



Traditional medicine remains important in many communities, especially in rural areas, in the Lao People's Democratic Republic.

Health Systems

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Health systems are the foundation for achieving better and more equitable health outcomes. WHO has worked with Member States to strengthen health systems and move towards universal health coverage (UHC).

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In October 2015, a regional action framework entitled *Universal Health Coverage: Moving Towards Better Health* was endorsed by the Regional Committee for the Western Pacific.

The framework provides a platform to advance UHC strategically across five essential health system attributes – quality, efficiency, equity, accountability, and sustainability and resilience – reflecting health policy goals in countries in the Western Pacific Region. The following subheadings detail work in the Region on the five essential health system attributes.

Quality

Quality and safety are a core concern for UHC. A policy brief on strengthening health workforce regulation in the Western Pacific Region was developed to inform policy dialogues. Patient safety and quality improvements were discussed at meetings in Hong Kong SAR (China) and Malaysia.

WHO supported Member States to increase equitable access to safe, efficacious and affordable quality medicines, vaccines and health technologies. Self-assessments by national regulatory authorities informed institutional development strategies.



Older people are a great resource for future generations in China, which has one of the fastest-growing populations of people aged 60 years and over.

Regulatory systems in eight countries were strengthened for medical product registration, the monitoring and reporting of counterfeit medicines, and pharmacovigilance, including adverse events following immunization. The Regional Alliance for National Regulatory Authorities for Vaccines discussed regulatory harmonization and convergence at its meeting.

WHO strengthened integration of traditional and complementary medicine into health systems: a traditional medicine profile was drafted in Mongolia; herbal medicines were included in the scope of review of Papua New Guinea's medicine and cosmetic act; controls for the supply and use of traditional, herbal and other natural medicines were strengthened in Fiji; and a midterm review of Cambodia's

traditional medicine strategic plan was conducted.

Efficiency

Making the best use of health resources is an important dimension of UHC. Hospital services management is a growing area of work, because hospitals play a key role in service delivery and health system efficiency. Policy roundtables were held in China on developing a tiered health system to link primary health care and hospitals and on improving retention of primary health-care workers.

WHO fostered national medicines policies that promote transparent and efficient procurement and supply chain management, effective regulation, and the rational use of medicines and health technologies.

Two regional meetings discussed health technology assessments, pharmaceutical pricing and benefit package design to improve access to high-cost essential medicines. Pharmaceutical country profiles were developed for 14 countries.

Equity

Access to necessary services should not result in financial hardship. WHO strengthened its work on financial protection through a regional workshop on monitoring UHC and health service utilization, jointly organized with partners and participants from seven countries.

Options for increasing and expanding access to high-cost essential medicines were analysed, including exploring the potential for regional price negotiations or a procurement mechanism to lower the cost of hepatitis treatment.

To foster access to health services for migrant population groups in the Greater Mekong Subregion, a review was commissioned. A regional report on mainstreaming equity, gender and human rights was initiated. WHO supported Cambodia and the Lao People's Democratic Republic in gauging and responding to gender-based violence, and supported Papua New Guinea and Solomon Islands in developing health sector guidelines.

WHO also strengthened its work on the Sustainable Development Goals (SDGs), with a focus on equity and intersectoral action. WHO sponsored 16 participants for a University of Otago workshop on Health in All Policies. A Member States consultation in June 2016 discussed a draft

regional action framework on SDGs in preparation for the October 2016 session of the WHO Regional Committee for the Western Pacific.

Accountability

Health sector leadership and vision are essential to drive health system performance and move towards UHC. WHO supported high-level policy dialogues, health sector reform and health financing policy development in eight countries. In Cambodia, China and Viet Nam, WHO convened policy dialogues on UHC for older people based on regional and country-specific analyses. A biregional workshop with participants from 21 countries, including 11 from the Western

Pacific Region, aimed to improve tracking of health expenditures. WHO supported Member States to more effectively use law as part of health policy development, implementation and evaluation.

WHO developed a draft monitoring and evaluation framework on SDGs and UHC in the Western Pacific Region, and supported countries in health information system development and information utilization, introducing UHC monitoring dashboards to track health system development and to improve the use of information technologies. A biregional meeting on measuring and achieving UHC through information communication technology was convened jointly with partners in December 2015.



Health check-ups are provided at a free clinic for students in Mongolia. Ensuring that all people and communities have access to quality health services without suffering financial hardship associated with paying for care is central to UHC.



A person approaches the reception desk of the medical referral centre in Davao, Philippines. UHC centres attention on people and communities, calling for health systems to strengthen their responsiveness to the needs of diverse population groups, including those left furthest behind.

To generate evidence to inform policy-making, a regional meeting in November 2015 discussed applied research on health policy and highlighted as priorities provider payment mechanisms, pharmaceutical policy, primary care, benefit package design and the impact of decentralization on health system development.

Sustainability and resilience

To foster health system responsiveness and adaptability to changing contexts and challenges, WHO supported Member States to consider longer-term sustainability plans associated with the introduction of new vaccines. Collaboration across WHO technical divisions produced an analytical framework that provides

guidance on developing transition plans to improve the sustainability of priority health programmes in a time of reduced donor funding.

Work has been initiated on exploring the use of big data, for example from national health insurance systems, for early detection of diseases and assessing changing service utilization patterns. These efforts included discussions at a regional expert consultation and at the Global Health Research Forum.

The continued availability of effective antimicrobials is critical for the future of health systems globally. WHO led collaborative efforts on antimicrobial resistance across the Western Pacific Region.

Next steps

The UHC action framework highlights WHO's commitment to support Member States to realize UHC as the overarching vision for health system development.

The next steps include facilitating high-level policy dialogue, supporting health system development through more integrated approaches across health and disease programmes, engaging with development partners at all levels to support the national planning process and ensure donor funding alignment with national health priorities, developing country-specific UHC road maps, and establishing a regional platform for reporting countries' progress and discussing options to advance UHC. ■

1. Universal Health Coverage: Moving Towards Better Health

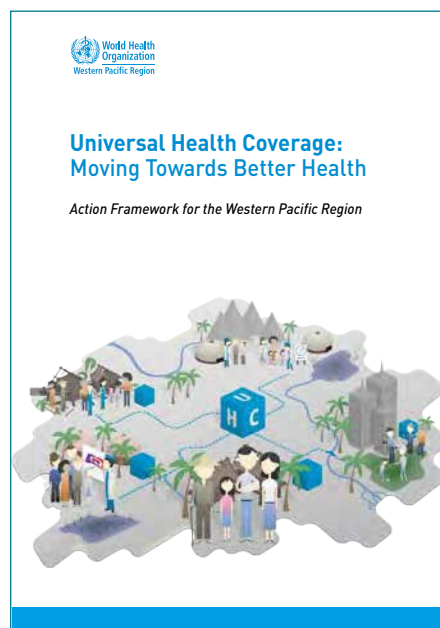
At the sixty-sixth session of the Regional Committee for the Western Pacific in October 2015, Member States adopted a resolution on UHC (WPR/RC66.R2) and endorsed *Universal Health Coverage: Moving Towards Better Health* – an action framework that guides Member States in accelerating progress towards UHC and the health-related SDGs. As UHC envisions all people having quality health services without suffering financial hardship, it serves as the major pathway to equitable and sustainable health outcomes and resilient health systems.

UHC is a target of the SDGs and provides the platform for bringing different health and development efforts together. Government leadership is fundamental to progressing towards, establishing and steering the vision for health sector development. It is also essential in providing sufficient financial and human resources and in efforts promoting equity-focused approaches that address the social determinants of health.

The UHC action framework takes a comprehensive, whole-of-system approach to support Member States to develop their own UHC road maps by tailoring a group of interconnected actions as part of their national health policy and planning processes. The 15 action domains identified in the framework are highlighted within five interlinked attributes of a high-performing health system: quality, efficiency, equity, accountabil-

ity and resilience. These attributes are reflected in health policy objectives across the Western Pacific Region, and include suggested actions that reflect country, regional and global experiences.

Based on their unique country context, Member States are encouraged to select a combination of actions that best address their priorities and population health needs and incorporate them in their health policies and strategies and health sector reform. Actions do not have to be undertaken all at once.



The Regional Committee for the Western Pacific endorsed the action framework on universal health coverage in October 2015.

In this way, Member States at all levels of development can take actions to advance UHC. There is no one-size-fits-all formula for achieving UHC, as health systems necessarily reflect their national social, economic, historical and political contexts and priorities. In deciding which actions to take, countries may consider the connections between different actions and how they reinforce one another.

In developing its own road map, each Member State should assess its progress towards UHC, identify gaps, select entry points and opportunities for change, cultivate an enabling environment for intersectoral collaboration across various levels of government and for stakeholder engagement, ensure financial sustainability, and continue to monitor and evaluate progress.

Member States have made significant health gains over the past decade, but they face complex new challenges: changing demographic and epidemiological profiles, reduced donor funding, emerging diseases, increasing demands for more and higher-quality health services, among others. With the UHC action framework, WHO is committed to support Member States in realizing the vision of UHC. Next steps include establishing a regional platform for monitoring progress, sharing experiences and good practices and exploring solutions in moving towards UHC. ■

2. Fostering quality in health services

The quality and safety of health services delivered at the individual and population levels are fundamental to UHC. WHO has helped to focus the attention of policy-makers on strengthening regulations and the regulatory environment and engaging individuals, families and communities in co-producing health. This has been achieved through technical support to advance quality policy development and institutional capacity-building.

Discussions at the Policy Roundtable on Quality in Health Services in Hong Kong SAR (China) in September 2015, advanced patient safety and quality policy development. Outcomes included:

- Establishing regulations for quality in health services through legislation, licensing and registration of health practitioners and accreditation of health facilities, with a focus on sustaining and improving professional standards and identifying and addressing poor practices.
- Setting up adverse event reporting and monitoring systems beyond institutional levels to foster a culture of open reporting in a non-punitive and safe environment.
- Developing clinical guidelines and professional standards, which requires significant investments of expertise, time and resources, in coordination with partners.
- Using financial incentives to improve quality, which can act as a driver for regulation and accreditation, needs to

be exercised with caution to prevent unintended consequences.

Recognizing that countries are at different stages of development, WHO held individual follow-up discussions with countries – including Cambodia, China, the Lao People’s Democratic Republic, Mongolia, the Philippines and Viet Nam – regarding their action plans. These policy discussions continued in Malaysia in December 2015 at a biregional meeting organized by WHO and the Organisation for Economic Co-operation and Development (OECD). A side event on Patients for

Patient Safety, a WHO global initiative pioneered in Malaysia, was a highlight of this event and an eye-opener for many participants.

Finally, to foster institutional capacity-building, the Third Hospital Quality and Patient Safety Management Course in Japan in March 2016 was a successful team effort, including WHO collaborating centres from Japan and other countries. The course strengthened leadership and technical capacity for hospital quality and patient safety management and created an informal network of change agents. ■



A health worker interacts with patients at Khanh Vinh District Hospital in Viet Nam. A skilled health workforce is essential to ensuring responsive, quality health services.

3. Strengthening efficiency through hospital services planning and management



The Government will be moving the National Referral Hospital in Honiara, Solomon Islands, to a safer location, further from the disaster-prone coast.

WHO has focused on the role of hospitals as a key driver of service delivery and system efficiency, specifically by supporting better clinical services planning and strengthening capacity in hospital management. Several countries in the Pacific have recognized the central role of hospitals in health services delivery reform and progress towards UHC.

In January 2016, Kiribati's Ministry of Health and Medical Services embarked on a process of national strategic planning for health infrastructure and services.

WHO supported the planning process, using a systems-based approach for hospital services development that is sustainable, resilient and coordinated well with

public health services. WHO also continued to support Solomon Islands with the planned relocation of its National Referral Hospital, following an assessment based on the Hospital Safety Index.

The assessment noted the flood-prone location of the hospital, and the Government decided to relocate it to safer ground. WHO also provided technical support to strategic planning for the new hospital and nearby clinical services area.

At the Eleventh Pacific Health Ministers Meeting in April 2015, Member States requested leadership and management training. In response, WHO organized a hospital management workshop in Fiji in September 2015. Attendees included 18 senior managers from mid- and national-level hospitals in Fiji, Kiribati, Samoa, Solomon Islands, Tonga and Vanuatu.

The workshop engaged experienced facilitators for discussion and group work, and was conducted in a participatory manner to maximize learning. Participants said the learning experience was essential for their work as hospital managers and suggested holding similar workshops for mid-level hospital managers in their home countries. WHO will follow up with national-level workshops, aiming to enhance management capacity of Pacific countries at the institutional and policy levels. ■

4. Promoting accountability through health law

Law is essential on the path towards UHC. WHO supports Member States in enhancing the rule of law for stronger health governance and expanding the role of law for more effective development, implementation and evaluation of health policy.

To better enable countries to address health issues through law, WHO has established a health law team in the Regional Office for the Western Pacific that collaborates closely with technical units across a broad range of programmatic areas, including health systems, communicable diseases, health security and emergencies, and noncommunicable diseases and health through the life course.

The team offers support in generating and facilitating access to legal research, monitoring and enabling health laws in Member States, producing materials for policy guidance and building legal capacity.

WHO helped Member States in ongoing legislative, regulatory and administrative reform, including health workforce regulation in Cambodia, the fundamental health law and smoke-free laws in China, restrictions on the marketing of foods and non-alcoholic beverages to children in Fiji, health-related aspects of the penal code of the Lao People's Democratic Republic, medicines regulation in Papua New Guinea, taxation of sugar-sweetened

beverages in the Philippines, alcohol legislation in Solomon Islands and infectious disease control legislation in Viet Nam.

With WHO support, Member States successfully reinforced their legal frameworks for health, such as enacting tobacco control legislation in Cambodia, amending regulations for electronic nicotine delivery systems in Fiji, establishing an enforcement agency to restrict breast milk substitute marketing in Mongolia, updating legislation to improve the quality of drinking-water in the Philippines, enacting food legislation in Samoa and Tonga, and enacting occupational health legislation that includes coverage for informal sector workers in Viet Nam. ■



The Regional Director attends the International Symposium on Fundamental Health Law in China in November 2015.

5. Health system resilience and priority actions for antimicrobial resistance

Antimicrobial resistance (AMR) is a priority issue on the global development agenda. AMR threatens the effectiveness of modern medicine and our ability to treat infections.

Containment of AMR requires multi-sectoral approaches to prevent the emergence and spread of resistant infections. Significant progress has been made on the implementation of the *Action Agenda for Priority Actions for Antimicrobial Resistance in the Western Pacific*, which was endorsed in 2014. Six countries in the Region (Australia, Cambodia, Fiji, Japan, the Philippines and Viet Nam) have launched multi-sectoral national action plans. Six others are preparing plans.

To raise awareness, WHO promoted World Antibiotics Awareness Week in November 2015 with the theme *Antibiotics: Handle with Care*. Throughout the Region, 21 countries held national campaign activities targeting the public, health-care professionals and policy-makers.

Laboratory capacity for AMR surveillance was strengthened in several countries, including Cook Islands, Fiji and Samoa. In collaboration with Japan's National Institute of Infectious Diseases, discussions are under way to develop a regional AMR surveillance platform. The initiative builds on Japan's experience strengthening national and regional monitoring and the analysis of antimicrobial-resistant pathogens.



Women in Samoa celebrate World Antibiotic Awareness Week in November 2015 with the theme *Antibiotics: Handle with Care*.

To improve and ensure the prudent use of antibiotics in hospitals, a training package was developed for the implementation of antimicrobial stewardship (AMS) programmes in resource-limited settings. The training package was piloted in the Philippines. Country-specific work plans were developed to establish national AMS programmes in the Lao People's Democratic Republic, Mongolia, the Philippines and Viet Nam.

On 16 April 2016, ministers of health from 11 countries in the South-East Asia and Western Pacific regions signed a ministerial declaration on AMR at the biregional Tokyo Meeting of Health Ministers to reaffirm their commitment. The meeting was hosted by Japan's Ministry of Health, Labour and Welfare in collaboration with the two WHO regional offices. ■