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**PROGRESS REPORTS ON TECHNICAL PROGRAMMES**

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

- 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. Continued regional cooperation, partnership and solidarity are essential in responding to health security threats. The Region is at risk of 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, and impacted to varying degrees by climate change, demographic shifts and socioeconomic trends. 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*, 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 implementing APSED III is reported below under 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. It positions the health sector as a key actor in the disaster risk management agenda. Progress implementing the DRM-H Framework is reported below under 2.2.

Antimicrobial resistance (AMR) has become one of the most serious threats to global health security. AMR is an ever-present threat to the achievement of universal health coverage, the Sustainable Development Goals and the security of populations in the Region. In 2019, the Regional Committee

endorsed the *Framework for Accelerating Action to Fight Antimicrobial Resistance in the Western Pacific Region*, which guides Member States to accelerate the implementation of the 2014 *Action Agenda for Antimicrobial Resistance in the Western Pacific Region* and the *Global Action Plan on Antimicrobial Resistance* mandated by the World Health Assembly in 2015. The Framework guides countries: (1) to strengthen systems as a foundation for sustainable actions; (2) to work beyond health; (3) to take actions today, guided by their vision of the future; and (4) to build “grounds up” solutions with strong country impact. Progress implementing the AMR Framework is reported below under 2.3.

Every year, unsafe food kills hundreds of thousands of people and sickens hundreds of millions more, especially in low- and middle-income countries in Asia and around the world. 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 implementing the Regional Framework is described below under 2.4.

## 2. ACTIONS TAKEN

Event-based surveillance teams at the WHO Regional Office monitor the signals of potential public health threats throughout the Region. Between 1 July 2020 and 15 May 2021, surveillance teams detected 1016 signals of potential emergency health threats. Of these, 53 were verified as new public health events: 40 due to infectious diseases, nine to natural hazards and four to other causes.

Guided by the *Emergency Response Framework*, WHO responded to 41 of these events in the Region, including activating its regional Emergency Operations Centre and Incident Management Support Team to support Member States. Those events included a tropical cyclone in the Philippines, botulism in Viet Nam and the coronavirus disease 2019 (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 efforts to strengthen health security systems. The APSED Technical Advisory Group (TAG) concluded at their regional meeting in July 2020 that APSED III is the ideal road map for IHR (2005) implementation in both the WHO Western Pacific and South-East Asia regions. In fact, guidance from previous TAG meetings played a substantial role in preparing Member States for the response to COVID-19. Member States have developed and implemented innovative tools including those for data

management, surveillance, risk communication and community engagement for responding to the pandemic.

The Western Pacific Region takes a two-tier approach to strengthening preparedness for health security: the response to a current event (such as COVID-19) is used to support and prepare system readiness for the next event (such as the next pandemic). This approach has enabled Member States to develop strong updated national action plans for COVID-19 pandemic response and prepare systems for future health emergencies in line with APSED III. For example, infection prevention and control capacities were strengthened, especially in countries with significant needs such as Brunei Darussalam, the Lao People's Democratic Republic, Papua New Guinea and the Philippines through assessment, training and technical support. In undertaking 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, countries quickly activated their command and coordination systems that bring together partners from the health sector and beyond in whole-of-government/whole-of-society mechanisms. Under the WHO Division of Pacific Technical Support, the Pacific Joint Incident Management Team was set up to provide timely and tailored support to 21 Pacific island countries and areas, and coordinate partners' resources and assistance to contain and suppress COVID-19 outbreaks. This mechanism ensured actions were linked and coordinated among partners for a more effective and efficient response in the Pacific.

Information-sharing through the IHR channel between national focal points and the WHO Regional Office has been strengthened to support contact tracing, as well as informed risk assessments at all levels. Three meetings of national IHR focal points have been organized to support the process of adapting border control measures and refining national response strategies. Countries have been guided to implement long-term sustainable approaches for responses that balance the need to control the pandemic along with the resumption of economic activities.

During health emergencies, authorities often face the challenge of making response decisions with limited information. Technical support has been provided to countries to monitor for unusual trends in mortality using information from different sources to help guide interventions and adjustments to response strategies. The pandemic has provided opportunities to strengthen core surveillance capacities in countries for more effective responses to public health threats in the future. For instance, COVID-19 surveillance innovations were integrated into routine influenza surveillance in Australia, Cambodia, Fiji, Kiribati, the Lao People's Democratic Republic, New Caledonia and Palau. Now these countries and areas have expanded capacities to detect respiratory illnesses, making them more prepared to

address future threats while maintaining routine influenza surveillance. As an example, Cambodia responded to eight clusters of influenza A (H3N2) since August 2020 in various community and closed settings, allowing for timely response actions and appropriate risk communication.

Guided by APSED III, efforts have continued to strengthen national and international laboratory networks. To meet the need to increase testing capacities in the Region for SARS-CoV-2, all Member States expanded their testing capacities by establishing additional subnational testing centres. The regional strategy for implementation of SARS-CoV-2 detection involved a multilevel approach with development of guidance for laboratory testing strategies, sourcing point-of-care technology, specific reagent purchase and delivery, regional trainings, innovation and the provision of continued technical support. These efforts aimed to support development of increased public health laboratory capacity in the Region at the national and subnational levels, as well as aid clinicians to be able to diagnose COVID-19 patients in a timely manner.

As part of the strategic response, reagents, supplies and other critical materials were procured by the WHO Regional Office and either delivered to laboratories in Member States or directed to a strategic stockpile for later distribution. A number of challenges were encountered early on during the course of implementation of SARS-CoV-2 molecular detection in the Region. These included lack of availability of certain reagents, slow procurement and delivery systems, and flight restrictions impacting the distribution of supplies and reagents, as well as limiting the ability to refer specimens internationally. The need for customs clearance processes, which were slow at times, also prevented timely delivery of supplies and reagents. These challenges particularly affected Pacific island countries and areas, where polymerase chain reaction (PCR) testing had not previously been available. WHO worked with Member States to expedite clearances so that the supplies and reagents could be cleared rapidly and used to strengthen response capacity at all levels.

Broad and decentralized testing for SARS-CoV-2 is a WHO-recommended strategy to contain the pandemic by identifying cases to minimize onward transmission. Due to the growing numbers of laboratories testing for SARS-CoV-2, ensuring testing quality through external quality assessment (EQA) programmes is critical. WHO facilitated quick development of one regional (Pacific) and two global EQA programmes, which now cover more than 300 laboratories in the Region. Results from the global EQA programme for national COVID-19 testing laboratories were encouraging: 32 out of 34 laboratories (94%) scored 100% correct results; the remaining two scored 80%. The second round of this EQA programme, which has been combined with influenza EQA, was launched in May 2021. Preliminary results of the global subnational EQA programme indicated that 211 out of 223 participating laboratories (95%) scored 100% correct results. Of the remaining 12, nine scored 80%, and three scored 60%.

The COVID-19 pandemic has emphasized the need to be prepared to rapidly scale-up laboratory testing capacities for SARS-CoV-2 and future public health emergencies, at both national and subnational levels for early detection in order to limit disease spread and aid clinician diagnoses. The rapid implementation of SARS-CoV-2 molecular detection demonstrated that it is important to have a strategic and coordinated laboratory response network at all levels. In the Western Pacific Region, this was possible as a result of APSED and ongoing collaborative efforts at regional and national levels to strengthen surveillance of influenza, other respiratory viruses, and emerging and re-emerging viruses as a result of learning from previous experiences with severe acute respiratory syndrome (SARS), pandemic influenza H1N1, Middle East respiratory syndrome (MERS) and human avian influenza. Importantly, EQA is an important part of a strategic approach and should be performed on a regular basis for all laboratories involved in COVID-19 diagnostic testing.

The APSED TAG in 2021 reviewed country experiences and recommendations from global reports on COVID-19 to identify key priority areas to further strengthen short- and long-term preparedness and response at national and subnational levels. Discussions at the 2021 meeting on how the pandemic may evolve focused on two potential future scenarios. In the first scenario, the virus continues to circulate in certain areas, with occasional outbreaks, and COVID-19 may become an endemic disease with transmission stabilized at a lower level. As a result, countries decide to “live with the virus”. In the second scenario, the virus continues to evolve and may produce a new variant that is more transmissible and has greater severity and impact than already identified variants, leading to a “pandemic within a pandemic”. Available COVID-19 vaccines may also be ineffective against new variants. It is recognized that other intermediate or alternate scenarios may also be likely. Nevertheless, the role of the “two-tier” approach (preparing while responding) is applicable to both scenarios and has been used by countries during the COVID-19 response to strengthen health systems and adjust response plans during the pandemic. The APSED TAG concluded with recommendations for priority actions to control the COVID-19 pandemic over the next 6–12 months, as well as preparing for future pandemics and public health emergencies through the development of a new biregional health security action framework and vision for 2030. The TAG members also acknowledged the importance of public health and social measures and their continuous calibration to protect public health while keeping economies open.

SARS-CoV-2, the virus that causes COVID-19, continues to evolve, and mutations have resulted in variants of concern emerging to further complicate response challenges. Gene sequencing (GS) technology has played a vital role in pandemic response through identification and tracking of variants of concern and variants of interest. While GS capacities exist, they are not equally distributed in the Region. In the Western Pacific, WHO has leveraged the capacities of laboratories in Australia, Japan, the Republic of Korea and Singapore to provide sequencing support to other countries in the Region. In

order to strengthen and expand GS use to enhance multipurpose surveillance systems and strengthen risk assessment and decision-making, WHO in collaboration with regional reference laboratories is launching the Emerging Molecular Pathogen Characterization Technologies or EMPaCT Surveillance Network with the inaugural meeting scheduled for September 2021.

Risk communication and community engagement received significant attention during the past year, and capacity-building efforts continued with countries to facilitate the sharing of trusted, clear and effective community engagement approaches, which help ensure that rumours, confusion and panic do not undermine response efforts. Proactive and innovative communication strategies that involve listening and responding to public perceptions have been used to foster two-way communication. These strategies have helped enable people in hard-to-reach and other communities to make informed decisions about reducing their risks, while emphasizing the importance of individual and community responsibility for the effective implementation of public health and social measures to generate impact.

This virus will remain with us in different forms for years, and continued vigilance is required. Over the coming months, it is advised that COVID-19 policy decisions take a risk-based approach to inform not only short-term priorities but also preparedness and readiness for the long term. With support from WHO and key partners, as well as the commitments of Member States to “build back better”, the response to the COVID-19 pandemic can be used to support building resilient societies.

A series of “short guides” and a 13-part webinar series have been organized to support countries to advance key capacities and systems, including topics such as the use of social media for risk communication, the integration of risk communication and risk assessment, and listening and feedback loops. With WHO support, all priority countries achieved progress in strengthening their listening systems, whether through the introduction of automated tools for social media monitoring in Viet Nam, surveys in Papua New Guinea or novel ways to capture community feedback in Mongolia. By the end of 2020, all countries in the Western Pacific Region prioritized for risk communication support had established listening mechanisms to better understand community beliefs and behaviours, including capturing circulating rumours and misinformation. Further progress was made in 2020 in building risk communication capacities and systems, including strengthening work with partners at the country and regional levels. These efforts will prove useful beyond the pandemic to help strengthen health security and pave a path for the roll-out of the Communication for Health or C4H approach in emergency situations, as outlined in *For the Future*. In addition, the WHO regional website reached 7.67 million visitors from June 2020 to April 2021, many of whom were people looking for information about COVID-19 and WHO’s work on the pandemic response. This represents an 84.4% increase over the previous period (January to May 2020). The number of followers of WHO’s regional Facebook and Twitter accounts also increased during the same time by 16.6% and 10.2%, respectively.

Countries and WHO have used monitoring and evaluation activities to facilitate continuous improvements of health security systems and response activities. These include the State Party Annual Report and the annual IHR Crystal exercise. Conducted from 9 to 10 December 2020, the exercise supported national COVID-19 vaccine preparedness and response by using a scenario that simulated adverse events following immunization with a hypothetical pandemic vaccine following roll-out at national and subnational levels. The exercise provided significant understanding of national capacity status and gaps to be addressed for enhanced preparedness. In 2020, a total of 21 countries submitted State Party annual reports to WHO, providing opportunities to review progress and address gaps in IHR (2005) capacities. Countries used the WHO [Guidance for Conducting a Country COVID-19 Intra-Action Review](#) to conduct periodic reviews of their national and subnational response, as opportunities to learn and improve plans to better respond to COVID-19 outbreaks in their countries.

## **2.2. Western Pacific Regional Framework for Action for Disaster Risk Management for Health (DRM-H Framework)**

The Region continues to experience disasters caused by various hazards with increasing frequency. Disasters due to natural hazards in the Region from July 2020 to June 2021 include: flooding in Cambodia (October 2020), Viet Nam (October 2020) and Australia (March 2021); and tropical cyclones Goni and Vamco in the Philippines (November 2020), cyclone Yasa (December 2020) and cyclone Ana (January 2021) affecting Fiji and cyclone Seroja in Australia (April 2021). 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 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:** WHO supports countries in responding to outbreaks and public health emergencies in line with the *Emergency Response Framework*, while strengthening national and country office capacities in emergency operations management. In the context of COVID-19 and other major outbreaks, countries have engaged a coordinated whole-of-society approach to strengthen pandemic responses.

In strengthening disaster risk management in the Region, WHO provides guidance to Member States in promoting health beyond the health sector, in line with APSED III, the DRM-H Framework



and the *Sendai Framework for Disaster Risk Reduction 2015–2030*. Systematic support was provided to Member States through the incident management structure, deploying technical expertise and emergency supplies. The Health Resources and Services Availability Monitoring System or HeRAMS is an electronic medical resources and infrastructure monitoring system. The system was rolled out in the National Capital Region of the Philippines and initiated in Mindanao, including the Bangsamoro Autonomous Region in Muslim Mindanao.

**Framework component 2. Information and knowledge management:** WHO has reviewed and updated the guidance on the Strategic Tool for Assessing Risks (STAR) and strategized the 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, HeRAMS was introduced and 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 disaster risk management for health.

**Framework component 3. Health and related services:** WHO in the Western Pacific 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). WHO continues to build EMT capacity in the Region with more national teams having the capacity to deploy in response to hazards and disease outbreaks. Training was provided for EMTs and local health authorities to provide first aid to injured people and strengthen emergency health services in the four most flood-affected areas in Viet Nam. Water filters and water purification tablets were provided to commune health stations affected by the floods.

**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 is fully utilizing developed tools to improve deployment processes and efficiencies, including a surge roster, a deployment checklist and deployment kits – all of which have proven useful during emergencies. Members of the surge roster have also supported response to the ongoing pandemic.

The strategic regional stockpile has been vital in providing Member States with life-saving 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. The stockpile has been activated for a range of public health emergencies including natural hazards

such as volcanoes, earthquakes, typhoons and cyclones, as well as disease outbreaks including dengue, measles, poliomyelitis and, of course, COVID-19. The operation of the stockpile has greatly increased in view of the pandemic. The regional stockpile based in Manila has grown eightfold over the past year, regularly shipping out supplies to all requesting countries in the Western Pacific Region, including hard-to-reach locations in the Pacific.

### **2.3. Framework for Accelerating Action to Fight Antimicrobial Resistance in the Western Pacific Region**

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. Global and regional mechanisms have worked in parallel with WHO support to foster collaboration and action to fight AMR across countries.

**Operational shift 1. Future oriented: working backwards from a longer-term goal:** WHO is supporting Member States to avert the impact of AMR in the future by taking evidence-based actions supported by sustained political commitment. As a step towards engaging high-level political commitment, the WHO Regional Office is developing advocacy material to demonstrate the future impact of antimicrobial resistance if sufficient action is not taken now to reduce the spread of resistance. A key part of this is with the University of Hong Kong to develop an estimation of the health and economic burden of AMR in the Region to motivate governments to define priority actions to avert the health, social and economic impact of AMR. WHO supports the implementation of future-oriented national action plans and fosters multisectoral engagement and political dialogue at national, regional and global levels across sectors. To date, 21 countries and areas are implementing such plans, including Australia, Brunei Darussalam, Cambodia, China, Cook Islands, Fiji, Hong Kong SAR (China), Japan, the Lao People's Democratic Republic, Macao SAR (China), Malaysia, the Marshall Islands, the Federated States of Micronesia, 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 putting into effect plans as they wait for formal adoption.

WHO actively coordinates a regional One Health approach with the Food and Agriculture Organization of the United Nations (FAO) and the World Organisation for Animal Health (OIE) and more recently the United Nations Environment Programme (UNEP).

**Operational shift 2. Championing health beyond the health sector: a movement to fight AMR:** The WHO Regional Office champions participation of a wide range of stakeholders in the fight to reduce antimicrobial resistance. Central to this is the initiative: Stewards for the Future: One Region, One Movement to Fight AMR. The initiative aims to transform awareness into collective action,

eventually reaching the point where acting responsibly to combat AMR will become a societal norm and way of life for everyone. Every year, WHO invites recognized Stewards for the Future to share their stories and actions taken to combat AMR. WHO uses the World Antimicrobial Awareness Week to further promote the Stewards for the Future initiative across the Region by working with Member States to organize week-long activities to expand broad-based support among health professionals, patient groups and the public, as well as the agriculture, animal and environmental sectors. A pledge site has been established since 2018.

**Operational shift 3. Systems approach: leveraging existing systems:** WHO in the Region leveraged mechanisms and systems developed under APSED and other initiatives to strengthen systems to combat AMR, including surveillance, antimicrobial and diagnostic stewardship, infection prevention and control, and clinical management for AMR infections. In 2020–2021, regional guidance documents on AMR surveillance and AMR outbreak response have been developed. A number of countries, including Cambodia, the Lao People’s Democratic Republic, the Philippines and Viet Nam, were supported to strengthen AMR surveillance systems. Antimicrobial stewardship programmes were implemented across the Region through adoption of essential medicines lists, training and capacity-building in hospitals. WHO also has worked with partners to initiate antimicrobial stewardship programmes in the Pacific.

**Operational shift 4. Building solutions from the grounds 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 antimicrobial consumption in national, hospital and community-level institutions. This information will be readily available via an online dashboard. Already 14 countries and areas are participating, as WHO works to enable others to improve monitoring of antimicrobial consumption.

WHO continues to support the strengthening of national surveillance systems in Cambodia, the Lao People’s Democratic Republic, Mongolia and the Philippines, while several Member States also participate in specialized global surveillance efforts. WHO 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. Regional Framework for Action on Food Safety in the Western Pacific**

At the global level, experiences from the Region in implementing the Regional Framework have been used as inputs to support ongoing work to update the WHO global strategy for food safety, which is slated for presentation to the World Health Assembly in May 2022. In turn, the updated global

strategy is expected to support implementation of the Regional Framework by creating an enabling environment, building momentum for a food safety alliance involving multiple stakeholders and strengthening monitoring to better track progress at national, regional and global levels.

A series of round-table discussions were organized in March 2021 to identify common priorities to strengthen the implementation of the Regional Framework. Participants included representatives from national food safety authorities from Australia, Brunei Darussalam, Cambodia, China, Cook Islands, Fiji, Japan, the Lao People's Democratic Republic, Malaysia, Mongolia, New Zealand, Niue, Papua New Guinea, the Philippines, Samoa, Singapore, Solomon Islands, Vanuatu and Viet Nam.

A survey applied to collect information regarding the stage of implementation of Member States demonstrated that the first two action areas – food safety policy and legal frameworks, and risk-based food inspection and enforcement – are the most advanced. It also highlighted the need for focus on Pacific island countries and areas. Member States requested the strengthening of assessment mechanisms to evaluate progress in the implementation of the Regional Framework.

**Action area 1. Food safety policy and legal frameworks:** During a round-table discussion on food safety policy and legal frameworks (16 March 2021), Member States requested support from WHO to evaluate and improve legal frameworks. The Workshop on Regulatory and Food Safety Aspects of Alternative Proteins for Conventional Animal Products was held on 19–20 May 2021 to discuss the challenges Member States faced. The document “Manual for Risk Mitigation in Traditional Food Markets in the Asia-Pacific Region”, which addresses risks related to food safety, zoonosis and transmission of COVID-19 in traditional food markets, was prepared. A meeting is planned for 1 and 2 September 2021 to discuss strategies on this topic. Technical support was provided to Fiji with comments and suggestions to update national food safety legislation and on label requirements for food products.

**Action area 2. Risk-based food inspection and enforcement:** This topic was covered in the second round-table discussion (18 March 2021), and the need for technical assistance on the transition from the traditional to a risk-based food safety inspection process was identified. With WHO support, a multisectoral activity to assess Mongolia's inspection and monitoring system is ongoing with the ministries of food, agriculture and light industry, health, education, environment, and social protection, the Agency of Standardization and Metrology, the National Reference Laboratory of Food Safety and other institutions. Assessment results will guide the preparation of risk-based food inspection manuals.

**Action area 3. Food safety information underpinning evidence:** The third round-table discussion (22 March 2021) highlighted the need to strengthen food analysis and foodborne surveillance capacities and accreditations. The “Operational Guide: Use of Referral Laboratories for the Analysis of Foodborne

Hazards in the Pacific” was updated, including regional food safety hazards. Technical advice was provided to Kiribati for the development of a sampling plan for the assessment of physical contamination and to advise on issues related to labels for different imported products.

**Action area 4. Food safety incident and emergency response:** In the fourth round-table discussion (26 March 2021), priorities were identified for support to assess national food safety emergency plans through simulation exercises and to improve national risk communication plans. Technical support was provided to Viet Nam for a foodborne botulism outbreak with the donation and deployment of 12 types of botulinum antitoxin and assistance to develop the Interim National Guideline on Diagnosis and Clinical Management of Botulism.

**Action area 5. Food safety communications and education:** In the fifth round-table discussion (29 March 2021), priorities identified included the implementation of a communication strategy to address regional topics of interest and to develop training activities for national leaders in food safety risk communication. World Food Safety Day 2021 was observed with a virtual session on 3 June, organized by the WHO Regional Office for the Western Pacific in collaboration with the Regional Office for South-East Asia, FAO, OIE, UNEP and the World Food Programme under the theme: Together we make food safe: One Health approach. The event included a dedicated [webpage](#), a [video message](#) from the WHO Regional Director for the Western Pacific and a communication campaign to mark the day. Nearly 450 participants from 17 countries and areas of the Western Pacific Region attended the webinar, which was also streamed on [YouTube](#) with around 650 views.

### 3. ACTIONS PROPOSED

The Regional Committee for the Western Pacific is requested to note progress on implementation of the *For the Future* thematic priority on health security, including antimicrobial resistance.

## 14.2 THEMATIC PRIORITY: NONCOMMUNICABLE DISEASES AND AGEING

### 1. BACKGROUND AND ISSUES

Noncommunicable diseases (NCDs) such as heart disease, stroke, cancer, diabetes and chronic respiratory diseases are the leading cause of death and disability in the Western Pacific Region, accounting for 86% of all deaths. Based on 2020 data, only three countries in the Region are on track to reach the Sustainable Development Goal (or SDG) target 3.4: to reduce premature mortality due to NCDs by one third. In two countries, the trajectory has gotten worse, meaning more (rather than fewer) people will die prematurely from NCDs in the future. The remaining countries in the Region are reducing premature deaths, but not enough to achieve the SDG target. There is an urgent need for aggressive and innovative actions and solutions to reduce the NCD burden, in particular premature mortality. Addressing NCDs that are making people unhealthy represents a large part of the challenge to make the Region the world's healthiest and safest.

The Regional Committee for the Western Pacific in 2019 endorsed *For the Future: Towards the Healthiest and Safest Region*, which is the Region's implementation plan for the WHO *Thirteenth General Programme of Work 2019–2023* and includes NCDs and ageing as one of the four thematic priorities for WHO's work in the Region in the coming years. *For the Future* also highlights the importance of strategic actions today to address the Region's greatest health challenges now and in the future. The vast majority of NCDs can be prevented by addressing common risk factors: smoking; unhealthy diets and obesity; low levels of physical activity among populations of all ages; and excessive alcohol use. The disease burden from NCDs can also be reduced by improvements to services. An update on the progress of tobacco control activities, alcohol reduction initiatives and NCD services is reported below under 2.1.

With respect to nutrition and diet-related risk factors, decades of rapid economic growth, urbanization and globalization have led to tremendous changes in the food environment, especially in low- and middle-income countries. Processed foods with low nutritional value and high in fat, sugar and salt are now readily available and heavily marketed, especially to children. This unhealthy food environment negatively influences children's dietary patterns, contributing to increases in childhood overweight and obesity in the Region. An estimated 8.8 million children under 5 years of age (7.5%) were overweight in 2020. The situation is worse for older children in the Region, with approximately 84 million children 5-19 years old (25%) overweight or obese, the highest of any WHO region. This

figure increased by 43% from 2010 to 2016. In response to the alarming rates of childhood obesity and the harmful effects of food marketing on children, the Regional Committee endorsed the *Regional Action Framework on Protecting Children from the Harmful Impact of Food Marketing* in 2019. A progress report on the Framework is provided below under 2.2.

Mental illness is also a significant concern for countries in the Western Pacific Region. In 2014, the Regional Committee endorsed the *Regional Agenda for Implementing the Mental Health Action Plan 2013–2020 in the Western Pacific*, which sets out four objectives: (1) strengthen effective leadership and governance for mental health; (2) provide comprehensive, integrated and responsive mental health and social care services in community-based settings; (3) implement strategies for promotion and prevention in mental health; and (4) strengthen information systems, evidence and research for mental health. The Regional Agenda encourages Member States to consider capacity along with a menu of core, expanded and comprehensive actions to improve mental health programmes and services.

In all, 200 million people in the Region are affected by mental health and substance use disorders, a burden that falls disproportionately on the most vulnerable. Common mental health disorders are pervasive yet underreported in the Region: suicide is among the top 10 causes of death; dementia is a growing public health concern as populations age; mental health and substance use disorders are the leading cause of disability in children and young people. Stigma often prevents people from seeking help and accessing services. The impact of COVID-19 has been significant and widespread, affecting key risk and protective factors for population mental health and creating high levels of anxiety and distress across communities. The pandemic has served as both a mirror and a lens, sharpening our focus on long-standing challenges and inequities for mental health while amplifying the burden and demand for services. The breadth of the impact has required new ways of working, accelerating the uptake of digital technologies and tele-mental health and expanding mental health promotion activities across the Region. Progress in implementing the Regional Agenda is reported below under 2.3.

Despite these challenges for health, people in many countries across the Region are enjoying longer lives, the result of decades of health improvements. Though living longer, people are not always living well. Recognizing that population ageing is a global trend that is accelerating in the Western Pacific, the Regional Committee requested WHO to develop an action plan to support Member States in taking early action to prepare for population ageing. Endorsed in 2020, the *Regional Action Plan on Healthy Ageing for the Western Pacific* focuses on health and social transformation to enable people to age in good health, receive tailored community support and contribute meaningfully to society throughout life. As more people live longer, the burden of disease is shifting from communicable to noncommunicable diseases. Quality of life is about adding healthy years, not simply years. In order to

do so, it is important to adopt a lifelong approach, with a focus on the prevention and better management of NCDs early in life. To achieve this, the health and social sectors must be transformed to create age-friendly environments that deliver benefits to society more broadly. Progress on technical support to Member States for improving the health and well-being of older populations is reported below under 2.4.

## **2. ACTIONS TAKEN**

In line with *For the Future* and various global and regional commitments and frameworks, the focus of WHO's work on NCDs and ageing in the Region is: to prevent as many NCDs as possible; to promote mental health and well-being; to support people living with NCDs to better manage their conditions with effective, efficient and affordable primary, secondary and tertiary health-care services; and to build health systems and social services that support all people to enjoy long, healthy and productive lives.

### **2.1 Strengthening NCD prevention and control**

To guide Member States in strengthening responses to the NCD epidemic, the Regional Committee endorsed in 2013 the [\*Western Pacific Regional Action Plan for the Prevention and Control of Noncommunicable Diseases \(2014–2020\)\*](#), which was aligned with the [\*Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020\*](#). Since that time, WHO has supported Member States in a range of areas highlighted in the Regional Action Plan, including: raising awareness about the links between NCDs and sustainable development; providing technical support to develop and strengthen national multisectoral policies; addressing common risk factors for NCDs; strengthening national surveillance capacity to monitor trends and determinants of NCDs; and advocating the linkage between NCDs and universal health coverage. Progress has been made, but not enough.

With respect to tobacco control, WHO has provided technical support to countries – including through WHO collaborating centres – to strengthen cessation services, combat industry interference, enforce smoke-free laws and increase tobacco taxes. In addition, WHO has stepped up support to countries to strengthen cessation services over the past year, given the heightened concerns over the link between smoking and severe COVID-19. WHO conducted a Communication for Health or C4H campaign on cessation, which was launched on World No Tobacco Day on 31 May 2021. The campaign drew on behavioural insights into barriers to quitting in order to effectively target messages for smokers



and their families. Learnings from the campaign will be used to inform WHO's work with countries on C4H, and our efforts to significantly scale up support to Member States in this area in future.

WHO has provided targeted support to Member States to address the harmful use of alcohol. Approaches to support implementation differed between countries, as they were tailored to existing policies, strategies, resources and coordination mechanisms. The Lao People's Democratic Republic finalized a Prime Minister's decree on alcoholic beverage control through national multisectoral consultations involving 26 sectors and agencies. Mongolia adapted the WHO Mental Health Gap Action Programme to scale up coverage of key interventions for mental health, neurological and substance use disorders. Viet Nam developed health worker guidelines to standardize and strengthen screening, counselling and treatment for alcohol dependence. Cambodia developed a training curriculum for the training of trainers on the harmful use of alcohol. WHO has worked in partnership with the China Population Communications Centre, affiliated with the National Health Commission, to develop and implement a national campaign to raise public awareness on the negative impacts of alcohol use using the slogan: Less is better, none is best. The campaign received more than 11 million views, with evaluation outcomes identifying clear priorities to address in future work. Within the Pacific, eight countries were surveyed to understand key factors leading to harmful alcohol use. Informed by survey data, policy briefs were developed to provide decision-makers from Pacific island countries and areas with relevant, tailored guidance for policy change to minimize alcohol consumption among young people and excessive alcohol consumption among adults.

WHO continues to support countries to strengthen NCD management in primary health-care settings, with a particular focus on cardiovascular health. Support in these areas is being provided to 18 countries across the Region.

Recognizing the importance of NCD prevention and control in the Region – including for achieving the *For the Future* vision – and the need for a strengthened, comprehensive approach in this area, work is under way to develop a new regional framework on NCD prevention and control to be presented to a future Regional Committee for consideration.

## **2.2 Protecting children from the harmful impact of food marketing**

To support implementation of the *Regional Action Framework on Protecting Children from the Harmful Impact of Food Marketing in the Western Pacific*, WHO in the Region has been supporting countries to develop or strengthen national policies to regulate the marketing of breast-milk substitutes, and marketing to children of food high in saturated fats, trans-fatty acids, free sugars or salt. Even amid the pandemic, progress has been made across the four pillars of the Framework since its adoption in 2019.

**Pillar 1. Policy framework:** So far, 12 countries have national legal measures on the marketing of breast-milk substitutes, and 17 countries in the Region have policies designed to protect children from the harmful impact of the food marketing, including in school settings. In March 2021, Brunei Darussalam launched the Code on Responsible Marketing of Food and Beverages to Children in Brunei Darussalam to manage and reduce unhealthy food marketing to children. In Cambodia, the Ministry of Education, Youth and Sport introduced a policy to regulate food marketing in school settings in 2019. In addition, a review and amendment is under way to further align a Cambodian law on the marketing of food products for infants and young children with the [International Code of Marketing of Breast-milk Substitutes](#). In July 2020, the Mongolian Ministry of Health issued an order regulating food marketing in school settings. At the regional level, WHO is developing an operational manual to support Member States in the implementation of the Framework.

**Pillar 2. Multisectoral and multi-stakeholder collaboration:** WHO continued to provide support to Member States to strengthen multisectoral and multi-stakeholder governance mechanisms to address the harmful impacts of food marketing to children, in particular through collaborative efforts between ministries of education and ministries of health. To date, 12 Member States in the Region have policies that include regulating food marketing in school settings. As part of its consultations on the Mongolian ministerial order mentioned above, WHO supported the Ministry of Health in holding consultations with multiple stakeholders including the private sector. In Cambodia, WHO continued to support the national multisectoral oversight board, bringing together a range of ministries to monitor and enforce the aforementioned law.

**Pillar 3. Advocacy and communications:** The Framework was translated into four languages – Chinese, Japanese, Mongolian and Vietnamese – for wider dissemination and advocacy of national policy actions and enforcement in these countries. At the regional level, a training module/tool is being developed to support Member States in implementing the Framework. A regional advocacy event is also being organized in collaboration with the Japanese Ministry of Health, Labour and Welfare.

**Pillar 4. Monitoring and evaluation:** As part of national efforts to strengthen monitoring and enforcement of the aforementioned Cambodian law on marketing food products for infants and young children, training was conducted for provincial inspectors in the country. In addition, some key indicators have been integrated into the routine health information system and existing quality improvement measures for health facilities.

As part of regional efforts to build the evidence base to support implementation of the Framework, WHO is documenting country best practices and lessons identified on regulating food marketing and the implementation of the International Code of Marketing of Breast-milk Substitutes in

a range of countries across the Region. The findings will be shared with all Member States, facilitating the exchange of knowledge and experiences to inform future actions.

### 2.3 Promoting mental health and well-being

In 2013, the World Health Assembly endorsed the *Mental Health Action Plan 2013–2020*, which was extended to 2030 to align with SDG timelines. The Regional Committee endorsed the *Regional Agenda for Implementing the Mental Health Action Plan 2013–2020 in the Western Pacific* in 2014. WHO has supported Member States with the Regional Agenda in the areas of governance, service delivery, and mental health promotion and information systems.

**Objective 1. Strengthen effective leadership and governance for mental health:** In 2020, national mental health policies and plans were published or updated in Australia, the Republic of Korea, Tonga, Vanuatu and Viet Nam. Mental health legislation was enacted in the Republic of Korea. In addition, Fiji, Kiribati and Solomon Islands were supported to develop a draft mental health law. Nearly 70% of the countries of the Western Pacific Region report having a multisectoral mental health and psychosocial support coordination platform for the COVID-19 response, with partners including ministries of health, social/family affairs and education, as well as local nongovernmental organizations.

WHO has started the process of developing a new regional framework for the future of mental health in the Western Pacific. WHO convened a series of strategic dialogues to review evidence and gather perspectives from a wide range of stakeholders, documenting different and novel approaches at the community level from around the Region, including engaging with the next generation of mental health professionals as part of a “grounds up” approach to meeting future challenges.

**Objective 2. Provide comprehensive, integrated and responsive mental health and social care services in community-based settings:** WHO supported Member States to maintain essential services, address vulnerabilities amid the pandemic and concurrent climate-related emergencies (such as tropical cyclones), and provide multisectoral mental health and psychosocial support to distressed populations through technical guidance, capacity-building and strategic planning to expand access to basic psychosocial support within and beyond the formal health system. WHO worked with partners to implement new approaches for reaching and protecting vulnerable populations by supporting the scale-up of digital mental health and low-intensity psychological interventions, protecting the well-being of young people and promoting dementia-friendly communities.

The WHO Mental Health Gap Action Programme for community-based mental health services continues to be implemented in 17 countries and areas: Cambodia, China, Cook Islands, Fiji, Kiribati,

the Federated States of Micronesia, Nauru, Niue, Palau, the Philippines, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu and Viet Nam.

**Objective 3. Implement strategies for promotion and prevention in mental health:** As of 2020, 59% of Member States in the Western Pacific Region have at least two functional promotion and prevention programmes with dedicated financial and human resources, a defined plan of implementation and evidence of progress. Despite an increase in the number of programmes since 2017, this is still below the global target of 80% of countries implementing such strategies. The most common type is mental health awareness or anti-stigma programmes; the second most common is suicide prevention programmes, followed by school-based mental health promotion programmes.

WHO supported the development of: suicide surveillance systems in the Region, particularly in the Philippines; school mental health programmes in Cambodia, Fiji and Tonga; and communication materials for the general public and health workers to reduce stigma and raise awareness on mental health in Fiji and the Marshall Islands. Capacity-building for mental health literacy and health-seeking behaviour was also supported in Malaysia.

**Objective 4. Strengthen information systems, evidence and research for mental health:** The Mental Health Atlas 2020 survey was completed and will provide information on governance, service delivery, mental health promotion and information systems. So far, 14 countries are enrolled in the Global Dementia Observatory, an online data and knowledge exchange platform that functions as a monitoring mechanism for the global action plan on the public health response to dementia: Australia, Brunei Darussalam, Cambodia, China, Cook Islands, Fiji, Japan, Malaysia, Mongolia, New Zealand, the Philippines, the Republic of Korea, Singapore and Viet Nam. An assessment of the regional implementation progress in the Western Pacific of the *Mental Health Action Plan 2013–2020* has been completed.

## **2.4 Improving health and well-being of older populations**

After the Regional Committee endorsement of the *Regional Action Plan on Healthy Ageing in the Western Pacific*, WHO used “backcasting” to identify priority activities for each ageing/aged Member State in the Region. With the aim to achieve the vision of healthy ageing by 2040, specific goals were identified for today, 2025, 2030 and 2040. Three key foci for 2021 are: advocacy for early actions, technical guidance and research or evidence generation. Transformation of social and health systems takes a long time, so WHO in the Region has been advocating that countries, especially younger countries, start creating age-friendly societies by developing multi-year plans for healthy ageing and forming multisectoral coordination bodies today. WHO has also been creating technical materials by adopting best practices from more aged regions, collaborating with experts and listening to older people

to ensure that practices are relevant and context-appropriate for the Western Pacific. WHO has collaborated with leading academic institutions in the Region to produce evidence to inform policy creation. Research topics include digital inclusion for older people, forecasting NCD burden, internet access arising as a social determinant of health and a lifelong approach for healthy ageing. Additional topics are added when needed to ensure continuous evidence-building for action.

### **3. ACTIONS PROPOSED**

The Regional Committee for the Western Pacific is requested to note progress on implementation of the *For the Future* thematic priority on noncommunicable diseases and ageing.

### 14.3 THEMATIC PRIORITY: CLIMATE CHANGE, THE ENVIRONMENT AND HEALTH

#### 1. BACKGROUND AND ISSUES

Climate change and environmental hazards such as air pollution, exposure to hazardous chemicals, and lack of water and sanitation pose serious threats to the health of the people in the Western Pacific, contributing to the Region's burden of communicable and noncommunicable diseases. Left unaddressed, the impact of climate change and environmental hazards will pose an even greater risk to the Region's health and safety in the future. The Sixth Assessment Report of the Intergovernmental Panel on Climate Change, published on 9 August 2021, paints a stark picture of future health and social challenges caused by rising temperatures if no urgent action is taken to reduce the impacts of climate change. The impact of rising sea levels and extreme weather events will be particularly acute for Pacific island countries and areas.

*For the Future: Towards the Healthiest and Safest Region*, endorsed by the Regional Committee in 2019, is the implementation plan in the Western Pacific for the WHO [Thirteenth General Programme of Work 2019–2023](#) and identifies climate change, the environment and health (CCE) as a thematic priority for the Organization's work in the Region in the coming years. WHO's support to countries in this area focuses on taking sustained, systematic and effective action to reduce and mitigate the health issues caused by environmental factors, with the goal of ensuring that countries and communities have the capacity to anticipate and respond to the changing environment and climate. WHO's work on CCE is guided by the [Western Pacific Regional Framework for Action on Health and Environment on a Changing Planet](#), endorsed by the Regional Committee in 2016, and by the [Pacific Islands Action Plan on Climate Change and Health](#), endorsed by Pacific health ministers in 2018. While the latter has not been formally endorsed by the Regional Committee, it reflects the particular significance of climate change and health for Pacific island countries and areas, and the strategic priorities of Pacific ministers in addressing it – and is thus an important “touchstone” for WHO's work in this area.

#### 2. ACTIONS TAKEN

In line with the *For the Future* vision, WHO's work over the past year has been focused on progressing the four broad “pillars” of work identified by the Technical Advisory Group on Climate Change, the Environment and Health at its inaugural meeting in June 2020.

**Pillar 1. Advocating:** Actions to mitigate the impacts of climate change and environmental degradation can yield substantial improvements to human health. For example, reducing exposure to air pollution will help to reduce the burden of chronic illnesses such as asthma, lung disease and heart disease. Articulating the health co-benefits of actions on climate change and environmental issues taken by non-health sectors can help to motivate and engage partners beyond the health sector.

To strengthen advocacy on the health co-benefits with the aim of inspiring partners outside the health sector, WHO is developing a series of advocacy products on the health co-benefits of actions taken by non-health sectors to mitigate the impact of climate change and environmental degradation. Work is also progressing on the development of the digital arm of the CCE Platform, which will serve as a resource for Member States and partners to access existing information and tools on CCE and share experiences.

This is in line with Strategic Action 3 (evidence and communication to promote action on CCE) of the Western Pacific Regional Framework for Action on Health and Environment on a Changing Planet, and Strategic Lines of Action 1 (supporting health leaders from Pacific countries to engage in regional and global climate change debates) and 2 (using health evidence to build the health argument for investment) of the Pacific Islands Action Plan on Climate Change and Health.

**Pillar 2. Building climate resilient health systems:** Supporting countries to build climate-resilient health systems is crucially important to mitigating the impacts of climate change. While some countries already have strong and resilient systems in place, others face profound challenges in this area – as demonstrated by the impact of extreme weather events on health services. At the same time, the COVID-19 pandemic has highlighted existing vulnerabilities: the lack of basic water and hygiene in health-care facilities in some countries has contributed to compromising their ability to combat the virus.

To respond to this challenge, WHO is developing regional guidance on building climate-resilient and environmentally sustainable health-care facilities, focusing on: (1) sustainable and safe water, sanitation, hygiene and waste management in health-care facilities; (2) resilient energy supplies; and (3) resilient infrastructure – to support countries to adapt health-care infrastructure to withstand shocks and stresses caused by climate change and related extreme weather events. The Organization is also working to strengthen its support to countries to strengthen water, sanitation and hygiene in health-care facilities, particularly in Pacific island countries and areas. This is especially relevant in light of the importance of infection prevention and control in the context of COVID-19.

This is in line with Strategic Line of Action 3 (preparing for climate risks, building climate-resilient health systems and developing health-promoting mitigation policies) of the Pacific Islands Action Plan.

**Pillar 3. Measuring the impact of climate change and environmental degradation on health:** Being able to demonstrate the health impacts of climate and environmental change is crucially important to ensuring these are taken into account in national climate change adaptation and mitigation policies and the regional and global climate change agenda. To support countries to measure and monitor the impact of climate and environmental change on health, WHO is developing a practical and simple tool to evaluate the impact of climate change on health and assess the effectiveness of measures taken to address these.

This is in line with Strategic Line of Action 2 (using evidence to build the health argument for investment) of the Pacific Islands Action Plan.

**Pillar 4. Applying a “CCE lens” to all programmes in WHO:** As part of WHO’s commitment to this agenda, and given the cross-cutting nature of work to address the health impacts of climate change and environmental hazards, the Organization is working to increasingly apply a “CCE lens” to all its programmes. That is, to lead by example, where possible, for instance in actively looking for ways to reduce the carbon and environmental footprint of WHO operations, as well as to engage all technical programmes in thinking about how their work will impact on – and be impacted by – the effects of climate and environmental change and to work with Member States to adapt accordingly.

This is in line with the emphasis of *For the Future* on WHO leading by example in taking action to address climate change and environmental issues, for example by reducing our own carbon and environmental health footprint.

### 3. ACTIONS PROPOSED

The Regional Committee for the Western Pacific is requested to note progress on implementation of the *For the Future* thematic priority on climate change, the environment and health.



## 14.4 THEMATIC PRIORITY: REACHING THE UNREACHED

### 1. BACKGROUND AND ISSUES

The Western Pacific Region has seen marked improvements in the control and elimination of communicable diseases such as malaria and viral hepatitis, and the triple elimination of mother-to-child transmission of HIV, hepatitis B and syphilis. In some settings, however, disadvantaged and marginalized groups continue to be unreachable by essential health services and interventions. Recognizing that all population groups have not benefited equally from progress in the Region, countries are now striving to achieve the ambitious global universal health coverage targets and prevent and eliminate morbidity, mortality and disability caused by communicable diseases and conditions by 2030.

Member States recognized reaching the unreachable as one of four priorities for WHO's work in the Region in the coming years in their 2019 endorsement of *For the Future: Towards the Healthiest and Safest Region*, which also serves as the Region's implementation plan for the WHO *Thirteenth General Programme of Work 2019–2023* and its ambitious targets to expand universal health coverage and improve health and well-being. While sustaining the momentum for ending epidemics, the Region must focus on transforming health-care delivery and public health systems to be able to reach the most vulnerable, marginalized and stigmatized populations.

Taking a systems approach to reach the unreachable begins with understanding and agreeing on political, social, cultural and economic determinants of health, to characterize and understand the causes and drivers of unreachable populations, and the interventions and initiatives that have already proved successful, including partnerships with the community, other sectors, non-State actors and the private sector. This approach involves defining the key characteristics of the health-care system to make it accessible for use by the unreachable. The Region has identified five key action domains to reach unreachable populations as part of efforts to strengthen national universal health coverage efforts and accelerate progress towards disease elimination and control targets: (1) political commitment supported by legislation, finance and governance; (2) service delivery; (3) multi-stakeholder collaboration; (4) strategic use of data for decision-making; and (5) a special approach.

An estimated 767 million people in 10 countries were at risk of malaria in the Western Pacific Region in 2020. From 2019 to 2020, malaria cases reported in the Region decreased by 8%. Across the Greater Mekong Subregion, however, cases decreased significantly: by approximately 70% in both

Cambodia and Viet Nam, and by 50% in the Lao People's Democratic Republic. While cases trended slightly lower in the Philippines, Solomon Islands and Vanuatu, cases increased by roughly 14% in Papua New Guinea. Deaths from malaria fell by 15% in the Region during the same period.

The Regional Committee in 2016 endorsed the *Regional Action Framework for Malaria Control and Elimination in the Western Pacific (2016–2020)*, which is aligned with the *Global Technical Strategy for Malaria 2016–2030*. The Framework aims to strengthen health system elements to make the Western Pacific Region malaria-free by 2030 and achieve: 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. To better reach the unreached, the Framework calls on Member States to ensure access to malaria services for the most vulnerable high-risk unreached groups, including mobile and migrant populations and those who travel to the forest for work in the Greater Mekong Subregion, as well as remote communities in Pacific island countries and areas. Although the Framework timeline officially comes to an end, the core strategies remain valid, based on their alignment with the core pillars in the Global Technical Strategy 2016–2030, with a minor update of regional milestones and targets. An update on the progress of malaria control and elimination efforts is reported below under 2.1.

An estimated 1.9 million people, including 13 000 pregnant women, were living with HIV in the Western Pacific Region in 2019. Of those, 73% of pregnant women received antiretroviral therapy, and there were 1940 new HIV infections among children aged under 15 years. Approximately 1.5 million women infected with hepatitis B are pregnant each year, and 75 000 exposed infants (born to mothers living with hepatitis B) may develop chronic infection. In 2020, there were 540 000 new cases of syphilis among women in the Region, and an estimated 38 000 cases of congenital syphilis occurred in 2016.

The Regional Committee in 2017 endorsed the *Regional Framework for the Triple Elimination of Mother-to-Child Transmission of HIV, Hepatitis B and Syphilis in Asia and the Pacific, 2018–2030*, which proposed an integrated and coordinated approach towards the goal of triple elimination, emphasizing the principles of people-centred care and universal health coverage. An update on the progress of triple elimination efforts is reported below under 2.2.

The Western Pacific Region has a high burden of viral hepatitis, with an estimated 116 million people living with chronic hepatitis B infection and 10 million people living with chronic hepatitis C infection in 2019. The Region has the highest burden of liver cancer, accounting for 60% of total global new cases and related deaths. Liver cancer is the sixth leading cause of death, mainly due to chronic

hepatitis B and C infection. The Region includes six of the top 10 countries with the highest incidence of liver cancer in the world (ranked from highest to lowest): Mongolia, Viet Nam, the Lao People's Democratic Republic, Cambodia, China and the Republic of Korea.

Elimination of viral hepatitis as a public health threat is guided by the *Global Health Sector Strategies* on [HIV](#), [viral hepatitis](#) and [sexually transmitted infections](#) for 2016–2021, the [Regional Action Plan for Viral Hepatitis in the Western Pacific 2016–2020](#) and the Regional Triple Elimination Framework. The Global Strategy has ended, and a new global health sector strategy for viral hepatitis is being developed for 2022–2030. The core components of the Regional Action Plan remain valid beyond 2020 with a minor update of 2025 milestones and complemented by operational tools and guidance aligned with the forthcoming global strategy. An update on the progress of efforts to combat viral hepatitis is reported below under 2.3.

## 2. ACTIONS TAKEN

### 2.1 Malaria

As part of the Elimination 2020 (E-2020) Initiative (updated in 2021 to the E-2025 Initiative), WHO has supported China, Malaysia and the Republic of Korea to accelerate efforts to eliminate malaria, a key milestone of the Regional Action Framework. In June 2021, WHO certified China as malaria free, a significant achievement demonstrating that countries once having very high levels of malaria transmission can achieve elimination. Malaysia has achieved zero indigenous malaria cases over three consecutive years; WHO continues to support Malaysia, the Republic of Korea and Vanuatu to conduct malaria elimination audits and set baseline indicators and targets as part of the renewed WHO E-2025 Initiative. The Republic of Korea has developed a national strategy for malaria elimination and established a national elimination advisory committee to accelerate progress towards malaria elimination.

WHO has supported Member States in the area of universal access to preventive interventions and malaria diagnosis and treatment, with intensified efforts to monitor service challenges due to the COVID-19 pandemic. WHO established and coordinated malaria and COVID-19 workstreams with an extensive partner network to continually assess potential bottlenecks in global, regional and national supply chains and manufacturing and procurement of antimalarial drugs, rapid diagnostic tests, bed nets and insecticides. National strategic plans for malaria elimination were revisited in Cambodia, the Lao People's Democratic Republic, Papua New Guinea, the Philippines, Solomon Islands, Vanuatu

and Viet Nam to ensure proper adaptation of malaria services in the context of the pandemic, particularly protection of frontline malaria workers.

Implementing the Regional Framework, WHO supported strengthening of malaria surveillance by developing national health system capacities to eliminate the disease in all malaria-endemic Member States, and monitoring of antimalarial drugs by conducting therapeutic efficacy studies and monitoring 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 national training for technical staff in Cambodia and the Lao People's Democratic Republic.

WHO continued to facilitate coordination of efforts to intensify and refine malaria elimination approaches in the Greater Mekong Subregion through the Mekong Malaria Elimination or MME programme. During this period, WHO supported Cambodia and the Lao People's Democratic Republic to adopt and scale up malaria elimination intensification plans and focalized aggressive approaches that formalize a commitment to reach the unreached. These efforts exemplify the targeting of hard-to-reach, high-risk groups through the implementation of a plan to provide diagnosis, treatment and preventive services to forest-goers, migrants and cross-border populations.

## **2.2 Triple elimination**

WHO continued working with Member States to implement the Regional Triple Elimination Framework and move towards achieving the 2030 elimination targets by positioning the response activities under the principles of universal health coverage and the regional thematic priority of reaching the unreached. The 2020 milestones of the Regional Framework include: (1) establishment of coordination mechanisms to plan, implement and monitor triple elimination; (2) development of coordinated plans to provide quality and seamless services; and (3) inclusion of key indicators in national health information.

Triple elimination has been increasingly recognized as a platform to facilitate integration and linkages for people-centred services through connecting reproductive, maternal, neonatal, child and adolescent health and disease control programmes. Cambodia, China, Kiribati, the Lao People's Democratic Republic, Malaysia, Mongolia, Papua New Guinea, the Philippines, Solomon Islands and Viet Nam have established or are in the process of establishing coordination mechanisms and plans for triple elimination. In addition, triple elimination is being further emphasized through Early Essential Newborn Care programmes in Cambodia, China, the Lao People's Democratic Republic, Mongolia, Papua New Guinea, the Philippines, Solomon Islands, Vanuatu and Viet Nam. Based on 2016–2017 and 2018–2019 assessment data from selected health facilities implementing Early Essential Newborn

Care, the proportion of mothers with syphilis and HIV testing recorded during antenatal care increased by over 10% and around 5%, respectively. Furthermore, the proportion of newborn infants receiving timely administration of the hepatitis B birth dose remained high in the Region at around 85%. WHO supported the national planning and implementation of triple elimination through development of operational tools, including a costing tool, a technical guide to operationalize elimination of mother-to-child transmission of hepatitis B and training materials, which facilitate the provision of integrated services for pregnant women and family members. By 2020, a total of 22 countries and areas had policies for integrated antenatal screening for HIV, hepatitis B and syphilis; and 11 out of the 37 countries and areas in the Region provide antiviral prophylaxis to eligible pregnant women with chronic hepatitis B in addition to infant hepatitis B immunization.

Most of the key indicators for triple elimination are available at the country level, although often reported through various specific vertical health programmes, including immunization, reproductive health and/or communicable disease reporting. WHO has worked with Member States to link monitoring across health systems with overall efforts to establish integrated health information systems. For example, Mongolia has integrated reporting mechanisms, and the Lao People's Democratic Republic is in the process of integrating all triple elimination indicators into the national health information platform.

### **2.3 Viral hepatitis**

WHO supported Member States to apply the universal health coverage framework towards implementing the Regional Action Plan for 2016–2020 and to link viral hepatitis with other disease strategies for reaching the unreached. The 2020 milestones of the Regional Action Plan include: (1) development of costed national hepatitis action plans; (2) further prevention of new hepatitis infections; (3) inclusion of key indicators in national surveillance and health information systems; and (4) scaling up hepatitis testing, treatment and care.

WHO supported comprehensive national strategies that engage actors from across government and society, address price barriers, strengthen health workforce capacity (particularly at the primary health-care level), ensuring adequate financing and integrating surveillance and patient monitoring systems. By the end of 2020, a total of 20 countries, including six in the Pacific (Fiji, Kiribati, Niue, Solomon Islands, Tonga and Vanuatu) had developed national strategic plans for viral hepatitis (up from six countries total in 2017). Centralized price negotiations and pooled procurement have led to price reductions for hepatitis B medicines and hepatitis C direct acting antivirals (DAAs). In China, for example, hepatitis B medicine dropped from US\$ 3 000 to US\$ 10 a year per patient, and hepatitis C DAAs were reduced to 85% of retail prices. In Malaysia, the use of Trade-Related Aspects of

Intellectual Property Rights (TRIPS) flexibilities for a hepatitis C medicine expanded access to treatment. From 2017 to 2020, the number of countries in the Region that include hepatitis testing and treatment under domestic financing (government budget/health insurance) has increased from six to 19. In July 2021, Niue successfully reached the 2030 target for 90% hepatitis testing of the eligible population, setting the country on track to achieve the Sustainable Development Goal of eliminating viral hepatitis as a public health threat by 2030.

Countries are at different stages of scaling up and decentralizing service delivery so that hepatitis diagnosis, treatment and care are accessible at primary health facilities, with Malaysia and Mongolia leading the way. The Philippines is in the process of scaling up primary care provision of hepatitis B and C treatment, informed by successful pilots in several provinces. Papua New Guinea piloted a public–private partnership initiative in a province to improve access to hepatitis care, and expansion of the initiative is underway. To reduce morbidity and mortality from HIV-HCV (hepatitis C virus) co-infection, Cambodia and Viet Nam are providing HCV testing and treatment to people living with HIV. By the end of 2020, a total of 21 of the 37 countries and areas in the Region had received WHO verification for achieving <1% HBsAg prevalence among children. Triple elimination of mother-to-child transmission of HIV, hepatitis B and syphilis will enable countries to reach almost zero new infections through additional interventions, such as antiviral drugs.

Efforts to strengthen strategic information on hepatitis within existing data systems are in progress. Disease burden estimation, including economic analysis, is conducted in 19 countries, and strategic information road maps and governance plans for integrating hepatitis into national surveillance and health information platforms are available in seven countries. Member States are also continuing efforts to strengthen links with reporting systems for NCDs, particularly liver cirrhosis and cancer registries.

The COVID-19 pandemic has disrupted the pace of scaling up of hepatitis services, particularly testing, treatment and decentralization to primary care. Leveraging synergies among existing programmes and services, as well as innovations in digital health and delivery, have mitigated the impact of the pandemic to some extent and enabled continuation of essential services. WHO continues to take an integrated multisectoral and multi-disease approach to support Member States in strengthening national responses towards achieving viral hepatitis elimination as a public health threat by 2030.

### 3. ACTIONS PROPOSED

The Regional Committee for the Western Pacific is requested to note progress on implementation of the *For the Future* thematic priority on reaching the unreached.

## 14.5 DRIVING THE VISION OF *FOR THE FUTURE*

### 1. BACKGROUND AND ISSUES

The Western Pacific Region continues to face evolving health challenges posed by a rapidly changing world that requires new ways of working within and beyond the health sector. In 2019, the Regional Committee adopted *For the Future: Towards the Healthiest and Safest Region*, which is the Western Pacific implementation plan for the WHO [Thirteenth General Programme of Work 2019–2023](#) (GPW 13). In a challenging and dynamic environment, Member States are striving to achieve universal health coverage (UHC) and the Sustainable Development Goals (SDGs) to create a healthier future.

This report provides an update on WHO's implementation of four regional action agendas and frameworks endorsed by the Regional Committee that drive the *For the Future* vision:

- (1) *Universal Health Coverage: Moving Towards Better Health – Action Framework for the Western Pacific Region*, endorsed in 2015, sets out five interrelated attributes of a high-performing health system – quality, efficiency, equity, accountability, and sustainability and resilience – as a basis for supporting Member States to develop their UHC road map.
- (2) The *Regional Action Agenda on Achieving the Sustainable Development Goals in the Western Pacific*, endorsed in 2016, provides a framework for Member States to ensure no one is left behind and lays the foundations to reach those as yet unreached by the Region's health gains ("reaching the unreached" regional health priority).
- (3) The *Regional Action Framework on Improving Hospital Planning and Management in the Western Pacific*, endorsed in 2018, assists Member States to improve hospital performance through better regulation, financing and feedback – a key element of the UHC framework that contributes to efforts to increase equitable access to people-centred health services of adequate quality with protection from financial risks.
- (4) *Better Laws for Better Health: Western Pacific Regional Action Agenda on Strengthening Legal Frameworks for Health in the Sustainable Development Goals*, endorsed in 2018, strategically frames WHO technical assistance to Member States by identifying priority action areas, improving processes and enhancing capacities of stakeholders to put in place legal frameworks to improve public health and advance UHC.



## 2. ACTIONS TAKEN

### 2.1 UHC Action Framework for the Western Pacific Region

The UHC Action Framework outlines actions in five domains – quality, efficiency, equity, accountability, sustainability and resilience – to strengthen health systems to achieve UHC. Taking a systems approach with UHC as the foundation is one of the operational shifts to drive the four thematic priorities of the *For the Future* vision. This is in alignment with the goals of GPW 13, namely 1 billion more people benefiting from UHC by 2023.

#### Domain 1: Quality

**Early Essential Newborn Care (EENC):** Using systems and “grounds up” approaches, WHO supported nine priority countries in the Region to continue scaling up quality EENC including in the context of the pandemic. Countries developed evidence-based protocols and guidelines to scale up quality improvement approaches in health facilities, and conducted data-driven service and programme planning involving multiple stakeholders. Recognizing the importance of enhancing the resilience of childbirth and newborn care services during the COVID-19 pandemic and future outbreaks, the Third Biennial Meeting on Accelerating Progress in EENC: Synergies with Hospital Quality and Safety was virtually convened in December 2020. Representatives from ministries of health, maternal and child health, and health facility quality and safety came together to discuss how to improve and sustain quality and safety in childbirth and newborn care services using health systems approaches. Participants issued a joint statement committing to accelerating progress in EENC and calling for an extension to 2030 of the [\*Action Plan for Healthy Newborn Infants in the Western Pacific Region \(2014–2020\)\*](#).

**Regulatory systems:** Member States in the Region continue to strengthen regulatory systems for the health workforce, medical products and health services by applying legal, administrative and technical benchmarks and standards towards achieving desired health outcomes. Throughout the pandemic, WHO has worked with Member States so that regulatory systems could facilitate safe response efforts, including: (1) emergency use authorization of laboratory diagnostic reagents; (2) rapid building of diagnostic capacity; (3) rapid approval of clinical trials for repurposed medicines; (4) emergency use approval of innovative monoclonal antibodies and vaccines; and (5) rapid expansion of the workforce for contact tracing, the laboratory workforce and medical practitioners. National regulatory systems in all Member States have played an essential role in guiding the development and use of innovative health interventions with unprecedented speed and assured quality.

## Domain 2: Efficiency

**Health financing:** Evidence suggests that progress towards UHC is largely reliant on public funding for health. Given the shrinking macro-fiscal environment in many countries due to the pandemic, demonstrating health sector accountability and efficiency in its use of resources is instrumental for securing adequate public funding for health. WHO in the Western Pacific, in collaboration with the WHO Regional Office for South-East Asia and development partners, has organized five biregional workshops on health financing policies for UHC since 2016. These annual workshops bring together senior policy-makers and advisers from ministries of health and finance, as well as health insurance agencies from more than 20 countries in the South-East Asia and Western Pacific regions. The 2021 meeting was held virtually due to COVID-19-related travel restrictions, and Fiji, Papua New Guinea, Solomon Islands and Vanuatu participated for the first time. The workshop serves as a multisectoral platform for discussing and sharing practices regarding key health financing reforms, such as strategic purchasing, primary health-care financing and public financial management. Technical assistance and policy recommendations are provided to countries to improve both technical and allocative efficiency on how resources for health should be raised, allocated, pooled and purchased for better health system outputs.

Many countries are moving towards more integrated systems in order to improve the efficient use of resources and better coordinate and integrate patient care. Recognizing this, WHO developed [\*A System-Wide Approach to Analysing Efficiency across Health Programmes\*](#). This technical guidance provides principles and a framework for Member States to identify and address inefficiencies that compromise the health sector's ability to sustain and improve priority services. In 2019, the Lao People's Democratic Republic used this approach to address functional overlaps, misalignment and duplication across the country's health system, especially in the areas of tuberculosis (TB) and HIV/AIDS. The discussions on these topics have been incorporated in the country's 2020 health financing strategy, as well as the TB and HIV national strategic plans.

**Innovation and new technologies:** WHO, in collaboration with the Pacific Health Information Network and WHO Collaboration Centre on eHealth, supported Pacific island countries and areas on digital technology, which broadly contributes to advancing UHC. Digital health maturity assessments and country profiles were completed in Cook Islands, Fiji, Kiribati, the Marshall Islands, the Federated States of Micronesia, New Caledonia, Niue, Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu. This activity laid the foundation for the countries' strategic planning for digital health information systems.

In China, in response to the COVID-19 outbreak, provincial and municipal governments collaborated with the national Government and the private sector to reshape health-care delivery with telemedicine. A web platform known as “Internet hospital” was developed to facilitate telemedicine services (for example, online consultation, follow-up and patient management, medication delivery) provided by general practitioners to the public. In the Republic of Korea, the health system optimized technology use for efficient measures, creating the Self-Check mobile app and Self-Quarantine Safety Protection app, which have served as a two-way communication platform in monitoring patients to reduce the risk of COVID-19 transmission.

### **Domain 3: Equity**

**Health financing:** WHO provided technical assistance for the development and review of national health legislations and health financing policies in many countries in which the principles of equity and leaving no one behind are reflected in laws and policies. In recent years, countries such as Cambodia, China, the Lao People’s Democratic Republic, Malaysia, Mongolia, the Philippines and Viet Nam have made progress in improving equitable access to and financial protection of health care through expanding publicly funded health-care programmes for the poor and the informal sector. China and Viet Nam have been gradually expanding benefit packages to cover more essential services as a way to reduce out-of-pocket payments at the household level. Cambodia, the Lao People’s Democratic Republic, Mongolia and the Philippines have made progress in increasing domestic funding and improving governance capacity of social health insurance and health equity fund schemes to increase coverage for the informal sector. Malaysia launched a publicly funded health programme called PeKa B40, targeting citizens in the lowest 40% household income range, aiming to sustain the health-care needs of low-income groups by providing incentives for NCD services at the primary care level.

**Reaching the unreached:** Various initiatives have been undertaken to overcome gaps and challenges in service coverage and access. In Viet Nam, WHO facilitated high-level health financing policy dialogue for primary health care and supported the Ministry of Health and the Health Strategy and Policy Institute to develop a package of primary health-care reforms being piloted in three provinces. WHO also provided technical guidance to Mongolia on primary health care and UHC investments, which are critical to the COVID-19 response. Many Member States introduced and optimized telehealth and telecounselling services to ensure uninterrupted delivery of health care for NCDs and mental health, for example, during the pandemic.

#### Domain 4: Accountability

**Governance and leadership:** Health systems are complex, comprising many stakeholders with diverse functions and motivations. Strong accountability is key to ensuring that the system performs effectively and contributes to health actions across government and society. WHO works with Member States to (1) strengthen accountability by promoting government leadership and rule of law for health, (2) support partnerships across sectors and the community for health policies and programmes, and (3) build transparent monitoring and evaluation processes.

**Legislation:** From 2018, WHO contributed from policy development up to the passage of the Universal Health Care Law (2019) in the Philippines. The Law establishes new institutions and governance frameworks to strengthen previously fragmented primary health-care services. WHO participated in a series of public hearings at national and subnational levels and also shared insights in technical working groups convened by the Senate. Throughout the legislative process, WHO provided objective information on which decisions should be based. WHO also supported strengthening health laws in Solomon Islands and Viet Nam.

Accountability also plays a vital role in the vision of Healthy China 2030, which was released in 2016 and made public health a key benchmark to assess economic and social initiatives. It has five goals: improve the level of nationwide health, control major risk factors, increase the capacity of health services, scale up the health industry and perfect the health service system.

#### Domain 5: Sustainability and resilience

**Health security systems:** WHO, in collaboration with partners, continues to support Member States in strengthening health security systems. The *Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies* or APSED III, Technical Advisory Group (TAG) meetings and regular videoconferences provided critical learning opportunities for TAG members, WHO and Member States by sharing experiences and expertise for continuous improvement during the pandemic response. The WHO Regional Office released technical guidance for countries for preventing and managing COVID-19 outbreaks, including *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*.

WHO country offices in the Region have been closely working with ministries of health in strengthening surveillance systems. In Papua New Guinea, WHO supported the development of surveillance training manuals, standard operating procedures and training-of-trainers materials. In Solomon Islands, WHO supported the Ministry of Health and Medical Services on:

(1) capacity-building for COVID-19 testing, (2) surveillance and health information, and (3) the development of various guidance materials and communication strategies.

**COVID-19 care pathway:** WHO supported Member States to strengthen COVID-19 care pathways, especially at the subnational level, focusing on severity-based and timely referral and efficient use of resources to save as many lives as possible. Building upon new experiences and lessons learnt, WHO is developing a framework document to link subnational care pathway improvements to longer-term health systems strengthening for the future.

## **2.2 Achieving the Sustainable Development Goals in the Western Pacific Region**

The *For the Future* vision outlines how the Western Pacific Region will implement the global GPW 13 and contribute to the achievement of the SDGs. With WHO support, Member States in the Region have made significant progress on the SDGs, primarily in four action agenda areas:

- (1) Strengthening health information systems (HIS) – What are countries aiming to achieve, and how will they know?
- (2) Improving health equity, environment and health financing – What are the policy and programme priorities for leaving no one behind?
- (3) Driving community engagement to address social determinants of health – How will countries put their priorities into effect?
- (4) Ensuring commitment to national planning and financial/political support through partnerships. How can the health sector drive the Sustainable Development Goals agenda?

**SDG action agenda area 1. Strengthening health information systems:** For better tracking of progress on the SDGs, WHO in the Region has continuously supported countries to strengthen national HIS with a focus on better integrated system development and better data for decision-making across the whole system. Moreover, WHO provided support to China and the Philippines to better harmonize data sources to track GPW 13 and SDG indicators for national and subnational health decision-making. WHO also worked with other partners to provide support to improve country HIS capacity, including using better and updated information technology that meets international health standards, in Fiji, the Lao People's Democratic Republic, Malaysia, Mongolia, Vanuatu and Viet Nam, among others. In the Pacific, WHO worked with other partners to support HIS development and conduct the Healthy Islands Monitoring Framework progress review for all the Pacific island countries and areas.

**SDG action agenda area 2. Improving health equity, environment and health financing:** Through various programmes, WHO in the Western Pacific Region continues to support Member States by

developing context-based practical approaches to identify and reach vulnerable groups to ensure that no one is left behind. The WHO Civil Society Organization Initiative involving three countries in the Region – Malaysia, Papua New Guinea and the Philippines – implements projects to improve access to health services among vulnerable groups, including women and children, refugees, indigenous communities, and urban and rural poor.

In the Region, WHO has been working side by side with Member States to strengthen analytical capacity in monitoring progress towards UHC and the SDGs. In 2019, a workshop on designing financial protection policies was held with eight countries (Cambodia, China, Fiji, the Lao People's Democratic Republic, Malaysia, Mongolia, the Philippines and Viet Nam). The workshop and subsequent technical assistance enabled countries to use disaggregated data to identify inequalities from existing entitlement coverage to present robust, context-specific and actionable evidence to inform more equitable policy-making.

Significant progress was made on building the Healthy Cities network across the Region. A framework on the healthy settings and communities approach was developed for the expansion and monitoring of health promoting schools in Fiji. In addition, 15 countries in the Region identified priorities related to noncommunicable diseases (NCDs), including initiating and strengthening healthy settings and risk factor reduction activities and improving NCD service delivery. WHO provided regulation and advocacy support for school health and nutrition in Cambodia, and for tobacco and/or alcohol control enforcement with community organizations in Pacific island countries and areas.

**SDG action agenda area 3. Driving community engagement to address social determinants of health:** WHO in the Western Pacific Region has implemented an initiative that accelerates innovations in community engagement for mitigating social impact during and after the COVID-19 pandemic. The initiative brings together community engagement practitioners, researchers and policy-makers to generate new knowledge, identify emerging lessons and develop new models for community engagement that are more evidence-based. This research initiative on community engagement is enabling practitioners in Cambodia, the Lao People's Democratic Republic and Malaysia to develop improved approaches to community engagement with vulnerable groups.

The importance of community engagement in the pandemic response prompted Fiji's Ministry of Health and Medical Services and WHO to develop consistent and clear health messaging for communities. They also enlisted supportive community leaders to create a two-way dialogue between the community and the Government. These efforts also included collaborating with representatives of informal settlements to distribute hygiene materials and information to households and responding to pandemic-related questions.

**SDG action agenda area 4. Ensuring commitment to national planning and financial/political support through partnerships:** Within the pandemic response, WHO in the Region actively engaged international development partners to support countries for health systems leadership, oversight and financing for health care to identify the best options for health investments that will contribute to economic growth and recovery, employment, human capital, future health security and poverty reduction.

WHO has been closely collaborating with the International Monetary Fund, the World Bank and the Asian Development Bank to understand the impact of the COVID-19 economic crisis on the future fiscal space of governments and reinforce commitments among international partners to invest in health. This work informed dialogues between ministries of health and finance to identify the best investments in health that contribute to growth and poverty reduction. The Joint Ministers of Finance and Health Symposium on Universal Health Coverage in Asia and the Pacific: COVID-19 and Beyond, convened in September 2020, attracted high-level attendees from more than 30 Member States across the WHO Western Pacific, South-East Asia, European and Eastern Mediterranean regions. Ministers discussed the impact of COVID-19 on socioeconomic development and reaffirmed their commitment to invest in health for the future to achieve UHC.

### **2.3 Improving hospital planning and management in the Western Pacific Region**

Hospitals play a pivotal role in health service delivery systems to achieve UHC and health security as envisioned in the Region's *For the Future* vision. Since its adoption in 2018, the Regional Action Framework has provided a reference for Member States to improve hospital performance both at the facility and system levels, as part of the overall efforts to increase equitable access to people-centred health services of adequate quality without financial hardship. Progress made in the past two years is presented according to three action areas:

**Action area 1. Facility level – Improving hospital planning and management:** During the pandemic, there has been an urgent need for hospitals to increase surge capacity and ensure safe and quality care. Member States have responded swiftly to secure necessary equipment and provide trainings on infection prevention and control and clinical management. Provincial hospitals in the Lao People's Democratic Republic have conducted analytical simulations on surge capacity, revealing that capacity limits varied substantially across hospitals for reasons ranging from shortfalls in human resources and beds to a lack of medicines and oxygen. In most countries, online trainings were widely used to equip health-care workers with up-to-date knowledge and skills. WHO has provided tailored support to develop and conduct those on-site, as well as online trainings in different hospital settings.

Even before the pandemic, WHO supported Member States to introduce EENC in about 1000 hospitals in the Region. This support has included establishing hospitals' quality improvement teams with representation across relevant disciplines to implement standardized, evidence-informed approaches using local resources. It has helped to identify important gaps in health facilities' water, sanitation and hand hygiene services, as well as stress the importance of improved breastfeeding outcomes.

**Action area 2. System level – Improving hospital planning and management:** WHO established a collaborative regional network on quality and safety, which was supported by three workshops to go through a cycle of quality improvement with five countries – Cambodia, China, the Lao People's Democratic Republic, Mongolia and Viet Nam. Through this process: China improved prevention and early detection of venous thromboembolic events in hospitals in Shanghai Province; the Lao People's Democratic Republic developed a checklist and monitoring indicators for its quality policy; Mongolia developed draft quality and safety standards and conducted a patient satisfaction survey; and Viet Nam piloted an incident reporting system in select hospitals. To strengthen the link with primary health care as part of the UHC goal, WHO also prepared a report on the role of hospitals in strengthening primary health care, which outlined a range of mechanisms and options for hospitals. In the Lao People's Democratic Republic, a nationwide facility-based survey on health-care quality has paved the way to establish regular health-care quality assessment and improvement support.

WHO has supported countries to adapt health-care pathways to prevent overwhelming hospitals. The Organization facilitated country consultations with Cambodia, the Lao People's Democratic Republic, Mongolia and Japan's National Center for Global Health and Medicine, which is also a WHO collaborating centre. These care pathways focused on severity-based and timely referral and efficient use of hospital resources. Lessons learnt from these care pathways have supported COVID-19 responses in other countries including Fiji and the Philippines. WHO has also developed an [interim guidance note for hospitals on their role in the COVID-19 response](#) and is currently developing a framework document on strengthening subnational health-care pathways to respond to the pandemic and beyond for the future.

**Action area 3. Strengthening capacity to drive hospital reform:** Some Member States have utilized the COVID-19 response to accelerate and institutionalize hospital reform. Cambodia and the Lao People's Democratic Republic have initiated a dialogue to incorporate a health systems approach in revisions to the national infection prevention and control strategy. Papua New Guinea has started priority-setting for long-term quality improvement and systems strengthening during its surge planning and response. WHO has also supported the Lao People's Democratic Republic with a policy brief to



guide country consultations on reforms towards granting autonomy to tertiary hospitals and the pilot process.

In Mongolia and Viet Nam, public financial management and provider payment methods have been improved to reorient how public hospitals are financed for better quality and efficiency. In China, multiple reform measures were implemented to strengthen the operation and management systems of public hospitals and to improve budget management, internal control systems and performance evaluations by patients. A new policy document from the State Council of the People's Republic of China emphasized the role of public hospitals in preventing major epidemics and public health emergencies.

In summary, diversity in hospitals across the Western Pacific Region is significant, and WHO continues to support Member States in improving hospital planning and management as a path to UHC and health security.

## **2.4 Strengthening legal frameworks for health in the Sustainable Development Goals**

Effective legal frameworks are essential to advance UHC and enable Member States to address the health challenges of today and tomorrow, as envisioned in the *For the Future* agenda. Legal frameworks – both laws and the institutions responsible for putting them into effect – vary greatly across the Region. The pandemic revealed the needs of Member States for effective or updated laws and enhanced capacity to put them into effect or advance needed reforms. Since its adoption in 2018, the Regional Action Agenda has guided Member States to make significant progress on strengthening legal frameworks for health, with technical support from WHO, across its three strategic pillars.

**Strategic pillar 1. Action areas – What can be done?** WHO supported Member States through guidance and direct assistance to advance priority legal reforms for health systems strengthening. The Philippines enacted the Universal Health Care Law in 2019 to accelerate the country's progress towards UHC. In addition to technical support on the law and implementing regulations, WHO facilitated high-level advocacy support through the Asia-Pacific Parliamentary Forum on Global Health. Viet Nam is currently revising its Law on Medical Examination and Treatment to strengthen health governance and service delivery, with similar processes occurring in Nauru and Solomon Islands. Throughout the pandemic, Member States grappled with complex legal issues. Several took steps to strengthen laws to support the pandemic response. Papua New Guinea enacted the National Pandemic Act 2020 to provide a legal basis for the response and overcome limitations in laws that were outdated and inadequate. WHO provided direct support to Cambodia, Cook Islands, Kiribati, the Federated States of Micronesia, Palau, the Philippines and Solomon Islands on legal aspects of the COVID-19 response, including the development of new legal frameworks. During the pandemic, guidance and tools on legal considerations

for implementing telemedicine services and utilizing digital contact tracing and quarantine tools allowed Member States to effectively incorporate digital innovations within their response strategies.

In response to demands for technical support across a wide range of areas, WHO established the Health Law Tool, an e-based platform on strengthening legal frameworks for health. The Tool is designed to support users in the development, implementation and evaluation of legal frameworks across a broad range of areas. Initial content on implementing the International Health Regulations in national law, health workforce regulation, and health and human rights has been launched internally for testing. Further content is planned on health financing and NCD risk factors before an external launch to Member States in 2022.

**Strategic pillar 2. Processes – How to do it?** Processes to strengthen legal frameworks are complex and often involve efforts over multiple years that are not always linear. WHO supports Member States to understand and navigate the full cycle of legislative development, through problem identification, policy development, consultation, drafting, implementation and evaluation. Solomon Islands initiated a review in 2018 of its health administration laws to support major health system reforms, including the implementation of the Role Delineation Policy to ensure appropriate services are provided closer to where people live so that people can access services without financial hardship. Through its technical support, WHO also supported the Ministry of Health and Medical Services to build its legal capacity, including establishing an in-house legal function and mentoring the first legal officer.

Cook Islands is preparing to reform public health laws to better protect and promote health, including through harnessing lessons from COVID-19. Reforms are expected to deliver a modern, risk-based public health law that can serve as a blueprint for other countries in the Region, several of which have indicated a need or initiated processes to review public health and health emergency laws beyond COVID-19, including Kiribati, the Lao People's Democratic Republic and Vanuatu. The comprehensive legal support provided to Cook Islands is the first of its type for WHO in the Western Pacific Region. It is being used as a model to develop a toolkit for use by Member States in collaboration with WHO to navigate the law-making process.

During the pandemic, support for national regulatory authorities was vital to ensure Member States were able to implement legal and regulatory frameworks to enable approval, importation, regulation and introduction of diagnostics and, more recently, vaccines. WHO assisted national regulatory authorities across the Region to issue emergency use authorizations and similar approvals through the WHO Emergency Use Listing procedure and stringent regulatory authorities.

**Strategic pillar 3. Capacities – Who is involved?** WHO supports actions to build the capacity of those involved in strengthening legal frameworks for health, including policy-makers, lawyers,

regulators and parliamentarians. The Asia-Pacific Parliamentarian Forum on Global Health is a platform for parliamentarians to exchange ideas, build political will, strengthen capacity and foster collaboration for health. Since 2015, the Forum has met face to face five times, with parliamentarians from 27 Member States in the Western Pacific Region participating. Meetings in 2018 and 2019 addressed UHC and the impact of climate change on health, allowing delegates to exchange information on legislation and initiatives and encourage parliamentary action across the Region. During the pandemic, the Forum has met virtually three times to enhance the role of parliamentarians in supporting the response, including in relation to vaccines, virus variants and sustaining health financing.

Member State officials involved in the development and implementation of legal frameworks built their capacity through workshops and meetings across a range of areas in health law, including NCD prevention and control, social health insurance and health professional education. In collaboration with Australia's McCabe Centre for Law and Cancer, 16 government lawyers, policy officers, regulatory officials and trade advisers participated in an international legal training programme consisting of a six-week course focused on building capacity among low- and middle-income countries to use the law to prevent and control NCDs. WHO and the McCabe Centre also collaborated to issue a report on multisectoral coordination to address NCDs through law, which documented good practices from the Region. WHO also collaborated with the Asian Institute for Bioethics and Health Law at Yonsei University in the Republic of Korea to provide a platform for legal experts to discuss approaches for strengthening capacities for health law and bioethics in the Region, as part of the annual Asia-Pacific Academic Consortium for Public Health. Participants shared experiences on innovative approaches to urban health and were introduced to the WHO Health Law Tool, an instrument for regional capacity-building.

### **3. ACTIONS PROPOSED**

The Regional Committee for the Western Pacific is requested to note the progress on driving the vision of *For the Future: Towards the Healthiest and Safest Region*.