



# Communicable Diseases

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The Western Pacific Region continues to make strong progress in the fight against deadly communicable diseases; however, significant threats remain. Our focus is increasingly on collaborating across teams and divisions to help Member States build sustainable health system capacity to control priority diseases.

## Introduction

### Collaborating to better protect and promote health

The Western Pacific Region continues to make strong progress in the fight against deadly communicable diseases; however, significant threats remain. Our focus is increasingly on collaborating across teams and divisions to help Member States build sustainable health system capacity to control priority diseases.

A key challenge is the reduction in funding that many countries in the Region face from global health ini-

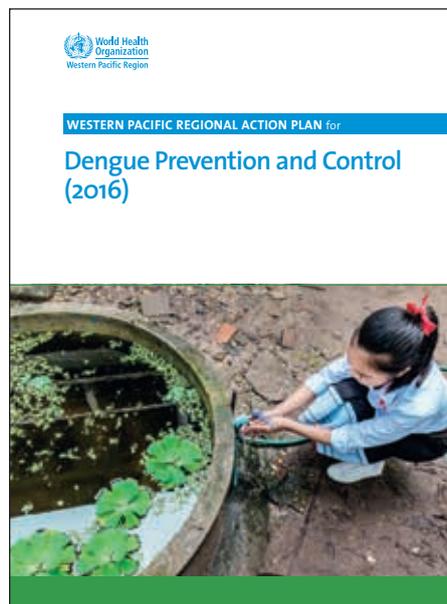
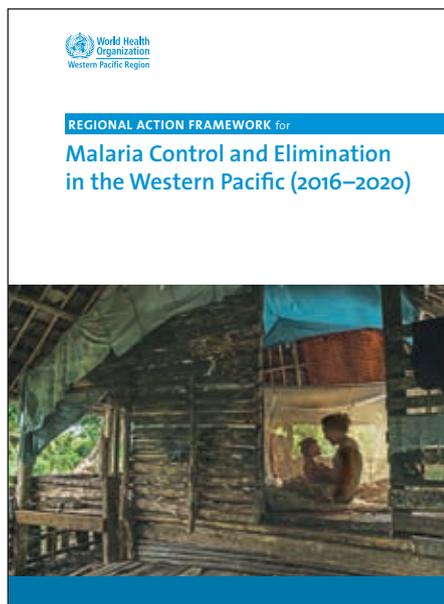
tiatives to combat priority diseases. Domestic financing is key to ensure that health systems maintain and strengthen disease-control capabilities within the context of universal health coverage and the health-related Sustainable Development Goal (SDG) targets. For this reason, WHO works closely with Member States to explore options for transitioning smoothly to domestic funding mechanisms.

Midway through the Decade of Vaccines, the Region is making progress towards achieving many regional and

global immunization goals. The Region maintained its polio-free status. All Member States except Papua New Guinea and the Philippines have achieved maternal and neonatal tetanus elimination. Measles elimination has been achieved in six countries and two areas. Ahead of schedule, 17 countries and areas, and the Region as a whole, have been verified as having reduced chronic hepatitis B infection among 5-year-old children to less than 1%.

Availability of vaccines also continues to improve. Twenty countries have achieved coverage of 95% or above in three doses of diphtheria-tetanus-pertussis vaccine. Seventy-five per cent of countries with endemic Japanese encephalitis transmission have introduced vaccine into some or all high-risk areas.

All malaria-endemic countries in the Region have established national elimination goals and are reporting progress towards elimination. This is also now the key focus in addressing the challenge of artemisinin resistance in the Greater Mekong. In helping Member States advance towards elimination, our work has been guided by the *Regional Action Framework for Malaria Control and Elimination in the Western Pacific (2016–2020)*. Using the framework, WHO supported Cambodia, the Lao People's Democratic Republic, Papua New Guinea, the Philippines, Solomon Islands, Vanuatu and Viet Nam to submit proposals totalling



Two complementary regional action plans to combat malaria and dengue were endorsed by the WHO Regional Committee for the Western Pacific in October 2016.



Volunteers work at a community-based clinic managed by LoveYourself Inc., a nongovernmental organization in Manila, Philippines. The clinic offers testing for HIV, hepatitis and STI, as well as prevention, immunization and treatment.

some US\$ 90 million to support malaria control and elimination efforts to the Global Fund.

Five additional countries have been validated as having achieved elimination of lymphatic filariasis as a public health problem — Cambodia, Cook Islands, the Marshall Islands, Niue and Vanuatu —

bringing the regional total to seven countries. WHO continued to facilitate intersectoral collaboration with the water, sanitation and hygiene sector and the animal health sector to accelerate elimination of Asian schistosomiasis.

In addition, continued support was provided to eliminate trachoma and

strengthen vector-control response capacities in countries affected by arboviral outbreaks, such as dengue and Zika virus disease.

Three interlinked global health-sector strategies endorsed by the World Health Assembly in 2016 called for the elimination of HIV, sexually transmitted infec-

tions (STIs) and hepatitis as public health threats by 2030. These goals should be obtainable with the available tools and full implementation of WHO guidelines.

Despite the efforts of Member States, however, significant service coverage gaps remain, for example, for antiretroviral therapy for HIV and access to treatment for viral hepatitis. New HIV and

hepatitis infections continue to occur, along with curable STIs such as syphilis and gonorrhoea. Congenital syphilis is still seen in a number of countries.

Supporting countries to increase access to new hepatitis medicines has been a key focus of our work, and a number of Member States have made important progress as a result. Technical assistance

on HIV, hepatitis and STIs also focused on strengthening essential services, such as those to ensure quality diagnostic services and care were accessible at all levels, from health facilities to communities. The assistance also sought to strengthen the integration of various disease programmes to improve service delivery and sustainability.

The implementation of the *End TB Strategy* has been accelerated in line with the *Regional Framework for Action on Implementation of the End TB Strategy in the Western Pacific, 2016–2020*. Access to innovative tools has expanded across the Region in line with WHO policies. Xpert MTB/RIF, a WHO-endorsed rapid diagnostic test, was made available in all high-burden countries, cutting the waiting time for results to just a few hours.

Countries started introducing the new shorter treatment regimen for drug-resistant tuberculosis (TB) that reduces the duration of the treatment from 18 months to between 9 and 12 months. New TB drugs that can be life-saving for drug-resistant TB patients with few treatment options have also been introduced.

Several countries in the Region embarked on TB patient cost surveys to measure catastrophic costs among TB patients and their families. The survey results will guide countries to enhance financing and social protection mechanisms to alleviate the financial burden to achieve the global target of “zero catastrophic costs due to TB”. ■



Outreach and mobile immunization clinics are sometimes the only way to vaccinate children in remote areas and limited-resource settings. This mobile clinic in Papua New Guinea makes vaccine available to high-risk and hard-to-reach communities.

## 1. Integrating service delivery – population health screening in the Marshall Islands

The Marshall Islands is one of the countries in the Western Pacific Region with a very high incidence of both TB and leprosy. Noncommunicable diseases (NCDs) also are a significant health priority, with the Government having declared an NCD emergency in 2014.

To help accelerate the response to these health challenges, the Ministry of Health and key partners launched population health screening, starting on Ebeye island. The idea gained further momentum when the WHO Regional Di-

rector for the Western Pacific met with the President of the Marshall Islands in April 2016 for discussions emphasizing health service integration and convergence, as well as the need for a reliable and comprehensive electronic population registry.

Three WHO offices – the Regional Office, the Division of Pacific Technical Support and the Country Liaison Office for Northern Micronesia – came together to provide tailored and comprehensive support to this multi-partner endeavour.

In late 2016, during Phase 1 implementation of the programme, the entire population of Ebeye was invited to participate in electronic biometric registration and initial health assessments; 8900 people were registered in five weeks.

In February 2017, in Phase 2, integrated leprosy, NCD and TB screening began, targeting 6000 adults. Participants underwent comprehensive TB screening with state-of-the-art diagnostic tools – such as digital chest radiography and Xpert MTB/RIF, which helps identify genetic fragments of TB germ – that significantly contributed to early diagnosis of the disease. Participants also had an opportunity to be tested and counselled on NCDs and their related risk factors, such as hypertension, diabetes, smoking and alcohol use. Phase 3 of the programme will help manage leprosy, NCD and TB patients and make available community-based interventions for long-term risk control and behavioural change.

With strong support from all stakeholders, especially local authorities and community representatives, community acceptance was very high, and people genuinely appreciated the opportunity to be involved. The Ebeye health-screening programme is an example of efficient service integration and people-centred service delivery, with strong community engagement and partnership. ■



A WHO staff member demonstrates a fingerprint registration system for the integrated health-screening programme in the Marshall Islands. The system was developed by WHO as part of an innovative cross-cutting programme designed to meet local needs.

## 2. Strengthening communications in immunization programmes

Communication plays a critical role in immunization service delivery. It is crucial for building and maintaining public trust and, as a result, the demand for vaccination. Recognizing this, WHO has been working to help countries strengthen their communications capacity.

For example, in Kiribati, village health volunteers and health-care workers were supported in developing communications plans to educate pregnant women on hepatitis B vaccination and ensure that newborn babies received vaccinations just after birth. As a result, birth-dose coverage within 24 hours improved among home deliveries.

In the Lao People's Democratic Republic, particularly among the Hmong minority, a key part of the response to an outbreak of circulating vaccine-derived poliovirus was the engagement of local governments and communities to conduct non-traditional communications outreach that included songs, recorded skits and radio messages. The approach contributed greatly to the successful interruption of disease transmission.

National immunization programme staff members also need good communications skills, especially to mitigate the negative impact of adverse events following immunization (AEFI). The Regional Office supported countries to build staff



Health teams in the Lao People's Democratic Republic use songs, skits and the radio to build support for vaccination among Hmong communities during an outbreak of circulating vaccine-derived poliovirus.

capacity by training both national and subnational staff, with a particular focus on responding to concerns about possible AEFI. Training conducted in Viet Nam in 2016 has already produced benefits: the country has shown progress in AEFI

reporting, has responded promptly to all reported events, and as a result has avoided any negative impacts on their national immunization programme from possible public concern. Viet Nam also enacted a new decree on vaccine safety. ■

### 3. Fighting hepatitis – data for action and access to treatment

Viral hepatitis is a major driver of morbidity and mortality in the Western Pacific Region, and a major priority for WHO. Together, Member States and WHO have taken major steps in the right direction, particularly through hepatitis B immunization.

Already, an estimated 37 million new infections have been prevented among children born between 1990 and 2014, which will save some 7 million lives. New medicines to treat hepatitis B and

cure hepatitis C provide more reasons for optimism. However, the key challenge is to ensure that those who need these treatments receive them.

The WHO *Regional Action Plan for Viral Hepatitis in the Western Pacific 2016–2020* provides a systematic approach for continuing efforts to tackle these diseases. The action plan charts a path to the ultimate goal of eliminating hepatitis as a public health threat. Important progress

has been made in working with countries to help them implement the action plan.

For example, in the light of developing evidence on the cost-effectiveness and feasibility of WHO-recommended medicines, China has updated national hepatitis B and C treatment guidelines. The Government also announced fast-track registration of new hepatitis C medicines. China's National Health and Family Planning Commission negotiated lower prices for tenofovir to treat hepatitis B. The Ministry of Human Resources and Social Security revised the drug list for reimbursement to include hepatitis B treatments.

In Mongolia, disease-burden estimates, budget impact analyses and financial discussions were undertaken to help identify funding mechanisms to minimize out-of-pocket costs and to make a case for further investment in hepatitis response. Subsequently, the Government of Mongolia has included hepatitis medicines in the National Health Insurance system, which covers 98% of the population and includes reimbursement for individuals seeking treatment in both the public and private sectors.

As a result, people are now reimbursed 60% of the cost for hepatitis C drugs and 80% for hepatitis B drugs. During 2016, some 4000 people were treated for hepatitis B and 7000 people for hepatitis C. ■



A customer buys medicines in a pharmacy in Ulaanbaatar, Mongolia. Access to affordable quality hepatitis medicines is important for reducing deaths from hepatitis.

## 4. Eliminating schistosomiasis via MDAs and improved water, sanitation and hygiene

Schistosomiasis, a parasitic disease caused by blood flukes, is one of the neglected tropical diseases (NTDs) continuing to affect the Region. It is endemic in parts of Cambodia, China, the Lao People's Democratic Republic and the Philippines. Transmission occurs through contact with freshwater that has been contaminated by excreta from people already infected. The disease can cause bloody diarrhoea and vomiting, anaemia, stunting, developmental retardation, spleen enlargement and even death in severe cases. The economic and social effects of the disease are significant.

In Cambodia and the Lao People's Democratic Republic, in some villages bordering the Mekong River, the disease was highly endemic with high mortality a few decades ago. Annual mass drug administrations (MDAs) over 20 years have significantly reduced the prevalence of infection in these endemic villages. Continuing contamination of the river with excreta due to poor sanitation in affected villages means MDAs are not enough to achieve elimination. Also key are efforts to prevent contamination of river water by improving access to sanitation and eliminating open defecation.

A community-led initiative called CL-SWASH, building on national efforts to expand participatory water safety planning, is being implemented jointly by Government authorities responsible for



CL-SWASH, a community-led initiative to eliminate schistosomiasis with water, sanitation and hygiene interventions, uses team members chosen by their communities in Cambodia to discuss open defecation and households without latrines.

NTDs and water, sanitation and hygiene (WASH) in Cambodia and the Lao People's Democratic Republic, and by the affected communities themselves, facilitated by WHO. This initiative aims

to eliminate schistosomiasis through strengthening WASH in affected villages, in addition to annual rounds of MDA. Reflecting the cross-cutting nature of the initiative, it has been supported by WHO teams in the Regional Office and in the country offices responsible for malaria, vector-borne and parasitic diseases including NTDs, and health and the environment.

Local facilitators conducted community training in endemic villages with a focus on the empowerment of villagers to identify and address key local issues. During the training, villagers selected a village CL-SWASH team that then went house to house with checklists, water test kits and malnutrition screening kits to assess the situation. They mapped the results of the survey including areas used for open defecation and households without latrines, and discussed the findings and possible solutions they could enact without outside assistance. Villagers developed their own CL-SWASH plan and pledged to follow it, including building and using latrines at their own expense.

Encouraged by the enthusiasm of villagers, the countries have developed a roll-out plan for expanding the initiative to all endemic villages, with the goal of eliminating schistosomiasis by 2020. ■

## 5. Mitigating the financial burden of TB patients and families

Falling ill with TB often carries a devastating financial burden for patients and their families. TB patients in low- and middle-income countries often face catastrophic expenses in seeking and remaining in medical care, as well as income loss equivalent to more than one half of their household annual income. Overall, the patient financial burden is greatest on the poor and those with multidrug-resistant TB, which requires longer and more costly treatment.

The financial burden bankrupts many families and can have huge social and public health impacts. Children of parents stricken with TB may drop out of school to earn money or care for parents. Some patients may stop treatment before they are cured as a result of these costs, resulting in worsening health, further spread of the infection and premature mortality. Coming to grips with these issues is an important part of the TB response.

The financial burden faced by patients varies among countries, depending on health-care services delivery models, health systems and social protection schemes. To help countries better understand their national situation, WHO has developed a protocol to measure the proportion of TB-affected households that are experiencing catastrophic costs.

As part of the commitment made through World Health Assembly resolution WHA67.1 on the implementation of



A health volunteer (left) is interviewing a tuberculosis patient (far right) and his family in Liaoning Province, China, on their financial situation and costs associated with his illness. Tuberculosis patient cost surveys reveal significant financial burdens for patients in a number of countries in the Region.

the *End TB Strategy*, a number of Member States in the Region are conducting TB patient cost surveys. WHO has been providing substantial support to China, Fiji, Mongolia, Papua New Guinea, the Philippines, Solomon Islands and Viet Nam to prepare and implement national surveys. Among them, China, the Philippines and Viet Nam concluded the first round of surveys in early 2017. Results

are being used to explore policy options to provide better financial and social protection for patients and families affected by the disease. Assessing and addressing the financial burden of TB patients requires effective multisectoral collaboration in line with the SDGs, with national TB programmes across the Region playing a central role. ■