PROGRESS REPORTS ON TECHNICAL PROGRAMMES

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

14.1 Thematic priority: Health security, including antimicrobial resistance
14.2 Thematic priority: Noncommunicable diseases and ageing
14.3 Thematic priority: Climate change, the environment and health
14.4 Thematic priority: Reaching the unreached
14.5 Driving the vision of For the Future

The Regional Committee for the Western Pacific is requested to note the progress made and the main activities undertaken.
14.1 THEMATIC PRIORITY: HEALTH SECURITY, INCLUDING ANTIMICROBIAL RESISTANCE

1. BACKGROUND AND ISSUES

Health security has been a long-standing priority for WHO and Member States in the Western Pacific Region. The Region is inordinately prone to health security threats from disease outbreaks, natural disasters, food safety events and other public health emergencies. The nature, consequences and contexts of those events are increasingly complex. For this reason, the Regional Committee in 2019 adopted a vision that highlighted health security (including antimicrobial resistance) as one of four key priorities for WHO’s work in the Region. This vision, For the Future: Towards the Healthiest and Safest Region (RC70/INF/1), is the Region’s implementation plan for the WHO Thirteenth General Programme of Work 2019–2023, which includes a goal of better protecting 1 billion more people from health emergencies. To achieve this and the other priorities, For the Future puts forth new ways of working to help countries address complex issues such as those related to health security. The three iterations of the Asia Pacific Strategy for Emerging Diseases have served as strategic action frameworks to advance core capacities required under the International Health Regulations (2005), known as IHR (2005). Endorsed by the Regional Committee in 2016, the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED III) guides Member States in strengthening public health emergency preparedness and response capacities by improving core public health systems, increasing connectivity and coordination, and investing in continuous improvement. Progress on implementing APSED III is provided in section 2.1.

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 after a World Health Assembly mandate for Member States to incorporate disaster risk management into health systems, the Framework reinforces the essential role of the health sector in managing health risks from disasters from all hazards. The Framework positions the health sector as a key actor in the disaster risk management agenda. Progress on implementing the Regional Framework is provided in section 2.2.

Antimicrobial resistance (AMR), the result of continued overuse and misuse of antimicrobials, has become one of the biggest threats to global health security, affecting human, animal and environmental health and development. The 2016 Political Declaration of the High-Level Meeting of the United Nations General Assembly on AMR recognizes that a global One Health approach is essential to mitigate the human, social, economic and environmental costs of AMR. To further support Member
States, the Regional Committee endorsed in 2019 the *Framework for Accelerating Action to Fight Antimicrobial Resistance in the Western Pacific Region* (WPR/RC70/7). The Framework guides Member States to accelerate implementation of the 2014 *Action Agenda for AMR in the Western Pacific Region* (WPR/RC65.R4) and national action plans mandated by the World Health Assembly in 2015. While challenges remain, the directions for countries are clear. More efforts are needed to preserve the efficacy of antimicrobials, so that these life-saving medicines remain available and effective. The new Framework supplements existing strategies and action plans while presenting new ways of working to enable long-term and future-oriented action to sustainably combat AMR. Progress on implementing the Framework is provided in section 2.3.

Every year, unsafe food sickens hundreds of millions and kills hundreds of thousands of people, especially in low- and middle-income countries in Asia and Africa. Unsafe food also costs the world an estimated US$ 110 billion in lost productivity and medical expenses each year, according to the World Bank. Recognizing the challenges for food safety systems across the Western Pacific Region, the Regional Committee in 2017 endorsed the *Regional Framework for Action on Food Safety in the Western Pacific* to be implemented from 2018 to 2025. Progress on implementing the Regional Framework is described in section 2.4.

2. ACTIONS TAKEN

Event-based surveillance teams at the WHO Regional Office for the Western Pacific monitor the signals of potential public health threats in the Region. Between July 2019 and June 2020, surveillance teams detected 725 signals of potential emergency health threats. Of these, 57 were verified as new public health events: 47 due to infectious diseases, seven to natural hazards and three to other causes.

Guided by the *Emergency Response Framework*, WHO responded to 44 of these events in the Region, activating its regional Emergency Operations Centre and Incident Management Support Team to support Member States. Those events included a measles outbreak in the Pacific, poliomyelitis outbreaks in the Philippines and Malaysia, and the coronavirus disease 2019, or COVID-19, pandemic.

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

Member States in the Region, in collaboration with WHO and other partners, have continued their efforts to strengthen health security systems. As per recommendations from the APSED Technical Advisory Group (TAG) June 2019 regional meeting, pandemic preparedness efforts have served as a
driving force to further advance health security systems and capabilities in countries. These efforts to strengthen systems in the Region have been acutely tested by COVID-19.

The COVID-19 pandemic responses are supported by more than a decade of work guided by APSED to build health security systems in the Region. Virtual sessions such as the APSED TAG meeting in July 2020 and regular video conferences with Member States have provided critical opportunities for Member States, TAG members and WHO to share experiences and learn from real events for continuous improvement to further strengthen the response to COVID-19 and health security systems for the longer term.

The APSED approach emphasizes the importance of developing, testing and updating emergency response plans, as well as continuously strengthening readiness of systems to effectively implement response plans. While addressing actual health emergencies, countries have adjusted existing public health emergency or pandemic response plans or developed response plans for specific emergencies. The WHO Regional Office released *Preparing for Large-Scale Community Transmission of COVID-19* in February 2020, followed by the *Western Pacific Regional Action Plan for the Response to Large-Scale Community Outbreaks of COVID-19*. These guidance documents served as references for countries developing COVID-19 emergency response plans. In implementing response activities, countries have leveraged the experience and knowledge gained under APSED to learn from past epidemics, pandemics and other emergencies.

In responding to COVID-19 and other major emergencies, countries have activated their command and coordination mechanisms – not only within the health sector, but also whole-of-government and whole-of-society mechanisms to engage non-health sector actors and communities. Incident management system principles and emergency operations centres were effectively utilized for emergency operations management. IHR communications through national focal points and WHO Regional Office contacts have played crucial roles during these emergencies. They helped provide timely notification and informed risk assessments at all levels, including the initial determination of COVID-19 as a public health emergency of international concern.

During health emergencies, authorities often must make response decisions with limited information. To help address surveillance system limitations, the WHO Regional Office has worked with countries to develop a new approach to risk assessment that synthesizes information from multiple sources to inform response decision-making. This approach is presented in the 2020 WHO guidance document: *Epidemic Analysis for Response Decision-making* (ERD). Countries in the Region have made progress in using multisource surveillance and risk assessment to guide response decision-making. Orientations were held in Cambodia, the Lao People’s Democratic Republic and Mongolia.
Multisource surveillance has been applied throughout the COVID-19 response. For example, Mongolia used ERD in December 2019 to inform the school-opening decision during influenza season. The Lao People’s Democratic Republic used trends in influenza-like illness and severe acute respiratory infection, specimens of respiratory infection cases and event-based surveillance to strengthen confidence in the observed lack of circulation of the virus early in the COVID-19 outbreak, prior to importation. Decision-making for non-pharmaceutical public health measures in several Member States regularly incorporated indicators from multisource surveillance.

As guided by APSED III, efforts continued to strengthen national and international laboratory networks. Applying the recommendations from the June 2019 APSED TAG meeting, development began for guidance on laboratory testing strategies during pandemics in countries with limited laboratory capacity. These investments have served as a critical foundation in building and expanding national laboratory capacities and networks for COVID-19, which currently include more than 150 laboratories in 10 countries in the Region. APSED III has also promoted the optimal use of new laboratory technology. This enabled the WHO Regional Office to quickly deploy point-of-care technology by mapping the footprint of the existing GeneXpert instruments, identifying gaps and assessing testing needs in Pacific island countries and areas. GeneXpert has been deployed in 47 laboratories from 19 Pacific islands and territories. Polymerase chain reaction or PCR testing had not been available in many Pacific island countries and areas, so specimens had to be sent to other countries, which greatly lengthened the turnaround time for results. Ensuring testing quality is a fundamental function of laboratories. With the roll-out of COVID-19 testing, WHO facilitated quick development of one regional (Pacific) and two global external quality assessment programmes, which now cover more than 260 laboratories in the Region. Early results from the global external quality assessment programme for national COVID-19 testing laboratories are promising: 21 out of 23 laboratories scored 100% correct results; the remaining two scored 80%.

Risk communication is another critical focus area of APSED III. Capacity-building efforts continued, with countries hosting workshops on topics such as linking risk assessment and risk communication, communication coordination, effective use of social media and listening, and behavioural insights. These workshops have continued during the COVID-19 pandemic, attended mainly by risk communication and community engagement personnel from country offices and ministries of health. Developing capacities in these areas has strengthened country responses to outbreaks and emergencies, contributing to more transparent, timely and tailored communications and ensuring that response decision-making is informed by localized solutions and community perceptions. WHO has also supported countries to design and carry out a series of capacity-building activities, for example, in Papua New Guinea, the Philippines and Viet Nam. These activities provided a foundation from which to launch their COVID-19 risk communication and community engagement plans. Social
listening and behavioural insights are also increasingly being used by countries to inform emergency response, particularly during the pandemic. For example, between March and May 2020, when a survey of health workers in the Philippines uncovered that mental health was a common concern, WHO worked with the Department of Health to boost appreciation for health professionals and help health workers access counselling and support services. WHO has also new media and other means to provide accurate, evidence-based information. The WHO regional website reached 1.87 million visitors from 1 January to 15 June 2020, and the number of followers of WHO’s regional Facebook and Twitter increased by 222% and 317%, respectively, during the first five months of 2020.

Countries and WHO have used monitoring and evaluation activities to facilitate continuous improvements of health security systems and response activities. These include IHR (2005) joint external evaluations in Brunei Darussalam, Malaysia, the Marshall Islands and Palau. Simulation exercises and after-action reviews were also conducted in various countries, including an annual IHR communication exercise called Crystal. Thirteen countries have submitted State Party annual reports to WHO, providing opportunities to review progress and address gaps in IHR capacities.

2.2. Western Pacific Regional Framework for Action for Disaster Risk Management for Health

The Region continues to experience disasters caused by various hazards with increasing frequency. Disasters due to natural hazards in the Region from July 2019 to June 2020 include: flooding in the Lao People’s Democratic Republic (August to September 2019) and Cambodia (September 2019); volcanic eruptions in Ulawun Mountain in Papua New Guinea (June to July 2019) and Taal Volcano in the Philippines (January 2020); and tropical cyclones Kammuri (Typhoon Tisoy) in the Philippines (December 2019) and cyclone Harold affecting Fiji, Solomon Islands, Tonga and Vanuatu (April 2020). Affected Member States, with support from WHO and partners, have made robust responses, activating their respective disaster risk management structures. Ministries of health and WHO collaborated in information management, surveillance and outbreak response, health facility assessments and repairs, deployments of emergency medical teams, risk communication and psychosocial support. Countries have used public health emergency operations centres to manage response operations.

Progress has also been made in the four components of the disaster risk management for health (DRM-H) framework, especially by learning from real events and emergencies. Member States have implemented national action plans for disaster risk management in collaboration with WHO and partners.

**Framework component 1 – Governance, policy, planning and coordination:** All countries have multisectoral legislation or policies for disaster risk management, with ministries of health and non-
health sectors engaged. A global consultation on national emergency response planning in August 2019 identified regional good practices for national emergency response planning, triggering the development of a road map for accelerated implementation of national emergency response plans. Some countries (such as Cambodia and Mongolia) have engaged disaster risk management authorities in advancing their health security and pandemic planning. In the context of the COVID-19 pandemic and other major outbreaks, countries have engaged the coordinating body of disaster risk management and communities to strengthen whole-of-society responses.

**Framework component 2 – Information and knowledge management:** WHO has reviewed and updated the guidance on the Strategic Tool for Assessing Risks (STAR) and strategized implementation of the tool in the Region. The new STAR is expected to help countries better assess risks for all hazards in order to guide national emergency response planning. In Mongolia, STAR has informed health emergency response planning and resource allocation. In the Philippines, the Health Resources Availability Monitoring System was introduced, which has been key in monitoring health-care resources during emergencies including the COVID-19 pandemic. WHO also supported countries in strengthening risk communication plans, tools and templates, as well as related capacity-building for DRM-H.

**Framework component 3 – Health and related services:** WHO in the Region has worked with countries in strengthening surge mechanisms and capacities for health services, organizing a training for the Global Outbreak Alert and Response Network and strengthening and coordinating international and national emergency medical teams (EMTs). The Region is now home to 10 of the 26 internationally classified EMTs. The teams in the Region have a roster of more than 4,000 responders from Australia, China, Fiji, Japan, Macao SAR (China) and New Zealand. They have responded to a measles outbreak in Samoa and other events globally. In Malaysia and the Philippines, mentorship visits supported assessment, planning and strengthening of EMTs towards international classification. In Mongolia and Papua New Guinea, scoping missions were conducted to assess and inform the formation of the national EMTs. The Lao People’s Democratic Republic also conducted assessments of EMT capacities and coordination mechanisms.

**Framework component 4 – Resources:** Countries have updated needs assessments for human resources, critical medical supplies and equipment to cope with major emergencies. They have also worked to mobilize those resources in collaboration with WHO and other partners. The WHO Regional Office has developed tools to improve deployment processes and efficiencies, including a surge roster, deployment checklist and deployment kits – all of which have proven useful during emergencies. Members of the surge roster have supported responses to a measles outbreak in the Pacific and the COVID-19 pandemic. A regional stockpile has been essential in providing Member States with
emergency supplies and relief equipment. Emergency health kits, water and sanitation equipment, transport solutions and medicines were dispatched to all requesting countries affected by disasters and outbreaks.

2.3. Antimicrobial resistance

In line with the 2019 Framework, all Member States in the Western Pacific Region have accelerated the development of policies, enhanced national action plans and strengthened systems to combat AMR in varying ways. Global and regional mechanisms have worked in parallel with WHO support to foster collaboration and action to fight AMR across countries. The set of operational shifts and new ways of working under the Framework have led to substantial progress on AMR in the Region:

Operational shift 1 – Future oriented: working backwards from a longer-term goal: WHO is supporting Member States to envision a future of optimized and sustainable use of antimicrobials. To this end, the Organization engages in high-level political dialogue on AMR with Member States to enable them to put in place strategies and steps to realize that future vision. Most notably, support is provided to infuse longer-term, future-oriented goals into national action plans and to foster multisectoral engagement and political dialogue at national, regional and global levels across sectors. To date, 19 countries and areas are implementing such plans, including Australia, Brunei Darussalam, Cambodia, China, Cook Islands, Fiji, Japan, the Lao People’s Democratic Republic, Malaysia, the Marshall Islands, the Federated States of Micronesia, Hong Kong SAR (China), Kiribati, Macao SAR (China), Mongolia, New Zealand, Papua New Guinea, the Philippines, the Republic of Korea, Singapore, Tonga and Viet Nam. Several Pacific island countries, including Samoa and Vanuatu, are adopting or implementing plans as they wait for formal adoption.

WHO supports Member States to implement national action plans through the technical working group on AMR based in the Regional Office. WHO actively coordinates a regional One Health response through a virtual tripartite secretariat with the Food and Agriculture Organization of the United Nations (FAO) and the World Organisation for Animal Health (OIE). Aware of the role of the environment in AMR, WHO also works with the United Nations Environment Programme to further inform decision-making in Member States.

Operational shift 2 – Championing health beyond the health sector: a movement to fight AMR: The WHO Regional Office supports Member States to raise awareness and understanding of AMR and foster collective action by all stakeholders. The WHO–FAO–OIE Tripartite provided support to all countries to organize World Antibiotic Awareness Week. Under the action-oriented theme “Stewards for the Future”, the Tripartite encouraged health professionals to lead stewardship activities in communities and health facilities with the aim of fostering collective action and building a movement
across a wide range of stakeholders. In addition, WHO developed a multidisciplinary education and training module to help implement programmes on antimicrobial stewardship in hospital settings.

**Operational shift 3 – Systems approach: leveraging existing systems:** WHO in the Region leveraged mechanisms and systems developed under APSED and other initiatives to bring together work to combat AMR through infection prevention and control, and strengthened clinical management to minimize transmission risks during health care. As part of response and preparedness efforts for outbreaks – such as COVID-19 and measles – WHO supports Member States in strengthening infection protection and control measures, implementing antimicrobial and diagnostic stewardship and building laboratory capacity. Furthermore, capacity-building and guidance is being provided on AMR surveillance and AMR outbreak response. These investments help mitigate outbreaks and strengthen health systems to better address AMR and other health challenges in the future.

**Operational shift 4 – Building solutions from the ground up and driving country impact:** The WHO Western Pacific Regional Antimicrobial Consumption Surveillance System aims to increase multi-stakeholder accountability and strengthen stewardship of antimicrobials to improve health outcomes. The system captures and synthesizes information on consumption across sectors and countries. Already 12 countries and areas are participating, as WHO works to enable others to improve monitoring of antimicrobial consumption. These more detailed findings on the levels of antimicrobial use in the Region will be used to inform future progress reports.

WHO continues to support the strengthening of national surveillance systems in Cambodia, the Lao People’s Democratic Republic and the Philippines, while several Member States also participate in specialized global surveillance efforts. The Organization has also designated leading institutions in the Region as WHO collaborating centres for AMR, increasing technical capacity and innovation in the fight against this global threat to health and well-being.

2.4. **Food safety**

Since its adoption in 2017, the *Regional Framework for Action on Food Safety in the Western Pacific* has helped to improve national food safety systems and served as a reference to evaluate existing systems in other WHO regions and globally. The Framework has also helped address common issues in the Western Pacific Region, providing guidance on risk-based food inspection practices and the use of reference laboratories for analysis of foodborne hazards.

To assess progress, WHO conducted virtual meetings with representatives of Cambodia, China, the Philippines and Viet Nam during March and April 2020. Written assessments were also completed in 2019 by Brunei Darussalam, Malaysia and Singapore. Reports from the International Food Safety
Authorities Network (INFOSAN) regarding food safety emergencies and country responses, as well as reports from WHO technical support over the past two years, were also considered as evidence of efforts and improvements by countries.

Achievements over the past two years are organized according to the five action areas of the Framework:

**Action area 1 – Food safety policy and legal frameworks:** In March 2019, China approved a law to optimize food safety standards and risk-based inspections. Cambodia, Fiji, the Marshall Islands and Papua New Guinea are currently developing national food safety policies, aligned with the Framework and reflecting the priorities of each country. In Malaysia, a new unit within the Ministry of Health was created to serve as the lead agency for food control, using the Framework as guidance for its national food safety plan and related activities. As a demonstration of high-level commitment, Mongolia’s State policy on health highlighted the importance of strengthening food safety. In April 2019, the Singapore Food Agency was created as the national authority for food safety and food security, with its mission aligned with the Framework. Likewise, Viet Nam has aligned food safety policy and legislation with the Framework and is conducting a pilot project in three provinces in which a single agency manages food safety.

**Action area 2 – Risk-based food inspection and enforcement:** In 2018, the Association of Southeast Asian Nations (ASEAN), which includes seven Western Pacific countries, signed the ASEAN Sectoral Mutual Recognition Arrangement for Inspection and Certification Systems on Food Hygiene for Prepared Foodstuff Products, with support and guidance from WHO based on countries’ implementation of the Framework. Brunei Darussalam, Cambodia, Malaysia, the Marshall Islands, Mongolia, the Philippines and Viet Nam are beginning to adopt risk-based approaches to food safety risk management through capacity-building, while studies to prioritize higher-risk foods are ongoing. This science-based verification approach optimizes resources by targeting foods with higher safety risks for greater scrutiny.

**Action area 3 – Food safety information underpinning evidence:** Member State participation in Codex Alimentarius committees and in INFOSAN were boosted as a result of coordinated activities to support countries in generating science-based evidence and improving capacities to respond to food safety and other health emergencies. WHO collaborating centres provided critical support, especially the China National Center for Food Safety Risk Assessment and the Singapore Food Agency. The China National Center and WHO hosted an expert consultation on strengthening food safety systems in Beijing, China, in March 2019. Meanwhile, the Singapore Agency sponsored trainings on contaminants and data collection to support the Codex Committee on Contaminants in Foods. At the country level,
Malaysia conducted chemical and microbiological risk assessments on higher-risk foods. These studies aim to help guide food safety management by advising policy-makers with reliable scientific information on the consumption of specific foods, the type and level of contaminants, and the impact on public health.

**Action area 4 – Food safety incident and emergency response:** At the regional level, the Joint External Evaluation mechanism under IHR (2005) showed a marked improvement in the implementation of food safety regulations to 75% in 2019 (from 66% a year earlier), with Cambodia, Mongolia and Viet Nam posting the highest increases in the Region. At the country level, Brunei Darussalam appointed a national contact point and focal points for INFOSAN, while finalizing its national food safety emergency response plan with WHO support. Fiji revised food safety regulations, including measures to improve recalls. Methanol poisonings have been associated with severe foodborne illness cases (including deaths) in Cambodia over the past few years. WHO supported Cambodia to put in place multisectoral standard operating procedures for outbreak investigations and response to better manage and prevent these tragic events in the future. Malaysia also developed a series of guidelines to respond to incidents and emergencies as part of its national plan. Meanwhile, Mongolia has started to draft a plan of activities on public health emergency preparedness and response. Papua New Guinea is also strengthening public health surveillance and response capacity of staff and food inspectors to respond to foodborne outbreaks. WHO supported the creation of the Philippine Rapid Alert System for Food and Feed (PhilRASFF), launched in 2017 and based on the European Union system, to enable authorities to share information and notifications on food safety incidents. The country’s plan for food safety crisis management is being reviewed by food safety authorities. In Viet Nam, a food safety emergency and response plan aligned with the WHO Framework is already being implemented.

**Action area 5 – Food safety communications and education:** In 2019, WHO helped create materials on food safety recommendations during flooding, and in 2020 on shopping safely and food safety related to Ramadan amid the COVID-19 pandemic. The shopping safely campaign was translated to local languages in Mongolia and the Philippines to increase awareness. For World Food Safety Day 2019, the WHO Philippines office produced a video with Megan Young, a Philippine celebrity and former Miss World, and Viet Nam organized a national campaign. In 2020, WHO support included a webinar on food safety in the “new normal” with more than 1000 participants from the Region and beyond, and assistance to create communications materials for Papua New Guinea. WHO also contributed to China’s food safety day activities in a meeting with all national authorities that play a role in food safety. With the increased attention on food safety, WHO regional posts on Facebook reached more than 190 000 users and generated more than 13 800 engagements on Twitter.
In sum, progress has varied between Member States and across action areas of the Framework. Some Member States have experienced significant improvements, while others continue to experience significant challenges in building and enhancing food safety systems.

3. ACTIONS PROPOSED

The Regional Committee for the Western Pacific is requested to note the progress in strengthening health security in the Region, specifically through the implementation of APSED III, the Western Pacific Regional Framework for Action for Disaster Risk Management for Health, the *Framework for Accelerating Action to Fight Antimicrobial Resistance in the Western Pacific Region* and the *Regional Framework for Action on Food Safety in the Western Pacific*. 
14.2 THEMATIC PRIORITy: NONCOMMUNICABLE DISEASES AND AGEING

1. BACKGROUND AND ISSUES

Noncommunicable diseases (NCDs) – principally cardiovascular diseases, cancer, diabetes and chronic respiratory diseases – impose a major and growing burden on health and development in the Western Pacific Region. They are the leading cause of death and disability, responsible for 80% of all deaths in the Region. For this reason, the Regional Committee in 2019 adopted For the Future: Towards the Healthiest and Safest Region as a vision for WHO’s work on Member State-driven health priorities in the coming years. NCDs and ageing are one of four thematic priorities of For the Future, which focuses on supporting people to prevent and manage NCDs and the effects of ageing with an approach that is systematic and strategic with a systems orientation.

Every country in the WHO Western Pacific Region is experiencing a surge in NCDs. They place significant pressures on health systems, health services and society as a whole, from disease and premature mortality to economic and social disruption. Many causes leading to NCDs are preventable by addressing behavioural risk factors, including tobacco use, unhealthy diets, low levels of physical activity and excess alcohol use. Exposure to these risks factors is influenced by the conditions in which people are born, grow, live, work and age – collectively known as social determinants of health. They impact the health of individuals differently, on multiple levels and to different extents at different points in time and stages of life. In order to understand and address the interlinkages between NCDs, risk factors and social determinants, cross-sectoral strategies and mechanisms that go beyond the health sector will need to be identified and implemented.

By collectively acting today to address the NCD challenges of tomorrow using a health beyond the health sector, gender-sensitive and equity-based approach, countries will be able to improve the health and well-being of untold millions of people. There is significant demand from countries for new ways of working that address the root causes of persistent gaps and inequities. As demonstrated with the coronavirus disease 2019 (COVID-19) pandemic, addressing NCDs today will protect people and communities during future emergencies by establishing mechanisms that enable uninterrupted access to NCD prevention and management services while reducing risks of serious health complications. The

1 Building health throughout the life course. Pan American Health Organization (in publication).
approach identified in *For the Future* also contains operational shifts that address structural and fundamental gaps in NCD prevention and management across the Region.


The report this year provides an update on NCDs related to the COVID-19 response, the preliminary NCD Technical Advisory Group meeting, data and surveillance, risk factor reduction and health promotion, NCD services and management, and mental health.

**2. ACTIONS TAKEN**

### 2.1 NCDs and the COVID-19 response

With underlying NCD conditions increasing the risk for severe and fatal disease in many people, WHO has provided guidance and support to countries. Community engagement is an essential mechanism to leverage local resources and networks, address local issues/challenges, identify grassroots solutions, reach vulnerable and unreached populations, encourage buy-in and compliance with protection and prevention measures, and empower communities as key actors for health. As part of its COVID-19 response, WHO developed two interim guidance notes to support Member States in better engaging communities in their work and reaching vulnerable groups. The first details the role of community engagement in situations of extensive community transmission of COVID-19, and the second covers priority actions to care for and protect vulnerable people during community transmission. Both assist Member States to ensure that efforts to prevent NCD risk factors strategically target and reach those groups most affected by the pandemic, as well as those traditionally left behind.

Further, the WHO Regional Office established a network on community engagement to activate and support a movement across the Region through which communities and community engagement are made central to WHO’s work in COVID-19 preparedness and response, and beyond. Focal points
were nominated by WHO representatives from country offices, and the inaugural meeting was held in April 2020. Through the network, focal points are supported to incorporate community engagement in workplans that address three priority areas: (1) establishing and strengthening partnerships to reach and engage with wider community networks; (2) further strengthening community governance structures to leverage and build capacity among stakeholders; and (3) optimizing the role of community health-care workers in engaging with communities. The Regional Office has supported Member States to implement these workplans. Examples of country-level work include partnerships with civil society and other groups to develop two-way communications on pandemic preparedness and response and to address barriers to the uptake of health interventions, including the acceptability and accessibility of services to prevent violence against women and children. The lessons learnt and successful practices that emerge from this network have relevance beyond the pandemic. They will inform the design of behaviour change interventions to reduce exposure to NCD risk factors, including tobacco, alcohol and unhealthy food, as well as to ensure the uptake of health promotion initiatives.

2.2. Preliminary NCD Technical Advisory Group meeting

Preliminary meetings for the Technical Advisory Group (TAG) for NCD Prevention and Control in the Western Pacific Region were held virtually from 1 to 30 June 2020. Discussions focused on the development of future directions to address fundamental gaps in three priority areas: data/surveillance, risk factor reduction and individual services. In addition to informing the 2021 TAG meeting, the discussions will also help shape the development of an integrated regional framework for NCD prevention and services. Conclusions and future directions from the June meetings include:

- NCDs, risk factors and social determinants must be better monitored and measured in order for countries to effectively reach milestones in the coming years. Immediate action must be taken to establish strong cross-sectoral teams responsible for surveillance of NCDs, risk factors and social determinants.

- In order to meet regional and global goals to reduce risk factors such as tobacco use, physical inactivity and unhealthy diets, countries are expected to develop and implement national plans that reflect their priorities and needs.

- The goal of individual services and NCD management is to reduce the risk of premature mortality by halting diabetes and reducing the prevalence of hypertension. To help achieve this goal, the regional framework to strengthen NCD services through integrated people-centred care will be further developed and implemented, with the aim of strengthening health systems for NCD integration to drive or align with universal health coverage initiatives in countries.
2.3 Data and surveillance

The **STEPwise approach to Surveillance** or so-called STEPS surveys on NCDs were carried out in French Polynesia and Wallis and Futuna, and a report published in Tonga. The Global Youth Tobacco Survey was conducted in Brunei Darussalam, Niue, the Federated States of Micronesia, Mongolia and the Philippines, and reports published in Kiribati and Tuvalu. Data generated from these surveys will guide countries and areas in understanding successes and gaps in NCD interventions to date while supporting advocacy for stronger measures.

In November 2019, a total of 31 participants from 21 Pacific island countries and areas attended “Strengthening Implementation of NCD Priority Actions in the Pacific”, a workshop in Fiji focusing on monitoring actions and policies to fight NCDs in the Pacific. As a result, the Pacific Monitoring Alliance for NCD Action dashboard was updated for all countries and areas in the Pacific, and national NCD strategies were developed or extended in Kiribati and Tuvalu.

2.4 Risk factor reduction and health promotion

In 2019, New Caledonia, Papua New Guinea and Tonga increased taxes on tobacco products. Cambodia and Samoa conducted tobacco control investment cases. Samoa hosted the first “green” and smoke-free Pacific Games in July 2019, a competition held every four years that attracts athletes from across the region. In 2019, WHO directly supported Fiji, Nauru, Samoa and Tuvalu to engage beyond the health sector to build capacity for tobacco control enforcement. Meanwhile, WHO provided assistance to Palau, Samoa and Tokelau for the development of national tobacco cessation guidelines.

Advocacy for tobacco control was sustained through the launch of the regional smoke-free workplace campaign in Japan and the annual World No Tobacco Day in May 2020, which called attention to how tobacco companies and related industries use manipulative marketing tactics targeting youths. WHO supported trainings and workshops on cessation, legal capacity-building and smoke-free environments. The trainings were provided in collaboration with regional partners, including WHO collaborating centres and the Southeast Asia Tobacco Control Alliance.

Since 2018, Niue has adopted comprehensive national tobacco control regulations. Samoa also adopted a national tobacco control policy. Meanwhile, Fiji ratified the *Protocol to Eliminate Illicit Trade of Tobacco Products*. In March 2020, the Philippines adopted an executive order to regulate electronic nicotine and non-nicotine delivery systems, heated products and other novel tobacco products. The Philippines also increased the tax on e-cigarettes and heated tobacco products. Eight Western Pacific Member States participated in the 2019 Sustainable Development Goals Voluntary
National Review. Cambodia, Fiji, Mongolia, Nauru, Palau and Tonga included NCDs and/or tobacco control as priorities in their voluntary national review reports.

Action to prevent diet-related NCDs through healthy food and nutrition environments continues to be a priority. Salt reduction initiatives were supported in China, Malaysia, Mongolia and Viet Nam. Technical guidance and tools were also provided to support Member States in the development, implementation and monitoring of the *International Code of Marketing of Breast-milk Substitutes*, as well as policies for protecting children from the harmful impact of food marketing. In 2019, taxes on sugar-sweetened beverages were introduced in Malaysia, with the revenue earmarked for obesity prevention programmes, including nutrition promotion activities in schools and recreational facilities, such as playgrounds in communities. Tonga also increased taxes on sugar-sweetened beverages in 2019.

Health-promoting schools, health literacy, community engagement and communication for behaviour change to promote healthy lifestyles and physical activity are among the initiatives for health promotion in different settings in the Region.

### 2.5 NCD services and management

Accelerated action reoriented health systems to integrate NCD management in 18 countries through leveraging initiatives and further strengthening implementation of the WHO *Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Health Care in Low-Resource Settings*. In the Pacific, efforts have resulted in an increased proportion of people who are more in control of their diabetes and hypertension in Cook Islands, Fiji and Nauru. Mongolia has benefited from the national implementation of WHO PEN, which was improved by stronger governance and partnership that expanded service coverage based on the HEARTS technical package for cardiovascular disease management in primary health care. Cambodia was likewise supported by digital innovations to enhance the quality of care for people with hypertension and diabetes.

### 2.6 Mental health

Disaster mental health is increasingly recognized as a priority condition: mental health and psychosocial support components were integrated into the public health response to COVID-19 in the Western Pacific Region. Implementation of the WHO *Mental Health Gap Action Programme* for community-based mental health services continued in 17 countries and areas: Cambodia, Cook Islands, China, Fiji, Kiribati, the Federated States of Micronesia, Nauru, Niue, Palau, the Philippines, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu and Viet Nam.
Promoting community-based health services and strengthening information systems are also important to ensure access to mental health services for dementia. From the Region, 14 countries are enrolled in the Global Dementia Observatory online data and knowledge exchange platform, which functions as a monitoring mechanism for the Global Action Plan on the Public Health Response to Dementia 2017–2025. Countries enrolled are Australia, Brunei Darussalam, Cambodia, China, Cook Islands, Fiji, Japan, Malaysia, Mongolia, New Zealand, the Philippines, the Republic of Korea, Singapore and Viet Nam.

3. ACTIONS PROPOSED

The Regional Committee for the Western Pacific is requested to note the progress in advancing the thematic priority for the prevention and management of NCDs and the promotion of healthy ageing in the Western Pacific Region.
14.3 THEMATIC PRIORITY:
CLIMATE CHANGE, THE ENVIRONMENT AND HEALTH

1. BACKGROUND AND ISSUES

The Regional Committee for the Western Pacific in 2019 adopted *For the Future: Towards the Healthiest and Safest Region*, which highlights climate change, environment and health as a thematic priority for WHO’s work in the Region in the coming years (RC70/INF/1). The goal is to ensure that countries and communities in the Region have the capacity to anticipate and respond to the health consequences of the changing climate and environment, with the health sector taking a lead role in cross-sectoral, multi-stakeholder efforts. The COVID-19 pandemic has accelerated the pace at which countries must adapt and prepare for changes on the health horizon, including the existential threat that climate changes poses to some islands in the Pacific.

2. ACTIONS TAKEN

The Regional Director announced the establishment of a WHO regional platform on climate change, the environment and health (CCE Platform) at the Thirteenth Pacific Health Ministers Meeting in August 2019. The Platform brings together stakeholders, information and tools related to the thematic priority, providing a forum for sharing experiences to drive a collective response to the climate crisis and environmental impacts on health.

To support the implementation of the thematic priority and to act as the engine of the CCE Platform, the Technical Advisory Group (TAG) on climate change, environment and health was established in April 2020. Sixteen experts from diverse backgrounds have been appointed as TAG members, in recognition of the need for a cross-cutting multidisciplinary approach to address environmental health issues.

The TAG met virtually for the first time from 23 to 25 June 2020, joined by representatives from six Member States. Using one of the new ways of working in *For the Future* known as “back-casting”, participants discussed and identified a desirable future that can be achieved by 2024, then charted the way forward with four pillars to support implementation of the thematic priority:
(1) providing advocacy to raise the profile of the climate change, environment and health priority and to articulate the health co-benefits of actions and policies from non-health sectors;
(2) building resilience into health systems to withstand the impacts of climate change and environmental threats;
(3) monitoring the impact of climate change and the environment on health to provide timely, accurate and strategic information to inform decision-making, guide advocacy, drive action, and track the impacts and successes of interventions; and
(4) applying a climate change and environment lens to WHO work.

TAG members agreed to meet on a regular basis to ensure a continuum of work, with the short-term goal of identifying two to three strategic priorities for each pillar and developing practical high-level actions under each pillar by September 2020.

Opportunities such as the Pacific Heads of Health meeting, the World Health Assembly, the Pacific Health Ministers Meeting and others will be utilized to further discuss and press progress.

3. ACTIONS PROPOSED

The Regional Committee for the Western Pacific is requested to note the progress in the establishment of the CCE Technical Advisory Group and the CCE Platform as key components for implementing the For the Future thematic priority on climate change, the environment and health.
14.4 THEMATIC PRIORITY:
REACHING THE UNREACHED

1. BACKGROUND AND ISSUES

Since 2000, the Western Pacific Region has seen marked improvements in maternal, child and family health through control and elimination of communicable diseases such as malaria, dengue and other neglected tropical diseases (NTDs). But progress remains fragile: some diseases kept resurging, and disadvantaged and marginalized groups continue to be unreached by essential health services and interventions. While the momentum for ending epidemics and improving mother and child health needs to be sustained, the Region must harness the potential of grassroots solutions, innovation and the strategic use of data for action to reach unreached populations as part of efforts to strengthen national universal health coverage efforts and to accelerate progress towards disease elimination and control targets.

The Regional Committee endorsed the Western Pacific Regional Action Plan for Dengue Prevention and Control (2016) (WPR/RC67.R4), providing guidance that has enhanced country- and regional-level progress to further reduce morbidity and mortality. The Action Plan stresses six enabling factors and five technical elements to deliver sustainable, effective and evidence-informed prevention and control efforts for dengue and other arboviral diseases. Member States have made solid progress in reducing case fatality rates though improved case management; however, reducing dengue cases has proved elusive. More efforts are needed to prevent and reduce dengue virus transmission through control of vector mosquitoes and interruption of human-vector contact. This requires a whole-of-system approach and enhanced community engagement. Progress on dengue prevention and control is detailed in section 2.1.

In 2016, the Regional Committee also endorsed the Regional Action Framework for Malaria Control and Elimination in the Western Pacific (2016–2020) (WPR/RC67.R3), which was aligned with the Global Technical Strategy for Malaria 2016–2030 (WHA68.2). The Framework aims to strengthen health system elements to make the Western Pacific Region malaria-free by 2030 by achieving three milestones: at least a 50% reduction in malaria mortality and a 30% reduction in morbidity; malaria elimination in three countries by 2020, namely China, Malaysia and the Republic of Korea; and the establishment and maintenance of elimination-capable surveillance systems. Member States must continue to improve access to malaria services for the most vulnerable, high-risk and unreached groups, including mobile and migrant populations and forest goers in the Greater Mekong Subregion, and
remote communities in Pacific island countries and areas. Progress on malaria control and elimination is presented in section 2.2.

The Western Pacific Region has made significant progress in the control and elimination of NTDs over the past decade. To accelerate achievements, the Regional Committee endorsed the *Regional Action Framework for Control and Elimination of Neglected Tropical Diseases in the Western Pacific* (WPR/RC69/5) in 2018. The Framework guides Member States to enhance programmatic components and reinforce a whole-of-system multisectoral approach under four strategic pillars. Progress implementing each pillar is provided in section 2.3. Overall, progress towards elimination has been accelerated for diseases with proven elimination strategies and tools. For sustainable control and elimination of many other diseases, however, the approach must gradually be shifted from a reliance on preventive chemotherapy to a whole-of-system approach with multisectoral interventions and service delivery.

2. ACTIONS TAKEN

2.1 Dengue

The reported number of dengue cases annually in the Western Pacific Region has continued to increase since 2000. The numbers plateaued between 2016 and 2018 with approximately 450,000 cases reported annually. Then in 2019, an unprecedented increase in the reported number of dengue cases occurred: more than 1 million cases were reported without any changes in surveillance systems or reporting criteria. WHO traced the increase to a change in serotypes of circulating dengue virus and weather conditions that optimized propagation of the vector mosquitoes in several countries, in addition to continuing urbanization and expansion of unplanned high-density settlements. Nonetheless, improved case management throughout the Region has led to continuous declines in the case fatality rate from 0.52% in 2000 to 0.19% in 2019.

Guided by the Regional Action Plan, WHO continued working with Member States to strengthen national capacity to further reduce case fatality rates and to minimize the health impact of dengue on communities and health services. Cambodia, the Lao People’s Democratic Republic and the Philippines developed national multi-year strategic plans for the prevention and control of dengue. Fiji also incorporated dengue prevention and control in its national action plan for control and elimination of NTDs. Malaysia is currently updating its national dengue strategic plan.
Cambodia, the Lao People’s Democratic Republic, Malaysia, the Philippines and Viet Nam developed or updated clinical diagnosis and case management guidelines based on the latest evidence and tools and organized training sessions to strengthen health system capacity at all levels. The Philippines is planning to establish so-called centres of excellence in selected tertiary care hospitals to improve management of dengue cases while serving as training and research centres on dengue prevention and control. Malaysia continued to strengthen its national real-time dengue surveillance to facilitate prompt action down to the community level. WHO also facilitated offshore laboratory services and technology transfer for dengue testing and serotyping of samples from patients with dengue-like illness and Zika-like illness in collaboration with WHO collaborating centres and other laboratories in the Pacific.

WHO continued to support dengue outbreak response in countries through procurement and deployment of rapid diagnostic kits for dengue and chikungunya, insecticide-impregnated bed nets, insect repellent and other vector control equipment and supplies. The Organization also provided technical support and experts in countries for strengthening integrated vector management, case management and risk communication. This included technical support to pilot and scale up Wolbachia-based biocontrol of *Aedes* vectors in Fiji, Kiribati, the Lao People's Democratic Republic, Malaysia, New Caledonia, Vanuatu and Viet Nam. In response to severe outbreaks in Cambodia and the Philippines in 2019, WHO supported both countries to develop national risk communication and health education strategies for the prevention and control of dengue, targeting both health professionals and the public. WHO also assisted the countries in organizing risk communication training workshops to enhance community engagement in dengue prevention.

Cambodia, the Lao People’s Democratic Republic, the Philippines and Viet Nam also developed dengue vector surveillance guidelines, which they are currently building national capacity to implement at all levels. China has expanded its national dengue surveillance network in geographical coverage and functionality, including insecticide resistance surveillance of *Aedes* mosquitoes and an online surveillance and reporting system. Vanuatu has developed a national strategy for vector surveillance and vector control monitoring and evaluation. A manual for surveillance and control for *Aedes* vectors in the Pacific was also developed in consultation with Member States and in collaboration with the Pacific Community in line with the WHO *Global Vector Control Response 2017–2030* (WHA.70.16).

During 2018 and 2019, WHO supported the organization of international dengue training workshops on integrated vector management in collaboration with the Government of Malaysia and its Institute for Medical Research, and on sustainable *Aedes* vector surveillance and control, laboratory diagnosis and clinical case management in collaboration with the Government of Singapore and its National Environment Agency, with participation from multiple countries in the Region. WHO also
supported the organization of a subregional integrated vector management training of trainers in Fiji for 12 Pacific island countries in 2017, as well as the organization of integrated vector management trainings in Fiji, Kiribati, the Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Samoa, Tonga and Vanuatu in order to strengthen national capacity for *Aedes* vector surveillance and control. The establishment and building of national programme capacity to monitor the insecticide resistance status of *Aedes* vectors in Kiribati and Samoa were also supported by WHO in 2017. Additionally, subregional capacity-building efforts for evidence-based and sustainable vector surveillance and control in the Pacific has commenced in 2020 with support from the Australian Government. This initiative aims to develop practical country-specific strategic action plans for sustainable control, containment and outbreak responses in Pacific island countries and areas. Meanwhile, WHO continued to facilitate research on better ways to fight dengue throughout the Region, collaborating in the Special Programme for Research and Training in Tropical Diseases and with other partners and research institutions.

2.2 Malaria

From 2018 to 2019, malaria cases reported in the Western Pacific Region decreased by only 1%. Cases decreased by 25% both in Cambodia and the Lao People’s Democratic Republic, while they increased by 17% in both the Philippines and Solomon Islands. Deaths from malaria fell by 14% in the Region during the same period. These figures exclude Papua New Guinea, where reported cases increased by 25% due to outbreaks, while deaths from malaria dropped by 17%, demonstrating improved access to health services for severe malaria.

WHO continued to work with Member States to ensure universal access to preventive interventions, diagnosis and treatment. Malaria programme reviews were conducted to assess progress and identify challenges to accelerate elimination. National strategic plans for malaria elimination were updated in Cambodia, the Lao People’s Democratic Republic, Papua New Guinea, the Philippines, Solomon Islands and Vanuatu. WHO supported malaria elimination feasibility and funding landscape assessments for Papua New Guinea, Solomon Islands and Vanuatu in 2020 to guide planning and resource mobilization initiatives.

WHO supported strengthening of malaria surveillance through the development of national health system capacities to eliminate the disease in all malaria-endemic Member States, and monitoring of antimalarial drugs through conduct of therapeutic efficacy studies and monitoring of insecticide resistance in countries to help optimize treatment and prevention. Regional and national capacities on malaria diagnosis, vector control and acceleration of elimination through improved surveillance activities were maintained through regular regional and national training for technical staff in
Cambodia, the Lao People’s Democratic Republic and Viet Nam, working with WHO collaborating centres and other technical partners. The Lao People's Democratic Republic also conducted an intensive re-stratification exercise in 2019 to inform and optimize programme implementation, including effective allocation and distribution of resources, as part of its efforts to reach the unreached.

WHO continued to facilitate coordination of efforts to accelerate malaria elimination in the Greater Mekong Subregion through the Mekong Malaria Elimination (MME) programme. Demonstrating continued high-level commitment, ministers of health in the Greater Mekong Subregion signed a call for accelerated action to eliminate malaria at the World Health Assembly in May 2018. Cambodia has exemplified efforts targeting hard-to-reach, high-risk groups through implementation of a plan to provide diagnosis, treatment and preventive services to forest goers, migrants and cross-border populations.

WHO supported the third annual Global Forum of Malaria-eliminating Countries held in China in June 2019. As part of the global E-2020 initiative, WHO supports these 21 countries as they scale up efforts to achieve elimination within the 2020 timeline. E-2020 countries in the Western Pacific Region include China, Malaysia and the Republic of Korea. China and Malaysia are on track to achieve the milestone set in the Regional Action Framework by reporting zero indigenous cases of malaria since 2018. As of 2019, China has maintained three consecutive years of indigenous malaria-free status, qualifying to apply for WHO certification in 2020. Malaysia is on track to qualify to apply for WHO certification in 2021 if it continues to maintain zero indigenous cases in 2020, although zoonotic malaria remains a concern. The Republic of Korea has initiated the development of a national strategy for malaria elimination.

2.3 Neglected tropical diseases

Guided by the Regional Action Framework for Control and Elimination of Neglected Tropical Diseases in the Western Pacific, the Region continued to make progress in the control and elimination of NTDs through both focused and system-based approaches. Significant progress has been achieved over the past decade. Most notably, 10 out of 22 countries endemic for lymphatic filariasis and three out of 11 countries endemic for trachoma in the Region achieved 2020 elimination targets. Still, WHO and Member States continue to spearhead joint efforts to combat the 15 NTDs that affect more than 94 million people in 28 countries and areas in the Region. Over the past two years, specific progress has been made around strategic pillars under the Framework, as follows:

Catalysing and sustaining coordinated multisectoral actions: WHO continued to provide support to Member States to establish multisectoral governance mechanisms and develop national strategic or action plans for the control and elimination of NTDs. To date, 12 Member States in the Region have
either disease-specific or integrated national plans on NTDs. In 2019, Cambodia and Mongolia organized a multisectoral consultation to develop new national strategic plans on NTDs with the active participation of other sectors, including human health, animal health, education, water, sanitation and hygiene. WHO also collaborated with the Food and Agriculture Organization of the United Nations (FAO) and the World Organisation for Animal Health (OIE) to support the Lao People’s Democratic Republic and the Philippines to develop national multisectoral strategic plans for the elimination of rabies in 2019. Several other countries’ plans are to be updated after 2020.

WHO further strengthened regional collaboration and cooperation with FAO and the OIE to facilitate multisectoral dialogue and cooperation for the control and elimination of zoonotic NTDs at the country level. The three organizations jointly organized a meeting in October 2018 in the Lao People’s Democratic Republic to accelerate the prevention and control of foodborne parasitic zoonoses in selected Asian countries. They also worked together with more than 100 representatives from the Association of Southeast Asian Nations (ASEAN) and other One Health partners to strengthen commitments to tackle rabies during the ASEAN–Tripartite Rabies Meeting in December 2018 in Viet Nam. The three organizations also jointly supported Brunei Darussalam and Malaysia to carry out dog-mediated rabies risk assessments in response to ongoing outbreaks in December 2018 and May 2019, respectively.

**Enhancing intervention and service delivery:** WHO continued to facilitate the donation of quality-assured medicines and supported 19 Member States to implement annual or semi-annual preventive chemotherapy for the control and elimination of NTDs, including mass drug administration and deworming campaigns.

To strengthen competency of the health workforce at all levels to plan, deliver and report NTD interventions, WHO supported 10 countries to organize annual nationwide or islandwide training for health workers and school teachers. In particular, training workshops in American Samoa, Malaysia, Papua New Guinea, Samoa, Tuvalu and Vanuatu emphasized pharmacovigilance to prevent and manage serious adverse events associated with mass drug administration using triple drug therapy for the elimination of lymphatic filariasis or multiple medicines for integrated control of yaws and soil-transmitted helminthiases.

Member States continued to explore new opportunities to integrate intervention delivery across diseases and with other programmes in order to enhance the efficiency and cost-effectiveness of interventions. Vanuatu combined regular community outreach activities for NTD interventions – mass treatment for yaws, deworming for soil-transmitted helminthiases, screening for scabies and hygiene promotion – with community screening of noncommunicable diseases in 2019 to institutionalize the
delivery of integrated community outreach services. Papua New Guinea has been evaluating the impacts and safety of co-administering community-based treatments against lymphatic filariasis, yaws, soil-transmitted helminthiases and scabies since the end of 2018.

As the Western Pacific Region has the highest burden of scabies, WHO hosted an informal consultation in February 2019 in the Philippines on a framework to accelerate public health control of scabies. Using guidance from the meeting and working with WHO and a WHO collaborating centre, Fiji and Solomon Islands are scaling up efforts to achieve public health control of scabies using preventive chemotherapy.

**Engaging and empowering communities:** While preventive chemotherapy for NTDs invariably engages communities for effective administration of medicines and health education, further efforts have been made to enhance behaviour change in affected communities to ensure sustained impacts of NTD interventions.

Cambodia and the Lao People’s Democratic Republic continued to scale up community-led initiatives to improve water and sanitation facilities for the elimination of schistosomiasis and control of other parasitic diseases from 2018 to 2020. WHO has assisted communities to reduce the parasitic disease burden through participatory dialogue to empower voluntary efforts that address poor sanitation and hygiene practices. Since its 2017 launch in the two countries, 26 remote villages that were endemic for parasitic infections have achieved over 70% sanitation coverage, a testament to the potential of grassroots community advocacy for reaching the unreached.

Vanuatu also launched health workforce training in 2019 to build capacity to engage communities and promote personal and community hygiene in order to prevent, control and eventually eliminate NTDs such as yaws, scabies, trachoma and intestinal worms. During the coronavirus disease 2019 (COVID-19) awareness campaign and the response to Cyclone Harold in April 2020, NTD programmes and the health workforce continued to integrate NTD treatment and hygiene promotion into regular community outreach activities.

**Measuring impacts and generating evidence:** WHO continued to support 14 countries and areas to carry out regular surveillance activities on NTDs using standard indicators and an integrated approach, where possible. To further enhance national and subnational capacity and facilitate integrated routine surveillance on skin-related NTDs, such as yaws, scabies and leprosy, WHO has worked with one of its collaborating centres to develop a training manual and visual aid for detection, diagnosis, treatment and prevention of skin NTDs, which will be rolled out for nationwide capacity-building in Solomon Islands and Vanuatu in 2020.
WHO also supported endemicity mapping of parasitic zoonoses to enhance understanding of the true burden and generate evidence to prove that coordinated One Health interventions can most effectively eliminate transmission of such diseases between animal and human sectors: Cambodia completed nationwide mapping of foodborne trematodiases, the Lao People’s Democratic Republic progressed with mapping of taeniases and cysticercosis, and Mongolia implemented baseline mapping of echinococcosis in a high-burden province from 2018 to 2020.

3. ACTIONS PROPOSED

The Regional Committee for the Western Pacific is requested to note the progress in the implementation of the Western Pacific Regional Action Plan for Dengue Prevention and Control (2016), the Regional Action Framework for Malaria Control and Elimination in the Western Pacific (2016–2020) and the Regional Action Framework for Control and Elimination of Neglected Tropical Diseases in the Western Pacific.
14.5 DRIVING THE VISION OF FOR THE FUTURE

1. BACKGROUND AND ISSUES

Medicines and the health workforce are critical elements of a well-functioning health system that need to be supported by effective regulatory systems. These regulatory systems must ensure the quality and safety of medicines and the health workforce. While legislative frameworks do exist in all countries, their implementation and enforcement remain uneven. Meanwhile, the need for effective regulatory systems in the Region continues to grow, driven by the introduction of more therapeutic products and new technologies and services, as well as the increasing mobility of people and products.

In 2017, Member States recognized the need for additional emphasis on regulatory issues by endorsing the Western Pacific Regional Action Agenda on Regulatory Strengthening, Convergence and Cooperation for Medicines and the Health Workforce (WPR/RC68.R7). The Action Agenda guides Member States to strengthen regulatory systems for medicines and the health workforce using a stepwise approach and to participate in global and regional convergence and cooperation platforms to support this process. It emphasizes the need for cooperation among Member States as an approach to extend regulatory reach and enable them to implement the full range of regulatory functions. The Action Agenda also encourages cooperation among Member States to enhance compatibility and improve compliance and enforcement of regulatory processes.

This report provides an update on implementation of the Regional Action Agenda, which is fundamental to the achievement of universal health coverage, and therefore the Sustainable Development Goals. In addition, The Action Agenda supports implementation of the Regional Framework for Implementation of the Global Vaccine Action Plan in the Western Pacific (WPR/RC65.R5), which prioritizes strengthening critical functions of national regulatory authorities (NRAs) to accelerate entry of low-cost, safe and effective vaccines in vaccine-producing middle-income countries. Further, the Action Agenda supports implementation of Better Laws for Better Health: Western Pacific Regional Action Agenda on Strengthening Legal Frameworks for Health in the Sustainable Development Goals (WPR/RC69.R5), which strategically frames WHO’s technical assistance to Member States in identifying priority action areas, improving processes and enhancing capacities of stakeholders.
2. ACTIONS TAKEN

All Member States in the Western Pacific Region continue to strengthen their national regulatory systems, with substantial progress on the implementation of the Regional Action Agenda.

2.1 Strengthening national regulatory systems

- Raising awareness of the importance of effective regulatory systems to improve quality and safety within the health system, thereby protecting public health and advancing universal health coverage

The regulatory landscape of medical products is dynamic in nature and requires continued improvement. WHO ensures that regulatory updates and technical support reach every Member State. The Organization developed websites to improve information exchange and conducted in-country training sessions to ensure awareness of effective regulatory systems is consistent at the national level. WHO is also organizing semi-annual meetings through the Western Pacific Regional Alliance for NRAs.

The health workforce is critical for a functioning health system. However, considerable variability exists in the regulatory arrangements for health workers, as a result of which patients and communities are not offered the same level of protection and standard of care. To assist work to strengthen health workforce regulation, the Australian Health Practitioner Regulation Agency has been designated as a WHO Collaborating Centre for Health Workforce Regulation. An important component of this collaboration was the establishment of a cross-professional collaborative network of health workforce regulators in the Region. The network, through its quarterly virtual meetings, continues to increase communication and information exchange and works to assist standardization of regulatory standards and practice in the Region.

- Engaging in policy advocacy and dialogue to support legislative reform and regulatory system strengthening, including engagement with lawmakers to galvanize political commitment and action

WHO continues work with Member States in filling gaps in laws and regulations to eliminate barriers to regulatory research, entry of new life-saving medical products and participation in regulatory convergence and cooperation. Viet Nam has amended legislation to include regulatory flexibilities on clinical trials for imported medicines. The Congress of the Federated States of Micronesia passed its
pharmaceutical bill in 2019. WHO is supporting Fiji, Mongolia and Papua New Guinea in revising their current laws.

WHO continues to work with Member States on policy and regulatory issues relevant to promoting access to safe and quality health care, ensuring appropriate standards of education of health workers and managing complaints regarding the conduct and practice of health workers. Cambodia continues to enact the provisions in the newly adopted legislation on regulation of health personnel. In the Lao People’s Democratic Republic, the Ministry of Health is supporting the functions under the Health Professional Councils and the Health Professional Bureau. In Viet Nam, the law on examination and treatment is currently undergoing revision, including a provision for the establishment of a national medical council. Papua New Guinea is also in the process of amending its Health Practitioners Bill.

- Supporting Member States in applying self-evaluation tools and using the results to inform policies and actions to strengthen regulatory system performance

WHO continues to work with Member States on NRA benchmarking through the use of the Global Benchmarking Tool (GBT), a core strategy to evaluate the maturity level of NRAs. The tool and benchmarking methodology enable WHO and regulatory authorities to identify strengths and areas for improvement, facilitate the formulation of an institutional development plan (IDP) to build on strengths and address identified gaps, aid in prioritizing investments in IDP implementation, and help monitor progress.

WHO began assessing regulatory systems in 1997 using a set of indicators designed for vaccines. Since then, several revisions have streamlined the tool across different products. The Organization provided support to 11 countries (Brunei Darussalam, Cambodia, China, the Lao People’s Democratic Republic, Malaysia, Mongolia, Papua New Guinea, the Philippines, the Republic of Korea, Singapore and Viet Nam) in the Region in conducting self-assessments. China and Viet Nam performed the official benchmarking in 2014 and 2018, respectively. China is undergoing reassessment, and Viet Nam is addressing the recommendations before final endorsement of the results.

WHO continues to work with Member States to share information, advise and strengthen health workforce regulation, including the licensing/registration of health workers and regulatory standards of practice for health workers. The Organization provided support to nine countries (Cambodia, China, the Federated States of Micronesia, the Lao People’s Democratic Republic, Papua New Guinea, the Philippines, the Marshall Islands, Tuvalu and Viet Nam) in the Region on policy and actions to strengthen regulatory performance.
WHO also conducted a status update on the regulation and education of traditional and complementary medicine (T&CM) practitioners in the Western Pacific Region. The purpose of this review was to provide a snapshot of regulatory frameworks and educational arrangements for the T&CM workforce in countries and areas of the Region. In addition, it provides a resource to assist Member States with the design (or redesign) of national policies and laws on T&CM workforce regulation.

- Providing technical support to implement IDPs in NRAs, thereby strengthening capacity for core regulatory functions

IDPs contain strategic activities of Member States to address gaps identified during NRA assessments as well as the milestone(s) and road map for the coming two to three years. They serve as the basis for monitoring improvement and progress.

WHO is working with partners and donors to help Member States implement their IDPs. The Ministry of Food and Drug Safety of the Republic of Korea supported the IDPs of five priority countries (Cambodia, the Lao People’s Democratic Republic, Mongolia, the Philippines and Viet Nam) through bilateral agreements on laboratory strengthening, provision of equipment and rehabilitation of facilities, and workforce capacity-building. The Indo-Pacific Regulatory Strengthening Program of Australia supported Cambodia, the Lao People’s Democratic Republic, Papua New Guinea and Viet Nam to build capacity for registration and marketing authorization. The Asia Training Center for Pharmaceuticals and Medical Devices Regulatory Affairs hosted by Japan supported workforce development through training seminars on registration for Asian regulators. The International Vaccine Institute based in the Republic of Korea supported vaccine pharmacovigilance strengthening.

Recognizing the value of working with partners and support from mature NRAs, Member States achieved significant milestones. They include the official launch of the registration and marketing authorization systems of Cambodia and Papua New Guinea in 2019. The Philippines NRA joined the list of inspection services under a mutual arrangement of Southeast Asian nations on good manufacturing practices for medicine. Papua New Guinea started operation of a national control laboratory furnished with advanced laboratory equipment for testing.

As part of strengthening vaccine pharmacovigilance, the Vaccine Adverse Event Information Management System (VAEIMS) electronic reporting system supports Member States that have limited capacity for active surveillance and casualty assessment. VAEIMS was advocated in Cambodia, the Lao People’s Democratic Republic, Mongolia and Viet Nam. Viet Nam’s NRA successfully operationalized the system.
2.2 Strengthening and coordinating global, regional and subregional NRA networks

- Promoting greater participation by Member States in existing or evolving networks for convergence

The Western Pacific Regional Alliance for NRAs was formed in 2011 as a mechanism to promote cooperation between Member States to tackle regulatory challenges and facilitate cooperation between mature and less mature regulatory authorities. The Regional Alliance has 14 countries and areas actively participating: Australia, Brunei Darussalam, Cambodia, China, Hong Kong SAR (China), Japan, the Lao People’s Democratic Republic, Malaysia, Mongolia, New Zealand, Papua New Guinea, the Philippines, the Republic of Korea, Singapore and Viet Nam.

In the past year, the Regional Alliance worked on: (1) supporting countries to develop capacity to perform core regulatory functions based on their needs and contexts, guided by the WHO performance criteria for regulatory maturity; (2) building capacity for specific regulatory functions including medicines registration, regulatory inspection, quality assurance and pharmacovigilance, quality management systems, laboratory quality assessments, clinical trial oversight and product evaluation; (3) forming partnerships and mobilizing resources to support resource-limited NRAs; (4) developing a harmonized approach to strengthen the regulation of vaccines and medicines; and (5) sharing information on lessons and best practices.

The Regional Alliance is governed by its Steering Committee, which oversees the development of policies and guides its strategic objectives and workplan. In August 2018, new Steering Committee members were proposed for the 2019–2023 term: Australia, Brunei Darussalam, Japan, New Zealand, Papua New Guinea, the Philippines and the Republic of Korea.

WHO is working with Pacific island countries and areas to establish a subregional regulatory platform for medical products. The Pacific islands have their own regulatory systems of varying capacity and level of development and have either no or limited medicines regulations. Having ineffective regulations will increase the risk of substandard and falsified medical products that affect public health. Over the years, WHO and other development partners have been supporting Pacific island countries and areas to improve regulatory systems. In general, every country needs to strengthen its regulatory system but is unable to do so on its own.

During the August 2019 meeting in French Polynesia, the Pacific health ministers endorsed the establishment of a subregional regulatory platform for Pacific pharmaceutical governance to support countries in developing comprehensive medicine regulations with appropriate legislative frameworks. The subregional regulatory platform will adopt and harness good regulatory practices, while improving
the capacity of individual countries. Key focus areas include the registration of medical products and licensing of establishment, quality assurance and pharmacovigilance. Over the past two years, WHO has supported the initiative of the Therapeutic Goods Administration of Australia to establish a system for monitoring the quality of medicines in the Pacific island countries and areas. This programme serves as a foundation for a quality assurance system of medical products in the Pacific islands and countries.

The Western Pacific Regional Network of Health Workforce Regulators continues to serve the purpose of promoting good practice regulation and cross-country learnings on health workforce regulation in the Region. It consists of nominated focal points from Member States of the Region. Through regular quarterly meetings, the Network meets its objectives of assessing trends, policies and critical issues in health workforce regulation in the Region, as well as promoting good regulatory practices in health workforce regulation between Member States.

- **Facilitating the dissemination of information, best practices and experiences across the convergence and cooperation initiatives**

  WHO supports information exchange between Member States through organized workshops and study tours. The Regional Alliance conducts an annual workshop that provides a venue for sharing best practices between countries.

  The Western Pacific Regional Network of Health Workforce Regulators plays an important role in the exchange of lessons on implementation of regulatory policies or approaches across countries. In addition, the Network, through its focal points, advocates coordinated action to strengthen health workforce regulation across the Region.

  WHO is developing an electronic tool that provides information and guidance on strengthening legal frameworks for health, including the workforce.

- **Assisting in the development of appropriate regulatory standards and guidelines**

  WHO coordinates with NRAs and stakeholders in the development of norms and standards at the global level. At the regional level, the Organization ensures that all countries participate in the consultation process to ensure country contexts are considered.

  WHO also supports Member States to ensure that regulatory standards are implemented consistently. In 2019, the Organization conducted a regional workshop on pandemic influenza vaccine deployment and another on the implementation of the WHO guidelines on regulatory preparedness for provision of marketing authorization of human pandemic influenza vaccines in non-vaccine-producing
countries. The workshops provided guidance for countries to improve regulatory pathways in protecting the public during pandemics through reliance and recognition of regulatory processes across countries.

In addition, the Collaborative Registration Procedure between the WHO Prequalification of Medicines Programme and National Medicines Regulatory Authorities in the Assessment and Accelerated National Registration of WHO-prequalified Pharmaceutical Products advocates the concept of reliance and recognition to eliminate duplication of work, helping countries to focus resources on other priorities.

WHO has been providing in-country support for the development of comprehensive policies and plans to strengthen health workforce regulation. In addition, annual subregional meetings on health professional education reforms have been organized in 2017–2019 to create opportunities for participants from Cambodia, China, the Lao People’s Democratic Republic, Mongolia and Viet Nam to share experiences and good practices and develop country-specific plans for action. In 2019, WHO organized a regional meeting to take stock of progress made in regulation of T&CM practitioners and to identify areas and actions for collaboration to strengthen regulatory systems for T&CM practitioners in the Region.

3. ACTIONS PROPOSED

The Regional Committee for the Western Pacific is requested to note the progress in the implementation of the Western Pacific Regional Action Agenda on Regulatory Strengthening, Convergence and Cooperation for Medicines and the Health Workforce.