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

13.1 Health security
   a. Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies
   b. Western Pacific Regional Framework for Action for Disaster Risk Management for Health

13.2 Noncommunicable diseases and mental health

13.3 Climate change, environment and health

13.4 Action plan on healthy newborn infants

13.5 Communicable diseases
   a. Measles and rubella elimination
   b. HIV, viral hepatitis and sexually transmitted infections
   c. Implementation of the End TB Strategy

The Regional Committee for the Western Pacific is requested to note the progress made and the main activities undertaken.
13.1 HEALTH SECURITY:
ASIA PACIFIC STRATEGY FOR EMERGING DISEASES AND PUBLIC HEALTH EMERGENCIES AND
THE WESTERN PACIFIC REGIONAL FRAMEWORK FOR ACTION FOR DISASTER RISK MANAGEMENT FOR HEALTH

1. BACKGROUND AND ISSUES

The Western Pacific Region continuously faces health security threats from disease outbreaks and public health emergencies. While threats are inevitable, their nature and consequences are increasingly more complex due to rapid development, globalization, evolving environmental and ecological challenges, and other factors. Issues such as climate change and antimicrobial resistance (AMR) may also pose serious threats to health security that must be addressed. No country in the Region is immune from health security threats, regardless of its size and level of development.

Health security is a priority for Member States and WHO. One of the three goals of the WHO Thirteenth General Programme of Work 2019–2023 is to better protect 1 billion additional people from health emergencies. Health security, including AMR, is also one of the four new thematic priorities for the Western Pacific Region.

The Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED III) and its previous versions have guided Member States to develop core capacities required under the International Health Regulations (2005), known as IHR (2005), for health security. Endorsed by the Regional Committee in 2016, APSED III recommends continued investment in core public health systems, while highlighting the need for hazard-specific preparedness planning, resilient health systems and work with non-health sectors to address the social determinants of health in order to achieve health security.

The Western Pacific Regional Framework for Action for Disaster Risk Management for Health (DRM-H Framework) was endorsed by the Regional Committee in 2014. Developed in response to a World Health Assembly resolution calling on Member States to incorporate disaster risk management (DRM) into health systems, the Framework has supported development of national action plans for DRM. It reinforces the essential role of the health sector in managing health risks from disasters from all hazards. The DRM-H Framework positions the health sector as a key actor in the DRM agenda.
2. ACTIONS TAKEN

Event-based surveillance at the WHO Regional Office for the Western Pacific monitors the signals of potential public health threats in the Region. Between July 2018 and June 2019, regional surveillance teams detected 1672 signals of potential emergency health threats, of which 75 were verified as new public health events. Of these, 52 (69%) were attributed to infectious diseases, 14 (19%) to disasters, four (5%) to food safety and five (7%) to other causes.

During the same period, WHO Health Emergencies Programme (WHE) staff responded to 39 events in the Western Pacific Region. Guided by the WHO Emergency Response Framework, the Regional Office activated its Emergency Operations Centre (EOC) and Incident Management Support Team to provide support to Member States for emergency responses. Those events included two WHO-designated Grade 1 emergencies requiring significant additional in-country support (flooding in the Lao People’s Democratic Republic and Typhoon Mangkhut in the Philippines), as well as one Public Health Emergency of International Concern (polio outbreak in Papua New Guinea). These activities provided opportunities to learn from real-world events and practices in the affected countries.

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

APSED III and its earlier iterations have guided countries in strengthening preparedness for outbreaks and health emergencies. A recent event in the Republic of Korea reconfirmed the merits of investing in preparedness. In September 2018, a case of Middle East respiratory syndrome (MERS) was identified in the Republic of Korea. The Republic of Korea had experienced a major MERS outbreak following a single imported case in 2015, but this time was different. When the patient reported his symptoms and travel history to a doctor, MERS was immediately suspected and measures put in place to minimize patient contact with others. As soon as MERS was confirmed, the Government shared the information with WHO, other countries and the public. The national public health EOC was activated to coordinate the response so that the disease did not spread. The successful response was the result, in part, of 48 reforms carried out in the Republic of Korea after the 2015 MERS outbreak to the country’s health security systems. The Republic of Korea also participated in a Joint External Evaluation (JEE) of IHR (2005) in 2017 to review national progress and further prioritize actions.

Member States in the Region have made considerable progress in all focus areas of APSED III to strengthen health security systems. Nevertheless, WHO continues to support countries in advancing core capacities to implement IHR (2005).
Progress has been guided by national action plans for health security. Plans were developed or updated in an increasing number of countries, including Australia, Cambodia, China, the Lao People’s Democratic Republic, Malaysia, Mongolia and Viet Nam. In addition, Papua New Guinea began developing its plan in April 2019. For most of these countries, APSED III has served as a strategic action framework, coordinating various stakeholders for planning and implementation. For example, Papua New Guinea started developing a national action plan, analysing how focus areas of APSED III fit into the national context, developing the national vision for health security and applying the so-called backcasting approach to prioritize actions.

Countries have worked to advance pandemic preparedness. Pandemics are considered the greatest public health threats globally. For this reason, pandemic preparedness drives collective efforts to further advance health security systems. As guided by APSED III, a two-tiered approach has been used as the framework for preparedness planning. Countries develop, test and update their response plan, engaging stakeholders (the first tier). Through the cycle of response planning, the readiness of the systems is examined and actions are prioritized to strengthen systems, capacities and resources to enable effective implementation of the response plan (the second tier).

For example, Mongolia updated its national pandemic plan in 2018 and worked with WHO to test the draft plan through the PanStop exercise. The exercise provided an opportunity for multisectoral stakeholders to jointly practise risk assessment and make decisions in the context of rapidly containing an emerging influenza. Through PanStop, participants recognized that coordination within the health sector and across the sector needs to be strengthened. These findings were then used to improve the coordination mechanism and position pandemic preparedness as an integral part of disaster management planning.

Countries have made progress in emergency operations management, improving functions of public health EOCs and applying incident management system (IMS) principles. In Papua New Guinea, EOCs were established at the National Department of Health and in all 22 provinces with support from WHO. These EOCs have served as a hub for response activities for the outbreak of circulating vaccine-derived poliovirus and in addition as a hub to manage health security for the mass gathering of the Asia-Pacific Economic Cooperation forum.

Leveraging regional knowledge and experiences, WHO has developed and tested guidance to facilitate response decision-making during public health emergencies based on multi-source epidemiologic information. During public health emergencies, decision-makers often face substantial uncertainty when it comes to decisions that will guide the public health response. For example, decisions may be required to declare a public health emergency, to shift from containment to
mitigation interventions and gear up additional response measures. To address concerns that guidance on risk assessment is not sufficiently linked to action, WHO has worked with field epidemiologists in the Region to explore principles for response decision-making during public health events. This approach guides the translation of decision questions into epidemiological questions and addresses those questions through synthesizing various sources of information. Such an approach has been tested by WHO to analyse response options in real public health events, such as measles outbreaks in the Region.

Similarly, countries and WHO worked to introduce influenza severity assessments to guide risk and impact management of influenza epidemics and pandemics, based on lessons from the 2009 pandemic (H1N1). Australia, Japan and Singapore initiated routine influenza severity assessments, while WHO provided technical assistance for Cambodia, the Lao People’s Democratic Republic, Mongolia and Viet Nam for potential application. In these countries, country missions provided an opportunity to review influenza surveillance systems from the decision-making perspectives.

With 13 countries in the Region having programmes to train field epidemiologists, investment in developing a competent epidemiologist workforce has continued. Cambodia and Mongolia undertook reviews of their training programmes to inform strategic planning and to strengthen public health workforce development. WHO continued its support for the training programmes in Cambodia, the Lao People’s Democratic Republic, Papua New Guinea and Viet Nam. WHO also received nine fellows from six countries to participate in the regional field epidemiology training fellowship programme. The fellows spent two to three months at the Regional Office and worked as epidemic intelligence officers, contributing to the detection and screening of signals through regional event-based surveillance platforms. They also conducted risk assessments of public health events and supported information-sharing.

WHO also collaborated with Japan’s National Institute of Infectious Diseases to convene the first Workshop for WHO Western Pacific Region Field Epidemiology Fellowship Programme Alumni in November 2018. The 27 participants brainstormed and committed to their shared vision for the alumni network and discussed goals and approaches to operationalize the vision. Through these discussions, their roles in fostering competent field epidemiologists and decision-makers for health security were highlighted.

Trainings on shipping infectious substances were conducted, including a session for Pacific island countries and areas and another for Papua New Guinea. The training introduced participants to the principles and practice of shipping infectious substances in compliance with international regulations to ensure safe, timely and reliable testing of specimens.
The 8th Asia-Pacific Workshop on Multi-sectoral Collaboration at the Animal–Human–Ecosystems Interface took place in April 2019. The meeting was attended by 28 Member States from the Asia Pacific region. Principles of collaboration and coordination towards the One Health approach were highlighted, with each sector working to deepen understanding of the other, as well as strengthen their own systems to be responsive to the needs of others. WHO also facilitated prioritization of zoonoses, engaging human and animal health sectors in selected countries, including the Philippines.

Countries in the Region and WHO are increasingly taking advantage of monitoring and evaluation activities, such as national annual review meetings of stakeholders, after-action reviews, simulation exercises and JEEs, to guide continuous improvement of health security systems.

To continue strengthening the network and performance of National IHR Focal Points, the annual IHR communication exercise, known as Crystal, took place in December 2018. The exercise tested event communications between national focal points and the Regional WHO IHR Contact Point in a safe environment. This was the 10th annual exercise but the first time that the simulated scenario included the deliberate release of highly infectious deadly biological materials. Twenty-nine countries and areas participated, and the exercise identified gaps and priority actions to address in their respective health security systems.

In 2018, a new version of the State Party Annual Reporting tool on IHR (2005) implementation was introduced, and 26 countries from the Region (96%) submitted reports. This is a considerable improvement compared to the past year when only 17 countries (63%) had submitted reports. Response improved, particularly among Pacific island countries with 12 of 13 submitting reports in 2019, compared to seven in 2018.

The Federated States of Micronesia, the Philippines and New Zealand undertook JEEs of their systems and capacities for public health security. JEEs and other monitoring and evaluation activities generated momentum to prioritize health security in the national agenda. Countries increasingly use the findings from these activities to strengthen readiness of their systems.

To assist countries in implementing recommendations from the 2018 APSED Technical Advisory Group (TAG), a regional workshop on after-action reviews and simulation exercises was organized in January 2019. The workshop supported countries to better apply the lessons of these reviews and exercises to further improve health security systems.

Countries and WHO have also begun working to incorporate new thematic priorities and operational shifts in the WHO Western Pacific Region, where health security, including AMR, has been identified as a thematic priority. Dialogue was initiated, including at the TAG meeting in June
2019, to harness preparedness efforts for pandemics as the driving force to further advance health security systems. Proposed operational shifts are being applied in collective efforts to strengthen preparedness and response capacities throughout the Region.

2.2. Disaster risk management for health (DRM-H)

Progress has been made in strengthening DRM-H in the Region, including through learning from real-world disaster events. A number of countries have implemented priority actions, many strengthened through the application of APSED III, particularly with regard to public health emergency preparedness and alert and response activities at national and regional levels.

All countries have multisectoral legislation or policies for DRM, with ministries of health and non-health sectors engaged. In addition, national DRM-H or health security plans have been strengthened, as have disaster preparedness and response coordination mechanisms, including IMS and EOCs.

Most countries have national coordination mechanisms in place to coordinate the health sector response during crises from all hazards, including establishing EOCs and adopting IMS principles for emergency operations management. In Papua New Guinea, EOCs were established at the National Department of Health and in all 22 provinces. Through this network, health data are reported, collated and analysed in a rapid and systematic manner to ensure accurate, effective and sound response objectives and operations can be planned, shared and reported.

Simulation exercises help test and improve response systems. Exercises were conducted to test components of national response structures and procedures in Cook Islands, Fiji (emergency medical assistance team), Malaysia (EOC), the Marshall Islands, Mongolia, Solomon Islands (medical assistance teams), Tuvalu and Vanuatu. At the regional level, the annual Crystal exercise was conducted to test IHR (2005) communications.

The WHO Emergency Medical Teams (EMTs) initiative assists Member States in building national capacity and strengthening health systems for service delivery by coordinating the timely deployment of quality-assured medical teams. Currently in the Western Pacific Region, there are 23 500 responders from national EMTs and 100 national and international health responders trained in EMT coordination. Ten of the 26 international EMTs that have been classified are from the Western Pacific Region, making the Region a global leader in this area. These teams have more than 4000 readily available EMT responders from Australia, China, Macao SAR (China), Fiji, Japan and New Zealand. Additional teams will be reviewed for international classification in the next two years.
International EMTs from Japan, the Republic of Korea and Thailand were sent to the Lao People’s Democratic Republic during the 2018 floods to support the response. The Lao People’s Democratic Republic has since started a programme to train national staff as EMTs in an effort to prepare for future events. Two international EMTs – Team Rubicon and AmeriCares – were deployed to support the Commonwealth of the Northern Mariana Islands during a recent cyclone. National EMTs were activated in Vanuatu for the Ambae volcano eruption and in Solomon Islands for flooding. National teams also were deployed in the Philippines as the main medical and public health response for Typhoon Ompong and an earthquake in Central Luzon.

A regional stockpile has been essential in providing Member States with emergency supplies and relief equipment to alleviate mortality and morbidity during emergencies. Emergency health kits, water and sanitation equipment, transport solutions and medicines were dispatched to all requesting countries and areas affected by disasters and outbreaks. Over the past year, these recipients included Cambodia, the Commonwealth of the Northern Mariana Islands, the Lao People’s Democratic Republic, Mongolia, Papua New Guinea, the Philippines and Vanuatu.

3. ACTIONS PROPOSED

The Regional Committee for the Western Pacific is requested to note the reports on progress in preparedness and response capacities to manage public health security threats through implementation of APSED III and the DRM-H Framework.
13.2 NONCOMMUNICABLE DISEASES AND MENTAL HEALTH

1. BACKGROUND AND ISSUES

Noncommunicable diseases (NCDs) – including cardiovascular disease, cancer, chronic respiratory diseases and diabetes – are responsible for 86% of premature deaths in the Western Pacific Region and 71% worldwide. The burden of NCDs, including mental illness, is also growing, with depression now the single biggest cause of ill health and disability globally.

Work in these areas is guided by several action plans and strategies, including the *Western Pacific Regional Action Plan for the Prevention and Control of Noncommunicable Diseases (2014–2020)*, which is aligned with the *Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020*. Other frameworks that guide WHO technical support to reduce NCD risk factors include the *Regional Action Plan for the Tobacco Free Initiative in the Western Pacific (2015–2019)*, the *Action Plan to Reduce the Double Burden of Malnutrition in the Western Pacific Region (2015–2020)*, the *Global Strategy to Reduce the Harmful Use of Alcohol* and the *Regional Action Plan on Health Promotion in the Sustainable Development Goals (2018–2030)*.

The Regional Committee in 2014 endorsed the *Regional Agenda for Implementing the Mental Health Action Plan 2013–2020 in the Western Pacific*, which guides implementation of the global action plan endorsed a year earlier by the World Health Assembly.

2. ACTIONS TAKEN

NCDs and ageing has been identified as a thematic priority for the Western Pacific Region over the next five years. In support of that effort, country capacity surveys were conducted in all Member States in 2019 to monitor progress towards the NCD commitments made by Heads of State at the United Nations in 2011, 2014 and 2018. In addition, a workshop on strengthening NCD surveillance and monitoring was organized in Seoul, Republic of Korea, in May 2019. Following joint missions of the United Nations Interagency Task Force on NCD prevention and control, support to develop an NCD investment case was provided in Mongolia and the Philippines to share lessons regarding how effective investment in NCD prevention and control can advance the Sustainable Development Goals and universal health coverage.
Actions on streamlining services to strengthen primary health care continue to be rolled out. The WHO *Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Health Care in Low-Resource Settings* is being implemented throughout the Region. Mongolia was supported in launching a national version of WHO PEN. In addition, Member States have been supported to strengthen national capacity for cancer prevention and control. A regional meeting on the elimination of cervical cancer, a priority under the WHO *Thirteenth General Programme of Work 2019–2023*, was organized in June 2019 in Manila, Philippines. Participants reviewed and provided feedback on a draft global strategy to accelerate cervical cancer elimination, which will be submitted to the WHO Executive Board in January 2020 for consideration by the World Health Assembly in May 2020.

The *Global Action Plan on Physical Activity 2018–2030* was launched in October 2018 in Manila during the session of the Regional Committee and at the 8th Global Conference of the Alliance for Healthy Cities in Kuching, Malaysia. Since then, the Global Action Plan has been rolled out in several countries. Health-promoting schools, action for healthier families, community engagement, communication for behaviour change and health promotion foundations are among the initiatives for health promotion in the Region.

Also over the past year, with WHO’s technical and legislative support, countries implemented comprehensive tobacco control measures at the national level, including on taxation, product regulation, packaging and labelling of tobacco products, and smoke-free laws, as well as working with stakeholders on enforcement and conducting surveillance.

In addition, guidance and technical support were provided to Member States to address the double burden of malnutrition: addressing undernutrition by promoting and protecting breastfeeding through implementation and monitoring of the *International Code of Marketing of Breast-milk Substitutes*, as well as growth monitoring and promotion and the adoption of the Baby-Friendly Hospital Initiative and initiatives addressing overweight and obesity, healthy eating and other essential nutrition actions in Cambodia, Malaysia, Mongolia, the Philippines and Viet Nam.

In line with the *Regional Agenda for Implementing the Mental Health Action Plan 2013–2020 in the Western Pacific*, Member States are strengthening governance, service delivery, health promotion and information systems for mental health. Since 2017, the WHO Mental Health Gap Action Programme for community-based mental health services has been implemented in 17 countries and areas. The Regional Agenda identifies mental health in disasters as a priority condition. Hence, mental health and psychosocial support was integrated into emergency responses in Cambodia, the Lao People’s Democratic Republic and Papua New Guinea.
The Regional Agenda also promotes community-based health services for dementia, in line with the *Global Action Plan on the Public Health Response to Dementia 2017–2025*. Fourteen countries in the Region have re-enrolled in the Global Dementia Observatory, an online data and knowledge platform that also functions as a monitoring mechanism for the Global Action Plan.

WHO in the Western Pacific Region also launched three training modules on strengthening leadership and advocacy skills in alcohol harm prevention and reduction for core groups of clinicians, public policy leaders, and community and youth advocates from Cambodia, the Lao People’s Democratic Republic, Mongolia and Viet Nam.

### 3. ACTIONS PROPOSED

The Regional Committee for the Western Pacific is requested to note the progress in addressing NCDs, their risk factors and mental health in the Region.
13.3 CLIMATE CHANGE, ENVIRONMENT AND HEALTH

1. BACKGROUND AND ISSUES

Climate change poses a vast range of health risks for countries in the Western Pacific Region, from warmer temperatures that increase the range of malaria, dengue and other vector-borne diseases to a rise in waterborne and foodborne diseases associated with extreme weather events. Some Pacific island countries and areas are threatened by rising sea levels. And for some Asian countries, pollution and other environmental issues associated with rapid economic development pose serious health risks. In all, about 3.5 million deaths a year in the Region are attributable to avoidable environmental risks, in particular air pollution.

To provide guidance to Member States, the Regional Committee for the Western Pacific in October 2016 endorsed the Western Pacific Regional Framework for Action on Health and Environment on a Changing Planet. In addition, the World Health Assembly in May 2019 endorsed the WHO Global Strategy on Health, Environment and Climate Change and the Global Action Plan on Climate Change and Health in Small Island Developing States.

2. ACTIONS TAKEN

Action over the past year focused on working with Member States to implement the Western Pacific Regional Framework for Action on Health and Environment on a Changing Planet, which has four strategic action areas: 1) enhancing governance and leadership; 2) building networks, coalitions and alliances; 3) evidence and communication; and 4) strategic financing and resource mobilization.

Working with counterparts in Cambodia, China, Fiji, the Lao People’s Democratic Republic, Mongolia, Papua New Guinea, the Philippines and Viet Nam, WHO carried out country needs assessments and drafted country-specific action plans for water and sanitation services in health-care facilities. Activities are ongoing in China, the Lao People’s Democratic Republic, Mongolia and Viet Nam for policy development and institutional capacity-building in occupational health. Pacific island countries and areas have developed a road map to implement the Pacific Islands Action Plan on Climate Change and Health to enhance health resilience to climate change.
In addition, WHO coordinated with various networks, coalitions and alliances over the past year, and the Organization served as Secretariat for the Asia-Pacific Regional Forum on Health and Environment and its working groups on air quality, climate, environment and health.

Evidence and communications are important elements of advocacy and action on climate change, environment and health. Over the past year in the Region, WHO published the following action plans and regional reports: Drinking-water, Sanitation and Hygiene in the Western Pacific Region: Opportunities and Challenges in the SDG Era; Pacific Islands Action Plan on Climate Change and Health; and Climate Change and Health in Small Island Developing States: A WHO Special Initiative, Pacific Island Countries and Areas. A short advocacy video on air pollution was also produced. Fiji, Palau, Samoa, Solomon Islands, Tuvalu and Vanuatu have drafted national climate change and health profiles.

In response to serious challenges in protecting human health from adverse environmental impacts, the agreement establishing the WHO Asia-Pacific Centre for Environment and Health in the Western Pacific Region in Seoul, Republic of Korea, was signed in January 2019. Currently, Cambodia, Kiribati, the Lao People’s Democratic Republic, Solomon Islands, Tuvalu and Vanuatu are working with WHO’s assistance to make their health systems more climate-resilient. To that end, these six countries are at different stages of planning initiatives, such as improvements to surveillance systems to make them better able to detect diseases impacted by climate change, to be launched over the next year.

In addition, Papua New Guinea has developed a project, with technical support from WHO, to improve safe water and sanitation in 50 health-care facilities in five provinces. Since 2018, WHO has been coordinating with ministries of health in Kiribati and Tuvalu on a project on climate change and community health. Also working with WHO, Cook Islands, the Lao People’s Democratic Republic, the Federated States of Micronesia, Mongolia, the Philippines and Viet Nam have developed concept notes to facilitate access to the Green Climate Fund.

3. ACTIONS PROPOSED

The Regional Committee for the Western Pacific is requested to note the progress in addressing the health impacts of climate change and the environment in the Western Pacific Region.
13.4 ACTION PLAN ON HEALTHY NEWBORN INFANTS

1. BACKGROUND AND ISSUES

The Regional Committee for the Western Pacific, recognizing that deaths of newborn infants accounted for half of all under-5 deaths in the Region, endorsed the Action Plan for Healthy Newborn Infants in the Western Pacific Region (2014–2020) in October 2013. The Action Plan highlights the Early Essential Newborn Care (EENC) package of evidence-based interventions that have helped reduce newborn mortality and yet were not routinely practised.

The first progress report on implementation of the Action Plan was presented to the Regional Committee in October 2016. At that time, EENC had been introduced in 2243 health facilities, which accounted for about 6% of all health facilities in the eight priority countries with the highest burden of maternal and neonatal deaths – Cambodia, China, the Lao People’s Democratic Republic, Mongolia, Papua New Guinea, the Philippines, Solomon Islands and Viet Nam. In addition, more than 27,000 health professionals had been coached in EENC by that time. Some 77% of newborn infants in facilities where EENC had been introduced were receiving the EENC intervention of skin-to-skin contact after birth and 80% were exclusively breastfeeding in the first days of life, at the time of the first progress report. This was vastly improved from 2013.

Progress in providing greater access to quality EENC under the Action Plan for Healthy Newborn Infants in the Western Pacific Region (2014–2020) has led to calls from Member States to extend the span of the Action Plan until 2030.

2. ACTIONS TAKEN

In the three years since the first progress report on the Action Plan, EENC coverage has more than tripled. By early 2019, EENC had been introduced in 6921 health facilities across the eight priority countries. EENC had reached 74% of facilities in seven of the eight priority countries – excluding China, where the initiative was first rolled out in 2016 and has since been introduced in 112 health facilities. As of 2019, Cambodia, the Philippines and Solomon Islands had achieved the Action Plan target of 80% of health facilities providing childbirth services implementing EENC. Mongolia and Viet Nam are on track to achieve the target by the end of 2020. Across the entire Region, more
than 50 000 health professionals have been coached on routine childbirth and newborn care, nearly doubling the 2016 figure.

Care for preterm and low-birthweight newborn infants in the Region remains suboptimal, with only 7% receiving Kangaroo Mother Care (KMC) at the time of the 2016 progress report. Currently, KMC, which involves continuous skin-to-skin contact between mother and baby and exclusive breastfeeding, has been rolled out in all priority countries, with nearly 200 (40%) of provincial, regional and national hospitals in priority countries (excluding China) having introduced KMC, an increase from 75 (15%) hospitals in 2016.

As a result, newborn care practices have significantly improved. Compared to 2013 when EENC interventions were rarely and inconsistently practised, 87% of term babies currently receive skin-to-skin contact, and 85% are exclusively breastfed in the first days of life. The proportion of preterm and low-birthweight babies receiving KMC has increased five-fold to 35% in 2019. In central Viet Nam, a regional hospital documented statistically significant decreases in neonatal morbidities and admissions to the neonatal intensive care unit after the introduction of EENC. The Lao Social Indicator Surveys found that the newborn mortality rate in the Lao People’s Democratic Republic decreased from 32 to 18 per 1000 live births between 2012 and 2017.

While countries have made significant progress, challenges remain: five countries need to continue scaling up EENC; the quality of EENC in hospitals must be improved; and EENC practice for babies born preterm, with low birthweight and by caesarean section needs higher coverage. Current efforts must be sustained to accelerate progress in ensuring quality newborn care using the approach highlighted in the Action Plan.

3. ACTIONS PROPOSED

The Regional Committee for the Western Pacific is requested to note the progress in providing universal access to quality EENC and ongoing efforts using the approach outlined in the Action Plan for Healthy Newborn Infants in the Western Pacific Region (2014–2020).
13.5 COMMUNICABLE DISEASES:
MEASLES AND RUBELLA ELIMINATION

1. BACKGROUND AND ISSUES

A resurgence of measles in the Western Pacific Region began in 2013 with increased virus transmission in endemic countries, as well as large outbreaks in non-endemic countries due to imported viruses. In 2014, goals for measles and rubella elimination were among eight regional immunization goals included in the Regional Framework for Implementation of the Global Vaccine Action Plan in the Western Pacific, which the Regional Committee for the Western Pacific endorsed (WPR/RC65.R5).

In 2017, the Regional Committee endorsed the Regional Strategy and Plan of Action for Measles and Rubella Elimination in the Western Pacific and urged all Member States to establish a national rubella elimination target year and develop or update national measles and rubella elimination strategies and action plans (WPR/RC68.R1).

As a result of the hard work of Member States, guided by the Regional Framework and the Regional Strategy and Plan of Action, the Region in 2017–2018 achieved a historically low incidence of measles and rubella. Despite those gains, a global resurgence of measles in 2018–2019 took its toll on the Region, with measles sharply rising in the Philippines and importation-related outbreaks in many other countries.

2. ACTIONS TAKEN

As of March 2019, Australia, Brunei Darussalam, Japan, the Lao People’s Democratic Republic, Malaysia, Macao SAR (China), New Zealand, the Republic of Korea and Viet Nam have established rubella elimination target dates. The Subregional Committee for the Verification Committee of Measles Elimination in Pacific Island Countries and Areas proposed a rubella elimination target date of no later than 2022 for 17 Pacific island countries and areas, in line with the Regional Strategy and Plan of Action. Cambodia and the Lao People’s Democratic Republic have finalized, and Viet Nam and Mongolia have begun drafting, new or revised national action plans for measles and rubella elimination.
Access to measles- and rubella-containing vaccines (MRCV) is ensured in all countries in the Region. In 2018, a total of 23 countries in the Region reported high national immunization coverage for the first dose of MRCV (at or above 90%), with 18 countries reporting coverage above 95%. At the subnational level and across different populations, coverage may vary. Efforts to strengthen access to routine vaccination for all are ongoing.

Supplemental immunization activities (SIAs) were a priority for Member States, with WHO supporting SIAs over the past three years in Cambodia, Kiribati, Fiji, the Lao People’s Democratic Republic, the Federated States of Micronesia, Papua New Guinea, the Philippines and Viet Nam. Papua New Guinea and the Philippines plan SIAs during 2019. High-quality outbreak preparedness and response, with direct support or WHO guidance, helped Australia, Cambodia, Hong Kong SAR (China), Japan, Macao SAR (China), Mongolia, New Zealand and the Republic of Korea prevent major secondary measles transmissions after importation-related outbreaks.

Australia, Brunei Darussalam, Cambodia, Hong Kong SAR (China), Japan, the Republic of Korea, Macao SAR (China), New Zealand and Singapore were verified in 2018 as having eliminated measles. Australia, Brunei Darussalam, Macao SAR (China), New Zealand and the Republic of Korea were verified as having eliminated rubella the same year.

China, Malaysia and Viet Nam, endemic countries with large populations, prevented large-scale measles resurgences in 2018–2019, despite a global resurgence.

3. ACTIONS PROPOSED

The Regional Committee for the Western Pacific is requested to note the progress in the implementation of the Regional Strategy and Plan of Action, as well as progress in combating measles and rubella.
13.5 COMMUNICABLE DISEASES:
HIV, VIRAL HEPATITIS AND SEXUALLY TRANSMITTED INFECTIONS

1. BACKGROUND AND ISSUES

An estimated 1.5 million people in 2017 were living with HIV in the Western Pacific Region, with approximately 930,000 of those people receiving antiretroviral therapy. However, an estimated 100,000 new HIV infections occurred in the Region during the same year, with a significant increase in new infections recorded in the Philippines. In addition, the Western Pacific Region has a high burden of hepatitis, with an estimated 115 million cases of chronic hepatitis B infection and 14 million cases of chronic hepatitis C infection. There were roughly 23 million incident cases of gonorrhoea and 845,000 cases of syphilis in the Region in 2016, the latest year for which complete data are available, with syphilis and gonococcal antimicrobial resistance on the rise. Work on these issues is guided by the Global Health Sector Strategies on HIV, viral hepatitis and sexually transmitted infections (STIs) for 2016–2021, the Regional Action Plan for Viral Hepatitis in the Western Pacific 2016–2020 and 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.

2. ACTIONS TAKEN

WHO continued working with Member States to implement the Global Health Sector Strategies, as well as the Regional Action Plan and Framework, aiming to position the responses to HIV, hepatitis and STIs under the umbrella of universal health coverage.

HIV treatment coverage in the Region has increased steadily from 37% in 2014 to 62% in 2017. The HIV response focused on key populations in Cambodia, China, Malaysia, Papua New Guinea, the Philippines and Viet Nam in an effort to reduce new infections through pre-exposure prophylaxis, the roll-out of decentralized community-based models of HIV testing and partner notification, and the transition to new and more effective treatment regimens.

Galvanizing country action towards hepatitis elimination continued. Seventeen countries have developed or are drafting national action plans. Overcoming testing and treatment barriers is a priority as only 17% of cases are diagnosed and a mere 3% are receiving treatment. In China, drug price negotiations resulted in reduction from US$ 3000 to US$ 30 per year to treat hepatitis B. Seven
middle-income countries are accessing lower-cost generic direct acting antivirals (DAAs) to treat hepatitis C. Service delivery models to deliver hepatitis care at decentralized levels are in progress. WHO will work with Member States, experts and stakeholders to develop the hepatitis regional action plan for 2021–2030.

In response to increasing STI cases in several countries, WHO intensified support to Member States through STI disease burden estimates, strengthening surveillance systems and review, and updating treatment guidelines. The Philippines has launched the Region’s first enhanced gonococcal antimicrobial surveillance programme. In addition, collaborative efforts across programmes have begun to strengthen cervical cancer control across the Region.

Malaysia in 2018 became the first country in the Region to be validated for the elimination of mother-to-child transmission of HIV and syphilis. Countries are integrating antenatal testing into essential service packages and developing efficient linkages to care for infected pregnant women, their partners and newborn children.

Stigma, discrimination and equitable access to services, particularly among key populations, still pose challenges in the Region for those with HIV, hepatitis and STIs. Integrated efforts are underway to include essential services in national health insurance systems, as well as to increase domestic financing for priority programmes.

3. ACTIONS PROPOSED

The Regional Committee for the Western Pacific is requested to note the progress in combating HIV, viral hepatitis and STIs in the Region.
13.5 COMMUNICABLE DISEASES:
IMPLEMENTATION OF THE END TB STRATEGY

1. BACKGROUND AND ISSUES

The Western Pacific Region, guided by the *Regional Framework for Action on Implementation of the End TB Strategy in the Western Pacific, 2016–2020*, has made substantial progress in the prevention and care of tuberculosis (TB). Deaths due to TB declined 7%, and TB incidence dropped 3% in 2017, compared to the 2015 baseline. However, the incidence rate is declining too slowly. TB continues to be one of the Region’s major public health challenges. There were 1.8 million new cases of TB and an estimated 100,000 deaths from the disease in 2017 in the Region. About 25% of incident TB cases are not notified to national TB programmes. The Region also had an estimated 114,000 incident multidrug-resistant/rifampicin-resistant TB (MDR/RR-TB) cases in 2017. Less than 20% of those cases were reported to have started on appropriate treatment.

Recent country surveys indicate that a large proportion (between 30% and 70%) of TB patients and their families face catastrophic costs due to TB. The coverage of preventive TB treatment among high-risk groups – notably the people living with HIV and contacts younger than 5 years old of bacteriologically positive TB cases – has increased in the past few years, but still remained low at 38% and 17% respectively, according to the most recent data (2017).

Following up on commitments from the WHO Global Ministerial Conference to end TB in December 2017, the World Health Assembly in May 2018 requested the Director-General, in consultation with Member States, to develop a global strategy for TB research and innovation as well as a multisectoral accountability framework to accelerate progress to end TB by 2030.

2. ACTIONS TAKEN

Member States in the Region have made significant progress in the implementation of the Regional Framework, with an estimated 14,000 additional TB cases and 7000 drug-resistant TB cases diagnosed in 2017 compared to 2014. The improvement in diagnoses is due in large part to the expansion of systematic screening and the increasing use of a rapid molecular diagnostic tool, GeneXpert. The Region also maintains a high treatment success rate for drug-sensitive TB of better than 90% for several years. Programmatic management of drug-resistant TB has been strengthened in
all five high-priority countries – Cambodia, China, Papua New Guinea, the Philippines and Viet Nam – with new drugs and shorter treatment regimens as per updated WHO guidelines, among other actions. Member States were updated on the new WHO guidelines on drug-resistant TB and latent TB infection, which offer more convenient and efficient treatment and care options. With support from WHO and other partners, priority countries are planning the transition to the new guidelines.

Eight countries determined their baseline for catastrophic costs due to TB treatment and care, a movement the Region is spearheading. More and more countries are reviewing social protection schemes and similar programmes in an effort to improve the options for supporting people with TB.

In September 2018, the United Nations General Assembly held its first-ever high-level meeting on the fight to end TB. The meeting committed decisive and accountable leadership, creating a major opportunity to close gaps in TB diagnosis, treatment and prevention. Inspired by the United Nations meeting and guided by WHO targets, many countries in the Region have taken bold steps to update their action plans and committed to ambitious targets at the General Assembly.

With the inputs from Member States globally, WHO published the multisectoral accountability framework in May 2019 to accelerate progress to end TB by 2030. In consultation with national TB programme managers and other stakeholders, WHO has prepared a draft of a global strategy on research and innovation that is slated for consideration by the Executive Board in January 2020.

The WHO Regional Office for the Western Pacific will work with Member States, experts and stakeholders to evaluate progress under the Regional Framework and determine next steps for the Organization’s work with Member States on TB in the Region.

3. ACTIONS PROPOSED

The Regional Committee for the Western Pacific is requested to note the progress in the implementation of the Regional Framework to end TB and support its evaluation as the next step in the preparation of an updated framework to guide future work.