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**PROGRESS REPORTS ON TECHNICAL PROGRAMMES**

As a follow-up to discussions at previous sessions of the WHO Regional Committee for the Western Pacific, progress reports on the following technical programmes and issues are presented herein:

16.1 Health security

- Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies, and Western Pacific Regional Framework for Action for Disaster Risk Management for Health
- Action Agenda for Antimicrobial Resistance in the Western Pacific Region

16.2 Noncommunicable diseases

16.3 Environmental health

16.4 Communicable diseases

- Regional Framework for Implementation of the Global Vaccine Action Plan in the Western Pacific
- Regional Action Framework for Malaria Control and Elimination in the Western Pacific (2016–2020)

The Regional Committee for the Western Pacific is requested to note the progress made and the main activities undertaken.

**16.1 HEALTH SECURITY:  
ASIA PACIFIC STRATEGY FOR EMERGING DISEASES AND PUBLIC HEALTH  
EMERGENCIES  
AND  
WESTERN PACIFIC REGIONAL FRAMEWORK FOR ACTION FOR DISASTER  
RISK MANAGEMENT FOR HEALTH**

**1. BACKGROUND AND ISSUES**

The Western Pacific Region frequently faces health security threats caused by outbreaks and public health emergencies. Health security threats are inevitable, and the number, complexity and scale of these events are expected to increase as a result of a complex interaction of factors, such as demographic shifts, climate change, technological developments and economic uncertainty. Addressing these challenges requires continued investment in preparedness before and between events. Member States, WHO and partners have been working together to enhance country and regional systems and capacities for managing health security threats and emergencies, including through implementation of the *Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies* (APSED III) and the *Western Pacific Regional Framework for Action for Disaster Risk Management for Health* (DRM-H Framework).

The WHO *Thirteenth General Programme of Work, 2019–2023* has three interlinked goals. One of the goals is to better protect 1 billion more people from health emergencies, which is based on Sustainable Development Goal (SDG) indicator 3.d.1. Working towards this goal will make the world better prepared for health security threats and emergencies by measurably increasing the strength and resilience of health systems.

Implementing APSED III and the DRM-H Framework is a priority for the WHO Health Emergencies Programme in the Western Pacific Region. These efforts are expected to play a key role in achieving the priorities of the Thirteenth General Programme of Work and meeting SDG targets.

**1.1 Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED III)**

For a decade, the precursor to APSED III served as a common strategic action framework to address shared threats from infectious diseases and public health emergencies as required by the International Health Regulations or IHR (2005). The updated and improved APSED III was endorsed

by the Regional Committee for the Western Pacific in 2016. The new strategy highlighted the need for strong and resilient health systems to advance implementation of IHR (2005) capacities. To ensure progress, systematic monitoring and evaluation are cornerstones of APSED III. This is reflected in the [five-year global strategic plan](#) reviewed by the World Health Assembly.

## 1.2 Disaster risk management for health

The DRM-H Framework was endorsed by the Regional Committee for the Western Pacific in 2014. Developed in response to a World Health Assembly resolution calling on Member States to incorporate disaster risk management into health systems, the Framework has supported development of national action plans for disaster risk management. The Framework reinforces the essential role of the health sector in managing health risks from disasters from all hazards.

The DRM-H Framework positions the health sector as a key actor in the disaster risk management agenda. This resonates in the SDGs, the [Sendai Framework for Disaster Risk Reduction 2015–2030](#), the [United Nations Framework Convention on Climate Change](#) and the WHO goal of better protecting 1 billion more people from health emergencies. All share a common aim: to strengthen national health emergency and disaster management capacities and support development of resilient health systems.

## 2. ACTIONS TAKEN

Health security threats persist. Between July 2017 and April 2018, the WHO Health Emergencies Programme regional surveillance and risk assessment system detected 1120 signals of potential emergency health threats in the Western Pacific Region. Of these, WHO investigated 80 events and responded to 30. Guided by the WHO [Emergency Response Framework](#), consistent with the programme objectives and recommendations of the 2017 APSED Technical Advisory Group, the Regional Office activated its emergency operations centre and incident management system to provide support to Member States for emergency responses.

The Region responded to four WHO-designated Grade 1 emergencies requiring significant additional in-country support: the conflict in Marawi, Philippines; Tropical Cyclone Donna in Vanuatu; Tropical Cyclone Gita in Fiji, Samoa and Tonga; and the 7.5-magnitude earthquake in Papua New Guinea in February. These activities provided opportunities to learn from real-world events and practices in affected countries. They also helped strengthen WHO readiness.

APSED III and the DRM-H Framework share an all-hazards approach and other attributes, such as a shared platform for emergency operations, including government emergency operations centres, and an incident management system. As demonstrated during the 2014 Ebola epidemic, outbreaks can quickly lead to a wider disaster requiring the activation of national disaster management systems beyond the health sector. Supporting preparedness and building strong and resilient health systems will help better prepare Member States to cope with the demands of providing better protection from health emergencies.

## **2.1 Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED III)**

APSED III implementation has progressed well with significant advancement in IHR core capacities since 2017, particularly in surveillance, response, laboratory diagnosis, field epidemiology training and coordination mechanisms. These capacities improved the response to health security threats, such as antimicrobial-resistant organisms, clusters of cases of hepatitis A, outbreaks of dengue and imported cases of Middle East respiratory syndrome. These outbreaks – along with the first human case of avian influenza H7N4 and increases in typhoons, tropical cyclones and volcanic eruptions in the Region – demonstrate the Region’s continuing vulnerability. They also illustrate the importance of taking a health systems approach with early and sustained investments in preparedness.

WHO is developing practical guidance for the introduction of new laboratory technologies. An Infectious Substances Shipping Training was organized for Pacific island countries and areas. In consultation with Member States and experts, WHO supports Member States to strengthen risk assessment and decision-making with guidance on the use of multiple sources of information. Recognizing limitations in each surveillance system, the guidance provides a practical approach to help countries better assess risk and inform timely decisions to guide response during acute public health events.

As of March 2018, 19 of 27 States Parties from the Western Pacific Region had submitted IHR annual reports for 2017. The *IHR (2005) State Party Self-Assessment Annual Reporting Tool* has been recently revised; the new version will be used for reporting in the future.

The [Regional Meeting of the Technical Advisory Group on APSED III](#) was held in Manila in July 2017. A number of recommendations were made, one of which referred to the *IHR (2005) Monitoring and Evaluation Framework* and another to its four components, all of which are embedded in APSED III. One of the four components is [Joint External Evaluations](#) (JEEs). WHO has supported eight countries in the Region to conduct JEEs of their IHR capacity: Australia, Cambodia, Japan, the Republic of Korea, the Lao People’s Democratic Republic, Mongolia, Singapore and Viet Nam. Others are at various stages of planning. Guided by APSED III and taking into consideration the

results of the JEE, several Member States have updated (Cambodia, the Lao People's Democratic Republic and Mongolia) or are updating (Papua New Guinea and Viet Nam) their national action plans for health security. A revised tool is now being used by Member States.

Simulation exercises are another component of the *IHR (2005) Monitoring and Evaluation Framework*. They serve to test preparedness, response and system functionality. The Regional Office for the Western Pacific conducted an annual regional simulation exercise, known as IHR Exercise Crystal, in December 2017. In all, 30 countries and areas took part.

Through APSED III, WHO is working with Member States and partners to strengthen and advance IHR (2005) core capacities by taking a strategic approach to monitoring and evaluation that enhances accountability and collective learning for continuous improvement, and which contributes to public health emergency preparedness. WHO is developing guidance and tools on after-action reviews and simulation exercises.

There has been increased attention paid to pandemic preparedness due to the continuing detection of cases of humans infected with avian influenza viruses. WHO held a meeting to Advance National Pandemic Preparedness in the Three Mekong Countries in Siem Reap, Cambodia, in April 2018. Representatives from Cambodia, the Lao People's Democratic Republic and Viet Nam shared progress and lessons, and discussed challenges their countries face in updating pandemic plans. They also discussed renewed approaches to pandemic preparedness based on the latest WHO guidance, including APSED III. The participants discussed the application of a two-tiered approach – the need for investments in system readiness to effectively implement plans, essential components of pandemic preparedness and a whole-of-society approach.

WHO has also strengthened Member State preparedness and WHO readiness through training and simulation exercises. There is increasing availability of influenza surveillance data, and the WHO online national pandemic preparedness plans inventory has been updated. Member States also discussed pandemic preparedness and national multisectoral coordination mechanisms for strengthening preparedness and response at the tripartite Asia Pacific Workshop on Multisectoral Collaboration for the Prevention and Control of Zoonoses held in the Philippines in September 2017. WHO hosted the meeting with the Food and Agriculture Organization of the United Nations and the World Organisation for Animal Health.

The priority actions taken and the achievements outlined in this report have been attained through APSED III, and support strengthening and advancing IHR core capacities. It is important to renew approaches to pandemic preparedness based on the latest WHO guidance, including APSED III

and its support of stronger coordination between sectors and contributions to more resilient health systems.

## **2.2. Disaster risk management for health**

Progress has been made to strengthen disaster risk management for health including through learning from real-world disaster events, especially in the Philippines, Mekong and Pacific island countries. A number of countries have identified and implemented priority actions, including developing national actions plans, strengthening disaster preparedness and response coordination mechanisms, enhancing information systems, and strengthening national or international emergency medical teams.

The Lao People's Democratic Republic is revising the national work plan for emerging diseases, health emergencies and health security. The plan includes public health emergency preparedness based on APSED III.

In Mongolia, a multisectoral simulation exercise to test the DRM-H Framework contingency procedures was held on 27 April 2018 and attended by high-level officials and other stakeholders. The Ministry of Health of Mongolia is conducting public health risk and resources mapping.

In January 2017, WHO signed a memorandum of understanding with the National Health and Family Planning Commission of the People's Republic of China to cooperate on health under the framework of the Belt and Road Initiative. This was discussed further in a meeting in China in May 2018. One of the key areas of cooperation included global health security and development of Emergency Medical Teams.

Emergency Medical Teams (EMTs) are groups of *health professionals* (doctors, nurses, paramedics, etc.) that treat patients affected by acute emergencies or disasters. Progress has been made to strengthen national EMT classification and certification with China, Fiji, the Republic of Korea and the Philippines. Countries and areas, such as Australia, China (including Macao SAR), Japan, the Republic of Korea and New Zealand, have been supporting countries on disaster risk management activities, including deployment of EMTs as surge support. WHO has certified five internationally deployable EMTs from four countries: Australia, China, Japan and New Zealand.

Outbreaks and emergencies in the Region are increasing in frequency and complexity, warranting further investment in health system preparedness. This includes making hospitals and health facilities safe from disasters, as outlined in the WHO Safe Hospital Initiative. Regionally, there is a need for Member States, WHO and partners to accelerate implementation of the DRM-H Framework and test preparedness through exercises, building the foundations from APSED III

implementation, such as emergency operations centres. Such national and regional efforts are essential to contribute to achieving the SDGs and the WHO Thirteenth General Programme of Work.

Despite the progress outlined above, the first to respond to disasters are the communities themselves, including front-line health workers. As disasters are predicted to continue, building local capacity for disaster risk management is essential to reduce risks and prepare for rapid response.

### **3. ACTIONS PROPOSED**

The Regional Committee for the Western Pacific is requested to note the progress in strengthening IHR core capacities through APSED III and the DRM-H Framework, as well as challenges to strengthen health systems for disaster risk management and preparedness for response.

## 16.1 HEALTH SECURITY: ACTION AGENDA FOR ANTIMICROBIAL RESISTANCE IN THE WESTERN PACIFIC REGION

### 1. BACKGROUND AND ISSUES

The Member States in the Western Pacific Region recognize the threat of antimicrobial resistance (AMR) to the health and security of their populations and its impact on the achievement of universal health coverage and the Sustainable Development Goals. As a result, actions to combat AMR are now part of the high-level development agenda of Member States in the Region.

In 2014, the WHO Regional Committee for the Western Pacific Region endorsed the *Action Agenda for Antimicrobial Resistance in the Western Pacific Region*. The Action Agenda provided guidance for priority actions to combat AMR: (1) to strengthen development and implementation of national plans and raise awareness in multiple sectors; (2) to improve surveillance of AMR and monitoring of antimicrobial use; and (3) to strengthen health system capacity to contain AMR.

Challenges remain, but the directions for countries are clear. Effort is needed: to forge concerted multisectoral actions; to strengthen institutions; to raise accountability of key players; and to optimize evidence and information in national decision-making processes.

### 2. ACTIONS TAKEN

All Member States in the Western Pacific Region, in various ways, have developed policies, implemented actions and strengthened systems to combat AMR. WHO addresses AMR in the Region more broadly in the context of: achieving universal health coverage; accelerating elimination and eradication of high-impact communicable diseases, including malaria, tuberculosis (TB) and HIV/AIDS; and ensuring public health security. The Regional Office has undertaken a multipronged approach on AMR that covers regional coordination and governance on AMR work and support to countries to develop and implement national action plans. This includes: strengthening systems for AMR surveillance to contribute to the regional and global surveillance systems; monitoring antimicrobial consumption and use; implementing stewardship programmes; coordinating multisectoral action across the human health, animal and agriculture sector; and conducting advocacy and campaigns for behaviour change. The WHO regional AMR Technical Working Group was



constituted to provide coordinated support across a range of areas including: health systems and regulatory strengthening; emergencies; infection prevention and control; TB, malaria and HIV/AIDS; food safety; and environment. Substantial progress has been made around the priority actions under the Action Agenda, as follows.

## **2.1 Strengthen development and implementation of comprehensive national plans to contain AMR and raise awareness in multiple sectors**

The Secretariat has provided support to Member States to develop national action plans on AMR. To date, 15 Member States and areas have developed national action plans: Australia, Cambodia, China, Cook Islands, Fiji, Hong Kong SAR (China), Japan, Malaysia, Mongolia, New Zealand, Papua New Guinea, the Philippines, the Republic of Korea, Singapore and Viet Nam. The Marshall Islands, the Federated States of Micronesia, the Lao People's Democratic Republic and Palau are in the process of finalizing and endorsing their national action plans.

The Secretariat provides coordinated support to implement national action plans through its technical working group on AMR based in the Regional Office and the tripartite collaboration of WHO, the Food and Agriculture Organization of the United Nations and the World Organisation for Animal Health.

## **2.2 Improve surveillance of AMR and monitoring of antimicrobial use**

The WHO Regional Office has established systems and supported countries to strengthen surveillance of resistance among high-impact communicable diseases, including malaria, TB and HIV/AIDS. These surveillance systems have contributed to the formulation of more targeted approaches to prevention and control of these diseases. As the risk of AMR increases with more common infectious diseases that affect the entire population, national surveillance systems must be set up and strengthened. Many countries have established surveillance systems for AMR, including Australia, Japan, Malaysia, New Zealand, the Philippines, the Republic of Korea and Singapore. The Secretariat is providing support for the establishment and strengthening of systems in Cambodia, the Lao People's Democratic Republic and the Philippines. Japan and the Philippines have contributed surveillance data to the Global AMR Surveillance System (GLASS).

The Secretariat has provided training on the WHO methodology for monitoring the antimicrobial consumption in Cambodia, Brunei Darussalam, the Lao People's Democratic Republic, Mongolia, the Philippines and Viet Nam. Seven countries (Australia, Brunei Darussalam, Japan, Mongolia, New Zealand, the Philippines and the Republic of Korea) have submitted data for the global monitoring for antimicrobial consumption.

### **2.3 Strengthen health system capacity to contain AMR**

Strengthening health system capacity was focused on antimicrobial stewardship and pharmaceutical systems to ensure rational use and access to quality, safe and effective antimicrobials. Seven countries (Australia, Brunei Darussalam, Malaysia, Mongolia, the Philippines, Singapore and Viet Nam) have established antimicrobial stewardship programmes. To support countries, WHO has developed training modules and monitoring tools for antimicrobial stewardship.

WHO has developed country pharmaceutical profiles as a basis for prioritizing systems strengthening in countries. Support focused on the strengthening of regulatory systems, development of pharmaceutical legislation and capacity development for medicines procurement, monitoring of rational use, and development of essential medicines lists and standard treatment guidelines for antimicrobials.

Since 2015, the WHO Regional Office for the Western Pacific has been supporting Member States to organize the annual World Antibiotic Awareness Week. A five-year plan for advocacy and campaigns for behaviour change was developed and is being implemented at the regional and country level. In 2017, WHO collaborated with Member States and other partners to implement an action-oriented campaign to stop the use and misuse of antibiotics.

## **3. ACTIONS PROPOSED**

The Regional Committee for the Western Pacific is requested to note the progress in the implementation of the *Action Agenda for Antimicrobial Resistance in the Western Pacific Region*.

## 16.2 NONCOMMUNICABLE DISEASES

### 1. BACKGROUND AND ISSUES

The Regional Committee for the Western Pacific in 2013 endorsed the *Western Pacific Regional Action Plan for the Prevention and Control of Noncommunicable Diseases (2014–2020)*, which is aligned with the *Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020*. The Regional Action Plan is one of several that guide WHO technical support to reduce noncommunicable disease (NCD) risk factors, including the *Regional Action Plan for the Tobacco Free Initiative in the Western Pacific (2015–2019)*, the *Action Plan to Reduce the Double Burden of Malnutrition in the Western Pacific Region (2015–2020)* and the 2010 *Global Strategy to Reduce the Harmful Use of Alcohol*.

WHO promotes accountability by monitoring 10 indicators that track progress across countries on cost-effective NCD interventions to be implemented by 2018 and nine voluntary global NCD targets to be achieved by 2025. Progress has varied widely, with only five Member States achieving half of the 10 progress monitoring indicators as of 2017. At the same time in the Region as a whole, the probability of dying prematurely from major NCDs decreased from 17.1% in 2010 to 16.2% in 2016. This trend indicates that bolder action will be required to achieve the Sustainable Development Goal target of reducing premature mortality from NCDs by one third by 2030 through prevention, treatment, and promotion of mental health and well-being.

### 2. ACTIONS TAKEN

To strengthen action on NCD prevention and control in the Region, national multisectoral action plans with time-bound targets must be developed and put into effect. Strengthening national capacity through technical and leadership development remains a priority for all countries. In the area of health systems strengthening, roll-out of the *WHO Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Health Care in Low-Resource Settings* continues across the Region. Tools for health literacy, education, management and surveillance have also been launched, including the NCD Education Manual, Action for Healthier Families Toolkit and HeartCare.

In preparation for the third United Nations High-level Meeting on NCDs held in September, the WHO Western Pacific Regional Meeting of National Senior Officials for NCDs was convened in May 2018 in the Republic of Korea. In all, representatives from 28 Member States attended – along

with 17 international organizations, nongovernmental organizations and WHO collaborating centres – to discuss next steps and build partnerships to scale up national action for the prevention and control of NCDs. An outcome document from this meeting was presented at the global United Nations meeting in September. The document highlights the collective NCD prevention and control experience in the Region as well as the commitment of Member States to achieve development targets. These assessments will also inform the midterm evaluation of the *Western Pacific Regional Action Plan for the Prevention and Control of Noncommunicable Diseases (2014–2020)* to be conducted by the end of 2018.

The first meeting to establish the Ending Childhood Obesity (ECHO) network in the Pacific was held at Nadi, Fiji, in December 2017. The Pacific Research Centre for the Prevention of Obesity and NCDs (C-POND) of Fiji National University organized the meeting, which was supported by WHO and the Secretariat of the Pacific Community. Participants from Cook Islands, Fiji, French Polynesia, Guam, New Caledonia and Vanuatu discussed scaling up actions in three areas: (1) physical activity; (2) fiscal policies; and (3) restrictions on the marketing of foods and non-alcoholic beverages to children. The Pacific ECHO programme was also on the agenda of the sixth Pacific Heads of Health Meeting held in Fiji in April 2018.

WHO supported national legislation on tobacco control, including taxation, regulation and packaging of tobacco products. The Organization continued to work with stakeholders on enforcement and surveillance of tobacco control measures. Several meetings were conducted to support Member States: the multisectoral Meeting on Accelerating the Raising of Tobacco Taxes and the Ratification of the Protocol to Eliminate Illicit Trade in Tobacco Products in the Western Pacific in November 2017; the Subregional Workshop on Betel Nut and Tobacco Use in November 2017; and the Subregional Workshop on Tobacco-Free Tourism in the Pacific in March 2018.

WHO technical support to Member States in implementing the *Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children* included a workshop on monitoring marketing in schools and on television. WHO also supports Member States to improve nutrition labelling in five countries (Fiji, Malaysia, Mongolia, the Philippines and Viet Nam) and advance taxation of sugar-sweetened beverages in two countries (Brunei Darussalam and the Philippines). Proposed actions to control the rise of overweight and obesity and nutrition-related NCDs in the Region include: (1) strengthening surveillance and monitoring systems for the global nutrition targets; (2) advancing legal measures, in conjunction with comprehensive approaches, to improve food environments; and (3) addressing unhealthy diets. In response to the 2017 Regional Committee resolution calling for the development of a regional action plan for protecting children from the

harmful impact of food marketing, consultations with experts and Member States are planned for late 2018 and early 2019.

The [Subregional Training for Leadership and Advocacy Teams to Reduce Alcohol Harm in Young People \(Module 1\)](#) was conducted in November 2017, with participants from Cambodia, the Lao People's Democratic Republic, Mongolia and Viet Nam. Country teams developed one-year action plans, and WHO has provided support to help set up regulatory frameworks for the marketing of alcoholic beverages. WHO is also providing technical support to Vanuatu on legal reform for alcohol control and to Tonga on reduction of the harmful use of alcohol.

The Seventy-first World Health Assembly endorsed the [Global Action Plan on Physical Activity 2018–2030](#) in May 2018. The regional launch will be conducted at the 8th Global Conference of the Alliance for Healthy Cities in Malaysia from 17 to 18 October 2018 for cities and islands to build momentum towards making communities more physically active.

### **3. ACTIONS PROPOSED**

The Regional Committee for the Western Pacific is requested to note the progress in addressing NCDs and their risk factors in the Western Pacific Region.

## 16.3 ENVIRONMENTAL HEALTH

### 1. BACKGROUND AND ISSUES

In 2016, the WHO Regional Committee for the Western Pacific endorsed the *Western Pacific Regional Framework for Action on Health and Environment on a Changing Planet* to accelerate action on health and the environment to achieve the Sustainable Development Goals (SDGs).

At the United Nations Climate Change Conference in November 2017, WHO launched a special initiative on climate change and health in Small Island Developing States (SIDS). WHO continues to work on environmental health issues, such as the impact of air pollution.

The WHO *Thirteenth General Programme of Work, 2019–2023* (GPW13), endorsed in May at the World Health Assembly, gave priority to addressing “health effects of climate change in small island developing States and other vulnerable States”. The GPW13 Impact Framework targets include: a 5% reduction of mortality due to air pollution; a 10% reduction of mortality from climate-sensitive diseases; and access to safe drinking water for 1 billion more people and safe sanitation for 800 million more people.

### 2. ACTIONS TAKEN

Progress was made in implementing the *Western Pacific Regional Framework for Action on Health and Environment on a Changing Planet* in line with its strategic action areas: enhancing governance and leadership; building networks, coalitions and alliances; evidence and communication; and strategic financing and resource mobilization.

On governance and leadership: WHO developed the Western Pacific Regional Programme on Safe Water and Sanitation in Health-care Facilities, focusing on Cambodia, China, Fiji, the Lao People’s Democratic Republic, Mongolia, Papua New Guinea, the Philippines, Solomon Islands and Viet Nam. The programme was based on the regional and national assessments of the needs of water and sanitation services in health-care facilities.

On networking: WHO supported the Government of the Philippines, Chair of the Asia-Pacific Regional Forum on Health and Environment, in updating governance mechanisms in September 2017. Cambodia, Kiribati, Malaysia, Palau, the Philippines and the Republic of Korea reviewed and made recommendations on the Forum’s governance mechanisms. Forum membership was recommended to

be expanded to 52 entities covering Member States of the WHO South-East Asia and Western Pacific regions and the United Nations Environment Programme (UN Environment). WHO also supported the Government of the Philippines to convene the Thematic Working Groups Meeting in June 2018 to streamline the structure and function of these groups by setting explicit terms of reference. At the meeting, a core set of environmental health indicators was proposed for the development of the Western Pacific Regional Environment and Health Information System in 2019.

WHO convened the *Member States Consultation on Addressing the Health Impact of Air Pollution* in October 2017. Responding to growing concerns about the health impacts of air pollution, WHO brought together Member State representatives from various sectors to discuss ways of addressing the issue. Fifty representatives from 13 countries and areas attended the consultation, along with five temporary advisers and representatives from UN Environment and Clean Air Asia. Country representatives were balanced between health and environment sectors. Participants confirmed that the health impacts of air pollution are a major public health problem, contributing to 2.7 million deaths a year in the Region. They also agreed that transboundary air pollution is a challenging public health problem.

On communication: The WHO Regional Office also produced and disseminated a series of information products on key issues of environmental health, including: *Sanitation, Drinking-water and Health: Achievements and Challenges Ahead* (2018); *Environmental Health in Asia – Country Profiles* (2018); and *Drinking-water, Sanitation and Hygiene in the Western Pacific Region: Opportunities and Challenges on the Threshold of the SDG Era* (2018). The Regional Office also supported the Government of Fiji to publish the *Occupational Health and Safety, and Occupational Health Services Profile of Fiji* (2017).

On financing and resource mobilization: WHO supported six Member States to access the Global Environment Facility Least Developed Countries Fund through the United Nations Development Programme to build climate-resilient health systems. Asia and Pacific beneficiaries of the Fund include: Cambodia and the Lao People's Democratic Republic, with a budget of US\$ 3 million for 2018–2021; and Kiribati, Solomon Islands, Tuvalu and Vanuatu, with a budget of US\$ 17.85 million for 2019–2023.

WHO consulted with senior officials of ministries of health, environment and climate change of Pacific island countries in Fiji in March. They came together to develop a regional action plan to implement the Special Initiative on Climate Change and Health in SIDS. The output of the consultation, *Pacific Islands Action Plan on Climate Change and Health*, was endorsed by Pacific health ministers attending at a side event at the World Health Assembly in May. After providing

background and a situation summary of climate change and health in the Pacific, the Action Plan presents short-term (by 2021) and long-term (by 2023) action items and indicators for the four areas of work of the SIDS Initiative: empowerment, evidence, implementation and resources. It is an important contribution of the Western Pacific Region towards achievement of the GPW13 targets.

WHO provided technical support to Member States in strengthening health systems to address occupational and environmental hazards, such as implementation of the *WHO Global Plan of Action on Workers' Health (2008–2017)* and *the 2014 World Health Assembly resolution on the implementation of the Minamata Convention*. WHO collaborated with national and international stakeholders for the elimination of asbestos-related diseases and the provision of basic occupational health services to workers in small and medium-sized enterprises and the informal sector. WHO provided Member States with technical guidance on monitoring SDG indicators on safe water, sanitation and wastewater management.

### **3. ACTIONS PROPOSED**

The Regional Committee for the Western Pacific is requested to note the progress in addressing the health impacts of environmental and climate change in the Western Pacific Region.



## 16.4 COMMUNICABLE DISEASES: REGIONAL FRAMEWORK FOR IMPLEMENTATION OF THE GLOBAL VACCINE ACTION PLAN IN THE WESTERN PACIFIC

### 1. BACKGROUND AND ISSUES

In 2012, the World Health Assembly endorsed the *Global Vaccine Action Plan 2011–2020* (GVAP) to prevent millions of deaths by 2020 through more equitable access to vaccines (WHA65.17). To accelerate implementation of GVAP, the Regional Committee for the Western Pacific in 2014 endorsed the *Regional Framework for Implementation of the Global Vaccine Action Plan in the Western Pacific*. The Framework contains eight goals: (1) sustaining polio-free status; (2) maternal and neonatal tetanus elimination; (3) measles elimination; (4) accelerated control of hepatitis B; (5) rubella elimination; (6) introduction of new vaccines; (7) meeting regional vaccination coverage targets; and (8) accelerated control of Japanese encephalitis (JE) (WPR/RC65.R5). In 2013, the Regional Committee decided that the Western Pacific should aim to reduce hepatitis B antigen (HBsAg) seroprevalence to less than 1% in 5-year-old children by 2017 (WPR/RC64.R5). The Regional Committee endorsed *Measles and Rubella Elimination in the Western Pacific: Regional Strategy and Plan of Action* (WPR/RC68.R1) in 2017, calling on Member States to eliminate rubella as soon as possible.

### 2. ACTIONS TAKEN

Implementation of the *Regional Framework for Implementation of the Global Vaccine Action Plan in the Western Pacific* has further strengthened immunization systems and programmes in the Region. In 2016, the Region achieved 97.5% coverage of three doses of diphtheria–tetanus–pertussis vaccine, achieving a GVAP goal with coverage of over 90% in 22 countries and areas individually. In 2017, China and the Philippines established national immunization technical advisory groups; Cambodia and Mongolia conducted comprehensive reviews of the Expanded Programme on Immunization (EPI) with multiple international partners; and Cambodia, the Lao People’s Democratic Republic and Viet Nam conducted surveillance reviews for vaccine-preventable diseases (VPDs). Based on the reviews, Mongolia developed a multi-year strategic plan for EPI, Cambodia is revising service delivery strategies to optimize outreach efforts, and the Lao People’s Democratic Republic is implementing a project to build long-term capacity for surveillance and programme monitoring.

WHO has continued to foster improvements in the quality of laboratory services in the Region. On-site laboratory accreditation was carried out in 11 polio laboratories in four countries, 12 measles and rubella laboratories in six countries and one area, JE laboratories in two countries, rotavirus laboratories in two countries, and one invasive bacterial diseases laboratory. So far, eight of 12 countries in the Region with risk for JE virus transmission have introduced the vaccine into national immunization programmes.

The Region has maintained polio-free status since certification in 2000. With rigorous response activities concluding in 2017, the Lao People's Democratic Republic stopped an outbreak of circulating vaccine-derived polio virus type 1. From 2016 to 2018, Cambodia, China, Papua New Guinea, the Philippines and Viet Nam conducted polio supplementary immunization activities (SIAs) to close population immunity gaps.

The Region has continued to significantly reduce the prevalence of HBsAg among children. As of April, 19 countries and areas of the Region were verified as having achieved the 2017 goal of less than 1% HBsAg prevalence among 5-year-old children. In addition, the Region as a whole has met the goal of less than 1% of HBsAg prevalence among 5-year-old children, with an estimated prevalence of 0.93% among children born in 2012. Hepatitis B serosurveys were conducted in Cambodia, the Marshall Islands and the Federated States of Micronesia from November 2016 through April 2018 to monitor progress towards the goal.

In 2017, the Region experienced historically low incidences of measles and rubella, in the wake of the 2013–2016 measles resurgence. Six countries and two areas in the Region were verified as having eliminated measles: Australia, Brunei Darussalam, Cambodia, Hong Kong SAR (China), Japan, Macao SAR (China), New Zealand and the Republic of Korea. In 2017, the Republic of Korea and New Zealand were the first countries in the Region to achieve rubella elimination. From 2017 to 2018, Cambodia, Fiji, the Lao People's Democratic Republic, the Federated States of Micronesia, Papua New Guinea and the Philippines conducted SIAs with measles- and rubella-containing vaccines.

In 2017, the Philippines achieved maternal and neonatal tetanus elimination after a successful vaccination campaign in the isolated Autonomous Region in Muslim Mindanao, a special accomplishment given the region's history of armed conflict and other security concerns. Now only Papua New Guinea has yet to achieve maternal and neonatal tetanus elimination in the Region.

### 3. ACTIONS PROPOSED

The Regional Committee for the Western Pacific is requested to note the progress in implementation of the *Regional Framework for Implementation of the Global Vaccine Action Plan in the Western Pacific* and *Measles and Rubella Elimination in the Western Pacific: Regional Strategy and Plan of Action* and the progress towards achievement of regional immunization goals.

## 16.4 COMMUNICABLE DISEASES: REGIONAL ACTION FRAMEWORK FOR MALARIA CONTROL AND ELIMINATION IN THE WESTERN PACIFIC (2016–2020)

### 1. BACKGROUND AND ISSUES

The Regional Committee in 2016 endorsed the *Regional Action Framework for Malaria Control and Elimination in the Western Pacific 2016–2020* (WPR/RC67.R3), which is aligned with the *Global Technical Strategy for Malaria 2016–2030* (WHA68.2).

The Framework aims to strengthen health system elements to realize the goal of an Asia Pacific free of malaria by 2030. The Framework advocates three pillars: (1) universal access to malaria prevention, diagnosis and treatment; (2) accelerated efforts towards elimination and attainment of malaria-free status; and (3) surveillance as a key intervention.

Implementation of the Framework will help achieve: at least a 50% reduction in malaria mortality and a 30% reduction in malaria morbidity; malaria elimination in three countries by 2020, namely China, Malaysia and the Republic of Korea; and (3) establishment and maintenance of elimination-capable surveillance systems

### 2. ACTIONS TAKEN

From 2015 to 2017, malaria cases in the Western Pacific Region increased by 2% due to outbreaks in Solomon Islands and Cambodia; however, deaths from malaria fell by 23%. Those figures do not include Papua New Guinea, which experienced a large outbreak of malaria in 2016, resulting in a lack of inventory of antimalarial treatments and a consequent increase in deaths. Meanwhile, China reported no indigenous cases of malaria in 2017. The country is on track to achieve elimination by 2020. Malaysia and the Republic of Korea have also reported progress towards achieving elimination of human malaria, although zoonotic malaria remains a concern in Malaysia.

WHO continued to work with national malaria programmes to improve universal access to preventive interventions, diagnosis and treatment. WHO also worked to strengthen surveillance and monitoring, establishing a regional malaria database. WHO also supported monitoring of anti-malarial drug and insecticide resistance in countries to help optimize treatment and prevention. Country

capacity continues to be strengthened through regional and national trainings on diagnosis, case management, vector control and elimination.

WHO supported countries to update national strategic plans and seek funding from the Global Fund to fight AIDS, Tuberculosis and Malaria. Efforts have been successful: Cambodia, the Lao Peoples Democratic Republic, Papua New Guinea, the Philippines, Solomon Islands, Vanuatu and Viet Nam are already implementing Global Fund grants for 2018–2020.

Programme reviews were conducted in Viet Nam, Solomon Islands and Vanuatu to examine progress and identify challenges to accelerate malaria elimination. The Philippines, Cambodia and Viet Nam reviewed their malaria diagnosis quality and coverage to identify challenges and gaps in access to diagnostic services. WHO also supported countries to put into effect completely their updated national malaria treatment guidelines, including special regimens for patients with different strains of malaria.

A review was conducted earlier this year to note progress and identify challenges towards achieving the indicators and targets in the regional Framework. WHO also established the Mekong Malaria Elimination programme in 2017 to support coordination of accelerated elimination efforts in the Greater Mekong Subregion. Demonstrating continued high-level commitment, the Greater Mekong ministers of health signed a call for the accelerated elimination of malaria in their region during a side event at the World Health Assembly in May 2018.

### 3. ACTIONS PROPOSED

The Regional Committee for the Western Pacific is requested to note the progress in malaria control and elimination achieved through implementation of the *Regional Action Framework for Malaria Control and Elimination in the Western Pacific (2016–2020)*.