Executive summary

To commemorate the 70th anniversary of the World Health Organization, the theme for this year’s World Health Day was universal health coverage. In fact, universal health coverage or UHC is an integral part of the Sustainable Development Goals, as the platform for achieving all of the health-related targets.

Increasingly, the work of WHO is connected to broader development goals, as health takes its rightful place at the centre of the development agenda. For the Western Pacific Region, this has meant working across sectors and societies to ensure that the Region’s health initiatives leave no one behind.

Over the past year, WHO has supported Member States in the Region as they have taken significant steps to fight diseases, both communicable and noncommunicable. At the same time, health security has improved in the Region, with Member States now better prepared than ever before to respond to outbreaks, disasters and other health security threats.

To sustain gains and ensure progress, health systems across the Region are being strengthened towards UHC. We have made certain that programmes address the needs of vulnerable and hard-to-reach populations. Indeed, the vision of health as a basic human right, first espoused in the WHO Constitution, is becoming a reality for
The Work of WHO in the Western Pacific Region. The summaries of progress that follow are divided by areas of work.

**Communicable Diseases**

The Region continues to make significant progress towards ambitious communicable disease control and elimination goals. However, they will not be achieved and sustained unless quality disease prevention, diagnosis and treatment services reach all who need them.

One example is the Region’s increased service coverage to strengthen national efforts to end tuberculosis (TB), particularly expansion of rapid diagnostic tools and new drugs for treating drug-resistant strains. Member States have also been leading the way in national patient cost surveys to estimate the high burden on the families of patients with TB.

Similarly, key interventions for HIV, hepatitis and sexually transmitted infections have focused on coordinated and integrated delivery approaches. Member States endorsed the *Regional Framework for the Triple Elimination of Mother-to-Child Transmission of HIV, Hepatitis B and Syphilis in Asia and the Pacific 2018–2030*, which emphasizes UHC and brings together mother-, newborn- and child-centred care. Member States improved coverage of key HIV services, with particularly promising achievements in Cambodia. Work also continued on strategies for viral hepatitis testing and treatment services and for monitoring patients using existing facilities.

On the malaria front, most endemic countries in the Region have made good progress towards achieving national elimination, especially through strengthened surveillance. Elimination remains the key focus for WHO, along with dealing with the parasites’ partial resistance to artemisinin and its partner drugs in the Greater Mekong Subregion.

A number of countries made important progress in combating neglected tropical diseases (NTDs), for instance achieving elimination of lymphatic filariasis and blinding trachoma as public health problems. Control and elimination can mean high population coverage with mass preventive chemotherapy for selected NTDs.

For foodborne and zoonotic NTDs, such as Asian schistosomiasis, joint efforts are needed with the water, sanitation and hygiene, as well as animal health and food safety sectors.

Persistent efforts to assure access to integrated, effective and high-quality immunization services have produced measurable achievements to close immunity gaps of vaccine-preventable diseases such as diphtheria–tetanus–pertussis, measles, rubella and poliomyelitis. Introduction of new vaccines also continued, one example being the pneumococcal conjugate vaccine in Mongolia.

The Regional Director presents a plaque commemorating the elimination of trachoma in the Lao People’s Democratic Republic to Minister of Health Bounkong Syhavong in Vientiane, Laos.
Health Security and Emergencies

Pandemics can spread rapidly across the globe, claiming lives and devastating economies. Health security threats continue, and the Region has made considerable investments in outbreak and emergency preparedness to keep all people safe when the next event strikes.

Now in its second year of operation, the global WHO Health Emergencies Programme (WHE) harnesses WHO expertise and resources at all levels to support Member States in strengthening emergency preparedness, prevention, detection, response and recovery. In the Western Pacific Region, WHE is embedded in the Division of Health Security and Emergencies, alongside the Organization’s work on food safety.

Between July 2017 and June 2018, surveillance systems in the Region detected and assessed more than 1600 potential emergency health threats, including listeriosis, the first human cases of avian influenza A(H7N4), meningococcal disease, vaccine-derived poliovirus, measles, dengue and norovirus. The same year also saw natural disasters, instability and turmoil in the Region, some requiring significant deployments of WHO staff and resources to support countries: the Marawi conflict in the Philippines, Tropical Cyclone Gita in the Pacific and an earthquake in Papua New Guinea.

Through the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED III), WHO helps advance country capacities required under the International Health Regulations (2005). In this respect, Member States have updated or advanced their national action plans for health security. They are increasingly establishing functional emergency operations centres and incident management systems.

Countries have also improved their ability to undertake surveillance and risk assessment, laboratory specimen shipment, as well as annual reviews, simulation exercises and after-action reviews for monitoring and evaluation.

WHE continued to strengthen partnerships, including the Global Outbreak Alert and Response Network, the Global Health Cluster and emergency medical teams. Multisectoral collaboration with colleagues in the health security and animal and human health sectors has been enhanced.

Work continues with Member States and partners to fulfil the vision of making the Western Pacific Region a place where “everyone is healthy and safe in outbreaks and emergencies”.

NCD and Health through the Life-Course

Multisectoral action is crucial in the prevention and control of noncommunicable diseases (NCDs). Scaling up actions to achieve the voluntary global NCD targets and the NCD-related target of the Sustainable Development Goals will benefit from sharing of best practices to increase the cost-effectiveness and impact of the cross-cutting strategies for NCD management.
Guided by the recommendations of the *Regional Action Plan on Health Promotion in the Sustainable Development Goals (2018–2030)* for fostering health literacy, expanding healthy settings and strengthening health governance, WHO is helping build capacity in Member States to develop strategies to achieve sustainable development.

WHO’s efforts for effective violence and injury prevention involved stakeholders from multiple disciplines and focused on training, information dissemination and advocacy. Member States in the Region this year also participated in WHO-organized training on road safety enforcement, drowning prevention and prevention of violence against children.

Throughout 2018, Member States and experts in the Region contributed to developing a regional framework on rehabilitation. This is especially pertinent to address the health priorities of the Region, particularly ageing populations often living with impairment and chronic illness.

The Region is also addressing the double burden of malnutrition: the coexistence of undernutrition and overweight, obesity or NCD. This too requires multisectoral coordination and policies on factors such as food, education, water, sanitation and hygiene, and social protection.

WHO supported Member States both inside and outside the Region in sustaining Early Essential Newborn Care as well as strengthening family planning and maternal, newborn, child and adolescent health. In other NCD work, WHO continued using a whole-of-government approach to strengthen mental health services in countries. Papua New Guinea received support for its national eye care programme to reduce the high burden of untreated cataract. Member States in the Region emphasized coalition-building to achieve successful tobacco tax reform with regard to the ratification of the *Protocol to Eliminate Illicit Trade in Tobacco Products*. And, along with the health sector, WHO worked with the environment and climate sectors in the Region’s most vulnerable countries to build climate resilience into health systems.

**Health Systems**

Strong health systems are fundamental to achieving significant health improvements and progress towards UHC. Ensuring that health systems exhibit the five essential attributes of quality, efficiency, equity, accountability, and sustainability and resilience will help ensure that no one is left behind in health gains towards UHC.

WHO support for Member State health systems focuses on the implementation of the regional framework for action *Universal Health Coverage: Moving Towards Better Health*. For WHO, good quality and safe health services means building capacity for hospital quality and patient safety systems and management that are integrated into UHC monitoring.

In terms of health workforce standards, WHO supported Member State efforts to improve regulatory capacity. Similarly, Member States strengthened regulatory systems for quality and safe medicines, vaccines and traditional medicines, including by participating in laboratory training and developing legislation.
Member States continued efforts to reorient service delivery towards primary health care to respond to demographic and epidemiological changes, including a new resolution in Viet Nam. WHO convened meetings on health financing policy, such as strategic purchasing of medicines.

With WHO support, Member States strengthened their capacity for collection and use of data to inform strategies to address equity issues. Member States also continued to address discrimination in health-care settings and the health sector response to gender-based violence against women and girls.

WHO encouraged Member States to develop their own UHC monitoring frameworks based on national priorities and to better monitor health expenditures and financial protection.

Core to policy dialogue with Member States was adopting the Health in All Policies approach. WHO continued to support the Global Health Learning Centre and the Asia-Pacific Parliamentarian Forum on Global Health as platforms for exchanging ideas and fostering collaboration. WHO also worked with Member States to strengthen government leadership and the rule of law.

Coordination with the Food and Agriculture Organization of the United Nations and the World Organisation for Animal Health was also intensified for multisectoral action on surveillance, antibiotic stewardship, monitoring of antimicrobial use and advocacy.

Faced with declining donor funding, Member States are encouraged to identify domestic financing sources and improve efficiency through integrated service delivery incorporating e-health strategies.

Pacific Technical Support

The Pacific island countries and areas (PICs) experience specific challenges due to small populations and geographical remoteness. Thus, smart solutions are required to overcome these “built-in” obstacles to health systems in the Pacific.

The Healthy Islands vision set out in 1995 has guided the policies of PICs, as well as support from WHO and other development partners.

Readiness to respond to and recover from health crises relies on strong national health systems, and partnerships for regional and global collective action for health security. Key achievements in this area this year include the endorsement of the Pacific Health Security Coordination Plan 2017–2022. WHO also helped strengthen the capacity of national emergency medical teams in four PICs to respond in crises.

As of January 2018, 12 PICs have reached and sustained high routine immunization coverage of over 90%, in line with goals for the Decade of Vaccines 2011–2020. PICs as a bloc are likely to have achieved the regional measles elimination goal and are making similar progress towards achieving the hepatitis B control goal.

WHO has continued over the past year to support the rollout of testing and treatment guidelines for HIV, sexually transmitted infections and hepatitis in PICs. The TB burden is trending downward, and WHO also coordinated the establishment of the Pacific TB laboratory network as additional support for testing and drug stockpiling.

Together with the United Nations specialized programme, WHO is working in three
PICs to increase access to health services for women, newborn babies, children and adolescents.

In the area of NCDs, Member States participated in subregional and national monitoring and capacity-building workshops for improved NCD management in low-resource settings. Further, the fifth Pacific Islands Mental Health Network meeting in October 2017 focused on emergencies and mental health resilience. WHO also signed agreements with the Oceania Customs Organisation and the South Pacific Tourism Organisation to partner on tobacco control.

Health leaders in the Pacific welcomed the special initiative on climate change and health in Small Island Developing States (SIDS). WHO is collaborating on this with the United Nations Framework Convention on Climate Change. The dedicated Pacific action plan will feed into the global initiative, joining forces with SIDS around the world to produce a global plan of action.

**Leadership, Coordination and Support**

The Office of the Regional Director, and the Divisions of Programme Management and Administration and Finance work in close coordination to support WHO’s work in the Western Pacific towards UHC. Key focuses this year included efforts to strengthen communications, promote a stronger culture of teamwork among staff, strengthen accountability and transparency, and increase diversity.

The Office of the Regional Director this year finalized the Strategic Communications Framework for WHO in the Western Pacific Region, working with the Region’s 15 country offices, technical divisions and WHO headquarters. This was bolstered by WHO’s high-quality publications, information products and translation services. The Office of the Regional Director is also charged with maintaining good external relations with the large numbers of donors that directly support WHO’s work in the Region, ensuring transparency and accountability in the use of funds.

The Region continues to be a leader globally in accountability and risk management, achieving results and managing resources in an ethical and transparent manner. In September 2017, the Regional Office upgraded the database used worldwide by the Organization to identify, monitor and report risks. The Division of Programme Management is responsible for directing strategic and operational planning. It also coordinates country support, editorial services, and technical cooperation with other United Nations agencies and global health initiatives. For the closure of the 2016–2017 budget, the Region achieved a 99% implementation rate against available resources.

The Division of Administration and Finance comprises three units: Budget and Finance, Human Resources Management, and Information Technologies and Administration. In 2017, the Regional Office for the Western Pacific was the only major WHO office to achieve full on-time compliance for staff performance appraisals. WHO was also closely involved in the technological aspects of the rollout of the Pohnpei Dispensary Strengthening Programme in the Federated States of Micronesia. The Regional Office this year also conducted a comprehensive review of services provided by external partners to enhance costs and efficiencies.