

REPORT OF THE REGIONAL DIRECTOR

The work of WHO in the Western Pacific Region 1 July 2023 - 30 June 2024



Report of the Regional Director: the work of WHO in the Western Pacific Region 1 July 2023 - 30 June 2024.

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ISBN 978 92 9062 060 0

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Cataloguing-in-Publication (CIP) data. 1. Health policy. 2. Regional health planning. I. World Health Organization Regional Office for the Western Pacific. (NLM Classification: WA541)

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Message from the Regional Director

I am honoured to present my first Report of the Regional Director on the work of the World Health Organization (WHO) in the Western Pacific Region from 1 July 2023 to 30 June 2024.

This report is transitional. Before the start of my term on 1 February, Dr Zsuzsanna Jakab served as the Acting Regional Director. She guided the Region through a trying transition while helping to strengthen the impact of WHO's work on the ground in Member States. She also took steps to improve workplace culture.

I am proud to continue this crucial work.

As the first Regional Director from the Pacific, I am keenly aware of the many challenges we face in safeguarding the health and well-being of the 1.9 billion people who call this Region home.

Over the past 30 years, I have worked in many roles to improve health across the Pacific – from a decade as the Health Minister of Tonga and many years serving on WHO regional and global governing bodies, to chairing the Pacific Health Ministers Meeting and advocating globally for small island developing states.



The diversity and resilience of the Western Pacific – and the commitment of WHO colleagues to serve Member States – are inspiring. In fact, every day I find more reasons to be encouraged by the promise and potential of the Region.

During my first five months as Regional Director, I have had the privilege of visiting 16 countries and areas. I have talked with senior leaders in health, foreign affairs and finance, as well as partners and experts in other sectors, in and out of government. They have been a wellspring of ideas and insights.

I have also had the pleasure of getting to know face-to-face many WHO colleagues who make a difference on the ground, including the Region's transition team, technical directors and others working to chart a better and brighter course for WHO.

Taking stock

Over the past year, the Region has made notable progress, which this Report covers in detail. Our work to carry out the previous vision for WHO's work with Member States - For the Future: Towards the Healthiest and Safest Region – and mitigate the impacts of the COVID-19 pandemic has taught us so many life-saving lessons.

Already, we can see that realizing universal health coverage and getting the Sustainable Development Goals on track – especially in areas where the Region has stalled – will require a renewed and unified way of working.

We must revitalize our approach to transformative primary health care to ensure that all people everywhere have access to the good-quality health services they need, when and where they need them, without financial hardship.

At the same time, we must make sure communities, societies and health systems are resilient and ready for future health challenges, from severe weather events and natural disasters to outbreaks and pandemics. This means accelerating actions to mitigate the impact of climate change on health.

The future has already arrived with climate change in the Pacific. Islands are disappearing, and people are being displaced. At one point during my tenure in Tonga, we had to relocate an entire hospital to a safer location because of climate change.

Weaving the future

A new vision for health and wellbeing in the Western Pacific will be presented to Member States at the October session of the WHO Regional Committee. It is titled, Weaving Health for Families, Communities and Societies of the Western Pacific Region (2025-2029): Working together to improve health and well-being and save lives.

Woven mats are universal across Asia and the Pacific, playing roles in everything from the everyday to once-in-a-lifetime events. We use the weaving of a mat as a symbol to visualize collective action for health. Based on Member State needs and priorities, actions or work streams are represented by the interwoven strands of *pandanus* that come together to make a mat with a place for everyone.

An inclusive welcome mat

The WHO Regional Office for the Western Pacific has taken swift action to put the United Nations Disability Inclusion Strategy (UNDIS) into practice since its introduction last year. In September 2023, comprehensive briefings were conducted for WHO representatives, country liaison officers and directors to ensure that regional leadership is aligned with UNDIS goals.

At the global level, the WHO Representative for Mongolia joined the global UNDIS committee, enhancing regional representation. A team from WHO headquarters visited the Region in November 2023 to hold in-depth discussions with divisions on tailoring UNDIS implementation strategies to the regional context.

To ensure follow-up on UNDIS implementation, a dedicated regional working group has been formed to focus on establishing a monitoring baseline and evaluating performance. These and other ongoing efforts speak to the Region's strong commitment to disability inclusion within WHO operations, in sync with UNDIS goals.

Action for Results Group

The Action for Results Group (ARG), comprising representatives from all six WHO regions, was established to empower country offices and accelerate impactful change. In the Western Pacific Region, the implementation of ARG initiatives accelerated with the new Delegation of Authority (DoA). WHO in the Region has taken forward the ARG action plan and focused on further enhancing communication and collaboration between the Regional Office and country offices. This has resulted inter alia in no overdue internal and external audit recommendations at the end of the vear. Lessons learnt from audits are also shared across regional networks in order to enhance accountability and transparency.



A WHO staff member in Fiji coordinates the delivery of supplies to neighbouring islands as part of COVID-19 preparedness and response efforts. Better communications and logistics between the WHO Regional Office and country offices has accelerated support for Member States, such as the provision of equipment and supplies, for more timely results on the ground.

This vision aims to enable - as the WHO Constitution states – "the enjoyment of the highest attainable standard of health as a fundamental right of every human being without distinction of race, religion, political belief, economic or social condition."

Protecting progress

Keeping this work on track is not easy. WHO must be a formidable force in countering misinformation and disinformation while helping Member States to deliver evidence-based quidance and people-centred care that boosts their quality of life.

We must be an indispensable partner and enabler of progress in fulfilling the hopes of the 2030 Sustainable Development Agenda. With all of society working as one, we can safeguard the health and well-being of people throughout their lives, from infancy to old age, and leave no one behind.

Technology and innovation have become increasingly important to accelerate progress and coverage in health interventions, and we must make the most of science to improve services for all and effectively reach the Region's unreached.

In the end, workable solutions always come back to people working well.

Across the WHO workforce, we have put a fresh focus on making the Region more inclusive, diverse and respectful, strengthening the sense of community within WHO to protect and support colleagues. The Healing Hearts programme is but one example of these efforts to support WHO's greatest asset - its people.

Healing hearts...and minds

WHO management in the Western Pacific Region took steps to improve workplace environments across the Region. Upon taking office, the Regional Director launched the Healing Hearts initiative with the Director of Programme Management. Working as a team with WHO offices across the Region, they have highlighted the importance of fostering a supportive and empowered workplace environment that can more effectively support Member States in achieving health for all.

At the core of the initiative is a steadfast commitment to organizational recovery: boosting staff morale, nurturing a sense of community and fostering camaraderie in the workforce. Beyond advocacy, the Healing Hearts approach promotes and enables staff well-being and cultivates safe spaces for resilience. This approach centres on reinforcing positive and productive values that enable staff well-being while strengthening the Organization's ability to serve the people of the Region's 37 countries and areas. See also the Regional Committee report on Healing Hearts.



The WHO Regional Director for the Western Pacific visits the maternity ward at Chaktomuk Referral Hospital in Cambodia in June 2024.

Coming together

WHO has also taken steps to strengthen country offices globally. In the Region, WHO country representatives have been further empowered through greater delegation of authority, enabling them to respond more quickly to Member State needs.

We have also enhanced capacity at the country level with new positions and strategic tools to ensure that we have the right people with the right skills in the right places to address particular Member State needs.

WHO in the Western Pacific – like the Region it serves – has emerged from a period of great challenges stronger

and more prepared to address future challenges. And a stronger WHO means improved, more timely support to better answer the many calls to serve the Region's 37 countries and areas.

Working together, we can fulfil those expectations and make the vision of health for all a reality in the Western Pacific Region.

Thank you,

Dr Saia Ma'u Piukala Regional Director for the Western Pacific World Health Organization

Delegation of Authority

Efforts to simplify processes are ongoing. The new Delegation of Authority (DoA) grants more decision-making independence to WHO country offices, which has streamlined operations significantly. The Western Pacific Region signed an enhanced DoA in May 2023, making the Region the first to embrace this process to empower country offices and drive impact on the ground in countries and areas. To ensure consistent implementation. detailed process flows have been developed and compiled into a user-friendly handbook. Going forward, the DoA is expected to significantly enhance the agility and responsiveness of internal processes to more efficiently address the needs and priorities of Member States.



Executive summary

The Report of the Regional Director details the work of WHO in the Western Pacific Region for the year ending 30 June 2024. Over that span, WHO has seen significant progress in the Region towards better health for all as the result of the unrelenting work of Member States, partners and all three levels of the Organization.

At the WHO Regional Office for the Western Pacific, three management divisions – the Office of the Regional Director, the Division of Programme Management, and the Division of Administration and Finance – play a key role in enabling WHO to deliver on health and development gains in the Region. The divisions work as a team to support Member State participation in governing body meetings, to ensure continuous improvements in strategic planning, and to support Member

States in promoting the health and well-being of all people across the Region's 37 countries and areas.

The Office of the Regional Director (RDO) supports the Regional Director in executing leadership functions. stewards the Communication for Health (C4H) initiative, coordinates external relations and facilitates partnerships. RDO also encompasses three important areas reporting directly to the Regional Director: the Office of Compliance, Risk Management and Ethics, which monitors compliance with WHO policies and guidelines and encourages staff to adopt a riskmanagement approach in their work; the Regional Ombudsperson; and the Management Officer, who leads work on the prevention and response to sexual exploitation, abuse and harassment.

The **Division of Programme** Management (DPM) provides overall direction and coordination of regional technical cooperation with Member States. This is accomplished through strategic technical leadership and overarching management of integrated programmes to enhance regional and global impact. DPM also works to make WHO workplaces in the Region more productive and pleasant. The Division comprises five teams: the Office of the Director for Programme Management, including Meetings and Courses, and Workplace Culture; Programme Development and Operations; the Country Support unit; Editorial Services: and Information Products and Services. These teams work as one to provide support for WHO technical and managerial staff in the Region through

Making WHO work better

The Division of Programme Management (DPM) has streamlined coordination and strengthened collaboration among technical divisions to better support Member States. Improved coordination and support for meetings and WHO collaborating centres is but one example. By improving collaboration, DPM has ensured that meetings more effectively align with the Region's overarching vision. The result has been more meaningful collaboration with Member States, ensuring their voices are heard and needs addressed.

With the same focus, DPM conducted the consultation process for the regional vision, the strategic framework for achieving the Region's health priorities. DPM gathered invaluable insights and feedback from Member States to refine the vision document, which the Regional Committee will review in October 2024. Such an inclusive approach has strengthened ownership and commitment among Member States, fostering a sense of shared responsibility to make the vision a reality for the Region.



A patient at the Korean Medicine Hospital Clinic in Seoul, Republic of Korea, receives an acupuncture treatment as part of traditional and complementary medicine from a professor at Kyung Hee University, a WHO collaborating centre in this area. Over the past year, WHO has worked to streamline coordination and support for technical divisions and collaborating centres to enhance their impact on health in the Region.

programme development and operations, evaluations, coordination of governing bodies and integrated programmes, effective meeting support, country support, editorial services and the production of scientific and technical publications. They also provide language, library and professional photography services.

The **Division of Administration and Finance** (DAF) comprises six units: the Director's Office; Budget, Financial Control and Assurance; Human Resources and Talent Management; Information Technology; Supply and Procurement; and Administrative Services. DAF staff is dedicated to helping transform WHO in the Western Pacific Region into a more dynamic and streamlined organization to better address the challenges of today and the future. DAF continues to innovate and adapt, focusing on five impact areas: shifting to an impact-focused approach; fostering staff well-being; creating enabling working environments; strengthening WHO country offices; and simplifying and innovating processes. To support these goals, DAF has established an innovation/solutions lab as a prototype for activity-based office environments, inspiring more modern and efficient ways of working.

The management divisions work collaboratively to drive implementation of the vision of the Regional Director for WHO work with Member States and partners in the Region, which is aligned with the global WHO Fourteenth General Programme of Work (GPW14). They support the work of the technical divisions and country offices towards improving health outcomes.

The results of the work of WHO with Member States are reported in full in individual chapters organized by WHO technical divisions, which are summarized here.

Division of Health Security and Emergencies/ WHO Health Emergencies Programme

The Division of Health Security and Emergencies/WHO Health Emergencies Programme (DSE/WHE) collaborates with Member States, WHO country offices and partners throughout the Western Pacific Region to strengthen health security systems and capacities for public health emergencies, as well as to ensure food safety. DSE's work is guided by the Asia Pacific Health Security Action Framework (APHSAF), which supports Member States in advancing their health security

Advancing C4H

WHO and Member States have continued to advance Communication for Health (C4H) to address various health challenges - from NCDs and antimicrobial resistance to disease outbreaks – since the Regional Committee endorsed the Regional Action Framework on C4H in October 2023. WHO has developed practical tools to enhance skills for evidence-based strategic communication, which are set to be published in late 2024, as well as a C4H country capacity assessment tool.

The WHO Regional Office, working with key partners such as the University of Technology Sydney, has led efforts to sharpen the skills of more than 150 focal points from Member States and WHO country offices in measurement, evaluation and learning (MEL) of C4H, including special sessions with the ministries of health in Cambodia and the Lao People's Democratic Republic.

A five-module virtual workshop was also organized for more than 50 communications and technical focal points in WHO to build capacity to use behavioural insights to influence health behaviour, strengthening WHO support for Member States in this growing area of work.

capacities and systems to better detect, respond to and prevent outbreaks, epidemics and disasters.

Over the past 12 months, DSE/WHE has supported implementation of APHSAF across the Region; assisted countries and areas in strengthening health emergency preparedness, response and resilience: responded to health emergencies in the Region and in other parts of the world: and strengthened continuous learning and improvement.

APHSAF was developed to reflect changing global dynamics and the complex nature of current and future public health emergencies. The Framework promotes multisectoral action, emphasizing the One Health approach, to underpin a comprehensive and multi-hazard health security system. It is aligned with the broader global health security agenda and the goals of GPW14, and was designed to support efforts to achieve the Sustainable Development Goals (SDGs) and universal health coverage (UHC).

Specifically, DSE/WHE has worked with Member States to strengthen country capacities under the International Health Regulations (2005) to prepare for, detect and respond to health emergencies. This effort required support to strengthen the resilience of communities and health-related institutions, improve systems and capacities, and build and maintain networks and communities of practice.

While resources and efforts are focused on supporting health emergency preparedness and

strengthening national and subnational health security capacities, DSE/WHE also plays an important role in supporting countries to respond to outbreaks, disasters and other emergencies with significant health consequences. In addition, the WHO Emergency Medical Team (EMT) Initiative has continued to flourish, with the Western Pacific Region now hosting 12 WHO-classified international EMTs that can respond to regional and global emergencies.

Looking ahead, DSE/WHE will continue to build upon the lessons and achievements of past years to further strengthen health emergency preparedness, operational readiness, rapid response, and sustainable and coordinated recovery following emergencies, guided by APHSAF.

Division of Programmes for Disease Control

The Division of Programmes for Disease Control (DDC) supports Member States in reducing morbidity and mortality from communicable and noncommunicable diseases, as well as mental health conditions, through the implementation of global and regional frameworks, including the Regional Framework for Reaching the Unreached in the Western Pacific (2022-2030). As a result of the efforts of Member States, partners and the Organization, health outcomes in the Western Pacific Region have significantly improved, as measured against the targets in the WHO Thirteenth General Programme of Work 2019-2023 and the SDGs.

The Division's work, which reflects the values of health equity, also supports

Innovation and staff engagement

The Division of Administration and Finance (DAF) created an innovation/solution lab, which was inaugurated in February 2024, to serve as a prototype for an activitybased office environment. This modern workspace supports various work activities, promoting flexibility and efficiency. Staff surveys and retreats prioritized the review of internal business processes, removing redundant steps and automating manual ones.

The bottom-up engagement from staff at all levels has made the process even more inclusive. Initiatives such as "One Hour with HR" and performance awards have also helped to improve awareness of human resources policies, retain talent and highlight best practices.

Member States in adopting multifaceted strategies to meet the diverse health needs of their populations, keeping in mind the role played by the social determinants of health and the economic barriers to better health outcomes. DDC helps ensure that no one is left behind by promoting integrated primary care services, multisectoral action and community empowerment.

The Region's disease control and elimination successes can be categorized into the five action domains of the Framework for Reaching the Unreached: political commitment and governance; multi-stakeholder engagement; data and evidence; health service transformation; and special approaches.

Political commitment and improved governance, as well as multi-stakeholder engagement, have been key to disease control and elimination successes in the Region, with DDC providing support to WHO country offices to advocate and enable strong political commitment and policies to achieve significant progress in the fight against malaria, tuberculosis and neglected tropical diseases (NTDs) including lymphatic filariasis, schistosomiasis and yaws, as well as other diseases.

In addition, DDC has supported Member States in the push for legislative action and policy changes to prioritize immunization in all countries, which resulted in vaccines reaching tens of millions of children who otherwise might have been missed. It also has advocated for greater political commitment to address the prevention and control of noncommunicable diseases (NCDs).

The Division has advocated for the greater use of data and evidence to inform policies and actions, encouraged innovation to transform health service delivery and supported special approaches that have been crucial to malaria elimination and tackling NTDs.

Building on these achievements, future efforts will focus on strengthening health systems, enhancing multisectoral collaboration and leveraging innovations to ensure sustainability, with an ongoing commitment to health equity, multisectoral action and community empowerment.

Data, Strategy and Innovation group

The Data, Strategy and Innovation group (DSI) drives transformative action to achieve UHC and better health outcomes by employing a future-oriented lens and evidencedriven approaches that are supported by data, digital technology, science and innovation. Key to the group's work is the expanded use of foresight methodologies - an approach that anticipates potential future scenarios in support of long-term decision-making – in the development of future-ready health plans and strategies.

Over the past year, DSI worked with Member States, experts and partners to develop the draft Regional Action Framework on Digital Health in the Western Pacific, which the WHO Regional Committee for the Western Pacific will consider for endorsement in October 2024. The group also continued work to cultivate the research and innovation ecosystem in the Region, as well as national capacities for harnessing the power of science and health innovation, the latter guided by the Regional Health Innovation Strategy for the Western Pacific, endorsed by the Regional Committee in 2023.

To accelerate the push for UHC, WHO has strengthened the advisory role of the regional Technical Advisory Group on Universal Health Coverage, developed evidence on how investments in UHC build resilient health systems and



WHO staff in Ulaanbaatar, Mongolia, prepare emergency supplies to support the response to an extreme weather condition called a dzud. During the country's worst cold spell in nearly a half century, WHO worked with authorities in 2024 to ship more than four tons of medicine and medical supplies for 21 affected provinces.

enhance emergency responses, and initiated work on UHC country diagnostics to identify the barriers and actions to advance UHC at the national level.

In addition, DSI focused on future-proofing health systems and ensuring that they are more resilient, advocating the use of strategic foresight as a tool for anticipating and responding to future disruptions.

To strengthen data use across the Region, WHO is preparing to publish Health Statistics in the Western Pacific Region 2023 – Monitoring Health for the SDGs, the third in a series of updates on regional progress towards achieving the health-related SDG targets. WHO has also updated

the Western Pacific Health Data Platform with more advanced capabilities for indicator monitoring and improved data visualization.

In the coming year, DSI will strive to sustain and enhance the role of data, strategy and innovation in the Western Pacific Region and its contribution to the Region's shared vision for WHO work with Member States.

Division of Healthy Environments and Populations

The Division of Healthy Environments and Populations (DHP) works to address the root causes of ill health by supporting Member States in building health systems that promote health, rather than simply treat disease. In the



Health workers prepare to see patients at Prasat Bakong Health Centre in Siem Reap, Cambodia, in 2023.

Western Pacific Region, where population ageing has helped tilt the disease burden towards NCDs, health systems are under significant strain, impacting health outcomes and sustainable development.

DHP has worked with Member States and partners over the past year to tackle these challenges and address the social determinants of health - the environments where people are born, live, learn, work, play and age. The Division also has facilitated the development of technical guidance, fostered knowledge exchange and capacity-building, promoted cross-sector collaboration, and supported countries in adapting and implementing evidence-based policies and strategies - often employing Healthy Settings approaches such as Health Promoting Schools, Healthy Cities and Healthy Islands.

WHO in the Region has advocated a comprehensive wholeof-government approach to NCD prevention, facilitating enhanced multisectoral coordination and collaboration by engaging representatives from various government sectors for high-level advocacy and policy dialogues with Member States on risk factors such as tobacco and nicotine products, unhealthy diets, the harmful use of alcohol, and violence and injuries.

With childhood obesity a worrisome problem in the Western Pacific Region, WHO has worked with Member States over the past year to further develop and implement nutrition labelling policies and higher taxes on sugar-sweetened beverages, as well as policies to protect children from the harmful impact of food marketing. It also facilitated the promotion of healthy diets through efforts to reduce salt

and sugar consumption and eliminate industrially produced trans-fats from the food supply. In addition, WHO supported countries in enhancing their capacities to prevent road traffic injuries, drowning and violence.

DHP is addressing health inequities and their drivers by supporting Member States in developing national action plans and enhancing the monitoring of health equity and the social determinants of health, as well as helping seek solutions to mitigate the climate and environmental factors that impact the health and well-being of every country and area in the Region.

Moving forward, DHP will build on successes and work on improving actions to address gaps and challenges by enhancing support for policy development, strengthening evidence-based strategies, fostering multisectoral collaborations and building capacity among Member States.

Division of Health Systems and Services

The Division of Health Systems and Services (DHS) works with Member States, WHO country offices and partners in the Western Pacific Region to strengthen health systems in the pursuit of affordable and equitable access to health care for all.

Critical to this effort is the transformation of primary health care (PHC) to a more people-centred, life-course approach that emphasizes holistic treatment and patient well-being through long-term patient-provider relationships, teambased care, integrated and accessible medical information, and transparent and inclusive governance that fosters community participation.

To ensure this reframing of PHC and progress towards UHC and the SDGs, DHS employs a three-pronged, fit-for-purpose approach that focuses on: (1) frameworks that support health sector governance, law, regulation and strategic quidance; (2) the generation of public health evidence to raise awareness and guide policies; and (3) transformative impacts to support Member States in strengthening PHCoriented health systems and ensuring equitable access to quality-assured medicines and health products.

Over the past year, DHS has supported Member States in implementing the Regional Framework on the Future of *Primary Health Care in the Western Pacific* by providing direct technical assistance to countries and areas in the Region to align models of care and the organization of services to meet today's health needs and fiscal and contextual realities. And the Regional Framework to Shape a Health Workforce for the Future of the Western Pacific, endorsed by the Regional Committee in October 2023, is guiding efforts to build a wellperforming health workforce to address current challenges, including NCDs, ageing and unreached populations.

WHO in the Region also is supporting Member States as they address health financing issues including catastrophic health expenditures and in reviewing and reforming health system legislation as part of prudent health system stewardship and governance.

Other areas in which DHS has worked with Member States. WHO country offices and partners over the past year include accelerating access to medicines and vaccines, strengthening regulatory systems, addressing antimicrobial resistance, reducing maternal and child deaths, and ensuring the quality of care and patient safety.

Going forward, WHO in the Western Pacific Region will continue to support Member States to strengthen their health-care systems in a holistic, context-appropriate manner, and to support the evolution of PHC-oriented health systems as a key component of progressing towards UHC, health for all and the achievement of the health-related SDG targets.

Division of Pacific Technical Support

The Division of Pacific Technical Support (DPS) works closely with 21 Pacific island countries and areas (PICs), providing prompt and effective support to address diverse health challenges. The work is guided by the strategic direction set by Pacific health ministers and the priorities contained in the Pacific Islands-WHO Multi-country Cooperation Strategy, as well as in the key areas highlighted by the WHO Regional Director for the Western Pacific.

Despite their small populations, these countries and areas face a staggering array of health threats. The COVID-19 pandemic, however, presented the Pacific with an opportunity to capitalize on increased public and governmental awareness of health's vital role in

communities, as well as opportunities to harness health information and digital health, to rapidly strengthen and expand health services.

The pandemic also signalled the need to increase resilience to future health system shocks, including disease outbreaks and disasters, given the increasing impacts of climate change.

With out-migration of qualified health professionals a longstanding problem in the Pacific, health ministers at their 15th biennial meeting in September 2023 agreed on the need for new approaches to strengthen and retain these health workers through adequate investments in health systems across the Pacific.

During the past year, PICs continued to make steady progress towards the elimination of measles and rubella - both highly transmissible diseases – as a result of consistent vaccination campaigns, and collaborated closely with WHO to fight NTDs. Obesity, another nagging problem in the Pacific, also was addressed by Pacific health ministers at their biennial meeting, where they committed to a whole-of-government and whole-of-society approach to create enabling environments that make healthier choices easier and more accessible, with the aim of reversing the complex drivers of obesity, particularly among children and young people.

WHO assistance in the Pacific also has been essential to those governments reviewing their tobacco control laws and launching cessation efforts, as well as other efforts to address NCD risk factors.

Infectious diseases that impact the respiratory system - such as COVID-19, influenza and respiratory syncytial virus – are among the greatest public health challenges in the Pacific. To scale up the fight against these diseases, PICs created a road map with surveillance and laboratory priorities during the Pacific Integrated Respiratory Diseases Surveillance Workshop in March 2024. WHO in the Pacific also supported the establishment of national EMTs in 13 PICs, which are able to provide urgent medical care during emergencies.

For Pacific islanders living in high-risk areas, climate change is not a distant concern but rather an imminent risk to their survival, with PICs already experiencing the health impacts of climate change. WHO conducted assessments in several PICs to identify climate-resilient and environmentally sustainable health-facility interventions.

Looking ahead, WHO will continue to work closely with PICs and partners to bolster health systems against current and emerging health threats.

WHO Western Pacific Region



Representative Offices

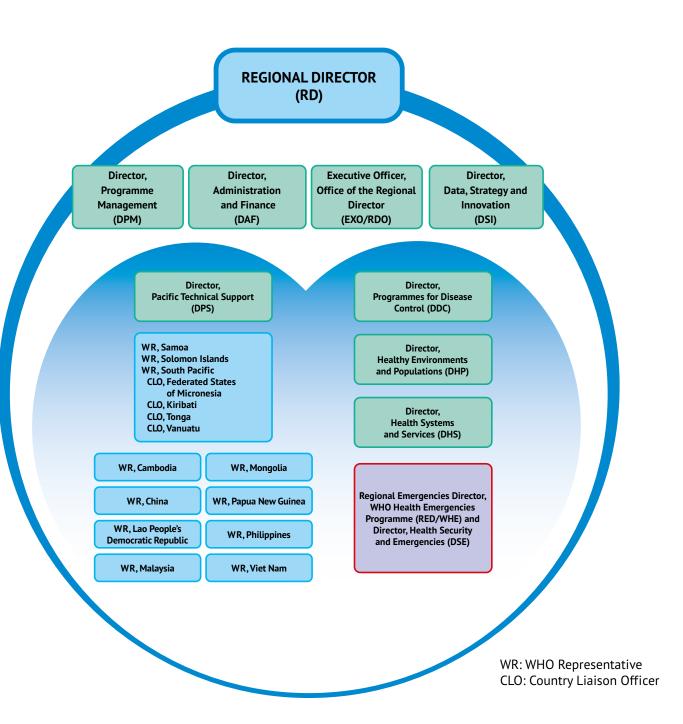
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- Lao People's Democratic Republic
- Malaysia (area of responsibility: Brunei Darussalam, Malaysia, Singapore)
- Mongolia
- · Papua New Guinea
- Philippines
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- Solomon Islands
- South Pacific (area of responsibility: Fiji, French Polynesia, Kiribati, the Marshall Islands, the Federated States of Micronesia, Nauru, New Caledonia, New Zealand, the Commonwealth of the Northern Mariana Islands, Palau, Tonga, Tuvalu, Vanuatu, and Wallis and Futuna)
- Viet Nam

Country Liaison Offices

- Northern Micronesia (area of responsibility: the Marshall Islands, the Federated States of Micronesia and Palau)
- Kiribati
- Tonga
- Vanuatu

WHO in the Western Pacific Region



Western Pacific Regional Office Structure

The structure of divisions in the WHO Regional Office for the Western Pacific is designed to streamline operations and strengthen country-level support under the regional reform agenda.

DIRECTOR	PROGRAMMES/UNITS	DIRECTOR	PROGRAMMES/UNITS
Director, Programme Management (DPM)	Programme Development and Operations (PDO) Country Support (CSU) Editorial Services (EDT) Information Products and Services (IPS)	Director, Healthy Environments and Populations (DHP) Director, Health Systems and Services (DHS) Regional Emergencies Director, WHO Health Emergencies Programme (RED/ WHE) and Director, Health Security and Emergencies (DSE)	Healthy Ageing (AGE) Health and the Environment (HAE) Health-Enabling Society (HES) NCD Prevention and Health Promotion (PND) - Tobacco Free Initiative (TFI)
Director, Administration and Finance	Budget and Finance (BFU) Human Resources Management (HRM) Information Technology (ITG)		- Nutrition (NUT) - Alcohol, Violence and Injury Prevention (ALC/VIP) - Screening and Health Promotion (SHP)
(DAF)	Administrative Services (ASU) Supply and Administrative Office (SAO) Director, Health Systems Essential Medicines and Health Systems Health Policy and Service De		Essential Medicines and Health Technologies (EMT) Health Policy and Service Design (HPS) Health Law and Ethics (HLE)
Executive Officer, Office of the	External Relations and Partnerships (ERP) Communications (COM)		Maternal Child Health and Quality Safety (MCQ)
Regional Director (EXO/RDO)			Country Health Emergency Preparedness and IHR (CPI) Health Emergency Information and Risk Assessment (HIM) Emergency Operations (EMO) Food Safety (FOS)
Director, Data, Strategy and Innovation (DSI)	Health Information and Intelligence (HII) Universal Health Coverage (UHC) Innovation and Research (INR) Strategic Dialogue (DIA)		Management and Administration (MGA) / or,
Director, Programmes for Disease Control (DDC)	Vaccine-Preventable Diseases and Immunization (VDI) Integrated Communicable Disease Control (ICD) Management of Noncommunicable Diseases (MND) Mental Health and Substance Use (MHS) Mekong Malaria Elimination (MME)	Director, Pacific Technical Support (DPS)	Pacific Health Security and Communicable Diseases (PSC) Pacific Climate Change and Environment (PCE) Pacific NCD and Health through the Life-Course (PNH) Pacific Health Systems and Policy (PHS)

A Compliance and Risk Management Officer, a Prevention and Response to Sexual Exploitation, Abuse and Harassment (PRSEAH) Officer and an Ombudsperson report directly to the Regional Director.



1

Division of Health Security and Emergencies/ WHO Health Emergencies Programme

The Division of Health Security and Emergencies (DSE)/WHO Health Emergencies Programme (WHE) collaborates with Member States, WHO country offices and partners throughout the WHO Western Pacific Region to strengthen health security systems and capacities for public health emergencies, as well as to ensure food safety. The Division's work is guided by the Asia Pacific Health Security Action Framework (APHSAF), which supports Member States in advancing their health security capacities and systems to better detect, respond to and prevent outbreaks, epidemics and disasters.

Over the past 12 months, DSE/WHE has supported the implementation of APHSAF; assisted the Region's 37 countries and areas in strengthening health emergency preparedness,

response and resilience; responded to health emergencies in the Region and in other parts of the world; and strengthened continuous learning and improvement.

New health security action framework

APHSAF is a biregional framework that provides a platform for Member States, WHO and partners in the WHO South-East Asia and Western Pacific regions – covering 48 countries and areas – to collaboratively strengthen health security. Building on nearly two decades of successful implementation of the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED), APHSAF was developed to reflect changing global dynamics and the complex nature of current and future public health emergencies. The new Action Framework ambitiously

strives to strengthen the health security of over half of the world's population by building on the achievements of the three previous iterations of APSED.

APHSAF promotes multisectoral action, emphasizing the One Health approach, to underpin a comprehensive and multi-hazard health security system. It links to and aligns with the broader global health security agenda as articulated by the WHO Health Emergency Preparedness, Response and Resilience (HEPR) framework, the "protect health" outcomes of the WHO Fourteenth General Programme of Work, amendments to the International Health Regulations (IHR) (2005), and ongoing negotiations among Member States on the proposed international Pandemic Agreement. APHSAF,

Staff from the Philippine Department of Health conduct a public health emergency simulation exercise, organized by the local government unit and WHO in March 2024 in Valenzuela City.

endorsed by the WHO Regional Committee for the Western Pacific in October 2023, was designed to support efforts to achieve the Sustainable Development Goals and universal health coverage.

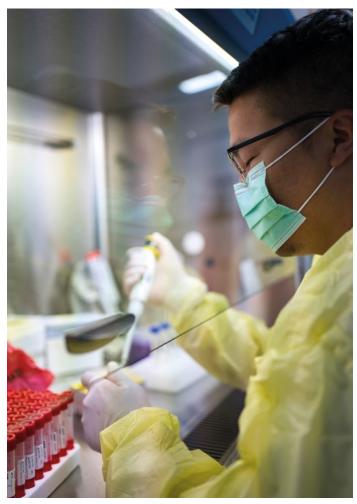
Following its endorsement, DSE/WHE consulted with regional experts in May 2024 to discuss opportunities to better deliver collective action for health security. Moving forward, efforts to strengthen health security and APHSAF implementation will reflect best practices and maximize coherence on multisectoral actions needed to strengthen health security and respond to health emergencies.

Increasing community and network resilience

Recognizing that community resilience is key for health security, DSE/WHE supports Member States to be better prepared for – and ready to respond to – emergencies by strengthening engagement in health security, improving systems and capacities, and building and maintaining networks and communities of practice.

Since its establishment in 2011, the DSE/WHE Field Epidemiology Fellowship Programme (FEFP) has strengthened regional epidemiological capacities and networks through hands-on learning and collaboration experiences. A key objective is to increase the participation and diversity of fellows from different parts of the Western Pacific Region. This year, the first fellow from Samoa participated in the FEFP. Eleven fellows from Australia, Japan, Malaysia, Mongolia, Samoa, Singapore and Viet Nam spent up to three months in DSE/WHE at the WHO Regional Office for the Western Pacific to support the detection and screening of health emergency signals, such as infectious disease outbreaks, disasters and public health events related to climate change.

To ensure that FEFP alumni remain engaged in regional health security, DSE/WHE routinely hosts workshops and network opportunities. In April 2024, the second workshop for FEFP alumni was held in Manila, hosting participants from 15 countries. In addition to technical discussions and training on new methodologies, the workshop also focused on developing competencies for future field epidemiology trainers. Over time, the FEFP will enhance the Region's surveillance community of practice and contribute to more coherent approaches for preventing, detecting, preparing for and responding to health emergencies.



After receiving training from the National Institute of Infectious Diseases in Japan, a scientist in Mongolia uses whole genome sequencing techniques in August 2023 to assess COVID-19 variants circulating in the population at that time.

The Western Pacific Region Emerging Molecular Pathogen Characterization Technologies (EMPaCT) Surveillance Network has significantly advanced genomic surveillance capacities in the Western Pacific Region, particularly for SARS-CoV-2 and other respiratory pathogens. All Member States in the Region currently have access to genomic sequencing services, either through in-country capacity (46%) or through established regional networks (54%). This has facilitated timely monitoring of SARS-CoV-2 variants circulating within countries and in the Region, which has

informed prompt and appropriate public health action.

Utilizing capacities developed under the EMPaCT Surveillance Network, laboratory testing capacities of countries were expanded over the past year to cover national and regional priority pathogens such respiratory syncytial virus, dengue and mpox. This included the provision of laboratory test kits to Cambodia, Fiji, Mongolia, the Philippines and Samoa; enrolment of the national laboratory in Brunei Darussalam into the respiratory pathogen laboratory network for increased information and virus sharing; and training on integrated pathogen testing and genomics in Fiji and Malaysia. WHO not only provided resource support and laboratory mentoring to facilitate these capacities at the subnational and national levels, but also enabled peerlearning and facilitated strengthening of policies and practices including through the third EMPaCT meeting, hosted in September 2023.

There are opportunities to grow, embed and institutionalize these genomic surveillance capacities, especially real-time access in remote locations. Over time, having more laboratory capacity, including in genomic surveillance, will contribute to more timely and effective public health action.

Every year, unsafe food causes illness in more than 125 million people in the Region and causes over 50 000 deaths. Sixty-two food safety incidents were reported in the Region over the past year through the International Food Safety Authorities



A member of Mongolia's National Emergency Management Agency explains emergency response systems in remote provinces during a strategic dialogue with WHO and Government staff in June 2024, discussing the country's National Action Plan for Health Security.

Network (INFOSAN). These were managed in close coordination with the respective national focal points for IHR (2005). WHO continued its work with countries, partners and global networks to implement the Regional Framework for Action on Food Safety in the Western Pacific, and to strengthen the safety of traditional food markets. WHO supported countries, including Cambodia, Kiribati, the Lao People's Democratic Republic, Papua New Guinea, Solomon Islands and Viet Nam to enhance food safety systems across multiple thematic areas. WHO provided technical guidance to Member States to strengthen legislative frameworks and food safety inspection capacities and to support the response to food safety events, disease outbreaks, disasters and other emergencies.

Strengthening country capacities

In 2023, 26 out of 27 States Parties submitted annual IHR States Parties Annual Report (SPAR) selfassessments, reflecting a strong commitment to meeting and reporting on health security system obligations. This submission rate represented a 37% increase compared to 2022, when 19 of 27 States Parties submitted their self-assessments. This increase may be attributed to early engagement with States Parties on this reporting obligation, training staff in the reporting formats and providing realtime support to ensure submission using the e-SPAR online portal.

Cambodia, Mongolia, Samoa and Tonga completed Joint External Evaluations (JEEs) during the reporting year. JEEs are a voluntary, collaborative,

multisectoral process conducted by WHO to assess a country's capacities for preventing, detecting and rapidly responding to public health risks. Common findings arising from recent JEEs include the need to enhance high-level political commitment to better implement multisectoral action and to strengthen One Health approaches for health security. Findings are being translated into national action plans for health security (NAPHS) using APHSAF as the guiding framework.

To scale up implementation of multisectoral action, the Strategic Toolkit for Assessing Risks: A comprehensive toolkit for all-hazards health emergency risk assessment (STAR) has been rolled out in the Western Pacific Region. The STAR risk-profiling exercises engage multisectoral stakeholders to prioritize risks, identify periods of heightened risk and recommend collective key actions to manage hazards more effectively. This year, multisectoral workshops were held in Fiji, the Philippines (at the national and city levels) and in Tonga.

STAR workshops are jointly facilitated by national ministry of health and national disaster agencies with support from WHO. STAR results are then directly applied to strategic and operational planning, including NAPHS and pandemic plans, and to inform national emergency contingency resource planning requirements. These efforts contribute to broader risk management and emergency preparedness in the health sector and help countries to implement IHR (2005) and the Sendai Framework for Disaster Risk Reduction (2015-2030).



A team from WHO, the Ministry of Health in Cambodia and the Kampot Provincial Health Department work with Kampot Market's management to mitigate public health risks while supporting the promotion of safer traditional food.

WHO worked with its fellow One Health Quadripartite members - the Food and Agriculture Organization of the United Nations, the United Nations Environment Programme and the World Organisation for Animal Health - to implement multisectoral actions and expand country participation in One Health initiatives, especially at the humananimal-environment interface. The Quadripartite convened 21 countries from the Asia Pacific region in September 2023 to discuss and encourage the application of One Health approaches.

This year, WHO also provided policy support to the Association of Southeast Asian Nations (ASEAN) on its One Health Leaders' Declaration, its One Health Joint Plan of Action 2022-2026 and its One Health Network. Cambodia, the Lao People's Democratic Republic and Viet Nam conducted IHR (2005)/Performance of Veterinary Services (PVS) National Bridging Workshops. These workshops connect assessments of IHR (2005) capacities and PVS pathways to ensure that the right stakeholders and the right priorities are established to manage zoonotic diseases and

other health threats at the human-animal-environmental interface. So far, five countries in the Region have completed National Bridging Workshops.

Effective communication during public health emergencies, as outlined in IHR (2005), is critical. Since 2008, DSE/WHE has conducted a region-wide simulation exercise - the IHR Exercise Crystal – annually to practise and test IHR (2005) communications between IHR (2005) national focal points, contact points and WHO.

In December 2023, 33 States Parties joined the exercise, which focused on practising risk assessment and testing communications with WHO. The annual exercise continues to offer a valuable opportunity for national focal points and contact points to evaluate their IHR (2005) functions, protocols and communication with WHO. These exercises are also critical to ensure that the capacities of States Parties develop in line with requirements of IHR (2005).

Expanding emergency response capacities

Recognizing that the Region is at particularly high risk of sudden-onset disasters, with these risks now heightened due to the increasing effects of climate change, rapid life-saving capacities are needed to support and enable community response. WHO's Emergency Medical Team (EMT) Initiative grew from a commitment to expand the capacity of countries to respond to emergencies more effectively, localizing capabilities for faster, more appropriate and more agile response, while also building a reliable and predictable global health emergency workforce, with quality-assured, self-sufficient clinical response capacity. The Western Pacific Region hosts 12 WHO-classified international EMTs, including some of the largest field hospital capacities, as in the case in China.

DSE/WHE has supported countries in the Region to initiate the development of national and/or international EMTs, with some extending these capacities to the subnational level. This year, several international EMTs were reclassified, including teams in Australia, Japan and New Zealand, demonstrating a strong commitment to continuous improvement and adherence to global standards. More than a dozen EMTs are now working towards international classification across the Region, including both government and nongovernmental teams. Over the past year, Western



Health workers in Fiji conducted a large simulation exercise to test tsunami and earthquake preparedness in October 2023. The WHO-supported Fiji Emergency Medical Assistance Team coordinated with national/international responders to test mass-casualty triage techniques. The results helped update national emergency operations procedures.

Pacific Region EMTs have documented their work through peer-reviewed articles in an EMT special edition of the WHO Western Pacific Surveillance and Response Journal (WPSAR).

DSE/WHE continues to invest in the development, strengthening and networking of public health emergency operations centres (PHEOCs), supporting countries to operationalize PHEOCs at the national and subnational levels, integrating health response capacities and working across sectors and coordination mechanisms. PHEOC managers from multiple countries participated in global capacity-building activities, including a training-of-trainers workshop in November 2023. The training provided the tools and standards necessary for participants to train new emergency operations centre managers and continuously assure quality performance.

A regional community of practice was established, which has prepared country "PHEOC champions" to support neighbouring countries in enhancing their capacities. Equipped with vetted resources and tools, these PHEOC managers support the development and enhancement

of PHEOCs nationally. These efforts have been bolstered by sharing best practices and lessons identified among networks and partners with a multisectoral approach. The work contributes to the overall improvement of public health emergency management in the Region, and helps countries meet their IHR (2005) capacity obligations.

The Global Outbreak Alert and Response Network (GOARN) expanded its partnerships and conducted multiple training workshops in the Region. Over the past year, GOARN welcomed three new partners from Australia: the Asia Pacific Consortium of Veterinary Epidemiology, the Clinical Excellence Commission - New South Wales Health, and the Oueensland Infection Prevention and Control Unit. This brings the total number of GOARN partners in the Western Pacific Region to 78. Through GOARN's capacity-building and training programme, 135 public health experts from the Region participated in four international outbreak-response training workshops in Australia, Japan and the Republic of Korea. The training aims to enhance the field skills and readiness of the health emergency workforce, ensuring that they are well prepared to respond to health emergencies effectively. To enhance collaboration and networking among partners, two GOARN meetings were held with partners in Australia and Japan.

A special issue of WPSAR focusing on GOARN was published in February 2024. The collection of peer-reviewed articles, including from Pacific island countries, provides a rich narrative about the deployments undertaken by GOARN members, and the opportunities to further strengthen GOARN's national and localized capacities. GOARN's approach and activities support a stronger regional response capacity.

Responding to emergencies together

While DSE/WHE focuses significant resources and effort on supporting health emergency preparedness and strengthening national and subnational health security capacities, the Division also plays an important role in supporting countries to respond to outbreaks, disasters and other emergencies with significant health consequences.

Over the past year, DSE/WHE worked hand-in-hand with Member States, WHO country offices and partners to support nationally led response efforts - deploying experts, providing emergency supplies and equipment, providing technical advice and support, and leveraging global response networks for scalable and coordinated health emergency response action, when requested.

In Mongolia, WHO supported responses to multiple disasters, including floods during summer 2023 and to the country's extreme winter event, known as a dzud. DSE/WHE deployed regional staff to support coordination and response efforts, scaling up support from WHO's country office in Ulaanbaatar. Risk communication support was provided to remote areas, and a logistician was deployed to facilitate the effective coordination and distribution of resources, including the Interagency Emergency Health Kits and water, sanitation and hygiene supplies.

In coordination with WHO's country office in Samoa, DSE/ WHE supported the country's response to a dengue outbreak, providing technical guidance, risk communication content, and critical testing and vector-control supplies. More broadly, DSE/WHE supported dengue preparedness and response actions across the Western Pacific Region, as multiple countries face outbreaks and increasing cases, and with WHO assigning the global dengue situation as an internal Grade 3 event, mobilizing resources from across the three levels of the Organization to respond in a coordinated and rapid manner. An online dengue clinical management community of practice was established under the APHSAF umbrella to refresh skills, share best practices and inform optimal response.

Importantly, the Region's emergency programme capacity also has supported global operations. A key example over the past year was the support provided to the Grade 3 emergency in Gaza, occupied Palestinian territory, where three members of WHO's regional workforce were deployed between December 2023 and February 2024. Two staff members were deployed to mobilize and coordinate international EMTs to expand clinical capacity in Gaza's hospitals and in standalone field hospitals, while a third was deployed to support surveillance and outbreak response. These staff members worked closely with EMTs deployed to Gaza, including the Japan Disaster Relief team, which supported information management for the EMT response for several months. This highlights the Region's solidarity, as well as the agility of WHO systems during crisis responses.



A WHO staff member visits a rural household in Mongolia as part of the response to a dzud in 2023-2024. During this extreme weather condition, which was the worst cold spell in nearly half a century, about 90% of the country spent months under thick layers of snow, paralysing many sectors of the economy.

Looking ahead

DSE/WHE will continue to build upon the lessons learnt and achievements of past years to further strengthen health emergency preparedness, operational readiness, rapid response, and sustainable and coordinated recovery following emergencies, quided by APHSAF.

DSE/WHE will continue to "weave the mat" for better health, working with Member States and key partners across the Region, including multisectoral stakeholders, recognizing that health security action requires solidarity, continuous innovation and strengthening of

community actions, and should be interwoven into all aspects of health systems strengthening.

The future will surely bring new challenges. The world continues to face risks related to emerging and re-emerging diseases, and much work remains to be done to strengthen pandemic preparedness. The Western Pacific Region is constantly facing the impacts of the climate crisis, and this reality makes action to strengthen preparedness and operational response readiness fundamental. The world is also facing evolving security threats, often with significant health impacts and

consequences; Member States and partners across the Region must be prepared for the possibility of highconsequence events, such as conflicts or deliberate events, that require leveraging specialized capacities and partnerships.

Working together, applying APHSAF - and continuing to learn, improve, innovate and make strategic investments together - WHO will support Member States in the Region to limit risks to population health from emergency events, improve capacities to respond at all levels, and ensure that recovery from emergencies is rapid and sustainable.



2

Division of Programmes for Disease Control

The Division of Programmes for Disease Control (DDC) has focused on supporting Member States in reducing morbidity and mortality from communicable and noncommunicable diseases, as well as mental health conditions, through the implementation of global and regional frameworks, including the *Regional* Framework for Reaching the Unreached in the Western Pacific (2022-2030). As a result, health outcomes in the Western Pacific Region have significantly improved, as measured against the targets in the WHO Thirteenth General Programme of Work 2019–2023 and the Sustainable Development Goals.

The Division's work also reflects the values of health equity that are central to the Region's new vision of *Weaving Health for Families, Communities and*

Societies of the Western Pacific Region: Working together to improve health and well-being and save lives. The future-oriented five-year vision for the work of WHO with Member States is set to be presented to the WHO Regional Committee for the Western Pacific in October 2024.

DDC also supports Member States in adopting multifaceted strategies to meet the diverse health needs of their populations, keeping in mind the role played by the social determinants of health and the economic barriers to better health outcomes. The Division ensures that no one is left behind by promoting integrated primary care services, multisectoral action and community empowerment. These principles of primary health care guide WHO in the Region in helping Member

States reach the unreached to control and eliminate diseases, highlighting the synergy between the new vision and ongoing DDC initiatives.

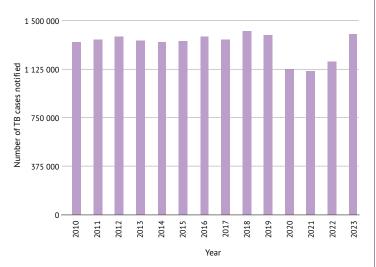
The Region's disease control and elimination successes can be categorized into the five action domains of the *Regional Framework* for Reaching the Unreached: political commitment and governance; multi-stakeholder engagement; data and evidence; health service transformation; and special approaches.

Political commitment and governance

DDC over the past year has provided support to WHO country offices to advocate and enable strong political commitment and policies to achieve

A forest worker in northeastern Cambodia carries a pack containing a hammock, an insect net and insect repellent. The National Center for Parasitology, Entomology and Malaria Control in Cambodia distributed packs to help protect workers in areas where mosquitoes carry malaria.

Fig 1. Trend of TB case notifications in the Western Pacific Region, 2010-2023





Tuberculosis is preventable and curable when people have access to the correct treatment, like this patient in Cambodia. Over the past year, WHO has helped build political commitment for more effective drugresistant TB treatment and improved coverage.

significant progress in tuberculosis (TB) control throughout the Region. As a result, countries such as Mongolia, the Philippines and Viet Nam have adopted shorter treatment regimens for drug-resistant TB. The number of TB case notifications in the Region declined during the COVID-19 pandemic, then increased by 18% from 2022 to 2023, bringing it back to pre-pandemic levels.

High-level political endorsements at the Second United Nations High-level Meeting on the Fight against Tuberculosis in September 2023 have further enhanced national TB programmes and improved treatment coverage and outcomes.

WHO support has been pivotal in eliminating neglected tropical diseases (NTDs), with a high-level commitment to mass drug administration (MDA) campaigns in countries such as Papua New Guinea, the Philippines and Samoa. These efforts are supported by local leadership, governance, legislative backing, community engagement and interagency coordination. As a result, they have led to substantial progress in eliminating diseases such as lymphatic filariasis, schistosomiasis and yaws.

The WHO Mekong Malaria Elimination programme has seen remarkable success in malaria control. WHO in the Region has facilitated strong governance and political support, leading to significant declines in malaria cases and deaths in Cambodia, the Lao People's Democratic Republic and Viet Nam. Local leadership and enhanced inter-agency coordination, supported by DDC, have been instrumental in these achievements.

The Regional Strategic Framework for Vaccine-Preventable Diseases and Immunization in the Western Pacific 2021-2030 has driven substantial immunization efforts. WHO advocacy for political commitment and multi-stakeholder engagement has resulted in high-coverage vaccination reaching tens of millions of children. Backed by DDC, legislative support and policy changes have prioritized immunization in all countries.

The Healthy Hearts Program in the Philippines exemplifies the impact of political commitment in addressing noncommunicable diseases (NCDs). DDC involvement in supporting Member States in achieving high rates of



Schoolchildren in Vanuatu receive tablets against soil-transmitted helminthiases during a recent deworming and screening programme. Community engagement is vital to eliminate neglected tropical diseases.

hypertension control, as well as programme expansion, underscores the importance of governance and policy support in NCD prevention and control.

Multi-stakeholder engagement

The success of disease control and elimination initiatives can be attributed to the robust engagement of multiple stakeholders at regional, country and local levels. For instance, efforts against NTDs have benefited from local engagement by various stakeholders, including communities, in MDA campaigns. In addition,

DDC supported strengthening multisectoral engagement through One Health approaches, with a focus on Action Track 3 of the One Health Quadripartite Joint Plan of Action 2022-2026, to control and eliminate zoonotic, neglected tropical and vector-borne diseases.

DDC has coordinated collaboration with WHO collaborating centres and initiatives with United Nations agencies such as the United Nations Children's Fund and the United Nations Joint Programme on HIV/AIDS, expanding and consolidating gains

against several diseases, including malaria, HIV/AIDS and NTDs. DDC established the Regional Validation Advisory Group on the Elimination of Mother-to-Child Transmission of HIV, Hepatitis B and Syphilis, and Accelerated Control of Viral Hepatitis. This group met in May 2024 to deliberate and support the Region to intensify multiple disease elimination efforts. The Technical Advisory Group for Reaching the Unreached is another example of multi-stakeholder engagement focusing on health equity through primary health care. This group met in September 2023 to accelerate efforts to reach the unreached for disease control and elimination.

Multi-stakeholder partnerships have also facilitated capacity-building activities. For example, DDC, the Burnet Institute and physicians of Pacific island countries continue to work together through a Multidrugresistant-TB Help Desk to deliver highquality clinical care to drug-resistant TB patients in those countries.

Data and evidence

DDC's role in data-driven strategies has been vital in informing TB control efforts. DDC-supported epidemiological analyses in Papua New Guinea and Viet Nam have provided critical insights for national programme planning. DDC has also supported strategic surveys and studies, including Cambodia's third national TB prevalence survey and an intervention study on TB and nutrition in the Lao People's Democratic Republic. These surveys offer essential data for tailoring interventions and informing service delivery models.

Data collection efforts have made meaningful progress in the fight against HIV, hepatitis and sexually transmitted infections. The WHO regional dashboard to track the elimination of mother-to-child transmission, as well as disease modelling with the CDA Foundation, which focuses on the study of complex and poorly understood diseases, have informed decision-making and guided interventions. DDC supported 27 countries in reporting viral hepatitis data for the Global Hepatitis Report 2024: Action for Access in Low- and Middle-income Countries. These efforts have enhanced data-driven decision-making and improved access to essential services.

Data collection and evidence-based decision-making have also guided strategies for NTDs. In the Lao People's Democratic Republic, data-driven school deworming programmes and water, sanitation and hygiene initiatives supported by WHO have significantly reduced soiltransmitted helminthiasis prevalence among school-aged children. Integrating subnational NTD data into national health information systems in Vanuatu has helped address setbacks caused by the COVID-19 pandemic, enabling better prioritization of interventions.

Data collection and evidence-based decision-making have also been instrumental in malaria elimination efforts. The Malaria Elimination Database, developed with WHO support, has been crucial in analysing malaria trends and guiding interventions. For instance, using a geographic information system to map malaria hot spots has supported the implementation of targeted interventions by Cambodia, the Lao People's Democratic Republic and Viet Nam.

Health service transformation

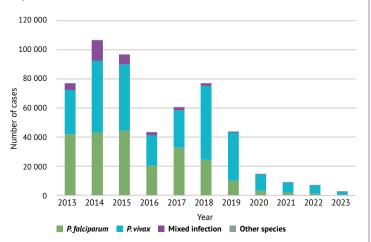
Innovations in health service delivery have transformed TB control and other programmes. For example, WHO in the Region has supported countries in introducing and expanding new diagnostics and shorter drug regimens to combat TB, in addition to promoting community engagement in TB control, thereby improving programme performance and saving lives.

The Regional Strategic Framework for Vaccine-Preventable Diseases and Immunization in the Western Pacific 2021-2030 has driven substantial progress. Political commitment and multi-stakeholder engagement, promoted by DDC,



In May 2024, WHO staff provided health education to rubber plantation workers in Luang Namtha Province in the Lao People's Democratic Republic during a nationwide measles and rubella vaccination campaign.

Fig 2. Trend of malaria cases in Cambodia, the Lao People's Democratic Republic and Viet Nam



Source: Mekong Elimination Database.

have boosted immunization efforts, with tens of millions of children in the Region receiving essential vaccines in 2023, through multiple approaches including routine and supplementary immunization activities. Integrated service delivery models, such as Cambodia's project combining routine immunization, as well as COVID-19 and NCD services, have enhanced health outcomes.

The Healthy Hearts Program in the Philippines demonstrates the impact of integrated NCD services. With DDC assistance, this programme has focused on governance, supply chain improvement and community engagement. It has achieved high rates of hypertension control and expanded to new areas of the country, highlighting the importance of local government-led initiatives.

The Mekong Malaria Elimination programme, supported by DDC, has led to transformative primary health-care approaches, such as targeted drug administrations and intermittent preventive treatment for forest-goers, significantly reducing malaria cases. As a result, between 2018 and 2023, Cambodia, the Lao People's Democratic Republic and Viet Nam collectively achieved a 99% decline in *Plasmodium falciparum* malaria and mixed cases, a 96% decline in P. vivax cases and a 71% reduction in malaria deaths. In 2023 alone, these countries reported only 2234 P. vivax and 270 P. falciparum cases.



A member of the WHO malaria elimination team visits Ou Chan Tong Village in Cambodia. The team works closely with hard-to-reach and at-risk communities targeted for malaria prevention efforts. People in remote communities often must travel long distances to the nearest treatment centre in Cambodia and other countries fighting malaria.

Special approaches

Special approaches to malaria elimination have yielded remarkable progress. The Mekong Malaria Elimination programme, facilitated by DDC, supported the engagement of mobile health units and community health workers to improve access to malaria services in remote areas and to ensure timely and accurate treatment. Governments and partner agencies are integrating these workers into broader health support groups to cover other health programmes.

Special approaches have also been crucial in addressing NTDs. In addition, high-level commitment to MDA campaigns, advocated and enabled by WHO, has been essential in countries such as the Philippines and Samoa - which have achieved significant coverage and progress towards eliminating diseases such as lymphatic filariasis, schistosomiasis and yaws. Strong leadership and multistakeholder engagement have also been crucial. Legislative support and enhanced inter-agency coordination, facilitated by DDC, have further bolstered these efforts, ensuring that NTD control and elimination initiatives are well supported at the highest levels of governance.

Looking ahead

Building on these achievements, future efforts will focus on strengthening health systems, enhancing multisectoral collaboration and leveraging innovations to ensure sustainability. Emphasis will be placed on improving treatment regimens and community engagement for TB with WHO's continued support, expanding confirmatory testing and strategic information systems for HIV, hepatitis and sexually transmitted infections. and scaling up targeted interventions for malaria elimination.

High immunization coverage and robust surveillance systems, promoted by WHO, will be maintained. The focus will remain on reaching zero-dose children and closing immunity gaps. Integrated service delivery models will continue to be prioritized, leveraging immunization as an entry point for sustainable health systems. DDC will continue to support the expansion of impactful NCD interventions and the sharing of best practices to accelerate progress towards NCD goals.

Committing to health equity, multisectoral action and community empowerment, as advocated by WHO, will guide efforts to make the Western Pacific the world's healthiest and safest region. The new regional vision – expressed in Weaving Health for Families, Communities and Societies of the Western Pacific Region - will drive progress towards health equity and reaching the unreached, contributing significantly to the global health agenda.

Healing hope – the story of Anna Mary in Papua New Guinea

Anna Mary is an 11-year-old girl residing in a remote village located on the riverbank around Milimata in the Kandrian District of West New Britain Province, Papua New Guinea. Despite her usual cheerfulness and love for attending school and playing with friends, she has been miserable for six months. Her village is two hours' walk on an unpaved road to the nearest health centre, which. unfortunately, is not functional due to ongoing tribal conflict.

Anna Mary had been suffering from painful yaws lesions that spread across her face, making her unable to play or go to school.

Her parents were extremely worried as her condition worsened. Without proper diagnosis and treatment, they were losing hope.

The plight of Anna Mary is not unlike the struggles that many face in her community. Access to health care is limited, and neglected tropical diseases such as yaws often go untreated.

Yaws is a communicable skin disease that affects the poorest of the poor and the most vulnerable communities. Five countries in the Western Pacific Region are endemic with yaws, with Papua New Guinea carrying the highest burden of yaws in the world.

For Anna Mary, hope came calling in December 2023. With the support of

WHO, the Government conducted an integrated mass drug administration (MDA) campaign simultaneously targeting yaws and four other neglected diseases: scabies, trachoma, soil-transmitted helminthiasis and lymphatic filariasis. WHO's involvement in the MDA was pivotal, ranging from support in nationallevel planning to local microplanning, social mobilization, drug supply and implementation. The Government administered the campaign, bringing much-needed medical assistance to Anna Mary's village and many others in similar remote locations.

For Anna Mary, the mass chemoprophylactic campaign allowed her to be a kid again. She recovered from the pain, and her lesions began to disappear. She joyfully returned to school and resumed playing with her friends.

These health services cost approximately US\$ 4 per person, and they significantly reduced the burden of the five endemic diseases and their impact on the most vulnerable, the most impoverished, and the most unreached people in the Region.

Through its unwavering support and strategic focus on reaching the unreached, WHO continues to support Member States to ensure that no one is left behind in pursuing health for all and reducing the suffering of the most vulnerable by controlling and eliminating endemic diseases.

Programme helps Filipinos better manage NCDs

Jone Satorre reminisces fondly about when he was a logistics officer and was able to provide for his family, before a stroke in 2018 changed his life.

The stroke left him with muscle weakness and memory loss, making daily tasks difficult. He did not have enough money to seek medical help to care for his bedridden mother, nor could he meet his family's needs.

Mr Satorre's story highlights the impact of noncommunicable diseases (NCDs) in lower-middle-income countries such as the Philippines. He is one of more than 12 million Filipinos – one out of every 10 people

 diagnosed with hypertension. Also known as high blood pressure, hypertension is one of the leading global risk factors for cardiovascular diseases and other NCDs.

To support the Philippine Government in reducing premature mortality and morbidity due to cardiovascular diseases, the WHO Representative Office in the Philippines, in partnership with Resolve to Save Lives, launched the Healthy Hearts Program in Western Visayas in central Philippines.

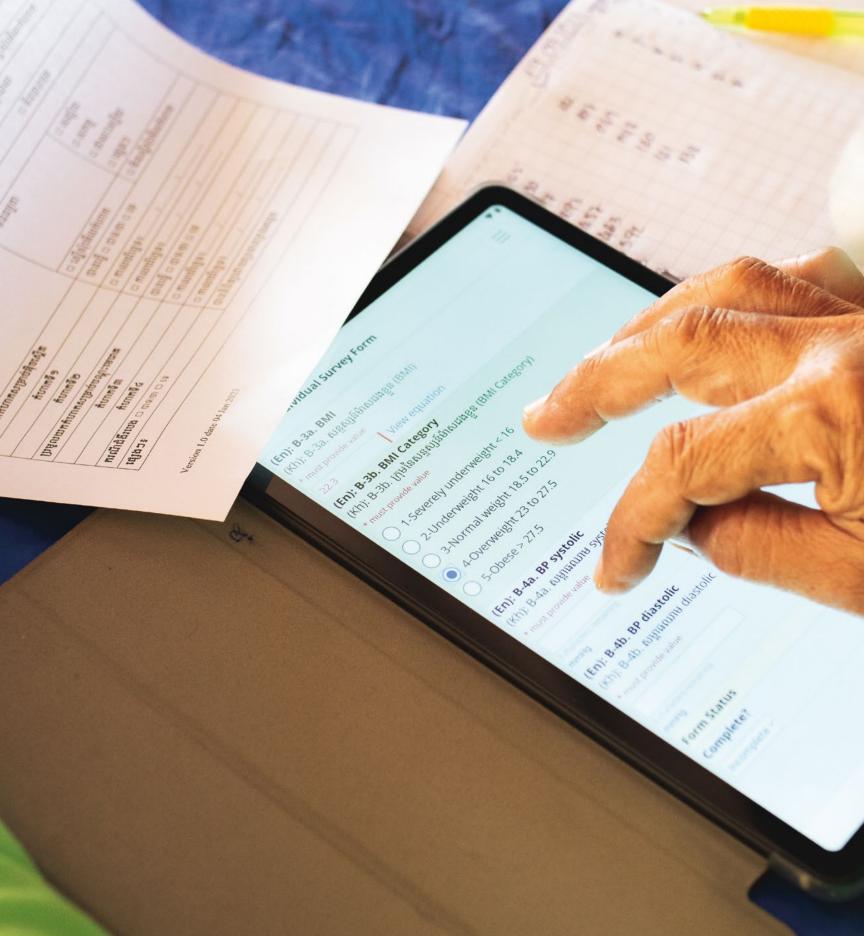
Now Mr Satorre has access to medical care to control his hypertension. Despite the challenges of the

COVID-19 pandemic, the programme has continued to progress. With strong support from the Department of Health Western Visayas Center for Health Development, the programme has been expanded to 67 municipalities in the provinces of Aklan, Antique and Iloilo.

The WHO-supported Healthy Hearts Program will continue to work with partners and communities to reduce the burden of cardiovascular diseases while promoting the importance of early diagnosis, management and community support in combating NCDs.



After checking Jone Satorre's blood pressure, a community health worker in San Joaquin, Iloilo, the Philippines, asks him about his diet and the medicines he takes in October 2022.



3

Data, Strategy and Innovation group

The Data, Strategy and Innovation group at the WHO Regional Office for the Western Pacific drives transformative action to achieve universal health coverage (UHC) and better health outcomes by employing a future-oriented lens and evidence-driven approaches that are supported by data, digital technology, science and innovation.

The Technical Advisory Group (TAG) on Universal Health Coverage, which guides WHO support to Member States in the Western Pacific Region on their journey towards UHC, has called for the expanded use of foresight methodologies – an approach that anticipates potential future scenarios in support of long-term decision-making – in the development of future-ready health plans and strategies.

In consultation with Member States. experts and partners over the past year, DSI developed the draft Regional Action Framework on Digital Health in the Western Pacific, which the WHO Regional Committee for the Western Pacific will consider for endorsement in October 2024. WHO also worked over the past year to cultivate the research and innovation ecosystem in the Region and national capacities for harnessing the power of science and health innovation. This was accomplished by implementing the *Regional Health* Innovation Strategy for the Western Pacific, as well as World Health Assembly resolution WHA75.8 (Strengthening clinical trials to provide high-quality evidence on health interventions and to improve research quality and coordination)

and the recommendations of the WHO Science Council contained in Accelerating Access to Genomics for Global Health: promotion, implementation, collaboration, and ethical, legal, and social issues: a report of the WHO Science Council.

Reaffirming UHC commitments

Two of every five people in the Western Pacific Region lack access to essential health services, according to *Tracking Universal Health Coverage: 2023 global monitoring report.*This translates into a staggering 782 million people struggling to access basic health care. Additionally, one in five people in the Region are incurring catastrophic out-of-pocket health expenses, spending 10% or more of their household budget on such expenses.

A health worker in a rural clinic in Cambodia transitions from paper-based to electronic recording of data on a mobile device, thus improving the quality of data collected and supporting real-time information-sharing.



Unfortunately, regional progress to achieve UHC by 2030 has been interrupted by a series of public health emergencies and socioeconomic and structural constraints. These constraints include disruptions caused by the COVID-19 pandemic, wavering political commitments, limited country capacity to advance UHC, health workforce shortages, fragmented health systems and inadequate policies to address financial protections. To respond to these challenges, WHO in the Region has strengthened the advisory role of the UHC TAG, developed evidence on how investments in UHC build resilient health systems and enhance emergency responses, and initiated work on UHC country diagnostics to identify the barriers and actions to advance UHC at the national level.

The TAG, which was granted an enhanced role in July 2023, advocates for the integration and synergy of public health programmes and agendas under the umbrella of UHC. At its Country diagnostics posters developed by WHO summarize each country's progress towards universal health coverage, helping to inform and guide their actions to accelerate progress at country and regional levels.

inaugural meeting in September 2023, the TAG solidified a strategic approach for collaboration between the WHO Regional Office for the Western Pacific and WHO country offices, while underscoring the need to improve evidenceinformed and tailored guidance at the country level.

Following recommendations from the inaugural meeting of the UHC TAG, WHO developed Advancing Universal Health Coverage in the Western Pacific Region: UHC Implementation Guide, with the support of key experts. The Guide offers a systems approach to planning, implementing and monitoring country interventions to transform health

systems to advance UHC. Additionally, UHC diagnostics were developed for 27 countries in the Region to guide tailored interventions and country support. A resulting diagnostic report presents trends and patterns of UHC progress at the regional and country levels and reveals underlying facilitators and barriers to UHC.

According to the report, the Western Pacific Region saw mixed progress over the past 20 years: improving service coverage but worsening financial protections. The report lists several facilitators for the progress in the Region, including social insurance systems and innovative tax structures, an increase in the number of health professionals and community health workers, the expansion of digital health and transformative primary health care, and growing political commitment.

Based on country data and analyses of health systems and socio-demographic factors, UHC country diagnostics provided evidence for key interventions to accelerate UHC progress, including recommendations regarding governance and stewardship, health information systems, access to essential medicines, human resources for health, service delivery and health financing.

Building on these recommendations, the seventh UHC TAG meeting was convened in April 2024, with a focus on examining the current situation and priorities at the country and regional levels. Meeting participants identified cross-programmatic enablers, strategies and innovative approaches to transform health systems for UHC and provided policy recommendations to accelerate UHC progress and achieve the health-related targets of the Sustainable Development Goals (SDGs) by 2030.

Four key UHC accelerators were identified:

- 1. Enhance country-specific focus and impact for advancing UHC through the collaborative efforts of WHO and the UHC TAG.
- 2. Prioritize primary health care as the foundation for
- 3. Increase health investments to build a fit-for-purpose and future-ready workforce.
- 4. Expand digital health initiatives to harness the power of data science to support well-informed decision-making.

Future-proofing health systems

Strategic foresight is essential for health systems to anticipate and respond to future disruptions, and its utilization will help make those systems more resilient. Capacity-building was strengthened across technical divisions at the WHO Regional Office and country offices through training and coaching on strategic foresight for planning, programming, policy development and investment for health. In addition, the WHO 75th anniversary celebration provided an opportunity to look at successes and envision greater public health achievements for the future in the Western Pacific Region.

In March 2024, a series of webinars – Your Health *Today and Tomorrow* – was launched, featuring expert perspectives on health priorities in the Western Pacific Region. Topics included transformative primary health care for UHC, responsive and climate-ready health systems, resilient communities and societies, and healthier people throughout the life course. In April 2024, decision-makers and partners from across the Region gathered to discuss the role of futures thinking – a future-centred approach to long-term planning based on an understanding of the factors driving various possible future scenarios. Dialogues were conducted to envision the future of health and identify future health scenarios.

This approach is reflected in the new future-oriented vision for the work of WHO with Member States in the Western Pacific Region from 2025 to 2029, which is set to be presented to the Regional Committee in October 2024: Weaving Health for Families, Communities and Societies of the Western Pacific Region: Working together to improve health and well-being and save lives. The strategic foresight approach also played a role in the development of the draft Cambodia-WHO Country Cooperation Strategy 2024-2028, a future-ready strategy that promotes health and well-being and builds health resilience.

At the country level, WHO employed the foresight methodology to tailor its support to the needs and priorities of Member States. In China, working as one team, WHO used strategic foresight to develop a salt-reduction strategy. with a specific emphasis on processed foods and public food procurement. A workshop was conducted in September 2023, bringing together various stakeholders, including the National

Institute for Nutrition and Health of the Chinese Center for Disease Control and Prevention, Qingdao Agriculture University and Shenzhen Nutrition Society. The session helped project managers look ahead and anticipate how the food landscape in China might change over time, and plan accordingly. Similarly, this approach was used in the development of other regional strategies responding to climate change and the environment, emerging diseases and public health emergencies.

Harnessing the power of data and technology

To strengthen data use across the Region, WHO soon will release Health Statistics in the Western Pacific Region 2023 - Monitoring Health for the SDGs. The report is the third update on regional progress towards achieving the health-related SDG targets, as outlined in the 2016 Regional Action Agenda on Achieving the Sustainable Development Goals in the Western Pacific. The first SDG report, Monitoring Universal Health Coverage and Health in the Sustainable Development Goals: Baseline Report for the Western Pacific Region 2017, was followed by a second report, The Health-related Sustainable Development Goals: Progress Report of the Western Pacific Region 2020.

The 2023 report:

- provides an overview of the Region's progress towards the health-related SDG targets;
- identifies gaps in data and information that are pivotal in assessing the Region's progress towards the goals outlined in the global WHO Fourteenth General Programme of Work 2025-2028;



The WHO workforce and key partners convened at the WHO Regional Office in Manila for a series of "foresight" workshops in April 2024 for World Health Day. Through hands-on activities, they envisioned future health scenarios and created speculative prototypes.

- highlights the Region's new futureoriented vision:
- · provides insight into health inequalities in the Region; and
- describes the status of health information systems in relation to their ability to measure progress towards the SDGs and ways of strengthening those systems for better data to support decision-making.

WHO is also overhauling its Western Pacific Health Data Platform with more advanced capabilities for indicator monitoring and improved data visualization. The platform provides updated data on health indicators, which support interactive dashboards such as the UHC Country Profiles and data-driven publications. WHO also supports countries to

strengthen health information capacity related to workforce capacity, routine health information systems, and civil registration and vital statistics. The *Data Management* Competency Framework for the Western Pacific Region was published by DSI in 2023 to support strategic and sustainable workforce development through the generation, analysis and use of health data.

With support from WHO, the National Department of Health of Papua New Guinea launched in September 2023 the Provincial Health Authority monitoring and evaluation toolkit together with data management competency profiles based on the WHO Data Management Competency Framework. China adapted the Framework, which was officially

launched jointly by the National Health Commission of China and WHO in November 2023.

In addition, tailored technical support was provided to Mongolia, Solomon Islands and Vanuatu to improve the capacity of health information platforms to capture data and report on indicators, as well as improve the timeliness and quality of information from data platforms.

Support was also provided to Tonga to develop and roll out the transition plan for the *International Classification* of Diseases 11th Revision, which provides standardized language for recording, reporting and monitoring diseases and is considered the global standard for diagnostic health information. Support to Solomon Islands resulted in the integration of birth and death notification data from two ministries and data platforms that support improved planning.

Digital health has the potential to improve access to health care, empower people to make more informed decisions on health and enhance the quality of life-saving services. To provide strategic direction to strengthen digital health, the WHO Regional Committee for the Western Pacific endorsed the Regional Action Agenda on Harnessing e-Health for Improved Health Service Delivery in the Western Pacific in 2018.

Since the endorsement, the health and digital landscapes have transformed significantly, marked by the exponential growth of digital health interventions, especially during the COVID-19 pandemic. In August 2023, WHO convened an expert consultation on leveraging digital health as an enabler and change agent for health. Experts from across the Western Pacific Region recommended that WHO develop an updated regional action framework to provide guidance on new and emerging challenges regarding digital health for consideration by the Regional Committee in October 2024.

WHO, with the support of the expert group and in consultation with Member States, developed the draft Regional Action Framework on Digital Health in the Western Pacific. The Framework proposes an overarching vision – countries harnessing digital transformation to enhance people-centric health – and three strategic objectives:

enhanced digital health governance, people-centric innovative technology, and empowered and inclusive actors.

Harnessing the power of science and innovation

WHO utilizes its regional leadership role to harness the best of science and innovation to improve health and promote health for all. This area of work is guided by the *Regional* Health Innovation Strategy for the Western Pacific, endorsed by the Regional Committee in 2023. The strategy outlines priority areas and actions for governments to leverage health innovations to solve problems, accelerate impact and shape the future of health and well-being. To showcase how the public sector can lead health innovation, WHO released two publications: Bringing High-impact, Good-quality and Low-cost Eye Care Closer to Home: A case study of Klinik Katarak-Kementerian Kesihatan Malaysia and A Case Study Compendium: Health innovation in the Western Pacific. The compendium features health innovations in Fiii. the Lao People's Democratic Republic, Mongolia, the Philippines, the Republic of Korea and Viet Nam.

During the October 2023 session of the WHO Regional Committee for the Western Pacific, Member States requested support in developing leadership for health innovation; strengthening local capacity to foster, implement, regulate, evaluate and scale up new solutions to address health and health system challenges; and sharing knowledge for collaboration across the Region.

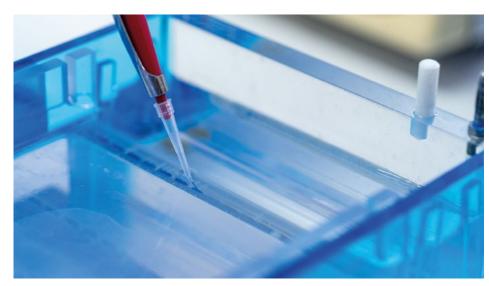
In response, a regional meeting of public sector health innovation institutions was convened in April 2024 in the Republic of Korea to take stock of resources in large economies that could be leveraged to support countries interested in developing health innovation. Forty representatives from public sector health innovation institutions attended the meeting. A consensus was established in which the institutions agreed to align their efforts and contribute to the implementation of the *Regional Health Innovation Strategy for* the Western Pacific. Knowledge-sharing and capacity-building for innovation were identified during the April 2024 meeting as two priority areas for collaboration.

WHO is establishing a network and building capacity to assist Member States in the Region to participate more in the digital health revolution. WHO was encouraged to engage lower-middle-income countries in the Region to

identify needs for capacity-building for innovation and use the convening power of WHO to foster knowledgesharing and learning. In response, WHO will provide technical support to Member States to integrate digital health solutions into national digital health strategies and plans through a coordinated multi-stakeholder and multisectoral approach.

Research and evidence are needed to sustain and scale up public health innovations. By convening a regional expert meeting in March 2024 in Malaysia on strengthening clinical trials, WHO raised awareness on the significance of generating highquality evidence through clinical trials. Twenty-three experts from 15 Member States attended the meeting to discuss cross-cutting challenges and recommendations to strengthen clinical trials at the domestic and regional levels. The meeting reached a consensus on building clinical research capacity for health systems strengthening and fostering collaboration among institutions in Member States. The experts also committed to support the Organization in strengthening the systems approach to clinical trials, engaging stakeholders to identify entry points, bolstering WHO capacity to identify and amplify best practices of well-designed clinical trials, and gauging needs across countries.

Similarly, the first regional expert meeting on accelerating access to human genomics for public health was convened in April 2024 in Manila. WHO provided the first platform for shared perspectives on equitable access to human genomics



Molecular techniques to decrypt the genetic code, such as gel electrophoresis (pictured), could transform health care by better identifying people and communities most likely to benefit from life-saving treatments. WHO is developing guidance for human genomic initiatives for public health in the Region and supporting governments in overcoming barriers to implementation, especially in less-resourced settings.

and urged the development of ethics and evaluation frameworks to inform policy-makers about investments in human genomic technologies. Experts at the meeting also recommended that WHO review regulatory policies on human genomics across the Region to inform country-level policies and promote best practices and case studies on human genomic initiatives in related investment proposals. Other strategic accelerators identified to improve access to human genomics in public health include regional dialogues targeting stakeholders to set unified goals for collaborative efforts, as well as frameworks for initiating, implementing and evaluating programmes for the equitable access to human genomics in lower-middleincome countries.

Looking ahead

DSI will strive to sustain and enhance the role of data, strategy and innovation in the Western Pacific Region and its contribution to the Region's shared vision for WHO work with Member States. Advocacy efforts will continue to strengthen planning and programming for better health outcomes using both a systems approach and strategic foresight.

Similarly, digital technology, science and innovation will support the discovery and implementation of novel ways to transform primary health care to achieve UHC and climateready and responsive health systems. WHO also will continue to support Member States in developing and implementing strategies that will lead to the achievement of UHC.

Improving information systems in Solomon Islands

Solomon Islands records about 23 000 births and 4200 deaths annually. More than three out of four births occur in health facilities, but only about one in six (16%) deaths are reported through the health system.

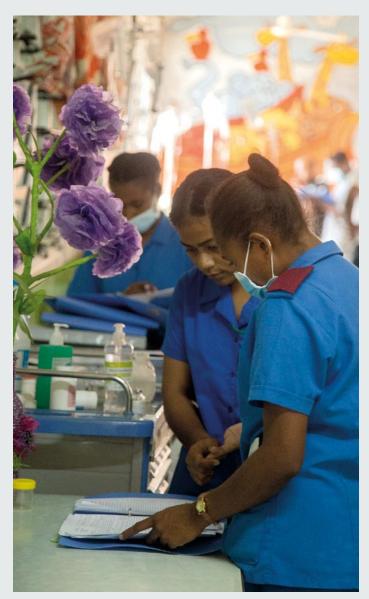
Details of these births and deaths are captured through health facility notification forms and are entered into the Health Management Information System, an essential building block for health system strengthening. At the same time, the Civil Registration and Vital Statistics System, managed by the Ministry of Home Affairs, captures records of births, deaths and other data, including marriages, divorces and migration. However, the two systems are not linked, and both fail to capture all births and deaths.

Many developing countries face the same issue: health information systems and civil registration systems operate in isolation, leading to incomplete mortality data required to support health, development, human rights and good governance.

To address the issue, WHO and the United States Centers for Disease Control and Prevention are supporting efforts to introduce system-level interoperability so that the health management information system and the Civil Registration and Vital Statistics System seamlessly share data, in particular death notifications and registrations.

The Ministry of Home Affairs enters data on all births in its own system, which exchanges the data with the system maintained by the Ministry of Health and Medical Services. Meanwhile, all death notification data entered in the Home Affairs system are automatically exchanged with the Health and Medical Services system.

This eliminates the need for both ministries to duplicate efforts in data entry and enables them to dedicate precious human resources to other priorities. This initiative is being tested in Solomon Islands before being rolled out in other Member States facing the same issue.



Nurses at the National Referral Hospital in Honiara review records that will be added to the integrated electronic system. WHO is working with the Government of Solomon Islands and partners to introduce integrated systems that share birth and death records across ministries.



4

Division of Healthy Environments and Populations

In the Western Pacific Region, the majority of the disease burden has shifted to noncommunicable diseases (NCDs), placing a significant strain on health systems and impacting the sustainable development of WHO Member States. This is further compounded by population ageing, leading to increases in the incidence and complexity of NCDs. To meet this challenge and produce better health outcomes, social and physical environments where people live, play and work must be improved.

The Division of Healthy
Environments and Populations
(DHP) at the WHO Regional Office
for the Western Pacific works to
address the root causes of ill health
by supporting Member States in
a transition from "sick systems" –

health systems focused on treating disease – to "health systems" that promote health and advocate for healthy environments.

To enable this transformation, DHP facilitates the development of technical guidance, fosters knowledge exchange and capacity-building, promotes cross-sector collaboration, and supports countries in adapting and implementing evidence-based policies and strategies.

DHP's work centres on reducing risk factors for NCDs and injuries and addressing health issues related to the environmental, social and commercial determinants of health, while also promoting healthy ageing and creating healthier, more equitable communities. In addition, the Division

is advancing Healthy Settings, the settings-based approaches to health promotion, by fostering Health Promoting Schools, Healthy Cities and Healthy Islands.

Through this work, DHP has contributed to the global WHO *Thirteenth General Programme of Work 2019–2023*. The Division's ongoing efforts will further the Western Pacific Region's vision of health for all as contained in *Weaving Health for Families, Communities and Societies of the Western Pacific Region: Working together to improve health and well-being and save lives, which is to be presented to the Regional Committee in October 2024.*

Preventing NCDs

WHO in the Region engages in highlevel advocacy and policy dialogues

A student is served a healthy and locally sourced meal at the Seventh-Day Adventist School in Port Vila, Vanuatu, as part of the Government's national school health programme, supported by WHO.

with Member States to address NCD risk factors. These efforts focus on addressing use of tobacco and nicotine products, unhealthy diets, alcohol consumption, and violence and injuries.

The Organization has adopted a comprehensive wholeof-government approach to NCD prevention, facilitating enhanced multisectoral coordination and collaboration by engaging representatives from various government sectors - such as agriculture, commerce, education, finance and health - in addressing NCD risk factors. WHO also supports Member States in developing and updating national NCD plans and strategies in countries including the Lao People's Democratic Republic, Mongolia and Solomon Islands. To further these efforts, WHO in the Region has established an NCD Technical Advisory Group to offer guidance on overcoming challenges and accelerating action for NCD prevention.

In addition to collaboration with Member States, WHO has significantly strengthened partnerships with media and civil society to bolster public awareness of NCD risk factors and support evidence-based policies. These efforts aim to enhance community outreach and involve all of society in promoting health and preventing diseases, ensuring a more robust response to NCDs.

Enhancing tobacco control

WHO in the Region has aided countries in building a robust local evidence base to enhance tobacco control measures. In Malaysia, WHO supported monitoring of the availability, accessibility and affordability of electronic nicotine delivery systems (ENDS) and electronic non-nicotine delivery systems (ENNDS), leading to the enactment of the Control of Smoking Products for Public Health Act 2024. The law prohibits ENDS sales to minors, mandates health warnings and bans the use of ENDS in non-smoking areas. In the Lao People's Democratic Republic, WHO's research support facilitated the adoption of plain packaging for tobacco products in May 2024. Similarly, in Cook Islands, WHO's guidance - based on the latest scientific evidence and regional experience – informed policy changes, resulting in the adoption in May 2024 of the Tobacco Products Control Amendment Act.

To expedite the adoption of tobacco tax measures, WHO designed the Western Pacific Regional Tobacco Tax

Leadership Programme, facilitating critical dialogue between the health and finance sectors. The training programme brought together representatives from 10 countries. Following the training, the Marshall Islands increased the share of so-called "sin tax" revenue from import duties that are allocated to health programmes. Furthermore, the chief of revenue and taxation joined the NCD task force, promoting enhanced collaboration among the sectors to support health-promoting fiscal measures.

To enhance multisectoral collaboration for tobacco control, WHO in April 2024 held a Workshop on Addressing Interference by Tobacco and Related Industries in the Western Pacific Region for government representatives from the health, education and finance ministries, as well as the civil service. These representatives jointly developed a strategic workplan to implement policies promoting good governance and protecting tobacco control efforts from vested interests.

Advancing alcohol control

WHO has supported multisectoral collaboration and has strengthened capacity for evidence-based alcohol control interventions in five Member States with high or increasing rates of alcohol consumption: Cambodia, the Lao People's Democratic Republic, Mongolia, the Philippines and Viet Nam. Representatives from various government sectors, including health, finance, transportation, education, and industry and commerce, participated in a capacity-building workshop. During the workshop, they shared perspectives and experiences, and collaboratively developed individual national strategic plans to reduce alcohol consumption. Following the workshop, WHO provided direct support to Member States in developing alcohol control policies. Cambodia, through effective coordination and collaboration among the health, education and sports sectors, banned alcohol marketing and sales around schools, sports venues and at sports events - an important step towards denormalizing alcohol in the country.

Combating childhood obesity and promoting healthier food environments

WHO is working towards the prevention of childhood obesity by supporting Member States to develop and implement nutrition labelling policies and higher taxes on sugarsweetened beverages, as well as policies to protect children from the harmful impact of food marketing, including the International Code of Marketing of Breast-milk Substitutes and the Baby-friendly Hospital Initiative. These initiatives are underway in Brunei Darussalam, Cambodia, China, Malaysia, the Philippines, Tonga and Viet Nam, as well as Pacific island countries and areas.

WHO also facilitated the promotion of healthy diets through efforts to reduce salt and sugar consumption and to eliminate industrially produced trans-fats from the food supply. These efforts involved supporting the development and implementation of national policies or strategies to promote healthy eating, alongside advocacy and strategic communication initiatives directed at the public and media in countries including Brunei Darussalam, Cambodia, China, Malaysia, the Philippines and Viet Nam.

Preventing violence and injuries

WHO supported countries in enhancing their capacities to prevent road traffic injuries, drowning and violence. A workshop on improving road safety through vehicle regulations was organized involving health and other authorities from China, Malaysia and Viet Nam. Work in countries also includes technical support provided to Kiribati during its revision of the Highway Protection Act and the provision of road safety training to local partners. WHO supported Member States in strengthening multisectoral data collection towards a comprehensive understanding of national efforts on drowning prevention. The Organization is also supporting countries to take stock of their interventions to stop violence against children, to be shared at the First Global Ministerial Conference on Ending Violence Against Children in November 2024.

Strengthening partnerships

WHO enhanced collaboration with civil society and media to advance the NCD agenda, focusing on raising awareness of NCD risk factors, promoting evidence-based interventions, enriching national and local evidence bases, and reaching out to affected subpopulations and communities. The first workshop of the Communicating NCDs Media Training and Fellowship Programme, which took place in December 2023, focused on enhancing the media's capacity for datadriven storytelling to increase awareness of NCD prevention strategies among the public and policy-makers.



A motorcycle rider navigates a large puddle in rural Kiribati, where road safety interventions are particularly important due to limited infrastructure and challenges in enforcing regulations. WHO is working with the Government to revise road safety legislation and train local partners.

Transforming systems to support healthy ageing

The Western Pacific Region is home to more than 240 million people aged 65 and older. This population is projected to double by 2050, posing significant health, social and economic challenges. Addressing the needs of ageing populations is urgent, especially in countries with younger demographics, to mitigate future strains on health and social systems and to turn these challenges into opportunities to benefit all of society. WHO emphasizes early actions to promote lifelong health to ensure well-being across all ages, now and in the future.

WHO supported the development of national policies on healthy ageing in Cook Islands, Palau, the Philippines and Vanuatu by participating in the review process, providing



Older people in Viet Nam enjoy activities at an intergenerational self-help club in their community. WHO is championing this initiative, which enhances community engagement and supports healthy ageing in the Region.

input on policy drafts, advocating for multisectoral coordination and ensuring that various sectors work collaboratively to promote healthy ageing. A regional workshop on long-term care held in Seoul in November 2023 brought together participants from Brunei Darussalam, China, Mongolia and Viet Nam to focus on introducing and strengthening long-term care systems in which health and social services are well coordinated to meet the needs of older people in the community.

WHO also supported Cambodia in implementing a social prescribing programme aimed at connecting the population to non-clinical services in the community, and provided support in conducting surveys on providers to monitor and evaluate the effectiveness of the programme.

The Organization provided tailored support to countries at different stages of implementation of WHO's Integrated Care for Older People (ICOPE) initiative, including the translation

and adaptation of technical materials and guidance, assistance in designing projects, training of service providers, and monitoring and evaluating ICOPE implementation in Brunei Darussalam, Cambodia, China, Cook Islands, Malaysia, Mongolia, Singapore and Viet Nam. The Regional ICOPE Workshop in October 2023, hosted by The Hong Kong Polytechnic University, facilitated cross-learning for Member States including Cambodia, China, Cook Islands, Malaysia and Mongolia. Participants learnt to integrate ICOPE into primary health care and observed community facilities that support older people in maintaining their intrinsic capacity and functional ability.

A regional healthy ageing workshop, Turning Silver into Gold: Capacity-building for Starting Communitybased Integrated Care, held in September 2023, enabled participants from 10 Member States (Brunei Darussalam, Cambodia, China, Cook Islands, Malaysia, Mongolia, Palau, the Philippines, Vanuatu and Viet Nam) to learn from Japan's community-based integrated care systems. Co-organized by WHO and Japan's National Institute of Public Health, participants shared practices and policies, resulting in the development of short- and long-term action plans with strategies to address challenges and enhance successes, along with periodic implementation monitoring.

Tackling health inequities and addressing their drivers

In the Western Pacific Region, health inequities persist across and within countries, influenced by the social determinants of health (SDH), defined as the conditions in which people are born, grow, work, live, play and age, which significantly impact health outcomes. For instance, there is a gap of 21.7 years between countries with the highest and lowest healthy life expectancy, and this has not changed over the last 20 years. Challenges to addressing SDH include limited capacity to monitor, analyse and act on health equity data, and a lack of local-level actions to address the drivers of health inequities. WHO's work in countries aims to address these challenges to ensure health equity among populations in the Region.

The Organization is supporting the enhancement of health equity monitoring in Cambodia, the Lao People's Democratic Republic, Malaysia, Mongolia, the Philippines and Viet Nam by conducting workshops using WHO-developed tools



Women tend vegetable plants in December 2023 in a community garden in Leyte, Philippines. Part of a WHO-supported programme, the initiative aims to address the social determinants of health and health inequities in countries. In addition to eating better, families can sell the vegetables for extra income.

and instruments. This has increased the ability of countries to measure and monitor health inequities and set equity-based targets. WHO also provides technical assistance to develop recommendations for institutionalizing health equity monitoring, mapping health inequities and creating country profiles, resulting in preparedness for institutionalization.

WHO supported 10 countries and areas in the Region in addressing their local SDH context. For example, in the Philippines, WHO convened

local government stakeholders in Tolosa municipality in Leyte province to identify lessons learnt and ways forward to enhance community engagement and Healthy Settings approaches to address SDH. In particular, government stakeholders and collaborating partners strengthened NCD prevention at the local level through quick-win actions, such as the installation of handwashing stations in strategic school locations to promote hygiene, the placement of no-smoking signage to support smoke-free environments, and the cultivation of vegetable

gardens to improve access to healthy food options and food security. Future steps include the expansion of the initiative to other parts of the country and going beyond NCD prevention to address the structural determinants of health.

In Papua New Guinea, WHO provided technical guidance for a revision of the country's 2014 National Health Gender Sector Policy through a situation analysis of gender and health, which is to be presented to the Deputy Secretary for Public Health in June 2024.



A man in Panam Village, Lao People's Democratic Republic, receives a COVID-19 vaccine in 2023 from health workers in the WHO-supported CONNECT programme, which empowers local communities, particularly rural and marginalized groups, to take better care of themselves.

WHO supported the development of school health programmes in the Federated State of Micronesia and Vanuatu, and a plan to revitalize the Healthy Islands vision using equity-based data and evidence. The Organization also supported the Lao People's Democratic Republic in continuing to expand the Community Network Engagement for Essential Healthcare and COVID-19 Responses through Trust (CONNECT) initiative throughout the country to improve equitable access to essential healthcare services through enhanced community engagement. WHO supports the dissemination of these best practices and supports other countries to adopt similar community engagement models.

Addressing climate and environmental determinants of health

Climate and environmental factors impact the health and well-being of every country and area in the Region, with phenomena such as heatwaves, rising sea levels and other extreme weather events exacerbating challenges related to food security, drinkingwater scarcity, and the spread of communicable and respiratory diseases.

WHO has taken several actions to address environmental and climate-related health challenges in the Region. A Member State consultation was conducted to review the progress in implementing the WHO Guidance for Climate-resilient and Environmentally Sustainable Health Care Facilities and to discuss strategies to improve implementation. In addition, a Member State consultation on the implementation

of assessments and actions related to water, sanitation and hygiene (WASH), health-care waste management and environmental cleaning in health-care facilities was also conducted. The consultation emphasized the significance of these areas, the need for ongoing improvements, and the importance of monitoring, tracking and assessing progress. In the Lao People's Democratic Republic, WHO supported the integration of surveillance systems that are based on climate and environmental data, as well as the development of a video presentation aimed at increasing awareness of health and environmental issues. WHO also began the process of conducting health system greenhouse gas emissions assessments in the Lao People's Democratic Republic and Viet Nam.

Six additional countries formally signed on to the health commitments of the 26th Conference of the Parties to the United Nations Framework Convention on Climate Change. By joining the Alliance for Transformative Action on Climate and Health (ATACH), Australia, Brunei Darussalam, Japan, New Zealand, the Philippines and Viet Nam - along with other Western Pacific members Fiji and the Lao People's Democratic Republic - pledged to continue working towards the development of climate-resilient and low-carbon sustainable health systems.

To enhance environmental sustainability within WHO, a methodology was developed to measure the carbon and environmental impact of WHO, including analysis to determine actions that can be taken to reduce the Organization's footprint.

Conclusion: What's next?

Moving forward, the Division will build on successes and work on improving actions to address gaps and challenges by enhancing support for policy development, strengthening evidence-based strategies, fostering multisectoral collaborations and building capacity among Member States. Specifically, DHP will work on:

Advancing efforts to prevent NCDs and injuries and violence

WHO will continue supporting Member States in implementing NCD "best buys" to reduce preventable risk factors, focusing on both policy development and enforcement. In addition, the Organization will support countries in implementing the global action plans to

promote road safety, prevent drowning and protect children from violence. WHO will enhance these efforts by continuing to proactively reach out to non-health sectors, bolstering capacity in data collection and analysis, integrating NCD prevention into primary health care, and engaging communities to develop tailored solutions and innovations.

Furthermore, WHO will strengthen partnerships with WHO collaborating centres to better leverage their expertise, reach and influence in NCD prevention and control. The Organization will continue to enhance collaboration with civil society and media to advance the NCD agenda, focusing on raising awareness of NCD risk factors, promoting evidence-based interventions, enriching national and local evidence bases, and reaching out to affected subpopulations and communities.

Enhancing actions for healthy ageing

To build on previous successes, WHO in the Region will focus on enhancing healthy ageing strategies as outlined in the Regional Action Plan on Healthy Ageing in the Western Pacific. This includes ongoing support for Member States to develop and draft national ageing policies and strategies through technical guidance and stakeholder dialogues. It also involves guiding initiatives such as ICOPE and social prescribing, as well as strengthening the expertise of the health workforce in Member States through workshops and learning visits with the goal of reinforcing the integration of ageing policies into national health agendas. WHO will also strengthen monitoring across health, labour, social and other sectors to identify gaps in data and programmes, thereby informing and enhancing national policies and programmes.

WHO in the Region will also promote healthy ageing as a pathfinder for future societies. Anticipating the inevitability of aged societies and working on age-friendly environments and systems not only supports older adults, but it also promotes the health and well-being of all people in supportive environments throughout their lives. Specifically, WHO will provide support to Member States in developing policies that support living, studying and working at any age, transforming health-care systems to address lifelong health needs, introducing community-based care tailored to individuals, and adopting innovations to reduce health inequities and promote social participation.

Strengthening health equity

WHO will continue to support Member States to build upon their achievements in institutionalizing health equity monitoring and using evidence-based approaches to address SDH. This will involve capacity-building for innovative data collection, analysis and action, while applying an equity lens, establishing national health equity monitoring working groups, and providing technical support in developing health equity profiles. For example, WHO will conduct a capacity-building programme for monitoring health equity via a subregional workshop for Pacific island countries and areas tailored to their specific needs.

WHO will also leverage Healthy Settings initiatives – Healthy Schools, Healthy Cities and Healthy Islands - as platforms for health promotion and drivers of health equity. This will be achieved, for example, by developing indicators to monitor the equitable progress of Healthy Cities and supporting the implementation of the Regional Framework on Nurturing Resilient and Healthy Future Generations in the Western Pacific.

To enhance support to Member States, WHO will prioritize a delivery-for-impact approach and consolidate support through enhanced multisectoral collaboration and systematic integration of equity and SDH into the Organization's work with local governments and communities.

Improving the response to health and environmental issues

WHO will continue assisting Member States in identifying health risks from environmental determinants and developing enabling frameworks to address these risks. It will also strive to increase the current membership of ATACH, and work to support the development of funding proposals.

Furthermore, WHO plans to accelerate efforts on climate change, the environment and health through building on the outcomes from the two consultations with Member States: one on climate-resilient and environmentally sustainable health-care facilities and systems; and the other on climate-resilient WASH for health-care facilities. These will also incorporate quidance from the WHO Technical Advisory Group on Climate Change, the Environment and Health.

In addition, WHO will continue to monitor the regional environmental health situation by supporting data collection, defining indicators and developing early warning systems.

Call to action on e-cigarettes (April-May 2024)

Across the globe, the tobacco industry targets children and young people with manipulative advertising and other practices. In the Western Pacific Region, tobacco industry interference remains a major barrier to Member States achieving the Sustainable Developmental Goal target of 30% relative reduction in tobacco use by 2030. The industry has capitalized on regulatory gaps to market their products, including electronic nicotine delivery systems (ENDS) and electronic non-nicotine delivery systems (ENNDS), commonly known as e-cigarettes.

In the Western Pacific Region, an estimated 58 million children and adolescents under 19 years live in countries that do not regulate e-cigarettes. In response, the Regional Director for the Western Pacific, Dr Saia Ma'u Piukala, has become a vocal advocate for stricter controls. At the April 2024 World Health Summit Regional Meeting in Melbourne, Australia, he called on policy-makers to protect children, families and communities from e-cigarettes.



A vendor sells cigarettes in a market in Vientiane, Lao People's Democratic Republic. WHO is working with the Lao Ministry of Health in developing plain packaging legislation that will mandate larger and more impactful health warnings on tobacco products.

The Regional Director reiterated this message during the Region's World No Tobacco Day webinar in May 2024, which focused on "protecting our future from tobacco and related industries". In addition, at the Seventyseventh World Health Assembly in 2024, Dr Piukala urged global health leaders to either prohibit or stringently regulate e-cigarettes as part of a comprehensive tobacco control approach to prevent future generations from suffering addiction and its consequences.



At the World Health Assembly in May 2024, the Regional Director called for stricter regulation or a ban on e-cigarettes to protect future generations from addiction.



Division of Health Systems and Services

The Division of Health Systems and Services (DHS) works with Member States, WHO country offices and partners in the Western Pacific Region to strengthen health systems in the pursuit of affordable and equitable access to health care. Health systems that provide tailored, comprehensive care across the life course are essential.

In most of the Region's health-care systems, however, primary health care (PHC) typically addresses only a select few issues. Thus, it is critical to transform PHC into a more people-centred, life-course approach, emphasizing holistic treatment and patient well-being, through long-term patient-provider relationships, teambased care, integrated and accessible medical information, and transparent

and inclusive governance that fosters community participation. Transforming PHC is key for ensuring the Region's progress towards universal health coverage (UHC) and the 2030 Agenda for Sustainable Development. DHS employs a three-pronged, fit-forpurpose approach that focuses on: (1) foundational frameworks:

- (2) intelligence generation; and
- (3) transformative impacts to support Member States.

Foundational framework support focuses on governance, law, regulation and strategic guidance. Intelligence generation initiatives support the production of evidence for the public good to generate interest, raise awareness and quide policies. Transformative impacts encompass the delivery of PHC-oriented health

systems, equitable access to qualityassured medicines and health products, sustainable health financing and a prepared health workforce that meets the population's health needs.

PHC for the future

The WHO Regional Committee for the Western Pacific in October 2022 endorsed the Regional Framework on the Future of Primary Health Care in the Western Pacific. Since that time, WHO has supported countries to identify and implement strategies for PHC reform. WHO provided direct technical assistance to Member States - including Fiji, the Lao People's Democratic Republic, Malaysia and Papua New Guinea – to align models of care and the organization of services to meet today's health needs and fiscal and contextual realities.

(Opposite page) A community nurse in Malaysia makes house calls for mothers and babies during their first six weeks of life, providing support to mothers and ensuring that children have a healthy start.



Village chiefs and a local health worker conduct a mapping exercise in BanBor, Lao People's Democratic Republic, where WHO supports the Ministry of Health to pilot a project using geographic and demographic information to improve planning and resource allocation in health facilities.

WHO also engaged in high-level advocacy with parliamentarians from Asia and the Pacific to garner legislative support for national PHC reforms during the Seventh Meeting of the Asia-Pacific Parliamentarian Forum on Global Health in Mongolia in August 2023. Participants discussed evidence-based entry points and pathways for strengthening PHC policy and the promotion of PHC beyond the health sector. They also exchanged knowledge on leveraging core functions for local opportunities.

With WHO support, the Lao Ministry of Health began a pilot project in two provinces to improve strategic

planning and resource allocation, specifically at the health-centre level, focusing on availability, equity and quality improvement. Using a geographic information system, the exercise mapped data on demographic and socioeconomic status, the locations of health centres, healthcare service use and human resources. for health.

The mapping exercise identified health facilities for investment, closure and repurposing, as well as the redistribution of human resources at the district level. The Ministry has since scaled up mapping to all 17 provinces. The data will contribute

to enhancing health-care facility infrastructure and availability of qualified health workers, leading to improved community trust and quality of services at the health-centre level.

In Fiji, rising noncommunicable diseases (NCDs) represent the largest burden of morbidity and mortality and demands on PHC. Senior political leadership from Fiji attended the August 2023 Parliamentarian Forum, as well as a workshop on the regional PHC framework. As a result, WHO supported the Ministry of Health and Medical Services to transform the national PHC system into a stronger, more resilient and sustainable health system.

To initiate the transformation process, Fiji conducted a stocktaking exercise of its PHC system. Subsequent community consultations in all provinces and high-level discussions with key stakeholders identified entry points for implementing PHC reforms and defined the reform process.

While Malaysia has achieved relatively good health outcomes, challenges in recent decades have strained the national health system. The Government initiated an ambitious reform of the health system to meet changing needs. WHO provided extensive support to the Government to develop and draft a reform policy document, the *Health* White Paper for Malaysia, approved by Parliament in June 2023. The paper identifies pathways for reforming the health system to respond to current health challenges and ensuring greater equitability, sustainability and resilience.

Transforming the health workforce

A well-performing health workforce is central to the resilient health systems that are required to address today's challenges, including NCDs, ageing and unreached populations. To address these challenges, the Regional Committee for the Western Pacific in October 2023 endorsed the Regional Framework to Shape a Health Workforce for the Future of the Western Pacific. The Framework analyses bottlenecks underlying health workforce challenges, sets directions for regional and national-level dialogues to transform and strengthen the health workforce to be fit for the future. The Framework also highlights five strategic action areas towards a PHC-oriented health workforce.

To realize this vision, WHO organized the Training Workshop on Strategic Human Resources for Health Management in the Pacific Island Countries and Areas in Fiji in October 2023. The workshop enhanced governance and stewardship functions, and agreement was reached on action points for transforming and strengthening the Pacific island health workforce.

In Papua New Guinea, WHO supported the development of a stronger evidence base, enabling senior national leaders to implement new policies for improving recruitment processes. This will lead to annual increases of 5% in health workers through 2027, according to projections.

WHO also accelerated Region-wide support to strengthen the nursing and midwifery workforce, given their essential



The Programme Manager for Immunization at Fiji's Ministry of Health and Medical Services talks to a nurse during a routine visit as part of actions towards developing a primary-health-oriented health workforce.

role in health systems and in the PHC approach to achieving UHC. Following a two-decade break, WHO re-established a regional platform for government nursing and midwifery officers, facilitating experience-sharing and discussions of priorities and lessons learnt for strengthening and retaining nurses and midwives. This stimulated Member State efforts to increase nursing leadership, including sending nursing representatives to the World Health Assembly in May 2024.

Health financing for UHC

Despite impressive progress throughout the Region towards achieving UHC in recent decades, health financing challenges persist across Member States. Critically, the incidence of household catastrophic health expenditure, as defined by Sustainable Development Goal indicator 3.8.2, has risen considerably among the Region's Asian countries. Concurrently, a weaker economic environment, combined with demographic transitions and emerging threats, will likely reduce public funding for health. Advancing the UHC agenda against this backdrop will require urgent action by Member States and development partners to sustain and increase public investment in health and to utilize public resources more equitably and efficiently.



A health worker searches for medicine at a pharmacy in Beijing Chaoyang Hospital, Capital Medical University, Beijing, China.

In 2023, WHO published the first regional monitoring report on UHC, Progress towards Universal Health Coverage: Monitoring financial protection in the Western Pacific Region. The report identifies how far off track the Region is in reducing financial hardship due to health spending. The most vulnerable, including the poor, elderly people and rural households, are most affected. The cost of medicines is the main driver of out-of-pocket spending and the resulting financial hardship. Complementing the monitoring report, WHO is developing a draft regional framework on health financing to be presented to the Regional Committee in October 2024. The framework will consolidate lessons learnt and set strategic directions for future reforms to curb the worsening trend of financial protection.

WHO is supporting Mongolia to implement and evaluate its ongoing multidimensional health financing reforms across all levels of care to advance towards achieving UHC. These reforms include increases in the budget allocated and funnelled into PHC, the pooling of resources into a single fund, the creation of a central purchaser in the health insurance general office or agency, the expansion of benefits packages and changes in the payment modalities for health facilities contracted by the health insurance general office or agency. WHO supported the

establishment of policy and dialogue spaces, as well as evidence generation, to refine the reforms and address implementation bottlenecks. In 2024, WHO supported a progress review of the reforms, which included data collection, informant interviews, and a report to inform monitoring and evaluation plans and next steps.

Modernizing health legislation

Member States have actively engaged in the review and reform of health system legislation as part of prudent health system stewardship and governance.

In 2022, Papua New Guinea reinvigorated a once-in-20year review of the legislation establishing health system governance and service delivery. It resulted in Cabinet approval for a series of policy proposals in December 2023. A key legislative proposal with immediate impact included the updating and reform of the law establishing the principal health service delivery entity, the Provincial Health Authority system. It addresses a previously fragmented health system in which hospital services were provided by the national Government and public health services by provincial governments. This reform will better deliver a one-systemthat-serves-all approach, with necessary financing, workforce and accountability arrangements to support its proper functioning. WHO provided technical support to the National Department of Health throughout the process.

In the wake of the COVID-19 pandemic, Cook Islands, Nauru and Vanuatu recognized that their public health laws were not fit for purpose. WHO supported and worked alongside ministry of health representatives to review and reform national legislation. All reviews progressed throughout the reporting period, including in Cook Islands, where Parliament passed the Public Health Act 2024. The new law includes stronger and clearer authority to respond to health risks and health emergencies, necessary powers that are tempered by rights protections and better health security support and preparedness. WHO is now supporting the implementation strategy and development of regulations.

In 2019, Solomon Islands initiated action to reform legal frameworks and establish health system governance, work that was paused due to the pandemic. Recent leadership changes in the Government and Ministry of Health and Medical Services restarted efforts. WHO supported Ministry consultations with counterparts in the Government and other stakeholders for the policy development processes. The completed review process addressed policy and function fragmentation between government levels and updated the governance arrangement for the health system. WHO continues to support the process, which will be tabled in Parliament.

Accelerating access to medicines/vaccines

WHO supports Member States to improve access to safe, effective, quality essential health products through strengthening national regulatory systems, supporting evidence-based selection, facilitating price transparency, improving procurement and supply chain management, and promoting rational use. WHO's approach to regulatory system strengthening involves a stepwise iterative process that includes benchmarking of the national regulatory system, formulation of an institutional development plan, provision of technical support and monitoring of progress. Over the last year, WHO supported the Lao People's Democratic Republic, Malaysia, the Philippines and Viet Nam to participate in the WHO benchmarking process.

On 31 October 2023, WHO announced the first three national regulatory authorities (NRAs) to achieve the status of a WHO-listed authority, recognizing their advanced level of performance. Two of these are in the Western Pacific Region: the Ministry of Food and Drug Safety in the Republic of Korea and the Health Sciences Authority of Singapore. NRAs in other countries may leverage their regulatory actions and decisions to strengthen their own regulatory capacity and improve efficiency using reliance mechanisms.

Following a spate of incidents of oral liquid medicines contaminated by ethylene glycol or diethylene glycol, WHO conducted a series of webinars for regional NRAs on methods for detecting ethylene glycol and diethylene glycol. WHO is also working with national Global Safety Monitoring System focal points to strengthen reporting of substandard and falsified medicine incidents to the global system.

WHO supports Member States to revise their national essential medicines lists to ensure evidence-based selection and prioritization based on health system needs. WHO supported updates of the essential medicines lists in Cambodia and Fiji in line with national treatment guidelines and protocols, the WHO Model Lists of Essential Medicines for adults and children, and the WHO Access, Watch, Reserve (AWaRe) classification for antibiotics.

Tackling AMR to save lives

Regionally, infections with drug-resistant bacteria are projected to result in up to 5.2 million deaths and US\$ 148 billion in excess economic costs between 2020 and 2030. To reduce the impact of antimicrobial resistance (AMR) and in line with the 2015 Global Action Plan on Antimicrobial Resistance, 22 of 27 countries in the Region are implementing national AMR action plans. WHO supports Member States to implement plans with a fourpronged approach that includes antimicrobial consumption surveillance, antimicrobial stewardship, AMR surveillance and AMR outbreak response preparedness.

Measuring and analysing antimicrobial consumption at the national and health-facility levels provides a proxy for antimicrobial use and informs antimicrobial stewardship strategies for combating AMR. WHO developed the Western Pacific Region Antimicrobial Consumption Surveillance System to facilitate Member State antimicrobial consumption monitoring. To date, 16 Member States are using the system to gain insights into antimicrobial consumption at national and health-facility levels.

WHO also provides direct technical support and guidance to Member States to establish, evaluate and strengthen AMR surveillance systems. These systems are vital for estimating the AMR burden, identifying emerging threats and detecting AMR outbreaks. In 2024, WHO published Guidance on Establishing National and Local AMR Surveillance Systems in the Western Pacific Region and supported Brunei Darussalam, Cambodia, Fiji, Malaysia, Mongolia and the Philippines in reviewing and strengthening national AMR surveillance systems and laboratory capacity.

In Mongolia, WHO visited several hospitals and participated in a round-table discussion on strengthening the national-level response to AMR, resulting in practical recommendations for limiting the impact of AMR.

During the reporting period, the Government of Japan initiated the development of a joint position paper to bring the voice of the Asia Pacific region to the United Nations

General Assembly High-level Meeting on Antimicrobial Resistance in September 2024. The paper – which focuses on the urgency of addressing AMR in the human health sector and expresses the collective determination to accelerate action - was presented at a ministerial side meeting WHO convened in Geneva during the World Health Assembly in May 2024. As of 30 June, a total of 30 of the 48 Asia Pacific Member States have endorsed the call to action.

Reducing maternal and child deaths

Despite high regional coverage rates in 2023 for antenatal care and births attended by skilled birth personnel (98%), global estimates from 2000 to 2020 revealed that maternal mortality reduction has slowed and remains at 44 per 100 000 live births. Moreover, although under-5 child mortality rates declined by 78% between 1990 and 2022, the newborn mortality rate remains high, with newborn deaths representing half of child deaths. In 2022 alone, 100 585 newborn infants died in the Region, averaging one death every five minutes.

Beginning in 2019, WHO has supported nine priority countries - Cambodia, China, the Lao People's Democratic Republic, Mongolia, Papua New Guinea, the Philippines, Solomon Islands, Vanuatu and Viet Nam – to tackle these challenges by providing hands-on facility-based quality improvement for maternal and neonatal care, with 6500 facilities already reached.

In 2024, annual reviews found a high proportion of newborn infants in priority countries had received key Early Essential Newborn Care (EENC) practices, including immediate drying (83%), mother-to-baby skin-to-skin contact (93%) and early breastfeeding (46%). The data collected in these reviews were independently validated. The data will assist both national and regional monitoring of EENC coverage and facilitate planning and decision-making to enhance the quality of care.

In Papua New Guinea, WHO supported national capacity strengthening to scale up EENC for term babies, providing Kangaroo Mother Care for preterm babies and refining maternal and perinatal death surveillance and response mechanisms at the subnational level.

WHO supported the strengthening of quality-of-care monitoring systems in Cambodia and the Lao People's Democratic Republic to address limited regional capacities. Both countries mapped the health management information system landscape, evaluated maternal and newborn care data availability at all levels, and established core indicators for routine quality-of-care monitoring.



Mothers wait for routine check-ups at an antenatal clinic at Tungaru Central Hospital, Kiribati.

Improving quality and safety

WHO supports Member States to implement a comprehensive, structured approach to improve the quality of care and ensure patient safety. The approach begins with a systematic review to identify gaps, including workforce education, governance structures and delivery of care. The review findings inform WHO leadership and governance support for strategic planning for quality improvement; development and updating of policies, standards, laws and monitoring frameworks; practice reviews; and community engagement. This systematic approach facilitates bottom-up health system strengthening and fosters trust and mutual accountability among all stakeholders.

Infection prevention and control (IPC) is crucial for preventing health-care-associated infections. Better IPC with water, sanitation and hygiene practices can significantly reduce hospital infections. In the Lao People's Democratic Republic, WHO is working to address this. With support from the European Union, improvements in IPC were made at 56 health facilities across the country. In September 2023, WHO assisted Solomon Islands to enhance IPC practices in hospital outpatient and emergency departments. Specific support included contributing to a simulation-based IPC quality assessment, coaching, and the review, further development and monitoring of improvement plans in two hospitals.

As a result, several hospital practices have changed, including: the placement of signs at emergency department entrances to safely quide patients with respiratory symptoms; routine replenishing and proper use of point-of-care personal protective equipment and supplies; the segregation of ward waste; and an ongoing review of emergency and outpatient department renovations to comply with essential IPC measures. As requested by the Ministry of Health and Medical Services, WHO will support the nationwide scale-up of this simulation-based quality improvement approach to all nine provincial hospitals in 2024 and 2025.

Safer surgery for stronger health systems

The Action Framework for Safe and Affordable Surgery in the Western Pacific Region (2021–2030) recognizes the key role of strengthening surgical care in the health system - including for health priorities such as NCDs, maternal and child health, AMR and disability, among other priorities – and progressing towards UHC. WHO engages with Member States to improve

surgical care by working with multidisciplinary teams of health workers to strengthen capacity for data use, quality improvement and practice change. Further, WHO supports Member States to improve sterilization of medical devices and prevent surgical site infections.

While critical for reducing the risk of health-care-associated infections, sterilization and decontamination services are often overlooked and underfunded. WHO is supporting Cambodia, Fiji, Mongolia and Solomon Islands to systematically improve sterilization practices. Health workers identify gaps, prioritize problems and use their local expertise to implement solutions. In 2022, WHO supported five hospitals in Cambodia in implementing this systematic approach to improve sterilization. After eight months, nine of the WHO-recommended sterilization standards showed marked improvement, ranging from a 66% increase in the appropriate pre-rinsing of instruments to a 50% increase in the proper labelling of instrument packs. Following this success, a gradual, nationwide scale-up of the approach is planned, with similar activities planned in Fiji.

WHO is also supporting Cambodia to reduce surgical site infections. In March 2024, six health-care facility teams



An infection prevention and control nurse at Muang Khong Hospital, Champasak, Lao People's Democratic Republic, packs medical equipment to be loaded into an autoclave to kill bacteria, viruses, fungi and spores.

were supported to improve processes of care, such as appropriate timing for preoperative antibiotics, reducing unnecessary postoperative antibiotic use and improving preoperative informed consent processes. Improved sterilization practices and reduced surgical site infections are key to strengthening surgical care and contribute towards achieving national health priorities.

APO finds a new home

The Asia Pacific Observatory on Health Systems and Policies (APO) relocated from the WHO Regional Office for South-East Asia to the WHO Regional Office for the Western Pacific in November 2023, APO is a partnership that includes several countries and areas, including four from the Western Pacific Region – Australia, Hong Kong SAR (China), the Philippines and Singapore - and regional bodies, including the Pacific Community, the WHO regional offices for SouthEast Asia and the Western Pacific, and other international agencies. APO also partners with academic institutions in the Asia Pacific region to identify and answer health policyrelated questions and, in the process, increases regional capacity for health policy system research.

In August 2024, APO launched its new Medium Term Strategy, focusing not only on generating evidence for policy-makers but also on knowledge brokering. The new strategy, which runs until 2030, identifies country health system reviews and five technical areas for APO's future work: health system resilience to external challenges, such as climate change; human resources for health; digital health; PHC as a means to achieve UHC; and health equity.

The Strategy aligns with the visions of both the WHO Western Pacific and South-East Asia regional directors and furthers evidence generation on focus areas and transfers those findings into future policy arenas through dialogues and knowledge brokering.

Going forward

UHC, which is grounded in PHC, supports countries to realize the right to health by ensuring all people have affordable, equitable access to quality health services. Building on recent progress and achievements, WHO in the Western Pacific Region continues to support Member States to strengthen their health-care systems in a holistic, context-appropriate manner by drawing upon global and regional guidance and adapting lessons to each unique national context. Support will also continue for reforms towards PHC-oriented health systems as a key component of progressing towards UHC, health for all and the achievement of the health targets of the Sustainable Development Goals.

Partnering to address health challenges: leadership matters

The Western Pacific Region's cultural, geographic and political diversity reflects a fascinating mix of the distinct national contexts of the 37 countries and areas that are home to the Region's 1.9 billion people. Each has a unique health system and set of priorities.

This diversity requires WHO to carefully consider all health system entry points to support Member States in achieving their health goals, including at the parliamentary level. Parliamentarians carry out unique functions, not only as community and constituency leaders, but also as decisionmakers on laws and budgets.

Established in 2015 by the National Assembly of the Republic of Korea, in technical partnership with WHO, the Asia-Pacific Parliamentarian Forum for Global Health is a platform for parliamentarians to gather to access evidencebased information and engage with regional experts on health system performance and priority topics. The Forum facilitates country exchanges and supports participating lawmakers in leveraging their role in government to shape health priorities and drive actions at the global, regional and national levels.

In 2023, the Forum was held in Ulaanbaatar, Mongolia, with primary health care (PHC) as its theme. In all, 37 parliamentary delegates representing 14 countries received up-to-date information and analysis about scientific literature on advancing PHC. Discussions focused on entry points and pathways for reforms in policy areas impacting PHC, many of which are politically complex and involve multiple sectors and stakeholders.

Working together, parliamentarians identified opportunities to drive national strategies that promote systemic reforms across multiple sectors. In addition, they expressed interest in practical tools that could assist in building the case for reforms that promote PHC, including highlighting the benefits for other sectors and policy areas. Overall, the lawmakers reported benefiting from the in-depth, focused discussions on experiences, possible pathways, impediments



Health workers from a mobile clinic visit a community in Ulaanbaatar, Mongolia, to conduct regular check-ups. Participants of the August 2023 Asia-Pacific Parliamentarian Forum for Global Health also joined to observe the visits.

and challenges, especially considering their capacity to strengthen health system governance to advance PHC.

This investment in partnering with health leadership pays dividends through increased parliamentary awareness and support for regional health priorities. The PHC focus of the Ulaanbaatar Forum resulted in advocacy and activity in several Member States, with one even securing high-level financial and political commitments for a national PHC transformation.

Leadership is crucial to health system governance and resonates beyond the health sector. It underpins a wide range of WHO programming, and it is an essential component for achieving the sustainable development agenda and influencing systemic changes.

The pathway to achieving Region-wide universal health coverage (UHC) will be easier to traverse if leaders in the Region understand and advance UHC at every level of the system and every entry point, especially among parliamentarians.





Division of Pacific Technical Support

Pacific island countries and areas (PICs) stretch over one third of the Earth, but they are home to less than 1% of the world's population. These countries and areas face a staggering array of health threats, including outbreaks of infectious diseases. They also face a noncommunicable disease (NCD) epidemic and suffer from the health impact of climate change and increasingly frequent and intense extreme weather events, such as cyclones and floods.

As a result of the COVID-19 pandemic, the Pacific now has an opportunity to capitalize on increased public and governmental awareness of health's vital role in communities. The WHO Division of Pacific Technical Support (DPS) continues to work closely with 21 PICs, providing prompt and

effective support to address diverse health challenges. One key focus of these efforts is strengthening the resilience of health systems against future disruptions.

WHO support to the Pacific is coordinated through six other offices in the Pacific: the WHO representative offices in Samoa and Solomon Islands. and country liaison offices in Kiribati. the Federated States of Micronesia, Tonga and Vanuatu. The work of WHO is guided by the strategic direction set by Pacific health ministers and the priorities contained in *For the Future*: Towards the Healthiest and Safest Region and in the Pacific Islands-WHO Multi-country Cooperation Strategy, as well as in the key areas highlighted by the WHO Regional Director for the Western Pacific. These efforts have

contributed towards the achievement of the targets of the WHO *Thirteenth General Programme of Work 2019–2023* and the Sustainable Development Goals (SDGs).

In September 2023, the Fifteenth Pacific Health Ministers Meeting

brought together leaders from across the Pacific to reflect on progress, share best practices and drive collective action to deliver better health for their populations. Pacific health leaders committed to bring a fresh focus and ideas, such as strengthening multisectoral cooperation to address drivers of obesity and shortfalls in the health workforce. The COVID-19 pandemic highlighted opportunities to harness health information and digital health to rapidly strengthen and expand health services. The

After residents of a remote Draiba village had trouble accessing services at a nearby hospital, the Fiji Ministry of Health and Medical Services and WHO took action: they held community consultations in April 2024, concluding that strengthening services provided by community health workers is critical to achieving better health outcomes.



The WHO-trained Fiji Emergency Medical Assistance Team, under the Ministry of Health and Medical Services, tested mass casualty triage in coordination with national and international responders during an extensive simulation exercise to test tsunami and earthquake preparedness in October 2023.

pandemic also signalled the need to increase resilience to future health system shocks, including disease outbreaks and disasters, given the increasing impacts of climate change. In line with the meeting's theme – Pacific peoples' health matters - governments reaffirmed their commitment to the Healthy Islands vision, which guides health protection promotion in the Pacific, as well as progress towards the SDGs.

Securing access to health care

To strengthen access for all Pacific islanders to a full range of health services when and where they need them, efforts

in the Pacific prioritize well-being at the community level and drive universal health coverage (UHC). Over the past year, to advocate and reinforce understanding of primary health care, Fiji in collaboration with WHO organized a national workshop with more than 100 participants and held a series of consultations with community members and leaders in some of the country's most remote areas. As a result, a road map towards better health has been created with priority areas, such as community engagement and strengthening coordination at all levels for integrated health interventions.

In today's evolving health-care landscape, technology is crucial for reaching the unreached. Recognizing the importance of digital transformation, DPS works with PICs to boost digital health capacities, aiming to improve national digital health strategies, innovative health solutions and information security. For example, over the past year WHO assisted Vanuatu in creating a digital map of all the country's health facilities and in recovering digital health records following a 2022 cyberattack. WHO also assisted the Government to develop its digital health strategy for 2024 to 2029. In addition, WHO supported Vanuatu in expanding the types of routine monthly data reported across 220 health facilities and five hospitals to strengthen evidencebased decision-making.

Improving the health workforce

In recent decades, the Pacific's health workforce has suffered as qualified health professionals migrated to other countries. During their September 2023 meeting, Pacific health ministers agreed on the need for new approaches to maintain a sufficient and well-trained health workforce so that everyone in the Pacific can access the health services they need. In response to this pressing issue, innovative and promising strategies are being implemented, such as the development of policy to address the migration of skilled nurses in Nauru and efforts to develop a national humanresources-for-health plan in Solomon Islands.

DPS also advocated for human resources for health in the Pacific, with the goal of improving the health workforce through adequate investments to strengthen health systems across the Pacific. In November 2023, WHO worked with countries to equip human-resources-for-health focal points to understand how to use data to support decision-



A nurse works in the Galoa Nursing Station in Fiji. A strong health workforce is crucial in the journey towards universal health coverage. WHO supports Member States with health workforce planning and development across the Pacific.

making to address changing health-care needs, the scope of health-care worker roles, and health workforce planning and development.

To ensure that all individuals have access to safe, effective and affordable essential medicines, WHO has been providing strategic advice to PICs. This assistance has spanned various levels of pharmaceutical systems, including procurement, logistics and supply chain management in Kiribati and the launch of a national policy on medicines in Samoa.

Combating communicable diseases

Vaccines must be accessible to everyone everywhere, as they are critical in the prevention and control of infectious diseases. During the past year, PICs continued to make steady progress towards the elimination of measles and rubella, both highly transmissible diseases, thanks to consistent vaccination campaigns.

DPS provided tailored support to six PICs and developed four training modules in immunization and vaccine-preventable disease surveillance for all PICs. Upon request, DPS organized eight training sessions in five countries and two Pacific-wide workshops, giving PICs an opportunity to discuss the latest developments in immunization. These efforts have helped empower health workers with the knowledge, skills and resources necessary to effectively deliver vaccines, ensure immunization coverage and safeguard public health against vaccine-preventable diseases.

WHO has also collaborated closely with PICs to fight neglected tropical diseases. The Pacific has made steady progress towards the elimination of lymphatic filariasis, a neglected tropical disease that causes pain, disability and social stigma. Together with Fiji, the Federated States of Micronesia and Tuvalu, DPS is helping to accelerate these efforts. In 2023, WHO assisted Fiji and Samoa in conducting mass drug administrations in disease hot spots and rolling out testing initiatives in schools to better understand transmission patterns. In 2024, DPS convened a workshop with 14 PICs to find a common pathway to address neglected tropical diseases.

Sustaining efforts to combat NCDs

A new analysis published in *The Lancet* reveals that PICs account for nine out of the 10 countries worldwide with the highest prevalence of obesity among adults aged 20 and



At Suva Health Clinic in Fiji in October 2023, a six-week-old baby receives the oral rotavirus vaccine. WHO works closely with Pacific island countries and areas, providing training modules in immunization and vaccine-preventable disease surveillance so that health workers have the knowledge, skills and resources to effectively deliver vaccines.



High school students in Kolonia, Pohnpei, Federated States of Micronesia, play sports during their physical education class in 2023. WHO is working with Pacific island countries and areas to create enabling environments that make healthier choices easier and more accessible, such as engaging in physical activity.

older. To combat this issue, health leaders at the Fifteenth Pacific Health Ministers Meeting in September 2023 committed to a whole-of-government and whole-of-society approach to create enabling environments that make healthier choices easier and more accessible, with the aim of reversing the complex drivers of obesity, particularly among children and young people.

A major risk factor for NCDs – tobacco use - continues to be widespread

among the adult population, as well as young people across the PICs. The recent proliferation of new tobacco and nicotine products, such as e-cigarettes, heightens the urgency of protecting communities, particularly young people, from these harmful products.

With WHO assistance, several PICs have reviewed their tobacco control laws and launched cessation efforts. In May 2024, Cook Islands adopted amendments to the Tobacco Products Control Act, including banning

e-cigarettes and raising the legal age for tobacco use to 21. Samoa launched a social and behavioural change strategy on tobacco control and published a tobacco cessation manual in December 2023. Fiji also increased taxes on tobacco, alcohol and sugar-sweetened beverages. Thanks to collaboration among the Ministry of Health, the Secretariat of the WHO Framework Convention on Tobacco Control, the United Nations Development Programme and WHO, a report on an investment case on

tobacco control in Vanuatu was completed. Vanuatu also conducted a content analysis of local tobacco use with the support of the National Institute of Public Health in Japan. This newly generated evidence will inform the drafting of the country's new tobacco control act.

To address high-risk factors for NCDs, the Pacific United Nations Country Team, comprising all United Nations agencies based in the Pacific, has prioritized this area of work, with WHO playing a crucial role in advocating for these efforts. WHO continues to support ministries of health in combating NCDs. Examples include the launch of the National Wellness Strategic Plan 2023-2030 in Fiji and the provision of technical assistance to the National Multi-ministerial NCD Steering Committee in Vanuatu. In September 2023, Palau's National Coordinating Mechanism for NCDs was recognized as a global best practice during a United Nations event – the second Multistakeholder Gathering to Accelerate Action on SDG 3.4 and UHC. DPS is also supporting Cook Islands, Fiji and Kiribati in collecting and analysing data on key NCD risk factors, including tobacco and alcohol use, physical inactivity, unhealthy diet, obesity, mental health and oral health, using the WHO STEPwise approach to NCD risk factor surveillance. This will help countries focus on evidence-based policies.

Increasing health emergency preparedness

To strengthen resilience to future health system shocks, Samoa and Tonga conducted their first Joint External Evaluations (JEEs). Independent international experts conduct the evaluations, guided by the International Health Regulations, or IHR (2005), to gauge national capacities to prevent, detect and respond quickly and effectively to public health risks. The JEE process helps countries identify gaps and areas requiring strengthening in their national health security systems and guides them in focusing efforts to improve in these areas. JEEs complement the mandatory IHR States Parties Self-Assessment Annual Report of IHR (2005) capacities of national preparedness and response, which has been completed by 12 countries in the Pacific, the highest number of countries to submit the reports in one year.

To better prepare countries to face all types of hazards - including outbreaks of infectious diseases or disasters as seen during volcanic eruptions in 2022 in Tonga – DPS assisted PICs in building a multi-hazard risk profile in health security. In 2024, the Strategic Toolkit for Assessing Risks: A Comprehensive Toolkit for All-hazards Health Emergency Risk Assessment was used for the first time in the Pacific in Tonga and later in Fiji to create a prioritized all-hazard risk assessment. Building on lessons learnt from COVID-19, Tonga published the Pacific's first multi-hazard risk communication and community engagement strategy in 2024 with WHO support.

To better manage the consequences of disease outbreaks, facilities to supply medicinal oxygen for patients with respiratory diseases were commissioned in the Federated States of Micronesia, Samoa, Solomon Islands, Vanuatu and Tonga. All PICs now have polymerase chain reaction testing capabilities for detecting diseases and infections such as tuberculosis, HIV, influenza and COVID-19, including the Pitcairn Islands, one of the world's smallest permanently inhabited areas.

Infectious diseases that impact the respiratory system – such as COVID-19, influenza and illnesses caused by respiratory syncytial virus – are some of greatest public health challenges in the Pacific. To scale up the fight against these diseases, PICs created a road map with surveillance and laboratory priorities during the Pacific Integrated Respiratory Diseases Surveillance Workshop in March 2024.

The 2023 Pacific Games was a major regional sporting event. WHO worked closely with the host, Solomon Islands, to enhance the country's surveillance capacities by training technical staff. This resulted in the detection of cases of respiratory, arboviral, and foodborne and waterborne disease with outbreak potential. In addition, WHO assessed the capacity of airport and seaport entry points for effective surge management during the event.

Strengthening EMT training

WHO has supported the establishment of national emergency medical teams (EMTs) in 13 PICs, which are able to provide urgent medical care during emergencies. WHO has further strengthened capabilities of EMTs through team member trainings in seven PICs, which prepare doctors, nurses, logisticians and other team members for emergency deployments. The training included four days of presentations and group activities on EMT principles, standards and ways of working, and with a full-scale



A member of Palau's Emergency Medical Team practises communication and hospital referral procedures in an emergency-response simulation exercise during a December 2023 training programme.

simulation exercise on the final day, allowing team members to apply their learning to set up and operate a field clinic or hospital. WHO has also provided necessary operational support, including water filtration systems, tents, generators and other tools to establish field clinics.

Regardless of the nature of the risk, effective and timely communication is key for managing public health threats. To enable peer-to-peer learning, DPS together with the Pacific Community organized a regional workshop with 15 PICs and launched a Pacific Risk Communication and Community Engagement Community of Practice. To help expand national skills in addressing misinformation and disinformation – an emerging priority after the COVID-19 pandemic - Fiji and WHO organized the first national infodemic management training for health professionals in May 2024.

Moving towards climate-ready and responsive health systems

Climate change is not a distant concern for those living in high-risk areas. Rather, it is an imminent risk to their survival. PICs already are experiencing the health impacts of climate change. For example, a recent prolonged drought affected the quality and availability of drinking water in many PICs. At the same time, rising sea levels continue to threaten coastal communities and significantly impact public health, increasing the risks of waterborne diseases and mental health issues, to name a few concerns. DPS continues to assist PICs in building resilient health systems and supports communities by providing them with skills, tools and knowledge to address health impacts of climate change.

One Health - an integrated, unifying approach to balance and optimize the health of people, animals and the environment - is essential to prepare for and respond to climate-sensitive diseases such as leptospirosis. Vanuatu has experienced leptospirosis outbreaks following tropical cyclones Judy and Kevin in March 2023. In response, the country has established a national multisectoral One Health Committee, which will be instrumental in addressing the impact of climate change on health.

The 28th session of the Conference of the Parties to the United Nations Framework Convention on Climate Change was held in Dubai in late 2023. Before the event, WHO launched a toolkit containing the rationale and evidence that health leaders, health workers and ordinary citizens in PICs could use to support climate advocacy. To identify climate-resilient and environmentally sustainable healthfacility interventions, WHO conducted assessments of health-care facilities in Fiji with funding from the Korea International Cooperation Agency (KOICA), then piloted the use of an assessment tool in an atoll of the Marshall Islands. These assessments have enabled the identification of essential adaptation interventions required at health-care facilities to mitigate climate-related risks effectively.

WHO supported the Kiribati Ministry of Health and Medical Services in national efforts to strengthen the country's ability to withstand and respond to the health impacts of higher temperatures, rising seas and extreme weather events. With US\$ 6 million in funding from KOICA, the



On Marakei Island, a team from the Ministry of Health in Kiribati – including experts from a number of specialist areas – visits clinics to collect water samples for testing in December 2023.

Ministry and WHO have begun to implement the four-year Te Mamauri project to increase the national health system's climate resilience. In December 2023, a multidisciplinary team from the Government of Kiribati and WHO conducted a joint mission to an outer island to provide solar-powered lights for all health facilities. The team also tested the quality of drinking water around the island and fixed a damaged pump at one health clinic.

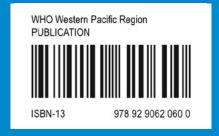
Looking ahead

WHO will continue to work closely with PICs and partners to bolster health systems against current and emerging health threats. Addressing the cross-cutting risks of climate change - risks that threaten the well-being, health and physical

survival of Pacific islands – will remain central to all efforts in the Pacific. In line with the Fifteenth Pacific Health Ministers Meeting, the following priorities will be central to address threats: rethinking human resources for health; reducing the increasing rates of NCDs with particular attention to obesity in children and young people; advancing health information and digital transformation in the health sector; and strengthening overall health system resilience.

The emphasis will be on innovative strategies and collective action, symbolized by the concept of "weaving a mat" for health in the Western Pacific Region, a metaphor for the collaborative efforts to bring better health to people across the Pacific, enhancing well-being and ultimately saving lives.







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