

Introduction

Sustaining and building on successes against communicable diseases

WHO and Member States have continued to make progress on the eight immunization goals included in the *Regional Framework for Implementation of the Global Vaccine Action Plan in the Western Pacific*. The Region has maintained its polio-free status, and rubella vaccinations are now included in all national immunization schedules. In addition, coverage with a third dose of diphtheria–tetanus–pertussis (DTP3) vaccine exceeds 95%, and 13 countries and areas have now reached the regional target of less than 1% chronic hepatitis B infection in 5-year-old children.

Member States have reported many immunization achievements over the past year. Cambodia was validated as having achieved maternal and neonatal tetanus elimination. Cambodia also conducted a nationwide Japanese encephalitis vaccination campaign, followed by introduction of the vaccine in its routine immunization programme. Mongolia introduced pneumococcal conjugate vaccine in two districts as part of an impact evaluation study. Meanwhile, Papua New Guinea, Vanuatu and Viet Nam introduced rubella vaccine into their national immunization programmes, and Singapore was verified as having reached the regional hepatitis B target.

However, outbreaks of vaccine-preventable diseases in a number of Member States indicate continuing gaps in coverage.



A WHO immunization officer (right) and a local health worker (left) vaccinate a child on Tanna island, Vanuatu, as part of a measles–rubella campaign to reach every child.



A clinician in China counsels a patient on the need to adhere to medication regimens, including life-saving antiretroviral drugs for HIV infection.

Nine out of 10 endemic countries achieved the Millennium Development Goal target for malaria. Building on this success — and guided by the *Global Technical Strategy for Malaria 2016–2030* and the *Strategy for Malaria Elimination in the Greater Mekong Subregion (2015–2030)* — malaria-endemic countries in the Region have been accelerating efforts to achieve elimination.

WHO has worked intensively with the countries in the Greater Mekong Subregion to accelerate control and to eliminate the threat of artemisinin-resistant *falciparum* malaria by supporting the development of national elimination plans and providing training on malaria elimination. WHO organized biregional training on strengthening vector control for elimination and supported strengthening of quality assurance of malaria interventions, including monitoring the efficacy of antimalarials and insecticide resistance.

Significant progress has been achieved in the elimination of trachoma and other neglected tropical diseases. WHO began piloting a community-based integrated approach to eliminate schistosomiasis in Mekong countries. Continued support was also provided to strengthen vector-control response in countries affected by arboviral outbreaks, such as dengue and Zika virus disease.

The Region has also made progress in controlling HIV, sexually transmitted infections (STIs) and hepatitis. National HIV prevalence has remained below 1% in all countries in the Region, and 520 000 people are now on antiretroviral therapy. In working towards elimination



Long-lasting insecticidal nets are widely used to protect people from malaria.

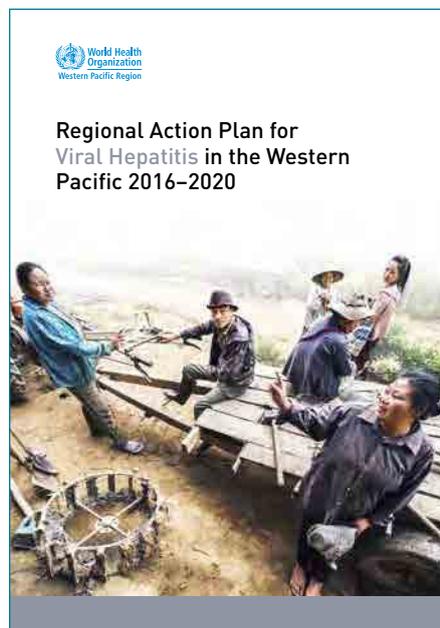
of HIV as a public health threat by 2030 and combating hepatitis and STIs, WHO supported Member States to apply new diagnostics and prevention and treatment guidelines. WHO provided support to improve the quality of HIV and syphilis diagnostics and improve access to HIV testing services in communities. Support was also provided for innovative interventions such as pre-exposure prophylaxis to prevent HIV infection among people with substantial risk. A regional mechanism was established to validate parent-to-child HIV and syphilis transmission. Information systems were enhanced to better monitor impact, and sustainable financing mechanisms were explored.

Viral hepatitis continues to be a major focus of work. Key initiatives included conducting country disease burden and economic analyses, developing national action plans in some high-burden countries and supporting efforts by Member States to include hepatitis medicines in the national programme.

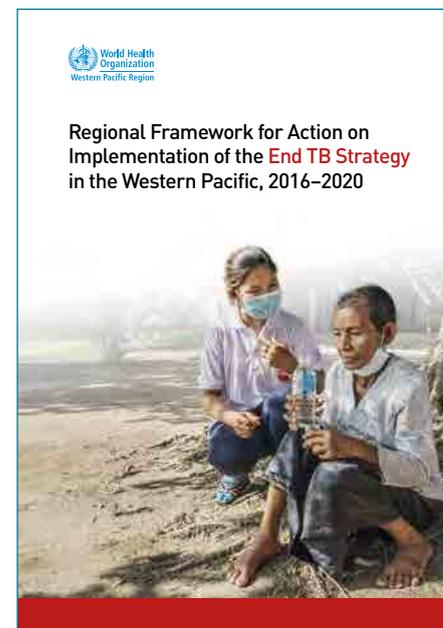
This past year ushered in a new era for tuberculosis (TB) control. Member States endorsed the *Regional Framework for Action on Implementation of the End TB Strategy in the Western Pacific, 2016–2020*, which promoted innovative approaches and tools including new diagnostics and drugs. The 10th National TB Programme Managers Meeting in March 2016 brought together country representatives to discuss priority issues, such as cross-border collaboration for TB control among migrants, scaling up the response to drug-resistant TB and enhancing patient support to contribute to universal health coverage (UHC).

Access to innovative tools to combat TB expanded across the Western Pacific Region in line with WHO policies. Xpert MTB/Rif, a WHO-endorsed rapid diagnostic tool, was made available in all high-burden countries, cutting the waiting time for results to just a few hours. Countries began introducing new drugs that can be life-saving for drug-resistant TB patients with few treatment options. WHO continues to work with Member States to ensure equal, unhindered access to quality TB prevention and care.

Member States should be proud of their successes in controlling communicable diseases. They can build on these successes with the various tools available to combat these health challenges. As donors reduce their support to Region, however, a key issue for Member States will be determining how to organize and domestically fund these efforts, to ensure they are efficient, effective and sustainable. Surveillance and control of priority communicable diseases are key components of UHC, and providing support for disease control remains a top priority for WHO. ■



The action plan guides the development of country-specific national hepatitis responses based on the needs and priorities of people living with hepatitis or at risk for viral hepatitis, as well as the capacity of the national health system.



The regional framework operationalizes the global strategy, laying out an ambitious direction for TB control in the Region.