



# REPORT OF THE REGIONAL DIRECTOR

The work of WHO in the Western Pacific Region  
1 July 2017–30 June 2018



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# Message from the Regional Director

I am pleased to present my 10th and final annual report on the work of the World Health Organization (WHO) in the Western Pacific Region. The report highlights our achievements over the past year, as well as challenges that will continue to confront WHO and our Member States in the years to come.

Ten years ago, it was the honour of my life to be elected as the fifth WHO Regional Director for the Western Pacific. I was also the first Regional Director to come from outside the Organization.

When I began, Member States made it clear to me that they wanted WHO to get back to basics by providing guidance and solutions that directly addressed their needs. From my first day on the job, putting countries at the centre of the work of WHO has been my focus. To achieve this, we have spent the past 10 years changing the way WHO works in the Region.

We began by getting our own house in order: reorganizing the Regional Office so it was better set up to deliver for our Member States. I pushed staff to get out of their “silos” and work in a more cross-cutting

and effective manner with serving countries foremost in their minds. I still remember the surprise on people’s faces when I would ask, “Who pays your salary? Member States, that’s who you serve!”

We established the Division of Pacific Technical Support to better address the unique health issues of Pacific island countries and areas. We revitalized the country cooperation strategy process with countries taking the lead. And we have done our best to ensure that country representative offices have the resources and capacity needed to make a difference where it matters most, on the ground.

We have worked to improve governance. In consultation with you, our Member States, we have adopted a more transparent and inclusive process for developing the Regional Committee agenda, as well as more vigorous consultation for regional action plans. These changes have dramatically improved the quality of the resolutions and action plans the Regional Committee adopts – and the results that they deliver. Now when Member States set a target, we all work together to get it done.

There have been many other organizational and management changes in our drive to be more efficient, effective and accountable.

We have improved our communications. We have strengthened our work with partners, such as the network of WHO collaborating centres. And we have worked to develop closer relationships with influential stakeholders such as parliamentarians. In a world where health threats come largely from outside the health system – and where the development landscape is increasingly complex and crowded – investing in better partnerships and stronger communications is more important for WHO now than ever before.

During my time, I have been fortunate to travel all across the Region. I have sat with communities in the Pacific that are worried about what climate change means for their future. In rapidly developing countries, people have shared concerns about keeping their loved ones healthy and safe amid constant change. I have listened to families – from remote Mekong villages to the great plains of Mongolia – who wonder how they will get the health services they need in the future.

I am grateful for every one of these conversations. They have helped me to stay focused on our mission: to serve the 1.9 billion people who call the Western Pacific Region home. And they have helped make WHO more efficient and effective at delivering on the needs of the people in all 37 countries and areas in the Region.

I am also proud of the Organization and its record of service that the next Regional Director will surely build upon. Whoever succeeds me is blessed with a tremendous staff and hard-working Member States to give them a head start in managing the health challenges of the future.

Finally, I am eternally grateful to Member States for your tireless support during my tenure as Regional Director. Thank you for the trust you placed in me. Serving you has been my enormous privilege and pleasure.

A handwritten signature in black ink, appearing to read 'H. Shin', with a stylized, flowing script.

Shin Young-soo, MD, Ph. D.  
Regional Director



# WHO Western Pacific Region



## Countries and areas

### Representatives Offices

- Cambodia
- China
- Lao People's Democratic Republic
- Malaysia (*area of responsibility*: Brunei Darussalam, Malaysia, Singapore)
- Mongolia
- Papua New Guinea
- Philippines
- Samoa (*area of responsibility*: American Samoa, Cook Islands, Niue, Samoa and Tokelau)
- Solomon Islands
- South Pacific (*area of responsibility*: Fiji, French Polynesia, Kiribati, the Marshall Islands, the Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Nauru, New Caledonia, New Zealand, 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



Dr Shin Young-soo, WHO Regional Director for the Western Pacific, visits Mongolia to launch the Mongolia country cooperation strategy.

## Executive summary

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

Increasingly, the work of WHO is connected to broader development goals, as health takes its rightful place at the centre

of the development agenda. For the Western Pacific Region, this has meant working across sectors and societies to ensure that the Region's health initiatives leave no one behind.

Over the past year, WHO has supported Member States in the Region as they have taken significant steps to fight diseases, both communicable and noncommunicable. At the same time, health security has improved in the Region, with Member States

now better prepared than ever before to respond to outbreaks, disasters and other health security threats.

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

the people of the Western Pacific Region. The summaries of progress that follow are divided by areas of work.

## Communicable Diseases

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

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

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

On the malaria front, most endemic countries in the Region have made good

progress towards achieving national elimination, especially through strengthened surveillance. Elimination remains the key focus for WHO, along with dealing with the parasites' partial resistance to artemisinin and its partner drugs in the Greater Mekong Subregion.

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

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

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



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

## Health Security and Emergencies

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

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

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

Through the *Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies* (APSED III), WHO helps advance country capacities required under the International Health Regulations



The Regional Director shares some reflections on health in Viet Nam with medical students at the Hanoi Medical University.

(2005). In this respect, Member States have updated or advanced their national action plans for health security. They are increasingly establishing functional emergency operations centres and incident management systems.

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

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

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

## NCD and Health through the Life-Course

Multisectoral action is crucial in the prevention and control of noncommunicable diseases (NCDs). Scaling up actions to achieve the voluntary global NCD targets and the NCD-related target of the Sustainable Development Goals will benefit from sharing of best practices to increase the cost-effectiveness and impact of the cross-cutting strategies for NCD management.



Guided by the recommendations of the *Regional Action Plan on Health Promotion in the Sustainable Development Goals (2018–2030)* for fostering health literacy, expanding healthy settings and strengthening health governance, WHO is helping build capacity in Member States to develop strategies to achieve sustainable development.

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

Throughout 2018, Member States and experts in the Region contributed to developing a regional framework on rehabilita-

tion. This is especially pertinent to address the health priorities of the Region, particularly ageing populations often living with impairment and chronic illness.

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

WHO supported Member States both inside and outside the Region in sustaining Early Essential Newborn Care as well as strengthening family planning and maternal, newborn, child and adolescent health. In other NCD work, WHO continued using a whole-of-government approach to strengthen mental health services in countries. Papua New Guinea received support

for its national eye care programme to reduce the high burden of untreated cataract. Member States in the Region emphasized coalition-building to achieve successful tobacco tax reform with regard to the ratification of the *Protocol to Eliminate Illicit Trade in Tobacco Products*. And, along with the health sector, WHO worked with the environment and climate sectors in the Region's most vulnerable countries to build climate resilience into health systems.

## Health Systems

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

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

In terms of health workforce standards, WHO supported Member State efforts to improve regulatory capacity. Similarly, Member States strengthened regulatory systems for quality and safe medicines, vaccines and traditional medicines, including by participating in laboratory training and developing legislation.



On World Health Day 2018, the Regional Director spoke during a moderated panel discussion on how universal health coverage is changing lives.

Member States continued efforts to reorient service delivery towards primary health care to respond to demographic and epidemiological changes, including a new resolution in Viet Nam. WHO convened meetings on health financing policy, such as strategic purchasing of medicines.

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

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

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

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

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

## Pacific Technical Support

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

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

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

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

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

Together with the United Nations specialized programme, WHO is working in three



The Regional Director visits the Prime Minister of Samoa, Tuilaepa Lupesoliai Neioti Aiono Sailele Malieleagaoi, in Apia, Samoa to discuss progress on health reform and universal health coverage.



PICs to increase access to health services for women, newborn babies, children and adolescents.

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

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

## Leadership, Coordination and Support

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

The Office of the Regional Director this year finalized the *Strategic Communications Framework for WHO in the Western*



The Regional Director, Dr Shin, and his team visit the Son La Former prison and museum in Son La, Viet Nam.

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

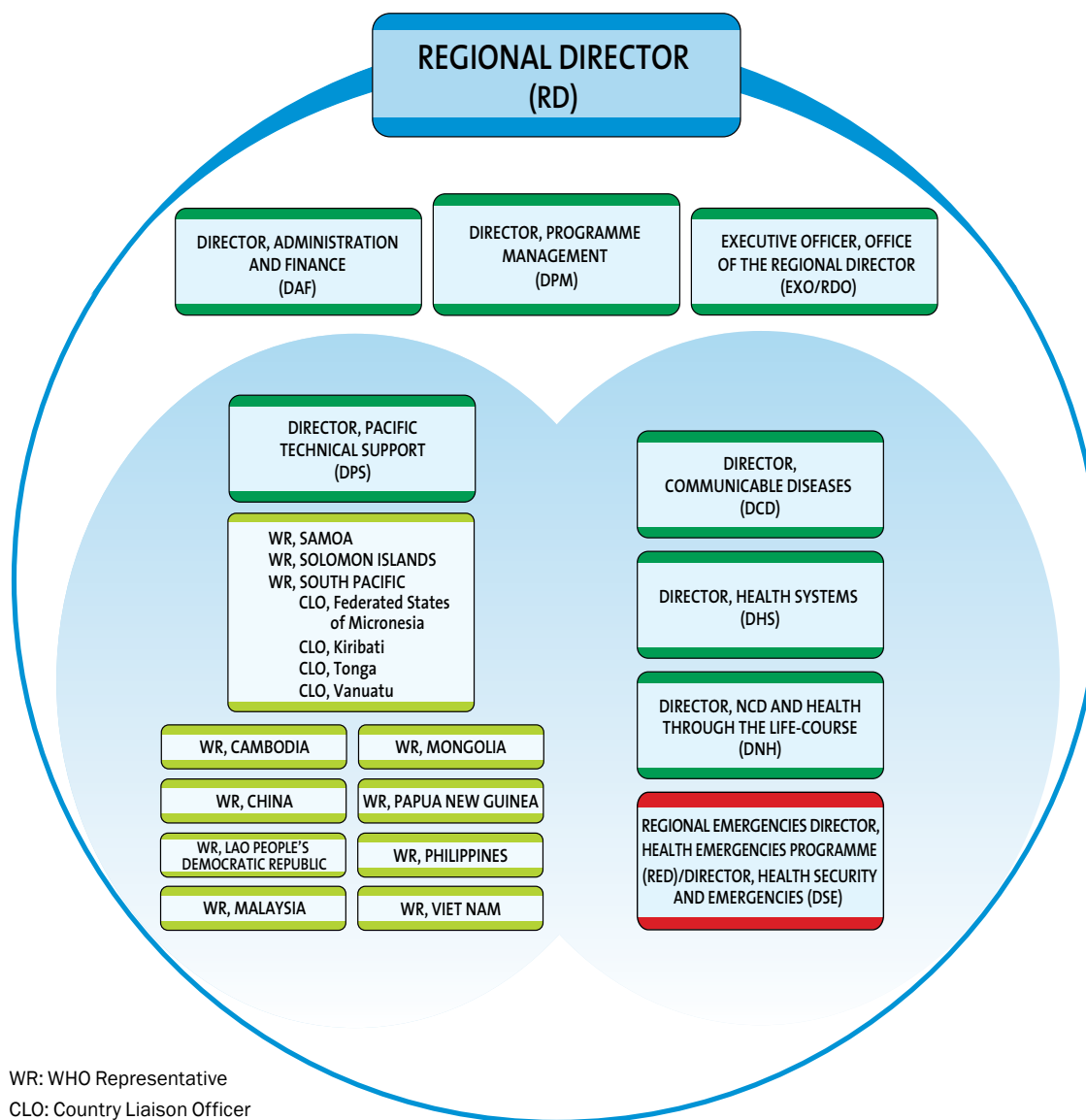
The Region continues to be a leader globally in accountability and risk management, achieving results and managing resources in an ethical and transparent manner. In September 2017, the Regional Office upgraded the database used worldwide by the Organization to identify, monitor and report risks. The Division of Programme Management is responsible for directing strategic and operational planning. It also coordinates country support, editorial services, and tech-

nical cooperation with other United Nations agencies and global health initiatives. For the closure of the 2016–2017 budget, the Region achieved a 99% implementation rate against available resources.

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

# WHO Regional Office for the Western Pacific

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.



## Divisions and programmes

DIRECTOR	PROGRAMME
Director, Programme Management (DPM)	Programme Development and Operations (PDO) Country Support (CSU) Editorial Services (EDT)
Director, Administration and Finance (DAF)	Budget and Finance (BFU) Human Resources Management (HRM) Information Technologies and Administration (ITA)
Executive Officer, Office of the Regional Director (EXO/RDO)	External Relations and Partnerships (ERP) Communications (COM) <i>Information Products and Services (IPS)</i>
Director, Communicable Diseases (DCD)	Expanded Programme on Immunization (EPI) Malaria, other Vectorborne and Parasitic Diseases (MVP) HIV, Hepatitis and Sexually Transmitted Infections (HSI) Stop TB and Leprosy Elimination (STB)
Director, Health Systems (DHS)	Health Policy and Financing (HPF) Integrated Service Delivery (ISD) Essential Medicines and Health Technologies (EMT) Health Intelligence and Innovation (HII) Equity and Social Determinants (ESD)
Director, NCD and Health through the Life-Course (DNH)	Noncommunicable Diseases and Health Promotion (NCD) Tobacco Free Initiative (TFI) Mental Health and Substance Abuse (MHS) Reproductive, Maternal, Newborn, Child and Adolescent Health (MCA) Health and the Environment (HAE) <i>Violence and Injuries (VIP)</i> <i>Disabilities and Rehabilitation (DAR)</i> <i>Nutrition (NUT)</i>
Regional Emergencies Director, Health Emergencies Programme (RED) / Director, Health Security and Emergencies (DSE)	Emerging Disease Surveillance and Response (ESR) Disaster Risk Management for Health (DRM) Food Safety (FOS)
Director, Pacific Technical Support (DPS)	Health Security and Communicable Diseases (PSC) Health Systems (PHS) NCD and Health through the Life-Course (PNH)
A compliance and risk management officer position has been established and reports directly to the Regional Director.	

Programmes in regular font are led by coordinators (technical areas) and managers (administrative areas).

Programmes in italic font are led by technical leads under the direct authority of their respective director.





# Communicable Diseases

## Introduction

1. Better technologies and drugs for TB
2. Better monitoring of TB financial burden on families
3. Strengthening eye care services through trachoma elimination efforts
4. HIV and viral hepatitis: leaving no one behind
5. Accelerate hepatitis B control



Parents and their newborn baby relax at the Davao Regional Medical Center in the Philippines. By increasing vaccination coverage from birth, WHO is promoting an integrated and coordinated approach to ensure that every child in the Region has the best chance to start a healthy life, free from preventable communicable diseases.

## Introduction

Member States have continued to make significant progress towards ambitious communicable disease control and elimination goals. In supporting Member State efforts, WHO's strategic focus has been to consider these goals as key universal health coverage (UHC) challenges: they will not be achieved and sustained unless quality disease prevention, diagnosis and treatment services reach all who need them.

An important example of this has been the increased service coverage achieved through implementation of the *Regional Framework for Action on Implementation of the End TB Strategy in the Western Pacific, 2016–2020*, particularly the expansion of rapid diagnostic tools and new drugs for treating drug-resistant tuberculosis (TB).

In the first year of implementation, the number of cases tested for rifampicin

resistance increased by 46%, resulting in an increase in drug-susceptibility testing coverage of 42%. The number of people living with HIV receiving isoniazid therapy to prevent TB co-infection increased by 41%, and people with TB/HIV co-infection receiving antiretroviral therapy (ART) increased by 36%.

Member States in the Region have also been leading the way in national TB patient



cost surveys to identify the extent to which families are incurring catastrophic costs due to TB. Seven surveys have been undertaken or planned. The information produced will be important for the strengthening of national efforts to end TB.

Similarly, WHO work on HIV, hepatitis and sexually transmitted infections has focused on supporting countries to provide key interventions to all who need them, with an emphasis on whole-of-system and integrated delivery approaches. The Member State endorsement of the *Regional Framework for the Triple Elimination of Mother-to-Child Transmission of HIV, Hepatitis B and Syphilis in Asia and the Pacific 2018–2030* was a key milestone. The framework takes an integrated and coordinated approach to achieving triple elimination, emphasizing the principles of UHC and mother-, newborn- and child-centred care.

WHO continued its work with Member States to help improve coverage of key HIV services, with Cambodia achieving the “90–90–90” coverage target three years ahead of the 2020 deadline. This means as of 2017 in Cambodia, 90% of all people living with HIV know their HIV status; 90% of all people with diagnosed HIV infection receive sustained antiretroviral therapy; and 90% of all people receiving antiretroviral therapy have viral suppression. Overall, 73% of people living with HIV in the Region have been diagnosed, and 55% have accessed treatment. Progress has been made, but much more remains to be done.

To help improve access to important hepatitis interventions, support was provided to Cambodia, China, Kiribati, Mongolia and the Philippines to identify how best to deliver viral hepatitis testing and treatment ser-

vices and monitor patients using existing health services, laboratory and information systems. Eleven countries have completed disease burden estimates for viral hepatitis B and C. National hepatitis action plans are available in eight countries.

Contributing to global and regional efforts to combat antimicrobial resistance, WHO provided support to strengthen gonococcal antimicrobial resistance surveillance in Cambodia and the Philippines.

Most malaria-endemic countries have continued to make good progress towards achieving national elimination, although Cambodia, Papua New Guinea and Solomon Islands experienced an increase in the total number of cases, due to outbreaks. Sup-

porting countries on the journey to elimination remains the key focus for WHO, along with the battle against partial resistance to artemisinin and its partner drugs in the Greater Mekong Subregion: no new foci of resistance were detected, indicating that further expansion of affected areas was prevented during the year.

Strengthened surveillance will be key to achieving and sustaining malaria elimination. Efforts to achieve such strengthening, along with updating national treatment guidelines, have continued in many endemic countries, guided by the *Regional Action Framework for Malaria Control and Elimination in the Western Pacific (2016–2020)*. Important progress has also been made in combat-



Achieving the goal of malaria elimination in the Philippines relies on strengthening laboratory capacity for diagnosis and surveillance of the deadly disease.

ing neglected tropical diseases (NTDs). Tonga was validated as having achieved elimination of lymphatic filariasis as a public health problem, while Cambodia and the Lao People's Democratic Republic were validated as having achieved elimination of blinding trachoma as a public health problem. High population coverage with mass preventive chemotherapy helped Member States make further progress on the control and

elimination of selected NTDs. Strengthening integrated intersectoral efforts continues to be needed in the water, sanitation and hygiene as well as food safety and animal health sectors, to eliminate Asian schistosomiasis and control other zoonotic and foodborne NTDs.

Continued efforts to assure access to integrated, effective and high-quality immunization services have produced measur-

able achievements at the regional and national levels. For example, the Region as a whole has achieved 97.3% coverage of three doses of diphtheria–tetanus–pertussis vaccine, while 22 countries and areas have reached coverage of over 90%, a goal of the Decade of Vaccines initiative.

Cambodia successfully sustained measles elimination, despite multiple importations of measles virus from endemic countries. New Zealand and the Republic of Korea were the first countries in the Region to be verified as having achieved rubella elimination. The Lao People's Democratic Republic conducted a periodic intensification of routine immunization activities with inactivated polio vaccine, which helped close immunity gaps of other vaccine-preventable diseases as well.

Meanwhile, the Philippines achieved maternal and neonatal tetanus elimination after three quality rounds of tetanus vaccination in the Autonomous Region in Muslim Mindanao, an isolated region with armed conflicts and other security concerns. Efforts to further increase the health impact of immunization through the introduction of new vaccines also continued. For instance, Mongolia introduced pneumococcal conjugate vaccine to cover Ulaanbaatar in early 2018, and it plans to cover the whole country in 2019.

Continued progress in these important areas is cause for celebration. However, if together we are to ensure that no one is left behind — that quality services reach all who need them, and that these services are sustained — there is still much to be done. ■



Primary school students line up to take anthelmintic medicine in a deworming campaign in the Lao People's Democratic Republic.

# 1. Better technologies and drugs for TB



At the Port Moresby General Hospital (pictured here) and throughout Papua New Guinea, the use of newer technologies and drugs to combat TB is rapidly increasing.

In the Western Pacific Region, 1.4 million TB cases were diagnosed and reported out of an estimated 1.8 million new cases in 2016, leaving a gap of about 400 000 “missing” cases. Finding missing cases by expanding TB services within the framework of univer-

sal health coverage will be crucial to achieve ambitious goals for TB.

Molecular diagnostic tools, namely Xpert MTB/RIF and line probe assay, have an important role to play, providing rapid and accurate diagnosis for TB and drug-resistant

TB. The uptake of these new diagnostics is improving in the Western Pacific Region. By the end of 2016, there were 1630 laboratories providing Xpert diagnostic services, double the number in 2014. As a result, the number of new TB cases tested with Xpert MTB/RIF increased to 182 000 in 2016 from 93 000 in 2014.

Beyond ensuring rapid and universal access to quality diagnosis, all diagnosed TB patients must be started on and successfully complete treatment. Currently, in the Region, only half of the estimated drug-resistant TB cases are successfully treated. The wider use of shorter treatment regimens and new TB drugs may help to achieve higher treatment success rates for those with drug-resistant TB. Most high-burden countries in the Region have adopted the shorter regimen for multidrug-resistant TB and included new drugs in their treatment regimens, namely bedaquiline and delamanid. This should result in better treatment outcomes, benefiting patients and their families and reducing the risk of spreading the disease to others.

The *End TB Strategy* has a vision of a world free of TB, with ambitious targets of a 95% reduction in TB deaths and incidence rate by 2035, compared to 2015 levels. To achieve this, countries must ensure that high-quality TB services reach all who need them, so that no one is left behind. WHO will continue to work closely with countries to assist them on this journey. ■



## 2. Better monitoring of TB financial burden on families



A significant proportion of TB patients incur catastrophic costs when seeking treatment in some countries in the Region.

Effective TB care and prevention requires universal access to high-quality and affordable TB services by all people based on their needs. However, costs incurred by patients and their families continue to be a significant barrier to TB treatment. For many, these costs can be “catastrophic”, meaning

they consume over one fifth of the annual household income.

This issue is highlighted in the *End TB Strategy* in the target: *no families face catastrophic costs due to TB*. To help countries understand the extent to which such costs may be an issue in their efforts to control TB,

WHO has been recommending and supporting countries to conduct national TB patient cost surveys to understand the magnitude and drivers of the financial burden borne by families.

In the Western Pacific Region, TB patient cost surveys have been conducted or planned in seven countries since 2016: China, Fiji, Mongolia, the Philippines, Papua New Guinea, Solomon Islands and Viet Nam. Preliminary findings showed that 30–60% of TB-affected families face catastrophic costs due to TB.

In many settings, indirect costs, such as income loss, constituted the largest portion of total costs. In others, direct costs (medical and non-medical)\* when seeking treatment made up the significant proportion. In Viet Nam, for example, 63% of TB-affected families experienced catastrophic costs, with income loss accounting for 58% of the total costs.

The findings of these surveys help identify areas for improvement in health financing arrangements and service delivery models, as well as social protection mechanisms to address the financial burden faced by TB-affected families. ■

*\* Examples of medical costs include costs for diagnostic and treatment services incurred at health facilities, including hospitalization costs. Examples of non-medical costs are transportation, accommodation, food, etc.*

### 3. Strengthening eye care services through trachoma elimination efforts

The neglected tropical disease (NTD) trachoma remains the leading infectious cause of blindness worldwide. Caused by a bacterium called *Chlamydia trachomatis*, the infection is transmitted through contact with discharge from the eyes and noses of infected people, particularly young children. Disease transmission is typically concentrated among children and family living in crowded households with poor hygiene, inadequate sanitation and a lack of clean water.

With repeated infections, the inside of the eyelid becomes severely scarred (trichiasis), causing it to turn inward and the eyelashes to rub against the eyeball. This results in scarring of the cornea, visual impairment or blindness. Trachoma remains endemic in seven countries in the Western Pacific Region: Australia, Fiji, Kiribati, Papua New Guinea, Solomon Islands, Vanuatu and Viet Nam.

WHO recommends the SAFE strategy: Surgery, Antibiotics, Facial cleanliness, and Environmental improvement, particularly improved access to water and sanitation. Guided by this strategy, important progress has been made. In 2017, Cambodia and the Lao People's Democratic Republic became the first countries in the Region to be validated by WHO as having achieved elimination of trachoma as a public health problem. Validation also included an assessment of health system capacity to detect and treat potential patients into the future.



Nurses assist the only ophthalmologist in the country in examining children for signs of blinding trachoma in Kiritimati, Kiribati.

Member States and partners have been working together to strengthen national eye health capacity as a key component of the SAFE strategy. Efforts have included training for ophthalmologic doctors and nurses on eye examination and surgical interventions, and training for the broader health workforce on sustained service provision includ-

ing access to quality-assured antibiotics and surgical interventions. All endemic countries in the Region continue to strengthen their eye care systems to help achieve elimination of blinding trachoma. Importantly, this strengthening will also produce broader benefits, improving access to ophthalmologic services overall. ■

## 4. HIV and viral hepatitis: leaving no one behind

HIV and viral hepatitis present major public health challenges in the Western Pacific. Despite the availability of proven interventions and life-saving medications, there are 97 000 new HIV infections every year. Further, only 55% of people living with HIV (PLHIV), and a tiny fraction (less than 5%) of people living with hepatitis B and C, are receiving treatment. WHO is working closely with Member States to pursue innovative ways to increase access to essential prevention, care and treatment.

In the Philippines, WHO partnered with the Department of Health and a community-based organization to demonstrate how peer-driven delivery of pre-exposure prophylaxis (PrEP) can help curb the rapid rise in new infections among men who have sex with men. PrEP is an intervention whereby individuals who are HIV-negative but have substantial risks take daily antiretroviral drugs to prevent infection. The results will inform the potential national expansion of PrEP.

WHO is supporting Viet Nam to reach coverage targets for PLHIV through domestic financing. In November 2016, the Prime Minister signed into policy national health insurance coverage of drugs, consultations and laboratory fees. The policy substantially increased health insurance coverage for PLHIV to 82% in 2017 from 50% in 2016.

Over the past year, the Region made headway towards universal access to hepatitis B and C treatment. In high-income countries and areas — including Australia, Hong Kong SAR (China), Japan,



A counsellor from Love Yourself, a nongovernmental organization in the Philippines, talks with a peer. The group provides HIV counselling and testing to help prevent infection in key populations.

New Zealand, the Republic of Korea and Singapore — public financing made universal coverage of hepatitis treatment possible. Lower-middle-income countries made treatment accessible through health insurance, including Mongolia for hepatitis C and China for hepatitis B. Or they used lower-priced generic medicines, such as Malaysia did for

hepatitis C. Kiribati became the first Pacific island country to establish national treatment services for hepatitis B.

These have been important steps, but much work remains to be done. WHO will continue to work with Member States to make sure no one is left behind in ensuring access to life-saving interventions. ■



## 5. Accelerate hepatitis B control

The Western Pacific Region was the first WHO Region to decide to reduce chronic hepatitis B (hepB) infection by incorporating the vaccine into countries' immunization programmes. By ensuring infants receive three doses of vaccine, with the first dose administered within 24 hours of birth, countries have helped drive the regional hepB prevalence among 5-year-old children to less than 1% from over 8% in 1990.

Antenatal education and coordination of outreach efforts between village health volunteers and health facility workers have helped further ensure that newborns receive a timely birth dose. In 2016, 83% of infants in the Region received their birth dose within 24 hours, well above the global average of 39%.

Countries with suboptimal hepB coverage have acted to increase access for unvaccinated children. Solomon Islands is the sixth country in the Region to show that delivering hepB vaccine outside the cold chain is safe and effective, increasing their timely birth dose coverage among facility births to 68% from 30% and among home births to 24% from 4% from 2015 to 2016. Solomon Islands is working to expand this successful pilot study to three provinces for all health facilities that lack cold chain and for home births.

Countries with high hepB vaccine coverage are also increasing efforts for the elimination of mother-to-child transmission (EMTCT) of the disease. China, for example, has high and sustained hepB vaccine cov-

erage and high antenatal screening. Most exposed newborn babies receive hepatitis B immunoglobulin (HBIG) along with the timely birth dose. Now China is developing modelling studies to determine whether additional interventions, such as antiviral treatment of mothers with high viral loads, will be needed

to achieve EMTCT. Cambodia and Mongolia are also using modelling data to make informed decisions on the cost and impact of adding additional hepB interventions, such as HBIG and antiviral treatment, to strengthen their efforts to achieve EMTCT. ■



A child is vaccinated against hepatitis B in Cambodia. Every child should receive a timely birth dose plus at least two additional doses to be protected against the virus. Child vaccination is the most effective tool to prevent chronic infection for entire populations.



# Health Security and Emergencies

## Introduction

1. Strengthening communication during public health events
2. Optimizing decision-making during outbreaks
3. Ensuring WHO is ready
4. Preparing for the next pandemic
5. Strengthening food safety



A decade of investment in health security has better prepared the Western Pacific Region for health emergencies. However, more work must be done before the next pandemic.

## Introduction

Pandemics can claim millions of lives, disrupt societies and devastate economies. In 1918, an influenza pandemic killed an estimated 100 million people. Severe acute respiratory syndrome (SARS) led to US\$ 40 billion in economic losses during 2003. The 2009 influenza A(H1N1) pandemic spread to more than 210 countries and areas in just one year.

Over the past decade, considerable investments have been made in outbreak and emer-

gency preparedness. Member States have advanced implementation of the International Health Regulations, or IHR (2005), and helped make the Western Pacific Region safer for its nearly 1.9 billion people.

Much has changed, but health security threats continue. Member States know a lot of work still needs to be done to prepare for the next pandemic. Meanwhile, countries face other challenges, such as natural dis-

asters, instability and turmoil. The United Nations Secretary-General recently issued a worldwide “red alert”, citing human rights violations, climate change, risk of nuclear war, rising nationalism and xenophobia. Even basic issues, such as ensuring the safety of food, have become more complex in today’s increasingly interconnected world.

The WHO Health Emergencies Programme (WHE) was created in 2016 to help countries



meet these challenges. Now in its second year of operation, the global programme harnesses the expertise and resources of the three levels of the Organization – country offices, regional offices and headquarters – to support Member States in strengthening emergency preparedness, prevention, detection, response and recovery. In the Western Pacific Region, WHE is embedded in the Division of Health Security and Emergencies, alongside the Organization's work on food safety.

Between July 2017 and June 2018, regional surveillance systems detected and assessed 1621 signals of potential emergency health threats in the Western Pacific. Eighty-eight acute public health emergencies were identified, and 24 were outbreaks and emergencies requiring WHO's response. The outbreaks detected and assessed include listeriosis in Australia, the first human cases of avian influenza A(H7N4) in China, meningococcal disease in Fiji, vaccine-derived poliovirus in Papua New Guinea, measles in the Philippines, norovirus in the Republic of Korea and dengue in Samoa, to name a few.

During the same year, the Region faced three disasters designated Grade 1 emergencies under WHO's *Emergency Response Framework*, meaning that they required significant deployments of WHO staff and resources to support countries' response. These emergencies included the Marawi conflict in the Philippines, Tropical Cyclone Gita in the Pacific and a 7.5-magnitude earthquake in Papua New Guinea.

The Division's work begins long before disaster strikes. Through 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*, the Division works with countries, WHO country offices and partners to prepare for emergencies and help advance the capacities required under IHR (2005), as part of WHE.

WHO continues to support APSED implementation at the country level. During the reporting period, Cambodia, the Lao People's Democratic Republic, Mongolia and Viet Nam updated or advanced their national action



Under APSED III, countries continue to build the core capacities required to detect and respond to outbreaks and emergencies.

plans for health security. More and more Member States have established functional emergency operations centres and started using incident management systems. Some countries, such as Viet Nam, have established subnational emergency operations centres.

Surveillance and risk assessment capacities have been bolstered to guide decision-making. The laboratory specimen shipment network for Pacific island countries was strengthened. Guided by APSED III, annual reviews, simulation exercises, Joint External Evaluations and after-action reviews were conducted. A total of eight countries have now carried out Joint External Evaluations of their IHR capacities: Australia, Cambodia, Japan, the Lao People's Democratic Republic, Mongolia, the Republic of Korea, Singapore and Viet Nam.

WHE continued to work with partner networks at the regional and global levels, including the Global Outbreak Alert and Response Network (GOARN), the Global Health Cluster and emergency medical teams. The number of WHO-certified international emergency medical teams in the Region has now reached six: one from Australia, three from China, one from Japan and one from New Zealand.

Partnerships were also strengthened through events such as the Partners' Forum at the annual regional meeting of the Technical Advisory Group on APSED III. The Technical Advisory Group continues to serve as a regional mechanism to monitor progress and promote partnerships for health security. Likewise, the Seventh Asia Pacific Workshop on Multisectoral Collaboration for the Prevention and Control of Zoonoses fostered closer ties between colleagues working in animal and human health sectors.



A grandmother displaced by the conflict in Marawi, Philippines, visits a mobile clinic deployed by WHO and partners.

Despite these positive developments, the Region is still not ready for the next pandemic. The Division of Health Security and Emergencies continues to work with Member States

and partners to fulfil our mission of making the Western Pacific Region a place where “everyone is healthy and safe in outbreaks and emergencies”. ■



# 1. Strengthening communication during public health events

Timely and transparent communication between countries and WHO is critical during public health events, guiding collective action against the spread of diseases and other health hazards.

National IHR Focal Points (NFPs) play a key role in information-sharing and risk assessment during public health events. The WHO Regional Office for the Western Pacific therefore conducts an annual simulation exercise to test and strengthen the functioning of NFPs and WHO IHR contact points. Known as the IHR Exercise Crystal, the simulation has been held almost every year since 2008. (Resources were directed to the global response to the influenza A(H1N1) pandemic in 2009.)

The number of participants reached an all-time high in December 2017, with 30 countries and areas taking part. Countries demonstrated increased understanding and comfort regarding IHR communication. In 2011, for example, only five countries and areas notified WHO of the simulated public health event within the expected time frame. That figure rose to 26 in 2017.

The value of regular IHR communication exercises has been recognized by annual reviews of the implementation of APSED III.

Participants also extolled the benefits of the exercise: “This was a really good exercise that we learnt a lot from, including how to access the WHO electronic systems, and it forced us to work through and consider



To improve country preparedness, the WHO Regional Office for the Western Pacific has hosted the IHR Exercise Crystal almost every year since 2008. The number of participants reached an all-time high in 2017.

the application of the IHR,” said a 2017 participant.

Another remarked that the simulation generated “the feeling of concern and urgency that would be occurring were it a real-life scenario”. Others suggested it was a “good opportunity to train new and inexperienced staff in [IHR] communications”.

The IHR Exercise Crystal is an invaluable investment in health security to prepare for real-life emergencies. The exercise requires

minimal resources but can significantly strengthen health security systems.

As a key element of monitoring and evaluation under the APSED III framework, the exercise has been invaluable in identifying issues for continuous learning and improvement. Perhaps most importantly, it strengthens trust between NFPs and WHO, which bolsters effective IHR communication during actual emergencies. ■

## 2. Optimizing decision-making during outbreaks

Member States must act decisively to save lives and protect health during outbreaks and other public health emergencies. But decision-making can be difficult when facing a rapidly evolving situation with limited or conflicting information.

The use of multiple sources of information enhances risk assessment and confi-

dence in decisions, and plays a crucial role in informing shifts in response strategy.

During influenza pandemics, countries face stiff pressure to take rapid action. In deciding how to minimize public health impact, they often contend with huge gaps in information, especially when pandemics are caused by new virus strains. Neverthe-

less, a decision must be made at some point to shift from rapid containment to mitigation strategies. The response must also be adjusted over time based on transmissibility, severity and impact of the strain, which are often unknown early in the pandemic.

WHO works with Member States to identify data sources to inform decision-making during influenza pandemics. Sources include: weekly counts of influenza-like cases; confirmed influenza cases; cumulative deaths among hospitalized cases; and absenteeism from school and work. Multiple sources of information lead to better decisions on control efforts.

WHO has advocated multiple sources of information to strengthen risk assessment and decision-making. Now the Organization is going one step further with the development of practical guidance for Member States.

Drafted in consultation with Member States and partners, and incorporating lessons learnt from outbreaks and emergencies, the guidance will help countries incorporate both qualitative and quantitative information from a range of sources to assess risk and guide decision-making. The guidance also urges Member States to involve stakeholders beyond health in the process. ■



The use of multiple sources of information enhances risk assessment and increases confidence in decision-making.

### 3. Ensuring WHO is ready



WHO visits communities affected by a 7.5 magnitude earthquake in Papua New Guinea.



WHO discusses the earthquake response with Papua New Guinea's Secretary of Health, Pascoe Kase.

WHO country office staff are on the front line of emergency response, standing shoulder to shoulder with Member States to protect health and save lives. With help from the newly revised *Emergency Response Framework*, WHE is working to support country office readiness.

In March, 14 heads of WHO offices from around the Region participated in an exercise to test their response to a fictional outbreak. The week before the simulation, the WHO Representative Office in Cambodia

underwent intensive emergency training to increase their understanding of the *Emergency Response Framework* and the incident management system. The same training is now being rolled out in other country offices.

WHO country offices are also supported with rosters of deployable experts, a stockpile of emergency supplies and a new online toolkit with key emergency resources.

Country offices can also access the Contingency Fund for Emergencies to facilitate immediate response without waiting for funds to be raised. During the reporting period, the Fund kick-started responses to Tropical Cyclone Donna in Vanuatu, the Marawi conflict in the Philippines, Tropical Cyclone Gita in the Pacific and the earthquake in Papua New Guinea.

At the Regional Office, a dedicated Incident Management Support Team bringing together WHO staff from across the Division of Health Security and Emergencies and beyond is on standby to support any country office and Member State within hours of an emergency taking place. Regional Office staff also participated in a simulation exercise in January, working through the response to a fictional disaster.

Through these critical readiness measures, WHO is increasing the speed and effectiveness of emergency response to better serve Member States and the people of the Region in times of crises. ■



## 4. Preparing for the next pandemic



A swab is taken from a young Cambodian patient for influenza testing. The Western Pacific Region is a hotspot for the emergence of novel subtypes of influenza with pandemic potential.

The Western Pacific Region is considered an epicentre for the emergence of novel influenza subtypes with pandemic potential. Over the past decade, multiple new avian influenza A(HxNy) virus strains that have the ability to cause illness in humans have been detected in the Region, including A(H5N1), A(H7N9), A(H5N6) and, most recently, A(H7N4).

WHE continues to support countries to review national pandemic influenza pre-

paredness plans and update approaches based on the evolving context. A two-tiered approach, as proposed by APSED III, has provided the foundation for planning discussion: in reviewing, testing and updating pandemic response plans, countries also assessed the availability of structures and resources to allow response plans to be implemented effectively.

At the end of April, Cambodia, the Lao People's Democratic Republic and Viet Nam

came together to revisit preparedness based on lessons learnt from past events and anticipate future threats.

One of the critical lessons from the influenza A(H1N1) pandemic of 2009 was that many countries had prepared for a pandemic of high mortality. Their preparations were not necessarily suited for a milder event. Now countries are adopting a more flexible approach that can be scaled up or down based on the clinical severity of the infection. This approach requires countries to develop plans that can be adjusted based on national risk assessments. To help countries gauge the severity of an influenza pandemic and tailor their response, WHO recently released the Pandemic Influenza Severity Assessment (PISA) tool.

Following the framework for action outlined in APSED III, Member States also continued to strengthen generic health security capacities. These capacities will serve them through all kinds of outbreaks and public health events, including the next pandemic. For example, many Member States have established emergency operation centres for command and coordination during emergencies. They have also continued to develop capacities in epidemiology, risk assessment and risk communication.

Pandemic influenza threats will continue to be a top priority for WHE. Efforts will be redoubled to ensure the Region is well prepared for the next influenza pandemic. ■



## 5. Strengthening food safety

In November 2018, Papua New Guinea will host the Asia-Pacific Economic Cooperation (APEC) Summit – a unique opportunity for the country to showcase its food, people and culture to the world.

However, if appropriate controls are not in place, large numbers of people can be exposed to unsafe food. Food safety risk management plays a key role in the prevention and control of foodborne diseases at such gatherings.

A national food safety system is the foundation for the planning and implementation of all food safety control measures. In Papua New Guinea, the Government is focusing on strengthening the system to prevent food safety incidents and emergencies, not only for the APEC Summit, but also beyond.

Guiding this process is the *Regional Framework for Action on Food Safety in the Western Pacific*, endorsed at the October 2017 session of the Regional Committee. It builds on the lessons learnt from the *Western Pacific Regional Food Safety Strategy 2011–2015* and provides guidance on strategic action and a stepwise approach to strengthen food safety systems in the Region. Coordination across sectors and collaboration with the food industry and consumer groups is an integral part of the implementation of the framework.

Under the leadership of Papua New Guinea's National Department of Health, strategic priorities for strengthening the national food safety system have been identified and are being implemented in preparation for

the APEC Summit. These priorities include training of food handlers on safe practices and adherence to the WHO *Five Keys to Safer Food*: keep clean; separate raw and cooked; cook thoroughly; keep food at safe temperatures; and use safe water and raw materials. Food inspectors are being trained, and information is being prepared for dissemination to meeting participants on how to protect themselves from foodborne

diseases. The country is also preparing for potential deliberate food contamination and outbreaks of foodborne illness, as part of public health emergency preparedness for mass gatherings.

With WHO support, the National Department of Health is making food safer for visitors at the APEC Summit and for the people of Papua New Guinea. ■



Papua New Guinea is preparing to host the Asia-Pacific Economic Cooperation Summit. As part of preparations, the national food safety system is being strengthened to ensure food is safe for visitors.



# NCD and Health through the Life-Course

## Introduction

1. Promoting healthy diets through taxation
2. Smoke-free workplace campaign
3. Dementia: a public health priority
4. Making air and people healthier



Well-planned cities encourage healthy behaviour. WHO works with Member States and other partners to foster national programmes that promote cost-effective ways to prevent and control NCDs.

## Introduction

The Division of NCD and Health through the Life-Course implements multisectoral action plans to support leadership and capacity development, and the adoption of best practices. Working across sectors makes technical programmes more cost-effective and boosts their benefits to Member States.

As efforts to combat noncommunicable diseases (NCDs) must be multisecto-

ral, WHO brings together a wide range of stakeholders to strengthen NCD management and healthy settings that reduce risk factors.

The United Nations Interagency Task Force on the Prevention and Control of NCDs coordinated joint missions in Cambodia and the Philippines. The WHO Western Pacific Regional Meeting of National Senior Officials for NCDs in May showcased best

practices to strengthen collaboration on global NCD targets. WHO continues to guide workers in primary health centres across the Region to use WHO tools developed to strengthen NCD prevention and control, including the *Noncommunicable Disease Education Manual*, *HeartCare* and *Action for Healthier Families Toolkit*.

To foster health literacy, expand healthy settings and strengthen governance, the



WHO Regional Committee endorsed the *Regional Action Plan on Health Promotion in the Sustainable Development Goals (2018–2030)* in 2017. WHO is developing strategies and supporting country requests for capacity-building in health literacy and healthy settings.

The *Regional Agenda for Implementing the Mental Health Action Plan 2013–2020 in the Western Pacific* aims to address the determinants of mental health. Sectors outside health provide services that affect mental health, such as employment, housing, welfare and education. Intersectoral collaboration also addresses services within workplaces that affect mental health, such as human resources management, training and occupational hazards.

The 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 offered guidance and best practices in these areas. Participants from ministries of health, finance and foreign affairs from 20 Member States in the Region highlighted the importance of multisectoral collaboration for effective tobacco control. Coalition-building was emphasized to achieve tobacco tax reform, as were country-specific strategies to combat illicit trade in tobacco products.

Implementation of the *Regional Action Plan for Violence and Injury Prevention in the Western Pacific (2016–2020)* has engaged a wide range of stakeholders. Police training to enforce alcohol and speed offences was supported in Fiji, Kiribati, Samoa, Solomon Islands and Vanuatu. Drowning prevention training was facilitated for Cambodia, China, Fiji, the Philippines,



A police officer in Vanuatu shows a colleague how to record the speed of passing vehicles. WHO supports training to control speeding and other efforts that promote road safety across the Region.

Solomon Islands and Viet Nam. Consultations were conducted to strengthen efforts to prevent violence against children in Cambodia, Mongolia, Papua New Guinea and the Philippines. Regional participation was strengthened in the *Global Status Report on Road Safety* and the *Global Status Report on Violence Against Children*. WHO also disseminated information and advocacy products on the magnitude and preventability of violence and injury.

Momentum to strengthen rehabilitation services increased in the Region. With

health system improvements, people are living longer, but often with impairment and chronic illness. Rehabilitation plays an essential role in the Region's ability to address health priorities, especially ageing populations and rising NCD rates. Rehabilitation services build on curative interventions to restore daily functions, so that people can enjoy health and well-being. Based on Member State and expert consultations, a regional framework on rehabilitation will be presented to the Regional Committee in 2018.

With support from WHO, the national eye care programme in Papua New Guinea is mounting a campaign to help cataract patients. Using the WHO rapid assessment tool, a national survey conducted from January to March found that 5.6% of adults aged 50 and older were blind (41 000 people) and nearly 90% of blind-

ness was due to untreated cataract. The campaign launches on World Sight Day in October 2018. The goal is to perform 20 000 sight-restoring surgeries by 2020.

WHO also addresses the double burden of malnutrition through multisectoral approaches. Most countries in the Region

face the coexistence of undernutrition and overweight, obesity or NCD – sometimes within households and even individuals. Actions across health and non-health sectors on such factors as food, education, water, sanitation and hygiene, and social protection – ranging from national policy initiatives to community action to change



A land-mine survivor poses with his family in Kampong Chhnang, Cambodia. WHO works with Member States to ensure that rehabilitation services are available and affordable.





Parents of premature twins in the Philippines were supported to perform Kangaroo Mother Care in 2017. The simple intervention reduces mortality by half for small babies.

inappropriate behaviour – are needed to prevent undernutrition and escalation of overweight and obesity. By engaging multiple sectors, WHO helps address the determinants of malnutrition across the life-course in a coordinated way.

WHO continues to support strengthening of family planning and maternal, newborn, child and adolescent health in Cambodia, China, Kiribati, the Lao People's Democratic Republic, the Marshall Islands, the Federated States of Micronesia, Mongolia, Palau, Papua New Guinea, Solomon Islands

and Viet Nam. Recent publications show Early Essential Newborn Care (EENC) has been sustained and improved in eight priority countries: Cambodia, China, the Lao People's Democratic Republic, Mongolia, Papua New Guinea, the Philippines, Solomon Islands and Viet Nam. EENC support was also provided to three countries in other regions.

Impacts of climate change on health are among the greatest threats in the Region, particularly for Pacific island and Mekong countries. WHO worked with environment

and climate sectors in the Region's most vulnerable countries to build climate resilience into health systems. As a result, the Global Environment Facility's Least Developed Countries Fund is expected to provide multi-year, multisectoral financing starting in 2018 to Cambodia, Kiribati, the Lao People's Democratic Republic, Solomon Islands, Tuvalu and Vanuatu. WHO also worked with environment and health ministries in 13 countries in the Region to address health impacts from air pollution. ■

# 1. Promoting healthy diets through taxation

Obesity is a public health problem in the Western Pacific Region with one in three adults overweight and prevalence of obesity above 20% in most countries. Overweight

and obesity prevalence among children under 5 years old is also rising. Consumption of sugary drinks is a major contributor to the obesity epidemic. Fiscal policies such as

taxing sugar-sweetened beverages (SSBs) are a cost-effective strategy to reduce consumption and tackle obesity. WHO has been providing technical support on the design and implementation of SSB taxation. These efforts have contributed to achievements and advancement in several countries.

Brunei Darussalam passed amendments to the customs and import and excise duties imposing a tax of US\$ 3 per 10 litres of high-sugar drinks and a 3% excise tax on sugar, confectionery and cocoa products in 2017. The aim is to raise general revenue and decrease demand and consumption of SSBs. A preliminary assessment showed 90% of consumers agreed that the tax is a good initiative to tackle NCDs, and the taxed SSB price jumped by 11% six months after it was introduced.

The Philippines passed the Tax Reform for Acceleration and Inclusion Act with provisions to tax SSBs up to US\$ 0.12 per litre of sweetened beverages depending on the type of sweeteners used. As a result, three major beverage firms have been recently reformulating soft drink mixes. This achievement was a result of a close collaboration between legislators and health advocates.

This fiscal measure is expected to decrease consumption of SSBs, thereby improving population health, reducing health-care costs and generating revenue for the government. ■



Sugar-sweetened beverages contribute to rising levels of childhood overweight and obesity, which increase the risk of obesity in adulthood and the threat of noncommunicable diseases such as diabetes and cardiovascular disease.



## 2. Smoke-free workplace campaign



The Revolution Smoke-Free campaign aims to kick-start an international grass-roots movement towards a future where all workplaces are free of tobacco smoke.

Protection from exposure to harmful second-hand smoke is one of the key demand reduction measures of the *WHO Framework Convention on Tobacco Control*. Despite international obligations, comprehensive smoke-free laws covering all public spaces and workplaces have been enacted in only nine of 27 countries of the Western Pacific Region.

Even in countries with smoke-free laws, enforcement may be problematic. Hence, a large number of people in the Region continue to be exposed to second-hand smoke. However, in the absence of strong smoke-free measures, some business leaders across the Region have voluntarily

introduced smoke-free policies to promote healthy workplaces.

WHO's campaign on smoke-free workplaces, Revolution Smoke-Free: Breathing Change into the Workplace, features these early adopters demonstrating strong leadership in protecting the health of employees and clients. Real-life examples of companies going smoke-free early on demonstrate that tobacco control policies are good for business in the long run. Highlighting the importance of such grass-roots efforts, the campaign aims to encourage and empower workplace leaders and employees to make workplaces smoke-free.

A series of launch events for Revolution Smoke-Free are planned in countries across the Region. The initial launch took place on World No Tobacco Day, 31 May, in Viet Nam, where thousands of restaurants and hotels received the campaign material and were invited to join the movement. On the same day, WHO sent letters to more than 70 business leaders across the Region to join the movement and share their experience in going smoke-free. The campaign will be sustained over the next year, aiming to eliminate tobacco smoke from all workplaces, not only to protect public health, but also to promote the well-being of businesses. ■

### 3. Dementia: a public health priority

In the Western Pacific Region, an estimated 16 million people suffered from dementia in 2016, a 45% increase since 2006. This corresponds to 11.9% of years lived with disability due to an NCD. More than 70% of people with dementia live in low- and middle-income countries (LMICs).

Dementia can overwhelm persons with dementia and their families and carers. The *Global Action Plan on the Public Health Response to Dementia 2017–2025* outlines seven action areas for reducing the risk of developing dementia and ensuring people with dementia live with respect, dignity and autonomy. WHO in the Region has collaborated with Member States to implement the global plan.

China, with 63% of dementia cases in the Region, and the Philippines have convened stakeholder meetings to develop multisectoral national action plans and strengthen dementia service delivery. The Government of the Republic of Korea has identified dementia as a national health-care priority and included it in long-term care insurance.

WHO supported China, Cook Islands, Fiji, Malaysia and the Philippines to participate in the Workshop to Support the Implementation of the Global Action Plan organized by the Indonesian Ministry of Health and WHO in November 2017.

To build community workers' capacity, WHO developed a community-based dementia management toolkit for use in LMICs. This complements the Mental Health Gap Action Programme (mhGAP),

which trains primary health-care providers to deliver mental health services. China and the Philippines have tested the toolkit and are conducting training on the toolkit and

mhGAP intervention guide. To raise awareness and reduce stigma, WHO has developed and disseminated dementia posters and information cards. ■



The Memory Café in Beijing, China, provides a place for people with early stage memory loss and their families to engage with peers. WHO supports community-based efforts to help people cope with emotional, behavioural and personality changes.

## 4. Making air and people healthier

Air pollution, both outdoor and indoor, is the greatest environmental health hazard in the Region. Nearly one third of deaths from cardiovascular disease and one half of deaths from chronic obstructive pulmonary disease are associated with air pollution, amounting to 6.5 million deaths each year globally and 2.7 million in the Region.

The *Manila Declaration on Health and Environment* (2016) and the *Western Pacific Regional Framework for Action on Health and Environment on a Changing Planet* (2016) recommended that Member States and WHO take urgent action to ensure clean air for health and well-being.

Following this recommendation, the WHO Regional Office convened the first-ever Member States Consultation on Addressing the Health Impact of Air Pollution in Manila in October 2017. Fifty representatives of health and environment sectors from 13 countries shared views and formulated priority actions for WHO and Member States to undertake in coming years.

Countries identified the health impacts of sand dust in Northern Asia and haze in South-East Asia as major concerns of the Region. They agreed that transboundary air pollution should be addressed by international cooperation supported by WHO.

Member States committed to working with WHO to develop and implement national policies and action plans to reduce the morbidity and mortality related to household and ambient air pollution linked to Sustainable Development Goal target 3.9. Pacific island



Emissions from coal and other fossil fuels darken the sky over Ulaanbaatar, Mongolia. WHO works with countries to estimate the disease burden from pollution, promote clean energy and reduce air pollution.

and Mekong countries called attention to the Sustainable Development Goal and climate-related financing mechanisms for

small island developing states and vulnerable states to improve air quality. ■







# Health Systems

## Introduction

1. Transition to integrated financing for priority public health services
2. Using regulation to strengthen cooperation and convergence for medicines and health workforce
3. Information and evidence
4. Communications and social mobilization
5. Setting and shifting norms and values



The proportion of older people has more than doubled in the past few decades in Japan. The country is trying to find ways to meet their health needs in an affordable, accessible and equitable manner.

## Introduction

WHO continues to work with Member States to deliver on the regional framework for action *Universal Health Coverage: Moving Towards Better Health*.

This section elaborates on the work towards achieving the five essential attributes for universal health coverage or UHC: quality, efficiency, equity, accountability, and sustainability and resilience.

### Quality

To improve hospital quality and strengthen management capacity, WHO convened policy-makers and hospital managers from nine countries for the Fifth Hospital Quality and Patient Safety Management Course in Japan, and supported a policy round-table discussion in Malaysia. Quality measurement for UHC was discussed at the Sixth

Meeting on Health Care Quality Improvement in Asia-Pacific. WHO also supported countries to implement national infection prevention and control strategies.

To strengthen health workforce standards, WHO supported Cambodia, the Lao People's Democratic Republic, Mongolia, Papua New Guinea and Viet Nam to strengthen regulatory capacity. The Australian Health Practitioner Regulation Agency

was also designated as a WHO collaborating centre.

Regulatory systems for quality and safe medicines, vaccines and traditional medicines were strengthened in Cambodia, the Lao People's Democratic Republic and Mongolia. In addition, Viet Nam developed pharmaceutical laws and strengthened its pharmacovigilance system. The Republic of Korea improved its pharmacovigilance, and Mongolia and the Philippines introduced regulatory inspectors. Countries in the Greater Mekong Subregion strengthened regulations for the quality and safety of antimalarial drugs.

Quality assurance for traditional medicines was fostered through laboratory training and development of legislation for traditional medicine in Cambodia, the Lao People's Democratic Republic, Mongolia and Viet Nam. The Philippines, Fiji and the Federated States of Micronesia have also started to develop policies that integrate traditional medicine into their health systems.

## Efficiency

WHO supported countries to reorient service delivery towards primary health care, including in Viet Nam where a new resolution on primary health care was adopted.

WHO convened eight countries to discuss strategic purchasing at the second Biregional Workshop on Health Financing Policy for Universal Health Coverage in Asia. The second UHC Technical Advisory Group meeting focused on the transformation of service delivery to respond to the demographic and epidemiological transitions.

To address the high cost of new treatments for hepatitis C, an informal consultation on access to medicines in upper-middle-income and high-income countries was held.

## Equity

WHO strengthened capacity in countries for collection and use of data to inform strategies to address equity issues, including those associated with financial, gender and geographical barriers. Further support was provided to strengthen attention to gender, equity and rights in health programmes and service delivery, and to address discrimination in health-care settings.

The health sector response to gender-based violence was strengthened through

country support, and a baseline for this work is being established. Social mobilization campaigns were held during the 16 Days of Activism against Gender-Based Violence.

WHO supported the exchange of good practices and lessons learnt on policies and actions to promote the health of migrants and refugees across the Region.

WHO continued to work with countries to implement the *Regional Framework for Action on Ageing and Health in the Western Pacific (2014–2019)*, and convened a regional meeting of 15 countries to review progress and identify priority areas for action.

WHO also continued its financial protection work by assisting Member States to collect and analyse out-of-pocket health expenses.



A woman in Malaysia presents her electronic health card, providing her medical records electronically whenever she seeks treatment.

## Accountability

Countries were encouraged to develop their own monitoring frameworks for UHC and the Sustainable Development Goals (SDGs). The Lao People's Democratic Republic implemented a web-based platform to report health system data. Mongolia and the Philippines linked UHC and SDG monitoring to national priorities, while Pacific island countries leveraged the *Healthy Islands Monitoring Framework* to gather regional data.

WHO also strengthened country capacity to monitor health expenditure and financial protection. Last year (2017) marked the start of the transition to *A System of Health Accounts 2011*, which provides a framework to measure the objectives and levels of spending on health in countries.

WHO collaborated with Australia on Health in All Policies (HiAP) to review lessons for intersectoral governance. HiAP was also core in national policy dialogue in Kiribati.

To foster awareness and skills on global health priorities among tomorrow's health leaders, WHO continued to support the Global Health Learning Centre, as well as the Asia-Pacific Parliamentarian Forum on Global Health, which provides a platform to exchange ideas, foster collaboration and build political commitment for health.

To strengthen government leadership and the rule of law, WHO reviewed legislation in Viet Nam, developed UHC legislation with the Philippines, and supported the proposed Essential Healthcare and Health Promotion Law in China.

## Sustainability and resilience

WHO strengthened coordination with the Food and Agriculture Organization of the United Nations and the World Organisation for Animal Health to support multisectoral action in Brunei Darussalam, Cambodia, Fiji, the Lao People's Democratic Republic, Malaysia, Mongolia, the Philippines and Viet Nam on surveillance, antibiotic stewardship, monitoring of antimicrobial use and advocacy. Eighteen countries finalized national antimicrobial resistance action plans.

The Regional Committee endorsed a framework on sustainable financing to support countries facing declining donor funding by identifying domestic finance sources and improving efficiency through better public finance management and integrated service delivery. Viet Nam strengthened domestic financing mechanisms for public health priorities, such as tuberculosis (TB) and HIV.

WHO also supported Pacific island countries to strengthen e-health information system strategies, and convened an expert consultation on e-health for integrated service delivery.

## Next steps

In the year ahead, countries will explore select regional priority areas in greater depth to advance UHC including: health equity monitoring; hospital planning and management; policy and legislative reform implementation; and e-health to improve service delivery. ■



WHO communications help people understand the focus of universal health coverage: ensuring all people have access to good-quality health services without financial hardship.



# 1. Transition to integrated financing for priority public health services

Financial levers can be powerful tools to improve the governance of health systems. Health financing can serve as a trigger for broader health system reform, particularly during a transition to reduced donor funding. In the Western Pacific Region, vertically financed disease control programmes that were largely governed separately are gradually being integrated and coordinated into the general health system.

As countries transition to more domestic or integrated financing for priority public health services and more efficient and resilient health systems, this can lead to strengthened governance of health systems. For example, improvements are made in health planning and budgeting within and across sectors, accountability and monitoring mechanisms for public finance, and domestic procurement and supply management systems for essential medicines and supplies.

To guide Member States, the Regional Committee endorsed in October 2017 the *Regional Framework for Action on Transitioning to Integrated Financing of Priority Public Health Services in the Western Pacific*, such as HIV, TB, malaria and immunizations. The framework also supports Member States undergoing budget or service delivery reforms.

The framework identifies four pillars of action for countries: confirming the core programme elements and service delivery arrangements for priority public health ser-



Children run in their village in the Lao People's Democratic Republic, where WHO works with the Government to improve health services for vulnerable and hard-to-reach populations.

vices; strengthening financing institutions to make better use of available resources; increasing domestic financing; and governing the transition process.

WHO supports countries addressing these challenges using these actions and a whole-of-system approach, bringing together ministries of health and finance with various departments to smoothen transition.

Supporting and guiding countries during this transition has strengthened how WHO works and the Organization's role with key development partners, such as Gavi, the Vaccine Alliance, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank Group and other United Nations agencies. ■

## 2. Using regulation to strengthen cooperation and convergence for medicines and health workforce

Regulation is a key element of good governance in the health sector. The capacity of national regulatory systems in the Western Pacific Region varies extensively, contributing to inequalities in the quality and safety of health services across the Region. To address this, the WHO Regional Committee endorsed in October 2017 the *Western Pacific Regional Action Agenda on Regulatory Strengthening, Convergence and Cooperation for Medicines and the Health Workforce*.

The action agenda guides countries in strengthening their national regulatory systems by adopting a stepwise approach that is backed by legal frameworks and based on country development context and needs. In addition, the action agenda provides a framework for convergence and cooperation to support less-resourced regulatory authorities and to enable countries to cooperate when regulatory processes must be aligned to tackle public health emergencies or address unsafe products and practices across borders.

WHO supports national regulatory authorities to develop and implement regulatory functions along the life cycle of medical products and to strengthen the health workforce. The pillars of support include: development of legislative frameworks that clearly articulate regulatory mandates and roles; a stepwise approach to regulatory strengthening; adoption of mechanisms for transpar-



Health workers and WHO staff at Port Moresby General Hospital work together to improve the quality and safety of medicines, a fundamental part of universal health coverage.

ent, accountable and consistent decision-making in regulatory processes; the use of existing tools to evaluate the effectiveness of regulations; and participation in conver-

gence and cooperation mechanisms as a way to strengthen their own regulatory systems. ■

### 3. Information and evidence

Governance for UHC requires engagement of multiple sectors and stakeholders on the basis of information and evidence. To enable countries to track progress and determine priority areas for action, WHO developed SDG-UHC country profiles. These country profiles brought together data on progress towards SDGs and UHC to help governments identify successes and prioritize actions.

The data highlighted challenges and opportunities. Up to half the population in some countries in Asia and the Pacific lack essential health services. Access to immunization and maternal and child health services was better than other types of health services. Areas for improvement were identified, including detecting and treating infectious diseases, such as tuberculosis and HIV,

and preventing and treating noncommunicable diseases (NCDs), such as heart disease, stroke, diabetes and cancer.

NCDs remain the number one cause of premature death in the Region. Strong health systems are needed to prevent these diseases and reverse the NCD epidemic, and better support those already managing these conditions. WHO will continue to work with Member States to collect more detailed disaggregated data to ensure no one is left behind.

WHO also supported Member States to establish or strengthen knowledge transfer mechanisms to promote evidence-informed health policies and health-care delivery. The Asia-Pacific Pathway to Universal Health Care Workshop, a side event of the UHC Forum in Tokyo in December 2017, brought together health leaders from government, public health and health systems academics, experts from the WHO collaborating centres, WHO Western Pacific Region UHC Technical Advisory Group members, development partners, and civil society organizations to reflect on pathways Asia-Pacific countries have followed to UHC. Participants agreed that strong community engagement can strengthen health system equity, quality and accountability, as well as reduce demand-side barriers to access, especially for disadvantaged groups. ■



Noncommunicable diseases such as diabetes remain the number one cause of premature death in the Region. A health worker conducts blood sugar testing at Princess Margaret Hospital in Tuvalu.



## 4. Communications and social mobilization



WHO experts participate in a live discussion on universal health coverage in the Western Pacific Region to mark World Health Day 2018.

Good governance requires participation by informed citizens. Communications and social mobilization are important means to promote understanding and action on UHC.

WHO concentrated communications and advocacy efforts to mobilize governments, partners and other stakeholders behind the theme of UHC for World Health Day 2018 on 7 April. Every WHO representative office

led a conversation highlighting “Health for All”. The year-long campaign aims to mobilize policy-makers to make commitments towards UHC, supporting capacity to build cross-constituency partnerships and use media platforms to engage a wider audience on the importance of UHC.

Communications for public health is another tool to support social mobiliza-

tion. It aims to improve the health literacy and status of individuals and populations by informing, influencing and motivating individuals, institutions and civil society about important health issues and determinants. In November 2017, WHO launched a year-long race to a million pledges – an online campaign inviting people to commit to stopping overuse and misuse of antibiotics. To mark World Antibiotic Awareness Week on 13–19 November 2017, countries across the Region held events involving communities, patients, health providers, veterinarians, farmers, policy-makers and others.

Social mobilization and gender equality go hand in hand. The Technical Working Group on Gender and Social Determinants, which works across WHO technical divisions, launched a report demonstrating the outcomes of a collaborative process in which programmes incorporated gender, equity and human rights into their work at any stage of the programme cycle – from analysis through to monitoring and evaluation. The report scaled up advocacy and community mobilization efforts. Achievements included: improving acceptability, access and targeting of communicable disease programmes; reducing discrimination against people with psychosocial disabilities; improving access to water, sanitation and hygiene; and action on gender-based violence and tobacco control. ■



## 5. Setting and shifting norms and values

Governance for UHC calls for strengthening incorporation of health ethics in all aspects of health policy and practice. The core principles of health ethics – including respect for people, beneficence, justice, utility and solidarity – underpin the essential attributes of UHC.

National ethics committees may be established by governments to ensure robust assessment of issues and to identify ethical solutions. The Asia-Pacific Regional Meeting for National Ethics/Bioethics Committees was convened in October 2017 in Seoul, Republic of Korea, with representatives of national ethics committees and ministries of health from 21 Member States.

A health ethics framework helps to provide systematic analysis and evidence-based application of ethical principles. Policy-makers often must balance public good against individual liberty, health promotion and equity, the implications of public health surveillance, and public accountability. Researchers, meanwhile, must consider the value of their research for participating communities, how participants are chosen, and how the rights and well-being of participants are protected. Professionals must respect rules: informed consent, privacy and confidentiality, and equitable access to services.

Despite individual country differences, participants at the regional meeting agreed that countries need to strengthen governance arrangements for health ethics and integrate ethics training in curricula for



A Lao woman consents to participate in a health-care study. Informed consent is an ethical requirement for research involving humans.

public health, clinical care and research. This would ensure ethical norms and values among health professionals, researchers and policy-makers.

WHO has started to align and optimize national health research ethics review processes across Fiji, Papua New Guinea, Solomon Islands, Tonga and Vanuatu. ■



# Pacific Technical Support

## Introduction

1. Pacific Health Ministers Meeting and the Healthy Islands Monitoring Framework
2. Climate change and health in the Pacific
3. Health Promoting Schools in Fiji
4. Response to emergencies, including outbreaks and disasters





Students gather to promote proper handwashing in Savai'i, Samoa.

## Introduction

### Enhancing healthy and resilient Pacific islands

The WHO Division of Pacific Technical Support was established in 2010 to deal with the specialized health challenges of the Pacific, including the double burden of disease and climate change. With offices in Fiji, Kiribati, the Federated States of Micronesia, Samoa, Solomon Islands, Tonga and

Vanuatu, the Division coordinates support tailored to Pacific island countries and areas (PICs).

The Pacific islands experience specific challenges due to small populations and geographical remoteness. Specialized services typically require high population

numbers to be efficient and cost-effective, which means they are often not available in the Pacific islands. Drugs and other needed products are also often high-priced imports. Smart solutions are required to overcome these “built-in” obstacles for health systems in the Pacific.

Strengthening health systems and primary care is embedded in the Healthy Islands vision set out in 1995. The vision has guided the policies of PICs over the past 20 years, as well as the support from WHO and other development partners.

WHO defines health security as “the reduced vulnerability of populations to acute threats to health” through collective international action. Health is a major concern in nearly all emergencies. People have high expectations for health systems to respond quickly and effectively in emergencies while remaining fully functional.

Readiness to respond to and recover from health crises requires strong national health systems, and partnerships for regional and global collective action for health security. Key achievements in this area include the endorsement of the *Pacific Health Security Coordination Plan 2017–2022*, with funding from the Department of Foreign Affairs and Trade of Australia and the Ministry of Foreign Affairs and Trade of New Zealand.

WHO also stands ready to respond to emergencies in the Pacific through technical collaboration and field operations. With WHO support, National Emergency Medical Teams in four PICs have strengthened readiness to respond in crises and preparedness to receive and employ international teams.

As of January 2018, 12 PICs have reached and sustained high routine immunization coverage of over 90%, in line with goals for the Decade of Vaccines 2011–2020. WHO in the Pacific has worked closely with the United Nations Children’s Fund (UNICEF) to train Expanded Programme on Immunization (EPI) managers to improve the quality of data behind these statistics.

PICs as a bloc are likely to have achieved the regional measles elimination goal. This conclusion is based on the discarded non-measles rates in 2016 and 2017, which exceed the expected rates for monitoring, and the fact that no measles outbreaks have occurred in the Pacific since 2015.

Similarly, hepatitis B control is progressing through immunization, with eight PICs verified, and four now ready to be verified as having achieved the disease control goal.

Over the past year, the Division has continued to support the rollout of testing and treatment guidelines for HIV, sexually transmitted infections and hepatitis, including their inclusion in the development of national action plans, training of trainers and surveillance activities.

Prevention, care and control measures continue to be on strong footing, with the burden of tuberculosis (TB) trending downward in PICs. Multidrug-resistant TB and TB/HIV burden is low and has been well managed. WHO coordinated the establishment of a Pacific TB laboratory network as additional support for culture and drug sensitivity testing and a second-line TB drug stockpile for PICs.

Efforts to increase access to health services for women, newborn babies, children and adolescents have continued with the United Nations Joint Programme on Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) in Kiribati, Solomon Islands and Vanuatu. Policy dialogue was concluded on the adaptation and implementation of the new WHO global guidelines and recommendations on RMNCAH in the three countries, with WHO

providing support for programme implementation.

Out of 15 countries endemic for lymphatic filariasis, five (Cook Islands, the Marshall Islands, Niue, Tonga and Vanuatu) were acknowledged by WHO in 2016–2017 as having eliminated the disease as a public health problem.

Support for improved disease management using the WHO *Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Health Care in Low-Resource Settings* included subregional and national capacity-building workshops, with a focus on monitoring. Meanwhile, the fifth Pacific Islands Mental Health Network (PIMHNet) meeting focused on emergencies and mental health resilience. In the wake of Tropical Cyclone Gita, post-disaster support was also provided to Kiribati in March.

In 2017, partnerships for tobacco control also increased, as agreements were signed with the Oceania Customs Organisation and the South Pacific Tourism Organisation.

Health leaders in the Pacific welcomed the WHO special initiative on climate change and health in Small Island Developing States (SIDS). The initiative is a collaboration with the United Nations Framework Convention on Climate Change, for which Fiji presided over its 23rd annual Conference of the Parties. Developing and nurturing resilient health systems is central to addressing the health impacts of climate change. In March, the plan of action to implement the SIDS initiative in PICs was developed. The Pacific action plan will feed into the global initiative, joining forces with SIDS around the world to produce a global plan of action. ■



# 1. Pacific Health Ministers Meeting and the Healthy Islands Monitoring Framework



A farmer in Cook Islands tends to seedlings.

The 20-year review of Healthy Islands concluded that it remains the unifying vision for the development of the health sector in the Pacific. In addition to the findings from

the review, WHO and the Pacific Community drafted the *Healthy Islands Monitoring Framework* and submitted it for endorsement at the Twelfth Pacific Health Ministers

Meeting (PHMM) in Rarotonga, Cook Islands, in August 2017.

The framework includes 48 mandatory indicators (33 core and 15 complementary) and 31 optional indicators to track progress of the health status of populations across the Pacific. The framework also enables progress to be tracked against the health-related targets in the Sustainable Development Goals. This step helps ensure that countries are on track towards universal health coverage in the Region.

The first progress report, published at the August 2017 PHMM, offers baseline data for the indicators as well as a snapshot of achievements and challenges that underscore opportunities and priority actions. The PHMM tasked the Pacific Heads of Health to work closely with WHO and the Pacific Community to collect data and publish the second report, including suggested amendments.

As stronger health information systems will bolster the monitoring framework, continued support from development partners is necessary to strengthen overall systems, including digitalization and building national capacity for data management and analysis. The resolution of the Twelfth PHMM commits PICs to further strengthening regional networks to share best practices and improving digitalization of health information systems. ■



## 2. Climate change and health in the Pacific

The Pacific is among the world's most vulnerable regions to climate change. The Twelfth PHMM welcomed the WHO Director-General's SIDS initiative on climate change and health. Pacific health leaders called for a massive scale-up of efforts to mitigate the health consequences of climate change, making climate change and health a standing agenda item for future PHMMs.

The initiative, launched in November 2017, envisions that, by 2030, all SIDS health systems will be resilient to climate variability and change. The initiative calls for increasing international financial support for climate change and health efforts in SIDS.

WHO hosted a meeting in Nadi, Fiji, in March 2018 to develop the Pacific action plan for the SIDS initiative. The Minister of Health and Medical Services of Fiji and the Minister of Health of the Cook Islands co-chaired the meeting, which was also attended by the WHO Assistant Director-General for Climate and Other Determinants of Health.

The WHO/Global Environment Facility project on Building Resilience of Health Systems in Pacific Island Least Developed Countries serves as a significant milestone in WHO's climate change and health programming. The project aims to build climate-resilient health systems through strengthened governance and policy, early warning and health information systems, and preventive and curative health services. ■



Children catch crabs during low tide in the Marshall Islands. Climate change is affecting the close connection between ecosystems and people in the Pacific.

### 3. Health Promoting Schools in Fiji

With funding from the Korea International Cooperation Agency, WHO is working in Fiji with the Ministry of Health and Medical Services and the Ministry of Education, Heritage and Arts to expand and strengthen the Health Promoting Schools programme.

Since its start in late 2016, the three-year expansion project has now enrolled 204 new schools. Guided by the National Steering Committee, which is chaired by the Ministry of Education, Heritage and Arts, Health Promoting Schools focus on three priority areas: (1) water, sanitation and hygiene; (2) diet and physical activity; and (3) mental health and well-being, in line with the problems identified among school-age children in Fiji. Technical working groups, comprising representatives from key government departments and civil society organizations, have been formed for each area to provide guidance on approaches.

In the first phase, 89 schools in Suva, Lautoka and Nausori joined the programme. They underwent baseline assessments of the school environment and formed their own Health Promoting Schools steering committees. In total, 6500 students completed the questionnaire using tablet computers.

Students were measured for height, weight and haemoglobin levels. Primary school students were also asked to provide stool samples for assessment of soil-transmitted helminth infections. A summary of these baseline assessments has been provided to each school to plan interventions.



A data collector prepares tablets for use by students in a Health Promoting Schools baseline survey in Suva, Fiji.

Starting in March 2018, the second phase of the programme added 115 schools across the remaining districts of Fiji. They

are undergoing baseline assessments and will start planning interventions in late 2018. ■



## 4. Response to emergencies, including outbreaks and disasters

Infectious disease outbreaks continue to cause morbidity and mortality in PICs. From July 2017 to February 2018, the Division of Pacific Technical Support supported the response to 15 of the 23 outbreaks reported in the Pacific, of which about a third were dengue fever.

The re-emergence of dengue serotype 2 in Solomon Islands in 2016 after 20 years resulted in a large outbreak of more than 12 000 clinical cases. The same disease subsequently re-emerged in Vanuatu and Samoa. All four serotypes of dengue co-circulate in the Pacific.

WHO contributed technical expertise in information management and epidemiology, laboratory testing, infection prevention and control, risk communications, clinical case management, vaccine use and procurement, and integrated vector management. In five outbreaks (including outbreaks of *Acinetobacter baumannii* bacteria, of Hepatitis A, and invasive meningococcal disease), countries requested deployment of WHO staff, Global Outbreak Alert and Response Network (GOARN) partners and consultants, and procurement of supplies for laboratory and vector control.

The Pacific experiences natural disasters every year. Extreme weather events are expected to increase in frequency and severity as a result of climate variability and climate change. Since 2015, PICs have

sustained devastating social and economic losses from tropical floods, cyclones, landslides and volcanoes.

Implementation of the WHO Health Emergencies Programme in the Pacific has been

strengthened by the recruitment of a Health Cluster Coordinator in 2017. Support was provided for a maritime disaster in Kiribati, Tropical Cyclone Gita in Tonga, and an earthquake in Papua New Guinea, all in 2018. ■



A WHO staff member surveys damages from Tropical Cyclone Gita in Tonga.





# Leadership, Coordination and Support

## Introduction

1. **Creating a culture of information-sharing and teamwork**
2. **Communications**
3. **Accountability and risk management in the Western Pacific Region**
4. **Better reflecting the diversity of Member States**
5. **Editorial services go greener**



The Regional Director opens the October 2017 session of the Regional Committee for the Western Pacific in Brisbane, Australia.

## Introduction

The Office of the Regional Director, the Division of Programme Management and the Division of Administration and Finance work in close coordination to support WHO's work in the Western Pacific Region, coordinating technical programmes, country support, partner and donor relations, administrative and financial support, and communications.

The work is guided by the Regional Director's vision of ensuring countries are always

the starting point for WHO's work. This year, the team has led efforts to strengthen communications, promote a stronger culture of teamwork and collaboration among staff within the Region, promote stronger accountability and transparency, and increase the diversity of the WHO workforce within the Region.

### Office of the Regional Director

The Office of the Regional Director (RDO) directly supports the work of the Regional Director as the leader of WHO's work within the Western Pacific Region, and as a member of WHO's global senior management team. RDO also provides leadership and coordination of communications, exter-



nal relations and partnerships, and information products and services, and supports the work of WHO governing bodies.

The Communications unit (COM) within RDO works closely with the Region's 15 WHO country offices, technical divisions and WHO headquarters to provide timely, accurate, credible, understandable, relevant and actionable health information and advice to policy-makers, partners and the public. This year, RDO has led a process to strengthen WHO's communications in the Region.

Strong communications rely on high-quality publications, information products and translation services. The Information Products and Services team (IPS), which includes the Library, the Publications unit and the Translation team, assists WHO staff and Member States in creating, translating, disseminating and retrieving health-related information.

The External Relations (ERP) unit supports good relationships with the 42 donors that directly support WHO work in the Region.

ERP also ensures transparency and accountability in the use of donor funds, through rigorous systems of grant management and sustained coordination with technical units and country offices to ensure timely and high-quality donor reports. In the Western Pacific Region, ERP also coordinates the implementation of the *Framework of Engagement with Non-State Actors*, adopted by the World Health Assembly in 2016.

## Division of Programme Management

The Division of Programme Management (DPM) coordinates technical cooperation with Member States through programme development and operations, country support and editorial services. The Division employs results-based management and cross-cutting approaches in order to ensure results at the country level. DPM directs strategic and operational plan-

ning as well as resource allocation based on priorities identified by WHO governing bodies – the World Health Assembly, the Executive Board and the Regional Committee for the Western Pacific. Its work is guided by the Programme Committee and country cooperation strategies. The Division also is responsible for overall coordination of governing body meetings, including the annual session of the Regional Committee.

The Programme Development and Operations (PDO) unit coordinates the implementation of the programme budget across the Region. Over the past year, the unit supported the closure of Programme Budget 2016–2017 with a 99% implementation rate against available resources – one of the highest of all WHO regions. This was achieved in partnership with the Programme Management Officers' Network, which is coordinated by PDO. Together they planned and rolled out Programme Budget 2018–2019 and prepared for the transition to the Thirteenth General Programme of Work, and will be instrumental in ensuring its effective implementation throughout the Region. PDO is also responsible for coordinating and convening regional meetings, more than 75 of which were held over the past year, involving Member State representatives, partners and more than 300 experts.

The Country Support Unit (CSU) works closely with WHO country offices to ensure that Member State priorities and needs are at the centre of all work. The unit also coordinates the development, implementation, monitoring and review of WHO country cooperation strategies – which are jointly developed with Member States to guide WHO work in countries. CSU helps drive WHO reform in the Region, serves as a regional



The Regional Director discusses Member State concerns during the October 2017 session of the Regional Committee for the Western Pacific in Brisbane, Australia.

focal point for the WHO transformation and implements WHO evaluation policies in the Region. The unit also coordinates WHO's work with other United Nations agencies and global health initiatives.

The Editorial Services team (EDT) ensures the quality of WHO official documents and information products by providing editorial guidance and support across the Organization. The team coordinates all documentation for the Regional Committee from all divisions in the Region, as well as supporting the communications needs of the Regional Director. In general, EDT supports quality control for all publications and communications products at the Regional Office.

## Division of Administration and Finance

The Division of Administration and Finance (DAF) is comprised of three units – Budget and Finance, Human Resources Management, and Information Technologies and Administration. The Division ensures accountability and transparency in the use of funds through diligent reporting and oversight. Effective procedures for recruiting and retaining skilled staff, as well as support for equipping and empowering staff, help WHO deliver meaningful results in the Western Pacific Region.

The Budget and Finance unit within the Division provides guidance, policies and reporting procedures that strengthen internal financial control for compliance and quality assurance.

Direct Financial Cooperation (DFC) activities were implemented and reported in a timely manner in Member States across

the Region, with financial support by the Organization that would otherwise have come from local government coffers. These payments help governments to strengthen health development capacity, simultaneously enhancing the impact of WHO technical cooperation. The Region has maintained zero overdue DFCs since September 2015. To ensure results, DFC quality-assurance activities were conducted in every WHO country office in the Region.

The Human Resources Management unit is tasked with recruiting world-class experts and getting them on board in the shortest time possible. The unit also takes into account gender and geographical representation to ensure balance and diversity among staff in the Region.

In 2017, the Region completed 100% of staff performance appraisals, known as Performance Management and Development System reviews. The Regional Office for the Western Pacific was the only major WHO office to achieve full on-time compliance.

The Information Technology group focused on managing risks and increasing compliance over the past year. Main initiatives focused on increasing the redundancy of the infrastructure, enhancing network quality, and delivering administrative and technical IT solutions to meet programme objectives. Key achievements included: development of the global risk management tool; significant enhancements to the regional analytics portal; and development of systems to manage the fellowship programme. The team also continued its close technological involvement in the roll-out of the Pohnpei Dispensary Strengthening Programme.

In the Administrative Services Unit, the year saw a comprehensive review of services provided by external partners, which led to lower costs and efficiencies. Further, the unit continued to ensure security and an optimal working environment by enhancing a number of areas on the grounds of the Regional Office.

In addition, the Division assisted office relocations in Malaysia in order to operate more efficiently and meet the requirements of the United Nations Minimum Operating Security Standards. ■



Handling everything from simultaneous translations to hotel reservations, the WHO team behind the scenes works with the host government to ensure that the session of the Regional Committee goes smoothly.

# 1. Creating a culture of information-sharing and teamwork



Living the Healthy City vision, WHO staff from the Lao office ride bicycles around the capital of Vientiane.

To strengthen country support, WHO staff throughout the Western Pacific Region came together six times this year to discuss key cross-cutting issues through the Technical Coordinators Meeting (TCM).

Initiated by the Regional Director in 2014, the TCM is held every two months at the

Regional Office, with country offices connecting via videoconference. The meeting promotes open communication, provides updates on major regional events and acts as a forum to discuss matters that affect everyone.

This year, TCMs covered a range of issues, from technical items such as triple elimination of mother-to-child transmission of HIV, hepatitis and syphilis, to operational challenges and accountability issues.

In January, the TCM was taken through a disaster simulation exercise: a mock Category 5 *Typhoon Tawhiri* striking the Philippines. The activity helped familiarize staff with the *Western Pacific Regional Emergency Response Framework*. They experienced first-hand what would happen if a disaster had struck. The exercise showed all staff that they have a role to play, which is especially useful in preparing staff who are not exposed to the health emergencies area.

In another TCM, staff discussed how the Regional Office can make regional meetings more effective. Staff developed recommendations on providing greater value for money and more impact for participants, such as improved planning processes with better peer review and the use of videoconference consultations when suitable. During TCMs, staff have the opportunity to engage with the Regional Director and discuss his strategic direction for the Region. As a result, staff have become better connected to one another, creating a stronger sense of family across the Region. ■



## 2. Communications

Strategic, effective and well-coordinated communications are crucial for WHO to help Member States and other partners build a better, healthier future for people across the Western Pacific Region.

The Regional Director has identified strategic communications as a key priority for WHO's work in the Region. Communications is especially important in the era of the Sustainable Development Goals (SDGs), when an increasingly crowded and complex development landscape means WHO must communicate proactively and strategically in order to do the job Member States expect. At the country level, strong communications and advocacy from WHO are more important than ever – to provide health information to the public, as well as to help shape the health policy agenda.

In order to strengthen WHO communications work in the Region from 2017 to 2018, RDO led a review of communications including a regional stakeholder survey – comprising in-depth interviews and an online survey of WHO staff, interviews with representatives of five Member States in the Region, as well as interviews with a range of media stakeholders.

Following the survey in July 2017, a new *Strategic Communications Framework for WHO in the Western Pacific Region* was developed and finalized. This framework guides WHO's approach to communications in the Region. It focuses on strengthening communications support to country offices, stronger corporate communications, better media relations, more engagement



WHO communications officers practise for a press conference. Good communications help WHO to inform policy-makers, partners and populations about public health.

on social media and other digital platforms, and strategic programme communications. The framework aims to use communications to drive positive health outcomes through, for instance, health awareness campaigns and advocacy. We are getting better at telling the story of WHO's work in the Region. An overhaul of the WHO Regional Office website is also under way.

This new approach is already bearing fruit. The Western Pacific Regional Office has the

biggest following of all Regions on Facebook, grew 500% on Twitter over the past year, and supported many country offices in increasing their engagement via social media. The network of WHO communicators across the Region is stronger than ever before, and country offices are increasingly active in using communications as a health promotion and programme tool. ■

### 3. Accountability and risk management in the Western Pacific Region

Every WHO staff member in the Western Pacific Region plays a part in ensuring the efficient use of resources in an ethical and

transparent manner in order to achieve the objectives and goals of the Organization. Under the leadership of the Regional Direc-

tor, the Regional Office has established the Accountability Framework for the Western Pacific Region. It acts as an enabler by providing the overall architecture for accountability within the Region and defining what it entails. The framework defines the roles and responsibilities of staff members and shows how integral they are for the Organization to fulfil its goals and mission. Risk management is an intertwined and critical component of the framework that works in tandem with accountability.

The Region is taking a leading role globally in improving accountability through cultural and behavioural change in the Organization to accept and own responsibility for the risks involved in working to achieve results.

The Region endeavours to foster a culture that encourages dialogue about risk and an effective response to risk, both strategically and in daily operations.

A clear risk management process was incorporated in the programme budget planning activities over the past year. This process will continue to be an important part of the planning cycle, including monitoring and evaluation. This systematic risk management process informs decision-making and embeds risk management into all corporate processes and culture throughout the Region. ■



A WHO staff member demonstrates how to use a "tippy tap", a simple device for handwashing with running water. Every WHO staff member makes the most efficient use of resources in order to make a real impact for the people we serve.

## 4. Better reflecting the diversity of Member States

Responding to Member State requests, the Human Resources Management unit and the Division of Programme Management are working together to support the GoWHO initiative, which addresses the issue of under-representation of Member States in WHO staffing.

The WHO human resources policy highlights the desirability of recruiting staff from as wide a geographic basis as possible. Still, 32% of Member States continue to be either unrepresented or under-represented in the international professional staff category.

Through a series of workshops and learning opportunities, the GoWHO initiative supports those Member States by working to raise awareness of WHO, encouraging young people to pursue a career in public health and attracting talent. The initiative also provides coaching on how to prepare to join WHO.

Over the past 12 months, workshops were held in China, Fiji and Japan, with nearly 300 face-to-face participants. In Japan, three satellite sessions were connected to the Tokyo workshop via videoconference,

and 16 000 people tuned in to a live stream in China.

Workshop participants were introduced to WHO and shown ways to improve their resumes and written tests. They also practised competency-based interviews with feedback from peers and WHO staff.

“Thank you very much for conducting this workshop,” wrote one participant. “It helped me to understand the overall recruitment process of WHO and what they expect, and was full of practical tips.” ■



Group photo of WHO country office staff in Cambodia.



## 5. Editorial services go greener

Governing body documents used to take weeks of staff overtime, reams of paper and thousands of litres of fossil fuels to dispatch to Member State representatives. That was until Editorial Services (EDT) converted to true “green” documentation for the Regional Committee for the Western Pacific.

Now Member States receive working documents in enhanced Portable Document Format, or PDF. This initiative allows technical units to spend more time improving content, embedding links to supporting documents for reference and previous governing body decisions for context. This feature allows Member States to simply click on hyperlinks, rather than searching for supporting materials.

As a result, Member States receive governing body documents sooner and in a format that is easier to share for translation, for example, and to verify receipt. Not surprisingly, Member State representatives have expressed broad satisfaction with the convenience and functionality of the new documentation system, not to mention the kilos of papers they no longer have to carry. EDT still makes a limited number of hard copies available – both of working documents and daily journals – for representatives at the Regional Committee session. All documents are also posted on the WHO Regional Office website.

While boosting connectivity and convenience, the new document system significantly shrunk the carbon footprint of the Division of Programme Management, as well as ship-



WHO looks for ways to reduce its carbon footprint in the Region. Green policies mean more green spaces for people to enjoy, like these children playing in the mountains of Benguet in the Philippines.

ping and overtime costs. In all, document production and dispatch costs shrunk by more than US\$ 35 000 in 2017, compared to previous regional committees.

To carry out this initiative, EDT staff mastered techniques for converting documents so that they add enhancements to docu-

ments while improving the security and portability of WHO documents.

For the sixty-ninth session of the Regional Committee, EDT will look to further enhance security and functionality of documents, while updating Member State contacts and improving convenience for participants. ■







# REPORT OF THE REGIONAL DIRECTOR

The work of WHO in the Western Pacific Region  
1 July 2017–30 June 2018