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PROGRAMME BUDGET 2016–2017

SUMMARY OF PROGRESS IN CATEGORIES AND PROGRAMME AREAS

1 JANUARY 2016 TO 31 DECEMBER 2017

October 2018

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COUNTRIES AND AREAS OF THE WESTERN PACIFIC REGION			
Country/Area	**Abbreviation**	**Country/Area**	**Abbreviation**
American Samoa	ASM	New Caledonia	NEC
Australia	AUS	New Zealand	NEZ
Brunei Darussalam	BRN	Niue	NIU
Cambodia	KHM	Northern Mariana Islands, Commonwealth of the	MNP
China	CHN	Palau	PLW
Cook Islands	COK	Papua New Guinea	PNG
Fiji	FJI	Philippines	PHL
French Polynesia	PYF	Pitcairn Islands	PCN
Guam	GUM	Republic of Korea	KOR
Hong Kong SAR (China)	HOK	Samoa	WSM
Japan	JPN	Singapore	SGP
Kiribati	KIR	Solomon Islands	SLB
Lao People's Democratic Republic	LAO	Tokelau	TKL
Macao SAR (China)	MAC	Tonga	TON
Malaysia	MYS	Tuvalu	TUV
Marshall Islands	MHL	Vanuatu	VUT
Micronesia, Federated States of	FSM	Viet Nam	VNM
Mongolia	MNG	Wallis and Futuna	WAF
Nauru	NRU		

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Abbreviations

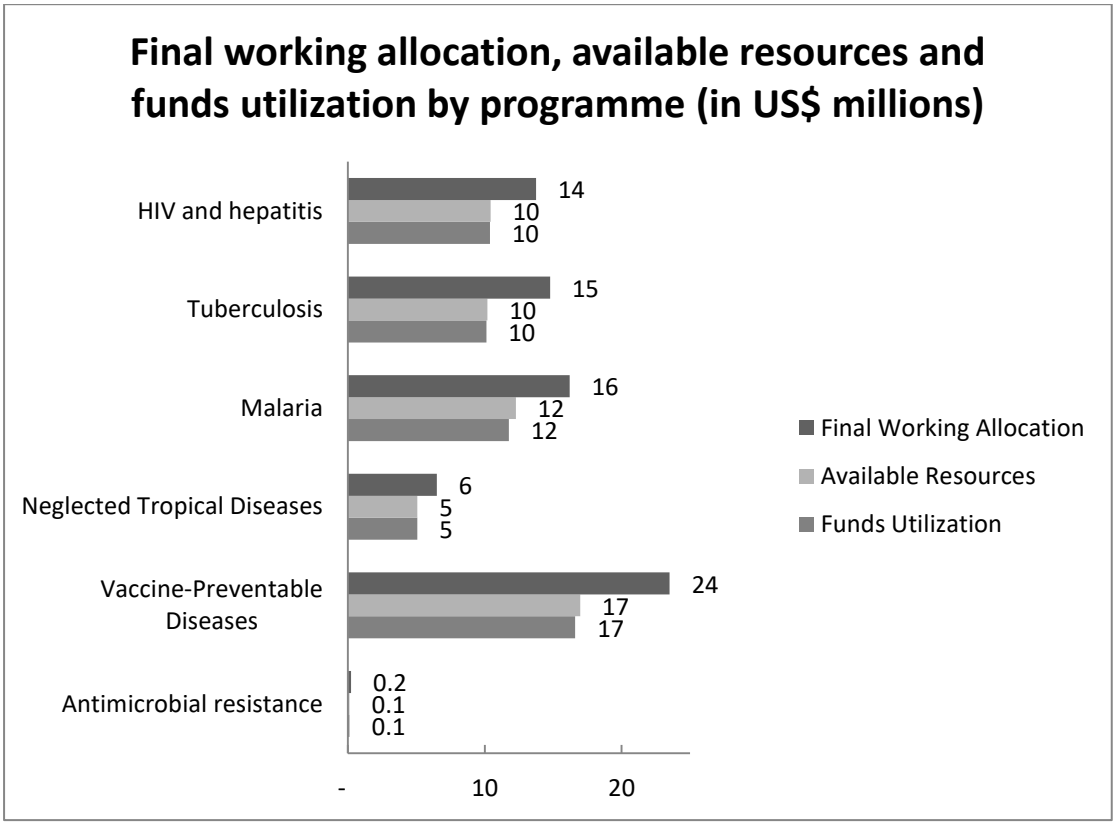
APSED III	Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies
FAO	Food and Agriculture Organization of the United Nations
HxNy	human infection with avian influenza viruses
IHR	International Health Regulations
JEE	Joint External Evaluation
MNT	maternal and neonatal tetanus
NCD	noncommunicable disease
NITAG	National Immunization Technical Advisory Group
NTD	neglected tropical disease
PICs	Pacific island countries and areas
PIP-PC	Pandemic Influenza Preparedness Framework Partnership Contribution
SDG	Sustainable Development Goal
TAG	Technical Advisory Group
TB	tuberculosis
UHC	universal health coverage
VIP	violence and injury prevention
WASH	water, sanitation and hygiene
WHE	WHO Health Emergencies Programme
WHO	World Health Organization

Category 1. Communicable Diseases

Reducing the burden of communicable diseases, including HIV/AIDS, hepatitis, tuberculosis, malaria, neglected tropical diseases and vaccine-preventable diseases

Summary of progress and achievements

The biennium 2016–2017 marks the transition from the Millennium Development Goals era to the Sustainable Development Goals (SDGs). It has also seen an increase in the focus on supporting Member States to build sustainability of their communicable disease control and prevention efforts through the development of national strategic plans and the adaptation of WHO guidelines to achieve regional goals. Cross-cutting work among programme areas and across divisions was strengthened. Work generating analysis on financing of certain communicable diseases in the context of Universal Health Coverage (UHC) was initiated which formed the basis for documenting the transition from external to domestic financing.



1.1 HIV and hepatitis

Output	Status
1.1.1. Increased capacity of countries to deliver key HIV interventions through active engagement in policy dialogue, development of normative guidance and tools, dissemination of strategic information and provision of technical support	Fully delivered

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1.1.2. Increased capacity of countries to deliver key hepatitis interventions through active engagement in policy dialogue, development of normative guidance and tools, dissemination of strategic information and provision of technical support	Fully delivered

During the biennium, efforts to combat HIV and hepatitis produced gains across the Region. All Member States adapted the *Treat All* policy by the end of 2017. Access to antiretroviral treatment for people living with HIV increased from 37% in 2014 to 55% in 2016. As of the end of 2017, eight countries have national action plans for viral hepatitis prevention and control that are in line with the global health sector strategy for hepatitis, and four countries are in the process of development. Eleven countries developed treatment guidelines for hepatitis B and C. Most countries in the Region initiated registration and price negotiations to access hepatitis treatment. A significant reduction of external funding for HIV and limited resources for viral hepatitis and sexually transmitted infections posed challenges as well as opportunities to revisit WHO approaches in supporting countries and achieving outputs and outcomes; nevertheless, there remains a need for continued investment to sustain achievements and make progress towards the 2030 global targets.

CASE STUDY: Health insurance coverage for HIV-positive patients in Viet Nam increases by 32%.

WHO has been supporting the Ministry of Health in Viet Nam to restructure HIV treatment service delivery and increase health insurance enrolment among HIV-positive patients. In November 2016, the Prime Minister signed a policy to use health insurance funds to purchase antiretroviral medications for treating HIV infection. Provincial governments also supported people living with HIV by paying their health insurance premiums and co-payments. Under the new policy, the Government aims to establish a long-term plan for transitioning the financing of HIV treatment services to government funding to make up for reduced donor funding. By 2020, Viet Nam aims to enrol 100% of people living with HIV in the health insurance scheme, using national health insurance to cover antiretroviral medications for approximately 155 000 people. One year after the 2016 signing of the policy, health insurance coverage for HIV-positive patients has increased from 50% to 82%, according to the Ministry of Health and WHO.

1.2 Tuberculosis

Output	Status
1.2.1 Worldwide adaptation and implementation of the global strategy and targets for tuberculosis prevention, care and control after 2015, as adopted in resolution WHA67.1	Fully delivered
1.2.2. Updated policy guidelines and technical tools to support the adoption and implementation of the global strategy and targets for tuberculosis prevention, care and control after 2015, covering three pillars: (1) integrated, patient-centred care and prevention; (2) bold policies and supportive systems; and (3) intensified research and innovation	Fully delivered

Most countries in the Region have shown improvement in detection and management of TB including multidrug-resistant TB. The treatment success rate for drug-susceptible TB has remained persistently high. There has also been a substantial expansion of the Xpert (molecular diagnostic tool) and shorter regimen for multidrug-resistant TB in all seven priority countries. National TB prevalence surveys and joint programme and epidemiological reviews generated reliable evidence of TB burden. They also identified challenges in the implementation of the WHO *End TB Strategy*. The results helped countries to develop evidence-based strategies, policies and regulations to improve programmes. TB patient cost surveys, which many priority countries conducted with WHO support, helped countries ascertain the baseline on the magnitude and main drivers of TB patient costs. The survey results guided countries to develop suitable UHC and social protection policies. Other key interventions, such as active case finding, expansion of Xpert testing, and public-private mix approaches, have contributed to finding TB patients in priority countries, including Cambodia, the Philippines and Viet Nam.

CASE STUDY: Actions taken to find missing TB cases in the Philippines

The Philippines 2016 TB Prevalence Survey, supported by WHO, showed there was more than double the prevalence (1159 per 100 000 population) than previously estimated. The results highlighted epidemiological and programmatic challenges, as well as weaknesses in the health system in finding missing cases. High-level advocacy and the dissemination of the results to a wider audience at the Philippine Coalition Against Tuberculosis convention helped motivate a strong national response. WHO conducted a review mission to assess the readiness of the laboratory network to put into effect a revised diagnostic and treatment algorithm for finding missing TB cases. Simply stated, the approach was: “Screen all” at the health facility level, and “Screen vulnerable populations” at the community level. The approach also called for greater engagement by the private sector. As a result of these actions, the *Philippine Strategic TB Elimination Plan 1* was developed with ambitious targets and intensive interventions. The analysis of geographical distribution of missing cases was supported by WHO, which facilitated the strategic discussion on priority areas and interventions among stakeholders. Several further steps were taken to mobilize resources and coordinate technical assistance from different partners to carry out priority interventions to find missing cases.

1.3 Malaria

Output	Status
1.3.1. Countries enabled to implement evidence-based malaria strategic plans, with focus on effective coverage of vector-control interventions and diagnostic testing and treatment, therapeutic efficacy and insecticide resistance monitoring and surveillance through capacity-strengthening for enhanced malaria reduction	Fully delivered
1.3.2. Updated policy recommendations, strategic and technical guidelines on vector control, diagnostic testing, antimalarial treatment, integrated management of febrile illness, surveillance, epidemic detection and response for accelerated malaria reduction and elimination	Fully delivered

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The Regional Action Framework for Malaria Control and Elimination in the Western Pacific (2016-2020) was endorsed by the Regional Committee in 2016. Implementation of regional/national malaria control and elimination activities were successfully completed with capacity-strengthening activities for programme management, diagnosis and case management, vector control, drug efficacy studies, surveillance and elimination. WHO also supported the strengthening of malaria diagnostics capacity in countries through the development and adoption of standard operating procedures and their introduction at a bi-regional meeting.

1.4 Neglected tropical diseases

Output	Status
1.4.1. Implementation and monitoring of the WHO road map for neglected tropical diseases facilitated	Fully delivered
1.4.2. Implementation and monitoring of neglected tropical disease control interventions facilitated by evidence-based technical guidelines and technical support	Fully delivered

With continuing technical and operational support from WHO, six countries were validated for elimination of lymphatic filariasis as a public health problem in 2016-2017 (KHM, COK, MHL, NIU, TON, VUT), bringing the regional total to eight countries. WHO continues to support countries to accelerate elimination: seven other countries are undertaking post-intervention surveillance nationwide and are expected to be validated in the near future. Similarly, WHO support in strengthening eye health systems and delivering preventive chemotherapy to all at-risk populations led Cambodia and the Lao People's Democratic Republic to be validated for having eliminated trachoma as a public health problem. Working closely with partners, WHO continues to support other endemic countries to implement mass drug administration and better access to facial cleanliness.

In 2016, WHO supported external an evaluation of the elimination of schistosomiasis as a public health problem in Cambodia and the Lao People's Democratic Republic. A year later, WHO assisted both countries to develop national strategic plans for the elimination of schistosomiasis. WHO also facilitated the establishment of an intersectoral community-led initiative between the water, sanitation and hygiene (WASH) and NTD sectors to accelerate the elimination of schistosomiasis in both countries.

1.5 Vaccine-preventable diseases

Output	Status
1.5.1. Implementation and monitoring of the *Global Vaccine Action Plan*, with emphasis on strengthening service delivery and immunization monitoring in order to achieve the goals for the Decade of Vaccines	Fully delivered
1.5.2. Intensified implementation and monitoring of measles and rubella elimination strategies facilitated	Fully delivered
1.5.3. Target product profiles for new vaccines and other immunization-related technologies, as well as research priorities, defined and agreed, in order to develop vaccines of public health importance and overcome barriers to immunization	Fully delivered

In 2016-2017, WHO coordinated with governments and international partners to further strengthen national immunization programmes and systems in five countries (KHM, LAO, MNG, PHL, VNM). Comprehensive reviews of national programmes and/or vaccine-preventable diseases surveillance systems were conducted in each country.

In 2016, diphtheria-tetanus-pertussis vaccine coverage reached 97.3% at the regional level and ≥90% (the *Global Vaccine Action Plan* target) in 22 countries and areas. In 2017, the Philippines achieved maternal and neonatal tetanus (MNT) elimination after three quality rounds of tetanus vaccination in the Autonomous Region in Muslim Mindanao. In the Region, only Papua New Guinea has yet to achieve MNT elimination.

WHO supported governments and international partners in conducting supplemental immunization activities with measles and rubella-containing vaccines in five countries (KHM, FSM, FJI, LAO, PNG). In 2017, the Region witnessed an historically low incidence of both measles and rubella, in the wake of a Region-wide measles resurgence from 2013 to 2016. WHO continued supporting the Regional Verification Commission, 16 national verification committees and one subregional verification committee to monitor progress towards measles and rubella elimination in the Western Pacific Region. In 2017, six countries and two areas in the Region were verified as having eliminated measles (AUS, BRN, KHM, HOK, MAC, JPN, KOR, NEZ).

WHO continued to facilitate communications between national immunization technical advisory groups (NITAGs), the Western Pacific Regional Technical Advisory Group and the Strategic Advisory Group of Experts on Immunization. WHO also continued to support countries in evidence-based decision-making on immunization policy, including the introduction of new vaccines. In 2017, China and the Philippines established NITAGs to support the government in making immunization policy based on scientific evidence. Cambodia initiated a human papillomavirus vaccine demonstration project, and China was weighing the benefits of *Haemophilus influenzae* type b vaccine. As of 2017, pneumococcal conjugate vaccine has been introduced in 10 of the 18 low- and middle-income countries in the Region.

1.6 Antimicrobial Resistance

Output	Status
1.6.1. Implementation oversight of the draft global action plan on antimicrobial resistance, including surveillance and development of national and regional plans	Fully delivered

Antimicrobial resistance (AMR) continues to be one of the flagship areas that WHO is leading and collaborating with governments and other development partners. WHO assisted in the development of systems and governance mechanisms to support actions against AMR, including: the establishment of the antibiotic stewardship programme; the establishment of the antimicrobial use monitoring programme; and the launch of the 1 million pledge race against AMR. The development and endorsement of AMR action plans has been a significant accomplishment in numerous Member States including Cambodia, Cook Islands, the

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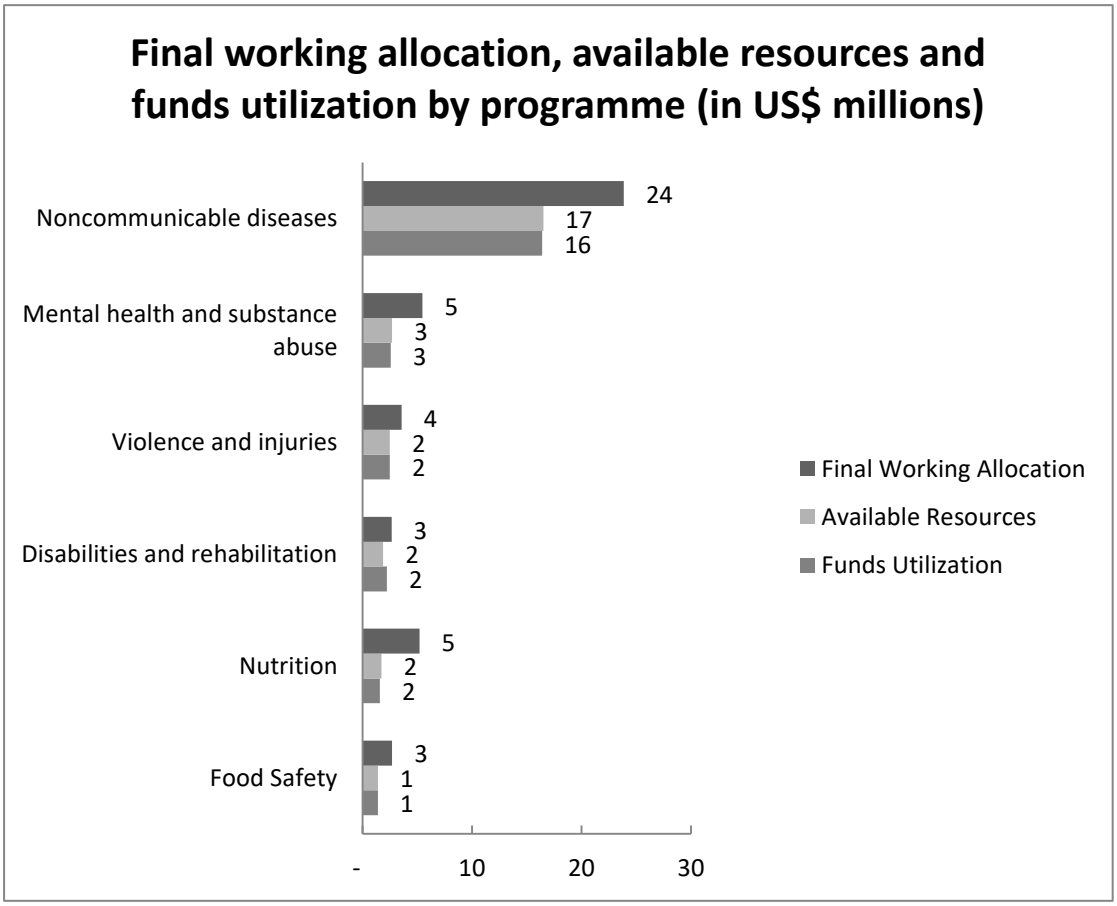
Federated States of Micronesia, Tonga, etc. The World Antibiotic Awareness week and other campaigns were celebrated in many countries, where medical personnel were also trained on the rational use of antimicrobials.

Category 2. Noncommunicable Diseases

Reducing the burden of noncommunicable diseases, including cardiovascular diseases, cancers, chronic lung diseases, diabetes, and mental disorders, as well as disability, violence and injuries, through health promotion and risk reduction, prevention, treatment and monitoring of noncommunicable diseases and their risk factors

Summary of progress and achievements

The regional guidance given in the policy and action frameworks endorsed by the Regional Committee for the Western Pacific covers the prevention and control of noncommunicable diseases (NCDs), health promotion in the Sustainable Development Goals, tobacco control, urban health and resilient cities, mental health, violence and injury prevention, universal eye health and the double burden of malnutrition. Guidance on rehabilitation for the Western Pacific is being finalized.



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2.1 Noncommunicable diseases

Output	Status
2.1.1. Development and/or implementation of national multisectoral policies and plans to prevent and control noncommunicable diseases accelerated	Fully delivered
2.1.2. Countries enabled to implement strategies to reduce modifiable risk factors for noncommunicable diseases (tobacco use, diet, physical inactivity and harmful use of alcohol), including underlying social determinants	Fully delivered
2.1.3. Countries enabled to improve health-care coverage for the management of cardiovascular diseases, cancer, diabetes and chronic respiratory diseases and their risk factors through strengthening health systems	Fully delivered
2.1.4. Monitoring framework implemented to report on the progress made on the commitments contained in the Political Declaration of the High-Level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases and in the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020	Fully delivered

WHO representative/country offices provided overall support and disseminated best practices to help strengthen country capacities. This contributed to the development and implementation of national multisectoral NCD plans. For instance, country offices supported the adaptation of global guidelines for NCD management by conducting subregional and national training workshops and strengthening networks. Tools such as the NCD education manual were developed to support the management of NCDs at the primary health-care level and within families. National and subnational NCD risk factor surveys and cancer registration were supported, as well as the assessment of national capacities through implementation of the *2017 NCD Country Capacity Survey*. An expert network was formed to work on health promotion in the SDGs, leading to the Regional Committee endorsement of the *Regional Action Plan on Health Promotion in the Sustainable Development Goals (2018–2030)*.

Progress was made in implementing demand-reduction measures of the *WHO Framework Convention on Tobacco Control*, such as smoke-free policies and graphic health warnings on tobacco product packaging. Partnerships with non-health sectors were strengthened. For instance, a regional meeting was convened on increasing tobacco taxes and preventing the illicit trade of tobacco products in November 2017 with ministries of health, finance and foreign affairs. WHO is considering options regarding the development of a platform for sharing knowledge and good practices, which has been requested by Member States.

The Regional Office co-organized the international Healthy Cities Mayors Forum in Shanghai in November 2016, in parallel with the 9th Global Conference on Health Promotion. Ministers of health, mayors, and state and city representatives from the Region adopted the Shanghai Consensus on Healthy Cities and the Shanghai Declaration on Health Promotion. They committed to make bold political choices for health and urban environments.

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2.2 Mental health and substance abuse

Output	Status
2.2.1. Countries' capacity strengthened to develop and implement national policies, plans and information systems, in line with the comprehensive mental health action plan 2013–2020	Fully delivered
2.2.2. Countries with technical capacity to develop integrated mental health services across the continuum of promotion, prevention, treatment and recovery	Fully delivered
2.2.3. Expansion and strengthening of country strategies, systems and interventions for disorders caused by alcohol and other psychoactive substance use enabled	Fully delivered

WHO supports Member States in the areas of mental health governance, service delivery, mental health promotion and surveillance. Implementation of the *Regional Agenda for Implementing the Mental Health Action Plan 2013–2020* in the Western Pacific is progressing. The Regional Meeting on Strengthening Mental Health Programmes in the Western Pacific was convened on 23–25 January 2017 in Manila. Capacity-building and technical support for implementation of mental health interventions, such as the Mental Health Gap Action Programme, is ongoing in 18 countries. A regional forum on protecting young people from the harmful use of alcohol was convened in Hong Kong SAR (China) on 29–30 April 2016, during which a policy and advocacy package for raising awareness was launched. An informal consultation with experts from four Member States was held in Manila on 29–30 June 2016 on the development of leadership training on the prevention and management of alcohol harm in young people.

CASE STUDY: Mental health nurses lead in the provision of services with limited resources in Fiji

With support from WHO and district health managers, the Ministry of Health and Medical Services of Fiji has sought to enhance mental health services by decentralization. In addition, more than 500 non-specialist health-care staff have been trained in the Mental Health Gap Action Programme (mhGAP) intervention guide for primary health-care providers, including general practitioners and nurses, to assess and manage priority mental, neurological and substance use disorders (MNS) conditions in health-care facilities. In the absence of specialists, mental health nurses in some districts have been trained as mhGAP trainers. With the support of mental health specialists, mental health nurses train, support and supervise non-specialist health-care providers and manage cases in coordination with general practitioners in facilities for pharmacological treatment and with nurses for non-pharmacological psychosocial support (both in-house and with mHGAP-IG 2.0). The stress management units at three provincial hospitals receive people with moderate to severe MNS conditions referred by trained non-specialist health-care providers.

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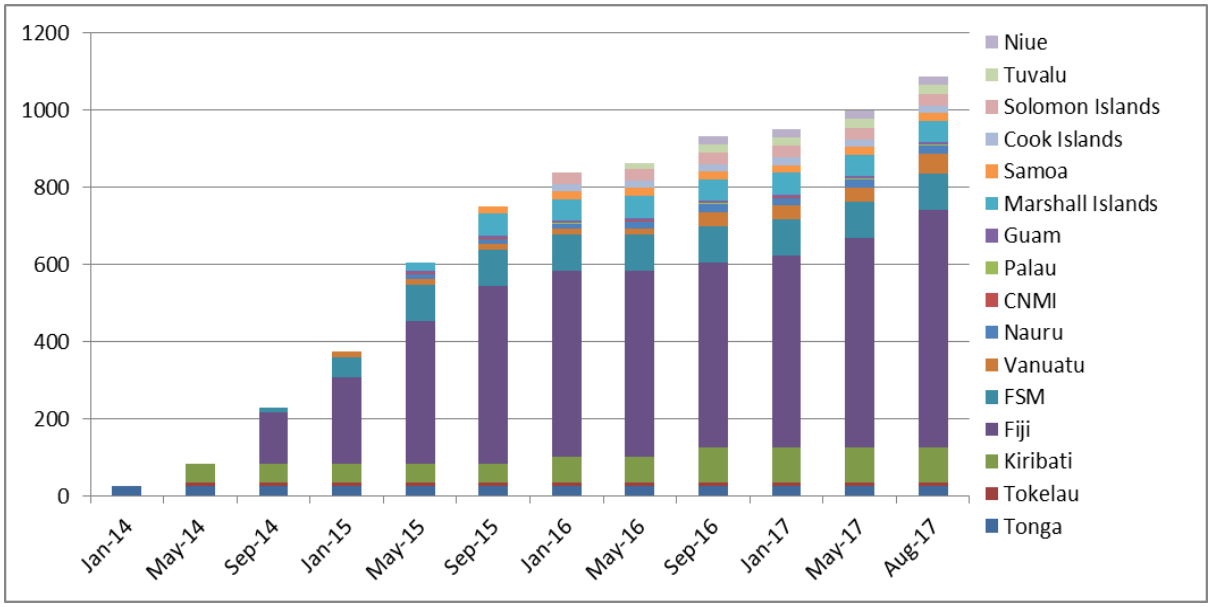
Graph: Number of people trained in mhGAP



2.3 Violence and injuries

Output	Status
2.3.1. Development and implementation of multisectoral plans and programmes to prevent injuries, with a focus on achieving the targets set under the United Nations Decade of Action for Road Safety 2011–2020	Fully delivered
2.3.2. Countries and partners enabled to develop and implement programmes and plans to prevent child injuries	Partly delivered
2.3.3. Development and implementation of policies and programmes to address violence against women, youth and children facilitated	Partly delivered

Based on the *Regional Action Plan for Violence and Injury Prevention in the Western Pacific Region (2016–2020)*, and at the request of intersectoral counterparts in Member States, technical support was provided to 12 Member States (KHM, CHN, FJI, KIR, LAO, MNG, PHL, PLW, PNG, SLB, VUT, VNM). Support focused on the development and implementation of national action plans and programmes for overarching violence and injury prevention or specific priority subtypes. For road safety, WHO helped facilitate capacity development opportunities in journalist training and reporting in six countries (KHM, CHN, LAO, PHL, VNM, WSM) and in enhanced police enforcement in five countries (FJI, KIR, SLB, VUT, WSM). The Bloomberg Initiative for Global Road Safety continued its work in China, the Philippines and Viet Nam. Practical and demonstrative capacity development for the implementation of WHO recommendations for drowning prevention was facilitated for national counterparts in six countries (KHM, CHN, FJI, PHL, SLB, VNM), in conjunction with the Royal Life Saving Society of Australia.

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Financial support for violence and injury prevention (VIP) is severely constrained, particularly for drowning and violence prevention. Donors earmark most VIP funding for road safety. The regional VIP programme received only 41% of its activity funds in 2016-2017; whereas, 95% of all mobilized activity funds at the country level are shared between only four countries (CHN, PHL, SLB, VNM). These primarily relate to the implementation of country-specific, donor-funded projects for road safety, drowning prevention and health sector response to violence against women. Due to a lack of human and financial resources, some country and regional deliverables were not fully achieved. Uncertainty over the availability of funding creates challenges for effective planning to achieve specific programme budget deliverables.

2.4 Disabilities and rehabilitation

Output	Status
2.4.1. Implementation of the WHO global disability action plan 2014–2021: better health for all people with disability, in accordance with national priorities	Fully delivered
2.4.2. Countries enabled to strengthen prevention and management of eye and ear diseases in the framework of health systems	Fully delivered

The first regional report on *Rehabilitation and Disability in the Western Pacific* was published during this period. The report guides priorities across the Region to support disability and rehabilitation activities, highlighting Member State capacity to implement the *WHO Global Disability Action Plan*. In-country technical support and development of toolkits, training materials and guidelines complemented government efforts to strengthen rehabilitation services and improve access to health for persons with disabilities in nine countries in the Region. The support from the Regional Office engaged focus countries on disability-related activities. Outstanding achievements led to allocating national resources to complement activities that the Regional Office supported in four countries. These include: rehabilitation and mental health service strengthening in Solomon Islands; community-based rehabilitation service evaluation in Fiji; rehabilitation professional training and capacity-building in Mongolia; and support to develop disability-inclusive health services in Tonga.

Two regional meetings were held that highlighted the importance of rehabilitation as an essential health service for all people, especially those with disabilities. Workshops were conducted on the Convention on the Rights of Persons with Disabilities from the perspective of psychosocial disability. Finally, WHO support for Member States improved their capacity in advocacy and evidence to increase political and financial commitment, development of national policies, plans and programmes, and integration, monitoring and partnerships for blindness prevention and control programmes in the Region. WHO support is guided by *Towards Universal Eye Health: A Regional Action Plan for the Western Pacific (2014–2019).* Nearly half of the countries that responded to a WHO survey on eye health in the Region (7 of 13) have completed or are in the process of completing national or subnational population-based surveys to determine the prevalence of vision impairment and/or blindness since the implementation of the Regional Action Plan.

2.5 Nutrition

Output	Status
2.5.1. Countries enabled to develop, implement and monitor action plans based on the maternal, infant and young child nutrition comprehensive implementation plan, which takes into consideration the double burden of malnutrition	Fully delivered
2.5.2. Norms and standards and policy options for promoting population dietary goals and cost-effective interventions to address the double burden of malnutrition, and their adoption by countries in developing national guidelines and legislation supporting effective nutrition actions	Fully delivered

Multisectoral nutrition action was undertaken by various WHO programmes in an integrated approach with neglected tropical diseases, and WASH. WHO supported Member States in the implementation of the Regional Action plan to reduce the double burden of malnutrition, including strengthening compliance with the International Code of Marketing of Breast-milk Substitutes, micronutrient supplementation, WHO growth standards and infant and young-child feeding to decrease stunting in children and anaemia in women of reproductive age. In order to tackle the rising prevalence of overweight, obesity and nutrition-related risk factors for NCDs, WHO representative/country offices supported adoption of food-based dietary guidelines, development of school food policy and standards, salt reduction, taxation of sugar-sweetened beverages and promotion of healthy diet, along with overarching actions such as nutrition action plans, food and nutrition security, and monitoring of nutrition action plans. Member States endorsed a Regional Committee resolution in 2017 urging multisectoral and multi-stakeholder action to protect children from the harmful impacts of food marketing.

The nutrition programme continues to work with WHO collaborating centres and regional agencies such as the Association of Southeast Asian Nations, the Food and Agriculture Organization of the United Nations (FAO) and the United Nations Children's Fund to end all forms of malnutrition through joint advocacy, nutrition security reports and capacity-building at the regional and country level. Although these engagements enhance the nutrition programme's visibility and reach in the Region, there is a need to mobilize resources to maintain international technical staff at the regional level and in countries with a high burden of stunting or overweight and obesity in children.

CASE STUDY: Nutrition country case study

WHO Member State sharing of evidence and experience in implementing taxation of sugar-sweetened beverages benefits national programmes addressing diet-related NCDs. Brunei Darussalam made notable advancement in passing taxation amendments in 2017 by imposing excise tax on drinks with high sugar content, sugar, confectionery and cocoa products to decrease sugar consumption. An 11% increase in the price of taxed sugar-sweetened beverages was shown in preliminary data gathered six months after the excise tax imposition. The Ministry of Health is planning to evaluate the impact of the excise tax on sales of taxed sugar-sweetened beverages. The information will be a useful lesson for other Member States.

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2.6 Food safety

Output	Status
2.6.1. Technical assistance to enable Member States to control risk and reduce the burden of foodborne diseases	Fully delivered
2.6.2. International standards and scientific advice, as well as a global information exchange platform, for effectively managing foodborne risks, in addition to the coordination needed to harness multisectoral collaboration	Fully delivered

Endorsed by the Regional Committee in 2017, *the Regional Framework for Action on Food Safety in the Western Pacific* was developed to provide strategic guidance and a stepwise approach to strengthen national food safety systems in the Region. The Framework builds on the achievements and lessons learnt from the *Regional Food Safety Strategy 2011-2015,* but goes further to strengthen food safety systems as holistic and unified entities. The development process included comprehensive bottom-up consultation involving Member States, donors and partners. Food safety is a multisectoral issue, and strengthening national food safety systems requires engagement and good coordination across sectors and stakeholders. The changing context of food safety in the Region has increased the complexity of managing food safety risks and responding to food safety emergencies, limiting Member States from advancing food safety systems as holistic and unified entities.

The revitalization of the FAO/WHO regional coordinating committees is ongoing. The Coordinating Committee for Asia and Codex Coordinating Committee for North America and the South West Pacific Sessions in 2016 provided an opportunity to discuss the revitalization process and receive feedback from Member States. The sessions also provided an opportunity to strengthen interregional collaboration and cooperation with FAO. Operational guidance on the recall of imported food in Pacific island countries and areas was developed and used as the basis for developing national guidance on food recall in Fiji, Samoa and Solomon Islands.

WHO representative/country offices enhanced Member State participation in the International Food Safety Authorities Network through better regional cooperation, establishing a structure for in-country communication during food safety incidents and emergencies. A pilot system for monitoring of antimicrobial resistance in the food chain was developed in Mongolia and used to provide evidence for the level of resistance in common foodborne pathogens. Three countries adopted contemporary food safety policies and legislation, while another three countries strengthened risk-based food inspection systems.

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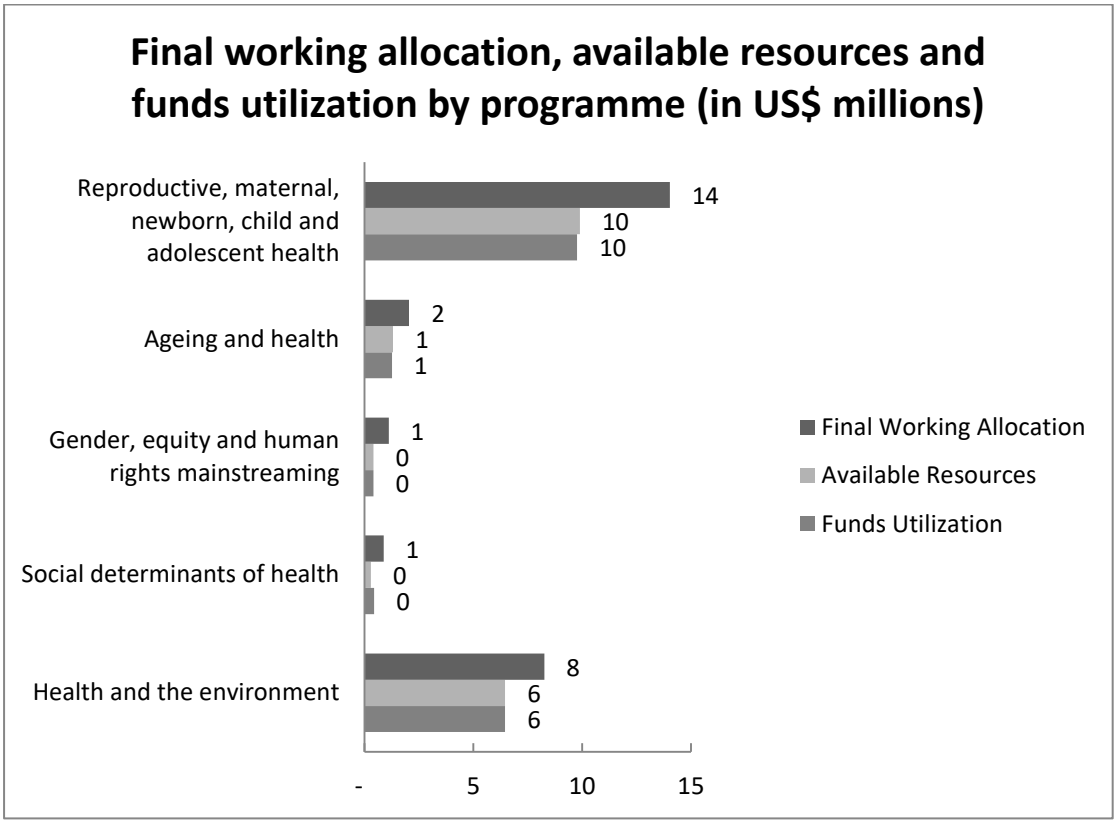
Category 3. Promoting Health through the Life-Course

Promoting good health at key stages of life, taking into account the need to address health equity, social determinants of health and human rights, with a focus on gender equality

Summary of progress and achievements

Programme implementation, policy dialogue and health advocacy were strengthened through multisectoral and multi stakeholder cooperation across the cross-cutting themes of maternal and newborn care, integrated child health care, adolescents' transition to adulthood, reproductive health, healthy ageing, integration of gender, equity and human rights in health programmes, addressing social, environmental and occupational determinants of health, and climate-resilient health systems.



3.1 Reproductive, maternal, newborn, child and adolescent health

Output	Status
3.1.1. Countries enabled to further expand access to, and improve quality of, effective interventions for ending preventable maternal, perinatal and newborn deaths, from pre-pregnancy to postpartum, focusing on the 24-hour period around childbirth	Fully delivered
3.1.2. Countries enabled to implement and monitor integrated strategic plans for newborn and child health, with a focus on expanding access to high-quality interventions to improve early childhood development and	Fully delivered

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end preventable newborn and child deaths from pneumonia, diarrhoea and other conditions	
3.1.3. Countries enabled to implement and monitor effective interventions to cover unmet needs in sexual and reproductive health	Fully delivered
3.1.4. Research undertaken and evidence generated and synthesized for designing key interventions in maternal, newborn, child and adolescent health, and other conditions and issues linked to it	Fully delivered
3.1.5. Countries enabled to implement and monitor integrated policies and strategies for promoting adolescent health and development and reducing adolescent risk behaviours	Fully delivered

Guided by the regional action plan, eight priority countries with the highest neonatal deaths implemented scale-up of early essential newborn care with 32 251 health staff from 3366 health facilities coached in early essential newborn care practice. Improved newborn care now reaches an estimated 4 million mothers and babies annually.

WHO has developed tools to improve the skills of health professionals in managing full-term and pre-term newborn care, establishing hospital quality improvements in childbirth and newborn care, upgrading programme planning and mobilizing social support. Technical guidance has been formulated to evaluate integrated child health care at the primary level in China and Mongolia. The evaluations showed that important areas for improvement were: basic health screening for all children; correct screening for common illnesses and child development; and counselling on early childhood development.

School environment standards on safe and healthy physical, psychological and social transitions of adolescents to adulthood were developed during 2016 and 2017. They were tested in the Philippines in 2018.

WHO has supported national capacity-building in data analysis and formulation of practice recommendations for maternal mortality reduction, and maternal death surveillance and response has been strengthened to promote the evidence base. Finally, a maternal health guideline review of eight priority countries assessed for alignment with global recommendations and latest evidence has been published.

3.2 Ageing and health

Output	Status
3.2.1. Countries supported in developing policies and strategies that foster healthy and active ageing	Fully delivered
3.2.2. Countries enabled to deliver integrated person-centred services that respond to the needs of older women and men in low-, middle- and high-income settings	Fully delivered
3.2.3. Evidence base strengthened, and monitoring and evaluation mechanisms established to address key issues for the health of older people	Fully delivered

Population ageing is a key public health challenge for many Member States in the Region. Low and middle-income countries face an especially rapid demographic transition, significantly narrowing the window of time to prepare for this challenge.

The Regional Office has supported Members States in implementing the *Regional Framework for Action on Ageing and Health in the Western Pacific (2014-2019).* A regional meeting on ageing and health in the Western Pacific was held in 2017 to review progress, share experiences and plan future action. Implementation of the recommendations commenced shortly thereafter with action to include strengthening the evidence base on key topics such as long-term care financing, m-health, gender and social protection, and elder abuse.

Support and technical assistance was also provided to Member States throughout this period to strengthen their capacity for the development of policies and strategies that foster healthy ageing, in particular to re-orient health services, begin planning for community based long-term care and develop age-friendly cities and communities. Cambodia and Viet Nam subsequently developed national strategies on ageing and health, and China and Viet Nam included ageing and health in their top 10 priority programmes for 2016-17.

The Regional Office continued to promote healthy ageing through communication and social media with campaigns focused on ageing in place for International Day of Older Persons and on non-discrimination in health-care settings leading up to International Human Rights Day in 2017.

CASE STUDY: Healthy ageing policy developments in Cambodia

Cambodia developed a policy and strategy for older people's health care with WHO support. In addition, a secondary analysis of Cambodia Demographic and Health Survey 2014 was conducted to analyse the health status, health service utilization and health-care expenditure of older people in Cambodia. Finally, support was provided for the development of the five-year *Action Plan on Ageing and Health*, guided by the *National Ageing Policy 2017-2030* adopted in late 2017.

3.3 Gender, equity and human rights mainstreaming

Output	Status
3.3.1. Gender, equity and human rights integrated in WHO's institutional mechanisms and programme deliverables	Fully delivered
3.3.2. Countries enabled to integrate and monitor gender, equity and human rights in national health policies and programmes	Fully delivered

Much focus was placed on gender-based violence, particularly through the 16 Days of Activism, with policy advocacy, social media messaging and country support. A Region-wide campaign, "Human Together", was launched at a side event at the 2016 session of the Regional Committee. It was informed and complemented by country experiences, including technical support to strengthen the health sector response in five countries (KHM, PNG, PHL, SLB, VNM).

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WHO staff capacity to integrate gender, equity and human rights within their programmes was strengthened through staff training, particularly at the Regional Office and in selected representative/country offices. Promising practices were compiled in the report, *Advancing Health Through Attention to Gender, Equity and Human Rights*, with 17 examples from across the Region. WHO also engaged in technical collaboration to integrate and monitor gender, equity and human rights with several Member States, such as the development of a gender action plan in Papua New Guinea.

Further advocacy, capacity-building and technical support are needed to promote and expand attention to gender, equity and human rights. Strengthening partnerships across sectors, stakeholders and with communities will be important to advance SDG5 and selected SDG3 targets in countries and the Region.

CASE STUDY: "Leaving no one behind" concept introduced into Mongolia's health sector planning

In 2016, the Mongolian Ministry of Health and WHO partnered for a series of capacity-building workshops to incorporate a "leave no one behind" focus in subnational health system strengthening. Health managers and social policy officers from the country's 21 provinces and nine districts of Ulaanbaatar participated in the workshops. The training increased awareness of equity issues and reinforced the streamlining in policies.

CASE STUDY: WHO actively participates in 16 Days of Activism Against Gender-based Violence in the Philippines

The 16 Days of Activism Against Gender-based Violence is an international campaign that takes place each year from 25 November (International Day for the Elimination of Violence Against Women) to 10 December (Human Rights Day). The WHO Philippines office actively participated and provided technical input into the various activities taking place during the 16 days. Key stakeholders and partners from civil society and the Philippine government joined and promoted the WHO "Human Together" campaign. The campaign reached nearly 150 000 people on social media platforms and was featured on local media channels.

3.4 Social determinants of health

Output	Status
3.4.1. Improved country policies, capacities and intersectoral actions for addressing the social determinants of health and reducing health inequities through "health-in-all-policies", governance and universal health coverage approaches in the proposed sustainable development goals	Fully delivered
3.4.2. A social determinants of health approach to improving health and reducing health inequities integrated in national, regional and global health programmes and strategies, as well as in WHO	Fully delivered
3.4.3. Trends in, and progress on, action on social determinants of health and health equity monitored, including under the universal health coverage framework and the proposed sustainable development goals	Fully delivered

Member States endorsed a Regional Action Agenda on achieving the SDGs in the Western Pacific that suggests practical actions Member States can take in addressing the social determinants approach to health and health equity through whole-of-systems, whole-of-government and whole-of-society approaches. Where possible and requested, WHO provided inputs to support country-level action on the social determinants of health by supporting a policy roundtable on migration and UHC in China, a high-level policy dialogue on Health in All Policies in Kiribati, and evidence generation on access barriers and social determinants of health in Viet Nam. In terms of trends monitoring, a strong focus was put on SDG monitoring and the development of information dashboards, with an emphasis on inequities and disparities in select countries. Moving forward, countries have much to learn from each other and value the exchange of experiences and lessons on social determinants, Health in All Policies and related SDG governance processes.

3.5 Health and the environment

Output	Status
3.5.1. Countries enabled to assess health risks and develop and implement policies, strategies or regulations for the prevention, mitigation and management of the health impacts of environmental and occupational risks	Fully delivered
3.5.2. Norms and standards established and guidelines developed for environmental and occupational health risks and benefits associated with, for example, air and noise pollution, chemicals, waste, water and sanitation, radiation, nanotechnologies and climate change	Fully delivered
3.5.3. Public health objectives addressed in implementation of multilateral agreements and conventions on the environment and in relation to the proposed sustainable development goals and the post-2015 development agenda	Fully delivered

WHO has provided technical support to strengthen national capacity in risk assessment and to develop national response plans to environmental and occupational health hazards. Guidance, principles, priorities and strategic direction are given in the regional framework for action on health and environment endorsed by the Regional Committee for the Western Pacific in 2016.

The *Manila Declaration* signed at the fourth Asia-Pacific ministerial forum on health and environment in October 2016 strengthened cooperation among ministries of health and environment at regional and national levels on common priorities. The WHO and Australian Department of Foreign Affairs and Trade health partnership for water and sanitation supports the establishment of water safety plans in nine countries, reaching a total population of approximately 220 million.

WHO headquarters and regional offices cooperated in the 2016–2017 round of the UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water to monitor the enabling environment of law, policy and programme, institutional and monitoring structure, and inputs of human resource and finance for WASH at the regional level and at the national level in 14 countries in the Region.

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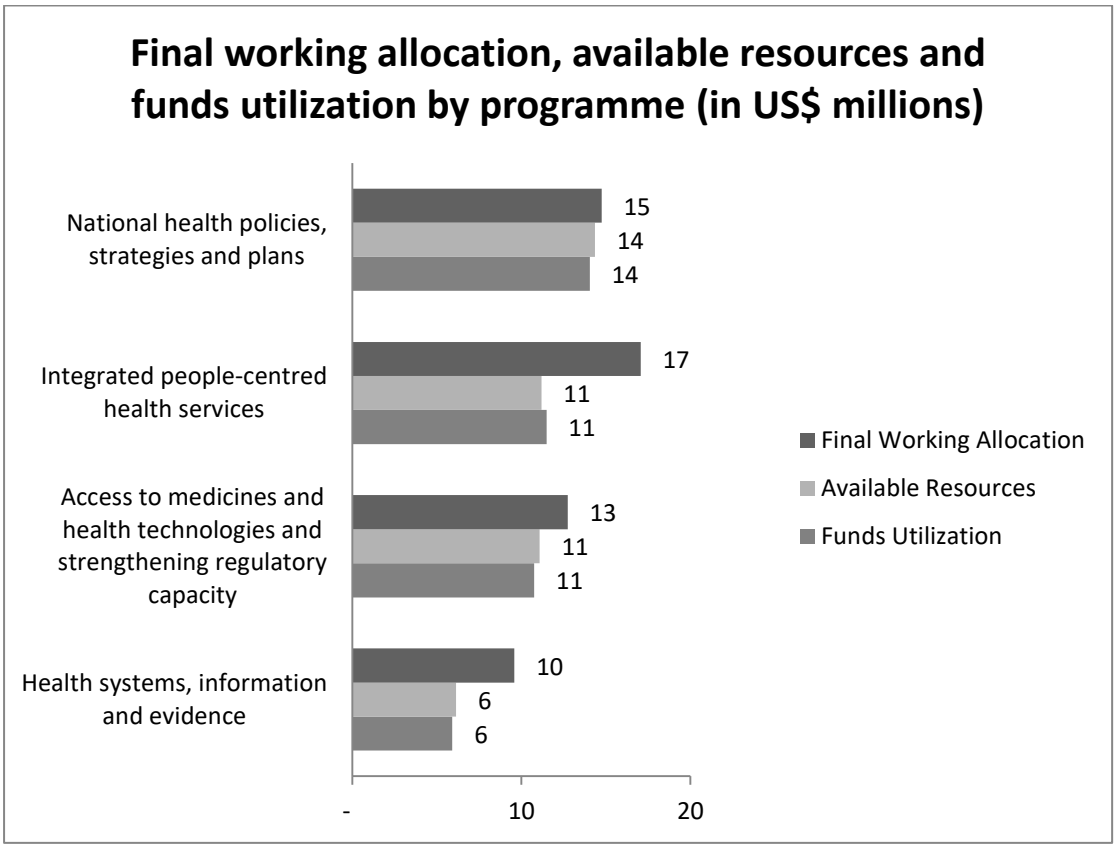
Significant progress in eliminating asbestos and asbestos-related diseases has been noted in Viet Nam ─ guided by the 2017 national action plan and supported by doctor training in film reading for improved quality of diagnosis of pneumoconiosis, including asbestosis. In the Lao People's Democratic Republic, new occupational health and safety regulations based on intersectoral cooperation are expected to strengthen the national occupational health programme.

Category 4. Health Systems

Health systems based on primary health care, supporting universal coverage

Summary of progress and achievements

WHO works with Member States to strengthen health systems and accelerate progress towards UHC through country-specific road maps, building on the regional framework for action *Universal Health Coverage: Moving Towards Better Health*.



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CASE STUDY: The UHC Technical Advisory Group

The UHC Technical Advisory Group (TAG) plays a central role in reviewing and guiding country progress on UHC in the Western Pacific Region. Meeting once every year, key learnings are taken back to the country level by the ministries and country offices that participate. Support is provided to facilitate high-level policy dialogue, UHC road maps and national health policy development, and health sector reform and health financing policy development.

4.1 **National health policies, strategies and plans**

Output	Status
4.1.1. Improved country governance capacity to formulate, implement and review comprehensive national health policies, strategies and plans (including multisectoral action, and "health in all policies" and equity policies)	Fully delivered
4.1.2. Improved national health financing strategies aimed at moving towards universal health coverage	Fully delivered

Member States in the Region have endorsed UHC, and the UHC TAG mechanism has been a positive experience where Member States review their progress towards attaining UHC on a yearly basis. Many country offices have prioritized 4.1 outputs and have worked to improve country governance capacity to formulate, implement and review comprehensive national health policies, strategies and plans. Specifically, they have provided support to Member States to hold high-level UHC policy dialogues, develop national health policies and UHC road maps, health legislation and health systems reform, as well as build evidence to inform policy development and strengthen health financing systems. This last item is especially important given that a number of countries (KHM, CHN, FSM, FJI, LAO, MYS, MNG, PNG, PHL, WSM, TON, VNM) have been introducing new measures to improve health financing systems, including increasing system efficiency and equity, updating and producing national health accounts, and improving their health insurance legal environment.

CASE STUDY 1: Improving health-care financing and the health insurance legal environment in Mongolia

Significant progress has been made towards improving health-care financing and the health insurance legal environment in Mongolia. The WHO Mongolia office has provided strong evidence relating to the financial burden and catastrophic health payments, strategic purchasing, financing of public health programmes and benefit incidence analysis in support of UHC advocacy and health-care financing policy-making. Financial protection indicators and catastrophic payments reports have also been updated regularly. As a result, health-care financing was included in Mongolia's long-term state policy on health as a strategic direction, which includes the aim of reducing out-of-pocket spending to 25%. Finally, health-care financing and health insurance regulations have been developed to implement the revised health insurance laws.

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CASE STUDY 2: Support provided to Member States to produce health expenditure estimates

In December 2017, the *WHO Global Health Expenditure Database* was published with expenditures of 193 countries for the first time using the System of Health Accounts 2011 framework. WHO headquarters and regional and country offices provided support to countries in the Region to produce estimates from 2000 to 2015. Countries have used the information to monitor their health system performance and as evidence to feed into improved health financing policies.

4.2 People-integrated health services

Output	Status
4.2.1. Equitable integrated, people-centred service delivery systems in place in countries and public-health approaches strengthened	Fully delivered
4.2.2. Health workforce strategies oriented towards universal health coverage implemented in countries	Fully delivered
4.2.3. Countries enabled to improve patient safety and quality of services, and patient empowerment within the context of universal health coverage	Fully delivered

Member States are taking the right steps putting in place policies, financing and human resources to increase access to integrated, people-centred health services. Policy advocacy and technical support have strengthened equitable and people-centred integrated service delivery for UHC across countries. Examples include delineation policy (SLB); NCD-focused primary health care (WSM); policy roundtables on public hospital reform and recruitment and retention of the primary health-care workforce (CHN); policy briefs and dialogue on hospital autonomy, primary health care, and postgraduate health professional education (VNM); health system strengthening as part of Global Health Initiative support (KHM, KIR, LAO, MNG, PNG, VNM); and quality and safety (KHM, CHN, LAO, MNG, PHL, VNM).

One area of emphasis has been the health workforce. Support such as the fellowship programme was provided to strengthen health workforce planning (KHM, SLB, TON), information systems (LAO, PNG, TON), regulation (KHM, LAO, VNM) and education (KHM, LAO, MNG, WSM, VNM). With regard to patient safety and quality of services, the focus has been on licensing and accreditation of health service providers, along with policy dialogue, technical support, training courses and meetings. Finally, the integration of traditional medicine into national health systems to improve people-centred integrated service delivery has been fostered through meetings and country-specific support. In Cambodia, a draft sub-decree on traditional medicine practitioners has been developed to improve the quality and safety of traditional medicine services, and the government is in the process of including selected traditional medicine services in the revised *Guidelines on Minimum Package of Activities for Health Center Development*.

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CASE STUDY: Close coordination leads to development of comprehensive health services delivery package in the Lao People's Democratic Republic

The Lao People's Democratic Republic developed a comprehensive health services delivery package endorsed by the Ministry of Health. A key success factor was the close coordination with the Ministry of Health for work on UHC, the Department of Health Care on Service Delivery Packages, development partners including the World Bank, the Japan International Cooperation Agency and the Swiss Red Cross, and with the technical programmes within the Ministry of Health and the country office.

4.3 Access to medicines and other health technologies and strengthening regulatory capacity

Output	Status
4.3.1. Countries enabled to develop or update, implement, monitor and evaluate national policies on better access to medicines and other health technologies; and to strengthen their evidence-based selection and rational use	Fully delivered
4.3.2. Implementation of the global strategy and plan of action on public health, innovation and intellectual property	Fully delivered
4.3.3. Improved quality and safety of medicines and other health technologies through norms, standards and guidelines, strengthening of regulatory systems, and prequalification	Fully delivered

Pharmaceutical systems in Member States were strengthened to improve access and rational use of essential medicines. A highlight during this period was the approval of the *Western Pacific Regional Action Agenda on Regulatory Strengthening, Convergence and Cooperation for Medicines and the Health Workforce* by the Regional Committee in October 2017. With WHO support, many Member States have put in place legal frameworks and strengthened systems for market authorization, quality management, pharmacovigilance and post-market surveillance. The Regional Alliance for National Regulatory Authorities, established in 2011 as a platform for cooperation in the area of vaccines regulations, has progressed to cover medicines and other essential technologies, and PICs are in the process of discussing the establishment of a subregional regulatory platform. Support was provided to the Mekong countries to address issues related to substandard medicines, particularly antimalarials.

To improve equitable access to medicines, Member States strengthened health technology assessments, Malaysia applied flexibilities from the Agreement on Trade-Related Aspects of Intellectual Property Rights, and price information was shared through a regional platform. The Region also continued to strengthen its capacity to combat antimicrobial resistance through a three-pronged approach: development of multi-stakeholder national action plans; strengthening systems for surveillance, stewardship and monitoring of antibiotic use; and advocacy and campaigns for behaviour change. To date, 15 Member States have developed multisectoral national action plans. Finally, national regulatory laboratories' technical capacity for quality control of traditional medicines was strengthened in three countries (KHM, LAO, MNG), and a few PICs have made continuous efforts to integrate traditional and complementary medicines into larger medicine legislation.

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CASE STUDY: Web-based information exchange platform on source and quality of medical products

PICs rely on imported medicines from across the world as there are no local medicine manufacturers in the Pacific. Controlling the quality of these imported products is critical in ensuring patient safety and clinical effectiveness. However, pharmaceutical regulation is complex and resource-intensive. Many small island states face the challenge of developing and maintaining a fully functional regulatory system. Hence, information exchange and regulatory cooperation in the subregion is vital. A web-based platform (www.medqualityassurance.org) has been developed for Member States to share information on the source of products, their quality and supporting documents. Member States are encouraged to purchase products with good track records and to be alert for products that fail quality control testing so that necessary regulatory action can be taken.

CASE STUDY: Expansion of scope of the Regional Alliance for National Regulatory Authorities to work on all medical products

The Regional Alliance for National Regulatory Authorities in the Western Pacific initially aimed at promoting information sharing and collaboration in the area of vaccine regulation. Over the years, the Alliance has contributed to the establishment of a joint planning process to identify priorities for collaboration; capacity-building for key regulatory functions; partnership and resource mobilization to support resource-constrained national regulatory authorities; harmonization of approaches for medicines and vaccines regulations; annual forum for information sharing on lessons learnt; and best practices among national regulatory authorities. There was significant reform during the biennium in the governance structure, strategic planning and direction of the Alliance by aligning regulators working for different product areas. Through an annual forum and informal networking, Member States shared experiences in the performance of their regulatory functions as well as on the ways to fill the gaps and overcome challenges. Further, they discussed emerging issues that commonly affect Member States, such as shortages and stock-outs of medicines and vaccines, as well as the role of regulations in facilitating the entry of medical products during public health emergencies and in curbing antimicrobial resistance.

CASE STUDY: Comprehensive approach to strengthening pharmaceutical systems in Papua New Guinea

The regional and country offices collaborate to provide technical assistance to the National Department of Health of Papua New Guinea to strengthen the country's pharmaceutical system as part of its ongoing reform initiatives. The areas of work are classified into three major streams: sound regulation, improved access and rational use. WHO supports the review of the Medicines and Cosmetics Act 1999 and related regulations to ensure alignment of pharmaceutical sector initiatives. Capacity-building, especially through mentoring and coaching, is given to assist in the phased implementation of the mandatory registration of medical products until 2023, to establish competencies of the inspectorate for facility auditing and licensing, and to loop in the health sector within an established pharmacovigilance system for adverse drug reaction reporting. Technical support has been provided to establish the National Department of Health Medicines Quality Control Laboratory that can potentially

serve as a subregional resource for product quality testing in the Pacific. WHO also supports the National Department of Health to improve rational use of medicines while improving operational efficiency, such as through the review of the Essential Medicines List and establishment of medicine governance structures like the revitalized Medicines and Therapeutics Committee in public hospitals and Inter-Agency High-Level Committee for Strengthening Pharmaceutical Supply Management in Papua New Guinea.

4.4 Health systems, information and evidence

Output	Status
4.4.1. Comprehensive monitoring of the global, regional and country health situation, trends, inequalities and determinants, using global standards, including data collection and analysis to address data gaps and system performance assessment	Fully delivered
4.4.2. Countries enabled to plan, develop and implement an eHealth strategy	Fully delivered
4.4.3. Knowledge management policies, tools, networks and resources developed and used by WHO and countries to strengthen their capacity to generate, share and apply knowledge	Fully delivered
4.4.4. Policy options, tools and technical support provided to promote research for health and address ethical issues in public health and research	Fully delivered

The Regional Office actively contributed to the improvement of Member States' health information, e-health, research, ethics and knowledge management systems to support national health priorities. Member States focused on strengthening SDG and UHC monitoring systems through mechanisms such as the Healthy Islands Monitoring and Evaluation Framework. Additionally, the SDG/UHC baseline report and the SDG/UHC Monitoring Framework were created and will serve as commonly agreed indicators to track SDG and UHC in the Region. While monitoring health data showing trends, inequalities and determinants of health is a major feature, translating the resulting knowledge into policy remains difficult in many countries due to insufficient capacity at the country level. Nevertheless, a number of countries are actively implementing e-health strategies, aiming to increase the quality, reliability and validity of health and health-related data information, while others (KHM, CHN, LAO, MNG, PICs, VNM) are interested in further strengthening their e-health systems. The Regional Health Research Ethics Review Committee continued its functions, reviewing more than 30 health research proposals and providing support to PICs in particular. The Asia-Pacific Regional Meeting for National Ethics/Bioethics Committees was convened to support the strengthening of national capacities for public health ethics, clinical care ethics and health research ethics.

CASE STUDY: Comprehensive monitoring framework and system developed for the national health sector in the Lao People's Democratic Republic

A web-based integrated District Health Information System has been set up and is functional. The platform is able to collect information of most of the programmes directly from health facilities or other existing systems. The system also generates monitoring reports on

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SDG/UHC progress. All data and indicators included in the system are based on global standards. The system is developed, organized and managed based on an overarching national health information system strategic framework. This framework enables the Ministry of Health, with support from WHO, to coordinate and mobilize funds accordingly based on the capacity and mandates of development partners and the Government. All partners use the platform as a single source of health information, and the Ministry of Health has issued a decree officially recognizing the platform as its official health information platform. Use of the information is essential to continuously improving the platform and data quality.

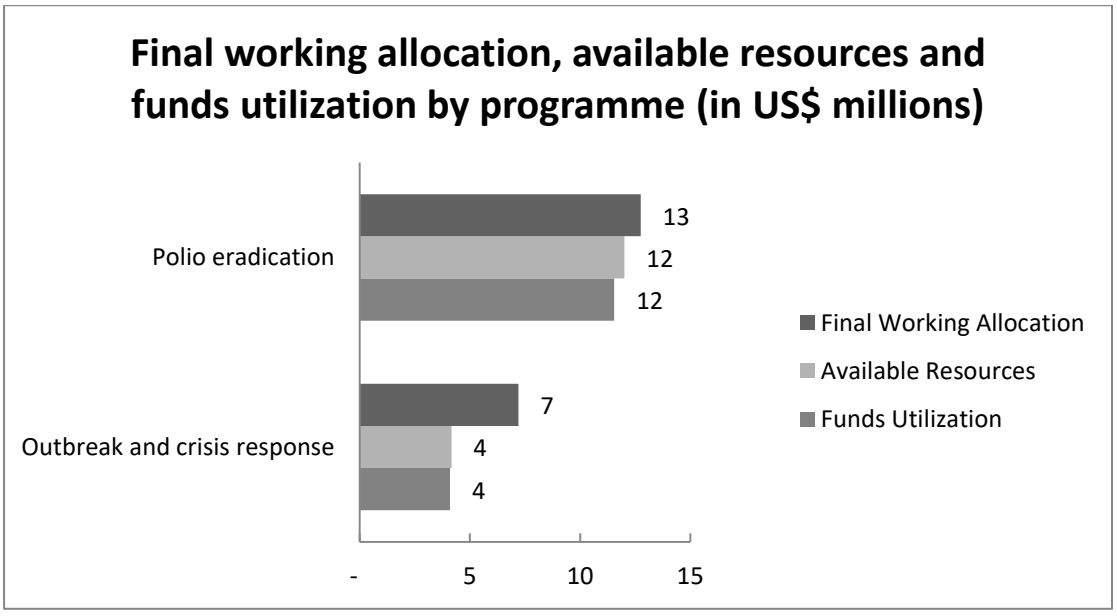
Key figures

- 24 countries have updated a comprehensive national health sector policy/strategy/plan with goals and targets in the last five years.
- 11 countries have updated estimates in financial protection.

Other case studies

- Door-to-door diagnosis – part of Mongolia's push towards universal health coverage http://www.wpro.who.int/mediacentre/features/20171212_mhealth-door-to-door-diagnosis/en/
- Unlocking access to vital health information in Papua New Guinea http://www.wpro.who.int/mediacentre/features/20171018/en/

Category 5. Preparedness, Surveillance and Response
(Polio Eradication and Outbreak and Crisis Response only)



5.5 Polio eradication

Output	Status
5.5.1. Technical assistance to enhance surveillance and raise population immunity to the threshold needed to stop polio transmission in affected and at-risk areas	Fully delivered
5.5.2. Use of oral poliovirus vaccine type 2 stopped in all routine immunization programmes globally	Fully delivered
5.5.3. Processes established for long-term poliovirus risk management, including containment of all residual polioviruses, and the certification of polio eradication globally	Fully delivered
5.5.4. Polio legacy work plan finalized and under implementation globally	Fully delivered

The Regional Office has continued efforts to maintain poliomyelitis-free (polio-free) status in the Region and has worked closely with Member States to assess possible implications of polio transition and identify mitigating measures to sustain polio-essential functions before and after global certification of polio eradication. Countries received coordinated assistance for enhancing surveillance for polioviruses and increasing population immunity against polio. WHO supported countries (KHM, CHN, PHL, PICs, PNG, VNM) to conduct subnational polio vaccination campaigns in high-risk provinces. In response to an outbreak of circulating vaccine-derived poliovirus type 1, the Lao People's Democratic Republic and WHO headquarters and the regional and country offices worked together to implement 11 rounds of national and subnational supplementary immunization activities. The Regional Office supported strengthening surveillance efforts by conducting acute flaccid paralysis surveillance reviews in four countries and establishing environmental surveillance in the Philippines. As part of global switch efforts, use of oral poliovirus vaccine type 2 stopped on 1 May 2016 in all countries and areas of the Region. The Region also completed Phase 1 of the *WHO Global Action Plan to minimize poliovirus facility-associated risk after type-specific eradication of wild polioviruses and sequential cessation of oral polio vaccine use*, known as GAPIII, for destruction or containment of wild poliovirus and vaccine-derived polioviruses type 2 and finalized a Containment Certification Scheme to be implemented in 2018.

5.6 Outbreak and crisis response

Output	Status
5.6.1. In acute/unforeseen emergencies and disasters with public health consequences, Emergency Response Framework implemented	Fully delivered
5.6.2. In protracted emergencies, gap-filling, life-saving activities as "provider of last resort" implemented, and included in the health sector response plans and appeals	Fully delivered
5.6.3. In countries recovering from major emergencies and disasters, early recovery health activities implemented as defined in the health sector recovery plans and in appeals	Fully delivered

Outbreak and crisis response remained under Category 5 during the biennium. Given how the Region is highly susceptible to disasters, Member States place great emphasis on preparedness to provide a more predictable and effective response to public health

emergencies. In 2016–2017, 152 outbreaks and public health emergencies occurred in the Region. The Regional Office provided response measures for at least 45 events. These included: deployment of 30 staff to the field for outbreak response (nine events); distribution of resources or funds (12 events); and support with information-sharing through the International Health Regulations (IHR) and the Event Information Site (16 events). In addition, country offices actively responded to many events, including through the provision of technical support and deployment of staff to the field for joint outbreak and emergency response with the Ministry of Health and key partners. Following Emergency Response Framework guidance, two events were graded (both grade 1) and regular three-level teleconferences were held to provide technical guidance and to address gaps and challenges. The WHO Emergency Response Framework was used to guide and coordinate multisectoral response and recovery efforts. Rapid mobilization of funds was critical for rapid response, and the Contingency Fund for Emergencies was mobilized for four events and the Central Emergency Response Fund for two events.

Category 6. Corporate Services/Enabling Functions

Summary of progress and achievements

Category 6 covers activities that provide the Organizational leadership and corporate services needed to maintain the integrity and efficient functioning of WHO. This includes strengthening WHO leadership and governance; fostering improved transparency, accountability and risk management within the Organization; enhancing strategic planning, resource management and reporting; ensuring effective general management and administration; and strengthening strategic communications.

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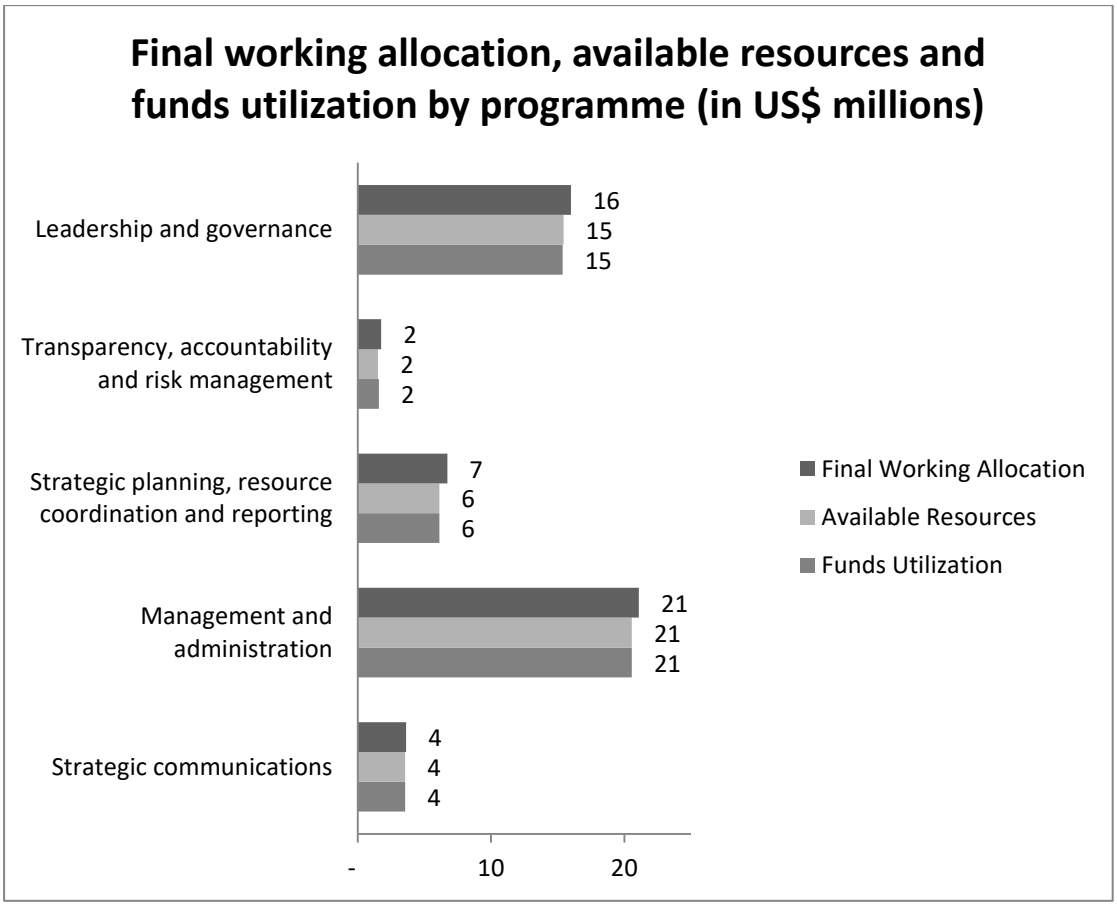

6.1 Leadership and governance

Output	Status
6.1.1. Effective WHO leadership and management in accordance with leadership priorities	Fully delivered
6.1.2. Effective engagement with other United Nations agencies and non-State actors in building a common health agenda that responds to Member States' priorities	Fully delivered
6.1.3. WHO governance strengthened with effective oversight of governing body sessions and efficient, aligned agendas	Fully delivered
6.1.4. Integration of WHO reform in the work of the Organization	Fully delivered

WHO has made numerous efforts to strengthen its leadership role in coordination with the health sector and other health actors at the country and regional levels. The Regional Director has led senior management in working to strengthen WHO's convening role and engaging with stakeholders beyond the health sector towards achieving the SDGs. To support leadership across the Region, six regular meetings of Heads of WHO Country Offices and Country Liaison Officers were convened during the biennium. Key discussion topics included supporting countries to work towards the SDGs, briefings on regional committee agenda items, and progress to take stock of regional reforms and implement last mile actions. Regional and country office colleagues worked together and with governments in formulating

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country cooperation strategies. During the biennium, the Regional Director and ministers of health launched nine strategies covering 28 countries and areas in the Region.

Several key initiatives aimed at keeping countries at the centre have been advanced under the Regional Director's Development Programme. For example, human, financial and technical support was provided to countries following outbreaks and emergencies, such as Tropical Cyclone Donna in the Pacific. In addition, the Global Health Learning Centre has continued to provide government officials from selected countries in the Region with essential public health problem-solving and communications skills.

Subregional, south-south and triangular cooperation, strategic dialogue, advocacy and policy implementation were realized through various initiatives, such as the annual tripartite health ministers meetings of China, Japan and the Republic of Korea; "Go WHO" programmes to attract candidates from unrepresented and underrepresented countries to work at WHO; and the review and revision of Regional Committee agenda development processes in line with suggestions from some Member States on governance reform.

6.2 Transparency, accountability and risk management

Output	Status
6.2.1. Accountability ensured and corporate risk management strengthened at all levels of the Organization	Fully delivered
6.2.2. Organizational learning through implementation of evaluation policy and plans	Fully delivered
6.2.3. Ethical behaviour, decent conduct and fairness promoted across the Organization	Fully delivered

Accountability and corporate risk management have been closely monitored in the Regional Office. The Accountability Framework has been finalized and communicated to all staff. The Compliance and Risk Management Unit was created, which has been providing quarterly reports to senior management for easier monitoring and reference and to increase compliance. There has been regular coordination with all budget centres to ensure timely updating of global monitoring documents such as the risk register. All budget centres in the Region updated the risks including mitigation strategies in the web tool by December 2017. They also submitted the online internal control self-assessment checklist for 2017 by indicating an overall rating of "3+" or signifying that the controls and validations in place are "adequate". The evaluation of the 2008–2015 grant from Gavi, the Vaccine Alliance, for health system strengthening in Cambodia was completed in May 2017. Similarly, the evaluation of the demonstration project on noncommunicable diseases and mental health service delivery at the community level in Viet Nam was completed in January 2018. Finally, the evaluation of the implementation of regional action plans on noncommunicable diseases and health throughout the life course is planned to commence this year as part of the evaluation of the implementation of the WHO *Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020*.

6.3 Strategic planning, resource coordination and reporting

Output	Status
6.3.1. Needs-driven priority-setting in place and resource allocation aligned to delivery of results	Fully delivered
6.3.2. Predictable, adequate and aligned financing in place that allows for full implementation of WHO's programme budget across all programme areas and major offices	Fully delivered

The Programme Management Officers' Network grew this biennium, with 12 staff members deployed across the Region to focus on programme management and to support the Region's strategic direction. This function has led to improved oversight and coordination of the programme budget and has provided budget centres with a greater ability to implement and align resources. The Region also continued its bottom–up, country-focused approach to programme management, setting priorities and plans for the 2018–2019 biennium. Regular discussions were convened with ministries of health on resource allocation, programme implementation and priority-setting, and good collaboration continued with national counterparts, donors and other United Nations agencies. Finally, efforts to enhance the timeliness and quality of donor reporting progressed throughout various new initiatives, such as establishing a new online regional donor report repository and introducing a pilot peer review system.

While successfully managing to implement 98.8% of the total available resources thanks to effective planning and management of the Programme Budget, the Region had a budget gap of 24.2% against final working allocation for base programmes. The continuing reduction in predictable funding, especially core voluntary contributions, and misalignment of available finances between programmes continued to affect the Region. Throughout the biennium, the Regional Office strategically worked to utilize flexible funds to fill gaps in chronically underfunded programmes, but there were differences in availability of funds that affected the ability to achieve outcomes in some programmes.

6.4 Management and administration

Output	Status
6.4.1. Sound financial practices managed through an adequate control framework	Fully delivered
6.4.2. Effective and efficient human resources management and coordination in place	Fully delivered
6.4.3. Efficient and effective computing infrastructure, corporate and health-related systems and applications	Fully delivered
6.4.4. Provision of operational and logistics support, procurement, infrastructure maintenance and asset management, and of a secure environment for WHO staff and property	Fully delivered

Accountability and compliance in the Region were ensured through regular monitoring of the financial implementation of the Programme Budget 2016–2017, commitment and action by budget centres, and timely reporting on Programme Budget status to senior management for decisions. The Regional Administration Network and Programme Management Officers'

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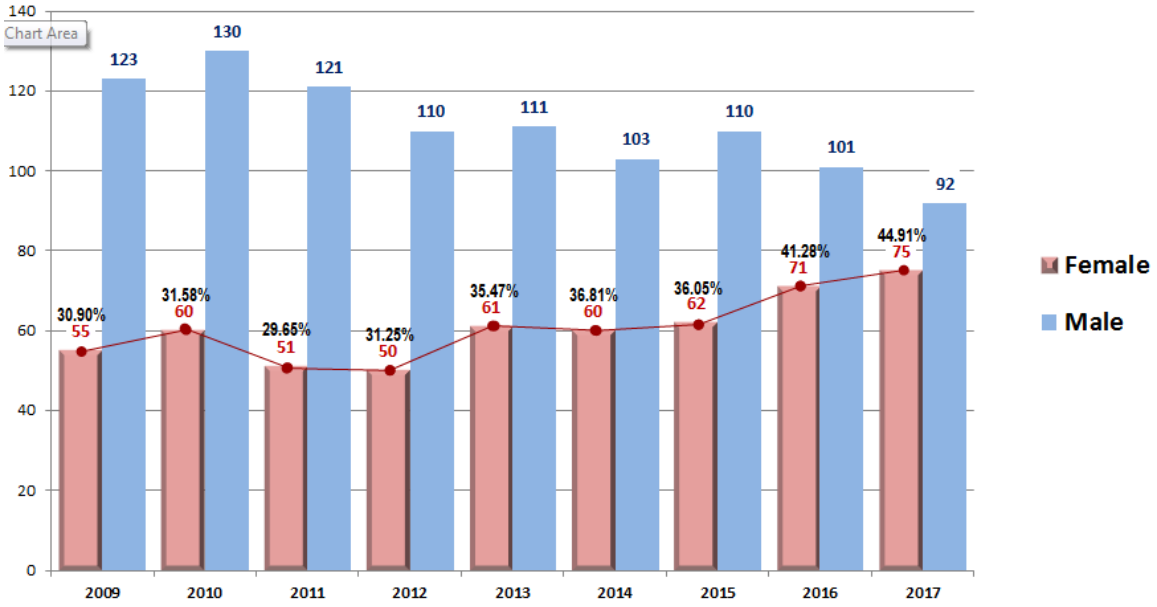
Network allowed for the efficient exchange of information, improvement of processes and consistent implementation of policy in country offices and the Regional Office. Staff at all levels were actively engaged in monitoring and ensuring compliance on periodic performance management reporting, reviewing and updating position descriptions, and utilizing various online recruitment and training tools to achieve expected results. Introduction of computer-based training regarding employment induction and training for new staff on the Global Management System assisted in cost-effective and timely onboarding briefings. The Region continued to work towards global targets by emphasizing the importance of staff mobility and gender balance in the workforce. Computing infrastructure across the Region was also strengthened, which resulted in improved connectivity between country offices and the rest of the Organization. Such connectivity is critical to achieving this output, which requires coordination of the Regional Office with country offices, different United Nations agencies, respective counterparts in Member States and headquarters.



Gender balance

Geographical diversity highlights:

- 37 different nationalities
- 43% nationalities from outside the Region
- 14 unrepresented countries
- 3 underrepresented countries

6.5 Strategic communications

Output	Status
6.5.1. Accurate and timely health information accessible through a platform for effective communication and related practices	Fully delivered
6.5.2. Organizational capacity enhanced for timely and accurate provision of internal and external communications in accordance with WHO's programmatic priorities, including during disease outbreaks, public health emergencies and humanitarian crises	Fully delivered

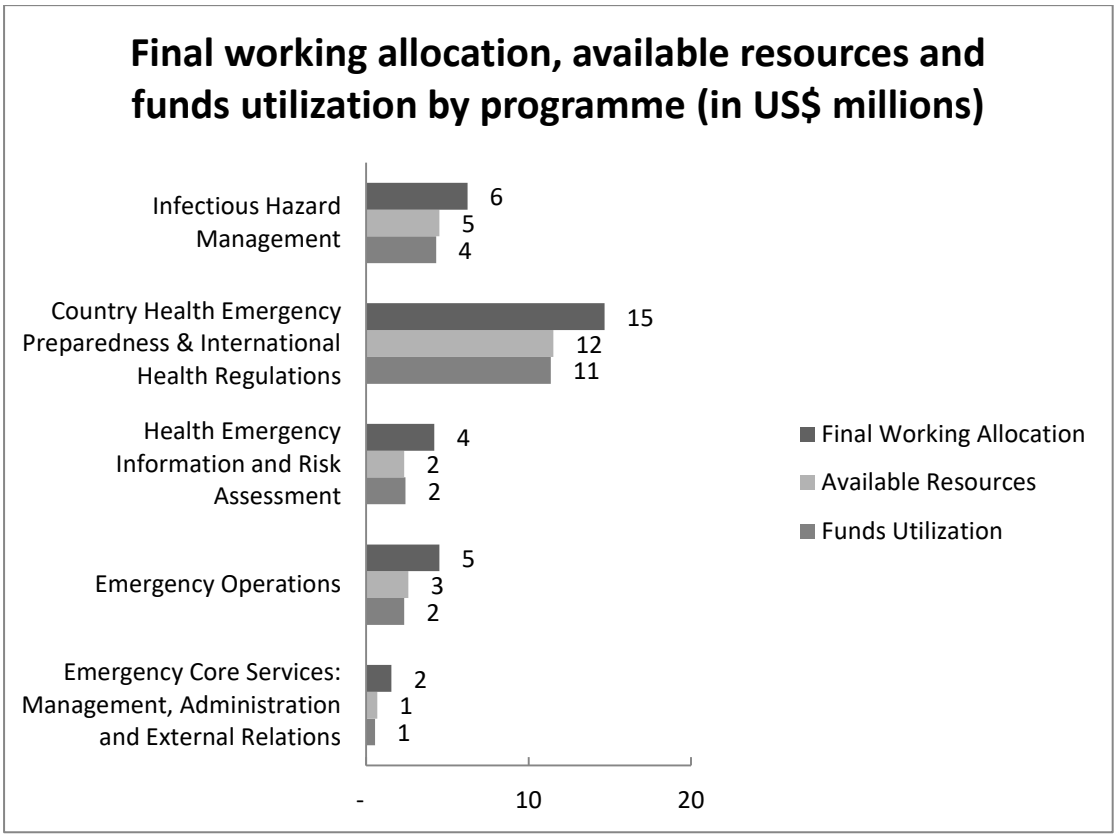
The Regional Office worked to strengthen its approach to communications, considering the important role strategic communications has in achieving better health outcomes for the Region. Key to the success of the Regional Office's communications efforts is the network of WHO communicators across the Region, with country offices increasingly active in using communications as a health programme tool. A regional stakeholder survey was conducted as part of a communications review, which included interviews with WHO staff and representatives of Member States in the Region, as well as media stakeholders. A key achievement of the biennium was the development of the *Strategic Communications Framework for WHO in the Western Pacific*, which was informed by the communications review. This Framework now guides the Regional Office's approach to communications, with a focus on strengthening communications support to country offices, stronger corporate communications, better media relations, more engagement on social media and other digital platforms, and strategic programme communications. Throughout the biennium, the Regional Office reached 20.3 million people through Facebook and Twitter.

Category 12. WHO Health Emergencies Programme

Summary of progress and achievements

The Region frequently faces health security threats caused by outbreaks and public health emergencies. The new WHO Health Emergencies Programme (WHE) has been established in the Region and provides new opportunities to manage health emergency risks regionally and globally. WHE builds on the already strong foundations for health security and emergencies work in the Western Pacific Region. In keeping with its mission and globally agreed priorities, WHE will continue to implement the *Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies* (APSED III) and *Western Pacific Regional Framework for Action for Disaster Risk Management for Health*, improve operational readiness and apply a consistent approach across the three levels of the Organization.

Annex



12.1 Infectious hazard management

Output	Status
12.1.1 Control strategies, plans and capacities developed for diseases such as cholera, viral haemorrhagic fever, meningitis and influenza and those due to vectorborne, emerging and re-emerging pathogens	Fully delivered
12.1.2 Global expert networks and innovative mechanisms developed to manage new and evolving high-threat infectious hazards (such as for clinical management, laboratories, social science, and data modelling)	Fully delivered

Progress has been made in strengthening country and regional capacities for preparedness, prevention and control of high-threat infectious hazards. Staff have continued to provide technical support to Member States in the implementation of IHR (2005) through the upgraded APSED III. Influenza continues to be the priority high-threat pathogen in the Region. The regional event-based surveillance and risk assessment team detected 378 influenza-related events during the biennium. Of these, 218 were related to human infection with avian influenza (HxNy) viruses. Regional, national and subnational capacities for laboratory detection and characterization of influenza viruses have been further strengthened by taking an APSED approach to capacity-building. At the country level, WHO supported the strengthening of influenza-related surveillance systems, combining indicator-based and event-based approaches, and advancing laboratory capacity for seasonal influenza and other high-threat infectious hazards such as Middle East respiratory syndrome, Ebola and Zika viruses. In addition, WHO held its PanStop exercise in Fiji in 2016 to provide training to staff from the Division of Pacific Technical Support and the Ministry of Health on the processes

and procedures for attempting to contain an outbreak of a novel influenza virus with pandemic potential.

12.2 Country health emergency preparedness and International Health Regulations (2005)

Output	Status
12.2.1 Country core capacities for health emergency preparedness and the International Health Regulations (2005) independently assessed and national action plans developed	Fully delivered
12.2.2 Critical core capacities for health emergency preparedness, disaster risk management and the International Health Regulations (2005) strengthened in all countries	Fully delivered
12.2.3 Operational readiness plans (WHO and partners) in place and tested for specific threats in highly vulnerable countries	Fully delivered
12.2.4 Secretariat support provided for implementation of the International Health Regulations (2005)	Fully delivered

APSED III was developed and endorsed in October 2016 by Member States at the sixty-seventh session of the Regional Committee for the Western Pacific. The updated and upgraded strategy takes the approach that strong and resilient health systems are required for the implementation of IHR (2005). This is consistent with the five-year global strategic plan being developed to improve public health emergency preparedness and response. APSED III guides the strengthening of countries' core capacities to advance the implementation of IHR (2005) along eight focus areas. Guided by APSED III, a number of Member States have updated or are updating their national action plans for health security. WHO has provided substantial support in updating and implementing the plans, as well as the annual progress reviews.

Monitoring and evaluation of IHR core capacities have been an integral part of APSED III, including annual reporting, after-action reviews, simulation exercises and Joint External Evaluation (JEE). Six JEE missions were completed in the Region in 2016–2017 (AUS, KHM, KOR, LAO, SGP, VNM) while others are at various stages of planning. The Region continues to advocate that all components of monitoring and evaluation activities feed into national planning and financing cycles as part of the overall process of strengthening essential public health functions within the health systems.

WHO supported governments to strengthen disaster risk management for health, including through learning from real-world disaster events especially in the Philippines, Mekong countries and PICs. A number of countries have identified and implemented priority actions, including developing national actions plans, strengthening disaster preparedness and response coordination mechanisms, enhancing information systems, and strengthening national or international emergency medical teams. In addition, WHO supported countries such as the PICs and the Philippines to conduct assessments of hospitals and health facilities under the Safe Hospital Framework to make these health facilities and the staff safe and resilient against disaster threats.

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12.3 Health emergency information and risk assessment

Output	Status
12.3.1 New events detected and public health risks assessed	Fully delivered
12.3.2 Reliable and up-to-date information available to inform public health interventions and monitor response operations	Fully delivered
12.3.3 Accurate information about emergency events reported in a timely manner	Fully delivered

WHE maintained a 24/7 duty officer system and performed continuous event-based surveillance and risk assessment, screening more than 18 125 information sources per year. In 2016–2017, WHE detected 848 signals per year, assessing in detail 76 serious public health events. In the same period, 152 outbreaks and public health emergencies occurred in the Region. The Regional Office provided response measures for at least 45 events. Response measures included: deployment of staff to the field for outbreak response (nine events); distribution of resources or funds (12 events); and support with information-sharing through the IHR and Event Information site (16 events). Effective implementation of APSED III has seen continued progress and advancement in IHR core capacities, and these capacities have been used to detect and respond to health security threats such as: HxNy viruses; circulating vaccine-derived poliovirus type 1; Zika virus disease; dengue; antimicrobial-resistant organisms; clusters of cases of hepatitis A; measles; and importation of cases of Middle East respiratory syndrome, Rift Valley fever and yellow fever. During the biennium, the regional Field Epidemiology Training Programme continued to contribute to capacity-building activities, hosting 19 fellows from seven countries in 2016 and 16 fellows from nine countries in 2017. The fellows gained experience conducting event-based surveillance and risk assessment using multiple sources of information and may participate in responding to outbreaks and emergencies.

12.4 Emergency operations

Output	Status
12.4.1 Health operations effectively managed in support of national and local response	Fully delivered
12.4.2 Collective response by operational partners effectively coordinated	Fully delivered
12.4.3 Effective logistics and operational support rapidly established and maintained	Fully delivered
12.4.4 Priority gaps in humanitarian policy and guidance addressed, with specific emphasis on health	Fully delivered

Staff have provided technical support to Member States to implement and advance IHR core capacities through APSED III and the *Western Pacific Regional Framework for Action for Disaster Risk Management for Health*. They have also provided operational support in responding to major events in the Region. Implementation of the Emergency Response Framework and activation of the incident management system has enabled effective coordination and mobilization of human, financial and material resources in concurrent emergencies. This included events such as: Zika virus disease, which was announced as a public health emergency of international concern; the conflict in Marawi, Philippines;

Tropical Cyclone Damrey in Viet Nam; and Tropical Cyclone Winston in Fiji. Health clusters were activated during the response to Tropical Cyclone Winston in Fiji, Tropical Cyclone Donna in Vanuatu, and drought in Papua New Guinea and Viet Nam. A readiness workshop was held in Viet Nam for WHO staff from the three Mekong country representative offices to enhance their readiness to better support Member State response to emergencies and disasters. Training in the incident management system and use of the Emergency Response Framework was provided for WHE regional and country office staff following the 2017 TAG meeting. The expansion and strengthening of operational partnerships is a key priority. There has been investment into identifying, training and certifying emergency medical teams in the Region that can support Member States to treat patients affected by an acute emergency or disaster. The Global Outbreak Alert and Response Network also provides a much-needed network of experts to support and assist with public health emergencies.

12.5 Emergency core services: management, administration and external relations, planning and performance management

Output	Status
12.5.1 WHO Health Emergencies Programme effectively managed and sustainably staffed and financed	Fully delivered
12.5.2 Effective communication and resource mobilization	Fully delivered
12.5.3 Effective leadership, planning and performance management	Fully delivered

The biennium has been a period of transition with the establishment of WHE in the Region and the move from Category 5 to Category 12 for staff in the Regional Office, seven country offices and in the Division of Pacific Technical Support. Processes and business systems at the regional level have been improved and plans for future modifications have been made. These processes have contributed to the effective management of the programme in the areas of work plans, budgets, funding, rosters, recruitments, deployments, staff well-being and ensuring a respectful workplace. Communications and resource mobilization at the Regional Office have been a key aspect of the work and represent an important output. A funding proposal for APSED III was developed and is being used to mobilize resources. The *Strengthening Pacific Regional Health Security* framework was developed for coordinated support in the Pacific. The Regional Office created advocacy and communications materials as part of the annual APSED TAG 2017 meeting and included over 15 partners in a Partners' Forum focused on joint needs and efforts in the Region. WHE worked closely with other divisions in the Region in order to address health security needs more completely. Gender was taken into account for all recruitment decisions encouraging women to apply along with those from underrepresented countries. During this biennium, the female-to-male staff ratio was 1:1 for P staff and approximately 4:1 among G staff. Gender, equity and human rights were also taken into consideration for programme planning, response operations and strategies. Additionally, a new focal point from WHE was selected to provide representation on the Technical Working Group on Gender and Social Determinants.

Annex

Special Global Projects

Pandemic Influenza Preparedness Framework

The Regional Office continued to strengthen existing influenza detection and preparedness planning through implementation of the Pandemic Influenza Preparedness Framework, guided by the APSED approach to capacity-building. Through investment from the Pandemic Influenza Preparedness Framework Partnership Contribution (PIP-PC), five priority countries in the Region (KHM, FJI, LAO, MNG, VNM) have improved their capacities to detect respiratory diseases due to novel viruses, monitor influenza trends through indicator-based surveillance systems, and strengthen collaboration with the Global Influenza Surveillance and Response System. Between 2014 and 2017, all PIP-PC priority countries improved detection capacities through strengthened event-based surveillance systems, particularly at the human-animal interface. PIP-PC funds also helped support training on specimen collection and handling, virus isolation, molecular diagnostic techniques, sequencing and bioinformatics, and laboratory biosafety and biosecurity. This has been integral in characterizing viruses for seasonal influenza and HxNy viruses. Improved indicator-based surveillance systems and the establishment of a web-based regional influenza dashboard have allowed for the estimation of influenza disease burden in four Member States and supporting high-risk group vaccination policies.