Diseases such as dengue, a mosquito-borne virus, continue to stalk a number of countries in the Region, including the Lao People’s Democratic Republic, Malaysia, and many Pacific island countries and areas. These disease outbreaks further underline the Region’s vulnerability to health security threats.

In an effort to mitigate, prepare for and respond to these threats, the Division of Health Security and Emergencies was established in July 2010 at the Regional Office for the Western Pacific. The Division is composed of three units: Emerging Disease Surveillance and Response, Emergency and Humanitarian Action, and Food Safety. The Division, in coordination with other divisions and units as well as WHO country offices, works towards ensuring public health security through prevention, preparedness planning, early detection and rapid response to emerging diseases, acute public health events and emergencies.

As a co-lead agency of the health cluster, WHO coordinated international support in response to the disaster.

A girl picks through debris in November 2013 in Tacloban city after Typhoon Haiyan ravaged the central Philippines. The storm was the worst on record, affecting more than 16 million people and claiming more than 6000 lives.
WHO work in outbreak and emergency response is guided primarily by its Emergency Response Framework. Emergency operations centres at three levels of the Organization – headquarters, regional offices and country offices – have provided support for Member States and have played vital roles in facilitating the sharing of information and joint assessments of health risks and needs that have enabled swift decision-making and coordinated emergency response, including the rapid mobilization of resources.

No individual country acting alone can completely protect itself from regional and global health security threats.

Another WHO priority has been support to Member States in ensuring participation in an effective international system for detecting, assessing and responding to all acute public health events and emergencies, as required by the International Health Regulations, also known as IHR (2005). In the Western Pacific Region, IHR (2005) implementation is guided by the Asia Pacific Strategy for Emerging Diseases (APSED), a key tool to help countries meet and maintain their IHR (2005) core capacity requirements.

In addition, the Division has taken important steps to help strengthen capacity at the country level to enhance food safety through the implementation of the Western Pacific Regional Food Safety Strategy 2011–2015. The Division also has worked in close cooperation with Member States and international experts in developing the draft Western Pacific Regional Framework of Action for Disaster Risk Management for Health, which will be among the issues considered by Member States at the sixty-fifth session of the Regional Committee for the Western Pacific.

While significant progress has been made by most Member States in meeting IHR (2005) core capacities, WHO will continue to support those hoping to reach that goal by 2016. The prevention and mitigation of risks associated with all hazards also will remain a priority, particularly in a Region where adaptation to climate change presents a special challenge.

No individual country acting alone can completely protect itself from regional and global health security threats. If just one country is at risk, no country is safe.

A disaster emergency response team treats a mock victim during a transportation drill on a highway near Kuala Lumpur, Malaysia, in June 2014. The drill ensures that transportation emergency incidents are managed in an effective and efficient manner.
Emerging Disease Surveillance and Response

Results achieved

The two regions continue to be hotspots for emerging diseases and other public health threats, including outbreaks of dengue fever and avian influenza viruses, such as H7N9 and H5N1. In 2013, the Lao People’s Democratic Republic reported the highest number of dengue cases since reporting on the disease began. China is experiencing a second wave of human infections caused by the avian influenza A(H7N9) virus, which emerged in 2013. Other avian influenza viruses infecting humans, such as H5N1, continue to be detected in Cambodia, China and Viet Nam.

Responses to these outbreaks reflect an improvement in national capacities through APSED implementation. Rapid response teams were sent to investigate dengue and avian influenza outbreaks in Cambodia, China and the Lao People’s Democratic Republic, with the Field Epidemiology Training Programme providing additional surge capacity. The activation of national and regional emergency operations centres (EOC), a key component of APSED, further illustrates capacity gains recommended by the strategy.

Accurate laboratory diagnosis is critical to surveillance and response.

Strategy and actions

The past year saw important progress in implementation of the International Health Regulations (2005), or IHR (2005), which provides a legal framework to strengthen global health security. Brunei Darussalam, China, Niue, Samoa and Viet Nam met the deadline to fulfil IHR (2005) core capacities by June 2014, while nine Member States requested an extension until 2016 to meet their core capacity requirements.

WHO works with Member States to strengthen their core capacities under the International Health Regulations (2005) through implementation of the Asia Pacific Strategy for Emerging Diseases (APSED).

The Asia Pacific Strategy for Emerging Diseases (APSED) is the framework to accelerate capacity development for IHR (2005) in Member States. The Asia Pacific Technical Advisory Group (TAG) on APSED, which is a forum for Member States, partners, technical advisers and WHO, convenes annually to recommend priority actions. The 2013 TAG meeting was organized as a biregional meeting covering the WHO South-East Asia and Western Pacific regions.
Surveillance and Response (ESR) unit at the Regional Office for the Western Pacific supported the response to humanitarian disasters such as Typhoon Haiyan, which struck the Philippines and neighbouring countries. Close collaboration with other technical units, such as Environmental Health and Food Safety, has helped address the broad range of technical issues that may arise in preparedness for and the management of public health events.

Future directions

Significant progress has been made in the Western Pacific Region in strengthening national and regional capacities to manage emerging diseases. WHO will continue to support Member States in the ongoing implementation of APSED to ensure all capacities required by IHR (2005) are in place by 2016. WHO has developed a monitoring and evaluation guide for APSED in an effort to strengthen overall accountability and results-based management.

The 2014 TAG meeting will provide advice on priority implementation areas for APSED, which was updated in 2010, and on the future strategic directions for regional health security work. As health emergencies and their potential impact on society become more complex, a main focus for ESR will be fostering links within organizations, across sectors and among partners.

Existing surveillance and laboratory systems, supported by networks such as the Global Influenza Surveillance and Response System (GISRS), allowed for detection and virus characterization of H5N1 and H7N9. As agreed upon at the last meeting of national influenza centres, laboratory capacities will be strengthened based on achievements in detecting and responding to influenza, with the goal of covering other emerging diseases, such as Middle East respiratory syndrome coronavirus (MERS-CoV).

Risk assessments for H7N9 and dengue were conducted and continuously updated to guide national control measures. Information was shared with Member States and partners, including IHR (2005) communications and online situation updates, as well as scientific articles in the Western Pacific Surveillance and Response Journal.

WHO’s Emergency Response Framework has guided the Organization’s support to Member States in the management of disease outbreaks. Events are graded by significance and response mechanisms are then activated. By mobilizing the Global Outbreak Alert and Response Network (GOARN) and through EOC-coordinated efforts, the Emerging Disease Surveillance and Response Journal.
Emergency and Humanitarian Action

Strategy and actions

Ten of the top 20 countries worldwide facing the highest risk of disasters associated with natural hazards are in the Western Pacific Region. Over the last two decades, nearly 7000 disasters associated with natural hazards, including earthquakes, floods, tsunamis and typhoons, have been recorded worldwide, affecting 4.3 billion people. More than one fifth of those disasters occurred in the Western Pacific Region, impacting 2.7 billion people.

These disasters have taken a tragic human toll, claiming more than 1.3 million lives and forcing tens of millions of people to flee their homes. The economic cost has been enormous, with damage to homes, infrastructure, industry and agriculture estimated at more than US$ 2.2 trillion.

A disproportionate share of those damages – some 41% – occurred in the Western Pacific Region. However, the Region accounts for just 15% of disaster-related deaths worldwide over the last two decades – a less-than-expected share that can be traced to the considerable efforts undertaken in the Region for disaster preparedness and response.

Environmental experts say climate change is driving the rise in both the numbers and strength of disasters associated with natural hazards, especially typhoons and floods, and they are calling for renewed efforts by Member States and the international community to confront the issue.

The Hyogo Framework for Action highlighted the need for a global commitment to disaster risk management for disasters associated with natural and other hazards. The health sector in particular has a special responsibility to strengthen disaster risk management for health, building on regional initiatives, such as the Asia Pacific Strategy for Emerging Diseases (APSED).

Results achieved

A draft Western Pacific Regional Framework of Action for Disaster Risk Management for Health has been developed in consultation with Member States and international experts. Informal consultations were held in March 2014 for Mekong countries and in July 2014 for Pacific island countries and areas to support development of national plans for disaster risk management for health based on recommendations of the draft regional framework.
Typhoon Haiyan, which raced westward across the Pacific in November 2013, served as the most recent reminder of the need to upgrade plans for disaster risk management for health. One of the strongest typhoons ever recorded, it devastated parts of South-East Asia, particularly the Philippines, where it left more than 6000 people dead.

**WHO supported the Department of Health in the Philippines with coordination of 150 foreign medical teams.**

The typhoon was declared a Level 3 humanitarian crisis and required a system-wide response by the United Nations. WHO, as a co-lead agency for the Health Cluster, helped direct an unprecedented response in terms of human resources, logistics and supplies to support the response of the Philippine Government. The WHO country office in the Philippines had 150 staff members at work at the peak of the response to the typhoon, nearly triple the number of staff members normally assigned to the office. Those staff members ran five Health Cluster coordination hubs along the typhoon corridor, coordinating and supporting international assistance. WHO logisticians helped move more than 500 tonnes of life-saving supplies and coordinated distribution efforts with many foreign medical teams. In addition, WHO supported Typhoon Haiyan, known as Yolanda locally.
Typhoon Haiyan, the strongest tropical storm ever recorded at landfall, cut a swathe of destruction across the Philippines on 8 November 2013, leaving more than 6000 dead and 4 million displaced. In all, the disaster affected 16 million people. A Grade 3 emergency was declared requiring a United Nations system-wide response. As a co-lead agency of the health cluster, WHO established coordination and logistics hubs within days and helped direct an unprecedented response effort in support of the Philippine Government. At its peak, 150 staff members worked at the WHO Philippine country office, nearly tripling normal staff levels. WHO ran five coordination hubs along the typhoon corridor, coordinating and supporting international assistance. As a co-lead agency of the health cluster with the Philippine Department of Health, WHO prepositioned goods and supplies and prepared staff and equipment to ensure a swift response. WHO supported the Department of Health in the Philippines with coordination of 150 foreign medical teams to provide medical assistance.

Within weeks WHO and more than 20 partners supported the Philippine Department of Health to administer polio and measles vaccinations for all children in the typhoon affected area. WHO’s response to the disaster is widely considered an outstanding example of the three levels of the Organization working together – headquarters, regional and country offices. WHO continues to play a leadership role in the long-term recovery effort.

Dr Shin Young-soo, WHO Regional Director for the Western Pacific, said: “I am very proud of the energetic and efficient way our Organization responded to Typhoon Haiyan, the first Grade 3 emergency in this Region under WHO’s new Emergency Response Framework.”
the Government in deploying more than 150 foreign medical teams that travelled to the Philippines to support the response.

Several key lessons were learnt from the response to Typhoon Haiyan, including those related to the coordination of foreign medical teams, the treatment of patients affected by acute and chronic mental disorders, and the provision of life-saving interventions to mothers and newborn children. The challenge now is using these lessons to improve the response to future crises.

Recent flooding in Solomon Islands that affected 10% of the country also tested WHO’s role as the Health Cluster lead. After the disaster struck, WHO worked with the Ministry of Health and Medical Services to coordinate relief efforts and provide technical expertise. Ongoing seismic activity near Solomon Islands suggests that the recent flood will not be the country’s last disaster, highlighting the necessity to improve monitoring, enhance preparations and adopt an all-hazards approach to disaster response.

**Future directions**

With the target date for the United Nations Millennium Development Goals fast approaching, much of the attention of health sector and development partners has been focused on the post-2015 development agenda. But 2015 also marks the final year of the *Hyogo Framework for Action*, the 10-year plan that detailed the work required from all sectors to reduce losses from disasters.

Going forward, the health sector and development partners must find a way to join efforts to meet not only health and development challenges, but also issues associated with the prevention and mitigation of risks associated to all hazards. Finding a strategic approach to address these issues will be particularly important in the Western Pacific Region, where adaptation to climate change must also be factored into any comprehensive approach to manage the risks associated with disasters.

WHO is well placed to bridge the gaps in the development, health and humanitarian agendas, taking into account issues such as universal coverage for essential health services, equity in accessing services, and enhancing the resilience of populations at high risk of disasters by supporting efforts to develop national plans for disaster risk management for health.

Strengthening WHO’s organizational readiness to ensure the full implementation of emergency and disaster response plans will remain a priority, including enhancing the health emergency management system, standard operating procedures for emergencies and disasters, and staff training and exercises at the country and regional levels.
Food Safety

Strategy and actions

Unsafe food can cause diarrhoeal and gastrointestinal diseases, as well as cancer, resulting in a variety of acute and lifelong diseases and killing millions of people globally each year. The rising trade in food commodities and growing international travel have accelerated the spread of foodborne diseases across borders and have made food safety an important international health security issue.

The *Western Pacific Regional Food Safety Strategy 2011–2015* serves as a key tool to reduce the health and social burden of foodborne diseases in the Western Pacific Region. The strategy focuses on strengthening national food control systems, promoting in-country stakeholder coordination and collaboration, and enhancing cooperation among regional agencies.

In line with the regional strategy and the International Health Regulations (2005), efforts at the country level centred around actions to strengthen national capacities for food safety, such as the review and development of national laws, regulations and standards for safe food, improvement in the availability and quality of food safety data, and the provision of guidance for assessing and managing health risks. Support was also provided to conduct training programmes for risk-based food inspection and to enhance the participation of experts from Member States in the work of the Codex Alimentarius Commission.

WHO continued to facilitate regional food safety coordination and cooperation and strengthen the International Food Safety Authorities Network (INFOSAN) in Asia.

Results achieved

As part of activities aimed at supporting national food safety systems in Member States, a Mekong Project in Communities and Schools was implemented in 12 primary schools in Cambodia and the Lao People’s Democratic Republic with the goal of providing access to healthier and safer food for poor urban women and children through cross-programme and interagency collaboration.

Surveillance of foodborne diseases was strengthened by linking food surveillance to existing event- and indicator-based disease surveillance systems. An Informal Consultation on Strengthening the Surveillance of Foodborne Diseases in the Western Pacific Region was held in February 2014 in Manila, Philippines, to develop...
a practical manual on surveillance and response for foodborne diseases.

WHO supported the strengthening of food inspection services in Cambodia, China, Kiribati, the Lao People's Democratic Republic, the Marshall Islands, Mongolia, Nauru, Palau, Papua New Guinea and Vanuatu. The Pacific Open Learning Health Net (POLHN) is expected to be an example of successful collaboration in training food inspectors, with introductory sessions on food quality and safety concerns, as well as hands-on field training. Other efforts included the provision of food safety education to food vendors in Cook Islands, the Federated States of Micronesia and Nauru, the dissemination of consumer education materials in the Lao People's Democratic Republic, and the training of provincial health officers responsible for food inspection in basic food safety and foodborne disease outbreak response in Cambodia. Support in assessing national food safety capacities was also provided to Cambodia, leading to the development of a national plan of action. Assistance was provided to several Member States, including Mongolia, for the translation and harmonization of Codex Alimentarius standards and the development of food laws in countries such as the Lao People’s Democratic Republic.

The work of INFOSAN in Asia continued with renewed emphasis on in-country management of food safety emergencies and the sharing of information across the Region. Member States shared experiences and discussed improvements in the system at a meeting on Strengthening INFOSAN and National Food Control Systems in Asia, held in Manila, Philippines, in December 2013. Information on several food safety events was shared through the network, including the contamination of dairy products and ingredients with clostridia bacteria and acute non-viral hepatitis related to dietary supplements.

The Food Safety Cooperation Working Group established in 2012 met in December 2013 to strengthen regional cooperation and coordination. The group encompasses, in addition to WHO, the Asia-Pacific Economic

An expert gives students a lesson about healthy and safe foods at a school in China.
Safe and healthy food for Mekong communities and schools

Cambodian schoolchildren visit a market in Phnom Penh to learn about healthy and safe food as part of the Mekong Project in Communities and Schools. WHO provides technical support to many food safety programmes throughout the Region.

Future directions

There is a need to ensure the successful implementation of the Western Pacific Regional Food Safety Strategy 2011–2015 by prioritizing actions and enhancing collective efforts. Targeted support to countries will be essential for maximizing the use of limited resources. Further strengthening INFOSAN in Asia, developing further links between INFOSAN and International Health Regulations (2005), and building country capacities to generate, assess and communicate relevant data on food safety incidents remain high priorities. This requires cross-programme collaboration at the country, regional and international levels. WHO will also continue to play a vital role in ensuring successful collaboration among key regional agencies and programmes through the Food Safety Cooperation Working Group.

WHO supported the Mekong Project in Communities and Schools, a pilot project to improve the availability of healthy, nutritious and safe food for poor urban women and children by training food vendors, primary school teachers and students on good nutrition and food safety. Implemented in 12 primary schools in Phnom Penh, Cambodia, and Vientiane, the Lao People’s Democratic Republic, the project also encourages collaboration at country level between the national government, local authorities and youth and women’s organizations. It draws on the resources of the Regional Office and country offices and brings together technical expertise on health promotion, food safety and nutrition, and promotes cross-divisional collaboration.

The project covered aspects of food vendor training, food inspections and school health campaigns. Healthy food fairs were organized along with market tours for school ambassadors. Students and staff visited stalls selling fresh fruit and vegetables, poultry, desserts, condiments, fresh fish and cooked dishes. The children made note of vendors’ hygiene practices, the temperature of food, the cleanliness of dishes and the nutritional benefits of various foods. By October 2013, 104 school food vendors had received training on food safety (following the WHO Five Keys to Safer Food) and nutrition. Before undertaking the training, 57% of vendors could not identify basic requirements to ensure food safety. After the training, vendors achieved a pass rate of 82%. The project has gathered momentum and is building on the WHO Health Promoting Schools framework.

A Ministry of Education official in Phnom Penh said the market tours are particularly beneficial for children whose mothers send them to market. He said the children “can tell if food is safe, and talk to the vendors about hygiene.”
Introduction

The Division of NCD and Health through the Life-Course covers a broad array of public health issues arising from complex interactions among people, communities, and the social, economic, political and physical environment. An underlying theme of the Division’s work is enabling and empowering people to take control of their health and their lives.

Over the past year, efforts focused on developing more integrated approaches to health. For example, through the Action for Healthier Families initiative, pilot projects were initiated at the primary level in the Lao People’s Democratic Republic and the Philippines integrating maternal and child health with noncommunicable diseases (NCDs), mental health, environmental health, disabilities, violence and injury prevention, and nutrition. The draft *Action Plan to Reduce the Double Burden of Malnutrition in the Western Pacific (2015–2020)* seeks to address both under- and over-nutrition and identify common pathways for the integration of policies and action in the nutrition and food sectors. *Pathways for Effective Action through Regulation and Legislation* is a tool being developed to support integrated approaches to the regulation of marketing of harmful products to children, such as tobacco, alcohol, unhealthy food and breast-milk substitutes. In response to Typhoon Haiyan in the Philippines, a series of dialogues on communities resilient to climate change and integrated approaches to health was implemented in collaboration with the Ramon Magsaysay Foundation to share experiences of leaders and awardees in community development from the Western Pacific and South-East Asia regions.

Giao women, members of an ethnic minority in Viet Nam, come to a village meeting to receive iron folate tablets provided by WHO. Simple, cost-effective interventions like this are designed to help women of reproductive age who suffer from anaemia in the Region.

The Work of WHO in the Western Pacific Region, 1 July 2013–30 June 2014
Equity and access to quality care in the context of universal health coverage is another important aspect of the Division’s work. With newborn infants accounting for half of all child mortality, a regional campaign entitled The First Embrace was launched to mobilize support for implementation of the Action Plan for Healthy Newborn Infants in the Western Pacific Region (2014–2020) in the Philippines and Viet Nam. The Reproductive, Maternal, Newborn, Child and Adolescent Health Programme of Work in the Western Pacific Region (2014–2020) was also developed to support the final push for achieving the Millennium Development Goals and articulating directions for sustaining gains in family health in the post-2015 development agenda. Inclusive engagement with organizations of people with disabilities has been a core principle driving the work on community-based rehabilitation and access to assistive devices and blindness prevention programmes in Asia and the Pacific.

Strengthening capacity of the health sector to work effectively with other sectors and address upstream determinants of health is of critical importance. The draft Regional Action Plan for the Tobacco Free Initiative in the Western Pacific (2015–2019) emphasizes the need for cohesive and sustainable tobacco control systems.

The Western Pacific Regional Action Plan for the Prevention and Control of Noncommunicable Diseases (2014–2020) is being implemented by most countries through multisectoral action plans. A knowledge network on management of NCDs has been convened. An initiative on Worker’s Health seeks to update current support for regulatory frameworks on occupational health to include management of NCDs in workplaces. Work with the transport sector and police continues to address road safety and injury prevention.

Through the draft Framework for Implementing the Mental Health Action Plan 2013–2020 in the Western Pacific, the burden of depression, suicide and severe mental illness is highlighted and stronger efforts are recommended to overcome stigma, discrimination and neglect of psychosocial conditions that affect and incapacitate many people throughout their lifetime.

Over the past year, efforts focused on developing more integrated approaches to health.

Dancers gather in a town square in Viet Nam for their morning exercise. Physical activity helps reduce risk factors for noncommunicable diseases.
Environmental Health

Strategy and actions

Extreme climate conditions that result in emergencies, disasters and prolonged displacement of communities are creating new and unforeseen challenges to health and survival in the Western Pacific Region. Rapid and unplanned urbanization is worsening congestion in already densely populated areas while soaring motor vehicle use impacts air quality and promotes physical inactivity. Millions of people in the Region still lack clean water and sanitation.

WHO provides technical support to strengthen the capacity of Member States to improve access to safe drinking water and sanitation through close monitoring of MDG 7 in the WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation and the introduction of water safety plans and household water treatment and safe storage. Support for multisectoral and intersectoral cooperation on health and the environment was strengthened. WHO assisted Member States to deal with asbestos-related occupational health issues.

WHO is helping Member States address these crucial public health issues by facilitating policy dialogue, providing evidence for more rational decision-making and supporting environmental health risk assessment. WHO fosters engagement in other sectors such as agriculture, energy, environment, transport and water to develop action plans for environmental health at local and national levels.

Results achieved

The Regional Forum on Environment and Health in Southeast and East Asian Countries is the first and only platform for health and environment sectors to regularly tackle regional concerns. The third meeting, held in
implementing the Regional Framework for Action to Protect Human Health from the Effects of Climate Change in the Asia-Pacific Region with special focus on the development of national strategies and action plans for health adaptation and resilience due to climate change.

WHO helped Member States in the Region implement the Regional Framework for Action for Occupational Health 2011–2015, with specific focus on the elimination of asbestos-related diseases.

Future directions

Environmental health problems can impact hundreds of thousands of people through a single event, such as Typhoon Haiyan that devastated parts of the Philippines. Factoring climate change resilience into development planning is of critical importance. The health sector should play an advocacy role in environmental health and encourage action at global, national and local levels. WHO will continue working with Member States to strengthen capacity for policy dialogue and enforcement of environmental zoning laws to help ensure a clean healthy environment for future generations.
Maternal and Child Health and Nutrition

Maternal and child health

Strategy and actions

Member States have made substantial progress in reducing child and maternal mortality. Still, stronger efforts are needed to ensure the highest quality of care for newborn infants in the Region. Two million births per year are still unattended by skilled birth attendants, with poor segments of society having the least access. Neonates now account for 55% of all under-5 deaths.

Full implementation of Early Essential Newborn Care (EENC) interventions will significantly reduce mortality during the critical first 28 days of life – and save the lives of 50,000 newborn infants a year.

Results achieved

The Global Strategy for Women’s and Children’s Health and the United Nations Every Woman Every Child initiative guides global efforts to accelerate progress towards child survival (MDG 4) and maternal and reproductive health (MDG 5).

The Western Pacific is the first WHO region to present a regional platform for action focused on newborn infants. The WHO/UNICEF Action Plan for Healthy Newborn Infants in the Western Pacific Region (2014–2020) was finalized and aligned with the global newborn action plan. The regional plan sets a target for 90% of births attended by skilled birth attendants at the subnational level by 2020.

WHO worked with high-burden Member States using the Regional Early Essential Newborn Care Clinical Practice Pocket Guide to improve the skills of health professionals, raise the quality of birthing facilities, upgrade programme planning and mobilize social support for newborn care. National newborn action plans and annual implementation plans were developed in the Lao People’s Democratic Republic, Mongolia and the Philippines.

At last year’s session of the Regional Committee for the Western Pacific,
The First Embrace: a healthy start for newborn babies

A newborn baby girl lies on the chest of her mother in a government-run hospital in the Philippines. Her calm, pink and alert appearance is common among babies cuddled in skin-to-skin contact.

“No expensive high-tech solutions are needed. We can save 50,000 newborn lives every year by simply changing basic practices,” Dr. Shin said.

WHO and the United Nations Children’s Fund (UNICEF) have released the Action Plan for Healthy Newborn Infants in the Western Pacific Region (2014–2020) which presents crucial interventions focusing on the first three days of life. The action plan is part of a broader push by WHO and UNICEF for early essential newborn care that seeks to replace harmful and outdated practices with cost-effective and simple steps that save lives. The recommendations are the result of intensive consultations with technical experts and country teams, including ministries of health and nongovernmental organizations.

The birth of a baby is usually cause for much hope and joy for families across the Western Pacific Region. Unfortunately, for far too many, happiness is short-lived as a newborn infant dies every two minutes in the Region.

The First Embrace initiative between mother and child aims to provide a healthy start for every newborn baby in the Region. The process includes: immediate and thorough drying followed by sustained skin-to-skin contact; appropriately timed cord clamping with a sterile instrument; and early initiation of exclusive breastfeeding. “First Embrace has a major impact on improving the survival and health of newborn babies,” noted Dr. Howard Sobel, WHO Regional Coordinator of Maternal and Child Health. WHO Regional Director for the Western Pacific Dr. Shin Young-soo concurs.

Future directions

Work toward achieving maternal and child health-related MDGs will be sustained beyond 2015. A stronger focus on quality improvement for maternal and child care, especially interventions in the 24 hours around delivery, includes targeting unacceptable equity gaps among vulnerable and underprivileged groups. WHO will intensify efforts to promote family planning, early childhood development and adolescent health.

With MDG 4 and 5 targets not yet achieved in the Region, universal health coverage can provide a platform for integration of policies and actions to meet the needs of families and communities. WHO continues to work towards ensuring all women and children can access quality and affordable health services. ■

the independent Expert Review Group on Women’s and Children’s Health emphasized the importance of improving the tracking of results. In response, WHO is assisting high-burden countries to improve civil registration and vital statistics and the e-Health platform. The Organization also helped the Lao People’s Democratic Republic and Viet Nam improve accountability for women’s health by strengthening their maternal death review programmes.
Nutrition

Strategy and actions

An estimated 12 million children under the age of 5 in the Western Pacific Region are stunted, 7 million are underweight, and 3.4 million suffer from wasting. Nearly one half of all children in the Lao People’s Democratic Republic and Papua New Guinea and more than one third of all children under age 5 in Cambodia, the Philippines and Solomon Islands are stunted. Anaemia remains an unresolved issue in the Region affecting one in four pregnant women and one in five women of reproductive age.

At the same time, 6.5 million children and one in four adults are overweight. Overweight among adolescents is as high as 60% in some Pacific island countries and areas, such as Cook Islands and Tonga. One in three adults in the Region has high blood pressure, as most Member States exceed the recommended maximum limit for daily salt consumption, some by more than four times. Increased intake of salt, sugar and fat are contributing to alarming rates of obesity, diabetes and hypertension. Inadequate intake of micronutrients, especially iron, iodine and vitamin A, as well as wasting, stunting and low birth weight, remains a significant public health problem in the Region. This growing double burden of malnutrition greatly impacts

WHO supports the implementation of the International Code of Marketing of Breast-Milk Substitutes to help mothers make informed choices to breastfeed their infants.
noncommunicable diseases (NCDs) in the Region.

In response to Regional Committee resolution WPR/RC63.R2 calling for a scaling up of nutrition in the Western Pacific Region, a draft *Action Plan to Reduce the Double Burden of Malnutrition in the Western Pacific (2015–2020)* was developed in October 2013 and reviewed at a consultation of 14 Member States in November 2013. The draft action plan synthesizes recommendations from global and regional guidance on nutrition and encourages comprehensive implementation to address diet-related diseases and reduce risk factors for all forms of malnutrition. The plan is also intended to help achieve the six global nutrition targets and implement the *Comprehensive implementation plan on maternal, infant and young child nutrition* endorsed under World Health Assembly Resolution WHA65.6, as well as two of the nine voluntary targets to prevent and control NCDs (halt the rise in obesity and diabetes and reduce the intake of salt).

**Results achieved**

In September 2013, the Informal Consultation on Reducing the Harmful Impact on Children of Marketing Foods, Beverages, Tobacco and Alcohol reviewed common pathways for regulations and made recommendations to develop strategies concerning industry interference, including the catalytic role of the health sector in engaging with public health lawyers and economists. *Pathways for Effective Action through Regulation and Legislation* was conceptualized during the consultation as a tool to provide countries with a methodology for strengthening their legal frameworks and enforcement of regulations.

In April 2014, the Consultation on Overweight, Obesity, Diabetes, and Law reviewed wide-ranging legal and fiscal mechanisms to regulate various aspects of unhealthy diets, including marketing, labelling, formulation, retailing, zoning and taxation, as well as the implications on trade, finance, intellectual property and universal health coverage. The consultation also produced recommendations supporting a regional agenda.

WHO supported the strengthening of national nutrition plans in China, Mongolia, the Lao People’s Democratic Republic, the Philippines and Viet Nam to help prioritize and improve delivery of nutrition services. Policies and legal frameworks to reduce both undernutrition and diet-related NCDs were supported in Cambodia, China, the Lao People’s Democratic Republic and Viet Nam. Implementation and enforcement of the International Code of Marketing of Breast-Milk Substitutes and reviews of budgeted plans for breastfeeding promotion was supported in China, the Lao People’s Democratic Republic, Papua New Guinea, the Philippines and Viet Nam. Capacity to deliver nutrition services was strengthened in the Lao People’s Democratic Republic. WHO supported the revision of micronutrient guidelines in Viet Nam to reflect updated WHO guidelines and supported scaling up of weekly iron and folic acid supplementation in the Lao People’s Democratic Republic and Viet Nam.

**Future directions**

The work of the nutrition programme will be guided by the action plan to elevate nutrition in national development agendas; to promote breastfeeding and complementary feeding; to strengthen legal frameworks that support healthy diets; to improve accessibility, quality and implementation of nutrition services across public health programmes and settings; and to strengthen financing mechanisms to reinforce healthy diets and ensure delivery and use of nutrition services.

WHO will facilitate high-level policy dialogue to include nutrition in national development plans, link nutrition programmes with NCDs and universal health coverage and provide technical support to ensure evidence-informed policy and coherent national planning for investment in nutrition to reduce the double burden of malnutrition.
Noncommunicable Diseases and Health Promotion

Noncommunicable diseases

Strategy and actions

Noncommunicable diseases – cardiovascular diseases, cancer, diabetes and chronic respiratory diseases – are the leading causes of premature mortality in the Western Pacific Region. These diseases and their risk factors impose the heaviest burden on poor and working populations. In 2013, the sixty-fourth session of the WHO Regional Committee for the Western Pacific endorsed the Western Pacific Regional Action Plan for the Prevention and Control of Noncommunicable Diseases (2014–2020). While the regional action plan is aligned with the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020, it contains approaches that are specific to the needs of various Member States in the Region. Efforts towards a unified noncommunicable disease (NCD) programme across all six WHO regions seek to maximize the use of limited resources and optimize expertise.

Results achieved

Through technical support from WHO, national multisectoral action plans or equivalent strategies were developed in Brunei Darussalam, Cambodia, the Lao People’s Democratic Republic and Mongolia to strengthen NCD prevention and control.

The status of cancer control in Papua New Guinea was assessed as part of a joint programme between the International Atomic Energy Agency and WHO that helped the country develop its national cancer policy.

Rolling out of the WHO Package of Essential Noncommunicable (PEN) Diseases Interventions for Primary Health Care in Low-Resource Settings in the Philippines.
Cancer registration was supported in Fiji and Mongolia. WHO supported the Second China Healthy Lifestyle conference with workshops on the prevention of childhood obesity and the reduction of salt intake. Technical support was provided to the Western Area Health Initiative in China for salt reduction and the introduction of the Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Health Care in Low-resource Settings. WHO supported NCD surveillance through a data analysis and reporting workshop for the WHO STEPwise Approach to Surveillance (STEPS) and the Global School-based Student Health Survey for Cambodia, the Lao People’s Democratic Republic, Mongolia and Viet Nam. The Lao People’s Democratic Republic conducted its first national STEPS survey, while Mongolia conducted its third survey. Data from the Global School-based Student Health Survey were made available for Cambodia, Mongolia and Viet Nam.

A five-day training programme was developed for strengthening Leadership and Advocacy for NCD prevention and control (LeAd-NCD). Representatives from national public health institutes in Brunei Darussalam, Cambodia, China, Fiji, the Lao People’s Democratic Republic, Malaysia, Mongolia, the Philippines and Viet Nam participated in the programme.

WHO joined the Association of Southeast Asian Nations (ASEAN) task force meeting on NCDs and contributed to the development of its NCD action plan.

Future directions

Implementation of the Western Pacific Regional Action Plan for the Prevention and Control of Noncommunicable Diseases (2014–2020) through targeted country support and strategic intercountry projects will be a priority in coming years.

Technical support will be provided to countries to set national NCD targets and to develop multisectoral action plans to control NCDs. NCD management will be strengthened by integration of PEN supported by appropriate referral networks. Advocacy for integration of NCD prevention and control as a fundamental component of universal health coverage will be the focus of policy dialogues with Member States. A knowledge network on NCD management will help support NCD management. Networking for salt reduction remains a high priority.

Creating a critical mass of trained personnel can be accomplished through the Leadership and Advocacy for the Prevention and Control on Noncommunicable Diseases (LeAd–NCD) and the Leadership and Capacity-Building for Cancer Control (CanLEAD) programme.

Health promotion

Strategy and actions

Health promotion empowers people to take control of their health and their lives. Health promotion seeks to provide individuals, groups and institutions with opportunities, skills, knowledge and freedom to put health first in their decision-making.

Results achieved

WHO has supported strengthening of health promotion infrastructure by facilitating strategic discussions among leaders of health promotion foundations and boards, and supporting participants in WHO’s health promotion leadership training programme (ProLead) to develop projects on autonomous infrastructure and sustainable financing for health promotion. In addition, two expert consultations – one on workers’ health and another on overweight, obesity, diabetes and law – recommended strengthening regulatory frameworks to address these issues.

City-to-city learning is a powerful strategy to jumpstart innovation in health promotion. Through the Macao Healthy City Leadership Programme initiated in 2013, a team from Davao
in the Philippines, visited Hong Kong SAR (China), Macao SAR (China), and Seoul and Wonju (the Republic of Korea). Representatives of cities in China, Mongolia and Viet Nam also participated in healthy cities workshops conducted by WHO.

A Health Promoting Schools project in the Lao People’s Democratic Republic and Cambodia, resulted in improved availability of – and knowledge among the staff, students and families about – nutritious and safe food. These demonstration sites are expected to be scaled up through the healthy cities projects.

WHO has been working on a subnational initiative in Davao in the Philippines, to integrate NCD with MCH programmes in the larger context of universal health coverage. This has been done using a tool called “Action for Healthier Families”.

Future directions

Moving forward, the health promotion unit will continue establishing national ProLead programmes, strengthening healthy cities and health promoting schools initiatives, as well as leading development of a communication and advocacy strategy on investing in prevention in the context of universal health coverage.

Prevention of avoidable blindness and visual impairment

WHO estimates that 90 million people are visually impaired in the Western Pacific Region, including 10 million who are blind. In about 80% of cases, visual impairment is treatable or could have been prevented – with the most common causes being cataracts or uncorrected refractive error.

If untreated, almost every person with diabetes will develop potentially blinding eye disease.

A shortage of trained eye-care personnel is the main reason for a lack of specialized health services in the Region, with existing services concentrated in urban centres beyond the reach of many people. Even where services and trained personnel are available, unaffordable costs deprive millions of people of their sight.
In October 2013, WHO Member States endorsed *Towards Universal Eye Health: A Regional Action Plan for the Western Pacific* (2014–2019), the first regional action plan to address avoidable visual impairment. The plan aims to reduce avoidable visual impairment by 25% by 2019, from a 2010 baseline.
Mental Health and Injury Prevention

Mental health

Strategy and actions

Most mental health disorders can be treated, but they are often ignored or neglected. An estimated 100 million people in the Western Pacific Region are afflicted by mental and neurological disorders that result in immense suffering and a severe burden for their families. Responding to the global burden associated with mental health disorders, the Sixty-sixth World Health Assembly in May 2013 endorsed the Mental Health Action Plan 2013–2020. The plan calls for more effective leadership and governance for mental health; comprehensive, integrated mental health and social services in community-based settings; implementation of strategies; and strengthened information systems, evidence and research. Specific and measurable global targets and indicators were agreed upon, including a 20% increase in service coverage for severe mental disorders and a 10% reduction of suicide rates by 2020.

Results achieved

Over the past year, WHO continued to facilitate capacity-building for mental health service research in Member States through networks of experts. In Cambodia, the Lao People’s Democratic Republic and Viet Nam, a series of training sessions and ongoing mentoring are being conducted in collaboration with faculty from the University of Melbourne, the University of Oslo and the University of Rochester. This collaboration led to the inauguration in April 2014 of the Asia-Pacific International Research and Education (ASPIRE) Network. The informal network aims to create regional collaborative processes that support the design and development of evidence-based mental health services tailored to individual country needs. ASPIRE is working towards a common “umbrella protocol” with twin development goals: appropriate mental health care to address maternal health, specifically examining perinatal depression and mental health disorders and assessing their impact on mothers and their families; and a design for integrating mental health service delivery into primary care and community settings.

Each Member State has unique needs, as well as distinct resources that could be directed to improved services for the mentally ill and programmes to promote mental health and well-being. In response to those needs, the draft Regional Agenda for Implementing the Mental Health Action Plan 2013–2020 has been developed in collaboration with stakeholders, experts, Member States and civil society. The draft Regional Agenda features a phased approach with core, expanded and comprehensive implementation options to prioritize actions for countries and areas in the Region. The document also guides WHO to coordinate regional collaboration and provide country support in priority areas. Through stakeholder consultations, bottlenecks to implementation have been identified to assist Member States in updating their national mental health policies, programmes and plans.

Future directions

The draft Regional Agenda for Implementing the Mental Health Action Plan 2013–2020 in the Western Pacific will be presented to the sixty-fifth session of the Regional Committee for the Western Pacific. WHO will continue to work with Member States to articulate and advocate for access to care as a human right, promote mental health services and programmes as a pillar of universal health care, establish and incorporate surveillance in national health information systems, and work towards placing mental health higher on the public health agenda.
Alcohol-related harm

Strategy and actions

An estimated 767,000 people in the Western Pacific Region die from the harmful use of alcohol each year making it one of the leading risk factors for the regional burden of disease. The increasing use of alcohol at younger ages – with 14% of adolescent girls and 18% of boys 13 to 15 in low- and middle-income countries now reported to be drinking – highlights a disturbing trend. Aggressive marketing that targets young people and the increasing availability and affordability of alcoholic beverages is driving this trend.

Young people are at very high risk for the harmful use of alcohol. Heavy consumption during adolescence can affect brain development, bone growth and endocrine functions. In addition, drinking at a young age is a predictor of future excessive use. Alcohol consumption among young people is strongly associated with violent behaviour, injuries, traffic crashes and high-risk sexual behaviours, especially where there is acute intoxication. Evidence shows a strong co-occurrence of alcohol use with tobacco and illicit drugs.

Young People and Alcohol: A Resource Book has been developed and widely distributed to support action at the community and country levels.

At the meeting progress was reported on the implementation of the Global Strategy to Reduce the Harmful Use of Alcohol (2010) and the Regional Strategy to Reduce Alcohol-related Harm (2006). Representatives agreed that pricing and taxation, as well as controls on marketing and availability – all policy options and interventions recommended by WHO – are the best measures to protect young people.

Over the past year, progress was made in developing and updating national alcohol policies in Cambodia, Hong Kong SAR (China), the Lao People’s Democratic Republic, Mongolia, the Republic of Korea, Samoa and Viet Nam. In other countries, such as Fiji, Japan and Tonga, reducing alcohol-related harm is a specific goal of national strategies to prevent noncommunicable diseases (NCDs).

Future directions

Given the impact of regulations on alcohol on the prevention of premature mortality from NCDs, WHO will strengthen support to Member States on advocacy for policies and programmes. Facilitating policy dialogues, the sharing of best practices and the exchange of information through regional networks and workshops are priorities. A key strategy will be engaging young people themselves in finding solutions to the harmful use of alcohol.
Violence and injury prevention

Strategy and actions

Violence and injuries from road traffic crashes, falls, drowning, burns and interpersonal violence are responsible for nearly a million deaths each year in the Western Pacific Region, with road traffic injuries alone accounting for 900 deaths daily. With injuries and violence the leading cause of death among people 5–49 years of age, prevention is a growing priority for Member States.

At the sixty-third session of the WHO Regional Committee for the Western Pacific in September 2012 in Hanoi, Viet Nam, resolution WPR/RC63.R3 was adopted urging Member States to prioritize actions to address the growing problem of violence and injuries.

In response, a regional assessment on violence and injury prevention was completed by many Member States and a Technical Consultation on Prevention, Control and Response to Injuries and Violence in the Western Pacific Region was held both in Manila, Philippines, (October 2013) and Nadi, Fiji, (November 2013). Mechanisms to support the scaling up of initiatives for the prevention of violence against women and children in Member States were also considered.

Results achieved

Twenty countries contributed to the Global Status Report on Violence Prevention to be launched late in 2014. The report will provide new information on fatal assaults; youth, sexual and intimate partner violence; and the maltreatment of children and older people. This new data will inform the scaling up of evidence-based interventions for preventing and responding to various types of violence in the Region.

WHO and partner organizations worked with national counterparts to accelerate implementation of the Bloomberg Philanthropies Global Road Safety Programme – formerly known as the Road Safety in 10 Countries Programme – in Cambodia, China and Viet Nam. The programme is now in its final year, and countries are working to enhance enforcement interventions and document the progress of interventions that impact major road safety risk factors, such as speeding, drink–driving and the use of motorcycle helmets.

In Mongolia, work has continued on the prevention of child burns, including the finalization of a small-
scale pilot project of environmental modifications in traditional homes and behavioural interventions, such as installing stove barriers, out-of-reach electrical outlets and smoke alarms. Interactive teaching and learning methodologies on the prevention of burn injuries, as well as the essentials of care and treatment, have also been developed and widely distributed.

**Future directions**

The *Third Global Status Report on Road Safety* is being compiled and will be published in 2015. Results will reflect the midpoint assessment of global progress towards achieving the objectives of the United Nations Decade of Action for Road Safety 2011–2020. Results from all status reports for road safety and violence, situational assessments, and the outcomes and recommendations from regional technical consultations will inform the objectives and priority actions of a proposed *Regional Action Plan for Violence and Injury Prevention 2016–2020*. Road safety legislation and regulations in particular will be a high priority for advocacy and engagement with transport and enforcement sectors in Member States. Workshops on moving from data to action will be an important method for using evidence to influence policy and prevent unnecessary and premature deaths from violence and injuries in the Region.

**Disability and rehabilitation**

**Strategy and actions**

Almost one third of the estimated 1 billion people worldwide who live with disabilities reside in the Western Pacific Region, where they face significant barriers to health care and rehabilitation services. Disability prevalence is higher in low-income countries in the Region. Insufficient data on disabilities at the country and regional levels hamper effective programme development and service delivery.

In response to a rising demand among Member States for support of disability programmes, WHO is helping to implement the *Global Disability Action Plan 2014–2021* which focuses on reducing barriers to health by building more disability-inclusive health services, strengthening services to enable people with disabilities to function and participate in communities, and improving disability data collection.

**Results achieved**

A capacity mapping survey and regional report are under development to gauge disability policies and service development throughout the Region.

Over the past year, WHO worked with counterparts in Mongolia to facilitate a disability policy dialogue, strengthen rehabilitation sector leadership and collect disability-related data. Similar efforts, including sector analysis and training, were undertaken in Fiji and the Lao People’s Democratic Republic and resulted in the development of national disability-inclusive health and rehabilitation strategies for both countries.

WHO is participating in the new United Nations Disability Rights Initiative in Cambodia. The initiative has provided support to two government ministries to strengthen the quality and coverage of rehabilitation services and assistive devices. In the Philippines, WHO supported the development of a national health and wellness programme for people with disabilities. Training and capacity-building activities were also conducted to collect disability data and improve the provision of assistive devices.

*Disability prevalence is higher in low-income countries in the Region.*

In Pacific island countries and areas, disabilities related to noncommunicable diseases (NCDs), such as amputations and strokes, are of increasing concern. Community-based rehabilitation (CBR) is an effective and appropriate
WHO is working to strengthen access to health, rehabilitation and assistive device services for people with disabilities. These services enable children with disabilities to attend school.

A CBR programme was established in Kiribati, and national CBR action plans were developed in Papua New Guinea and Samoa. CBR workshops were conducted in five provinces of Solomon Islands. Support in the Pacific included a disability data training workshop in Fiji in November 2013, and a disability data capacity development session at the regional Secretariat of the Pacific Community meeting for Heads of Statistics and Planning in New Caledonia in July 2013.

Integrating disability issues into overall health planning efforts is critical for accelerated and sustained action. WHO developed two tools specifically for Pacific island countries on NCD-related disabilities, one to be integrated into the Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Health Care in Low-resource Settings and the other for health and rehabilitation practitioners for the management of foot ulcers and amputations.

**Future directions**

The adoption of the Global Disability Action Plan 2014–2021 at the World Health Assembly in May 2014 presented new opportunities to strengthen, highlight and mainstream disability work through multisectoral collaboration and stakeholder mobilization. Health systems strengthening and universal health coverage can provide a platform for future policy and action to achieve disability-inclusive health services and increase the provision of rehabilitation, assistive devices and CBR, as well as improve surveillance and information systems on disabilities.
Tobacco Free Initiative

Strategy and actions

Tobacco use continues to be the leading preventable risk factor for noncommunicable diseases (NCDs) and premature deaths. One fourth of all cancers are attributed to tobacco use and 56% of lung cancer deaths are due to smoking. In the Western Pacific Region, tobacco use causes 13% of all adult deaths.

Accelerated implementation of the WHO Framework Convention on Tobacco Control (FCTC), its guidelines and the Protocol on Illicit Trade of Tobacco Products constitute the platform for action to curb the epidemic of tobacco-related disease.

Results achieved

Parties to the WHO FCTC continued work towards a five-year target of a 10% reduction of smoking prevalence among adults and youth for smoked and smokeless tobacco products by the end of 2014.

Viet Nam introduced pictorial health warnings on all cigarette packs and cartons in mid-December 2013.

One year after Australia’s law on plain packaging entered into force, New Zealand’s Associate Minister of Health introduced the Smoke-free Environments (Tobacco Plain Packaging) Amendment Bill to Parliament, where it passed 118–1.

Young people in Manila campaign for more graphic warnings on cigarette packages. Tobacco use causes 13% of deaths in the Western Pacific Region.
In Solomon Islands, tobacco control regulations gazetted on December 2013 went into immediate effect. All tobacco packages sold in the country will carry health warnings occupying 70% of the front and 30% of the back and include pictures. After Australia and Brunei Darussalam, Solomon Islands will have the third-largest warnings on packages in the Region.

In December 2013, China mandated that government officials refrain from smoking in public places. The Ministry of Education soon after issued a directive requiring all schools and universities to be smoke free, thus generating important momentum for a national smoke-free law in China.

Tobacco taxes were the theme of World No Tobacco Day 2014. The regional launch took place in Manila, and most WHO country offices celebrated with various activities, including a joint meeting on tobacco taxes and illicit trade with the Southeast Asia Tobacco Control Alliance.

Future directions

Current data point to a steady decline in smoking prevalence rates, particularly among males in Pacific island countries and areas. The overall trend for youth smoking in Asia mimics that of adult smoking with prevalence rates for boys steady or declining. But increasing rates of smoking among women is a concern. Research shows inequities within countries, with higher rates of tobacco use among poorer and vulnerable populations.


The plan emphasizes strengthening institutional capacity, updating laws, enacting new laws and upgrading enforcement. New threats to tobacco control, such as electronic nicotine-delivery systems, are also addressed. Universal health coverage provides an opportunity to accelerate WHO FCTC implementation in the context of laws and regulations that impact health.

World No Tobacco Day 2014 advocated raising taxes on tobacco: the most effective and cost-effective policy to reduce tobacco use.
Introduction

Accessible and effective health systems are critical to combating communicable diseases, achieving the Millennium Development Goals (MDGs) and tackling the growing threat of noncommunicable diseases (NCDs). Equitable and sustainable health improvement for all is the ultimate goal of universal health coverage (UHC). WHO has been working with partners to support Member States in moving towards UHC.

Over the past year, the Regional Office for the Western Pacific and its Division of Health Systems (DHS) have been heavily involved with Member States in strengthening and building capacity to enable the efficient delivery of public health programmes and to improve financial protection for individuals and families, as well as their access to quality health services.

In July 2013, a review of six regional health system strategies examined how well these strategies – human resources for health, health financing, traditional medicine, laboratories, essential medicines, and service delivery – support Member States in their efforts to strengthen health systems. The review concluded that these strategies are useful reference points and that health system capabilities have improved. The review also showed the importance of adopting a whole-of-system approach to health system development and ensuring that strategies are adapted to country contexts. From this perspective, country-specific road maps for UHC will be the focus of future work, supported by evidence on individual health system performance and international lessons learnt on health systems and policies.

Supporting countries in their efforts to remove financial barriers to access has been an important goal, but it is also necessary to ensure that services are of good quality. WHO participated in high-level engagement in Viet Nam to revise the country’s health insurance law and support the development of a quality master plan. Following the adoption of a health sector reform strategy in the Lao People’s Democratic Republic, WHO provided support on cross-country learning for community health workers as a core strategy for improving primary health care. In China, where health reforms have substantially improved health insurance coverage in all provinces, support is now turning to policy dialogue on public hospital reform in the context of models for health services delivery. At the regional level, WHO has helped improve the quality of the health workforce through workshops on educational governance and education for traditional medicine.

Where health services are funded from government budgets, the efficient use of resources is critical, along with a clear definition of the relationship between the state and service providers. Support was provided to service planning in Solomon Islands for the implementation of role delineation across the entire health system, including legislation to underpin hospital autonomy. In Fiji, WHO and partners led a policy dialogue on social health insurance.

WHO is providing assistance on legislation for the initiation of an organ transplant service. At the regional level,
WHO participated in an examination of linking pharmaceutical pricing to health financing schemes.

Health systems need to respond not only to immediate needs but also be ready for future demands. Therefore, in October 2013, the Regional Committee for the Western Pacific adopted a Regional Framework for Action on Ageing and Health in the Western Pacific (2014–2019) that calls for health systems to reorient services to the needs of older people, support healthy ageing and take intersectoral action to develop age-friendly cities. Countries such as Japan and the Republic of Korea have incorporated the health needs of older people into conferences on UHC.

WHO participated in high-level engagement in Viet Nam to revise the country’s health insurance law and support the development of a quality master plan.

This includes the Global Conference on Sustainable and Equitable Growth through Universal Health Coverage held from 5 to 6 December 2013 in Tokyo, and the Korea Foundation for International Healthcare (KOFIH) Consultative Workshop on Universal Health Coverage in the Asia-Pacific Region from 10 to 11 March 2014 in Seoul. Other countries, including Mongolia, will carry out a health survey and needs assessment.

In an effort to ensure country needs remain at the core of WHO’s work, technical divisions are collaborating on monitoring MDGs, developing a regional framework for surveillance of antimicrobial resistance, joint programme reviews on immunization in Cambodia, the Lao People’s Democratic Republic, Mongolia and Papua New Guinea, support for a community health-worker network in Mekong countries and the convening of a high-level meeting on healthy borders in the Greater Mekong Subregion. Achieving the goals of UHC in the Region will require even greater collaboration in the future.
Health Care Financing

Strategy and actions

Achieving universal health coverage (UHC) is the global vision of health sector development, and Member States in the Western Pacific Region have made progress in the path towards UHC. Each Member State’s path varies depending on political and financial commitments made to improving access to quality health services and financial risk protection.

A functioning financial system for health contributes to UHC by protecting people from the financial hardship of paying out of pocket for health services; mobilizing sufficient resources to enable all to access needed services, including promotive, preventive, curative and rehabilitative services; and ensuring system efficiency and sustainability through a set of mechanisms for resource allocation, provider payment and cost control.

The Health Care Financing unit supports the progress of Member States towards UHC by working with national governments and development partners to facilitate high-level multisectoral policy dialogue. The unit also builds country capacity in evidence generation and evidence use in policy-making and helps synthesize practices of successes and failures and coordinate the sharing of experience and joint learning among countries in the Region and elsewhere.

Results achieved

WHO’s work on health care financing has focused both on country-specific support and regional initiatives.

In Cambodia, the unit continued work with the country office to support the development of a health-financing policy and charter and to place UHC on the national agenda.

In China, the unit collaborated with the country office to facilitate the implementation of the Western Area Health Initiative and its evaluation process for health systems.

Working closely with the country office in the Lao People’s Democratic Republic, the unit continued to support health sector reform, including strengthening the public financial management system. In collaboration with WHO headquarters and the country office, the unit facilitated several workshops organized by the Ministry of Health on health accounts, national health insurance and hospital autonomy.
In Viet Nam, the social health insurance law was revised to address challenges to progress on UHC. Dr Shin Young-soo, Regional Director for the Western Pacific, addressed members of the National Assembly, Ministry of Health, and Viet Nam Social Security in the lead-up to the final revision of the social health insurance law.

Support was provided to Mongolia for the development of a long-term social health insurance strategy and revision of the Citizen’s Health Insurance Law. With support from WHO and other development partners, the Government of Mongolia organized an international conference on Social Health Insurance Development in Mongolia – 20 Years of Experiences and Challenges, as well as a high-level policy dialogue on the revision of the Citizen’s Health Insurance Law in September 2013.

WHO and other development partners supported the Government of the Philippines in organizing a UHC stocktaking event, with in-depth discussions on key health financing issues and a high-level policy dialogue.

Regional-level work for the Health Care Financing unit focused on a variety of issues.

In collaboration with WHO headquarters and country offices, the unit continued to facilitate capacity-building of monitoring and evaluation for UHC, such as the institutionalization of health accounts and evidence on financial risk protection and equity in access to health services in Cambodia, China, the Lao People’s Democratic Republic, Mongolia, Pacific island countries and areas, Papua New Guinea, the Philippines and Viet Nam.

The regional and country offices also collaborated with WHO headquarters to facilitate annual updates on health expenditures for the World Health Statistics and WHO Global Health Expenditure Database publications.

The work of the unit and country offices was presented and discussed by international experts at sessions on the governance of national health insurance, hospital autonomy and measuring UHC in Sydney, Australia, at the 9th World Congress on Health Economics in July 2013, which included shared experiences from China, Mongolia, the Philippines and Viet Nam.

Working with a WHO collaborating centre and the School of Public Health at Seoul National University, the unit co-organized a meeting of regional and international health-financing experts conducting advocacy work in the Region. Global experts in technical areas also attended the meeting which addressed key health-financing issues. Health Financing Country Profiles, which offer snapshots of the health financing systems of Member States in the Region, have been published and disseminated.

The Regional Office also supported a social health insurance training course organized by the Ministry of Health and Welfare, National Health Insurance Service, Health Insurance Review and Assessment Service of the Republic of Korea. The course included participants from Cambodia, China, Malaysia, Mongolia and the Philippines.

Future directions

The unit will continue to support Member States working towards UHC by facilitating high-level policy dialogues and raising the priority of health in the national development agenda. In addition, technical assistance from WHO will help countries design health-financing systems within health system reforms and build country capacity in the generation and use of evidence for policy-making.

The unit will also focus on monitoring and evaluating UHC through evidence on equity in access to health services and financial risk protection, strengthening the tracking of government and public health expenditures in the Region and institutionalization of health accounts in the Pacific, improving efficiency through provider payment mechanisms and governance of health financing in several countries, and conducting a review of long-term care financing in selected Member States in the Region and beyond.
Human Resources for Health

WHO cooperates with Member States and partners to advance the HRH agenda, shaped through the Human Resources for Health Action Framework for the Western Pacific Region (2011–2015). WHO supported the development of a HRH strategic plan for the Autonomous Region of Bougainville in Papua New Guinea and a HRH plan in Kiribati. WHO helped facilitate the development of the Philippines Human Resources for Health Master Plan (2014–2030). WHO is also working with the Ministry of Health in Malaysia to develop a HRH master plan.

Results achieved

An increasing number of Member States in the Region recognize the importance of HRH challenges in the context of UHC and are attempting to address them. Several have developed HRH policies and strategic plans, including Kiribati, Mongolia, Papua New Guinea, the Philippines and Viet Nam.

Technical cooperation with the Lao People’s Democratic Republic continues on health sector reform, with efforts focused on supporting the implementation of health workforce actions, including primary care strategies and the introduction of village health workers. Analysis of

Strategy and actions

Shortages of health workers in many countries in the Western Pacific Region are the result of decades of underinvestment in education, training and employment. The situation is worsened by inequalities in the distribution of workers and imbalances in their mix of skills. The lack of competent and productive health workers hinders efforts to achieve universal health coverage (UHC). 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.

Chinese nurses participate in a training exercise at a hospital in Shaanxi province. From China to Pacific island countries, shortages of trained health workers continue to be a challenge in strengthening health systems.
demand for health workers and the strengthening of education capacities and quality are also under way.

Obtaining accurate information and evidence is critical for the development, implementation and monitoring of HRH policies and plans. HRH country profiles have been completed for Cambodia, Cook Islands, Fiji, Kiribati, the Lao People’s Democratic Republic, Malaysia, the Marshall Islands, Mongolia, the Philippines, Samoa, Solomon Islands, Tokelau, Tonga and Vanuatu to ensure quantitative and qualitative data are available. Nursing country databanks are being completed and updated on an ongoing basis. A framework for a health labour market analysis in the Region was also developed.

As HRH governance capacities play a paramount role in the implementation of strategies, a workshop on strengthening HRH capacities was held in Manila, Philippines, from 18 to 20 September 2013, with participants from Cambodia, the Lao People’s Democratic Republic, Malaysia, Mongolia, Papua New Guinea, the Philippines, Vanuatu and Viet Nam.

HRH education capacities have been continuously strengthened to ensure a better quality health workforce with the right skill mix. Education development centres in Cambodia and the Lao People’s Democratic Republic continue to strengthen institutional capacity. A national exit examination for newly graduated health professionals was introduced in Cambodia and support provided to review curricula for postgraduate training in four specialties in Mongolia. More than 2500 health professionals have now accessed and taken Pacific Open Learning Health Net (POLHN) courses which ensures access to online courses to support continuous professional development. In addition, POLHN learning centres have expanded from 38 in 12 Pacific island countries to 43 in 14 countries. WHO facilitated a process for the integration of foreign-trained medical graduates in the Pacific and the development of an internship programme.

Future directions

WHO is providing technical guidance 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. With the increasing involvement of the private sector in education and employment of the health workforce, health workforce regulation requires greater attention.

WHO facilitated a process for the integration of foreign-trained medical graduates in the Pacific and the development of an internship programme.

WHO also has been working to ensure implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel, and a joint policy dialogue, held from 2 to 3 May 2013, was co-organized with the WHO Regional Office for Europe.

In 2013, 260 fellowships were awarded to health workers and workers in allied fields (such as environment and education). This includes 139 fellows who participated in study tours. Viet Nam had the highest rate of participation with 96 fellows, followed by China, with 63 fellows. Fiji hosted the highest number of fellows with 69, followed by 38 in the Philippines and 37 in Japan. Additionally, the first batch of Health Leadership Development Initiative fellows completed the programme, with a second batch of three fellows recruited. The Global Health Learning Centre was also launched in February 2014 with the participation of Cambodia, China, the Lao People’s Democratic Republic, Mongolia and Viet Nam.
Health Services Development

Strategy and actions

The Western Pacific Regional Strategy for Health Systems Based on the Values of Primary Health Care guides the work in Member States of the Health Services Development (HSD) unit. The unit facilitates efforts in two key areas of health sector development. The first is service delivery through the integration of health systems strengthening activities in disease-specific programmes, with support from the GAVI Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria. Service delivery also is being strengthened by an expanding programme of work focused on hospital services governance, management and quality, as well as the development of service delivery packages – all in response to requests from Member States. The second key area is health sector governance through capacity-building and technical assistance in health policy, strategy and planning, and public health law.

Results achieved

A major achievement during 2013 was the comprehensive review of WHO’s six regional health systems strategies – on health systems strengthening, health-care financing, pharmaceuticals, human resources, traditional medicine and laboratories – at the country and regional levels. Findings, including major lessons learnt, were discussed and shared with Member States.

A desk review of issues in hospital management in all Member States in the Western Pacific Region was undertaken and augmented by detailed case studies in Mongolia, the Philippines and Viet Nam.

This analysis will assist in focusing the work of HSD and Member States on improving the performance, quality and efficiency of hospital services.

Cambodia, the Lao People’s Democratic Republic, Mongolia, Papua New Guinea, Solomon Islands and Viet Nam received support to implement health systems strengthening grants provided by the GAVI Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria. This resulted in improvements in vaccine availability, immunization...
outcomes and integrated service delivery for targeted diseases. Solomon Islands received further support to develop service delivery packages for each level of the health system.

In the latter half of 2013, the Organisation for Economic Co-operation and Development (OECD) and the WHO Regional Offices for South-East Asia and the Western Pacific undertook a comprehensive quality-of-care infrastructure survey in all Member States in both regions that will be the basis for the unit’s work to improve quality of care.

A consultation was held on capacity-building for patient safety in Manila in June 2014, with a focus on team work and human factors. Cambodia, China, Fiji, the Lao People’s Democratic Republic, Malaysia, Mongolia, the Philippines, New Zealand, Singapore and Viet Nam participated.

In February 2014, WHO and Japan’s National Institute of Public Health jointly conducted a short course on quality and safety management in hospitals.

The public health law assessment tool developed by HSD in partnership with Yonsei University, Seoul, Republic of Korea, was piloted tested in Cambodia, the Philippines, the Republic of Korea, Samoa and Vanuatu. The assessment process was extended to the Lao People’s Democratic Republic, Mongolia, Papua New Guinea and Solomon Islands, with remaining countries to follow in 2014. This provided Member States with an overview of the scope and adequacy of their laws and identified gaps in legislation and sector governance. Next steps involve assisting Member States to resolve these gaps.

Cambodia, China, the Lao People’s Democratic Republic, Papua New Guinea, Solomon Islands and Viet Nam received support for various aspects of health policy and planning and for establishing quality systems and improving service quality.

**Future directions**

Key areas for future work are facilitation of integrated service delivery from community social and health services through tertiary to palliative and sub-acute care, including quality of care, patient safety and efficient use of resources to reduce waste. Capacity-building in national health policy, strategy and planning will be extended through a globally accessible e-learning course to be launched in September 2014, complemented by in-country focused training.
Essential Medicines and Health Technologies

Strategy and actions

The Essential Medicines and Technologies unit promotes the development and implementation of national policies and regulatory and financing frameworks in an effort to improve access to safe and affordable essential medical products, health technologies and laboratory services. Equitable health-financing policies that reduce out-of-pocket spending on essential medicines, especially for the poor, can contribute significantly to progress towards universal health coverage (UHC). 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.

Results achieved

At the country level Brunei Darussalam, Cambodia, Fiji, Malaysia, Mongolia, Palau, Papua New Guinea, the Philippines, Solomon Islands, Tonga, Tuvalu and Vanuatu developed revised national medicines policies. In 2013, Cambodia, Fiji and Viet Nam developed and endorsed national pharmaceutical sector strategic plans setting the goal of providing high-quality medicine at reasonable prices and ensuring an uninterrupted supply of essential medicines. Operational capacity was strengthened for medicine and medical products procurement and supply management in Cook Islands, Kiribati, Tonga, Tuvalu and Vanuatu. National blood transfusion policies were developed in Cambodia and Solomon Islands. The national policy and the regulation of renal transplants were strengthened in Fiji by the development of the National Policy for Fiji Transplantation of Human Organs and Tissues Decree (2013).

Equitable health-financing policies that reduce out-of-pocket spending on essential medicines, especially for the poor, can contribute significantly to progress towards universal health coverage.

WHO worked with Cambodia and the Philippines on development of comprehensive multisectoral strategies needed to tackle antimicrobial resistance (AMR), and Viet Nam also engaged stakeholders from multiple sectors for policy dialogue to develop a national policy to combat AMR.

WHO also supported the revitalization of a regional AMR system to provide evidence that can inform national regional actions to combat AMR.

At the regional level, the Regional Framework for Action on Access to Essential Medicines in the Western Pacific (2011–2016) and the Regional Strategy
Multisectoral responses will be needed to respond to emerging AMR by ensuring responsible and appropriate use of quality-assured antibiotics in both humans and animals, and WHO will need to play a leading role for health sector responses to AMR.

Future directions

Commitments to move towards UHC are increasing in the Region, therefore demand is now increasing for support to implement effective medicines financing and pricing policies and for priority-setting tools, such as a health technology assessment to guide transparent, evidence-based decisions. WHO will continue to work with countries to build national capacities for efficiently functioning pharmaceutical and health technology systems, including functional regulatory authorities that can ensure the quality and safety of all medical products.

There is strong demand to link technical support activities to increased access to medicines across various disease programmes for both communicable and noncommunicable diseases.

WHO's response to antimicrobial resistance includes ensuring appropriate use of quality-assured antibiotics.
Health Information, Evidence and Research

Strategy and actions

The Health Information, Evidence and Research unit helped deploy platforms to support innovation in health knowledge generation and management that are being utilized to support national health sector strategies and plans. New country profiles and health dashboards that were launched in the Health Information and Intelligence Platform (HIIP) for the Western Pacific are strengthening the monitoring of health situations and trends. Two peer networks for eHealth and health information systems (HIS) professionals were significantly enhanced with the roll-out of national capacity-building programmes to improve health information governance, management and adherence to standards. The communities of practice that have been strengthened include the Asia eHealth Information Network (AeHIN), which is hosted by WHO and has membership of more than 400 individuals and 20 development partners, and the Pacific Health Information Network (PHIN), serving 17 Pacific island countries and areas.

WHO supported more than 30 research projects in various Member States to generate critical evidence across technical areas.

A functioning Ethics Review Committee ensured research met ethical and quality standards. WHO led development of innovative, integrated online health research governance and management solutions, including health research portals, and supported their adoption in many Member States.

Efforts were made through domestic institutions to build capacity in specific areas of health research.

In line with the recommendations of the United Nations Commission on Information and Accountability for Women’s and Children’s Health, WHO and partners produced a regional action framework for achieving well-functioning national civil registration and vital statistics (CRVS) systems by 2020 in Asia and the Pacific.

Integrated strategic actions taken by WHO addressed the importance of the management, analysis and dissemination of evidence derived from multiple public health data sources for improving health systems and advancing universal health coverage (UHC).
Results achieved

The completeness, timeliness and quality of data from routine health information systems were significantly improved in Cambodia, China, Fiji, the Lao People’s Democratic Republic, Mongolia, the Philippines, Solomon Islands, Tonga, Vanuatu and Viet Nam. The data were utilized for annual health-sector planning and the monitoring of health reforms.

Planning, management and sustainability of current and future eHealth investments have improved in Member States, particularly where national eHealth strategies and action plans have been developed and implementation initiated. This includes Malaysia, Mongolia, the Philippines and Viet Nam, where in-country coordination and multisectoral engagement has accelerated eHealth actions and achievements.

Over the past year, Cambodia, Fiji, the Lao People’s Democratic Republic, Mongolia and Papua New Guinea launched online integrated health research management and governance systems with WHO support, taking accountability and transparency in health research to a new level. Significant progress was made in health research governance with articulation of a national health research strategy, development of multi-year national health research agendas and better health research ethics governance systems in the Lao People’s Democratic Republic, Malaysia, Papua New Guinea and the Philippines.

WHO supported more than 30 research projects in various Member States to generate critical evidence across technical areas.

The Philippines and Viet Nam institutionalized several measures, such as national health research forums and policy dialogue around specific issues, to increase communication between policy-makers and researchers. The quality of and access to research outputs are improving.

Future directions

Scalable and sustainable investments in HIS, eHealth, CRVS and health research for improving the information culture – which involves the reliability of evidence generated, analysed and used for health policy, planning and systems strengthening – will require stronger institutional capacity within government and nongovernmental institutions and across sectors. More focused efforts and initiatives will be required to build domestic capacity in health research with greater transparency and accountability in health research and better dissemination and communication of results to end users.

With demand for data increasing, WHO will continue to promote more effective approaches in evidence-based decision-making that optimize regional and country technical support through collaborative communities of practice, such as AeHIN and PHIN. This includes effective use of information and communications technology innovation and solutions, such as the Health Research Portal and country-tailored UHC monitoring dashboards in HIIP, with better practices in data collection, analysis, dissemination and use. Monitoring and measuring health situation and trends remain a key function of WHO.

Aligning national monitoring and evaluation frameworks with the measurement of progress towards UHC in the post-2015 development agenda will be an emerging priority. Increasing local capacity to better utilize existing data sources, streamline information flows and capture more disaggregate health information will be supported for addressing in-country inequities of unmet Millennium Development Goals. Measuring progress in addressing national health priorities will also be supported as many Member States develop new national policies, strategies and plans over the next two years.
Equity, social determinants of health, gender, human rights and ageing

Reducing health inequities – which have been increasing – is a core element of the universal health coverage agenda. This requires intersectoral action on the social determinants of health. It also requires equity-focused, gender-responsive and human rights-based policies and actions within the health sector. Due to declining fertility and longer life expectancy, the proportion of people aged 60 and above is growing faster than any other age group in the Western Pacific Region. This trend reflects, in part, the success of public health and development policies, but also poses challenges to societies and health systems as they try to maximize the functional capacity, security and participation in society of older people. In response, the Regional Office for the Western Pacific has been strengthening its work on equity, social determinants of health, gender, human rights, and ageing and health.

Strategy and actions

People wave the national flag during an event on population ageing in eastern China. WHO collaborates with Member States to build health systems that promote health through the life-course.
At the sixty-fourth session of the Regional Committee for the Western Pacific in October 2013, a high-level panel discussed ageing and health, and Member States endorsed the Regional Framework for Action on Ageing and Health in the Western Pacific (2014–2019) covering four pillars of action: 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 meet the needs of older people; and strengthening the evidence base on ageing and health.

Results achieved

Progress has been made on policy and programme support, building evidence, and strengthening capacity tools and resources.

WHO supported evidence building, policy dialogue and programme implementation, focusing on reorienting health systems to meet the needs of older people. Support was provided for evidence-informed policy-making on ageing and health in China and for implementing the National Program on Healthy Ageing and Health of Older Persons in Mongolia.

WHO supported Tianjin City, China, to empower women to promote smoke-free homes. Cambodia, China and Viet Nam conducted workshops to adapt the 2013 WHO clinical and policy guidelines: Responding to intimate partner violence and sexual violence against women. WHO organized subregional workshops in Manila, the Philippines, and Nadi, Fiji, and assisted Cambodia, the Lao People’s Democratic Republic and Papua New Guinea in measuring violence against women.

To strengthen evidence, WHO published a regional report on health in all policies and country case studies on violence against women in Kiribati and Solomon Islands and on intersectoral action in Palau and Viet Nam. WHO initiated analysis on reorienting health systems to meet the needs of older people and migrants. WHO also developed regional fact sheets on ageing, equity, human rights, gender and violence against women and 20 country fact sheets on ageing.

WHO staff capacity was strengthened through training and briefings during regional meetings in China and Papua New Guinea. Awareness-raising events were organized for Human Rights Day, 10 December 2013, and for International Women’s Day, 8 March 2014.

Future directions

Member States increasingly recognize that equity-focused, gender-responsive and human rights-based health policies and programmes, as well as action on the social determinants of health, are critical for promoting health for all. WHO will continue country-specific collaboration with Member States and partners to meet the health needs of older people and other vulnerable or marginalized groups and reduce health inequities on the path to universal health coverage.
Asia Pacific Observatory on Health Systems and Policies

Strategy and actions

The Asia Pacific Observatory on Health Systems and Policies links research with decision-makers in an effort to promote evidence-based national health-care policies. Established in June 2011 and hosted by the WHO Regional Office for the Western Pacific, the Observatory is a partnership of governments, development agencies and the research community that covers both the WHO Western Pacific and South-East Asia regions.

Over the past year, the Observatory increased the membership of its steering committee, released several new products, strengthened its network of researchers and expanded the range of activities supported to inform national health policy development in the regions.

Results achieved

The Observatory completed Health Systems in Transition (HiT) reviews for the Lao People’s Democratic Republic, Myanmar and New Zealand, bringing the total number of HiT reviews to seven. A Living HiT series was created for posting updated information on the Observatory’s website. One policy brief produced over the past year reviewed options for regulating the dual practice of health professionals working simultaneously in the public and private sectors, while another policy brief focused on working with the private sector to achieve universal health coverage.

A collaborative Stanford University and Observatory postdoctoral fellowship programme was created, with the first fellowship awarded to a researcher from Viet Nam.

A series of seven case studies on the governance of public hospitals was produced that analyses country experiences with reforms intended to increase the autonomy, quality and efficiency of public hospitals. A collaborative Stanford University and Observatory postdoctoral fellowship programme was created, with the first fellowship awarded to a researcher from Viet Nam.

Future directions

The Observatory will complete several HiTs in 2014, including Bangladesh, Cambodia, China and Thailand. Several new policy briefs will be released in 2014 that address important issues for Member States, such as enrolling the informal sector in health insurance and improving vital statistics. Two new series of country comparative studies will be published: the development and implementation of case-based payment systems, such as diagnostic related groups, in collaboration with the Organisation for Economic Co-operation and Development; and case studies of purchasing arrangements in five Asia and Pacific countries, in collaboration with the London School of Hygiene and Tropical Medicine.

The Observatory will also conduct country-level policy dialogues to strengthen national capacity for evidence-based decision-making on health issues.
Pacific Technical Support
The Division of Pacific Technical Support (DPS) was created in 2010 to serve 21 Pacific island countries and areas. Although these countries and areas all have relatively small populations scattered across vast geographical areas and share common health challenges – including the triple burden of communicable diseases, noncommunicable diseases (NCDs) and the health impact of climate change – each also has unique health needs and priorities.

Anchored by its hub in Fiji and a network of country offices throughout the Pacific, DPS provides coordinated support to Pacific island countries and areas. WHO’s facilitating and convening role in the Pacific has been instrumental in helping countries achieve their national health goals, and the Organization collaborates closely with other United Nations agencies and other stakeholders.

Setting the Pacific health agenda

Supported by WHO and the Secretariat of the Pacific Community (SPC), Samoa hosted the Tenth Pacific Health Ministers Meeting in July 2013 at which a variety of topics were discussed including health workforce development and action on the social determinants of health. Ministers endorsed the Apia Communiqué on Healthy Islands, NCDs and the post-2015 Development Agenda, which reaffirms their commitment to the Healthy Islands vision as a framework for promoting healthier lifestyles in the Pacific. The Apia Communiqué incorporates a Pacific view on the emerging post-2015 development agenda, specifically supporting the retention of the current health-related Millennium Development Goals (MDGs) and the inclusion of NCDs, mental health and neglected tropical diseases (NTDs). Through the Apia Communiqué, ministers adopted the goal of a Tobacco Free Pacific by 2025.
Communicable Diseases, Health Security and Emergencies

At the Tenth Pacific Health Ministers Meeting in July 2013, ministers recognized the progress made in communicable disease surveillance and response, while acknowledging a continued focus on MDG 6 (combat HIV/AIDS, malaria and other diseases) and the inclusion of NTDs in the post-2015 development agenda are crucial.

The World Health Day 2014 focus on vector-borne diseases was especially timely for several Pacific nations battling ongoing outbreaks of dengue. WHO assisted Fiji and Solomon Islands with epidemiologic support to analyse the distribution and trend of cases, as well as clinical management training. WHO also provided many of the tests needed to diagnose dengue and supported vector-control efforts by supplying insecticides, repellents and bed nets as well as technical guidance. Specifically in Fiji, WHO played a key role in assisting the development of a national response plan with financial support from the People’s Republic of China and New Zealand.

Treatment of NTDs included deworming in Kiribati, Solomon Islands, Tuvalu and Vanuatu. This year, Kiribati and Tuvalu achieved the global target of 75% coverage. With assistance from Seoul National University College of Medicine, Republic of Korea, a national parasitology laboratory was established in Fiji to provide support for control programmes and for monitoring and evaluation of soil-transmitted helminths in the Pacific. Of 15 remaining lymphatic filariasis endemic countries, three carried out mass drug administrations, nine undertook surveillance including transmission assessment surveys, and three prepared and submitted dossiers for verification of elimination.

To prevent outbreaks of measles, supplementary immunization activities were conducted in Chuuk State in the Federated States of Micronesia and in Vanuatu. At least 15 Pacific island countries and areas are likely to reach the regional goal for hepatitis B control, with four having already conducted a survey and serosurvey, while Cook Islands and Palau have completed the verification package.

Tuberculosis remains a concern in the Pacific, with many moderate burden countries requiring specifically tailored strategies. A WHO-supported participatory approach to strategy development in Fiji led to an updated approach based on the expansion of laboratory services and the implementation of new tools for diagnosis of tuberculosis. While HIV prevalence is relatively low in...
Some of the most disaster-prone countries and areas in the world are those scattered across the vast Pacific Ocean. In April 2014, flash floods in Solomon Islands affected over 52,000 people in Honiara and Guadalcanal Province. WHO led the health response, coordinating partners and mobilizing expertise from the Regional Office in Manila and the country office in Fiji. For the first time in the Pacific, Central Emergency Response Fund monies – a central fund to support early response to emergencies – were made available for the humanitarian health response.

A man braves floodwaters in Solomon Islands capital of Honiara after April 2014 flash flooding killed more than 20 people and left 10,000 homeless. WHO worked with the Ministry of Health and Medical Services to develop the health and nutrition components of the humanitarian response.
NCDs remain a crisis in the Pacific. As many as one in 10 diabetics in Fiji have undergone amputation, the prevalence of high blood pressure is as high as 40% in Nauru, and more than 50% of people in Kiribati use tobacco daily. WHO has been working with various Pacific island countries and areas to develop and implement country-specific plans. These crisis-response action plans include milestones in tobacco control, NCD intervention in primary health care and salt reduction. Efforts aim to achieve the global target of a 25% reduction in premature mortality due to NCDs by 2025.

Taking action on the Apia Communiqué recommendations, Pacific island countries and areas are tackling the NCD crisis by identifying and treating existing conditions to halt the progression of morbidity and premature mortality and by preventing the development of NCDs through behavioural risk-factor reduction.

The WHO Package of Essential Noncommunicable Disease Interventions for Primary Health Care in Low-resource Settings, or PEN, strengthens all components of the health system and provides the framework through which primary-care practitioners can provide holistic and integrated care to their patients. Over the past year, WHO worked with American Samoa, Cook Islands, Fiji, Guam, Kiribati, the Marshall Islands, the Federated States of Micronesia, Nauru, Niue, Palau, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu to develop PEN from a feasibility phase to the full integration of NCD interventions and management in primary health-care services. Up to 70% of health facilities in these countries are currently implementing PEN services with WHO support.

The declaration by Pacific Health Ministers of the goal of a Tobacco Free Pacific by 2025 is a major step forward in reducing a significant behavioural risk factor for NCD morbidity and mortality by establishing political commitment. Increasing tobacco taxes is a proven strategy that has had significant impact on reducing tobacco consumption globally. With WHO support, Cook Islands, Fiji, Palau, Solomon Islands and Tonga have taken action to involve non-health sectors, such as finance and customs in increasing tobacco taxes.
Health Systems

A main focus at the Tenth Pacific Health Ministers Meeting last year was strengthening health systems. WHO provided technical support for the strengthening of coherent regulatory frameworks for health systems, including the development of draft legislation for organ transplantation in Fiji as well as technical support for the development of medical laboratories and national medicines policy. In Tonga, with WHO support, the national laboratory policy and strategic plan based on quality management concepts were developed and endorsed.

“I am so proud to see how laboratories have led the way in adopting of quality management concepts in Tonga.”

Pathology consultant after a review of laboratory policies and plans in Tonga

To strengthen evidence-based planning and decision-making for human resources for health, WHO supported the development of human-resources for health profiles in Cook Islands, Fiji, Nauru, Samoa, Tonga, Tuvalu and Vanuatu, plus pharmaceutical profiles in Cook Islands, Fiji, Kiribati, Palau, Solomon Islands and Tuvalu. In Fiji, implementation of a WHO human resources management tool, Workload Indicators of Staffing Need, has facilitated evidence-based health workforce planning.

Health services delivery in action – a health centre in the Pacific.
Human and institutional capacity is another cornerstone of health systems. WHO supported training in laboratory quality systems, biosafety and biosecurity, and the evidence-based use of laboratory services in Fiji, Solomon Islands and Tonga.

Over the past year, DPS focused on strengthening mortality reporting, including an assessment of vital registration systems and the development of improvement plans for 15 Pacific island countries and areas. Training also improved medical officer capacity to certify cause of death in Cook Islands, Fiji, the Federated States of Micronesia, Nauru, Niue, Samoa, Tokelau, Tonga and Tuvalu. A key policy outcome of this training is the adjustment in death certificates in Fiji, Samoa, Tonga and Tuvalu. Medical certification training has been incorporated at Fiji National University and Oceania University of Medicine of Samoa.

The Pacific Open Learning Health Net (POLHN) continued to provide opportunities for continuing professional development. A key activity for POLHN is the annual sponsorship of 200 postgraduate admissions for Pacific health workers to Fiji National University’s postgraduate distance and flexible learning public health and health services management programmes. Completion rates for POLHN-sponsored postgraduates are consistently above 75%.

WHO supported training in laboratory quality systems, biosafety and biosecurity, and the evidence-based use of laboratory services in Fiji, Solomon Islands and Tonga.

Looking forward

The Division will continue to provide technical assistance to Pacific island countries and areas for country-level operationalization of global and political commitments, global guidelines, and regional strategic frameworks to meet country needs and priorities.
Tackling the NCD crisis in the Pacific

What do backyard gardens in Kiribati, quit card-based tobacco cessation counselling in Fiji, a hospital in Niue, and outer island health centres in the Marshall Islands have in common? They are all actively engaged in fighting the NCD crisis in the Pacific by implementing WHO’s Package of Essential NCD Interventions for Primary Health Care in Low-resource Settings, or PEN, an affordable, feasible and cost-effective “best-buy” for tackling the crisis.

In the Pacific region, a staggering 75% of deaths are due to noncommunicable diseases. PEN is a set of evidence-based interventions designed to reduce the toll of premature death and morbidity from heart disease, stroke, hypertension, diabetes, cancer, asthma, chronic obstructive pulmonary disease and rheumatic heart disease through drug management, counselling on healthy diets, physical activity, stopping tobacco use and reducing harmful use of alcohol. That’s just the core – PEN is much more. Implementing PEN also means strengthening primary health care by training health workers, ensuring the supply of medicines, procuring equipment and maintaining robust record-keeping systems and referral processes. This year, Kiribati established PEN guidelines for primary health care workers. As part of PEN implementation, medical assistants and nurses are working with communities to grow vegetable gardens, organize sports activities and weight-loss competitions.

After developing a costing for national PEN roll-out, Fiji included the package of interventions in its national health budget. Fiji’s PEN pilot clinics are now providing tobacco cessation services using an innovative “quit card” tool which creates opportunities for interactive counselling. “PEN has really helped us organize our services,” says Penina Druavesi, Divisional Health Sister, Central Division, Fiji.

In the Marshall Islands, PEN is helping to transform health services across the outer islands through interventions that include organizing clinics, building teams and motivating patients and staff. In Niue, PEN has been initiated in the Niue Foou Hospital outpatient department using the WHO risk assessment charts.
WHO Regional Office staff symbolize the overarching platform of universal health coverage at the 106th Consultation of WHO Representatives and Country Liaison Officers, 24–26 March 2014, Manila, Philippines.
Administration and Finance

Budget and Finance

Financial, budget and administrative support to country offices and all divisions within the Regional Office for the Western Pacific is provided by the Budget and Finance unit. All WHO budget centres across the Region continued to receive assistance from the unit to strengthen internal financial control in the areas of compliance and quality assurance. This included improved financial operations in country offices, timely reconciliation of all regional and country office accounts, and a reduction in monthly and annual outstanding items in most general ledger accounts.

The Budget and Finance unit provided support to country offices and the Regional Office through regular reviews of transactions to improve compliance and efficient management of funds. Besides monitoring the implementation of all sources of funds and providing timely and accurate financial reports to management and WHO headquarters, the unit ensured resources were efficiently managed and all sources of funds fully accounted for and expediently implemented.

Personnel

The Personnel unit’s activities focused on improving the human resources function, the people-management skills of managers and staff, and the staff attraction and retention track record.

Staff development and learning programmes continued to enhance the competencies of staff with the core themes of programme management, leadership and communication. Training relevant Regional Office staff in recruitment skills, as well as increased tracking and the elimination of unnecessary steps in the recruitment process, has led to improved turnaround times for filling vacant posts at all levels.

The Western Pacific Region has consistently contributed to human resources development at the global level of WHO. Prime examples are our groundbreaking mobility process, the introduction of generic post descriptions, and the streamlining of the recruitment and selection process, all of which have been adopted by headquarters and other regions as best practices for developing global polices.

Recruitment and selection tracking tool developed by Personnel unit.
Information and Communications Technology

The Information and Communications Technology (ICT) unit is responsible for planning and delivering reliable, secure and cost-effective ICT solutions that meet the needs of the Organization. Three teams provide support to the Regional Office and country offices: the Information Technology Office, Network and User Support, and Application Management and Development.

The Information Technology Office devises regional ICT strategies and plans and implements projects. It also coordinates and collaborates on global projects with headquarters and other WHO regional offices. A new unified telephony and collaboration infrastructure was brought online in the Region this year, as well as a secondary backup data centre. The Information and Communications Technology unit was also heavily involved in the development of the Emergency Operations Centre and emergency kits, including design and technical implementation, and provided extensive support for Typhoon Haiyan relief efforts. The unit deployed a new firewall security perimeter system and migrated staff to a new managed mobile platform that enhances communication and provides seamless access to corporate data.

The Network and User Support team assists regional staff in all aspects of computing infrastructure. Major initiatives this year included deployment of a new network infrastructure at the Regional Office and at country offices in Cambodia, China, Fiji, the Lao People’s Democratic Republic, Malaysia and the Philippines. Enhancement of network connectivity led to faster connectivity at lower overall cost in Cambodia, the Lao People’s Democratic Republic, Viet Nam and several Pacific country offices.

The Application Management and Development team manages regional applications used to provide Internet and intranet services and information access. In addition, the team develops applications for use in the Regional Office and country offices. Several health technical projects were supported by the team throughout the year, including the Health Information Intelligence Platform (HIIP), Staff Information System, RotaVirus, Direct Financial Cooperation monitoring system and the development of administrative dashboards based on data in the WHO Global Management System. A new regional intranet presence and the implementation of global video conferencing and web collaboration solutions effectively connected all country offices and the Regional Office.
Administrative Services

The Administrative Services unit provides operational and administrative support to all regional staff in the areas of travel and meeting management, registry and logistic services, procurement services, fixed asset and inventory, staff security and safety, building and grounds maintenance, and support to country offices on related services.

Improvements to the work environment at the Regional Office continued with renovation of offices to enhance, enlarge and modernize staff workspace. The cafeteria, kitchen and alfresco areas were fully renovated to provide a healthy, hygienic and positive common space for staff.

In line with staff safety and security risk mitigation, an earthquake and structural integrity analysis of the Regional Office building was completed and options for reducing risk will be taken forward through the Capital Master Plan.

The unit provided initial emergency administrative and security support to Typhoon Haiyan relief operations including support staff and resources.

Cost-saving continues to be an important strategic approach for Administrative Services with monitoring and analysis of major general operating cost components in an effort to balance function and need with a do-more-with-less concept.

Over the past year, the Regional Office provided US$ 4.4 million in reimbursable procurement services to Member States, specialized agencies and nongovernmental organizations. The bulk of these goods consisted of medical supplies and drugs for eight Member States.

The supply team supported emergency response activities by procuring and delivering urgently needed medical supplies, especially for Typhoon Haiyan in the Philippines.
Programme Management and Coordination

Strategy and actions

The Division of Programme Management provides overall direction and coordination for the management of regional technical cooperation with countries and areas in the Western Pacific Region. The Division emphasizes results-based management and focused programme development. Under the guidance of the Programme Committee, the Division directs strategic and operational planning and the strategic allocation of resources based on priorities identified in country cooperation strategies and by WHO governing bodies – the World Health Assembly, the Executive Board and the Regional Committee for the Western Pacific. The Division also ensures the timely implementation of planned activities and the sound management of available resources, evaluates the performance of technical programmes, and fosters cross-programme collaboration and partnerships, including those with other United Nations agencies.

Programme development and operations

The Programme Development and Operations (PDO) unit supports the Division of Programme Management to ensure the effective application of results-based management in programme development, planning, implementation, monitoring and evaluation. The unit has also recently been tasked with coordinating and facilitating the work of technical programmes, particularly cross-cutting programmes and management of meetings and courses. The Programme Committee, Awards Oversight Group, Regional Programme Management Networks, and WHO country office programme committees and groups have been further strengthened to serve as effective mechanisms to improve the management and timely implementation of programmes. These committees and groups meet regularly to communicate decisions and to review budgets, awards management, human resources, programme implementation and monitoring, resource mobilization, and donor reporting. In addition, these committees and groups share lessons, discuss issues and initiatives, and make recommendations to the Programme Committee and budget centre managers in the Region.

As a result of closer collaboration between the Regional Office and country offices through these mechanisms, both the management and quality of implementation of the Programme Budget 2012–2013 have improved, with an implementation rate of 2% – the second highest among WHO’s six regional offices. The WHO Western Pacific Region continues to pursue improvements in all aspects of programme management.

Pending availability of global guidance for the Programme Budget 2014–2015 operational planning process, the WHO Western Pacific Region has taken preliminary steps in preparation for this important task, which included resource projection, the identification of country priorities and funding requirements, and a review of human resources structure and planning. This effort resulted in a successful conclusion of the programme budget process, with improvement in the timely completion and the quality of workplans.
The Work of WHO in the Western Pacific Region, 1 July 2013–30 June 2014

Specific guidelines for high-level planning for Programme Budget 2016–2017 have been prepared, with the identification of regional and country priorities by all budget centres through bottom-up planning. Regional consolidation and a review of programme areas also have taken place.

Annual training in programme-related transactions and processes using the Global Management System (GSM), including more in-depth sessions on results-based management and training in the field, have strengthened the capacity of staff members in the Regional Office and country offices. The Division’s webpage is regularly updated to provide useful references and materials – including extracted and processed GSM reports – to facilitate monitoring and implementation of programme budgets and workplans and the management of financial and human resource plans at the Regional Office and country offices. Staff members are developing greater expertise in programme management and these skills are expected to lead to better results in the implementation of programme budgets.

Recently, the management of meetings and courses has been placed under the direction of the Division of Programme Management. Recommendations, based on an analysis of meetings and workshops conducted between 2008 and 2011, have been proposed as a first step in strengthening the management of meetings and workshops.

Country support

The Country Support Unit (CSU) facilitates effective functioning of WHO country offices in the Western Pacific Region by leading assessments of WHO performance at the country level, coordinating WHO’s country-level strategic planning, and providing support for Global Health Initiatives, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria.

CSU is conducting an analysis of the role of WHO in high-income countries as a preliminary step in developing country cooperation strategies for these countries.

Following external assessments of WHO performance in Cambodia, Papua New Guinea and Solomon Islands in 2012, an external assessment has been conducted of the country support provided by the Regional Office for the Western Pacific. In addition, an external assessment of WHO roles and functions in the Pacific was conducted in 2013. Key recommendations of the assessments are being implemented, and CSU continues to follow up on challenges and lessons learnt. CSU is also helping develop a comprehensive implementation plan for the Organization that reflects recommendations from these external assessments.

Country cooperation strategies guide WHO’s support at the country level.
CSU also supports country offices in building capacity in priority areas, such as intercountry collaboration and subnational engagement. After finalization of a collaborative study, Lessons Learnt from Three Mekong Countries in Implementing Policies for the Delivery of Health Services, a network meeting on community health for Mekong countries was organized in Cambodia to discuss future collaboration in community health and discuss achievements and challenges faced in each country in supporting government efforts to implement community health programmes.

**Future directions**

The Division will take the lead in directing and supporting budget centres to further strengthen technical cooperation, programme management and technical evaluation. It also will implement the second stage of the WHO reform agenda, focusing on cross-cutting programme coordination, cross-divisional collaboration, and the strengthened management of meetings and workshops, including the production of meeting reports. Detailed plans, processes, recommendations and guidance will be developed to facilitate, monitor and assess the progress of programme implementation by technical divisions and country offices.

**Editorial Services**

The Editorial Services unit (EDT) works to improve the quality and readability of official documents and communications in English in the Regional Office. This includes everything from documentation for the sessions of the Regional Committee for the Western Pacific to correspondence and speeches by the Regional Director.

This year EDT launched the second edition of the **WHO style guide** that harmonizes the Region with other regions and headquarters in terms of preferred spelling, punctuation, terminology and formatting to be used for all information products.

The unit also helps ensure that official documents are written in accordance with WHO style. This year EDT launched the second edition of the **WHO style guide** that harmonizes the Region with other regions and headquarters in terms of preferred spelling, punctuation, terminology and formatting to be used for all information products. EDT also liaises with the Publishing Policy Coordination Group at WHO headquarters to make certain that the Region remains current with editorial practices.

In addition to making information products more uniform, EDT works to help technical units better explain what makes them special, namely the value of their work to donors and other stakeholders. Every year, EDT produces The Report of the Regional Director: The Work of WHO in the Western Pacific Region for Member States and others as an update on the Organization’s progress in addressing the Region’s health challenges over the previous year.

EDT is developing a workshop to assist technical units with key elements of document preparation, with the aim of improving the quality and utility of the final information product. EDT is also working to expand the pool of editors available to assist units in finalizing information products.

In line with WHO global reforms, EDT is designing tools to help units better communicate the value of their work in documents and publications.
**Office of the Regional Director**

**Introduction**

The Office of the Regional Director consolidates the functions of external relations, resource mobilization and communications to provide leadership, strengthen governance and develop partnerships with a variety of stakeholders in the Region.

The Office continued to put into effect WHO’s global and regional reform agenda aimed at improving health outcomes in the Region. A particular emphasis has been made on governance reform targeting the smoother functioning of governing bodies. This included the broadcast of the sixty-fourth session of the Regional Committee to enable remote participation of Member States unable to attend and electronic dissemination of Regional Committee documents. To support better environmental practices electronic communications are now also offered to Member States and partners. In July 2013, the translation, publications and library functions were integrated within the Office of the Regional Director to enhance external communications. Earlier this year, a Global Health Learning Centre was launched to develop the communication and public health problem-solving skills of government officials from selected countries in the Region. An evaluation of its first year operation will be conducted in 2014.

**External Relations and Communications**

In line with organizational reform, the External Relations and Communications (ERC) unit initiated a number of innovative projects over the past year. In an effort to more efficiently coordinate the activities of health partners and avoid duplication of effort, ERC mapped health actors in the Western Pacific Region, creating a database of more than 1500 nongovernmental organizations, multilateral organizations, United Nations agencies, governmental bodies and private sector entities.

To improve coordination a Dialogue for Partner Coordination was convened for the first time as a side event during the sixty-fourth session of the Regional Committee for the Western Pacific.

The Office continued to put into effect WHO’s global and regional reform agenda aimed at improving health outcomes in the Region.

WHO’s engagement with key stakeholders has been further strengthened with the signing of 57 memoranda of understanding. The Regional Director welcomed members of the diplomatic community, United Nations agencies and multilateral organizations to the Regional Office on 7 April 2014 for World Health Day to learn more about the threat of vector-borne diseases, including malaria and dengue fever.

The Asian Development Bank was a guest of honour and together with...
WHO advocated for community action by disseminating a key public health message: “small bite, big threat”.

In the past year, there have been several large-scale emergencies in the Western Pacific Region, with WHO as the co-lead agency for the health cluster coordinating health responses along with government counterparts.

In the wake of devastation caused by Typhoon Haiyan, which claimed more than 6000 lives in the Philippines, the Regional Office dispatched staff to support resource mobilization and communications at the Office of the WHO Representative in the Philippines and has continued to support recovery efforts in affected areas.

Library, Publications and Translation Services

During the Sixth Joint Meeting of the Asia Pacific Association of Medical Journal Editors (APAME) and the Western Pacific Region Index Medicus (WPRIM), held in August 2013 in Tokyo, Japan, 65 new medical and health journals were approved for indexing in WPRIM.

Over 500,000 articles appearing in 561 journals from 11 countries in the Western Pacific Region now have greater visibility and accessibility via Index Medicus. A declaration on research integrity and ethical publication was also adopted during the meeting.

In December 2013, a Health InterNetwork Access to Research Initiative (HINARI) workshop was conducted at the National University of Samoa in Apia to train health personnel, medical librarians and researchers. The HINARI programme was organized by WHO in collaboration with major publishers to enable low- and middle-income countries to gain access to one of the world’s largest collections of biomedical and health literature. Thirty participants from various health institutions and libraries in Samoa attended the workshop.

In addition, a two-day training session was conducted to accredit master trainers who will then train others at the local level to use HINARI.

The WHO Institutional Repository for Information Sharing has been updated and improved by making more than 3500 documents from the governing bodies accessible worldwide electronically. The Library unit also assisted in the expansion of the art gallery at the Regional Office, currently showcasing artwork from 15 Member States.

The Publications unit continued to support and assist technical programmes in the Regional Office and country offices. A booklet, Designing publications: guidance and recommendations, was created to guide designers and technical officers in the production of WHO Western Pacific Region publications.
Twenty-four publications were produced and disseminated between July 2013 and June 2014 in the Western Pacific Region. The Publications unit compiled all information products published by the Regional Office in a digital format to decrease printing and distribution costs and improve environmental practices. Printing on demand has been encouraged and is becoming standard practice.

The Translation unit continues to provide translation services for meetings involving governing bodies and supports translation of WHO publications into other languages to increase accessibility to health information. Using Microsoft SharePoint, the unit improved communication with Member States and supported better environmental practices by providing electronic access to working documents of the WHO Regional Committee for the Western Pacific.

Public Information Office

In its role to support media communications efforts at the Regional Office and country offices, the Public Information Office (PIO) team continues to coordinate and arrange interviews for national and international journalists with the Regional Director for the Western Pacific, WHO Representatives and technical experts. The PIO Image Bank at the Regional Office now offers high-resolution photos for use by country offices and units within WHO, as well as external media.

During the response to Typhoon Haiyan in the Philippines in November 2013 and flash flooding in Solomon Islands in April 2014, PIO staff worked closely with country offices to provide technical expertise and human resources.

Effectively communicating important public health information across the Region is a key task for WHO. In response to requests to improve the communication skills of staff members, team leaders and WHO Representatives, a series of training sessions was conducted at the Regional Office in Manila and the country offices in China and the Philippines. A workshop to help staff avoid the use of technical jargon in publications and communications was held at the Regional Office. Future workshops are planned for division staff and various country offices. Communications staff from six country offices joined with PIO to contribute to a Global Communications Strategy created by WHO headquarters to improve the reputation and the perception of WHO in all regions.