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:

15.1 Thematic priority: Health security, including COVID-19 and antimicrobial resistance
15.2 Thematic priority: Noncommunicable diseases and ageing
15.3 Thematic priority: Climate change, the environment and health
15.4 Thematic priority: Reaching the unreached
15.5 Cross-cutting progress report: Advancing the For the Future vision

The Regional Committee for the Western Pacific is requested to note the progress made and the main activities undertaken.
15.1 THEMATIC PRIORITY:
HEALTH SECURITY, INCLUDING COVID-19 AND ANTIMICROBIAL RESISTANCE

1. BACKGROUND AND ISSUES

Prioritizing collective health security remains important to protect the health and well-being of populations in the Western Pacific Region and to ensure the functioning of economies and societies. Particularly prone to natural disasters, the Region is also an epicentre for emerging infectious diseases and regularly faces health security threats posed by antimicrobial resistance (AMR), food safety events and other public health emergencies. These threats are occurring against an increasingly complex backdrop of demographic shifts, socioeconomic change, population mobility, urbanization and climate change. Consequently, the impacts of public health emergencies are becoming more complex, reaching beyond the health sector to have a wider effect on societies. The importance of protecting health security is recognized in For the Future: Towards the Healthiest and Safest Region and the World Health Organization (WHO) Thirteenth General Programme of Work 2019–2023, which set health security, including AMR, as a key priority for Member States and WHO in the Region and globally.

Since 2006, Western Pacific Member States have worked collectively to strengthen public health capacities for health security through the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED III). Endorsed by the Regional Committee for the Western Pacific in 2016, this third iteration of the Strategy guides actions to develop and strengthen capacities required under the International Health Regulations (2005), known as IHR (2005). Progress in strengthening public health emergency preparedness and response capacities under APSED III is reported below in item 2.1.

The health sector plays a key role in managing health-related risk and minimizing health-related consequences of not only disease outbreaks, but also natural disasters and other emergencies. The incorporation of disaster risk management into health systems supports this role and positions the health sector as a key actor in the disaster risk management agenda. Progress in implementing activities to advance disaster risk management for health is reported below in item 2.2.

Access to safe and nutritious food is key to sustaining life and promoting good health. Unsafe food can cause more than 200 diseases ranging from diarrhoea to cancers. Every year in the world, an estimated 420 000 people die and 600 million fall ill after eating contaminated food, resulting in the loss of 33 million healthy life years (measured as disability-adjusted life years, or DALYs). The globalization of the food trade, a growing world population, climate change and rapidly changing food
systems have an impact on the safety of food. In recognizing these challenges 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 reported below in item 2.3.

AMR is an ever-present threat to the achievement of universal health coverage, the Sustainable Development Goals and the health security of populations in the Region. Guided by *the Framework for Accelerating Action to Fight Antimicrobial Resistance in the Western Pacific Region*, countries have been reinforcing their efforts to contain and fight AMR by: (1) strengthening systems as a foundation for sustainable actions; (2) working beyond health; (3) taking actions today, guided by their vision of the future; and (4) building “grounds-up” solutions with strong country impact. Progress implementing the AMR Framework is reported below in item 2.4.

### 2. ACTIONS TAKEN

Event-based surveillance teams at the WHO Regional Office for the Western Pacific monitor the signals of potential public health threats throughout the Region. Between 1 July 2021 and 30 June 2022, surveillance teams detected 986 signals of potential emergency health threats. Of these, 91 were verified as new public health events: 85 due to infectious diseases (including six food safety events) and six due to natural hazards. The Regional Office conducted formal rapid risk assessments for six public health events in 2021 to 2022.

WHO responded to 89 of these events in the Region, guided by the WHO *Emergency Response Framework*. These events included diarrhoeal diseases in the Philippines, a dengue outbreak in Viet Nam, a volcanic eruption and tsunami in Tonga, the ongoing COVID-19 pandemic and a multi-country monkeypox outbreak. Immediate response actions included activating the regional WHO Emergency Operations Centre and Incident Management Support Team to support Member States and sharing event information and risk assessments through 95 emergency information site postings.

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

Countries and WHO in the Western Pacific Region have continued to strengthen national and regional preparedness and response capacities under APSED III. This strategic action framework guides actions to build and develop public health capacities required under IHR (2005) and to prepare for and respond to public health emergencies, regardless of the type of hazard. Member States have continued to develop systems, taking a step-by-step approach, and strengthen these capacities, while at the same
time learning and improving from their response to the COVID-19 pandemic. These lessons and those from responses to other public health emergencies over the past two decades will form the basis of discussions as Member States, WHO and partners work together on developing a future bi-regional health security framework for the Asia Pacific region over the coming year, building on the achievements, approach and principles of APSED III.

In responding to COVID-19, countries quickly activated command and coordination systems that bring together partners from the health sector and beyond in whole-of-government/whole-of-society approaches. After more than two years of pandemic response, many Member States are moving towards sustained management of COVID-19 and developing long-term plans for COVID-19 response, pandemic influenza and other public health emergencies. WHO has supported countries to prepare for this shift by adopting risk-based approaches to optimize systems for longer-term risk-based management of COVID-19, while at the same time maintaining readiness to respond to outbreaks and surges. This includes through the application of vaccines, public health and social measures, health system capacity, early detection and targeted response, and international border measures to sustainably manage COVID-19. These key tools are further supported by the public health pillars of surveillance, strategic communication, and contact tracing and monitoring.

Information-sharing between national IHR focal points and the WHO Regional Office through the IHR channel has been strengthened to support contact tracing, as well as informed risk assessments at all levels. WHO is supporting countries to adapt border measures to facilitate resumption of international travel and to assess and strengthen capacities at international points of entry (particularly land crossings) to prepare for the reopening of borders. In December 2021, WHO also held the 13th annual IHR Exercise Crystal to test IHR communications using the national IHR focal points channel. Twenty-eight countries and areas in the WHO Western Pacific Region joined the exercise and demonstrated a sound understanding of IHR communications and risk assessment for public health events.

During health emergencies, authorities must often make response decisions with limited information. Technical support has been provided to countries to monitor unusual trends in transmission and severity using multi-source surveillance systems to guide interventions and adjust response strategies. Many Member States – including Cambodia, the Lao People’s Democratic Republic and the Philippines – have set up multi-source surveillance systems for COVID-19 response using not only case and death data but also hospitalization, event-based surveillance, genome sequencing data and all-cause mortality data to inform decision-making. The pandemic has provided opportunities to strengthen core surveillance capacities in countries and areas to respond more effectively to future public health threats. For instance, COVID-19 surveillance innovations were integrated into routine influenza surveillance
systems in Australia, Cambodia, Fiji, Kiribati, the Lao People's Democratic Republic, Malaysia, Mongolia, New Caledonia, Palau and Singapore.

The ongoing response to the pandemic has highlighted the growing role of genomic surveillance within a multi-source surveillance system to detect the emergence of new variants and threats, monitor their spread, and guide the use of therapeutics, vaccinations and other public health decisions. In September 2021, the inaugural meeting of the Western Pacific Region Emerging Molecular Pathogen Characterization Technologies (EMPaCT) Surveillance Network provided an opportunity to learn how countries have developed and strengthened genomic sequencing capacity in response to the pandemic, and to provide recommendations on future genomic surveillance for public health. The EMPaCT Surveillance Network will continue to support countries to strengthen genomic surveillance capacity in a country-specific, step-by-step approach to apply new diagnostic technologies to detect new pathogens and future pandemics.

WHO has dispatched critical supplies from the WHO Health Emergencies Programme (WHE) Regional Stockpile to meet country requests and gaps. Personal protective equipment and biomedical equipment have been dispatched to support clinical management in Member States. Laboratory consumables have also been supplied to support COVID-19 testing. Since the start of the pandemic, more than 300 operations have been completed, delivering close to 220 tons of supplies with a value of nearly US$ 22 million.

WHE strengthened the standardization and quality of clinical health emergency surge capacity through support to emergency medical teams (EMTs) in the Region. EMTs provide urgent medical and surgical care in emergencies characterized by a surge in cases of trauma or disease. Since the 2010 earthquake in Haiti, significant effort has been made to standardize EMTs by establishing common minimum standards, a coherent coordination and deployment mechanism for response under national leadership, and capacity-building to ensure that team members are trained and self-sufficient. EMTs are now assessed and quality assured against a set of technical standards set by WHO and peers.

In the Western Pacific Region, 11 EMTs have been quality assured and verified for timely, predictable and accountable deployment to outbreaks and disasters outside their national borders. Many more national teams have been established to respond to domestic emergencies, including some from countries with small populations and massive ocean territory, requiring robust logistics capabilities. During the reporting period, EMTs have deployed both nationally and internationally in the Region to support responses to disasters and outbreaks including COVID-19, the Hunga-Tonga Huna-Ha'apai volcanic eruption and resulting tsunami in Tonga, cyclones/typhoons in Fiji and the Philippines, and a leptospirosis outbreak in Fiji.
Established in April 2000, the Global Outbreak Alert and Response Network (GOARN) is a global network to engage technical support to respond to major public health emergencies. GOARN consists of more than 270 technical partners, 65 of which are from the Western Pacific Region, including three new partners that joined during this reporting period. From July 2021 through June 2022, a total of 74 international experts were deployed to the Region to support the COVID-19 response in 12 Member States, while 14 partners within the Region provided 28 individual experts to support the global COVID-19 response. GOARN has also delivered training in international outbreak response to countries in the Region, and is conducting operational research to better engage, utilize and expand the Network within the Western Pacific.

Over the past year, risk communication has focussed on sharing timely, clear and effective messages coupled with strategic outreach and community engagement to support longer-term strategies for community adherence to public health and social measures. WHO supported countries and areas to update COVID-19 strategies and action plans and create effective coordination mechanisms with response partners and stakeholders. WHO also provided technical assistance on key evolving issues. The increase in information circulating on social media and digital platform “closed channels” has driven the circulation of harmful and confusing health messages, resulting in poorer adherence to public health and social measures and lower uptake of COVID-19 vaccines. To address this, countries and areas in the Western Pacific Region have strengthened multi-source listening systems and strategies to combat rumours, misinformation and disinformation. WHO also partnered with social media companies and invested in expanding its social media channels and website to cater to the high demand for information from the public, media, health and other professionals. These communication capacities and systems will be useful beyond the pandemic to help strengthen health security and pave the way for the rollout of the Communication for Health (C4H) approach in emergency situations, as outlined in For the Future.

Community engagement has been supported through activities including partnerships with civil society and other community-level organizations to translate and amplify guidance from WHO and ministries of health, as well as training community health workers and leaders on the implementation of national COVID-19 guidelines. WHO has also supported the generation and interpretation of social data to better understand public perceptions and increase inclusion. This has equipped countries and areas with relevant and timely information on community beliefs and behaviours around key issues influencing the uptake of social and public health measures, including vaccines.
2.2 Disaster Risk Management for Health

The Emergency Operations (EMO) unit has been working with Member States on preparedness and response to natural disasters. The Western Pacific is much more disaster-prone than other WHO regions, making it increasingly important to ensure that Member States work towards reducing the vulnerability of individuals and households by strengthening capacities at subnational and national levels to respond to any hazard. While natural events cannot be prevented nor reliably predicted, Member States can make efforts to strengthen preparedness and readiness to respond in order to reduce and mitigate impacts of disasters. The *Health Emergency and Disaster Risk Management Framework* is based on these principles.

EMO provided support to Member States in responding to natural disasters. In December 2021, central Viet Nam was severely affected by heavy rains, causing floods and landslides. The WHE Regional Stockpile was activated to dispatch more than 350,000 water purification tablets to provide clean potable water to the affected population.

The Philippines was hit by Super Typhoon Rai (locally called Odette) in December 2021. The storm tore through the southern Philippines, making landfall seven times. Millions of people were affected. Hundreds of thousands were evacuated as their homes were damaged or destroyed. Electricity went out for extended periods. Livestock was lost and agricultural fields destroyed. In a country already combatting COVID-19, the typhoon posed a huge threat to the health-care system. With the prompt action of the Philippine Government, however, only a few health-care facilities were affected. Most resumed full operation shortly after the typhoon, and no overwhelmed health-care systems were reported.

In line with incident management principles, the WHO Representative Office for the Philippines quickly established an incident management team and appointed an incident manager to coordinate the response. At the WHO Regional Office, an incident management support team was established. A team was quickly deployed to the worst-affected areas, and supplies were readied to provide relief. The WHE Regional Stockpile deployed critical supplies including water purification tablets, emergency health kits to support local health-care facilities, face masks for internally displaced people, field tents, cholera kits and rapid antigen COVID-19 test kits.

2.3 Regional Framework for Action on Food Safety in the Western Pacific

The *Regional Framework for Action on Food Safety in the Western Pacific* proposes “Safer Food for All” as a vision with the goal to “protect people’s health by advancing food safety systems”. Over this reporting period, WHO has supported national food safety authorities in the implementation
of strategic actions to strengthen national food safety systems. WHO has also advocated for high-level political support to enhance food safety and facilitate regional cooperation among food safety authorities.

**Action area 1. Food safety policy and legal frameworks**

A bi-regional meeting on risk mitigation in traditional food markets in the Asia Pacific region was held in September 2021. Recommendations called for Member States to work with local authorities, regulators and food market managers to adopt strategies to address risks for public health protection in traditional food markets. A second meeting was scheduled for in September 2022 to further work in this area. A manual “Five Keys for Safer Markets – Risk Mitigation in Traditional Food Markets in the Asia-Pacific Region” is being finalized for dissemination before the end of 2022 to support countries address risks related to food safety, zoonoses and transmission of emerging infectious respiratory diseases (such as COVID-19) in traditional food markets.

Technical support was provided to countries for specific food safety policies and issues including Fiji, Kiribati, Papua New Guinea, Samoa and Vanuatu. Support on the development of the Codex Trust Fund Round 6 (CTF-6) proposals was provided to Fiji, Kiribati and Papua New Guinea in order to support their applications. Informal meetings were held for the Coordinating Committee for North America and Southwest Pacific and the Coordinating Committee for Asia.

**Action area 2. Risk-based food inspection and enforcement**

As requested by Member States, “Risk-Based Food Inspection System: Practical Guidance for National Authorities Manual” is being finalized for dissemination by the end of 2022. The document will provide food inspectors with guidance for carrying out risk-based inspections. It allows for flexibility in the way foods are prepared, with the essential elements of food safety based on a scientific risk-based approach. The manual is being transformed into a virtual capacity-building module to offer Member States easier access to this type of training.

**Action area 3. Food safety information underpinning evidence**

The WHO Collaborating Centre for Food Contamination Monitoring, hosted by the Singapore Food Agency, organized two proficiency testing programmes for the Association of Southeast Asian Nations (ASEAN) and supported Cambodia with methanol detection in rice-wine production. The collaborating centre also supported the development of four ASEAN guidelines and action plans for antimicrobial use and resistance in aquaculture. To support food laboratory analysis in the Pacific, an operational guide, *Use of Referral Laboratories for the Analysis of Foodborne Hazards in the Pacific,*
was finalized in English and French. In addition, a virtual database was developed to enable laboratory managers to search and use the information. In May 2022, WHO also provided technical support for Codex Alimentarius discussions and food analysis laboratory capacity strengthening to a joint AMR project coordinated with the Division of Health Systems and Services at the WHO Regional Office for the Western Pacific.

**Action area 4. Food safety incident and emergency response**

During 2021, a total of 61 food safety events were reported by the International Food Safety Authorities Network (INFOSAN) in the Western Pacific Region from 34 imported and 27 domestic food products. These events resulted in recalls and requests for information exchange among Member State INFOSAN contact points, facilitated by coordination between food safety and IHR units of WHO.

The INFOSAN Regional Meeting of members from Asia was held in December 2021, organized by WHO and the Food and Agriculture Organization of the United Nations (FAO), with support from the Ministry of Food and Drug Safety, Republic of Korea. INFOSAN members in Asia committed to strengthening responses to international food safety emergencies through the finalization and implementation of the regional strategy and Members’ Guide for INFOSAN in Asia. In May 2022, a workshop was held in Cambodia to strengthen preparedness and response to food safety incidents through coordination and improved understanding of roles in information-sharing and coordination during food safety incidents.

**Action area 5. Food safety communications and education**

In collaboration with the Asia-Pacific Economic Cooperation (APEC) forum, workshops were held to draft a common framework for food safety risk communication with participants from Australia, Brunei Darussalam, China, Hong Kong SAR (China), Japan, Malaysia, New Zealand, Papua New Guinea, the Philippines, the Republic of Korea, Singapore and Viet Nam. In November 2021, a conference on “Smarter Healthy Cities Beyond COVID-19” was organized by the Alliance for Healthy Cities, an international network working with WHO. Webinars on AMR, food safety, One Health and wildlife health have also been held in the Region.

Virtual World Food Safety Day events were held in June 2022 under the theme: Multisectoral actions for food safety in the Asia Pacific region. Events in the Western Pacific Region were co-organized by FAO, WHO, the World Food Programme (WFP), the World Organisation for Animal Health (WOAH) and the United Nations Environmental Programme (UNEP). These included a communication campaign, a webpage, a social media video message from the WHO Regional Director addressing traditional food markets and a streamed webinar.
2.4 Framework for Accelerating Action to Fight Antimicrobial Resistance (AMR) in the Western Pacific Region

Member States in the Western Pacific Region have enhanced systems, policies and national action plans to fight AMR in line with the 2019 Framework. Together with support from WHO, global and regional mechanisms have been harnessed to foster collaboration and action to combat AMR across the Region.

Operational shift 1. Future oriented: working backwards from a longer-term goal

WHO supports Member States to avert the impact of AMR in the future by generating robust evidence to support evidence-based actions. The WHO Regional Office is currently developing two reports to contribute to this evidence and stimulate timely action to address the impact of AMR. The first is an estimate of the health and economic burden of AMR over the next 10 years in the Region. The second is a report on emerging issues around AMR in the Region. These two reports are intended to support governments to define priority actions to avert potential health, social and economic harms from AMR. Support has also been provided to develop and implement future-oriented national action plans and foster multisectoral engagement and political dialogue at the national, regional and global levels across sectors. To date, 23 countries and areas in the Western Pacific Region are implementing national action plans on AMR, with several more waiting for formal adoption of finalized plans.

WHO actively coordinates a regional One Health approach to AMR with partners FAO, WOAH and UNEP. Cambodia is enhancing implementation of the Multi-Sectoral Action Plan on Antimicrobial Resistance in Cambodia 2019–2023 in close collaboration with FAO, WOAH and WHO through a multi-partner trust fund.

Operational shift 2. Championing health beyond the health sector: a movement to fight AMR

The WHO Regional Office has launched an initiative called “Stewards for the Future: One Region, One Movement to Fight AMR”. This initiative, labelled the “AMR Movement”, aims to transform awareness into collective action, eventually reaching the point at which acting responsibly to combat AMR will become a societal norm and way of life. Promoted all year long, this initiative includes a media campaign across the Region, especially during World Antimicrobial Awareness Week, with countries organizing activities with broad-based support among the public, health professionals, patient groups, and the agriculture, animal and environment sectors. A pledge site has been established
since 2018 where people can make pledges to become “Stewards for the Future” to fight AMR. Every year, WHO invites Stewards for the Future to share their stories and actions taken to combat AMR.

**Operational shift 3. Systems approach: leveraging existing systems**

Mechanisms developed under APSED III and other initiatives in the Region have been leveraged to strengthen systems to combat AMR, including surveillance, antimicrobial and diagnostic stewardship, infection prevention and control, and clinical management for AMR infections. Regional guidance documents on AMR surveillance and outbreak response have been developed. Several countries – including Cambodia, the Lao People's Democratic Republic, Mongolia, Papua New Guinea, the Philippines and Viet Nam – were supported to strengthen AMR surveillance systems. Antimicrobial stewardship programmes were implemented across the Region through adoption of “AWaRe” lists (so named because they classify antibiotics according to their risk of contributing to AMR), point-prevalence surveys, training and capacity-building in hospitals, along with partners. WHO also has worked with partners to initiate antimicrobial stewardship programmes in the Pacific.

**Operational shift 4. Building solutions from the ground up and driving country impact**

WHO has supported 15 countries and areas to participate in the WHO Western Pacific Regional Antimicrobial Consumption Surveillance System. The system captures and synthesizes information on antimicrobial consumption in hospitals and national and community-level institutions and makes this information readily available on an online dashboard. The system aims to increase multi-stakeholder accountability and strengthen stewardship of antimicrobials to improve health outcomes.

WHO published the first regional report presenting data from national-level monitoring of antimicrobial consumption from seven countries and areas – namely Brunei Darussalam, Hong Kong SAR (China), Japan, the Lao People’s Democratic Republic, Malaysia, Mongolia and the Philippines – to provide evidence to assess antibiotic use. With support from WHO, Mongolia has been generating longitudinal, national-level antimicrobial consumption data, which has shown a decrease in antimicrobial consumption as a whole and especially for intravenous antibiotics. Fiji has become the first country in the Pacific to develop national-level antimicrobial consumption monitoring with support from WHO.
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 COVID-19 and antimicrobial resistance.
15.2 THEMATIC PRIORITY: 
NONCOMMUNICABLE DISEASES AND AGEING

1. BACKGROUND AND ISSUES

Noncommunicable diseases (NCDs) are one of the major health and development challenges of the 21st century. They account for 87% of all deaths in the Western Pacific Region. More than a third of these deaths were premature. The combined burden of the common NCDs – namely cardiovascular diseases, cancers, diabetes and chronic lung diseases – is rising fastest among middle- and lower-income countries. Recognizing the devastating impact of NCDs, the Regional Committee for the Western Pacific in 2019 adopted For the Future: Towards the Healthiest and Safest Region, which highlighted NCDs and ageing as one of four thematic priorities for WHO’s work with Member States in the Region in the coming years. For the Future highlights the importance of strategic actions today to address the Region’s greatest health challenges now and in the future.

There is an urgent need for aggressive and innovative actions to reduce the NCD burden, including using cost-effective and feasible interventions that have already been proven through years of experience and research. A large part of the For the Future challenge to make the Region the world’s healthiest and safest depends on Member States’ ability to address NCDs that are making people unhealthy now.

Most NCDs can be prevented through addressing common risk factors such as: smoking; unhealthy diets; low levels of physical activity among populations of all ages; and excessive alcohol use. These interventions can be cost-effective and revenue generating for some. Improving health systems and services, and integrating early detection through screening and timely treatment are effective approaches to reduce the disease burden of NCDs.

The Western Pacific Region is home to 377.2 million adult smokers, including nearly half of the Region’s adult men. Tobacco use is a significant threat to health and development, killing more than 3 million people a year in the Region. Tobacco use continues to be the leading preventable cause of death globally.

Western Pacific countries and areas have been taking actions to address the tobacco epidemic, leading to a decline in overall tobacco use in the Region. But the rate of decline is insufficient to meet the 2025 voluntary NCD target of a 30% reduction in prevalence from the 2010 baseline. Since 1990, WHO in the Region has prepared periodic regional action plans to guide and support Member States in
implementing effective tobacco control measures. The Regional Committee endorsed the *Regional Action Plan for Tobacco Control in the Western Pacific (2020–2030)* in 2019. The Action Plan provided an updated and robust road map for countries and areas in the Region to take definitive strategic action to achieve global tobacco goals and counteract a shared threat to health. A progress report on the Framework is reported below in item 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 and dietary patterns, especially in low- and middle-income countries. People now consume more foods high in energy, fats, free sugars and salt/sodium, and processed foods high in these contents are heavily marketed and readily available in the Region. This unhealthy food environment negatively influences dietary patterns, contributing to increases in overweight and obesity in the Region. Childhood obesity has skyrocketed in recent years, affecting nearly all countries and areas in the Region. In 2021, more than 9 million children aged under 5 years were estimated to be overweight in the Western Pacific Region. The situation worsens as these children get older, with around 84 million (25%) aged 5–19 years overweight or obese – the highest among all WHO regions – representing an increase of 43% in just six years (from 2010 to 2016). Despite these alarming figures, progress in tackling childhood obesity has been slow and inconsistent across countries. Recognizing the urgent need to implement effective programmes and policies in multiple sectors to address childhood obesity, a virtual meeting co-organized by the Ministry of Health, Labour and Welfare of Japan, the National Institute of Health and Nutrition of Japan, and the WHO Regional Office for the Western Pacific was held on 7 December 2021 to motivate Member States to take action in scaling up efforts to tackle childhood obesity. A summary report of this meeting is reported below in item 2.2.

To strengthen the NCD agenda in the Region, the new *Regional Action Framework for NCD Prevention and Control in the Western Pacific*, which will be considered for endorsement at the seventy-third session of the Regional Committee, proposes an integrated, cross-sectoral and pragmatic approach that builds on existing capacities, strengths and initiatives.

### 2. ACTIONS TAKEN

Aligned with the priorities and operational approaches in *For the Future*, the focus of WHO’s work on NCDs and ageing in the Western Pacific Region is to combat the NCD epidemic by advocating whole of society efforts in: implementing evidence-based best buys to control risk factors; promoting mental health and well-being; supporting people living with NCDs to better manage their conditions.
with effective, efficient and affordable health-care services; and building health systems and social services that support all people to enjoy long, healthy, productive lives.

2.1 Working towards a healthy, tobacco-free Region

Based on the objectives of the *Regional Action Plan for Tobacco Control in the Western Pacific (2020–2030)* (TFI RAP), WHO prioritized technical support to countries and areas on the expansion and strengthening of smoke-free environments, the promotion of fiscal measures to reduce affordability of tobacco, the strengthening of tobacco cessation services and the regulation of new and emerging nicotine and tobacco products.

To support Member States with progressing Strategic Area 1 (Prioritize tobacco control in all relevant policies) of the TFI RAP, WHO fostered knowledge translation, dissemination and experience-sharing among Member States. These efforts bolstered policy and legislative development processes under the TFI RAP Strategic Area 2, including taxation, electronic nicotine delivery systems (ENDS) regulation, tobacco industry interference prevention and other evidence-based tobacco control measures in Cambodia, Cook Islands, the Lao People's Democratic Republic, Malaysia, the Federated States of Micronesia, Mongolia, Palau, Papua New Guinea, the Philippines, Samoa and Viet Nam.

Further, WHO supported Member States to reflect upon their current implementation status regarding the WHO Framework Convention on Tobacco Control, including gaps and barriers in order to identify ways forward. WHO facilitated a review of smoke-free compliance and enforcement, as well as smoking cessation support in select Member States in the Region. Results of the review supported an adaptive process for identifying priorities and strategies to strengthen smoke-free compliance and cessation services across the Region.

In July 2021, WHO published the eighth *WHO report on the global tobacco epidemic 2021: Addressing new and emerging products*. The report presented data on new and emerging nicotine and tobacco products including ENDS. Strategic Area 3 of the TFI RAP aims to ensure Member States are prepared to address emerging challenges in tobacco control, including banning or regulating e-cigarettes. WHO ensured Member States were apprised of the latest scientific evidence – particularly that published by the WHO Study Group on Tobacco Product Regulation in 2021 – and provided support during the policy-making process for electronic cigarettes and heated tobacco products in Malaysia, the Philippines and Viet Nam. WHO also supported the utilization of available local data on knowledge, beliefs and behaviours in decision-making in Mongolia, along with experiences in banning and regulating ENDS globally and within the Region.
Progressing Strategic Area 4 (Apply whole-of-government and whole-of-society approaches to tobacco control) requires collaboration beyond the health sector. WHO worked with regional partners, including WHO collaborating centres, to support Member States to engage youth and environmental advocates, as well as finance, customs and tourism sectors and academia, on tobacco control.

2.2 Addressing Childhood Obesity Today, to Protect the Health of Future Generations

As part of the Tokyo Nutrition for Growth Summit, the Ministry of Health, Labour and Welfare of Japan, the National Institute of Health and Nutrition of Japan and the WHO Regional Office organized an official side event, Futures in the Balance: Addressing childhood obesity today, to protect the health of future generations, held on 7 December 2021. This hybrid session stressed the pressing threat childhood obesity poses to the health of current and future generations. This meeting aimed to motivate all Member States to take action to address this issue within their country contexts, as well as advocating scaling up efforts to tackle childhood obesity as part of their commitments to achieve the nutrition-related Sustainable Development Goals and targets. The engaging and dynamic session shared experiences, successes and challenges in addressing childhood obesity, including the regulation of food marketing to children, in eight countries in the Region (Australia, Brunei Darussalam, Fiji, Japan, Malaysia, the Philippines, Singapore and Tonga), and experiences from the Asian Development Bank. The session was live streamed through YouTube with more than 600 attendees combined (on-site and online).

Furthermore, the WHO Regional Office has been supporting Member States (Cambodia, China, Mongolia, the Philippines and Viet Nam) in their efforts to address childhood obesity through regulating food marketing, nutrition labelling and fiscal policy. In the Pacific, the Regional Office continued to support Member States through the Pacific Ending Childhood Obesity Network (Pacific-ECHO) on their priority actions to regulate food marketing, fiscal policy, promote physical activity and monitoring/surveillance. An advocacy and technical consultation on regulating food marketing to children in the Pacific is being planned for the fourth quarter of 2022.

2.3 Meeting of the Technical Advisory Group on Noncommunicable Disease Prevention and Control in the Western Pacific Region

The Meeting of the Technical Advisory Group on Noncommunicable Disease Prevention and Control (NCD TAG) in the Western Pacific Region was held virtually in Manila, Philippines, from 16 to 17 June 2022. The role of the NCD TAG is to provide guidance on key priority actions, including the collection and use data for policies, addressing risk factors to prevent NCDs, and health services and systems for NCD management. In addition, the NCD TAG provided advise on how to
practically implement actions at national and community levels using an integrated and multisectoral approach.

The WHO Regional Office will continue to support countries and areas to operationalize the various global and regional frameworks related to NCDs and ageing, develop technical guidance, help tailor and implement solutions to the national context and facilitate knowledge exchange.

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.
15.3 THEMATIC PRIORITY:
CLIMATE CHANGE, THE ENVIRONMENT AND HEALTH

1. BACKGROUND AND ISSUES

For the Future: Towards the Healthiest and Safest Region highlights climate change, the environment and health (CCE) as a thematic priority, spotlighting the crucial importance of effective action on CCE in achieving the vision of making the Western Pacific the world’s healthiest and safest region. In addition to For the Future, WHO’s work with Member States and partners on CCE in the Region 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 the Pacific Islands Action Plan on Climate Change and Health, endorsed by Pacific health ministers in 2018.

Environmental and climate change hazards add significantly to communicable and noncommunicable disease burdens. Air pollution causes 2.2 million deaths annually in the Western Pacific Region, while climate change threatens the existence of some Pacific island countries and areas and causes various health risks, including waterborne and foodborne diseases, malnutrition, increased transmission of vector-borne diseases, and psycho-social consequences caused by extreme weather events. The health system is also an important contributor to climate and environmental changes through large carbon and other greenhouse gas emissions (from facility operations and anaesthetic gas choices), environmental harm from health-care waste management strategies and technologies, and from inadequate chemical management.

WHO supports Member States to build their capacity to anticipate and respond to environmental impacts on health to protect the people of the Region from the impacts of climate change and environmental degradation.

2. ACTIONS TAKEN

Working as one team across the WHO Regional Office, the Fiji-based Division of Pacific Technical Support and the WHO Asia-Pacific Centre for Environment and Health (ACE) – which was established in 2019 in Seoul, Republic of Korea – and guided by the WHO Technical Advisory Group on Climate Change, the Environment and Health in the Western Pacific Region, WHO focuses on CCE action across four key pillars:
1. Advocating to raise the profile of the CCE agenda by building new narratives and articulating health co-benefits of actions and policies from non-health sectors

With the support of WHO, Member States in the Region have made progress on developing health national adaptation plans or their equivalents to advocate a stronger CCE agenda. In Fiji, the work on climate change and health is guided by the *Climate Change and Health Strategic Action Plan 2016–2020*. A new plan is being developed to guide the country’s future work on climate change and health within the Climate Change Act 2021. The Fiji National Climate Finance Strategy for 2022 to 2029 has identified health as one of the priority areas for climate finance. Other countries in the Region – such as Cambodia, Kiribati, Korea, the Lao People’s Democratic Republic, the Marshall Islands, the Philippines, Samoa, Tuvalu and Viet Nam – have developed or revised their climate change and health plans.

At the 14th Pacific Health Ministers Meeting hosted by Tuvalu in March 2022, Pacific health ministers agreed to include health priorities, including those related to nutrition and essential services such as water and sanitation, in their national adaptation plans and their nationally determined contributions to reduce emissions and adapt to climate impacts. Reiterating the importance of working together to address climate change and its impact on health, the WHO Regional Director in June 2022 published a piece on the health co-benefits of climate change action, calling for cross-sectoral, multi-stakeholder efforts to address climate change and environmental harm, with the health sector taking a lead role.

Despite progress, such as the increased profile of health in the 2021 United Nations Climate Change Conference (COP26) deliberations, challenges remain, including systematic inclusion of health in policy and dialogue related to climate change and the environment, the translation of plans into practical actions, and investment in human and financial resources.

2. Building climate-resilient health systems to withstand the impacts of climate change and environmental threats

Several countries have advanced on building climate-resilient health systems with support from WHO. For example, the so-called “Safe, Clean and Green” initiative for climate resilient health-care facilities in the Lao People’s Democratic Republic has assessed 182 health-care facilities and carried out improvements in most. Meanwhile, the Safe and Green Health Facilities initiative in the Philippines has assessed more than 100 facilities, and a climate hazard and vulnerability assessment of 214 health-care facilities is nearly completed. In Viet Nam, the National Action Plan for Green-Clean-Beautiful Hospital Nam guides action. The ministries of health of Cambodia, Kiribati, the Lao People’s Democratic Republic, Solomon Islands, Tuvalu and Vanuatu are also being supported to improve their
technical capacity to effectively integrate climate-related risks into policy, planning, and regulatory frameworks, as well as into interventions to identify and control the future burden of climate-sensitive health outcomes.

With WHO support, national guidelines for climate-resilient and environmentally sustainable health-care facilities (CRESHCF) have been launched in Fiji and the Lao People’s Democratic Republic; climate-friendly, non-burn health-care waste management systems are being installed in health facilities to reduce the longer-term environmental impacts of the health system in Cambodia, Cook Islands, Fiji, the Lao People’s Democratic Republic, Nauru, the Philippines, Tonga and Vanuatu. Surveillance systems have been strengthened to include climate and climate sensitive disease data in Cambodia, the Lao People’s Democratic Republic and Mongolia. Mercury-free hospitals and lead-free paint initiatives are underway in the Lao People’s Democratic Republic, Mongolia and Palau. Based on the CRESHCF national guidelines developed in Fiji, the climate hazard and vulnerability assessment of 214 health-care facilities is ongoing. Vulnerability and adaptation assessments have also been undertaken in Cambodia, the Lao People’s Democratic Republic and Mongolia.

WHO has also provided assistance to countries in infection prevention and control in the context of COVID-19 through procurement of critical supplies towards strengthening of water, sanitation and hygiene (WASH), health-care waste management services in health-care facilities, particularly in 12 Pacific island countries and areas: Cook Islands, Fiji, the Marshall Islands, the Federated States of Micronesia, Nauru, Niue, the Commonwealth of the Northern Mariana Islands, Palau, Samoa, Tokelau, Tuvalu and Vanuatu. These supplies include personal protective equipment, water filters and containers, jerrycans, cleaning detergents, signages/labels related to WASH, rainwater tanks, mobile toilets, wheelie bins for waste storage, trolleys for medical waste, containers (boxes) for sharps and syringes, medical waste bags, bins for wards including isolation units and large medical waste containers.

Furthermore, Fiji and the Lao People’s Democratic Republic signed on to key initiatives of the COP26 Health Programme, which aims to enable transformational change in health systems to protect the health of people and the planet. The two countries committed to furthering their initiatives to develop climate-resilient and low-carbon sustainable health systems.
3. **Measuring the impact of climate change and environmental degradation on health to provide timely, accurate and strategic information to inform decision-making, guide advocacy, drive action, and track the impacts and success of interventions**

A draft framework to develop a CCE monitoring platform has been developed, as well as a report on air pollution in the Region containing key recommendations regarding monitoring, evidence generation and implementation of global guidance. This, along with surveillance work, will support the digital hub for CCE, the design of which is still in draft.

In addition, multiple actions are under way to strengthen surveillance of climate- and environment-related diseases, such as asbestos-related diseases in Viet Nam, as well as the development of climate- and environment-informed early warning systems, such as the one for dengue in the Lao People’s Democratic Republic. Support has also been provided to improve monitoring of important environmental hazards, such as air pollution in the Lao People's Democratic Republic. Support to countries for implementing enhanced surveillance around occupational health, especially asbestos-related diseases, has taken place with the support of WHO collaborating centres in the Lao People’s Democratic Republic, Mongolia and Viet Nam. Guided by the *Manual for Surveillance and Control of Aedes Vectors in the Pacific*, developed by WHO and the Pacific Community, Pacific countries are adapting their disease control strategies to better capture data on the spread of disease-carrying mosquitoes. WHO is also collaborating with the Pacific Community on the development of eight modules for entomology training in the Pacific.

4. **Applying a CCE lens in programmes in WHO in the Western Pacific**

Applying a CCE lens is about all parts of WHO in the Region recognizing the crucial importance of CCE, recognizing that the work of all programmes has a part to play in addressing CCE challenges, and then turning that recognition into practical actions. All staff are encouraged to actively look for ways to reduce the carbon and environmental footprints of their work, and all technical programmes are prompted to think about how their work will impact on – and be impacted by – the effects of climate and environmental change.

This work is progressing, including discussions on how to use the lens as part of WHO planning processes. One concrete example of action is the Health and the Environment unit in the WHO Regional Office, which is working with the Vaccine-Preventable Diseases and Immunization unit to address health-care waste management issues in a comprehensive and environmentally sustainable way. Work will continue to meaningfully embed the lens into planning, programme development and day-to-day actions to ensure that relevant CCE concerns are addressed in all of WHO’s work in the Region.
In addition to the work under the four pillars of the CCE thematic priority, WHO has provided technical advice and support to countries and areas on a wide range of environmental health threats and challenges. For example, support on generating evidence, monitoring and policy development around air pollution and the implementation of the new air quality guidance has taken place in the Lao People’s Democratic Republic, Mongolia, the Philippines and Viet Nam; development of a National Action Plan for chemical safety was supported in the Philippines, as well as a National Environmental Health Action Plan. Work on drinking water quality guidelines and climate resilient water safety planning, as well as climate resilient communities with an emphasis on surveillance, monitoring, early warning and response has taken place in Cambodia, the Lao People’s Democratic Republic, Mongolia, the Philippines and Viet Nam.

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.
15.4 THEMATIC PRIORITY:
REACHING THE UNREACHED

1. BACKGROUND AND ISSUES

The Western Pacific Region has experienced rapid economic growth, with the gross domestic product per capita increasing nearly fifteenfold between 1980 and 2021, considerably higher than in other WHO regions. The resulting development has benefitted many. However, these developments have left behind large proportions of people in all countries, making them vulnerable to significant challenges that may further impact the unreached while also creating new unreached groups. These challenges include the double burden of communicable and noncommunicable diseases, climate change and environmental degradation, demographic changes (such as rapid population ageing), high internal and international migration rates, unplanned urban growth and increased levels of public debt from pandemic responses.

This rapidly changing environment has presented many opportunities and challenges for health systems. For example, the coronavirus diseases (COVID-19) pandemic has highlighted how fragile, fragmented health systems that cannot reach everyone hamper effective responses to public health emergencies and are often unable to continue providing essential health services. Even the most developed health systems were impacted by the pandemic. Conversely, countries also demonstrated during the pandemic how quickly they could develop and scale up innovative tools and how rapidly they could introduce measures that overcame previous barriers to reaching unreached groups.

The Region has made good progress on many health targets, including HIV, tuberculosis (TB), malaria, neglected tropical diseases, poliomyelitis, hepatitis B, measles, and maternal and infant mortality. But this progress has varied widely between countries. For example, the burden from these health issues, assessed using the disability-adjusted life year (DALY) measure, ranged from 3.5% to 43.6% of total DALYs in different countries of the Region in 2019.

Universal health coverage

In recognizing that progress has not benefited all equally, countries are pushing to achieve universal health coverage (UHC). They are investing in promoting health, preventing and eliminating diseases, and reducing morbidity, mortality and disability due to health issues. As a result, the regional UHC service coverage index increased by about 30 percentage points between 2000 and 2019 to reach
80% – which is higher than the global average of 68% – but wide disparities exist among countries in the Region, with UHC service coverage indices ranging from 33% to 87% in 2019.

Disparities also exist within countries. For example, subnational differences in population testing rates for TB in one country in 2021 ranged from 0.3% to 0.9%. In a second country, subnational variations in immunization coverage rates for hepatitis B (birth dose) in 2021 ranged from 9.7% to 78.5%. The COVID-19 pandemic also reversed gains unequally in different geographical areas. At the same time, catastrophic health expenditure in the Western Pacific Region was the highest among all WHO regions, with poorer households likely to be most affected. These disparities illustrate how progress towards UHC can mask growing inequities, as people with more advantages often benefit more quickly from national strategies than those who are disadvantaged, potentially widening health gaps. Therefore, Member States may consider moving away from vertical programming towards developing integrated health systems that can address various health issues and reach everyone more cost-effectively.

This report provides an update on the Region's implementation of four action plans and strategic frameworks under the thematic priority of reaching the unreached, as follows:


Half of the countries and areas in the Region have achieved global targets to reduce maternal, neonatal and under-5 mortality. But newborns account for about half of all under-5 deaths. The COVID-19 pandemic has challenged health systems across the Region, disrupting Early Essential Newborn Care (EENC). Routine EENC was compromised early in the pandemic in some settings because of people’s fear and perception.

Prolonged skin-to-skin contact (SSC) improves outcomes for both mothers and babies. However, only 37% of term babies, 20% of babies born by caesarean section and 18% of preterm low-birth-weight (PTLBW) babies received 90 minutes of uninterrupted SSC. Quality improvements have not been distributed equally, however, with EENC often not provided for PTLBW babies and those born by caesarean section. As scale-up continues, reaching the most vulnerable has become an important priority. Progress in implementing the existing targets of the Action Plan for Healthy Newborn Infants in the Western Pacific Region (2014–2020) through 2030, is reported below in item 2.1.
2. **Regional Strategic Framework for Vaccine-Preventable Diseases and Immunization in the Western Pacific 2021–2030**

In 2020, the Regional Committee endorsed the *Regional Strategic Framework for Vaccine-Preventable Diseases and Immunization in the Western Pacific 2021–2030*. This Regional Framework aims to expand the scope of immunization and maximize the benefits of vaccines and immunization programmes in the Region and further accelerate control. It also aims to achieve and sustain the elimination of vaccine-preventable diseases (VPDs) beyond those traditionally targeted. COVID-19 vaccines became available in late 2020. All Member States in the Region started rolling out COVID-19 vaccines in early 2021. However, the COVID-19 pandemic and its response have seriously affected regular immunization programmes and VPD control and elimination efforts.

WHO has been enhancing its support to Member States by working collaboratively to restore ongoing immunization initiatives and programmes amid the pandemic in line with the Regional Framework. At the same time, WHO has been working with Member States in reaching more unreached populations through COVID-19 vaccination responses and efforts to achieve and sustain VPD control and elimination.

Progress in implementing the *Regional Strategic Framework for Vaccine-Preventable Diseases and Immunization in the Western Pacific 2021–2030* is reported below in item 2.2.

3. **Regional Action Framework for Control and Elimination of Neglected Tropical Diseases in the Western Pacific**

Of the 20 classified neglected tropical diseases (NTDs), 14 are endemic in the Western Pacific Region. In all, 28 of the Region’s 37 countries and areas have at least one endemic NTD. Since the launch of the first global NTD road map and the regional action plan in 2012, the Region has made significant progress in controlling and eliminating NTDs due to Member States’ continuous efforts to decrease the disease burden. In addition, the Region has been a pioneer among all WHO regions in the progressive scale-up of annual mass drug administration (MDA), one of the most significant global public health programme achievements. In 2020 alone, more than 41 million out of 71 million people in need across 14 countries in the Region received MDA for at least one NTD. Moreover, 10 out of 22 endemic countries in the Region achieved elimination of lymphatic filariasis as a public health problem by the end of 2019. Also, three out of 10 endemic countries in the Region achieved elimination of trachoma as a public health problem by the end of 2018.

Progress in implementing the *Regional Action Framework for Control and Elimination of Neglected Tropical Diseases in the Western Pacific* is reported below in item 2.3.
4. **Western Pacific Regional Framework to End TB 2021–2030**

Since the global launch of *The End TB Strategy* (2015 baseline), the Western Pacific Region achieved a 14% reduction in TB mortality and a 6% reduction in TB incidence by 2020. The Region is making good progress in implementing the Regional Framework, notably by expanding rapid diagnostic tools, systematic case finding and scaling up programmatic management of drug-resistant TB, including new drugs and shorter regimens. Even with these achievements, however, the Region is not on track to meet the ambitious targets of the global Strategy. The rise in drug-resistant TB, an ageing population demographic and increased co-morbidities, such as diabetes and smoking-related lung diseases, pose significant challenges to TB control efforts. TB treatment coverage for drug-susceptible TB stands at 61%, indicating that approximately 700 000 cases are not notified by TB programmes in the Region. The most significant case detection gaps are in children. The relative gap in treatment coverage for multidrug- and rifampicin-resistant TB is larger. In 2019, the Region detected 30% of the estimated incident drug-resistant TB cases. Furthermore, the COVID-19 pandemic has disrupted TB services and decreased detection of both TB disease and infections in several countries, which may have a significant negative impact if TB services are not expeditiously restored and maintained.

Progress in implementing the *Western Pacific Regional Framework to End Tuberculosis 2021–2030* is reported below in item 2.4.

## 2. ACTIONS TAKEN

### 2.1 Healthy newborn infants

Early Essential Newborn Care has been implemented in line with the *Action Plan for Healthy Newborn Infants in the Western Pacific Region (2014–2020)*. Efforts have focused on countries with the highest burden of newborn mortality.

The strategic focus of the Action Plan is to ensure every newborn infant has a healthy start in life and eliminate preventable newborn deaths through improving quality and access to early essential newborn infant care. The existing targets will be maintained through 2030, with more emphasis on strengthening health systems to reinforce quality improvement approaches among unreached and high-risk populations, including preterm and low-birth-weight infants and those born by caesarean section.

By December 2020, an estimated 6017 facilities with more than 50 births per year were implementing EENC across the nine countries, a 79% increase from 2017. An additional 205 health facilities with fewer than 50 births per year were implementing EENC, increasing the total to 6222
facilities. Four countries have achieved the 2020 regional target of 80% of childbirth facilities implementing EENC, and an additional three countries are on track to achieve the target.

Most countries have appointed EENC coordinators, conducted regular EENC data reviews, adapted the EENC Clinical Practice Pocket Guide, engaged with professional associations and completed 12-month plans. Several other countries in the Region have adopted EENC as their primary newborn care strategy, including the Marshall Islands, the Federated States of Micronesia and Palau.

The last round of country reporting of EENC revealed that 72% of EENC-implementing hospitals surveyed have established EENC hospital teams, of which 37% have implemented an EENC quality improvement approach. The validated data show that about 35 000 staff have been coached on EENC in the nine countries with the highest burden of neonatal mortality. However, the incorporation of EENC into preservice curricula continues to lag.

As a result of scaling up EENC within the implementation of the Action Plan for Healthy Newborn Infants in the Western Pacific Region (2014–2020), term babies continue to have medium to high rates of immediate SSC (72%), early breastfeeding (57%) and exclusive breastfeeding (83%). High-risk PTLBW babies continue to be less likely than term babies to receive immediate SSC (43%), breastfeeding before separation (14%) and early breastfeeding (32%). Babies born by caesarean section are still less likely than those born vaginally to receive immediate SSC (43%) or breastfeeding before separation (18%).

An estimated 280 national, regional and provincial hospitals have begun implementing Kangaroo Mother Care (KMC). In five countries with data available, namely Cambodia, China, Mongolia, Solomon Islands and Vanuatu, 68% of hospital staff providing childbirth and newborn care services have been coached in KMC, and close to half (49%) of PTLBW babies receive KMC. Overall, significant improvements have been observed since 2015 when hospitals rarely implemented KMC.

Application of effective delivery practices showed improvements between 2017 and 2019 for syphilis screening (from 32% to 45%), non-supine position in the second stage of labour (from 50% to 56%), companion of choice at birth (from 24% to 26%), and early postnatal oxytocin to prevent bleeding (from 79% to 86%). In addition, data show declines in unnecessary and harmful practices like enema (from 25% to 17%) and fundal pressure (from 26% to 18%). Implementation of evidence-based practices before and during delivery continues to need improvement.

Lastly, less than half of the nine countries with the highest burden of neonatal mortality routinely update staff regulatory standards to match revised policies and guidelines (44%) or have systems that allow regular monitoring and enforcement of standards (44%). Countries prioritized
improving regulatory capacity and quality for staff and facilities to ensure that uniform standards are used, reviewed and updated regularly, and also effectively monitored and enforced.

2.2 Vaccine-preventable diseases and immunization

The Regional Framework supported Member States in accelerating safe and speedy COVID-19 vaccine rollouts across the Region with the Western Pacific Regional Road Map for COVID-19 Vaccination Response 2021–2022. In addition, WHO supported Member States in protecting and accelerating regular immunization, VPD control and elimination efforts amid the COVID-19 pandemic.

As of May 2022, a total of 22 countries and areas of the Region (59%) have achieved the global target of 70% of the population being fully vaccinated for protection against COVID-19 (target for the middle of 2022). Also, 24 countries and areas (65%) have fully protected their older adult population with at least 90% coverage. Besides, 31 countries and areas (84%) have fully vaccinated over 90% of health-care workers. In addition, 24 and 19 countries and areas of the Region provide adolescents and children with COVID-19 vaccines, respectively. Moreover, all countries and areas of the Region have started administering booster and additional doses of COVID-19 vaccines.

The Philippines and Malaysia have been affected by outbreaks of circulating vaccine-derived poliovirus (cVDPV) type 1 and type 2 since 2019, respectively. In May and August 2021, the Poliovirus IHR Emergency Committee removed the Philippines and Malaysia, respectively, from the list of countries infected with poliovirus because of the completion of a successful response to cVDPV. As of June 2022, there is no known ongoing circulation of any type of poliovirus in the Region.

In 2021, the Region showed historically low-level measles incidence since the regional measles elimination initiative started in 2003. In May 2021, the Regional Verification Commission verified that out of 14 countries, two areas and one subregion (the Pacific), six countries and two areas had achieved and sustained measles elimination. Also, six countries and areas had achieved and sustained rubella elimination.

2.3 Neglected tropical diseases

In 2018, the Regional Committee endorsed the Regional Action Framework for Control and Elimination of Neglected Tropical Diseases in the Western Pacific. This Framework aims to accommodate the new challenges and opportunities faced for controlling and eliminating priority NTDs in the Region. WHO also launched a new WHO global NTD road map for 2021–2030, endorsed by the World Health Assembly in 2021. Together with the road map, the Framework continues to guide WHO
and Member States to spearhead joint efforts to combat the 14 NTDs that affect more than 94 million people in 28 countries and areas in the Region. Despite pandemic challenges, the Region had continued to progress in controlling and eliminating NTDs through both focused and system-based approaches. Ten countries in the Region reached 2020 elimination targets for lymphatic filariasis, while three achieved the same for trachoma.

WHO continued to facilitate the donation of quality-assured medicines. The Organization also supported 19 Member States to implement annual or semi-annual preventive chemotherapy to control and eliminate NTDs. To strengthen health workforce capacities to plan, deliver and monitor NTD interventions, WHO supported Member States to organize annual nationwide (or island-wide) training for health workers and schoolteachers. Training workshops in Papua New Guinea, Solomon Islands and Vanuatu emphasized pharmacovigilance to prevent and manage serious adverse events associated with mass drug administration.

WHO also continued to support Member States in establishing multisectoral coordination mechanisms, and WHO helped to develop national strategies or action plans to control and eliminate NTDs. To date, 12 Member States in the Region have either disease-specific or integrated national plans on NTDs, with multisectoral technical working groups providing guidance for their implementation. WHO currently supports efforts to develop and update new integrated national strategic plans to combat NTDs for Papua New Guinea, Solomon Islands and other countries with the active participation of other sectors, including human health, animal health, education, water, sanitation and hygiene.

Moreover, WHO supported 14 countries and areas to carry out regular surveillance activities on NTDs using standard indicators and an integrated approach, where possible. WHO worked with a collaborating centre to develop a training manual and visual aid for detecting, diagnosing, treating and preventing skin NTDs. Vanuatu started trainings in 2021 by adapting the training manual into the local context for one province, which has been continued to cover another province in 2022. WHO also supported endemicity mapping of parasitic zoonoses to enhance understanding of the actual burden and generate evidence to prove that coordinated One Health interventions can most effectively eliminate transmission of such diseases between animal and human sectors. Cambodia completed a nationwide mapping of foodborne trematode infections, and the Lao People’s Democratic Republic and the Philippines progressed with a mapping of taeniases and cysticercosis.

While preventive chemotherapy for NTDs invariably engages communities for the effective administration of medicines and health promotion, the concerned Member States made further efforts to enhance behaviour change in affected communities to ensure sustained impacts of NTD interventions. Cambodia and the Lao People’s Democratic Republic continued to scale up community-
led initiatives to improve water and sanitation facilities to eliminate schistosomiasis and control other parasitic diseases from 2019 to 2021. WHO has assisted communities in reducing the parasitic disease burden through participatory dialogue to empower voluntary efforts that address poor sanitation and hygiene practices. Vanuatu also launched health workforce training in 2019 to build capacity to engage communities and promote personal and community hygiene to prevent, control and eventually eliminate NTDs such as yaws, scabies, trachoma and intestinal worms. During COVID-19 awareness campaigns, NTD programmes and the health workforce continued to integrate NTD treatment and hygiene promotion into regular community outreach activities.

Member States continued to explore innovative opportunities to integrate interventions across NTDs and with other programmes to enhance efficiency and cost-effectiveness. Vanuatu is one of the examples of combining regular community outreach activities with NTD interventions, including mass treatment for yaws, deworming for soil-transmitted helminthiases, screening for scabies and hygiene promotion. Papua New Guinea was the first country in the world to pilot integrated treatments by combining the triple-drug regimen of ivermectin, diethylcarbamazine citrate and albendazole for lymphatic filariasis with azithromycin for yaws, thereby targeting lymphatic filariasis, yaws, soil-transmitted helminthiases and scabies. Since 2018, Papua New Guinea has continued to evaluate the impacts and safety of co-administering community-based treatments. Fiji and Solomon Islands are also scaling up efforts to achieve public health control of scabies using preventive chemotherapy in combination with other NTDs.

Coordinated One Health interventions can most effectively eliminate the transmission of parasitic zoonotic NTDs between animal and human sectors. Hence, WHO continued to collaborate with the Food and Agriculture Organization of the United Nations (FAO) and the World Organisation for Animal Health (WOAH) to support the Lao People’s Democratic Republic and the Philippines to develop national multisectoral strategic plans for the elimination of rabies in 2019 and then national workshops for information dissemination. WHO further strengthened regional collaboration and cooperation with FAO and WOAH to facilitate multisectoral dialogue and cooperation to control and eliminate zoonotic NTDs. WHO – the South-East Asia and Western Pacific regions – FAO and WOAH jointly organized the 2018 Meeting to Accelerate Prevention and Control of Neglected Foodborne Parasitic Zoonoses in Selected Asian Countries in the Lao People's Democratic Republic. Since then, the three organizations have developed a series of guidance and information, education and training materials on controlling neglected parasitic zoonoses, targeting public health practitioners and food safety authorities in 2021.
2.4 Tuberculosis

In 2021, the Regional Committee endorsed the Western Pacific Regional Framework to End Tuberculosis 2021–2030. This Framework focuses on system development. People and communities—not diseases—are at the centre of the health system in the Framework, with universal health coverage (UHC) and multisectoral partnerships as key elements in facilitating the reduction of the burden and suffering caused by TB in the Region. The Framework recommends a differentiated approach to address existing and emerging challenges faced by TB programmes in the Region. WHO has published and disseminated the Framework widely to all Member States and relevant stakeholders using multiple regional platforms (such as webinars).

WHO continues to support high TB burden countries to recover momentum in fighting TB that may have been lost during the COVID-19 pandemic through adaptation plans and intensified actions. The second United Nations high-level meeting on TB will take place in 2023. WHO is supporting countries to achieve the targets agreed at the first such meeting in 2018.

A WHO-facilitated committee of experts organized hybrid monitoring missions for nine countries between June and December 2021. During these events, they reviewed all aspects of programmatic management of drug-resistant TB. WHO also maintained a regional drug-resistant TB help desk to provide technical assistance on newly diagnosed cases of drug-resistant TB in Pacific island countries and areas.

In 2019, WHO facilitated a workshop, Strengthening TB Diagnostics in the Western Pacific Region. At that time, Japan identified the need for a broader network beyond WHO Supranational Reference Laboratories (SRLs) to support countries in newer areas of laboratory advancements. The Western Pacific Region has six SRLs that support their designated countries in laboratory strengthening and quality assurance. Although there has been a delay, the work has progressed in coordination with SRLs to add one or two SRLs by upgrading existing national reference laboratories and coordinating with the Centers for Disease Control and Prevention to expand quality assurance of molecular diagnostic tools. WHO also mobilized additional resources to sustain regional laboratory initiative activities, which will be formalized in 2022 if approved and sufficient funds are available.

WHO revised the Joint Operational Policy for a regional stockpile of second-line drugs (2021–2023) with Principal Recipients of the Global Fund to Fight AIDS, Tuberculosis and Malaria in Pacific island countries and areas, Solomon Islands, the Lao People’s Democratic Republic and the Philippines. WHO is also managing the regional stockpile of anti-leprosy drugs, mainly for Pacific island countries and areas.
WHO has collected monthly and quarterly TB case notification data from countries of the Region and regularly analysed them to monitor the impact of the COVID-19 pandemic on TB service delivery. As a result, Member States receive the analytical information that informs timely necessary actions.

In 2021, WHO initiated a regional assessment exercise for the TB surveillance systems in the Region. This assessment aims to understand the current status of TB’s digital case-based surveillance system in selected countries. This exercise also seeks to identify challenges and facilitating factors for implementing and successfully transitioning to digital case-based surveillance systems for TB. This assessment benefitted nine countries. The findings will help to inform future technical assistance to strengthen the national TB surveillance systems.

WHO supported TB surveillance analysis in Mongolia using routine surveillance data. Also, WHO coordinated technical assistance to prepare Cambodia for its third national TB prevalence survey. In addition, WHO helped the Lao People's Democratic Republic with its intervention study on TB and nutrition.

WHO undertook a regional initiative on TB among older adults in collaboration with five countries where population ageing is advanced. The initiative aims to document the state of the knowledge about TB among older adults in the Region, including challenges and good practices in managing TB among older adults, through literature review, the regional analysis of surveillance data and case studies. The initiative’s findings will help develop a road map for programmatic management of TB in older adults in the Region.

WHO compiled the main findings and recommendations from mission reports from 2016 to 2020 of the Western Pacific Regional Green Light Committee. This compilation helped develop a checklist for regional analysis of progress. In addition, it surveyed seven priority countries to understand a snapshot of their drug-resistant TB situation and programmatic progress. WHO also conducted focus group discussions with diverse experts to explore underlying factors for the significant gaps that continue to exist in drug-resistant TB diagnosis and treatment.

WHO conducted a regional analysis of TB financing by studying TB budget, funding and expenditure data provided by countries. The findings will be published in the Western Pacific Surveillance and Response journal (WPSAR) and used as a tool to advocate for increasing financial resources at the country and regional levels.

It has been well established that many TB patients and their families face catastrophic costs due to TB despite programmes providing free diagnosis and treatment. Indirect medical costs (transport,
food, nutrition) and indirect costs (wage loss) form a significant portion of these costs. To understand the social protection landscape and TB-specific social protection, WHO commissioned a regional evaluation focusing on three high-priority countries: the Lao People's Democratic Republic, Mongolia and the Philippines.

WHO coordinated three TB Innovation Series meetings to share innovations with stakeholders and prepare them for policy changes. Topics included new diagnostic tools such as Xpert MTB/XDR, new treatment regimens and new ways of finding missing TB cases.

WHO conducted a regional evaluation of multisectoral engagement and accountability status, focusing on priority countries such as Cambodia, the Lao People's Democratic Republic, Mongolia, the Philippines and Viet Nam.

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.
15.5 CROSS-CUTTING PROGRESS REPORT:
ADVANCING THE FOR THE FUTURE VISION

1. BACKGROUND AND ISSUES

Disruptions to health systems and services caused by the coronavirus disease (COVID-19) pandemic are a reminder that the Western Pacific Region needs to continue looking for new ways of working within and beyond the health sector to advance health outcomes. For the Future: Towards the Healthiest and Safest Region, adopted by the Regional Committee in 2019, directs the Organization’s work in the Region to implement the global Thirteenth General Programme of Work 2019–2023 to achieve universal health coverage (UHC) and the Sustainable Development Goals (SDGs) for a healthier and safer future.

This report provides an update on the Region’s implementation of five cross-cutting action agendas and frameworks endorsed by the Regional Committee that support the vision of For the Future to make the Western Pacific the world’s healthiest and safest region:

1) Universal Health Coverage: Moving Towards Better Health – Action Framework for the Western Pacific Region, endorsed in 2015, articulates action domains underpinning the five attributes of a high-performing health system: quality; equity; efficiency; accountability; and sustainability and resilience. WHO supports Member States in setting directions and priorities, including policy opportunities to advance UHC in the Region. Progress in implementing the For the Future vision under this Action Framework is reported below in item 2.1.

2) The Regional Framework for Action on Transitioning to Integrated Financing of Priority Public Health Services in the Western Pacific, endorsed in 2017, provides guidance on actions to secure essential public health functions for countries facing reductions in external funding or undergoing service delivery and budgeting reforms. In collaboration with global health initiatives and development partners, WHO in the Region commits to facilitating a smooth transition according to each country’s specific context. Progress in implementing the For the Future vision under this Regional Framework is reported below in item 2.2.

3) The Western Pacific Regional Action Agenda on Regulatory Strengthening, Convergence and Cooperation for Medicines and the Health Workforce, endorsed in 2017, guides Member States to strengthen regulatory systems using a stepwise approach and to participate in global and regional convergence and cooperation platforms. Effective regulatory systems will help ensure
the quality and safety of medicines and the health workforce, which are fundamental to achieving UHC. Progress in implementing the For the Future vision under this Action Agenda is reported below in item 2.3.

4) The Regional Action Agenda on Harnessing e-Health for Improved Health Service Delivery in the Western Pacific, endorsed in 2018, supports Member States to strengthen national capacities related to digital health. WHO supports countries in identifying national priorities and developing road maps to maximize the contribution of e-health services towards achieving UHC. Progress in implementing the For the Future vision under this Action Agenda is reported below in item 2.4.

5) The Action Framework for Safe and Affordable Surgery in the Western Pacific Region (2021–2030), endorsed in 2020, guides Member States towards solving service delivery challenges and achieving universal access to safe and affordable surgery in the Region, recognizing the urgent need to scale up surgical care as a component of UHC. Progress in implementing the For the Future vision under this Action Framework is reported below in item 2.5.

2. ACTIONS TAKEN

2.1 Accelerating UHC progress taking a systems approach

Since 2015, the UHC service coverage index in the Region has steadily improved in most countries, with the regional average (77 out of 100) surpassing the global average (66). However, 12 of the 21 countries in the Region with available data in 2017 were below the global average. Challenges in accelerating UHC progress include an inadequate health workforce, insufficient government expenditure for health and equity gaps in service delivery.

Member States adopted For the Future in 2019 in an effort to “future-proof” health systems using new ways of working, including taking a systems approach with UHC as the foundation. Driven by the For the Future vision and considering the disruptive impact of the COVID-19 pandemic, the Fourth Meeting of the Technical Advisory Group (TAG) on UHC in the Western Pacific Region in 2020 re-examined the critical priorities and enablers that will sustain commitment to UHC – despite and because of the challenges under the “new normal”. In these progressive annual discussions, WHO, Member States and other stakeholders bringing together data analyse disease control programmes and strengthen health systems advocacy in the Region to advance UHC as a shared responsibility across disciplines, levels and sectors.
Taking advantage of the growing momentum of working beyond the health sector, ministers of health and finance engaged in discussions at the Fifth UHC TAG Meeting in 2021. They emphasized the critical role of UHC in achieving overall sustainable development goals. There was consensus that health is a collective investment for socioeconomic vibrancy, not a cost. Recommended actions from the UHC TAG are synthesized and disseminated to assist Member States in advocating and accelerating health system transformation based on their country context. The upshots from the UHC TAG discussions include envisioning the health system in a “new future” with stronger primary health care and public health capacity, as well as integrated strategic planning and delivery of data, programmes and systems.

Subsequent UHC TAG meetings aim to further expand the participation of key stakeholders from a wide range of sectors in realizing the envisioned health system in the “new future”, building on the current gains and opportunities from the multisectoral response to COVID-19.

To strengthen synergies in leveraging agendas and resources across disease control programmes, WHO created the TAG Alliance in 2020, bringing together all TAGs in the Region. Drawing on this systematic coordination mechanism, engagement between the various TAGs contributed to the successful integration of the UHC agenda in the *Western Pacific Regional Framework to End TB 2021–2030*, endorsed by the Regional Committee in 2021, and in the ongoing development of other regional frameworks. Further, WHO and Member States are taking forward the joint activities among TAGs to galvanize support for taking a systems approach with UHC as the foundation to realize the *For the Future* vision for the Region.

### 2.2 Transitioning to integrated financing using a whole-of-system approach

Several middle-income countries in the Region are in the process or have transitioned away from reliance on external funding for the delivery of priority public health services. The challenges lie in how to gradually integrate and finance health programmes in a sustainable and resilient way. WHO supports Member States in this transition by providing technical assistance and capacity-building.

WHO in the Region developed the *Health Financing Regional Profile 2018: Transitioning to Integrated Financing and Service Delivery of Priority Public Health Services*, which outlines health financing challenges and the context in the Western Pacific Region. The document highlights actions countries can take using a whole-of-system approach to move towards more integrated financing and service delivery by improving health system efficiencies, increasing domestic financing for health and governing the transition process through a phased implementation.
With policy guidance and technical support from WHO, countries in the Region have taken steps towards ensuring adequate public funding from domestic sources for essential public health functions. China, Mongolia and Viet Nam, among other countries, have substantially increased the coverage of infectious disease prevention and treatment in their essential benefits packages through funding from their government budgets and social health insurance funds.

To help countries better define essential public health functions and follow implementation plans, WHO organized multiple joint programme and health system reviews in Cambodia, the Lao People’s Democratic Republic and Viet Nam to identify key actions for improved synergies and efficiency to smooth transition. A WHO-supported, cross-programme efficiency workshop brought together development partners and government counterparts in the Lao People’s Democratic Republic to discuss functional overlaps, misalignment and duplication across the country’s health system, especially involving tuberculosis and HIV/AIDS. Discussions led to the publication of the Lao People’s Democratic Republic: Cross-Programmatic Efficiency Analysis: Policy Brief. This analysis informed the development of the National Health Financing Strategy 2021–2025, which was endorsed by the Ministry of Health.

In response to the evolving situation in the Region and moving towards a sustained management approach of COVID-19, WHO supported the costing, budgeting and public financial management process in the Pacific, including Fiji and Papua New Guinea, to ensure the timely mobilization of public funds for an effective pandemic response, while sustaining the delivery of essential health services and strengthening health systems over time.

2.3 Strengthening national regulatory systems through stepwise convergence and cooperation

All Member States in the Western Pacific Region continue to strengthen their national regulatory systems with substantial progress on the implementation of the Regional Action Agenda on Regulatory Strengthening. Medicines and the health workforce are critical elements of a well-functioning, resilient health system and need to be supported by effective regulatory systems. The COVID-19 pandemic stressed that these systems must ensure the quality and safety of medicines and the health workforce before, during and beyond health emergencies. Throughout the different stages of the pandemic, countries urgently needed to adapt their existing regulations to address shortages in health workforce capacity and to accommodate new diagnostics, vaccines and therapeutics.
National regulatory systems

All national regulatory authorities and chief pharmacist offices in the Western Pacific Region were able to issue timely emergency use authorizations or similar regulatory processes for experimental COVID-19 diagnostics, vaccines and therapeutics. WHO played a pivotal role in enabling this through timely sharing of best practices, regulatory cooperation and reliance. For example, the Organization confirmed that the vaccine regulatory system in Viet Nam achieved maturity level 3 and the medicine authority in Singapore maturity level 4, the second highest and highest maturity levels, respectively, as defined by the WHO Global Benchmarking Tool. WHO also supported the formal assessment of the vaccine and medicine regulatory system of the Republic of Korea in May 2022. The assessment noted many strengths and identified final areas for institutional development.

Member States similarly made substantial progress in formalizing their regulatory systems for the health workforce while responding to the ongoing pandemic. WHO supported Viet Nam to establish the National Medical Council in 2021 to strengthen the quality and international integration of its health professional education. With WHO support, Solomon Islands has initiated a review of its Nursing Council Act 1987. This review will identify areas that could benefit from new approaches in the Act to ensure the quality of the nursing workforce and its fitness to achieve UHC.

Global, regional and subregional regulatory networks

Through virtual meetings of the Western Pacific Regional Alliance of National Regulatory Authorities for Medical Products, WHO regularly updated the Alliance on emerging regulatory issues for COVID-19 vaccines and therapeutics. In 2021, WHO convened the tenth annual meeting online as an opportunity to reinforce and synthesize lessons from regulatory reliance and recognition and to determine ways to shape the future of regulation.

The Western Pacific Regional Network of Health Workforce Regulators, supported by WHO and the Australian Health Practitioner Regulation Agency, continues to provide an effective platform to share learning on health workforce regulation across the Region. The Network expanded to more than 20 countries, and quarterly meetings enabled timely knowledge-sharing on how to address the surge capacity throughout the pandemic, including modifications to regulations, registration, deployment schemes and contractual arrangements.

2.4 Harnessing digital health for sustainable health services

Since the October 2018 endorsement of the Regional Action Agenda on e-Health, WHO, Member States and development partners in the Western Pacific have made clear progress through their
joint work. The successes of the digital health interventions implemented during the COVID-19 pandemic further emphasize that digital health is a critical component for sustainable health development. From the use of telemedicine to drive equitable health service delivery to electronic medical records to efficiently coordinate patient-centred care, WHO is supporting Member States in the Region to actualize the potential of digital health solutions.

The Global Strategy on Digital Health 2020–2025, endorsed by the Seventy-third World Health Assembly in 2020, is consistent with the Regional Action Agenda. WHO in the Western Pacific leveraged all three levels of the Organization – headquarters, regional and country offices – as well as WHO collaborating centres, nongovernmental organizations and development partners to support Member States to improve digital health governance and management capacity. In 2021, a WHO-developed digital health course was delivered to 16 Member States, where participants gained a tactical understanding of digital health and its application to develop interventions and strategies based on a country’s context. To support the implementation of the 2018 World Health Assembly resolution on Digital Health (WHA71.7) in the Region, WHO applied the Digital Health Maturity Assessment Toolkit in Pacific island countries and areas to evaluate the four essential pillars of digital health. The maturity assessment results are being used to develop digital health road maps towards national priorities in four Pacific island countries and areas and for personalized training programmes in another five.

WHO is also developing a coordination mechanism to harmonize digital health interventions and the technical support that the Organization and other development partners provide to Member States.

Looking forward to future health developments and requests from countries to further develop digital health innovations, WHO in the Region will continue to support Member States to effectively and efficiently use digital health solutions to advance the essential role of health in sustainable development.

2.5 Redesigning surgical systems from the grounds up

Globally, 5 billion people lack access to safe and affordable surgical care. WHO has provided on-site support to Cambodia, Fiji and Mongolia to locally adapt the Safe and Affordable Surgery Action Framework.

Fiji convened first-level hospitals (Sigatoka and Savusavu), provincial referral hospitals (Labasa) and national referral hospital stakeholders to encourage the use of a grounds-up approach to strengthen and redesign surgical systems. Critical gaps they identified included the lack of quality essential surgical equipment and supplies, regulatory and procurement processes, and capacity to supply
remote technical support. Providers contributed to generating lists of essential equipment and supplies, including specifications and pricing, so that hospitals are able to perform essential surgical care, such as the Bellwether procedures (laparotomy, caesarean section and open fracture management). These lists are being shared online across the Region on the PIEMEDS (Price Information Exchange for Medicines) platform. WHO support for understanding how national regulatory authority mechanisms can ensure procurement of quality goods is ongoing.

Surgical site infections are the most common hospital-associated infection, and effective sterilization services are critical to eliminate them. In April, WHO facilitated multidisciplinary hospital teams to assess sterilization services at four of the six hospitals targeted for surgical care improvements in Fiji. The results informed all phases of priority planning.

WHO supported Mongolia to conduct a detailed situation analysis, including stakeholder consultations and on-site assessments for safe and affordable surgery. Both Cambodia and Mongolia have prioritized the development and monitoring of essential surgical care policies, guidelines and standards to improve the quality and consistency of safe and affordable surgery practices. The countries developed six-month plans focusing on foundational activities, such as strengthening sterilization services, quality improvement processes, and mechanisms for multisectoral engagement with local communities and governments. After six months, countries plan to use field experience and data to develop two-year road maps for strengthening safe and affordable surgery and expanding to new hospitals. Thereafter, their implementation experience will inform six-year national scale-up plans towards achieving UHC and the SDGs.

3. ACTIONS PROPOSED

The Regional Committee for the Western Pacific is requested to note the progress on advancing the For the Future vision.