Programme Budget 2020–2021

Summary of Achievements in Strategic Priorities and Outcomes
1 January 2020 to 31 December 2021
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Abbreviations

- ACT-A: Access to COVID-19 Tools Accelerator
- ADB: Asian Development Bank
- AFP: acute flaccid paralysis
- AMR: antimicrobial resistance
- APRFHE: Asia Pacific Regional Forum for Health and Environment
- APSED: Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies
- C4H: Communications for Health
- CCE: climate change and the environment
- CEM: Contributor Engagement Management
- CLO: country liaison officer
- CODE: Coordinated Operations to Defeat Epidemic
- COVAX: COVID-19 Vaccines Global Access
- COVID-19: coronavirus disease
- CRESHCF: climate-resilient and environmentally sustainable health-care facility
- CSO: civil society organization
- cVDPV: circulating vaccine-derived poliovirus
- eJRF: electronic Joint Reporting Form
- EMPaCT: Emerging Molecular Pathogen Characterization Technologies
- EMT: emergency medical team
- ENDS: electronic nicotine delivery system
- EOC: Emergency Operations Centre
- FAO: Food and Agriculture Organization of the United Nations
- FEFP: Field Epidemiology Fellowship Programme
- GAP: Global Action Plan
- GLAAS: Global Analysis and Assessment of Sanitation
- GOARN: Global Outbreak Alert and Response Network
- GPW: General Programme of Work
- HCF: health-care facility
- H-NAP: Health National Adaption Plans
- HRH: human resources for health
- IAR: intra-action review
- IgG: immunoglobulin G
- IgM: immunoglobulin M
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>IHR</td>
<td>International Health Regulations</td>
</tr>
<tr>
<td>IMST</td>
<td>Incident Management Support Team</td>
</tr>
<tr>
<td>IMT</td>
<td>incident management team</td>
</tr>
<tr>
<td>IPC</td>
<td>infection prevention and control</td>
</tr>
<tr>
<td>IT</td>
<td>information technology</td>
</tr>
<tr>
<td>IVD</td>
<td>in vitro diagnostic</td>
</tr>
<tr>
<td>MEF</td>
<td>Monitoring and Evaluation Framework</td>
</tr>
<tr>
<td>NCD</td>
<td>noncommunicable disease</td>
</tr>
<tr>
<td>NFP</td>
<td>National IHR Focal Point</td>
</tr>
<tr>
<td>NGO</td>
<td>nongovernmental organization</td>
</tr>
<tr>
<td>NHI</td>
<td>National Health Insurance</td>
</tr>
<tr>
<td>NRA</td>
<td>national regulatory authority</td>
</tr>
<tr>
<td>OECD</td>
<td>Organization for Economic Co-operation and Development</td>
</tr>
<tr>
<td>OPV</td>
<td>oral poliovirus vaccine</td>
</tr>
<tr>
<td>OSL</td>
<td>Operations Support and Logistics</td>
</tr>
<tr>
<td>PEN</td>
<td>Package of Essential Noncommunicable Disease Interventions</td>
</tr>
<tr>
<td>PHSM</td>
<td>Public Health and Social Measures</td>
</tr>
<tr>
<td>PICs</td>
<td>Pacific island countries and areas</td>
</tr>
<tr>
<td>PIP</td>
<td>Pandemic Influenza Preparedness</td>
</tr>
<tr>
<td>R&amp;D</td>
<td>research and development</td>
</tr>
<tr>
<td>RT-PCR</td>
<td>reverse transcription-polymerase chain reaction</td>
</tr>
<tr>
<td>RVC</td>
<td>Regional Verification Commission</td>
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<tr>
<td>SDG</td>
<td>Sustainable Development Goal</td>
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<tr>
<td>SRH</td>
<td>sexual and reproductive health</td>
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<tr>
<td>STI</td>
<td>sexually transmitted infection</td>
</tr>
<tr>
<td>STEPS</td>
<td>STEPwise Approach to NCD Risk Factor Surveillance</td>
</tr>
<tr>
<td>TAG</td>
<td>Technical Advisory Group</td>
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<tr>
<td>TB</td>
<td>tuberculosis</td>
</tr>
<tr>
<td>UHC</td>
<td>universal health coverage</td>
</tr>
<tr>
<td>UNEP</td>
<td>United Nations Environment Programme</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
</tr>
<tr>
<td>VIRAT</td>
<td>Vaccine Introduction Readiness Assessment Tool</td>
</tr>
<tr>
<td>WASH</td>
<td>water, sanitation and hygiene</td>
</tr>
<tr>
<td>WHA</td>
<td>World Health Assembly</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>WOAH</td>
<td>World Organisation for Animal Health</td>
</tr>
<tr>
<td>WPRACSS</td>
<td>Western Pacific Regional Antimicrobial Consumption Surveillance System</td>
</tr>
<tr>
<td>WR</td>
<td>WHO representative</td>
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<tr>
<td>WSP</td>
<td>water safety plan</td>
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Executive summary

This end-of-biennium performance assessment of the Programme Budget 2020–2021 is a summary of progress made against Strategic Priorities and Outcomes within the World Health Organization’s (WHO) Thirteenth General Programme of Work (GPW13). The report covers the period from 1 January 2020 to 31 December 2021 and highlights how the Western Pacific Region used its implementation plan, For the Future: Towards the Healthiest and Safest Region, to advance the shared vision between WHO, Member States and partners to achieve the GPW13 goals.

It would be impossible not to mention the coronavirus disease (COVID-19) pandemic up front; its impact on health, lives and economies required WHO’s technical expertise and response at unprecedented scale and speed, testing the strength of the For the Future vision in the Region. WHO made a number of strategic decisions from early 2020, such as reshaping plans to focus on priority activities in COVID-19 preparedness and response, many of which strengthened health systems while continuing to tackle already existing health challenges and support essential services.

Prioritization exercises undertaken across country and regional offices demonstrated WHO’s agility and commitment to support Member States. These actions allowed WHO in the Region to direct funds to where they were needed in line with the Region’s emphasis on two points of accountability: doing the right things and doing things right. If one metric of performance can be measured by the proportion of available funds utilized, the Western Pacific Region fared well; the overall budget utilization at the end of the biennium was 97%, demonstrating that the adjusted priorities and plans provided an achievable set of activities to be implemented.

This report is structured according to the goals, outcomes and outputs of WHO in the Western Pacific Region, while country stories are disbursed throughout to illustrate the ways in which the GPW13 was advanced using the principles and thematic priorities of For the Future. For example: China and Cambodia worked to reach the unreached and achieve progress to eliminate malaria (the former declared as being malaria-free within the biennium); Fiji worked towards developing climate-resilient and environmentally sustainable health-care facilities; and the Lao People’s Democratic Republic used grounds-up approaches to strengthen local government approaches for health solutions. Additional case studies describe inclusive vaccination efforts used to halt poliomyelitis outbreaks in Malaysia and the Philippines and strategic communications used to change attitudes and behaviours within the Region.

The global Output Scorecard introduced in early 2021 was presented this year in the WHO Results Report: Programme Budget 2020–2021 at the World Health Assembly, and the results are summarized at the end of this report. Each of the 41 outputs within the programme budget (41 approved for use in the Region out of the 42 global outputs) was reviewed by teams working towards the output. Self-assessment scores were given based on six agreed global dimensions measuring effective delivery of: technical support at country level; leadership in health; global public health goods; programmes integrating gender, equity and human rights; value for money; and results. The Western Pacific Region’s average scores for the biennium are similar to those of other WHO regions, but with slightly higher scores around enabling functions relating to strategy and leadership, accountability, and client services.
Introduction

An unprecedented biennium marked by the COVID-19 pandemic, testing the *For the Future* vision

This biennium was unprecedented. The coronavirus disease (COVID-19) response was the highest priority for the World Health Organization (WHO), given its scale and impact on lives and economies. WHO and Member States in the Western Pacific Region responded to COVID-19 throughout the period to minimize the impact of the pandemic while at the same time advancing the implementation of *For the Future: Towards the Healthiest and Safest Region*, the shared vision of the Western Pacific Region.

The Western Pacific Region fared relatively well during the pandemic, due in large part to more than 15 years of hard work and investment in preparedness. The Western Pacific is home to nearly a quarter of the world’s population, yet COVID-19 cases in the Region during 2020–2021 accounted for 4% of the global number of cases and 3% of the global death toll. The Region also achieved relatively high rates of vaccination against COVID-19. Thirty-one (84%) countries and areas, including 16 Pacific island countries and areas (PICs), achieved WHO’s global target to have 40% of the total population vaccinated by 31 December 2021.

COVID-19 put *For the Future* to the test in areas that were already highlighted as challenges and thus indicated as regional thematic priorities. These include health security including antimicrobial resistance; noncommunicable diseases (NCDs) and ageing; climate change, environment and health; and reaching the unreached. WHO in the Western Pacific Region and its Member States advanced these *For the Future* thematic priorities in the biennium, working in new ways through applying operational shifts such as innovation, grounds-up approaches, strategic communications, backcasting, measurement and impact, health beyond the health sector as well as taking a health systems approach with universal health coverage as the foundation.

Using the “red box” to focus on essential services and COVID-19 response

In keeping with efforts to advance two points of accountability: to *do the right things*, and to *do things right*, the WHO Western Pacific Regional Office reprioritized its work considering the needs of the COVID-19 pandemic response. With limited resources and funds available relative to the extensive demands, WHO in the Region conducted a series of prioritization activities in the biennium for country offices and Regional Office divisions to evaluate their planned work under the agreed results structure and make decisions about what activities would need to stay in place, be changed (either scaled up or minimized) or be postponed.

WHO worked as one team to commit time and resources to efforts to save as many lives as possible, but also kept in mind the longer-term *For the Future* vision and WHO core mandates. The main criteria for refocusing work within the “red box” considered the following aspects:

1. COVID-19 response activities and essential services and supplies that, if disrupted, would have caused high morbidity, mortality or risk of infections spreading to others;

2. last mile efforts for diseases that have almost been eliminated since disruptions to services aimed towards disease elimination would substantively set back or delay progress;
3. health systems strengthening to expedite COVID-19 prevention and response;

4. maintaining momentum on the thematic priorities of For the Future, where delaying action would create exponentially greater consequences in the longer term;

5. continuing to progress key health issues important to Member States, and where WHO support was a high priority request; and

6. keeping WHO statutory functions in place to ensure sound governance and accountability to Member States.

For activities that did not meet the above criteria, a “waitlist” was created for postponement; funds from the waitlist were then considered for redistribution towards supporting the COVID-19 response.

The prioritization of the “red box” resulted in the majority of original activities being reprogrammed to meet the new demands of the pandemic. Across all outputs, only a small percentage of activities went ahead completely as first planned. WHO offices across the Region worked to make adjustments and find new ways of working to deliver on the challenges and demands created by the pandemic. For instance, WHO staff could not travel or hold meetings or workshops in person, but instead quickly moved to use technology to meet remotely online. Many countries and areas were short of human resources due to COVID-19 requiring ministries of health to repurpose staff as well as deal with sickness and even loss from the disease; progress in certain non-priority areas were delayed.

The “red box” strategy allowed for these types of challenges to be taken into account and focus on the activities that were needed most at the necessary time. Targeted spending and reprioritizing helped WHO in the Region achieve a budget utilization rate of 97%.

**Aligning For the Future and the General Programme of Work**

In the 2020–2021 biennium, there was also a change in the reporting structure. This biennium is the first one based on cross-cutting areas that support overall health systems and advance universal health coverage. Previously, the GPWs have typically been organized by disease and programme areas. The shift has required WHO in the Western Pacific to adopt a new way of working in terms of implementation and reporting at the regional and country level.

At the same time, the Regional Office worked to better align For the Future and the GPW 13 at the output level based on learning from the programme budget period 2020–2021. This new alignment will take effect for Programme Budget 2022–2023 and will improve reporting, transparency and accountability to Member States, showing more specifically how each output’s activities and supporting resources advance the Region’s For the Future vision, and therefore the GPW 13 and Sustainable Development Goals (SDGs). In this 2020–2021 end-of-biennium report, the link between each output to For the Future thematic priorities and operational shifts are described within the output narratives and through case studies highlighting how the output and work in countries has contributed to advancing For the Future.
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Progress towards the GPW 13 triple billion targets through *For the Future* – the Region’s implementation framework of the GPW 13 – by outcome and output

Under WHO’s four strategic priorities and the triple billion targets, the Western Pacific Region selected 41 of 42 WHO-approved outputs contributing to the achievements of GPW 13 outcomes. One output was not included because it is not relevant to the Western Pacific Region.

Table 1. Base programme budget 2020–2021 and utilization of funds by strategic priority, including number of outcomes and Western Pacific Region-selected outputs, as of 31 December 2021 (in US$ millions)

<table>
<thead>
<tr>
<th>Strategic priority</th>
<th>Number of outcomes</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - One billion more people benefiting from universal health coverage</td>
<td>3</td>
<td>13</td>
<td>128</td>
<td>111.9</td>
<td>87%</td>
<td>107.7</td>
<td>84%</td>
</tr>
<tr>
<td>2 - One billion more people better protected from health emergencies</td>
<td>3</td>
<td>9</td>
<td>56.9</td>
<td>37.8</td>
<td>66%</td>
<td>37.9</td>
<td>67%</td>
</tr>
<tr>
<td>3 - One billion more people enjoying better health and well-being</td>
<td>3</td>
<td>6</td>
<td>52.2</td>
<td>30.7</td>
<td>59%</td>
<td>29.2</td>
<td>56%</td>
</tr>
<tr>
<td>4 - More effective and efficient WHO providing better support to countries</td>
<td>3</td>
<td>13</td>
<td>72.1</td>
<td>59.8</td>
<td>83%</td>
<td>58</td>
<td>81%</td>
</tr>
<tr>
<td>Overall</td>
<td>12</td>
<td>41</td>
<td>309.2</td>
<td>240.1</td>
<td>78%</td>
<td>232.8</td>
<td>75%</td>
</tr>
</tbody>
</table>
Strategic Priority 1: One billion more people benefiting from universal health coverage

Table 2. Funding and utilization of funds for Strategic Priority 1 of Programme Budget 2020–2021 by outcome, as of 31 December 2021 (in US$ millions)

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Approved budget</th>
<th>Financing</th>
<th>Financing as % of approved budget</th>
<th>Utilization</th>
<th>Utilization as % of approved budget</th>
<th>Utilization as % of financing</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Improved access to quality essential health services</td>
<td>101.0</td>
<td>93.7</td>
<td>93%</td>
<td>91.2</td>
<td>90%</td>
<td>97%</td>
</tr>
<tr>
<td>1.2 Reduced number of people suffering financial hardship</td>
<td>8.1</td>
<td>6.6</td>
<td>81%</td>
<td>6.4</td>
<td>79%</td>
<td>97%</td>
</tr>
<tr>
<td>1.3 Improved access to essential medicines, vaccines, diagnostics and devices for primary health care</td>
<td>18.9</td>
<td>11.7</td>
<td>62%</td>
<td>10.1</td>
<td>54%</td>
<td>87%</td>
</tr>
<tr>
<td>Overall</td>
<td>128.0</td>
<td>111.9</td>
<td>87%</td>
<td>107.7</td>
<td>84%</td>
<td>96%</td>
</tr>
</tbody>
</table>

Outcome 1.1 Improved access to quality essential health services

With a total budget allocation of US$ 101 million, Outcome 1.1 activities aimed to support Member States to maintain quality essential health services with universal health coverage (UHC) as the foundation. The Region’s For the Future vision was accelerated under this outcome as the activities also supported the COVID-19 pandemic response by strengthening health security policies and strategies, reaching vulnerable groups such as the ageing population in particular, and building capacity and protecting the health workforce.

Outputs under Outcome 1.1 include:

- Output 1.1.1 Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages
- Output 1.1.2 Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results
- Output 1.1.3 Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course
- Output 1.1.4 Countries’ health governance capacity strengthened for improved transparency, accountability, responsiveness and empowerment of communities
- Output 1.1.5 Countries enabled to strengthen their health workforce
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Output 1.1.1 Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages

In the biennium, WHO in the Western Pacific Region supported Member States to maintain essential services and primary health care strategies while responding to the COVID-19 pandemic. Progress towards the For the Future vision was advanced through continued attention to “reach the unreached” with core health services as well as taking a systems approach to advancing universal health coverage. WHO supported continuity of quality essential primary health services around the Region, including support to primary health care strategies and policies, innovative approaches for outreach to vulnerable groups, and improving health-care standards and performance.

The WHO Regional Office supported countries to optimize care pathways and train health workforces on COVID-19 management to reduce morbidity and mortality through developing guidance notes and providing technical advice. Guidance documents were developed for the role of primary care in the COVID-19 response, including hospital preparedness, repurposing of non-health facilities for mild COVID-19 cases, health-care capacity monitoring, and infection prevention and control (IPC), including long-term regional plans to strengthen IPC systems in countries while responding to COVID-19. These were adjusted as new evidence and lessons from the field/grounds emerged.

WHO developed a fact sheet on Strengthening Primary Health Care for the Future and developed Primary Health Care Quality Improvement Guides to support reviews of child health, family planning and antenatal care at the primary care level in six countries. Policy dialogue and specialized advice on developing a new White Paper to drive health sector reform was provided in Malaysia; this White Paper will be presented to Parliament by the fourth quarter of 2022. Also, in Cambodia, WHO supported monitoring the performance of the Early Essential Newborn Care Hospital Core Team in 15 provincial hospitals.

Healthy ageing was promoted by WHO in the Region through the development of the Regional Action Plan on Healthy Ageing in the Western Pacific, with numerous countries implementing key activities. For instance, WHO supported developing national action plans and frameworks and harnessing partnerships with civil society organizations (CSOs) and nongovernmental organizations (NGOs) in the Philippines, convening policy dialogues on age-friendly primary care in Viet Nam, and implementing innovative telemedicine and mobile health technologies in Mongolia and Viet Nam. With WHO support, countries reached unreached populations, especially the ageing population, with COVID-19 immunizations in Mongolia, the Philippines and Solomon Islands.

Support was provided to Fiji, Mongolia, Tonga and Vanuatu to translate the Action Framework for Safe and Affordable Surgery in the Western Pacific Region (2021–2030) into local planning, strategic implementation, and monitoring and evaluation plans. Implementation plans around this work were delayed because of border closures caused by the pandemic.

During the biennium, WHO convened the fourth and fifth Universal Health Coverage Technical Advisory Group (TAG) meetings that stimulated insights and influenced technical and policy decisions of key Member States’ officials in the health sector and beyond. Discussions set shared goals and identified transformative ways to drive health systems strengthening, capitalizing on COVID-19 lessons and opportunities. In addition, TAG Alliance, which was established in 2020, brought together all TAGs
in the Region to optimize synergies and advocate for integrating various disease control programmes and public health agendas under the umbrella of UHC.

The COVID-19 outbreak resulted in a shift in the countries’ priorities and resources in order to focus on the COVID-19 response. Due to structural changes in some governments and ministries of health, staff repurposing and absences due to COVID-19 infection, and border closures, some planned activities were delayed.

**Output 1.1.2 Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results**

The WHO Western Pacific Region’s For the Future vision was furthered in the biennium as Member States were supported to strengthen health systems with strategic policy and planning development, technical support on specific diseases, reviews and situational assessments, and capacity-strengthening activities. Essential health services were maintained during the pandemic, remaining within the parameters of the “red box” – priorities that WHO in the Region set in order to continue core activities while maximizing its response to COVID-19 – particularly because if disrupted, they could cause high mortality as well as interrupt last mile disease elimination efforts.

Regional and national strategic documents were developed or were being finalized in the biennium, including the Western Pacific Regional Framework to End TB 2021–2030, which was endorsed by the Regional Committee in 2021, and the draft Regional Framework for Reaching the Unreached in the Western Pacific that will be proposed to the Regional Committee in 2022. In this biennium, the WHO Regional Office supported Member States in updating national mental health policies and plans in Australia, the Republic of Korea, Tonga, Vanuatu and Viet Nam. The draft Regional Framework for the Future of Mental Health in the Western Pacific 2023–2030 was developed in 2021 based on wide consultation with partners. A mental health law was enacted in the Republic of Korea; insights from this were gathered by WHO to inform the development of technical guidance for Member States. Fiji, Kiribati, Solomon Islands and Vanuatu were supported by WHO to develop draft mental health laws and policies. WHO supported the development of the National Strategic Plan for the Prevention and Control of Noncommunicable Diseases in Cambodia and an NCD multisectoral action plan in the Lao People’s Democratic Republic. National plans in line with the relevant regional frameworks and global strategies covering tuberculosis (TB), HIV, sexually transmitted infections (STIs), and other specific disease elimination strategies were supported in select countries such as the Lao People’s Democratic Republic, Papua New Guinea, the Philippines, Vanuatu and Viet Nam to implement priority interventions for ending these diseases.

Due to COVID-19 travel restrictions, online virtual support was provided throughout the Region. Priority countries were supported in rolling out newer drug-resistant TB regimens and TB preventive therapy guidelines. Technical guidance was provided to implement the Global Leprosy Strategy 2021–2030, develop and implement national strategies and plans for increasing hepatitis B vaccine coverage, as well as eliminating maternal to child transmission of hepatitis B, and to carry out hepatitis B surface antigen (HBsAg) serological surveys to find out the prevalence of hepatitis and subsequently implement appropriate measures to prevent hepatitis B transmission.

WHO also continued to support the strengthening of accelerated malaria elimination activities in the Greater Mekong Subregion, resulting in major declines in malaria cases, for example, by 30% from
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2021 to 2020, and continued to pursue malaria elimination despite the COVID-19 pandemic. In Vanuatu, WHO supported accelerated cervical cancer screening for hard-to-reach women and reached 4000 women in 2021 alone. Vanuatu also conducted NCD strategic planning and a campaign on mass drug administration for neglected tropical diseases. In the Federated States of Micronesia, advocacy materials on cervical cancer were developed. WHO supported countries with situational assessments and reviews for HIV, TB and eye health, and built capacity through webinars to update countries on the latest guidelines and research in TB as well as infection control and waste management.

The COVID-19 pandemic impacted services for TB, HIV, NCDs, malaria, neglected tropical diseases and vaccination, diverting human resources for health to pandemic response and converting facilities for COVID-19 purposes. More than 90% of countries reported some extent of disruptions in at least one essential service, according to the April 2021 WHO Pulse Survey. In 2020, there was a 20% drop in TB case detection in comparison to the previous year in the Region. For malaria, 50% of responding countries in the Region (eight of nine malaria-endemic countries) reported disruptions due to COVID-19 to one or more malaria service, including diagnosis and treatment, vector control services and prevention campaigns. WHO in the Region provided technical support to develop and implement adaptive plans to recover national immunization programmes and essential services.

Case study: China certified malaria-free and Cambodia making strides to eliminate malaria by 2025

In June 2021, WHO officially announced that China was certified malaria-free. Driving down a malaria burden from 30 million cases annually in the 1940s to zero indigenous cases, the elimination of malaria in China is a notable feat. The successful completion of the certification process in the largest malaria-endemic country in the world during the pandemic was a testimonial of the effective coordination and collaboration of the National Health Commission in China and between WHO’s three levels (headquarters, Regional Office and country office).


One of the biggest challenges of malaria elimination in China is managing malaria cases at its borders. The WHO Country Office in China, together with colleagues from the Mekong Malaria Elimination Programme, built capacity in border areas of Yunnan by providing supervisory support and training to local health workers. To detect and prevent any potential spreading of drug-resistant parasites, WHO built the country’s capacity to monitor the efficacy of antimalarial drugs. Sharing a more than 2000 km borderline with Myanmar, a malaria-endemic country, cross-border movement and the risk of malaria importation from Myanmar posed challenges for malaria elimination. WHO coordinated cross-border meetings at national and subnational levels and established a regional data platform to support cross-border collaboration. Yunnan successfully interrupted transmission and reported its last indigenous case in 2016, which was also the last indigenous case in China.

Another country within the Mekong Malaria Elimination Programme is Cambodia, which has made impressive progress in malaria control and elimination in recent years and throughout the past biennium. No malaria-related deaths have been reported in Cambodia since 2018, and incidence has decreased to historically low levels. This achievement has taken considerable effort, yet challenges remain to achieve malaria elimination. The National Center for Parasitology, Entomology and Malaria Control set the elimination target for all malaria species to be eliminated by 2025.

WHO support in Cambodia was in line with the For the Future thematic priority of reaching the unreached as it worked to target specific populations for malaria control and elimination. Given that most malaria transmission
(greater than 90%) occurs in forested areas among migrant and mobile populations and forest goers, an intensified approach to reach these populations was deemed a priority.

Innovation and grounds-up approaches were employed using an anthropological approach piloted by the WHO Country Office in Cambodia in collaboration with the National Center for Parasitology, Entomology and Malaria Control, provincial health departments and partners in several provinces in Cambodia. Working with forest goers to understand behaviours and identify community-based interventions was a grounds-up approach that improved planning and implementation to address local challenges.

The elimination of malaria in China, and the strides towards malaria elimination in Cambodia, are both significant public health achievements. Despite the challenges amidst the COVID-19 pandemic, both countries were supported by WHO at country and regional levels to identify, develop and implement adapted and evidence-based strategies toward malaria elimination, working hand in hand with the community, government and partners to reach the unreached and work towards the For the Future vision of the broader Western Pacific Region.

Output 1.1.3 Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course

The disproportionate impact of COVID-19 on older people and those with underlying conditions, such as noncommunicable diseases, underscored the importance of having health systems that meet the needs of people across their life course. Activities to reach the ageing population, in particular, were prioritized within the “red box” workplan that WHO in the Region adapted during the biennium to maintain essential services and health systems strengthening to expedite the COVID-19 response. In the For the Future vision, reaching unreached populations as well as ageing populations is a thematic priority for the Western Pacific Region.

By providing technical assistance both at national and subnational levels, WHO supported its Member States in implementing new normal measures for COVID-19 infection, prevention and control strategies that allowed countries to continue essential services like routine immunization that were disrupted in varying degrees during the COVID-19 pandemic. Several supplementary immunization activities to eradicate polio, eliminate measles/rubella, and control other vaccine-preventable diseases were conducted in collaboration with other partners. In order to prioritize COVID-19 vaccines to older populations, WHO supported the development of national immunization strategies using routine immunization data to detect community inequity and, at the same time, introduce other key interventions such as catch-up rounds and supplemental immunization activities. Several messages on vaccination and other essential services were developed in local languages in Papua New Guinea, making it easier for disadvantaged women and girls to understand.

After the endorsement of the Regional Action Plan on Healthy Ageing in the Western Pacific in October 2020, the Plan was used to support in-country implementation, including IPC training in long-term care facilities and establishing digital platforms to deliver health-care services that were essential to the COVID-19 response.

WHO also worked to address health needs of populations at the beginning of life – with WHO supporting maternal and newborn care policies and approaches to strengthen health systems and services through training and strategic guidance. For example, in the Philippines, WHO supported the development and implementation of online modules for the Basic Emergency Obstetrical and Neonatal
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Care Training and the Care of the Small Baby Training. And in Papua New Guinea, WHO provided support to the National Immunization Strategy as well as the Maternal and Newborn Health Strategy.

Output 1.1.4 Countries’ health governance capacity strengthened for improved transparency, accountability, responsiveness and empowerment of communities

In line with the vision of For the Future, the WHO Western Pacific Regional Office prioritized actions to strengthen health system governance through enhancing the role of parliamentarians and other leaders working beyond the health sector, as well as advocating and providing technical guidance on governance and legislative reforms to strengthen resilience and support essential health system functions. Activities carried out under this output were part of the “red box” workplan that WHO in the Region developed in response to the COVID-19 pandemic.

Demand for technical support to strengthen legal and policy frameworks for health increased during the pandemic. In response, WHO developed a range of technical products and guidance materials to support country-level officials in addressing the legal dimensions of COVID-19, including strengthening legal frameworks for digital contact tracing and quarantine tools, and for the scale-up of telemedicine services. Countries such as the Federated States of Micronesia, Palau and Papua New Guinea sought rapid advice from WHO technical programmes to update legislation to underpin the COVID-19 response.

WHO supported Member States in undertaking legislative reforms, and as part of this process, countries were supported to undertake inclusive consultations involving women, vulnerable and marginalized populations. Consultations on public health law reforms in Cook Islands promoted engagement across stakeholder groups, including representatives of civil society and those in remote communities. To support Cook Islands in modernizing its Public Health Act, WHO partnered with the country’s Crown Law Office and New Zealand’s Office of Parliamentary Counsel to undertake policy and legislative development.

The pandemic underscored the need for resilient health systems. Countries, with WHO support, continued to prioritize long-term reform efforts. The Regional Office and country offices worked together to provide technical advice towards long-term reform efforts to strengthen public health laws in Kiribati and Vanuatu. Support was also provided for ongoing legislative reform activities, including nursing workforce regulations in Solomon Islands, tobacco control regulations in Papua New Guinea, and major health governance reforms in Viet Nam. WHO provided technical assistance to complete or develop national health strategic plans in Cambodia, Fiji, Kiribati, the Lao People’s Democratic Republic, Papua New Guinea, Tonga, Tuvalu and Vanuatu.

The Asia-Pacific Parliamentarian Forum on Global Health met virtually on four occasions during the biennium. The Forum enhanced the role of parliamentarians in supporting the COVID-19 response, maintaining regional solidarity, and placing health priorities such as primary health care and sustainable financing high on the policy agenda of countries as they respond and plan for social and economic recovery. A virtual Health Law Forum brought together experts from regional and country levels to discuss opportunities to leverage the lessons identified from the COVID-19 pandemic and bring policy attention to legal frameworks to strengthen legal preparedness for the future, including through addressing inequities. The WHO Western Pacific Regional Office’s thematic webinar series (consisting of 11 events) brought together internal and external experts, government officials and front-line health
workers to discuss multiple topics regarding decreasing inequities in Member States. The webinars reached diverse audiences with over 1200 participants from 85 countries and areas, including beyond the Region. In 2021, WHO TAG chairpersons were engaged to share cross-disciplinary knowledge and experience on *For the Future* thematic priorities in the Region, including on climate change and the environment, for which a joint webinar was organized.

The innovative online Health Law Tool was launched in “beta” form, available to all country-level officials for testing. With content developed in five subject matter areas, it will support parliamentarians, legal and policy officials in health ministries, and other users to design effective legal frameworks and navigate the law-making process to achieve their country’s health policy objectives.

**Output 1.1.5 Countries enabled to strengthen their health workforce**

Human resources for health (HRH) is one of the key enablers identified to deliver the agenda of the Region’s *For the Future* vision. HRH was significantly impacted and tested by the COVID-19 pandemic as health workers were stretched by the complexity and high caseloads, as well as then shifting to implement large-scale vaccination programmes. Supporting the health workforce was within the prioritized “red box” workplan that the Regional Office worked to identify at the start of the pandemic so that the response to COVID-19 could be maximized. This included immediate measures to protect and upskill health workers and share practical knowledge across the Region on how to address surge capacity. Longer-term HRH strategic support was initially repurposed to the immediate responses, then was closely integrated with the emergency response so that it would contribute to sustained management of the pandemic and beyond.

Protecting health-care workers was a priority of all Member States. WHO supported Member States in getting COVID-19 vaccinations to health-care workers by providing technical guidance, communications and advocacy support to make strategic policy decisions to “protect those who protect us”. WHO also provided the latest tailored guidance and training opportunities, ranging from basic psychosocial skills to oxygen therapy, post COVID-19 conditions, and adapting care pathways to alleviate the pressure on the health system and its workforce.

Over 229 000 participants from all 37 countries and areas across the Western Pacific Region benefited from COVID-19 training courses provided on OpenWHO.org, WHO’s interactive, web-based, knowledge transfer platform that offers online courses to improve the response to health emergencies. This enabled WHO to deliver up-to-date and fit-for-purpose training directly to health-care workers.

From May to November 2020, the WHO Regional Office for the Western Pacific co-hosted, along with the WHO Regional Office for the Eastern Mediterranean, the WHO Regional Office for South-East Asia and the Asia Pacific Action Alliance on Human Resources for Health (AAAH), a series of experience-sharing webinars to address the challenges health-care workers faced during the COVID-19 pandemic. Topics included mobilizing surge capacity, occupational risk protection, and health professional training and education in the context of the pandemic. More than 50 speakers (front-line health workers, academics and policy-makers) shared emerging lessons and challenges with close to 1600 participants, half of whom were from the Western Pacific Region.

Twenty countries and areas (previously only four in 2019), including many Pacific island countries and areas (PICs), progressed in collecting key health workforce data through the National Health Workforce
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Accounts to inform policy discussion and decisions for better health workforce management. Detailed HRH country profiles were published and updated with WHO support (Papua New Guinea in 2020, Tonga and the Philippines in the pipeline) and the *State of the World’s Nursing and Midwifery Report Country Profiles* were indexed into the newly launched *Western Pacific Health Data Platform*.

WHO in the Region provided country support to the development of a health workforce that is adequate in terms of size, skill mix and quality, in line with the draft Regional Action Framework for Strengthening Primary Health Care, and amidst the changing needs of an ageing population. This included drafting plausible scenarios for HRH, mapping timelines, identifying evidence gaps to inform expert consultations, and planning in the next biennium to fill those gaps. Tailored support was provided to Cambodia and the Lao People’s Democratic Republic to review and revise their national health workforce strategies including health workforce projections; triangulation with data sources from stakeholders such as ministries of health and professional associations; and applying a core competency framework for medical doctors’ preservice education.

**Outcome 1.2 Reduced number of people suffering financial hardships**

Over the biennium, progress was made towards developing and implementing equitable health financing strategies, taking a health systems approach to advance universal health coverage as outlined in the *For the Future* vision. Many Member States prioritized health financing as a necessary part of their COVID-19 response, and WHO supported them with tailored technical support.

WHO worked with United Nations and multilateral partners across the Region, recognizing the socioeconomic impact of COVID-19 across all sectors and its wide-ranging effect on economies. Member States were supported to identify and assess policy options for resource mobilization and utilization for UHC and pandemic response to build back better and fairer.

Outputs under this outcome include:

- **Output 1.2.1** Countries enabled to develop and implement equitable health financing strategies and reforms to sustain progress towards universal health coverage
- **Output 1.2.2** Countries enabled to produce and analyse information on financial risk protection, equity and health expenditures and to use this information to track progress and inform decision-making
- **Output 1.2.3** Countries enabled to improve institutional capacity for transparent decision-making in priority-setting and resource allocation and analysis of the impact of health in the national economy

**Output 1.2.1 Countries enabled to develop and implement equitable health financing strategies and reforms to sustain progress towards universal health coverage**

Support to health finance remained within the “red box” prioritized workplan; driven by the pandemic, many governments put health financing at the centre of their agenda. Working with Member States to develop and implement equitable health financing strategies also advanced the systems approach to achieve UHC, as outlined in the Region’s *For the Future* vision.
In 2020, a virtual high-level Joint Ministers of Finance and Health Symposium on UHC was hosted by WHO, the Asian Development Bank (ADB) and the Government of Japan, with ministerial-level attendance from over 30 Member States across the Western Pacific, South-East Asia and Eastern Mediterranean regions. Countries shared best practices and lessons from the pandemic response and reaffirmed the consensus to continuously invest and prioritize health and UHC through joint actions between health and finance ministries.

In 2021, a health financing workshop for UHC was held by the WHO Western Pacific and South-East Asia regional offices, the World Bank and ADB with participants from 20 Member States’ ministries of health, finance, and social health insurance agencies across the two regions. The workshop helped identify and assess ongoing policy options in terms of strengthening domestic resource mobilization and public financial management for UHC for pandemic response and build back better and fairer.

Various cross-country webinars, workshops and trainings were held with partners to support knowledge dissemination and capacity-building of health financing for the COVID-19 response and UHC. For example, a COVID-19 vaccine financing webinar with the Joint Learning Network had participation from Fiji, the Lao People’s Democratic Republic, Mongolia and Solomon Islands. Also, a collaboration with the National Health Insurance Services of the Republic of Korea on a capacity-building course on social health insurance for UHC had country participants from Cambodia, the Lao People’s Democratic Republic, Malaysia, Mongolia, the Philippines and Viet Nam. These activities held during the pandemic enabled timely knowledge sharing and peer learning across countries and therefore strengthened countries’ capacity in responding to COVID-19.

Tailored technical support was provided to countries in developing and implementing national health financing strategies on a wide range of topics – public financial management and budget formulation, strategic purchasing, private sector engagement, social health protection, hospital autonomy, and donor transition. This technical assistance contributed to evidence-based policy-making in countries as they move towards health system strengthening and UHC.

Case study: Sustainable financing for primary health care and universal health coverage in the Lao People’s Democratic Republic

The Lao People’s Democratic Republic seeks to ensure healthy lives and promote well-being across the life course, while undergoing economic, demographic and epidemiological transitions. The Lao People’s Democratic Republic is preparing to graduate from Least Developed Country status by 2026 and with this will experience a decline in development assistance in the coming years. While the Lao People’s Democratic Republic has worked hard to protect lives throughout the COVID-19 pandemic, the economic impact of the pandemic has been significant. However, the Government has maintained its goal of achieving UHC by 2025.

Over the biennium, WHO supported the review and update of the Health Sector Reform Strategy to guide the Lao People’s Democratic Republic on the country’s UHC journey over the next decade. Specifically, utilizing backcasting, one of the operational ways of working outlined in the WHO Western Pacific Region’s For the Future vision, WHO facilitated a process of identifying future health needs and strengthening systems approaches. This process showed a need for strengthening the primary health care system to future-proof the national health system and to meet the needs of an ageing population with a higher burden of NCDs. With the Government’s commitment to strengthen PHC in alignment with the decentralization policy, Sam Sang, the Health Sector Reform Strategy provides strategic direction for strengthening PHC as a core foundation to reach hard-to-reach
populations. It also aims to improve the efficiency, resilience and sustainability of the health system in the context of development assistance transition and the pandemic in the country’s journey to achieve UHC.

WHO supported the Ministry of Health in developing the Health Financing Strategy for the transition from donor funding to domestic financing in the period 2021–2025. The Strategy was developed in close coordination with partners such as the World Bank and the Swiss Red Cross. The strategy aims to increase sustainability, accountability, efficiency and equity in the health system, explore innovative solutions to address health financing challenges and align development assistance more closely with the government priorities. It provides a framework for support from partners who are signatories to the Global Action Plan for Healthy Lives and Well-being for All (GAP) who have supported alignment of development support with government priorities. Based on priorities identified in the Health Financing Strategy, WHO has worked with GAP’s Sustainable Financing for Health accelerator working group and other partners to explore how efficiency gains can be achieved across programmes, specifically at the PHC level – and how partners’ various efforts to introduce innovative financing mechanisms would help address health financing challenges in the Lao People’s Democratic Republic context.

In line with the strategic direction of the Health Financing Strategy, WHO provided technical support for the implementation of the National Health Insurance (NHI) scheme and to ensure financial protection of vulnerable populations to “reach the unreached.” In 2019–2020, WHO conducted an assessment of the implementation of the NHI scheme, which identified key achievements, challenges and future priorities to improve its efficiency, equity and sustainability. WHO and multiple partners, including the World Bank, the International Labour Organization and Swiss Red Cross, supported the NHI Bureau to conduct a costing exercise of the Essential Health Services Package and the NHI benefit package to support sustainable reforms of the NHI and ensure vulnerable populations would continue to be covered in the country’s efforts to achieve universal health coverage.

Output 1.2.2 Countries enabled to produce and analyse information on financial risk protection, equity and health expenditures and to use this information to track progress and inform decision-making

Member States were supported to produce, analyse and track health expenditure and financial risk protection data, in order to use that information to improve policy-making, reduce financial hardships, and ultimately advance For the Future thematic priorities to reach the unreached and advance UHC. These activities remained within the Region’s prioritized “red box” workplan as they are part of the core business of health financing work at WHO.

WHO in the Region continuously supported Member States in producing and validating health expenditure data for the annual update of the Global Health Expenditure Database in 2020–2021. Training on the use of the new Health Accounts Production Tool was provided to national focal points from Cambodia, China, the Lao People’s Democratic Republic, Mongolia and Viet Nam. Technical discussions were held with national counterparts from Malaysia and Viet Nam on the methodologies in estimating primary health care and COVID-19 health expenditure tracking. This support has equipped more countries in the Region with an advanced capacity to improve health expenditure data collection, mapping and reporting. Cambodia and Viet Nam started to draft their national health expenditure report with support from WHO. In addition, Malaysia and Viet Nam produced their COVID-19 health spending estimates for the year 2020, providing critical timely information to inform health financing policy-making for the ongoing pandemic response.

The 16th WHO-OECD Asia-Pacific Health Accounts Experts meeting was held in 2021 (instead of 2020 as planned due to the pandemic) as part of ongoing efforts to provide leadership in health accounts
methodology improvement, promote cross-country learning and support capacity-building and health accounts institutionalization in the Region.

Upon the request from WHO, a methodology paper to improve the timeliness of health expenditure tracking and on approaches for health expenditure forecasting was developed by OECD to support Member States in the Region on how to gather more timely evidence to inform decision-making on health resource allocation and budget planning.

Ongoing progress was made to update the Sustainable Development Goal indicator 3.8.2, which monitors financial protections and progress towards UHC for the joint WHO-World Bank global update. Tailored support was provided to countries by request (Lao People’s Democratic Republic, Malaysia, Mongolia and Viet Nam) to produce country-specific financial protection reports and to build strong working relationships between health and national statistics agencies.

Through joint collaboration with the European Observatory of Health Systems and Policies and the WHO Centre for Health Development (Kobe Centre), country reports on the economics of healthy and active ageing were produced and published for Australia, Japan, Mongolia, New Zealand, the Republic of Korea and Viet Nam. Findings will inform better policy-making on healthy ageing strategies in the Region, furthering the Region’s For the Future vision, which prioritizes NCDs and ageing to support anticipated demographic shifts.

**Output 1.2.3 Countries enabled to improve institutional capacity for transparent decision-making in priority-setting and resource allocation and analysis of the impact of health in the national economy**

In keeping with the Western Pacific Region’s For the Future vision, Member States were supported in taking a systems approach and ensuring sustainable financing for universal health coverage. This was done by producing analytical work on fiscal space and the economic impact of COVID-19, and providing practical tools to help Member States cost vaccination plans to allocate appropriate resources in response. This work remained as part of WHO’s “red box” workplan, as technical support to respond to COVID-19-related requests from Member States was a priority.

WHO in the Western Pacific Region performed analysis on fiscal space and debts for countries in response to the pandemic’s wide-ranging effect on economies. WHO contributed to technical discussions around the economic impacts of COVID-19 and implications for health financing in Asia and the Pacific, which were later published by the World Bank to provide an evidence base for policymakers from health and finance sectors for informed discussions on investing in health for pandemic response and recovery.

WHO in the Region worked with the United Nations Resident Coordinator System to assess the socioeconomic impact of COVID-19 for 10 PICs and for Viet Nam. The reports provided evidence to inform the allocation of United Nations support to mitigate the impact of COVID-19 across health, social, economic and environmental sectors based on immediate and anticipated future needs during pandemic recovery.

The WHO Regional Office developed a COVID-19 Vaccine Introduction and Deployment Costing Tool that was used to support countries such as the Lao People’s Democratic Republic, Papua New Guinea
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and Solomon Islands in costing their national deployment and vaccination plans for COVID-19 vaccines. The tool was later developed into the WHO-UNICEF global tool to support financing for COVID-19 vaccination rollout globally and is now being used in over 30 countries.

Outcome 1.3 Improved access to essential medicines, vaccines, diagnostics and devices for primary health care

In line with the For the Future vision to make the Western Pacific the healthiest and safest Region, WHO played a lead technical role in providing guidance on access, safety, efficacy and quality of medical products, while strengthening countries’ health systems to be able to respond to current and future health challenges.

The COVID-19 pandemic demonstrated the importance of maintaining essential services and access to medical products, as well as deepening public understanding of the necessity of rapid access to life-saving medical products including oxygen and personal protective equipment. WHO supported countries in strengthening their regulatory capacity of health products and advancing the research and development agenda to support the immediate COVID-19 response with clinical trials for treatments and vaccines. Strengthening surveillance systems, including for antimicrobial resistance, and building laboratory capacity were also steps taken towards supporting health systems and improving health security for the longer term, in line with the Region’s For the Future vision.

Outputs under this outcome include:

- Output 1.3.1 Provision of authoritative guidance and standards on quality, safety and efficacy of health products, including through prequalification services, essential medicines and diagnostics lists
- Output 1.3.2 Improved and more equitable access to health products through global market shaping and supporting countries to monitor and ensure efficient and transparent procurement and supply systems
- Output 1.3.3 Country and regional regulatory capacity strengthened, and supply of quality-assured and safe health products improved
- Output 1.3.4 Research and development agenda defined, and research coordinated in line with public health priorities
- Output 1.3.5 Countries enabled to address antimicrobial resistance through strengthened surveillance systems, laboratory capacity, infection prevention and control, awareness-raising and evidence-based policies and practices

Output 1.3.1 Provision of authoritative guidance and standards on quality, safety and efficacy of health products, including through prequalification services, essential medicines and diagnostics lists

Ensuring legal and regulatory preparedness for health products, especially during the COVID-19 pandemic, contributed to timely access to COVID-19 vaccines. Activities conducted under this output were part of the “red box” workplan that highlighted priority actions devised at the start of the pandemic in order to channel resources to maximize WHO’s COVID-19 response in the Region. In particular,
these included country support for diagnostics, repurposed therapeutics and vaccine clinical trials, accessibility and availability.

As part of regulatory preparedness and response to the COVID-19 pandemic, throughout 2020, countries were better prepared through bimonthly virtual conferences convened by WHO with national regulatory authorities (NRAs) in terms of timely updates on regulations and developments of in vitro diagnostics (IVDs), therapeutics and vaccines. In 2021, WHO addressed vaccine access and availability in lower-middle-income countries through country office briefings on newly developed interim guidance, guidelines, and recommendations on the optimal use of available vaccines listed by WHO; regulatory approval through reliance; and vaccination policies such as mix-and-match, booster doses, and adolescent and paediatric doses. The Western Pacific Regional Alliance of National Regulatory Authorities was convened to exchange lessons identified and experiences during the pandemic and aimed to strengthen regulatory systems in the context of preparing for an ongoing rapid evolution of the epidemiological situation and future pandemics.

In PICs, WHO supported the provision of scientific evidence on COVID-19 diagnostics to use for procurement-related decision-making, and to support mechanisms for monitoring the availability of and access to essential and life-saving medical products in the context of COVID-19 supply challenges and stock-outs risks. Papua New Guinea was supported to revise essential medical products lists for primary health care as the COVID-19 pandemic impacted on the supply of essential medicines and other products. Support was also provided to the Lao People’s Democratic Republic, Malaysia and Mongolia to revise national medicines policies and essential medicines lists.

To respond quickly to the COVID-19 pandemic, countries with strong local manufacturing capacity of IVD reagents, medicines and vaccines were supported with interim guidance on the development of new products and the use of repurposed products or products for compassionate/emergency use. With the aim of expediting the availability of medical products, WHO utilized the emergency use listing procedure and updated the dossier through weekly, monthly or quarterly briefings, as appropriate. WHO promoted rapid access to essential products through reliance-based regulatory approval. Model legal and regulatory provisions and templates for emergency use authorization were provided in a timely and appropriate manner according to country context.

The Regional Office supported the implementation of the WHO Prequalification Programme, especially for diagnostics, COVID-19 vaccines and laboratories. Papua New Guinea was supported in preparing for certification. Cambodia and the Lao People’s Democratic Republic were provided with support to strengthen management systems with a particular focus on elimination of substandard antimalarials, but also broader quality control and surveillance of substandard and falsified medicines. The Medicines Quality Control Laboratory Training Plan 2020 was implemented for the Lao People’s Democratic Republic.

Using WHO norms and standards, countries were supported in evaluation of performance validation and regulatory status of COVID-19 IVDs on molecular diagnostics and immunodiagnostics, such as IgG/IgM Rapid Test, jointly with WHO’s Incident Management Support Team (IMST). WHO supported reverse transcription-polymerase chain reaction (RT-PCR) and immunodiagnostics regulatory approval, establishing an enhanced Biosafety Level 2 COVID-19 testing laboratory in the Philippines, contributing significantly to the expansion of laboratory network from six to 68 RT-PCR laboratories in just three months.
WHO estimates that 70–80% of Asian populations use a form of traditional medicine as primary health care. WHO Regional Committee for the Western Pacific in 2021 adopted the Regional Framework for Harnessing Traditional and Complementary Medicine for Achieving Health and Well-being in the Western Pacific after the Regional Strategy for Traditional Medicine in the Western Pacific (2011–2020) expired. The new Framework provides Member States with a road map in terms of safe traditional and complementary medicine use to help achieve health and well-being and furthering the vision of For the Future.

Case study: Scaling up COVID-19 vaccination rates in Viet Nam through vaccine diplomacy, efficient vaccine roll-out and enhancing effective service delivery

In early 2020, the international community recognized Viet Nam’s efforts in successfully controlling the first wave of the COVID-19 pandemic. As COVID-19 stretched into its second year in 2021, the country faced a significant challenge: how to rapidly roll out COVID-19 vaccinations to a population of 98 million people amid a rising number of cases and a global shortage of COVID-19 vaccines. Through a whole-of-society approach, in coordination with WHO’s advocacy for vaccine access, technical assistance in the development of national policies and plans, as well as its support in the implementation of vaccination to reach the unreached, Viet Nam quickly ramped up its COVID-19 vaccination programme, increasing its vaccination coverage from less than 1% of the population fully vaccinated in May 2021 to 70% in December 2021.

WHO supported Viet Nam’s COVID-19 vaccine supply and roll-out through a number of For the Future operational shifts, such as taking a health systems approach with UHC as the foundation, using strategic communications, and measuring country impact. WHO supported Viet Nam to reach their COVID-19 vaccination targets by:

Securing a sustainable COVID-19 vaccine supply – The WHO Country Office in Viet Nam supported Viet Nam’s advocacy for access to vaccines through the COVID-19 Vaccines Global Access (COVAX) Facility. By December 2021, Viet Nam acquired over 160 million vaccine doses, including 46 million doses from COVAX and 22.5 million doses from over 30 donor countries.

Ensuring health system readiness and efficiency in the vaccination rollout – The Vietnamese Government ensured an efficient system to approve the use of new COVID-19 vaccines in the country, allocate doses, transport vaccines and rapidly deploy vaccination services. The WHO Country Office supported the National Vaccine Deployment Plan and policies for target populations.

Taking into account operational considerations – The WHO Country Office provided technical assistance in developing operational guidelines for the COVID-19 vaccination programme, training on monitoring, and providing supportive supervision to health centres, particularly in hard-to-reach areas. Furthermore, WHO support also included the provision of additional cold chain equipment.

Providing training on safe vaccination and vaccine safety surveillance – WHO provided technical resource persons and financial support for the training of health workers on injection safety, managing anaphylactic and syncope after vaccination and strengthening vaccine safety surveillance.

Communicating with the public to increase knowledge and influence vaccine uptake – WHO supported efforts to generate vaccine demand through addressing questions on vaccine safety and efficacy through media interviews and social media. The WHO Country Office developed compelling video stories for its Facebook page on the importance of vaccination and reaching the “last mile”.

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**Enhancing information systems for data collection and reporting** – WHO supported the national immunization programme on data collection, aggregation and analysis. Support was also provided on developing guidelines and standard operating procedures for end-users and for cascading training to hard-to-reach areas.

Viet Nam demonstrated high vaccine absorption capacity while ensuring vaccine safety. More than 2.4 million doses per day were administered during peak time. By December 2021, the country had reached 70% fully vaccinated coverage of its population. High vaccination rates have played a pivotal role in Viet Nam, averting deaths, minimizing hospitalizations and limiting the burden on its health-care facilities.

**Output 1.3.2 Improved and more equitable access to health products through global market shaping and supporting countries to monitor and ensure efficient and transparent procurement and supply systems**

Ensuring access to and availability of quality health products has been important to not only control and mitigate COVID-19 impacts in the Region but also strengthen health systems and improve health security for the longer term, in line with the Region’s *For the Future* vision. WHO in the Western Pacific Region played a pivotal role in national approval and supply of innovative tools such as RT-PCR kits, vaccines and therapeutics to ensure Member States are supplied with essential health products for prevention, diagnosis and treatment of COVID-19.

The high prices of essential medicines are a major barrier to the goal of UHC and primary health care. To promote price transparency for improved access to medicines and medical devices across the Region, WHO revamped the Price Information Exchange for Medical Products (PIEMEDs) platform to include new therapeutics for NCDs, essential supplies for safe and affordable surgery and COVID-19 technologies. In 2021, four countries submitted procurement data to PIEMEDs, and consultations with these countries suggested that it was a useful tool to improve procurement efficiency through insights on market and pricing dynamics. With information on suppliers and sources of affordable medicines for select medicines and medical devices, the price comparisons also inform policy and pricing strategies in countries.

The Access to COVID-19 Tools Accelerator (ACT-A) was created in 2020. Comprised of health and development partners, ACT-A expedited the development, production and distribution of COVID-19 tools such as IVDs, vaccines and therapeutics. The COVID-19 Vaccines Global Access (COVAX) Facility for the pooled procurement and equitable distribution of vaccines globally acted as the ACT-A vaccines pillar. In the Western Pacific Region, WHO’s support to equitable access to vaccines, therapeutics and IVDs focused on 14 Advance Market Commitment eligible countries with fragile health systems and thus most vulnerable to health threats. WHO provided guidance to these countries on the development of national COVID-19 vaccination deployment plans. Collaborating with UNICEF, WHO reviewed the overall status of regulatory preparedness prior to COVID-19 vaccine use through Emergency Use Authorization, indemnification and liability agreements with manufacturers and partners. Support was given to countries to identify available product options and access scenarios such as via COVAX and other donors.

At all three levels of the Organization, WHO supported PICs to maintain their supply of essential medicines during the pandemic, given the global interruption of production and logistics. WHO set up mechanisms for PICs to monitor availability of and access to essential medicines in the context of COVID-19 supply challenges to minimize stock-out risks. For PICs, GeneXpert kits requiring minimal manipulation of samples were the only option for in-country COVID-19 diagnosis and testing. In 2020,
23 destinations in PICs were supplied with point-of-care testing kits through two hubs – Australia (Brisbane) and the United States of America (Hawaii), where they would reach the South and North Pacific destinations quickly.

Robust supply chain logistics information systems are critical to monitor the quality and supply of essential health products. In particular, they are needed to monitor temperature-sensitive medical products to ensure their proper storage, handling, use and reduction of waste. The WHO Regional Office and country offices worked with other United Nations agencies and development partners to strengthen procurement and supply systems in low- and middle-income countries in the Region, with a particular focus on supporting countries with resource constraints. The focus of support was on establishing logistics management information systems, adequate oxygen supply, and essential supplies for COVID-19 and other diseases in order to ensure an uninterrupted supply of life-saving medical products.

Output 1.3.3 Country and regional regulatory capacity strengthened, and supply of quality-assured and safe health products improved

The WHO Western Pacific Regional Office supported the regulatory capacity-building of Member States to supply quality-assured and safe health products. The work within this output remained a priority within the Region’s “red box” workplan, and it also furthered the WHO For the Future vision with a focus on strengthening local systems, especially essential during the COVID-19 pandemic response. This was done by: 1) guiding NRAs to research and develop life-saving innovative medical products and provide appropriate clinical evidence on efficacy, safety and quality; 2) ensuring availability of quality-assured products for all; 3) overseeing post-authorization monitoring of safety and effectiveness; and 4) improving access to accurate information on product characteristics and health benefits.

Guided by the Western Pacific Regional Action Agenda on Regulatory Strengthening, Convergence and Cooperation for Medicines and the Health Workforce (adopted in 2017 by Regional Committee), WHO intensified support by convening the Western Pacific Regional Alliance of National Regulatory Authorities to raise NRAs’ maturity level in order to become designated as a WHO Listed Authority. In 2020-2021, during the COVID-19 pandemic, the Alliance conducted the 10th meeting as an opportunity to enforce and synthesize lessons identified from regulatory reliance and recognition practice and determined ways to shape the future of regulation. WHO supported the use of regulatory reliance among NRAs to make the best use of available resources and expertise while simultaneously strengthening NRAs’ systems. By adopting decisions made by other NRAs suitable to their context, NRAs expedited access to quality-assured, effective and safe medical products.

Several countries updated their NRA maturity level through WHO’s support towards becoming designated as a WHO Listed Authority. In April 2021, WHO confirmed Viet Nam’s vaccine regulatory system as maturity level 3, while Singapore’s medicine regulatory system was formally assessed as maturity level 4 in November 2021 (and finally announced in early 2022). In terms of the levels, level 3 is the minimum criterion for countries that aim to list locally made vaccines under WHO prequalification list, while level 4 is the highest level that is closer to being recognized as a WHO Listed Authority by other NRAs. In addition to this, WHO provided technical support to Cambodia, China, Fiji, the Lao People’s Democratic Republic, Malaysia, Mongolia, the Philippines and the Republic of Korea to either update or initiate self-benchmarking or NRA institutional development planning.
Regulatory platforms for in the Pacific were strengthened by an expert consultant deployed to the WHO subregional office to ensure regulatory preparedness and to have rapid access to new vaccines or repurposed essential medicines in public health emergencies. The support was extended to strengthen regulatory systems by providing training on the WHO global benchmarking tool for national vaccine and medicine regulatory authorities. As a result, Fiji’s NRA produced a self-benchmarking report and an institutional development plan.

WHO guided national officials in assessing their countries’ readiness to introduce COVID-19 vaccines using the COVID-19 Vaccine Introduction Readiness Assessment Tool (VIRAT) and in developing national deployment and vaccination plans; regulatory preparedness serves as an entry point to vaccine deployment. Immunization programme managers, vaccine safety surveillance officers, and vaccine pharmacovigilance officers in all low- and middle-income countries in the Region were guided through workshops (one specifically held for PICs) on WHO global vaccine safety surveillance guidance and tools for COVID-19 vaccines and immunization safety.

Countries were enabled to strengthen expedited regulatory approval of IVD reagents for COVID-19 molecular and immunological diagnosis and build COVID-19 molecular testing laboratories’ compliance to necessary biosafety levels. WHO provided guidance and support by deploying technical officers as well as holding fortnightly regional teleconferences with all WHO laboratory technical staff who are in close collaboration with national counterparts.

Output 1.3.4  Research and development agenda defined, and research coordinated in line with public health priorities

The work done under this output was in line with the WHO Western Pacific Region’s For the Future vision, as innovation and partnerships were used as key operational shifts to address the scale and complexity of the COVID-19 pandemic; the activities remained within the “red box” workplan of essential actions that would advance health systems as well as the pandemic response. WHO, working as one through headquarters, regional and country levels, created a new research, innovation and development agenda for the context of public health emergencies.

WHO facilitated the sharing of results on advanced research, and research gaps, to guide research and development (R&D) partners. WHO was proactive in sharing technical information, such as ongoing validation of RT-PCR test kits for molecular diagnosis, immunodiagnostics for IgM and IgG test, non-clinical development and early clinical development of vaccines, and clinical data on repurposed therapeutics. The R&D agenda was supported by WHO through the provision of a Target Product Profile, regulatory guidance that sets out specifications for minimum safety, efficacy, performance, and quality of new IVDs, vaccines, biologicals and therapeutics.

WHO in the Region also provided support in driving national interests in R&D, including local production of vaccines and therapeutics, by participating in intergovernmental consultations that included health ministries, NRAs, research institutions, academia and manufacturers. The WHO Western Pacific Regional Office facilitated information sharing among Member States of developments in digital innovation including telemedicine, application and use of digital tools for record-keeping such as immunization registry, contact tracing, epidemiological and clinical safety data surveillance, management of supply chain, digitized product labelling, among others.
In 2020, WHO launched the solidarity trial, the largest global randomized control trial designed to provide robust results on whether a drug can save lives for those hospitalized with severe or critical COVID-19. The Western Pacific Regional Office supported the coordination of COVID-19 repurposed drug treatment trials in Malaysia and the Philippines. The solidarity trial for COVID-19 vaccines also started in 2020. WHO supported the Philippines in setting up the clinical trials and facilitated the participation of vaccine manufacturers in Viet Nam for WHO selection and prioritization of investigational vaccines. The WHO Country Office in China provided technical and communication support to 11 COVID-19 vaccine candidates participating in the WHO vaccine solidarity clinical trials. WHO also conducted a live mapping of new research on diagnostic, therapeutics and vaccines to support COVID-19 response in order to scale up production capacity of countries for COVID-19 vaccines, with a view to supporting partnership efforts to increase production volume to meet the global demand.

Output 1.3.5 Countries enabled to address antimicrobial resistance through strengthened surveillance systems, laboratory capacity, infection prevention and control, awareness-raising and evidence-based policies and practices

The For the Future vision positions antimicrobial resistance (AMR) as one of the thematic priorities of the Western Pacific Region together with health security. The work in this output remained within the prioritized “red box” workplan, which included essential activities that would be advanced alongside the COVID-19 response. Active support to countries to implement AMR national action plans was disturbed due to restricted travel, while promotion of infection prevention and control (IPC) was continuously highlighted. A total of 21 of 27 Member States in the Region have endorsed AMR national action plans, including Nauru and Tuvalu, the latest to endorse in 2021 and further contribute to regional action on AMR.

WHO established the Western Pacific Regional Antimicrobial Consumption Surveillance System (WPRACSS) to capture and synthesize information on consumption across sectors and countries. Fourteen countries and areas are participating, as WHO and Member States worked to enable improvements in monitoring antimicrobial consumption. Preliminary findings on the levels of antimicrobial consumption in the Region were published in the first-ever Regional Report in 2021. Antimicrobial consumption in the WHO Western Pacific Region: early implementation of the Western Pacific Regional Antimicrobial Consumption Surveillance System will further contribute to antimicrobial stewardship in the Region. The report documents the results from national-level monitoring of antimicrobial consumption data from seven countries and areas to help assess antibiotic use across the Region. Two regional AMR guidance documents were finalized: one on setting up local and national AMR surveillance systems in countries in the Western Pacific Region, and another on AMR outbreak response in the Western Pacific Region. These guidance documents are intended to strengthen AMR surveillance and outbreak response in countries.

WHO supported strengthening IPC in the context of COVID-19 for Brunei Darussalam and the Lao People’s Democratic Republic by introducing simulation training; this training was further implemented in all provinces in the latter country. IPC has been well accepted as an integral part of the suppression of disease transmission.
WHO made an agreement with three advanced institutions in the region, namely Japan’s National Center for Global Health and Medicine; National Institute for Infectious Diseases, Japan; and the University of Melbourne. The agreement aims to achieve high-level outcomes defined in WHO’s AMR agenda, in the areas of AMR surveillance, stewardship, outbreak response, advocacy and research.

WHO leveraged its technical leadership and convening power to advance the AMR agenda across sectors and partners, especially at the country level. In particular, in Cambodia and more recently in Mongolia, the AMR Multi Partner Trust Fund, through the FAO–WOAH–WHO Tripartite, is working jointly using the One Health approach to deliver a coherent and systematic approach to AMR. The WHO–FAO–WOAH Tripartite also provided support to all countries to organize World Antimicrobial Awareness Week with the action-oriented theme “Stewards for the Future: One Region, One Movement.”
Strategic Priority 2: One billion more people better protected from health emergencies

Table 3. Funding and utilization of funds for Strategic Priority 2 of Programme Budget 2020–2021 by outcome, as of 31 December 2021 (in US$ millions)

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Approved budget</th>
<th>Financing as % of approved budget</th>
<th>Utilization as % of approved budget</th>
<th>Utilization as % of financing</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Countries prepared for health emergencies</td>
<td>25.1</td>
<td>14.4</td>
<td>57%</td>
<td>14.6</td>
</tr>
<tr>
<td>2.2 Epidemics and pandemics prevented</td>
<td>12.5</td>
<td>7.1</td>
<td>57%</td>
<td>4.1</td>
</tr>
<tr>
<td>2.3 Health emergencies rapidly detected and responded to</td>
<td>19.4</td>
<td>16.3</td>
<td>84%</td>
<td>19.2</td>
</tr>
<tr>
<td>Overall</td>
<td>56.9</td>
<td>37.8</td>
<td>66%</td>
<td>37.9</td>
</tr>
</tbody>
</table>

Outcome 2.1 Countries prepared for health emergencies

The For the Future thematic priority on health security was advanced as WHO and Member States made considerable progress strengthening emergency response and preparedness capacity, not only in responding to the COVID-19 pandemic but at the same time in strengthening health systems.

COVID-19 tested the importance and functionality of Region-wide frameworks. The Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED III), which is in its third iteration, proved to be a relevant platform for Member States, WHO and partners to work together to respond to public health emergencies. The APSED TAG, along with International Health Regulations (IHR 2005) and the IHR Monitoring and Evaluation Framework, were also instrumental in evaluating and developing national preparedness capacities.

WHO supported countries in training and developing national and local emergency medical teams (EMTs), strengthening IHR core capacities in laboratory and surveillance, assessing and managing risks and developing crisis communications strategies to build confidence and increase the uptake of COVID-19 vaccines.

Outputs under the Outcome include:

- Output 2.1.1 All-hazards emergency preparedness capacities in countries assessed and reported
- Output 2.1.2 Capacities for emergency preparedness strengthened in all countries
- Output 2.1.3 Countries operationally ready to assess and manage identified risks and vulnerabilities
Output 2.1.1 All-hazards emergency preparedness capacities in countries assessed and reported

In the biennium, WHO’s efforts in the Western Pacific Region towards advancing this output directly supported the Region’s For the Future thematic priority on health security.

For the past 15 years, APSED has served as a framework for action to strengthen health security capacities in Member States. The guidance from APSED III and its TAG has played a substantial role in supporting collaborative and effective national responses in the Region to the COVID-19 pandemic. The APSED III strategy also provided a bi-regional framework for action to strengthen IHR core capacities, ensuring consistent progress in building systems to strengthen health security and enable effective responses by Member States to the COVID-19 pandemic.

Focused on supporting Member States in their ongoing responses to the COVID-19 pandemic, WHO in the Western Pacific Region developed technical guidance and tools to support countries in preparing for cases, outbreaks and pandemic waves. Deploying emergency supplies, equipment and personnel, rapid responses to Member States were targeted to protect vulnerable populations during the COVID-19 pandemic, including older adults.

The IHR Monitoring and Evaluation Framework (MEF) helped Member States in developing overall approaches to review, plan and improve strategic actions for the implementation of the IHR capacities. WHO Guidance for Conducting a Country COVID-19 Intra-action Review was issued and used by countries to conduct intra-action reviews (IARs) of their national and subnational COVID-19 response. WHO supported Cambodia, the Lao People’s Democratic Republic, Mongolia and Viet Nam to conduct IARs in order to reflect on experiences during the COVID-19 response and revise their response strategies. In Mongolia, findings from the provincial-level IARs provided insights into good practices and lessons identified to the national-level IAR and supported moving towards sustained management of COVID-19.

Simulation exercises are another core component of the IHR MEF. They have been used to test preparedness capacities and identify areas to improve strategic preparedness and response plans for COVID-19. WHO supported Mongolia in implementing simulation exercises and using the results to plan, implement and refine Mongolia’s response to COVID-19. WHO also supported seven PICs with simulation exercises to plan and implement their responses to COVID-19. The countries were able to assess and test interoperability between operational plans, guidelines and procedures. The lessons identified in the exercise helped to adjust these operations and improve the preparedness and response system for the COVID-19 pandemic.

In December 2020 and December 2021, WHO in the Western Pacific Region conducted the annual IHR Exercise Crystal with National IHR Focal Points (NFPs) to test IHR communications. The scenarios for the exercises were designed to highlight issues that may potentially arise in the context of any pandemic, and involved coordination with other units and sectors, including immunization, animal health, surveillance, public health laboratories, and risk communication. The exercises provided an opportunity for NFPs to enhance their understanding of the IHR (2005), event communications and collaboration among sectors. It also provided an opportunity to facilitate in-country, cross-sectoral communication with national counterparts and raise awareness of the NFP’s role and function.
In the Western Pacific Region, WHO’s IMST was used as a platform to provide region-wide technical support and guidance for the COVID-19 response. Ways in which this was provided included daily meetings between regional and country offices, video calls with WHO headquarters and the production of guidelines.

The ongoing response to the COVID-19 pandemic occupied the time and resources of WHO’s main counterparts, slowing down health security strengthening activities in other areas. However, by focusing on a systems approach to health security strengthening, our counterparts were able to translate the capacities strengthened during the COVID-19 response to capacities for overall health security.

Output 2.1.2 Capacities for emergency preparedness strengthened in all countries

The COVID-19 pandemic triggered WHO in the Western Pacific Region to reprioritize activities planned for the biennium to focus on strengthening core capacities in the areas of laboratory, surveillance and health service delivery to support the response. In addition to enhanced technical capacity, additional human resources to assist with the COVID-19 response was crucial and addressed through the repurposing of WHO staff and deployments to country offices throughout the course of the pandemic. Technical support for the strengthening of core capacities has also helped countries in building resilient health systems to sustain the ongoing COVID-19 response as well as dealing with future public health emergencies.

Capacity was strengthened in all countries for emergency preparedness, working towards the strategic priorities within WHO’s GPW 13 and to specifically advance the health security thematic priority of the For the Future vision. COVID-19 enhanced commitment from Member States towards public health preparedness and the building of resilient health systems to prepare for future health emergencies. In Solomon Islands, to improve local skills and competencies, WHO supported the local recruitment of people with technical and administrative skills to the health ministry’s emergency team and to the Government’s national emergency response mechanism. All PICs were supported in health emergency preparedness through WHO technical guidance and tailored technical support, including expanding public health surveillance laboratory capacity. Expanded laboratory capacities in the PICs have helped improve the timeliness and effectiveness of response decision-making. Financial and technical support was also provided to Cambodia’s Field Epidemiology Training Programme in line with IHR (2005) core capacity requirements, which resulted in enhanced surveillance capacities at the provincial level to detect and respond to influenza outbreaks as well as other public health events.

Accelerated strengthening of IHR core capacities in laboratory and surveillance took place in PICs. WHO support included laboratory equipment, reagents and training so that all countries and areas in the Pacific can now rapidly detect SARS-CoV-2 and other pathogens. Genomic sequencing capacities are being developed in the Region through the Emerging Molecular Pathogen Characterization Technologies (EMPaCT) surveillance network. Technical support was provided to priority countries, including Cambodia, Fiji, the Lao People’s Democratic Republic, Mongolia and Solomon Islands. An innovative approach was used for contact tracing, using information technologies and artificial intelligence in China and the Republic of Korea.
In the Region, WHO provided support to countries and areas to respond to emergencies other than COVID-19. In Vanuatu, support was directed to training and developing national and provincial EMTs. Cambodia demonstrated its ability to manage multiple emergencies by continuing to respond to outbreaks and emergencies such as influenza, annual seasonal flooding, and methanol poisoning events.

**Output 2.1.3 Countries operationally ready to assess and manage identified risks and vulnerabilities**

Work conducted under this output furthered the *For the Future* vision by getting countries to be operationally ready to assess and manage identified risks and vulnerabilities and strengthen health security. The WHO Regional Office in the Western Pacific provided technical support to WHO country offices and Member States to strengthen systems and build and sustain capacity at the national level. Guidance and support were provided to Member States to develop and update all-hazard multisectoral risk communication preparedness and response plans and strategies, including for COVID-19.

Throughout the biennium, WHO worked with Member States across the Western Pacific Region to strengthen the capacities required to effectively communicate, in line with the *For the Future* operational shift of using strategic communications as a tool to improve health. This support included the development of adaptable content to encourage the uptake of public health and social measures and COVID-19 vaccines. In doing so, the Organization supported the strengthening of health security systems that are relevant and useful not only for COVID-19 but also for other public health threats and emergencies.

By the end of 2021, WHO in the Region had provided advice to countries on risk communication planning and crisis communications, including communications strategies for the rollout of COVID-19 vaccines. A series of capacity-building webinars were conducted, and guidance was provided to prepare for and respond to emerging challenges, including adverse events following immunization and vaccine safety. Other webinars included enhancing multisource social listening and behavioural insights, building vaccine demand, preventing and responding to rumours, misinformation and infodemics, and strengthening partnership coordination mechanisms at national, regional and local levels. While these materials were designed specifically for COVID-19, they were also relevant for other public health threats.

WHO in the Region supported the collection, analysis and use of social and behavioural science to develop and adapt communication plans and messages to improve compliance with public health and social measures and build confidence and uptake of vaccines. WHO country offices and Member States further strengthened the use of multisource social listening and revised strategies to prevent and respond to rumours and misinformation.

Across the Western Pacific Region, WHO worked with Member States to strengthen the capacities required for preparedness and response to food safety incidents. The International Food Safety Authorities Network (INFOSAN), jointly managed by WHO and FAO, strengthened the coordination of Member States in the Region to exchange information in a timely manner for food safety incidents. Together, INFOSAN, the Association of Southeast Asian Nations and the WHO South-East Asia and Western Pacific regional offices organized a virtual workshop, Capacity Building on Rapid Response in Food Safety Issues and Crisis, including training and simulation exercises. Countries had the
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opportunity to review their plans for responding to foodborne disease and food safety and identify areas for improvement, while others could validate their drafted plans to improve operational readiness.

WHO in the Western Pacific Region also provided support to establish systems for reporting and forecasting stocks of essential medical supplies. In view of this, the Stock on Hand tool was developed for Member States to create a simple platform for storekeepers and warehouse managers to report on current stocks of essential medical supplies, including personal protective equipment and laboratory consumables, on a regular basis. The tool can determine the burn rate of each item and, therefore, support more accurate forecasting.

Outcome 2.2  Epidemics and pandemics prevented

The COVID-19 pandemic created a renewed emphasis on health and the prevention of health emergencies. WHO in the Western Pacific Region supported Member States to enhance surveillance systems, and combine laboratory, epidemiological and clinical expertise with innovation to respond to current and future health security challenges in line with the For the Future vision. Global partnerships and platforms became even more valuable during the COVID-19 pandemic: the Global Outbreak Alert and Response Network (GOARN) was extended in the Region, the EMPaCT surveillance network was established, and international and national EMTs were expanded in the Region.

Country capacities were built not only for COVID-19 prevention but also for other disease outbreaks such as diphtheria, polio and measles, which occurred in the Region during the biennium.

Under Outcome 2.2, budget utilization was 58% of financing. This was primarily due to funds being channelled to Outcome 2.3 towards the COVID-19 pandemic emergency response.

Outputs under this Outcome include:

- Output 2.2.1  Research agendas, predictive models and innovative tools, products and interventions available for high-threat health hazards
- Output 2.2.2  Proven prevention strategies for priority pandemic-/epidemic-prone diseases implemented at scale
- Output 2.2.3  Mitigate the risk of the emergence and re-emergence of high-threat pathogens
- Output 2.2.4  Polio eradication and transition plans implemented in partnership with the Global Polio Eradication Initiative

Output 2.2.1  Research agendas, predictive models and innovative tools, products and interventions available for high-threat health hazards

The EMPaCT surveillance network was established with an inaugural meeting held virtually in September 2021. The network was envisioned as a sustainable in-country genomic surveillance system that would be able to detect, investigate and respond to COVID-19 and other emerging infectious diseases. Strengthening collaboration among clinical, epidemiology and laboratory sectors, especially at the local level, will be at the core of the network’s purpose. Regional support mechanisms by partners within the EMPaCT surveillance network are aimed to facilitate the strengthening of existing in-country systems. Country-specific gap analysis, workplans and guiding documents are currently in progress.
New partnerships were built over the biennium and have contributed to the deployment of expertise for the COVID-19 response. Trainings to prepare public health experts for potential international outbreak response were conducted through GOARN, which has expanded by five partner institutions, with a total of 68 partners in the Region. Further to that, the number and scope of both national and international EMTs continued to expand in the Region. National teams continued to develop, particularly in the PICs, where during the biennium several national EMTs responded independently to natural disasters and outbreaks, including COVID-19. Some international EMTs were deployed to emergencies within and beyond the Region, while others in the Region continued to work towards WHO verification/classification.

WHO in the Region developed new partnerships with academic institutions to strengthen research and evidence generation. In Malaysia, WHO collaborated with Monash University to design and pilot RELATE ME, a community-based relational mental health intervention for semi-rural populations that could also be used to guide other Member States in developing mental health interventions and research.

The WHO Regional Office facilitated experience sharing among Member States and had multiple deep dives around analysing health service capacity indicators through the COVID-19 IMST. The team looked at how infodemics, research, innovative tools, technology and interventions in the COVID-19 response were used so that new mechanisms could be used to prepare effective responses to future epidemics and pandemics. Weekly or biweekly bulletins summarized global, regional and national information to facilitate information sharing among WHO regional and country levels.

Public health and social measures (PHSMs) are integral parts of national, organizational and community health emergency preparedness and response. WHO continued to promote the use of evidence-informed PHSMs and life-saving tools such as WHO-recommended therapeutics, diagnostics and vaccines for COVID-19. Member States in the Region used the five key tools (vaccination, PHSMs, health-care pathways, targeted response and travel measures) and three supporting pillars (surveillance, contact tracing and communications) to protect health services and prevent severe disease and death. WHO in the Region also supported Member States to apply a risk-based approach to make use of data on the epidemiological situation as well as vaccination rollout status to assess potential risks that might increase rates of COVID-19.

Output 2.2.2 Proven prevention strategies for priority pandemic-/epidemic-prone diseases implemented at scale

Across the Western Pacific Region, WHO supported country offices to scale up priority interventions for pandemic and epidemic-prone diseases, in particular for COVID-19 but also for other diseases such as diphtheria, polio and measles.

Prior investments in APSED enabled Member States to better prepare for health emergencies, mounting a quick response at scale to respond to the COVID-19 pandemic. To focus support on the COVID-19 response, selected activities planned for the biennium were realigned to further strengthen core capacities for laboratory and surveillance. With this strategic re-alignment, laboratory capacities were enhanced across the Region, particularly in PICs. Newly developed laboratory capacities in PICs have allowed countries to make quick response decisions on the management of diseases. Regional laboratory capacity is also being further expanded through a regional genomic surveillance network, where countries are being supported with essential equipment and trainings.
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Prepositioning essential goods through WHO’s regional stockpile helped give timely response to emergency requests from Member States. These goods included laboratory equipment and consumables to improve testing capacity, and oxygen therapy equipment and supplies to support responses to COVID-19 as well as other public health emergencies.

WHO provided support to diphtheria outbreaks in Cambodia, the Lao People’s Democratic Republic and the Philippines. A Field Guide for Preparedness and Response to Diphtheria Outbreaks in the Western Pacific Region was developed to support strategies to prevent outbreaks in the future. Other disease-specific guidance documents were developed including regional surveillance guidelines for congenital rubella syndrome, while environmental surveillance for polio was expanded in the Philippines, Viet Nam and Malaysia. WHO supported outbreak responses to polio in the Philippines and Malaysia and contributed to the closure of outbreaks in 2021.

Technical and field support was provided by WHO in the Region for planning and implementing nationwide measles and rubella preventive supplementary immunization activities in the Philippines amid the pandemic. This first-ever large-scale campaign during the COVID-19 pandemic achieved over 90% coverage and prevented a large-scale measles outbreak in the country. The mass vaccination campaign also ensured there was added immunity against poliovirus types 1 and 3. WHO also supported the measles outbreak response in Cambodia and PICs, while technical support and deployment of measles-trained STOP deployers were arranged for the Lao People’s Democratic Republic and the Philippines.

WHO provided technical support to Cambodia for the development of their annual progress report for submission to the Regional Verification Commission (RVC) for measles and rubella elimination. The annual meeting of the RVC was conducted virtually in 2021 with a full review of annual country progress reports.

Output 2.2.3 Mitigate the risk of the emergence and re-emergence of high-threat pathogens

The inconsistent ability of countries to respond quickly to COVID-19 as well as the unpredictable nature of pandemics has led to an enhanced commitment to public health preparedness and building resilient health systems to prepare for future health emergencies.

Due to the COVID-19 pandemic, planned activities for conducting exercises to test and update pandemic influenza plans were reprogrammed to support the building of other core capacities such as laboratory and surveillance. The lessons identified from the COVID-19 response have provided important information for countries to update pandemic preparedness plans focusing on building resilient health systems for the future.

Technical support provided by WHO through the Pandemic Influenza Preparedness (PIP) partnership contribution has, over the past 10 years, enabled countries to enhance core capacities in laboratories and surveillance. Using influenza surveillance as the backbone, the system has been expanded for monitoring SARS-CoV-2 in a number of countries, including Cambodia, Fiji, the Lao People’s Democratic Republic, Mongolia and Viet Nam. New laboratory capacities were established or strengthened in a number of PICs. The regional laboratories network has helped the continuous building of capacities through WHO’s external laboratory quality assurance mechanisms. Enhanced surveillance
and laboratory capacities through PIP partnership contribution also supported countries in the calibration of measures for COVID-19 response.

Innovative approaches to surveillance were implemented to expand capacities in detecting respiratory illnesses in countries where COVID-19 surveillance was integrated into existing influenza surveillance, such as in Australia, Cambodia, Fiji, Kiribati, the Lao People’s Democratic Republic, New Caledonia and Palau. This combined approach enabled timely detection of COVID-19 while at the same time maintaining routine influenza surveillance. Seven laboratories in the Region joined a global network of supranational reference laboratories for COVID-19. Sentinel surveillance and reporting of COVID-19 through WHO’s Global Influenza Surveillance and Response System and other global and regional influenza platforms were improved.

WHO helped promote greater solidarity, shared responsibility, and stronger collaboration among Member States regionally and globally, which was demonstrated in several ways during the biennium. This included timely information sharing, exchange of expertise, provision of technical assistance to less-resourced countries, building institutional networks, provision of essential supplies, and supporting countries to access safe, effective and quality-assured vaccines as they became available.

Significant progress was made in building strategic communication capacities and systems, including strengthening work with partners at the country and regional levels, which will be useful beyond the pandemic to help strengthen health security and pave a path for the rollout of the Communications for Health (C4H) approach, as outlined in For the Future. WHO provided support to countries with risk communication and C4H with enhanced tools and capacities such as social listening to address misinformation. Training and mentorship were provided to country offices and Member States to strengthen community engagement in reaching remote communities and building trust in public health messages. All information, education and communication materials and guidelines were developed and translated into local languages to increase the understanding and uptake of the messages. In 2021, 37 webinars and training workshops designed to build knowledge and skills for the COVID-19 response were held for country offices and ministries/departments of health.

By the end of 2021, all countries in the Western Pacific Region prioritized risk communication support and had established listening mechanisms to better understand community beliefs and behaviours, including capturing rumours and misinformation. WHO supported social listening mechanisms in countries to understand the perceptions of the communities and feed into risk communication messages. The Western Pacific Region held two large-scale regional surveys that included five waves of data collection in this biennium for evidence-based decision-making. Moreover, the Western Pacific Region continuously updated the public with the latest evidence and public health advice through various channels including social media. The registered reach via Facebook alone was over 1 billion in 2021. The communications team published 88 COVID-19 web articles, organized six press conferences, issued seven press releases and responded to various media requests on a daily basis.
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Output 2.2.4 Polio eradication and transition plans implemented in partnership with the Global Polio Eradication Initiative

Technical and financial support was provided by WHO in the Region to maintain and/or improve the performance of acute flaccid paralysis (AFP) surveillance in line with recommended standards, including in-country technical assistance to Malaysia and the Philippines to enhance the performance of AFP surveillance as part of the polio outbreak response. Both outbreaks were officially closed in 2021.

WHO in the Western Pacific Region supported Member States to maintain polio-free status, ensure high-quality performance of AFP surveillance and high coverage with three doses of polio-containing vaccines; implement preventive polio catch-up campaigns; and procure laboratory supplies, reagents and equipment to support laboratory testing (Cambodia, the Lao People’s Democratic Republic, Papua New Guinea and PICs). Environmental surveillance for polio was expanded in Malaysia, the Philippines and Viet Nam. All regional polio laboratories have been trained in the new methodology to detect poliovirus from the novel oral polio virus vaccine (OPV). However, due to the COVID-19 pandemic and vaccination response, implementation of surveillance activities was affected in 2020–2021, including a sharp decrease in detection and reporting of AFP, and delayed shipment and laboratory testing of stool samples from AFP cases. This decline in performance negatively affected the sensitivity of AFP surveillance in several countries, including Cambodia, the Lao People’s Democratic Republic, Mongolia and Viet Nam.

Despite the COVID-19 pandemic, the regional polio-free certification process was successfully maintained in 2020 and 2021 by virtually convening annual meetings of the Subregional Committee for Certification of Poliomyelitis Eradication in the PICs, and the Regional Commission for the Certification of Polio Eradication in the Western Pacific. These meetings contributed to the 1) conclusion of the response to type 1 and type 2 polio outbreaks in the Philippines and Malaysia; 2) expansion of polio environmental surveillance in high-risk countries; 3) poliovirus laboratory containment; 4) developing contingency planning for (and response to) a potential outbreak of new circulating vaccine-derived poliovirus (cVDPV) type 2 in the Philippines; and 5) maintaining polio eradication activities in PICs.

Case study: Inclusive vaccination halts polio outbreaks in Malaysia and the Philippines

The Global Polio Eradication Initiative registered 1067 cases of cVDPV in 2020 worldwide. One of these cases was reported from Malaysia, following three cases reported in 2019. Meanwhile, 19 years after being declared polio-free, the Philippines announced an outbreak in September 2019. WHO utilized global, regional and local resources to support responses to the outbreaks in Malaysia and the Philippines, both of which were closed by late 2021.

WHO supported the Malaysian Government by assembling a team of to assess risks and determine the extent of circulation of the cVDPV. Support was provided to facilitate delivery of supplemental immunization doses and to plan and implement vaccination campaigns, including through provision of technical advice and risk communication. The team recommended defining the target population to include all children under the age of 13 who had not been immunized before. Another recommendation was to expand surveillance from six to 66 environmental sampling sites across Malaysia. As a result, the country ensured early detection to combat virus circulation.
The Ministry of Health and WHO in Malaysia joined forces in procuring vaccines, with WHO supplying 2.5 million doses of monovalent OPV2 vaccine and the Ministry purchasing the necessary quantities of bivalent OPV1 and 3 vaccine. Yet, before the vaccination plan was implemented, it had to be revisited due to the onset of the COVID-19 pandemic. WHO supported Malaysia in adjusting initial plans to include IPC measures, physical distancing and related preventive measures. House-to-house immunization shifted to fixed sites, making space for drive-through and mobile clinics. Although COVID-19 made the polio response temporarily slower, timely adoption of public health measures ensured it did not stop the response.

As a result, Malaysia immunized more than 90% of targeted children in the affected areas with supplemental immunizations, and since March 2020, no cVDPV has been detected in the country.

In the Philippines, the COVID-19 pandemic threatened progress with immunization services and children's health. Even before the pandemic, immunization (DPT3) coverage in the country had decreased by 14 percentage points between 2010 and 2019, and this has led to the recent resurgences of polio, measles and other vaccine-preventable diseases, including a polio outbreak in December 2019. Key challenges confronting the country's immunization programme included stock-outs and vaccine hesitancy due to suspected or actual adverse events following vaccination. Thus, it was critical to rapidly resume implementation of the polio response campaigns temporarily halted by initial COVID-19 pandemic restrictions in 2020.

WHO facilitated the safe delivery of immunization services while curbing COVID-19 pandemic transmission by supporting in-country strategic planning. A notable outcome of this coordination effort was the adoption of WHO guidelines on maintaining essential immunization services as part of the national protocol for Coordinated Operations to Defeat Epidemic (CODE). Based on this guidance, WHO advised the Philippines Department of Health (DOH) on the implementation of routine immunization, polio outbreak response, and a nationwide measles-rubella and oral polio vaccine supplementary immunization activity during the COVID-19 pandemic. Furthermore, WHO provided medical supplies and personal protective equipment to enable health workers to comply with hygiene and physical distancing requirements.

WHO provided operational support to deliver planned interventions in line with CODE. For example, in place of the face-to-face model of training health workers, WHO played a critical role in adopting internet-based virtual platforms to conduct training for health workers and volunteers. This shift enabled the continuation of a wide range of public health functions, including disease surveillance, data management, and community engagement. By the end of February 2021, over 3400 front-line workers and volunteers had been trained in close coordination with local community leaders, enabling the synchronization of efforts for polio, measles and COVID-19 pandemic control. By June 2021, the polio outbreak was declared closed.

It was also essential to address misinformation and vaccine hesitancy through effective communication and community engagement approaches. WHO worked with the Philippines Government at all levels to develop communication guidance, messages and materials to address these issues while closely engaging with local chief executives, health-care providers, community leaders and communities. This close engagement at the local level also allowed the bridging of resource gaps for robust surveillance and case-finding within communities.

With political commitment and effective coordination, as shown in Malaysia and the Philippines, immunization programmes can be responsive, quickly restored and maintained despite unexpected disruptions. WHO's efforts in both countries contributed to and supported national responses to make this happen by reaching the unreached as per the vision of For the Future.
Annex 1

Outcome 2.3 Health emergencies rapidly detected and responded to

In line with the *For the Future* vision, WHO in the Western Pacific Region worked to progress health security, including AMR, through detecting, assessing and communicating health emergencies in order to continue to strengthen core capacities as mandated under IHR (2005) through APSED.

The Region’s surveillance capacity was improved through strengthened national laboratory capacity. WHO provided machines and even a mobile diagnostic laboratory to support countries’ COVID-19 responses in the Region. WHO country offices and Member States in the Region established and trained IMTs to respond to COVID-19, while a Joint IMT in the Pacific brought together technical and coordination support to avoid duplication and maximize limited resources. Supply chain systems and stock management were improved with updated inventory systems, and WHO worked with new and existing partners to overcome shipping and importation challenges.

Outputs under this Outcome include:

- Output 2.3.1 Potential health emergencies rapidly detected, and risks assessed and communicated
- Output 2.3.2 Acute health emergencies rapidly responded to, leveraging relevant national and international capacities
- Output 2.3.3 Essential health services and systems maintained and strengthened in fragile, conflict and vulnerable settings

Output 2.3.1 Potential health emergencies rapidly detected, and risks assessed and communicated

One of the enablers of a rapid response to disease outbreaks is having a strong national laboratory capacity, made especially apparent during the COVID-19 pandemic. WHO provided GeneXpert machines and cartridges, BioFire machines and cartridges, and a mobile diagnostic laboratory (in Niue), and supported the early distribution of reagents throughout the Region to facilitate the capacity of national laboratories.

Between 1 January 2020 and 31 December 2021, 1896 signals of potential emergency health threats were detected through regional event-based surveillance. Of the 1896 signals, 147 were verified as new public health events. Of the 147 events, 126 (85%) were attributed to infectious diseases, 16 (11%) to disasters, four (3%) to food safety events and one (0.6%) to a significant adverse event following immunization.

WHO monitored the COVID-19 situation in the Western Pacific Region and globally using multisource surveillance and an assessment tool for early detection of community transmission. In addition, WHO conducted COVID-19 transmission stage assessments for subnational levels in Member States in the Region and shared the information through the COVID-19 Dashboard hosted by WHO in the Western Pacific Region to support decision-making on international travel policy. Using the Dashboard, Member States in the Western Pacific Region could find information on COVID-19 cases and deaths, subnational transmission stages and point-of-entry measures in other Member States in the Region, and use this information to make their travel policy and other public health measures.
The WHO Regional Office for the Western Pacific coordinated COVID-19 modelling projects to inform public health and social measures in six countries in 2020 and four countries in 2021. WHO in the Region also provided support to the COVID-19 response at the country level through issuing practical guidance on surveillance and informed decision-making, and at the same time prepared for large-scale outbreaks. Technical support included the initial response to COVID-19; capacity-building at the national and subnational levels in countries; fostering partnerships and partners’ coordination; and taking part in global engagement and high-level WHO missions. The emergence of COVID-19 illustrated that early detection, rapid risk assessment, timely communication and rapid response are of critical importance. While these actions are key, challenges remain with regard to sustainable and predictable financing, and human resource surge capacity to support advancing global health security.

WHO in the Western Pacific Region provided hands-on support in event-based surveillance and indicator-based surveillance to WHO regional FEFP fellows and provided further guidance on rapid risk assessments. The WHO Regional Office for the Western Pacific also contributed to enhanced event-based surveillance during the Tokyo Olympic and Paralympic games, working closely with the Japan National Institute of Infectious Diseases under the guidance of the Ministry of Health, Labour and Welfare.

Output 2.3.2 Acute health emergencies rapidly responded to, leveraging relevant national and international capacities

On 31 December 2019, in response to pneumonia of unknown origin reported by China, the Incident Management System was quickly activated by the WHO Country Office in China. On 1 January 2020, a fully staffed IMST was established by WHO to provide a support mechanism. Trained technical focal points for each critical function, including an incident manager, were appointed at the WHO Regional Office for the Western Pacific. The Emergency Operations Centre (EOC) at the Regional Office was officially activated on 22 January 2020. The EOC was dedicated to COVID-19 (novel coronavirus at the time) response only. A new event was subsequently created in the internal Event Management Suite. This system is used for sharing and documenting the most relevant and latest information including situation reports, epidemiological data and other important documents, such as risk assessments and internal grading forms. The system is also used for planning human resources for health, management of contact lists and tracking team tasks.

Other country offices and Member States in the Region took similar steps, as advocated by the Incident Management System, relying on focal points who had been trained in the past through consultations, simulation exercises and role play. By the end of 2021, all country offices and country liaison offices had an established incident management team (IMT) to respond to COVID-19. In the Division of Pacific Technical Support, based in Suva, Fiji, a Joint IMT was established to bring together technical experts from WHO and over 20 technical and development partner organizations, based on the structures outlined in the WHO Emergency Response Framework adapted to fit a multi-organizational and multi-country context. The Joint IMT helped optimize support to all 21 PICs and their national health authorities while avoiding duplicating efforts and making the best use of limited resources in a challenging logistical context. EOCs have been and remain core to the response to COVID-19 in the Region. They have been paramount in the timely sharing of information for strategic decision-making, provision of accurate and rapid situation updates for risk assessment, and the distribution of critical
resources. A regional genome sequencing network was established to allow countries to better detect and respond accordingly.

The strategic regional stockpile in Manila, the Philippines acted as a lifeline to the most vulnerable countries in the Region by dispatching critical supplies to Member States to equip their health-care facilities in a rapid and urgent manner. The regional stockpile acted as a buffer while larger quantities were being procured or distributed from other sources. The first in-kind donation was dispatched on 4 February 2020. By the end of the biennium, 38 destinations throughout the Western Pacific had been reached, including hard-to-reach PICs such as Nauru, Niue and Tokelau. During the reporting period, personal protective equipment, laboratory consumables and biomedical equipment were dispatched from the regional stockpile in Manila for a total value of US$ 19.4 million, weighing 163 tonnes and measuring over 1140 cubic metres. These supplies were sent with the intention of protecting health-care workers in the Region, supporting clinical management, and augmenting preparedness levels of vulnerable countries and areas in the Region. These supplies directly supported the health-care systems in the Region by providing capacities to treat patients, protecting health-care workers at work, and ensuring capacity to detect SARS-COV-2 in order to take appropriate response measures. The regional stockpile is now equipped with a professional online inventory management system with capacities to track incoming and outgoing supplies and create automated reports and interactive dashboards.

The COVID-19 Supply Chain System was established to ensure equitable distribution of quality-assured essential supplies to Member States through WHO and partners. This system was used widely in the Region; however, delays in supplies reaching their destination quickly became evident. To overcome this and to meet Member States’ critical gaps, WHO in the Region conducted local and regional procurement of vetted and quality-assured supplies. Border closures and additional importation procedures also played a key role in slowing down the distribution and receipt of critical supplies. WHO sought shipping options that balanced speed and cost, working with new and existing partners (for example, the World Food Programme and DHL) to ensure timely transportation and distribution. The Operations Support and Logistics (OSL) team also arranged for special operations through the use of chartered aircrafts in order to timely deliver critical and life-saving goods when other transport options were not available.

A regional assessment of medical oxygen was conducted in 2021. Oxygen is a critical drug for COVID-19 patients. The survey revealed many Member States in the Western Pacific Region did not have the domestic capacity to manufacture medical grade oxygen. Many countries are dependent on importing medical oxygen from neighbouring countries on a commercial basis. As exporting countries saw surges of COVID-19 cases, the exportation of medical grade oxygen often ceased and rendered many of our Member States very vulnerable to access to medical oxygen. Under the IMST, the OSL and health service delivery teams identified approved suppliers that could provide medical grade manufacturing plants. In order to build this capacity in the Member States of the Western Pacific Region, oxygen-generating plants were ordered from a trusted supplier. Cambodia, the Lao People’s Democratic Republic, Papua New Guinea and seven PICs were identified as locations where these oxygen manufacturing plants could be an asset not only to treat COVID-19 patients but also to increase the capacity of their health-care system as a whole in the longer term.

To ensure a robust and continuous professional workforce for the COVID-19 response, vetted consultants were hired through the WHO Regional Office for the Western Pacific and WHO country
offices through rosters, job announcements and technical networks, including GOARN. Sixty-eight experts with a range of specialities were deployed throughout the Region. Other partners, such as EMTs and ADB, also provided critical support to the Region. These partners provided essential sources for technical staff to support the response in a range of capacities at the WHO Regional Office and country offices throughout the Western Pacific.

EMT initiatives have, over the biennium, continued to be a priority. With the official verification of Fiji’s Emergency Medical Assistance Team (FEMAT), Fiji is now better prepared to respond to domestic emergencies. Fiji was the first Pacific island to have an EMT verified through the Secretariat. Other PICs have shown an interest in strengthening their capacities to respond to domestic and international public health emergencies, including Cook Islands (KUKIMAT) and Vanuatu (VANMAT).

The first reported foodborne botulism outbreak in Viet Nam occurred in 2020. The coordinated action of WHO at the three levels of the Organization was essential in deploying antitoxin vials from the global stockpile and delivering them on time. Following this, WHO supported the development of Interim National Guidelines on Diagnosis and Clinical Management of Botulism.

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<th>Case study: French Polynesia – One Team Support helps control COVID-19</th>
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The WHO Western Pacific Regional Office supports 37 countries and areas including 15 PICs characterized by their relatively small populations and remote locations. WHO does not have a physical representation in French Polynesia, but it was able to provide constant support to the French Polynesian health ministry through the WHO Division of Pacific Technical Support in Fiji.

As the first cases of COVID-19 reached French Polynesia, the Pacific Health Cluster Coordinator deployed by WHO supported the Government to quickly establish the Health Emergency Operations Centre. While supporting incident management functions, WHO also communicated directly with the public about COVID-19.

The decisive action taken by the Government, with the support of WHO, made it possible to prevent transmission and control the first wave. In addition, the One Team approach – between the Pacific Joint IMT and the regional IMST working closely together – helped develop COVID-19 testing capabilities beyond Tahiti, the main island.

During the second wave of COVID-19, this similar approach allowed WHO to leverage the expertise of partners and the Global Network Outbreak Alert and Response Network (GOARN) to provide on-site support. Through its Division of Pacific Technical Support, which works closely with the divisions based in the Regional Office, WHO continued to provide tailored support to French Polynesia and other PICs in their efforts to respond to COVID-19.
Strategic Priority 3: One billion more people enjoying better health and well-being

Table 4. Funding and utilization of funds for Strategic Priority 3 of Programme Budget 2020–2021 by outcome, as of 31 December 2021 (in US$ millions)

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Approved budget</th>
<th>Financing</th>
<th>Financing as % of approved budget</th>
<th>Utilization</th>
<th>Utilization as % of approved budget</th>
<th>Utilization as % of financing</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Determinants of health addressed</td>
<td>21.2</td>
<td>13.2</td>
<td>62%</td>
<td>12.7</td>
<td>60%</td>
<td>96%</td>
</tr>
<tr>
<td>3.2 Risk factors reduced through multisectoral action</td>
<td>21.2</td>
<td>13.7</td>
<td>65%</td>
<td>12.2</td>
<td>57%</td>
<td>89%</td>
</tr>
<tr>
<td>3.3 Healthy settings and Health-in-All Policies promoted</td>
<td>9.8</td>
<td>3.8</td>
<td>38%</td>
<td>4.4</td>
<td>45%</td>
<td>116%</td>
</tr>
<tr>
<td>Overall</td>
<td>52.2</td>
<td>30.7</td>
<td>59%</td>
<td>29.2</td>
<td>56%</td>
<td>95%</td>
</tr>
</tbody>
</table>

Outcome 3.1 Determinants of health addressed

The Region is experiencing population ageing at an unprecedented pace, with the number of older persons expected to more than double, from 245 million in 2020 to about 459 million by 2040. Noncommunicable diseases and ageing is a thematic priority for the Region as stated in its For the Future vision. Promoting healthy ageing requires a whole-of-society transformation beyond the health sector.

WHO in the Region continued to address determinants of health in particular for NCDs and risk factors, as well as food security and nutrition. Technical support was provided to countries towards the development of policies to prevent injury, address air pollution, and support water and sanitation safety plans. Member States were supported to build and strengthen climate-resilient and environmentally sustainable health-care facilities through guidelines to support against climate change shocks.

Outputs under this outcome include:

- **Output 3.1.1** Countries enabled to address social determinants of health across the life course
- **Output 3.1.2** Countries enabled to address environmental determinants of health, including climate change

**Output 3.1.1 Countries enabled to address social determinants of health across the life course**

The Regional Action Plan on Healthy Ageing in the Western Pacific was endorsed by the WHO Regional Committee in 2020. Subsequently, Member States in the Western Pacific made significant progress developing national policies on healthy ageing, including in Brunei Darussalam, Cambodia,
the Federated States of Micronesia, Palau and the Philippines. Member States worked to transform approaches to address social determinants of healthy ageing, including creating age-friendly environments, developing social prescribing models (Cambodia, China and Malaysia) and fostering technological innovations (China and the Philippines). These efforts contributed to establishing and promoting multisectoral partnerships. For instance, WHO in Malaysia supported a national initiative titled Aged Care Sector in Preventing and Mitigating the Negative Impact of COVID-19 on Older Persons. The objective of this work was to improve the early recognition, prevention, response and control of COVID-19 among older persons living in institutions and the community-at-large in line with the For the Future priority to support ageing populations.

NCDs have greatly affected the Western Pacific Region. In response, WHO has worked to facilitate policy dialogue and joint action with sectors beyond health, such as finance and customs, education, agriculture and tourism, and adopt a lifelong approach to addressing social determinants of health. As a result of this work, national strategic plans, laws and policies, guidelines and programmes aimed at addressing NCDs and its risk factors, including food security and nutrition, were established across the Region. For instance, Vanuatu developed a National Nutrition Policy and Strategic Plan 2022–2030 that will guide and provide strategic direction for national efforts to improve nutrition; Cambodia and China strengthened provincial health systems’ capacity to promote and implement practices that serve to improve the nutritional status of children, including growth monitoring and breastfeeding practices; and the Philippines issued an Administrative Order on Guidelines of Graphic Health Warnings on Vapor Products, Heated Tobacco Products and Other Similar Products.

To further the For the Future vision of addressing NCDs, WHO supported countries in strengthening their NCD surveillance and in using findings for strategic action to address NCD risk factors. As a result of this support, several countries implemented surveys, such as STEPS, the Global School-based Student Health Survey and the Global Youth Tobacco Survey, and used findings to facilitate intersectoral and multi-partner policy dialogue and drive joint action. WHO in the Region also provided technical support to the development of policies to prevent injury such as through the National Program for Prevention and Control of Child Injury in Viet Nam 2021–2030. WHO also supported a review of current stakeholders for road safety in Viet Nam, Mongolia and China, and made recommendations on how to strengthen road safety coordination and interventions in coming years.

WHO in Mongolia implemented a country programme on air pollution, revising national air quality guidelines in accordance with WHO’s new guidelines. Water, sanitation and hygiene (WASH) in community and health-care facilities were improved by ensuring sustainability of water and sanitation safety plans in the country and piloting WHO tools such as the WASH Facility Improvement Tool (WASH FIT) and climate-resilient and environmentally sustainable health-care facilities. Awareness of lead-free paint, safely managed sanitation facilities, hand hygiene practice and fostering safe and healthy environment were increased by organizing campaigns targeting the public, community, providers, consumers and suppliers across the country in collaboration with the local public health centres.

Output 3.1.2 Countries enabled to address environmental determinants of health, including climate change

Climate change, the environment (CCE) and health is one of the thematic priorities within For the Future. Progress was made on this output through four main pillars of work: advocacy, building
resilience into health systems, monitoring the impact of climate change and environmental health, and applying a CCE lens to all areas of the health sector’s work. During this biennium, extra emphasis was placed on WASH in health facilities to support the COVID-19 pandemic response. Some areas like air pollution and chemical safety were minimized although progress was still achieved.

The Technical Advisory Group (TAG) on CCE and health was established in April 2020. WHO facilitated the inaugural meeting of the CCE TAG in June 2021 and a follow-up meeting in September 2020. In preparation for the inaugural meeting, an informal consultation was held with six Member States in the Region (Cook Islands, Fiji, French Polynesia, Kiribati, the Lao People’s Democratic Republic, Mongolia and the Philippines). The WHO Country Office in the Lao People’s Democratic Republic provided high-level advocacy on the importance of addressing air pollution issues, while WHO Viet Nam put health impacts from climate change and air pollution up to high agenda.

WHO in the Region provided support to Member States in carrying out the WHO Guidance for Climate-Resilient and Environmentally Sustainable Health Care Facilities (CRESHCFs), which focuses on health facilities having sustainable and safe water, sanitation, hygiene and waste management; as well as resilient energy supplies and infrastructure to support shocks and stresses caused by climate change and extreme weather. CRESHCFs have been introduced in Fiji, Mongolia and Papua New Guinea. In March 2021, Fiji launched its national guidelines for CRESHCF. Viet Nam applied a new approach for integrated WASH and climate change resilience to maximize the use of resources. In the Lao People’s Democratic Republic, an initiative for safe, clean, green climate-resilient health-care facilities was successfully piloted and is being scaled up. Development of a monitoring framework and action plans was initiated based on baseline assessments of water sanitation and waste management services in health-care facilities and needs of climate-resilient infrastructure in health-care facilities in the Lao People’s Democratic Republic.

WHO supported countries in the development of Health National Adaption Plans (H-NAPs) or their equivalents, including in the Federated States of Micronesia, Fiji, Kiribati, the Lao People’s Democratic Republic, the Marshall Islands, Palau, Samoa, Solomon Islands, Tuvalu and Vanuatu. Other PICs considered climate change resilience in their national disaster risk-reduction plans.

Efforts were made throughout the Region to improve WASH in health-care facilities and water safety plans (WSP). A regional assessment was undertaken on WASH in health-care facilities in Cambodia, the Lao People’s Democratic Republic, Mongolia, the Philippines and Viet Nam to improve the coverage of WASH in health-care facilities using WASH FIT methodology. Virtual training was offered on WSP principles, steps and auditing to all Member States.

WHO in Viet Nam worked to scale up WASH in both urban and rural areas through training and disseminating guidelines and sharing lessons learnt from models of WSP. It was the first time that online trainings on WSP have been conducted at the national level to maximize resources and reach larger coverage of water suppliers. Viet Nam also strengthened capacity of local governments and their respective agencies in developing local water quality standards.

The Global Analysis and Assessment of Sanitation (GLAAS) 2021-2022 country survey was launched with an initial training session with WHO country, regional and headquarters staff. For over 10 years, GLAAS has been a consistent global monitoring initiative. Data collected through GLAAS are used for
monitoring SDG 6 on the means of implementation. In the Region, 11 countries including four PICs are participating in the GLAAS survey with WHO technical and financial support.

In response to the COVID-19 pandemic, WHO provided technical guidelines on environmental disinfection, hand hygiene, and occupational health of health workers and enterprises. In the Pacific, WHO supported the procurement of essential supplies for the provision of safe drinking-water, basic sanitation including hand hygiene, and medical waste management for Cook Islands, the Federated States of Micronesia, Fiji, the Marshall Islands, Nauru, Niue, the Commonwealth of the Northern Mariana Islands, Palau, Samoa, Tokelau, Tuvalu and Vanuatu.

Case study: Developing climate-resilient and environmentally sustainable health-care facilities in Fiji

Fiji was among the first countries in the world to develop national guidelines on climate-resilient and environmentally sustainable health-care facilities (CRESHCFs). WHO’s technical support to Fiji in this work contributed to the For the Future thematic priority of addressing climate change and health. The CRESHCF guidelines focus on four key areas of work: water, sanitation and hygiene; energy; infrastructure, technologies and products; and health workforce.

An assessment of health facilities and their climate vulnerability took place despite pandemic-related movement restrictions. Some 114 health-care facilities (HCFs) in the Central and Western Divisions of the country were assessed between November and December 2021 in terms of their vulnerability to climate hazards such as cyclones, drought, high temperature, sea-level rise and drought. The assessment found that 12% of HCFs are vulnerable to sea-level rise and salt-water intrusion, more than 90% of HCFs are exposed to extreme weathering and ageing, and more than 70% of HCFs experience flooding of access roads and bridges.

In the Western Division, two HCFs were identified as having acute issues related to the safety of the available drinking-water. One HCF depends on borehole water affected by salt-water intrusion, which is reducing the quality of water supply and causing corrosion of the piping system; support is being provided to harvest rainwater and to install a desalination plant. The second HCF’s water supply, which is sourced from a community dam located about 4 km uphill, is almost always disrupted during heavy rainfall with high turbidity and debris. Support is being provided for a filter to be installed in the clinic, a filtration system for the HCF, as well as rainwater harvesting.

In addition, two hospitals have undergone an energy audit to identify the reliability of the electricity supply to support the critical operations, as well as to identify energy-intensive facilities or operations in the hospitals and recommend short- and long-term solutions for energy efficiency and low-carbon processes.

Outcome 3.2 Risk factors reduced through multisectoral action

WHO in the Western Pacific Region continued to develop partnerships and work through multisectoral stakeholders to advance the For the Future thematic priorities in addressing health risks especially for NCDs and ageing populations. WHO supported countries to develop and implement policies around healthy foods and food marketing, as well as several tobacco control initiatives. Strategies to reduce the burden of violence and injuries were also advanced with partners in the areas of drowning prevention and ending violence against children.
Annex 1

Outputs under Outcome 3.2 include:

- Output 3.2.1 Countries enabled to develop and implement technical packages to address risk factors through multisectoral action
- Output 3.2.2 Multisectoral determinants and risk factors addressed through engagement with public and private sectors, as well as civil society

Output 3.2.1 Countries enabled to develop and implement technical packages to address risk factors through multisectoral action

Guided by global and regional commitments and country priorities, progress was achieved on *For the Future* thematic priorities through the implementation of multisectoral action on addressing NCDs, including through reducing avoidable risks such as food safety and tobacco control. During the pandemic, focus on strategic planning, policy development and implementation, and strengthening existing programmes were core to the regional and country office “red box” plans. WHO provided remote technical support, including guidance on adaptations, evidence and experience gathering and sharing to support countries’ actions plans and priorities.

WHO country offices supported Brunei Darussalam, Cambodia, the Lao People’s Democratic Republic and Viet Nam to review and/or develop national NCD multisectoral action plans. In the Lao People’s Democratic Republic, WHO supported the expansion of the Community Network Engagement for Essential Healthcare and COVID-19 Responses through Trust (CONNECT) programme, which resulted in increased trust between community members and health providers. WHO worked in Viet Nam to conduct an NCD STEPS survey amidst the pandemic. Technical support for the assessment of expenditure on NCDs in Malaysia encouraged advocacy efforts in support of fiscal measures to reduce NCD behavioural risk factors. And in Cambodia, WHO helped develop a tool for integrating NCD essential medicines into an existing monitoring checklist for vital medicines as part of the Cambodia NCD Management Information System, thereby strengthening NCD health service delivery in primary health care. The development of an mDiabetes platform using SMS-based text messaging and video health promotion campaign in Nauru expanded the reach of NCD prevention and management messages. It is one example of how innovation was used during the COVID-19 pandemic, when face-to-face opportunities for health promotion were limited.

WHO worked on regional advocacy for eliminating industrially produced trans-fats in order to reduce coronary heart disease and other cardiovascular diseases. Singapore adopted a policy to phase out partially hydrogenated oils to reduce accessibility of these unhealthy products. The Philippines adopted new guidelines to eliminate trans-fats from pre-packaged foods and to ban packaging claims of being "trans-fatty acid free", set to take effect in 2023 (the global elimination target). Cambodia reviewed and updated codes on marketing of breast-milk substitutes and food marketing in schools, and Mongolia’s regulations on food marketing in school settings were amended with WHO support to support safe environments free from marketing of unhealthy products.

A joint UNICEF and WHO webinar on the implementation of the WHO Code of Marketing of Breastmilk Substitutes in Asia and the Pacific was held to share the latest best practices and efforts across the region. WHO engaged policy-makers and experts in China on child protection and consumers’ rights to promote healthier food environments through regulations of front-of-pack
labelling for pre-packaged foods. And in Nauru, following the successful increase of tobacco taxes in 2020, WHO helped to develop discussion papers and conduct a tax assessment for the increase of taxes on unhealthy foods and sugar-sweetened beverages, which are now being discussed by health leadership.

WHO regional and country offices worked closely to support several tobacco control initiatives. Viet Nam was supported with developing advocacy messaging to address tobacco industry interference around electronic nicotine delivery systems and heated tobacco to prevent legalization of import and sales. In Cambodia, Fiji and the Lao People’s Democratic Republic, WHO supported strengthening tobacco cessation service delivery with strategic identification of priority populations and development of tailored patient engagement tools to increase quit attempts. In Cambodia, 77 additional health-care facilities across six provinces established cessation services, while such services were introduced in 13 additional facilities in Fiji. WHO provided assistance to the analysis and reporting processes of national-level surveillance activities to monitor tobacco control efforts and their impact among adolescents through the Global Youth Tobacco Survey in Brunei Darussalam, the Federated States of Micronesia and the Philippines. The National Strategic Plan for Tobacco Control 2021–2026 in Cambodia was drafted with WHO support, while evidence about the dangers of electronic nicotine delivery systems supported Malaysia with the development of an advocacy campaign on zero harm and with articulating the potential benefits of a Tobacco-Free Generation. With the Ministry of Finance in China, WHO and leading economic and development think-tanks are promoting tobacco tax and price increases as a win-win strategy for both health and the economy.

**Case study: Strengthened local governance for health solutions in the Lao People’s Democratic Republic**

The COVID-19 pandemic demonstrated the crucial importance of governments taking action and responsibility for health beyond the health sector and building solutions from the grounds up through a systems approach. These operational shifts are outlined in the WHO Western Pacific Region’s *For the Future* vision. In the Lao People’s Democratic Republic, WHO used these approaches to strengthen governance and multisectoral engagement to find advance health care, especially for the most vulnerable populations.

As part of the Regional Community Engagement Network and Special Initiative on Social Determinants of Health, an initiative named Community Network Engagement for Essential Healthcare and COVID-19 responses through Trust (CONNECT) was supported by WHO and co-developed with government stakeholders. It is now led jointly by the Ministry of Health and the Ministry of Home Affairs in a new partnership for sustained action on health through an intersectoral approach. Building on the devolved governance structure, CONNECT aims to develop the capacity and accountability of local authorities to support communities to find solutions for better health delivery.

Three interlinked interventions make up the core of the CONNECT initiative. The Ministry of Home Affairs, whose mandate is to empower local authorities in delivering public services, leads participatory planning activities for provincial and district governors to establish locally led actions using existing resources, enhanced government services, and trust. Risk factors that impact community uptake of essential health care, such as prevention and response to cases of COVID-19 in their communities are identified. At the same time, the Ministry of Health develops the capacities of primary health care providers to provide respectful care to gain trust from the community, and ensure clinical capacities are available address local challenges. This leads to the development of joint plans with the health centre that identifies implementable actions for improved essential healthcare access for the most vulnerable.
Annex 1

The CONNECT initiative was field-tested and partially implemented in nine provinces with WHO support. Initial outcomes included an increase in facility births and antenatal care, improved communication and coordination between village authorities and health centres, higher vaccination rates and better psycho-social support and decreased stigmatization for families quarantined during COVID-19. The monitoring and evaluation framework for CONNECT includes indicators to measure areas such as governance and health equity (including essential health service coverage and quality) at the national level, community engagement, trust in health providers, uptake of essential maternal and child health services, and vaccination at local levels.

To facilitate expansion and maintain sustainability of the initiative, WHO assisted the Ministry of Home Affairs in coaching local authorities in identifying funding for scale-up and continuity of the activities planned at the community level. CONNECT therefore aims to overcome challenges of scalability and sustainability in community-based interventions by utilizing existing resources and integrating the approach into government public administration practices, policy and planning. Many district governors have already committed to implementing the initiative using local funds. CONNECT is now in the process of being rolled out to villages in each district by local authorities with the aim of improving health equity and addressing underlying social determinants of health to strengthen health governance during COVID-19 and beyond.

Output 3.2.2  Multisectoral determinants and risk factors addressed through engagement with public and private sectors, as well as civil society

Progress was achieved in this output through strategic partnerships, one of the important ways of working identified in the For the Future vision, addressing multisectoral determinants and risk factors through engagement with civil society, public and private sectors.

WHO provided technical support and advocacy to various countries and areas to promote policies on healthy diet to mitigate major risk factors or diet-related NCDs. This included salt reduction to prevent hypertension and cardiovascular disease, through multisectoral engagement beyond health including, but not limited to, trade ministries (and their equivalents) and food industries in Cambodia, China, Malaysia, Mongolia, the Philippines and Viet Nam.

For example, in 2021, Cambodia’s health ministry, in collaboration with other government ministries, WHO, and development partners developed a National Action Plan for Salt Reduction 2021–2027. It outlines a response from the Royal Government of Cambodia to implement cost-effective interventions for the prevention and control of NCDs.

Over the biennium in the Philippines, technical support was provided by WHO to eliminate industrially produced trans-fats as part of national efforts to prevent NCDs in consultation with stakeholders including a civil society coalition. The Department of Health established a Healthy Diet Technical Working Group in July 2019 to lead policy development. With support from CSOs, NGOs and WHO, the Philippines launched the Trans Fat Free Philippines campaign to raise public awareness and support for trans-fat elimination by 2023 as a public health priority.

Brunei Darussalam, Cambodia and Mongolia were supported in regulating food marketing and promoting healthy diets in schools through collaboration with the respective education ministries. Draft regional operational guidance was developed to support the implementation of the Regional Action Framework on Protecting Children from the Harmful Impact of Food Marketing in the Western Pacific through multisectoral and multistakeholder approaches.
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In Tuvalu, following a food environment assessment, multisectoral stakeholders including WHO were convened by the health ministry to review and set policy priorities and develop a plan to increase demand for healthy food, increase access to fruits and vegetables, and support settings-based food and nutrition policies for hospitals and schools. It was agreed to adopt national food-based dietary guidelines, which had been years in development, and to address NCD risk factors in schools in a comprehensive manner, instead of issue by issue. A similar multisectoral policy workshop was supported by WHO to review best practices and current progress on actions to support physical activity. Since the meeting, a schedule for the regular cleaning of beaches has also been established to make them safe and friendly for physical activity. With WHO's guidance and support, training and clinical audits were also completed on the Package of Essential NCD (PEN) interventions.

As part of the Tokyo Nutrition for Growth Summit, a regional advocacy event was organized to convey the gravity of the pressing threat of malnutrition and childhood obesity to motivate Member States to take action in their own countries, especially during the COVID-19 pandemic. This joint hybrid meeting of the WHO Regional Office and the Government of Japan (Ministry of Health, Ministry of Labour and Welfare, and the National Institute of Health and Nutrition), called *Futures in the Balance: Addressing childhood obesity today, to protect the health of future generations*, took place in December 2021. The event was livestreamed with over 600 attendees online and onsite.

WHO supported health sector counterparts to engage civil society and other partners in local advocacy campaigns to increase motivation to quit tobacco, expand smoke-free environments, increase awareness of the detriments of tobacco on the environment, and advocate for strong regulation or prohibition of electronic nicotine delivery systems (ENDS) in several countries (China, the Federated States of Micronesia, Fiji, the Lao People’s Democratic Republic, Malaysia, the Philippines, Samoa, Viet Nam). WHO supported multisectoral approaches to strengthen tobacco control policy development and implementation, together with government finance and customs colleagues, to develop proposals to increase tobacco taxes and/or integrate updated classification systems for new and emerging products such as ENDS in Cambodia, Kiribati and other PICs, and Viet Nam.

WHO coordinated multisectoral working groups including civil society and academia across the Region to strengthen existing policies, strategies and programmes aimed at reducing the burden of violence and injuries. One key output from this work is the development and launch of the first *Regional Status Report on Drowning Prevention* (including data from Australia, Cambodia, Cook Islands, Japan, the Lao People’s Democratic Republic, Malaysia, the Marshall Islands, Mongolia, New Zealand, Palau, Papua New Guinea, the Philippines, Samoa, Solomon Islands, Tonga, Vanuatu and Viet Nam), which presents a baseline of existing efforts for improving water safety and provides concrete recommendations for accelerating impact. Two national programmes of work targeted at drowning prevention were initiated in the Philippines and Viet Nam as a result. Further, in collaboration with UNICEF, WHO hosted a regional conference towards ending violence against children in the context of COVID-19. This forum was virtually attended by over 1700 stakeholders from the Region, primarily from the health, social welfare, education and justice sectors. The conference documented key learnings among countries, promoting networking and further cross-sectoral collaboration to ensure protection of children.
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Outcome 3.3 Healthy settings and Health-in-All Policies promoted

Health-in-All Policies is an approach across sectors that takes into account health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity. WHO in the Region worked to advance Health-in-All Policies to create healthier environments as well as to improve NCD service delivery with the aim to fulfil the For the Future vision. Work was done to support countries to adopt laws and policies to reduce injury and violence as well as alcohol and tobacco use.

Outputs under this outcome include:

- Output 3.3.1 Countries enabled to adopt, review and revise laws, regulations and policies to create an enabling environment for healthy cities and villages, housing, schools and workplaces
- Output 3.3.2 Global and regional governance mechanisms used to address health determinants and multisectoral risks

Output 3.3.1 Countries enabled to adopt, review and revise laws, regulations and policies to create an enabling environment for healthy cities and villages, housing, schools and workplaces

To further the Region’s For the Future vision to be the world’s healthiest and safest region, WHO worked towards creating healthier environments. Support was given to countries within the Region to identify NCD-related priorities that ranged from initiating and strengthening healthy settings, to conducting risk factor reduction activities, and improving NCD service delivery. A series of preliminary meetings for the Technical Advisory Group for NCDs was organized virtually to support Member States with policy guidance and recommendations in operationalizing the NCD prevention agenda beyond business as usual.

WHO in the Region supported policies to enable healthy living environments and reduce alcohol use, road traffic injuries and violence. WHO in China launched a national alcohol communications campaign, “Less is better, None is best”, which received nearly 11 million views across the internet over a three-week period in December 2020 and January 2021. A suite of policy briefs tailored to PICs decision-makers was developed by WHO with dissemination through national policy roundtables. In Fiji, following a priority-setting survey tailored to PIC stakeholders, a pilot project was used to develop communications materials to support youth alcohol harm reduction. Participants from the Fiji Government ministries, faith-based organizations and WHO identified priority issues and messaging required for this campaign. At the same time, a position paper on alcohol, violence and injuries was developed for WHO colleagues, outlining practical approaches to integrate and align these important issues to broader government agendas and advance policies on creating enabling environments for healthy living.

To support tobacco control, WHO supported a network of private sector entities supporting the Revolution Smoke-Free campaign in the Philippines to disseminate stories from smoke-free efforts in workplaces in different countries. This 2-year campaign was facilitated by the principles of the For the Future operational shift of promoting health beyond the health sector through framing the smoke-free policy to improve workforce productivity and growth of companies.
Health-promoting schools, health literacy, community engagement, and communication for behaviour change to promote healthy lifestyles and physical activity are among the initiatives for health promotion in different settings in the Region. For instance, guided by the WHO physical activity guidelines, Brunei Darussalam, China, Mongolia, PICs and Singapore were supported to promote physical activity. Further, WHO supported the development of a strategic communications toolkit for physical activity in cities, and social media tiles for COVID-19 on physical activity using #healthyathome.

To further support health promotion in and through school settings, the new Regional Framework on Nurturing Resilient and Healthy Future Generations in the Western Pacific was endorsed at the seventy-second session of the WHO Regional Committee in October 2021. In line with this Framework, Member States, including the Federated States of Micronesia, Fiji and the Philippines, have continued to evaluate and improve their national school health policies and guidelines. Insight gained from this experience will serve to support an effective scale-up of the Framework in other settings. In Vanuatu, efforts were made to reduce the high burden of tooth decay and dental caries in children through a Gudfala Tut Skul (Healthy Tooth School) programme. To date, the programme has been implemented in 30 kindergarten and primary schools in the archipelago, helping more than 3000 young mouths to be healthier.

WHO also drafted a regional report titled Air Quality and Health in the Western Pacific Region. With the support of the Republic of Korea, the WHO Regional Office established the WHO Asia-Pacific Centre for Environment and Health in the Western Pacific Region, based in Seoul, which will provide evidence-based policy options in tackling air pollution, and an additional regional capacity for other environmental health issues.

The COVID-19 pandemic impacted on the implementation of planned activities, and although efforts were made to maintain implementation of key activities within the scope of this output, some were postponed until they could be carried out when the situation permitted. For example, these included support for health literacy integration in health promotion and workshops and communication campaigns on physical activity.

Output 3.3.2 Global and regional governance mechanisms used to address health determinants and multisectoral risks

Health determinants and multisectoral risks such as climate change, environment and health, health security and AMR are thematic priorities set out in For the Future. WHO in the Western Pacific Region used global and regional governance mechanisms to further these priorities in Member States.

Based on the Minamata Convention on Mercury, the United Nations Environment Programme (UNEP) and WHO collaborated to develop quality control guidance and standard operating procedure systems for mercury analysis. WHO worked closely with National Institute for Minamata Disease, a WHO collaborating centre, to develop the Plan for Global Monitoring of Human Exposure to and Environmental Concentrations of Mercury in order to reduce mercury exposure and damage to human and environmental health.

As secretariat of the Asia Pacific Regional Forum for Health and Environment (APRFHE), WHO in the Western Pacific Region supported this regional governance mechanism and the new Chair of the Forum (Indonesia) at the kick-off meeting in August 2020. APRFHE discussed implementation actions
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and mechanisms for effectiveness including coordination during the COVID-19 pandemic and post-pandemic recovery.

WHO in the Region strengthened partnerships with collaborating centres through several virtual meetings and discussions. Multiple webinars were held on protecting health workers during the COVID-19 pandemic with a WHO collaborating centre in China, capturing China’s experience and lessons learnt, and a global webinar on occupational health and COVID-19 was held for WHO collaborating centres in the Western Pacific Region.

Based on the Framework for Accelerating Action to Fight Antimicrobial Resistance in the Western Pacific Region, endorsed by the Regional Committee in 2019, WHO supported Member States to envision a future with optimized and sustainable use of antimicrobials. WHO engaged in high-level political dialogue on AMR with Member States to enable them to put in place strategies and steps to realize that future vision which is also in line with WHO’s For the Future vision. Most notably, support was provided to infuse longer-term, future-oriented goals in national action plans and to foster multisectoral engagement and political dialogue at national, regional and global levels across sectors.

Aware of the role of the environment in AMR as a multisectoral risk, WHO worked with UNEP to further inform decision-making in Member States. WHO also supported Member States to raise awareness of AMR and foster collective action by different stakeholders. WHO in the Region leveraged APSED in its work to combat AMR through infection prevention and control and strengthened clinical management to minimize transmission risks during health care. The WHO Western Pacific Regional Antimicrobial Consumption Surveillance System (WPRACSS) also aims to increase multi-stakeholder accountability and strengthen stewardship of antimicrobials to improve health outcomes.
Strategic Priority 4: More effective and efficient WHO providing better support to countries

The following outcomes cut across the triple billion targets (Strategic Priority 1 to 3) as they support advancements in data and innovation, leadership, governance, advocacy and the effective management of human and financial resources. The thematic priorities of For the Future will be achieved with the use of these operational shifts that outline “how” the work will be carried out.

Table 5. Funding and utilization of funds for Strategic Priority 4 of Programme Budget 2020–2021 by outcomes, as of 31 December 2021 (in US$ millions)

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Approved budget</th>
<th>Financing</th>
<th>Financing as % of approved budget</th>
<th>Utilization</th>
<th>Utilization as % of approved budget</th>
<th>Utilization as % of financing</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Strengthened country capacity in data and innovation</td>
<td>18.0</td>
<td>10.4</td>
<td>57%</td>
<td>9.3</td>
<td>51%</td>
<td>89%</td>
</tr>
<tr>
<td>4.2 Strengthened leadership, governance and advocacy for health</td>
<td>34.9</td>
<td>31.0</td>
<td>89%</td>
<td>30.0</td>
<td>86%</td>
<td>97%</td>
</tr>
<tr>
<td>4.3 Financial, human, and administrative resources managed in an efficient, effective, results-oriented and transparent manner</td>
<td>19.1</td>
<td>18.4</td>
<td>96%</td>
<td>18.8</td>
<td>98%</td>
<td>102%</td>
</tr>
<tr>
<td>Overall</td>
<td>72.1</td>
<td>59.8</td>
<td>83%</td>
<td>58.0</td>
<td>81%</td>
<td>97%</td>
</tr>
</tbody>
</table>

Outcome 4.1  Strengthened country capacity in data and innovation

WHO in the Region worked to continue moving towards the For the Future vision by strengthening countries’ health information systems and using innovation to improve health and respond to health challenges. Investments in data systems, such as the Regional Data Platform, and data products and guides, such as the SDG Regional Progress Report and the Healthy Islands Monitoring Framework, have strengthened the use of coordinated data, ensuring data are available for decision-making to inform policy that will improve health outcomes.

The COVID-19 pandemic prompted rapid prototyping and scaling up of innovations across the world, from telemedicine and contact tracing to research capacities and new ways of working. The first WHO Regional Innovation Forum was established to raise the profile of innovation as well as establish focal points from technical programmes to serve as early adopters and to guide approaches to meet Member States’ needs. WHO supported countries with specific innovation and research agendas such as in the development of digital health strategies and tools, and technical assistance to strengthen digital health governance and assess digital maturity.
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Outputs under Outcome 4.1 include:

- Output 4.1.1 Countries enabled to strengthen data, analytics and health information systems to inform policy and deliver impacts
- Output 4.1.2 GPW 13 impacts and outcomes, global and regional health trends, Sustainable Development Goals indicators, health inequalities and disaggregated data monitored
- Output 4.1.3 Strengthened evidence base, prioritization and uptake of WHO generated norms and standards and improved research capacity and the ability to effectively and sustainably scale up innovations, including digital technology, in countries

Output 4.1.1 Countries enabled to strengthen data, analytics and health information systems to inform policy and deliver impacts

Supporting countries in strengthening their data and health information systems is critical to obtaining an efficient generation and integration of data across sources to provide an accurate and robust picture of health information that is necessary for the better use of data for policy development.

During the biennium, WHO in the Western Pacific Region worked with countries to identify practical approaches to build health information system capacity in Cambodia, China, the Lao People's Democratic Republic, Malaysia, Mongolia, PICs and the Philippines. In the Lao People’s Democratic Republic, a pilot gap analysis was undertaken on individual health data competency in different levels of health institutions. These findings were used to develop a data competency framework that will guide sustainable and integrated capacity development in the Lao People’s Democratic Republic and other countries in the Region.

Cross-sectoral cooperation was promoted with WHO country offices, especially on improving civil registration and vital statistics and providing analyses on SDGs, including progress on UHC with a clear focus on vulnerable peoples to identify who may be “left behind”.

WHO also organized two separate online orientation trainings for all countries on the new WHO/UNICEF electronic Joint Reporting Form (eJRF) on immunization. The eJRF is being used in the Region to collect annual immunization data faster and easier from countries as well as monthly vaccination information for COVID-19, and to monitor and evaluate country progress that guides immunization strategies at global and regional levels. This digital platform provides vaccine uptake monitoring data to accelerate and strengthen national immunization programmes and ultimately to improve the health of populations and eradicate diseases for future generations.

WHO supported institutional capacity within the Malaysia Ministry of Health and the Philippines’ Inter-agency Task Force for the Management of Emerging and Infectious Diseases to conduct statistical and mathematical modelling. National response teams and decision-makers were enabled to monitor COVID-19 transmission indicators and project burden and health systems requirements under different implementation scenarios for nonpharmaceutical interventions. This enabled the generation of data to support evidence for decision-making.

Support was also provided in Cambodia, Kiribati, Mongolia and Viet Nam, to conduct viral hepatitis prevalence studies, disease burden modelling, and development of national plans and testing and
treatment guidelines. These actions are part of efforts to control and eventually eliminate hepatitis by generating data to develop and change policies, strengthen infection and prevention control, and testing, treatment and vaccination campaigns.

With WHO support, Vanuatu developed an indicator framework that reflected the programmatic and system-wide information needs of the health ministry, produced key information products such as the Ministry of Health Annual Report and Mortality Data Quality Report, and established a COVID-19 surveillance and contact tracing module.

WHO’s health information work was aligned with country requests and stayed within the “red box” prioritized activities identified by the WHO Regional Office in order to minimize the potential negative impacts of slowed health information systems’ plans. These activities focused on providing technical support in information system development and strengthening, in relation to information needed for COVID-19 response and tracking. Through effective prioritization and planning, significant progress was still achieved in the biennium despite a shift in resources from long-term health information system development to emergency response by utilizing cross-programme data coordination, repurposing staff, providing technical assistance remotely, and using online training and communication tools.

Output 4.1.2  GPW 13 impacts and outcomes, global and regional health trends, Sustainable Development Goal indicators, health inequalities and disaggregated data monitored

The Health-Related Sustainable Development Goals Progress Report of the Western Pacific Region 2020 was published by WHO in September 2020. The data in the report confirm the relevance of the thematic priorities of For the Future and gauge progress towards realizing the SDGs and UHC. A reflection on the impact of COVID-19 on health systems and progress towards UHC and SDG is also included. Using data collected for the Progress Report, WHO is developing country-specific information products in coordination with country offices, including China, the Lao People’s Democratic Republic, PICs, the Philippines and Viet Nam). These country profiles link SDG analysis with country-specific national health priorities and highlight the better use of disaggregated data to track the progress of different population groups.

WHO established the Western Pacific Health Data Platform to generate comprehensive information and facilitate strategic data utilization for countries in the Region. Country-specific information profiles were developed based on requests from China, the Lao People’s Democratic Republic, PICs, the Philippines and Viet Nam to provide disaggregated data to track the progress of health situations among different population groups.

WHO worked with China, Mongolia and the Philippines to tailor country SDG monitoring methods such that they align with country priorities and address data gaps, field practices and other challenges. In Cambodia and Malaysia, UHC monitoring training focused on better understanding the global methods of the UHC essential service coverage index and discussed how to tailor approaches in their specific country’s context to track progress of UHC in their countries.

WHO supported data harmonization and integration of SDG monitoring with the Healthy Islands Monitoring Framework for PICs, with the aim to generate systematic data and evidence for better decision-making across the PICs.
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Output 4.1.3  Strengthened evidence base, prioritization and uptake of WHO generated norms and standards and improved research capacity and the ability to effectively and sustainably scale up innovations, including digital technology, in countries

_For the Future_ highlights innovation as one way of working to meet current and future challenges. COVID-19 provided WHO in the Western Pacific Region with the impetus to scale up support for Member States’ research capacity and find innovative ways of working. This was especially relevant in providing guidance on the application of digital technology to meet the demands of pandemic response and strengthen a longer-term evidence base for promoting healthy living and ageing, reaching the unreached, and understanding the wider health implications of climate and environmental changes.

To inform COVID-19 prevention and vaccination strategies, 10 countries in the Region (Australia, Cambodia, French Polynesia, Kiribati, Malaysia, Mongolia, Papua New Guinea, the Philippines, Tonga and Vanuatu) received technical and financial support from WHO in the Region to strengthen laboratory research capacity and to adapt WHO standard protocols for sero-epidemiological investigations. Branded as UNITY studies, the protocols helped countries to better understand transmission dynamics and prevalence of COVID-19 in communities and schools, risk factors for infections among health workers, transmission and outcomes among mothers and neonates, and immunological responses to infection over time. In the Western Pacific Region, WHO and technical partners provided training on field implementation, statistical analyses, scientific writing, and next generation sequencing through over 10 studies. The outcome of these studies was used to shape COVID-19 response plans at the national and subnational levels.

In collaboration with WHO headquarters and country offices, the Regional Office in the Western Pacific led a Community Engagement Research Initiative involving four country research teams in Cambodia, the Lao People’s Democratic Republic and Malaysia to design, implement and research relationship-focused community engagement interventions in current COVID-19 response and recovery efforts. All four projects documented high acceptance, satisfaction and feasibility of the newly implemented community engagement interventions for vulnerable populations, with improved trust and relationships identified between health-care providers and patients. The impacts of these interventions included improved retention of people living with HIV accessing treatment care centres, increases in antenatal care clinic attendance, and increases in deliveries at local health centres.

WHO used an innovation agenda-setting meeting and the first Regional Innovation Forum to raise the profile of innovation for health in the Western Pacific Region. Subsequently, an innovation group was formed including innovation focal points from technical programmes to serve as early adopters and change agents to support countries to identify, test and scale up innovative approaches more widely. In the Region, WHO aims to use a problem-centred, holistic, ethical and inclusive innovation approach to guide priority activities, which include research, capacity-building and development of tools to meet Member States’ needs.

With support from WHO headquarters and the Institute for Technology and Social Change, three training workshops on digital health governance and management were conducted with positive feedback from country participants, especially from PICs. Working with WHO collaborating centres and country offices, a digital maturity assessment was conducted by WHO in the Western Pacific Region with close engagement with country government and technical experts to provide digital health development situational analyses in most PICs. The workshops and situational analyses allowed
Member States with low resources to better understand their country’s overall situation on digital health development and enabled participants to build their capacity in digital health management at the country level. These are examples of how WHO in the Region worked to support innovation, also considering a grounds-up approach based on real-world challenges and circumstances, as outlined as operational shifts to support the implementation of For the Future.

WHO in the Region conducted systematic reviews of digital innovations emerging during the COVID-19 pandemic. These reviews aimed to address long-term challenges in governance and the effectiveness of digital health that are universal across Member States regardless of digital health maturity and resources.

WHO also supported Member States with their specific digital health agendas. In Cambodia, the national digital health strategy was finalized, and support was given to the web-based system for registering pharmaceutical products and ensuring access to quality therapeutic medical products. Prompted by the opportunities in digital health, the WHO Country Office in China facilitated research and engagement activities with government counterparts to advance knowledge transfer in the Region and at the global level on the use of digital health to improve UHC in other countries, and on areas such as governance, system interoperability, data privacy and security, and health equity. China’s 10-year Health System Review was also finalized with WHO support, summarizing the country’s experience and including recommendations to strengthen digital health governance. With WHO support, Vanuatu also initiated implementation of their Digital Health Strategy.

COVID-19 presented a number of challenges throughout the biennium in delivering the activities contributing to this output. Efforts were made to maintain implementation of key activities such as advocacy for innovation and development of innovation capacity in countries, as well as COVID-19 research. These were identified in the “red box” workplan and prioritized for implementation. Collaboration with other innovation partners and compilation of innovation initiatives were scaled down. Pivoting to the use of virtual communications and leveraging cross-divisional collaborations and partnerships helped to effectively achieve what was carried out under this output.

**Outcome 4.2 Strengthened leadership, governance and advocacy for health**

The pandemic required WHO to work smarter and faster. The operational shifts adopted under For the Future helped in scaling up capacities driving country impact, using strategic communications, and working in innovative ways. WHO’s leadership in the Region during this biennium focused on responding effectively to the pandemic while maintaining the diverse programmes and priorities of Member States in keeping with the agreed vision of For the Future. WHO in the Region stepped up its engagement with ministers, senior health leaders, other partners and agencies to build solidarity and provide technical guidance to prevent and respond to COVID-19.

The Region advanced the adoption of the C4H approach and supported Member States’ capacity to use C4H principles to encourage healthy behaviours, especially amidst the pandemic. The Regional Office also improved communication between the Regional Director, country representatives and country liaison officers to mitigate risk and implement operational readiness and business continuity planning.

To ensure resources were directed in the right places, WHO senior management took steps to have budget centres evaluate their workplans and prioritize those that were essential against a set of key
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criteria. The “red box” workplan, as it became known, ensured that the COVID-19 response was maximized while other priorities could also continue to advance the long-term goals of Member States and For the Future.

The For the Future thematic priority of reaching the unreached was advanced through the continued development and piloting of the draft Regional Framework for Reaching the Unreached. A regional gender and equity data visualization tool was developed as well as a disability-inclusive health services toolkit that aims to take a systems approach to address data-related barriers for people with disabilities.

Outputs under Outcome 4.2 include:

- Output 4.2.1 Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform
- Output 4.2.2 The Secretariat operates in an accountable, transparent, compliant and risk management-driven manner, including through organizational learning and a culture of evaluation
- Output 4.2.3 Strategic priorities resourced in a predictable, adequate and flexible manner through strengthening partnerships
- Output 4.2.4 Planning, allocation of resources, monitoring and reporting based on country priorities, carried out to achieve country impact, value-for-money and the strategic priorities of GPW 13
- Output 4.2.5 Cultural change fostered and critical technical and administrative processes strengthened through a new operating model that optimizes organizational performance and enhances internal communications
- Output 4.2.6 “Leave no one behind” approach focused on equity, gender and human rights progressively incorporated and monitored

Output 4.2.1 Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform

Early in 2020, WHO leadership and senior management across the Western Pacific Region mobilized resources to support Member States in controlling COVID-19 and minimizing the death toll and social and economic impacts. From the outset of the pandemic, WHO in the Region worked to support implementation of Member States’ emergency plans, based on the decades-long investments made in the Region in health emergency preparedness and response through APSED which has guided Member States in implementing the IHR (2005). WHO’s senior management took steps to reprioritize human and financial resources into a “red box” workplan of priority activities, to maximize the COVID-19 response and to ensure that important key work under the GPW 13 and thematic priorities of For the Future would be able to continue.
In order to ensure the effectiveness of the regional COVID-19 response, WHO leadership in the Region stepped up its engagement with ministers and senior health leaders, parliamentarians, other partners and agencies to share experiences, strengthen communications, build solidarity and provide technical guidance and advice. At the country level, WHO leaders and senior management also worked hand-in-hand with ministries of health and other government counterparts, United Nations agencies and other partners to effectively prepare for and respond to COVID-19 at national and subnational levels.

Despite the challenging working environment, the WHO Western Pacific Regional Office convened two successful Regional Committee meetings to be guided by Member States and to formulate policies, provide oversight for regional programmes, hear progress reports, and consider, revise and endorse new initiatives in line with For the Future. Internally, very regular meetings were convened of the Western Pacific Region’s leadership and senior management to discuss emerging COVID-19 issues, provide advice and share experiences on particular events and challenges in different countries and areas, and ensure that all senior staff were kept up to date and coordinated on important issues.

In 2020, two consultation meetings were held with WHO representatives (WRs) and country liaison officers (CLOs), and a virtual all-staff retreat was to enable staff to share and discuss challenges of living and working in the COVID-19 environment and to learn from each other’s experiences. In 2021, two further WR and CLO consultations were convened, focusing on different aspects related to the accelerated implementation of For the Future (thematic priorities and the use of the operational shifts to drive this vision forward), on accountability for results, and on responding to COVID-19.

In 2020–2021, WHO in the Region advanced the adoption of the Communications for Health (C4H) approach. The first C4H meeting in December 2020 was attended by more than 180 Member States representatives, experts and partners to identify key communication challenges and opportunities. WHO in the Region has the vision of establishing C4H as a technical programme, and significantly strengthened capacities of Member States in this area. Trainings in core areas of C4H were used to boost the capacity and skills of WHO staff and Member States. C4H principles were used by WHO in the Region and by Member States across strategic communications initiatives, including those that encourage healthier lifestyles, COVID-19 protective behaviours and vaccinations, and support maternal and newborn health.

The C4H strategy uses data and measurement to monitor and learn from the impact of its initiatives. Two multi-country regional surveys – the COVID-19 Perceptions and Behavioural Insights Survey and the Vaccine Confidence Survey – were rolled out by WHO in the Region to better understand how communities are thinking, feeling and behaving around the COVID-19 pandemic and COVID-19 vaccinations, and subsequently support the creation of targeted communication strategies. These data were also used in an evaluation framework for COVID-19 communications. WHO provided support to Member States and country offices with evidence-based, strategic communications on COVID-19, including the arrival and uptake of COVID-19 vaccines. Strategic communications guidance documents, training programmes and media relations support, and guidance on communications messaging, content and strategy were provided to countries.

Strategic dialogues and initiatives were advanced by the WHO Western Pacific Regional Office, aiming to develop a culture and methodology through which Member States could develop long-term “future-proof” visions with transformative agendas for their health systems. WHO in the Region engaged in
strategic dialogues, special projects and a series of innovative initiatives, covering all four thematic priorities of *For the Future*.

In early 2020, WHO in the Region convened subject matter experts, academics, researchers and WHO staff to study five areas – politics, economics, society, technology and health, and to analyse the intersectoral and cross-sectoral trends, impacts and future implications applied to different scenarios in the future of health, health services and systems. WHO also worked with academics and researchers globally to curate a series of strategic intelligence briefs (25 so far) about drivers of change in the Region that will shape the future of health and health systems from now to 2050. In the Western Pacific Region, WHO also implemented two special projects related to youth – SenseMaker and Crowdsourcing, which highlighted that climate change and environmental health remain high concerns facing youth for the future.

The *Health Futures Forum: Shaping the Future of Health* was a three-day virtual event for Member States, partners and stakeholders in the Region to identify the futures we want to see for the health, well-being and health systems in the Region and how to achieve them. Three countries (Malaysia, Mongolia and the Philippines) are undertaking Health Futures Strategic Dialogues that WHO co-created and tailored to the specific entry points and requirements of each country.

### Case study: WHO support to Health Futures Strategic Dialogues in Mongolia through backcasting approaches

Over the next 20 years, NCDs in Mongolia are expected to account for a significant increase in premature mortality. The proportion of people aged 60 years and older is projected to double by 2040. Service delivery is already a challenge with vast distances and a dispersed population. In the coming years, the pressure on Mongolia’s health system will be greater than ever.

Anticipating its future, Mongolia adopted a 2050 vision: to create an environment for every citizen to enjoy a long, happy and healthy life. Working together as one team, the WHO Regional Office and Mongolia Country Office supported a Health Futures Strategic Dialogue to facilitate a discussion on how Mongolia can reach this ambitious target in the next 30 years. “Backcasting”, a means of working backwards from a high-level goal, is an approach defined in the *For the Future* vision as one of the operational shifts WHO in the Region can take in order to support Member States to reach long-term goals. This inclusive, country-specific approach to planning helped identify key steps, as well as innovative approaches, to ensure the desired health future is achieved for Mongolia.

This type of strategic support is increasingly more common as Member States’ health systems develop and guidance is required to reform or re-design systems to respond to future health needs in an achievable and sustainable way. It is a priority area of support that WHO will continue to advance, as it aligns directly within the Western Pacific’s *For the Future* vision.
Case study: Communications for Health - Using strategic communications to change attitudes and behaviours

WHO in the Western Pacific recognized the importance of strategic communications in health, including it as a key operational shift in order to achieve the For the Future vision. The COVID-19 pandemic also magnified the significance of strategic communications and increased the urgency of strengthening communication approaches.

Communications for Health (C4H) leverages the power of communications as a tool for health. It refers to communications principles and processes that inform and change attitudes and behaviours for defined public health outcomes at the individual, community and societal levels. C4H uses insights from social and behavioural sciences to inspire and empower people to make healthy choices for themselves and their families.

The People of the Western Pacific series, a key initiative developed by WHO using the C4H approach, tells the health stories of real people living across the Region. It uses storytelling techniques – an innate aspect of our human experiences and a means of connecting people to information, values, ideas and each other – to optimize the impact of health messages. The video series is informed by evidence on the effectiveness of narratives in health communication and builds on evidence-based models of narrative persuasion. Twenty new People of the Western Pacific stories were created in 2020–2021, covering the diverse experiences of people from across the Region affected by health issues such as COVID-19, tuberculosis, climate change, mental health and noncommunicable diseases.

In 2021, an evaluation of People of the Western Pacific was conducted through a short exercise at the seventy-second session of the WHO Regional Committee. The results showed that a significant majority of delegates had an emotional response to the story on medical care during COVID-19, felt moved by the story and could see things from the protagonist’s perspective. After watching the video, the delegates emphasized how the video reinforced their understanding and appreciation of the critical contribution of health-care workers to the COVID-19 response, a key aim of the video. These findings were also later corroborated by viewing panels and community surveys that showed the effectiveness of People of the Western Pacific videos in eliciting emotion and feelings of transportation and relatability in viewers. These results point to three key mechanisms of effective storytelling – emotion, transportation, and relatability – that underline the influence of narratives in changing individuals’ knowledge, attitudes and practices.

Output 4.2.2 The Secretariat operates in an accountable, transparent, compliant and risk management-driven manner including through organizational learning and a culture of evaluation

The WHO Regional Office for the Western Pacific aimed to enable the change agenda set out in the For the Future vision through improved management and by fostering an environment for organization learning and evaluation. In 2020 and 2021, along with the vision paper, For the Future, the Regional Office planned to disseminate the accountability and risk management frameworks to all staff with the aim of operationalizing them into day-to-day work.

Given the circumstances created by the COVID-19 pandemic, the Regional Office incorporated accountability and risk management components into COVID-19 operational readiness and business continuity plans.

Despite COVID-19 in 2021, the Regional Office successfully conducted the seventy-second session of the Regional Committee in Japan through hybrid meetings using a risk-based approach. Recognizing that the hybrid format could remain a key approach for delivering key meetings and events in the future, emphasis was placed on evaluating lessons learnt in terms of the delivery, organization and
effectiveness of the hybrid format. Experience gathered from this exercise was useful for WHO and Member States going forward, as travel and quarantine restrictions continued to change in many parts of the world.

WHO in the Region incorporated accountability and risk management components into strategic and operational planning for Programme Budget 2022–2023. A risk appetite discussion and exercise were conducted among senior management as the first step in mainstreaming accountability and risk management as integral parts of decision-making. The Region prioritized five out of 289 risks initially proposed by budget centres to be monitored at a senior management level and developed its first Risk Appetite Statement in the organization that will guide implementation and monitoring of Programme Budget 2022–2023.

The WHO Western Pacific Regional Office enhanced its capacity to respond to audit observations in country offices by utilizing the Regional Administrative Network and Programme Management Officers, who shared ideas on a regular basis, addressed systemic issues and ensured lessons learnt were built into operations. Accordingly, the Region has zero outstanding internal and external audit recommendations, and the integrated internal audit of the WHO Country Office in the Lao People’s Democratic Republic was fully closed in the year 2020 within three months from the issuance of the report. Cambodia’s 2021 external audit confirmed that there was a reasonable level of assurance that financial controls and operational processes are in place and aligned with the commitments of WHO, and the WHO country office is on track to close the two recommendations on time.

All 24 budget centres in the Region completed internal control framework self-assessment exercises for the years 2020 and 2021, and no major risks were noted. The exercise and conclusions drawn helped affirm the position that internal controls are operating effectively.

In order to continue to foster a culture of compliance and risk management across the Region, the Advisory Group on Accountability and Risk guided progress on monitoring key performance indicators in selected areas of programme management, administration and donor reporting on a quarterly basis. Subsequent guidance and action plans were shared with WHO country offices to further strengthen their performance in areas, as necessary.

**Output 4.2.3 Strategic priorities resourced in a predictable, adequate and flexible manner through strengthening partnerships**

*For the Future* outlines the need to strengthen strategic partnerships as an important enabler to deliver on its vision. Effective partnerships, both within and beyond the health sector, will be pivotal in supporting countries to address wide-ranging and interconnected health and development challenges in the years to come.

COVID-19 underscored the need for WHO to work with a variety of partners across sectors. WHO in the Region gained many new partners and donors during the COVID-19 pandemic and saw increased support from existing ones. Leveraging the work that was done in 2019 to identify strategic partners throughout the pandemic, WHO worked to develop innovative partnerships, for example with ADB, the World Economic Forum, Facebook and DHL. At the same time, WHO in the Region leveraged and strengthened existing partnerships, such as those with UNICEF, GOARN, and government partners like
Australia and Japan. WHO in the Region also welcomed stronger engagement with the European Union and Germany.

The Joint IMT in the Pacific is a prime example of how years of investment in relationships with partners such as Australia, New Zealand, ADB and the World Bank has led to increased capacity to respond to health emergencies in a coordinated manner.

WHO country offices were an important driver of new partnerships that contribute to *For the Future*. For example, the WHO Country Office in China forged a partnership with Eleme, one of the largest food delivery apps, to study healthy diet behaviour. Similarly, a partnership was established with China Population Welfare Fund to raise domestic funds from individuals and companies in China as a part of the global Solidarity Response Fund.

WHO’s capacity to produce high-quality communications products aimed at increasing visibility and clearly demonstrating WHO’s value to partners was strengthened during the COVID-19 pandemic. WHO in the Region produced several external reports and documents, including the annual report of the Regional Director, which tells the story of the Organization’s work over the past year. This report is key to public understanding and trust in WHO. It is also an important accountability mechanism for WHO’s Member States, as it is presented and discussed annually at the Regional Committee meeting.

WHO started to successfully roll out WHO’s new Contributor Engagement Management (CEM) system, which will optimize management of donor relations and resource mobilization efforts across the three levels of the Organization. Following input from both country offices and the Regional Office on the development stage of the project and the strengthening of project management capacity in the Region, WHO in the Western Pacific Region is well positioned to adopt this new way of working.

Effective management of funds, coordination and awareness of new opportunities is pivotal to effectively utilize and mobilize resources in the Region, especially during an ongoing emergency. Direct support has been provided to country offices to develop high-quality reports and strengthen internal processes.

As with previous years, WHO in the Region took an active leadership role in both global and regional initiatives, including activities on World Health Day and GOARN. To adjust to the new working environment, WHO held several innovative and creative virtual partner events by involving the diplomatic community, multilateral organizations, NGOs and other United Nations agencies to share knowledge, enhance stakeholders’ awareness and garner support for WHO’s work in the Region. Fulfilling the commitment of the first Western Pacific Region Partners Forum in 2019, WHO organized the Second WHO Western Pacific Region Partners Forum in June 2021 to explore ways to increase and strengthen partnerships towards the goal of improving health and well-being for the Region’s nearly 1.9 billion people. More than 700 partners attended the virtual event, including nongovernmental and civil society organizations, academic institutions, and private sector companies. A new online conference platform was also utilized to maximize virtual participation in innovative ways.
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Output 4.2.4 Planning, allocation of resources, monitoring and reporting based on country priorities, carried out to achieve country impact, value-for-money and the strategic priorities of GPW 13

_For the Future_ outlines the overall vision and thematic health priorities of the Region, and also operational shifts and strategies to enable “how” to best carry out this change agenda. Progress on this output was achieved on _For the Future_ thematic priorities by working more effectively in programme and resource management, planning and monitoring.

The WHO Regional Office acted early in the COVID-19 pandemic to mitigate adverse impacts on its overall workplan and formulated “red box” priorities. With the “red box” strategy, WHO in the Region developed a structure with two points of accountability: COVID-19 response with emergency funding and a revised workplan with non-emergency funding. The successful identification and adoption of a “red box” plan, including revisions of targets and milestones, ensured progress on the thematic priorities of _For the Future_. Intervals of two-weeks/three-months/seven-months monitoring ensured all budget centres’ implementation were on track. Bimonthly budget analysis helped to ensure an appropriate use of the budget with the “red box” plan. Strategic conversations with Member States helped align GPW 13 and _For the Future_ in the planning for Programme Budget 2022–2023.

The continuous review of the workplans allowed for effective risk planning and management in alignment with the requirements of health ministries and various national counterparts. The WHO Regional Programme Committee (an internal regional mechanism to ensure that resources are well aligned with the priorities of the Region and Member States) met frequently to monitor, evaluate and guide the Regional Office’s COVID-19 response and essential activities related to _For the Future_ implementation, strengthening accountability and risk management processes. The Programme Committee went beyond programme-based resources allocation to formulating plans based on context and needs of countries. In addition, the Programme Committee ensured that priority areas and identified gaps relating to the implementation of the COVID-19 response were investigated and addressed. Programme Management Officers’ huddles were established as a mechanism for information sharing, capacity-building on technical programmes, and deep-dive sessions on new tools such as the Operational Readiness Plan (that later became the “red box” plan monitoring tool), output scorecard reporting tool, detailed implementation calendar and plan, among others.

Output 4.2.5 Cultural change fostered and critical technical and administrative processes strengthened through a new operating model that optimizes organizational performance and enhances internal communications

The pandemic revealed the need to work smarter and faster. The operational shifts adopted under _For the Future_ within the Regional Office helped facilitate the scaling up of the capacity of systems needed to address COVID-19. Agile teams, drawing on staff across all divisions, expedited the development and testing of tools for contact tracing, generated evidence-based models for the new normal, and created new ways to deliver health services for all. With more information available than ever before, and less time to analyse and make sense of it, WHO’s senior management in the Region saw the need for new approaches to deal with information and problem-solving and therefore established a Strategic Knowledge Hub under the Director, Programme Management. This Hub utilizes the hypothesis-driven approach (and related approaches like “lean start-up” or “try and learn”) to support teams within the Region to solve problems and deliver tailored solutions to Member States, quickly. The Hub was
established in 2020, and in 2021, efforts focused on rolling out the approach more widely across the Region.

Risk management processes were a central part of the Region’s COVID-19 response. Risk assessments for each priority “red box” activity were undertaken and, where possible, mitigation measures identified. A number of mechanisms related to strengthening risk management and accountability were instituted, including a quarterly report on compliance to assist internal management, and continuous risk review and assessment during every stage of operational planning. Guidance notes, tools for assessing risks and mechanisms for monitoring risks together with implementation progress were developed to support business continuity and effective management. Risk management culture was cultivated by using these risk management processes and incorporating them into daily practice.

To support the pandemic response and deliver on the “red box” priorities, WHO put into effect business continuity processes. These processes enabled staff to continue to work to deliver results while staying safe. Workflow and approval processes were adapted, and tools for virtual meetings were enhanced. Regular updates and advice from information on COVID-19 testing and treatment to mental health reminders helped ensure that staff and their families stay safe at home and in their communities. For critical office operations, such as programme planning, budget and finance and information technology, alternate teams were established in case one team was required to quarantine. The Regional Administrative Network, which includes administrative officers from every WHO office, was actively adapting and proposing solutions based on the local context to keep offices running safely while improving efficiencies.

The COVID-19 pandemic reminded us of how quickly the world around us can change. It had significant implications for our day-to-day work, including on how to effectively communicate, share knowledge and collaborate. Continuous internal communications efforts were maintained throughout the biennium to ensure that staff members received credible, timely and relevant information on COVID-19 and advice on how to keep themselves, their families and colleagues safe during a rapidly-evolving situation. Information was made accessible through existing channels and activities including the regional Intranet and Workplace account, regular email and video messages to staff from the Regional Director, and townhall meetings.

For internal information and knowledge sharing, in addition to the existing daily health news digest, a specific daily scan of regional media to identify hot topics related to COVID-19 was undertaken each morning and shared with key communications staff to flag emerging issues and support timely response. In addition, WHO established a weekly Western Pacific Regional Advocacy Bulletin on COVID-19 for use by the Regional Director, WHO representatives and country liaison officers, incident managers, communication officers and other WHO staff in the Region. The Regional Advocacy Bulletin supported the alignment of messaging across offices in the Region in their communications with media and decision-makers about the current COVID-19 situation; advocating for actions that reduce COVID-19 transmission; and leveraging opportunities to make the Western Pacific Region the world’s healthiest and safest region, in line with For the Future.

WHO in the Region also quickly adapted to the new working environment by fully embracing new ways of working, investing in innovative virtual meeting software, and leveraging existing regional networks for effective teamwork. A virtual all-staff retreat was held to enable staff to reflect on the experience and lessons learnt in 2020, and to learn from these experiences to move forward in 2021.
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Output 4.2.6  “Leave no one behind” approach focused on equity, gender and human rights progressively incorporated and monitored

Reaching the unreached is a key thematic priority for the Western Pacific Region as identified in the For the Future vision. Development of the draft Regional Framework for Reaching the Unreached in the Western Pacific continued during this biennium. It was piloted in seven countries to ensure it is appropriate for the diversity of contexts in the Region. Countries piloting the Regional Framework have used it to assist in the identification and mapping of unreached populations and to identify priority actions where they can strengthen action to reach unreached groups – including through creating cross-programme synergies, strengthening health systems, and giving attention to unreached groups in national strategic plans and/or implementing specific activities to reach unreached groups.

Across the Region, the capacity of Member States to identify and address gender inequalities and health inequities was strengthened. For instance, Papua New Guinea established provincial mentoring and medical rotation programmes to strengthen the capacity of future health cadres to respond to, and care for, survivors of sexual and gender-based violence. Mongolia strengthened the capacity of violence and injury prevention and care at primary and secondary health facilities in provinces, procuring essential injury medical devices and delivering capacity-building trainings in selected provinces. China strengthened the capacity of 1500 staff in 1000 hospitals across 10 provinces to deliver a Baby-Friendly Hospital Initiative to promote, protect and support breastfeeding practices. With WHO’s support, the Lao People’s Democratic Republic increased access to water and hygiene services for women and girls living in vulnerable situations by building over 100 gender-separated toilets in health-care facilities and quarantine facilities across the country. Harmful gender norms, roles and relationships were addressed in Papua New Guinea through efforts that engaged women and men’s community groups to address maternal health. In Cambodia, where data showed that pregnant women were more hesitant to get the COVID-19 vaccine, WHO took action to develop a communications campaign specifically targeting pregnant women with messages that addressed misconceptions about the vaccine. As a result, healthcare providers indicated an increase in the number of pregnant women reporting being vaccinated.

During 2020–2021, many WHO regional and country-level programmes took actions to support Member States to identify and reach populations living in vulnerable situations (i.e. those experiencing disadvantage, discrimination and exclusion). For instance, the Philippines identified that homeless persons were not being reached by ongoing COVID-19 vaccination efforts, so they developed an intervention that leveraged community networks and local governing units to reach homeless persons with vaccines. The Lao People’s Democratic Republic identified a decreased uptake of child vaccination services among children from Indigenous communities and took action to remedy this situation. The Marshall Islands noted poor sexual and reproductive health (SRH) among adolescents, and therefore designed and implemented an intervention to increase access to SRH services using peer-to-peer approaches.

Regional gender and equity evidence and surveillance was strengthened by developing a gender and equity data and visualization tool which will soon be incorporated into WHO’s Regional Data Platform. A series of gender case studies highlighted actions taken by WHO teams in different country offices working on health topics across For the Future’s four thematic priorities to address gender inequalities in health. Moving forward, these case studies will be used as part of WHO’s regional gender strategy which has a short-term goal to inspire and motivate WHO staff to apply a gender lens to all that they do.
Accompanying these efforts, a Regional Panorama on COVID-19 and Groups Living in Vulnerable Situations document has also been drafted, capturing the disproportionate burden of the pandemic on groups such as indigenous and ethnic minorities, groups living in slums and informal settlements, rural and remote locations, and people experiencing homelessness. The findings and recommendations from the Panorama will be used to contribute to actions to identify and reach vulnerable communities in the time of COVID-19 and beyond.

The WHO Western Pacific Regional Office published the Disability-inclusive Health Services Toolkit to guide the removal or reduction of barriers for people experiencing disability. This work takes a systems approach, addressing data-related barriers for people with disabilities, covering workforce quality and training, health system infrastructure, communications and service delivery.

Outcome 4.3 Financial, human and administrative resources managed in an efficient, effective, results-oriented and transparent manner

WHO in the Western Pacific Region acknowledges that it must work effectively within the Organization to deliver on the change agenda of the For the Future vision. This includes its management and administration of human and financial resources.

In this biennium, WHO supported flexible and virtual work environments to maintain safety, efficiency and accountability during the pandemic. Implementing the “red box” workplan and using teleworking and e-management tools are examples of how WHO in the Region quickly adapted to the needs of the COVID-19 pandemic. The seventy-second session of the WHO Regional Committee was held in a hybrid format with attendees in Japan. Due to effective risk-based approaches applied to holding the in-person sessions, no cases of COVID-19 were identified at the annual meeting. WHO’s effective procurement of goods and services included approximately US$ 52 million worth of supplies related to COVID-19, some of which were dispatched from a regional stockpile to country offices, and all budget centres improved and/or maintained a high rate of compliance in procurement procedures. These actions supported effective management of administrative resources in order to support the work of WHO in the Region.

Outputs under this outcome include:

- Output 4.3.1 Sound financial practices and oversight managed through an efficient and effective internal control framework
- Output 4.3.2 Effective and efficient management and development of human resources to attract, recruit and retain talent for successful programme delivery
- Output 4.3.3 Effective, innovative and secure digital platforms and services aligned with the needs of users, corporate functions, technical programmes and health emergencies operations
- Output 4.3.4 Safe and secure environment, with efficient infrastructure maintenance, cost-effective support services and responsive supply chain, including duty of care
Output 4.3.1 Sound financial practices and oversight managed through an efficient and effective internal control framework

The For the Future vision of WHO’s Western Pacific Region aims to make operational shifts in its approach to improve how it delivers on its strategic priorities and goals, including through strengthened management and administration and stronger accountability.

WHO’s Western Pacific Region showed strong financial utilization of its overall programme budget for 2020–2021. The Region’s utilization of the available base programme segment was US$ 232.8 million, or 97% of available resources. To mitigate the impact of COVID-19 on planned implementation, the Region’s Programme Committee met more frequently. Using the “red box” workplan framework, it provided strong oversight and guidance throughout the biennium for the reprioritization of activities and monitoring of implementation status.

WHO’s three-level accountability framework and Advisory Group on accountability and risk management guided the achievement of strong results for several financial key performance indicators in country offices. For example, all 38 country offices in the Region received an “A” rating (meaning all reconciling items identified and none outstanding for more than 90 days) for Cash and Bank Imprest accounts in 2020 and 2021. There were zero outstanding internal and external audit recommendations. Timeliness of direct financial cooperation reporting was good; overdue reports constituted less than 1% of the total number in the biennium. Timely completion of Internal Control Framework self-assessment exercise was also achieved by all the budget centres.

Several quality assurance mechanisms in the Regional Office’s operations, pre- as well as post-facto, tightly integrated with regular operational work, helping to ensure expenditures incurred were accurate and fairly represented in the financial statement of the Organization. To mitigate any potential risk of fraud and misutilization of funds at the country office level, internal controls were and continue to be in place including: funding availability checks before the approval of all staffing actions; quality checks before all travel request approvals; direct financial cooperation requests before contract issuance; review of imprest audit returns by regional finance staff on a regular basis, and close monitoring and closure of all audit findings.

Recognizing the diverse social, economic and cultural challenges encountered during the intense COVID-19 period, the Regional Office tailored support to country offices, engaging with technical officers, and providing step-by-step guidance on administrative and management procedures, especially where country capacity was low, using available virtual communications tools.

WHO in the Region embraced the advancements made in global and regional IT financial tools to enhance efficiencies. The CEM was successfully rolled out in the Region during the latter half of 2021. All country offices were trained on the use of the system to create records on funding opportunities, submit donor agreement review requests, and award management requests (activation, distribution, and amendment). The Regional Office championed the CEM by using it extensively during the biennium closure to carry forward unused Voluntary Contribution awards to the next biennium. In addition, the use of the e-workflow system for raising electronic memos and other financial requests were deployed in many country offices in 2020–2021, enabling secure, electronic, timely approval of requests, especially important in the COVID-19 environment when offices were under lockdown and staff were in remote-working mode.
Output 4.3.2 Effective and efficient management and development of human resources to attract, recruit and retain talent for successful programme delivery

Development of human resources is one of the key enablers in the WHO Western Pacific Region’s For the Future vision. The Region made progress against this output by working in an efficient and effective manner to support staff working to deliver successful programmes.

The WHO Regional Office created and piloted a shortened recruitment timeline, previously 90 days to 60 days. To accomplish this, hiring managers were provided with a recruitment timeline to manage expectations and plan ahead with key dates to consider, and a monitoring sheet was provided to track the time against each activity to identify bottlenecks and make improvements. This will be rolled out in 2022 after the pilot.

The WHO Regional Office published 145 vacancy notices and completed 84 selections for both international and local positions in the biennium. Timely assistance and advice were given to staff with respect to the implementation of special measures or an adjustment in human resources policies impacted by the COVID-19 pandemic. The representation of women in the Region increased, to 58% by the end of 2021, up from 51% in 2019. Gender is considered in the Western Pacific Region selection processes and hiring decisions, which positively contributes to WHO’s diversity targets. WHO ensured continuity of human resources operations virtually, including recruitment and selection through accommodation of virtual panels, and facilitated reassignment and onboarding during the pandemic.

Despite the COVID-19 environment, WHO continued to support staff development through reassignment opportunities during the biennium while staff were also repurposed and deployed to country offices to provide COVID-19 support. The WHO Western Pacific Region met the highest staff Performance Management and Development System and mandatory training compliance among all the Regions, achieving the full compliance rate for mandatory training. Several coaching and mentoring programmes were in place during the biennium, including an Executive Coaching programme through an external party, and a regional mentorship programme to promote individual staff development as well as to support retention of institutional knowledge. The WHO Regional Office developed and disseminated a Catalogue of Learning Resources to all staff and organized a number of online learning sessions and webinars for staff in all categories.

Output 4.3.3 Effective, innovative and secure digital platforms and services aligned with the needs of users, corporate functions, technical programmes and health emergencies operations

Throughout the biennium, WHO in the Western Pacific Region used innovative ways of working to support more efficient and effective management and administration, important enablers identified in the Region’s For the Future change agenda.

In early 2020, as the workforce in many countries went into lockdown due to the COVID-19 pandemic, WHO staff in the Region were supported by its IT teams who were available to ensure continued IT service, including maintaining the IT infrastructure. Country offices provided necessary support to staff to facilitate work-from-home arrangements. To facilitate new ways of working, WHO accelerated the rollout of teleworking tools such as SharePoint, MS Teams and OneDrive.
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Key governing bodies and health technical meetings, including the first fully virtual Regional Committee meeting (RCM 71) in 2020 and the first hybrid Regional Committee meeting (RCM 72) in 2021, were successfully held on virtual platforms such as Zoom with the participation of Member States. The number of supported meetings increased by 50% between 2019 and 2020, before coming down in 2021 as staff became more familiar and were empowered to use the online tools. WHO began piloting an electronic approval system using eWorkflow in several country offices. The application has supported staff, especially those working from home, with around 1500 approvals. It has also saved resources on printing hard copies, approximately 6000 pages, thus supporting the “Go Green” and digitization regional strategy. WHO country offices continued their transition to upgrade IT equipment according to WHO equipment standards and ensured that infrastructure and security vulnerabilities were addressed.

During the pandemic, there were increased attempts to hack into WHO’s systems and virtual meetings, reinforcing the need for increased investment in human resources, process improvements, intelligent infrastructure and systems to continue to thwart cybersecurity threats. Every infrastructure security vulnerability identified by the KPMG Global Information Security Assessment and the WHO headquarters Information Technology Security team was addressed and closed off; the security endpoint detection and response system was deployed on 100% of computers in the Region.

**Output 4.3.4 Safe and secure environment with efficient infrastructure maintenance, cost-effective support services, and responsive supply chain, including duty of care**

WHO in the Western Pacific Region worked towards this output in line with the For the Future vision, which includes the importance of having an enabling environment within the Organization to support delivery of its change agenda. The seventy-second session of the WHO Regional Committee was organized in a hybrid format with successful results. All administrative matters and planning for the meeting were coordinated by teams in the host country of Japan and Manila prioritizing having a safe environment and a goal of having zero COVID-19 cases. A proactive risk-based approach was applied; for those attending in person, a “bubble” was created to reduce and control the risk of infection to the host country delegates and WHO staff. With various precautions in place, no cases of COVID-19 were identified at the meeting.

Important green initiatives corresponding to For the Future started in 2021 at the WHO Regional Office. A green rooftop garden and solar panel project will reduce the usage of grid power, and a gym expansion and necessary office re-arrangement and renovation will contribute to a healthier workforce.

WHO’s response to the COVID-19 pandemic in the Region was supported through the efficient procurement of goods and services. Approximately US$ 52 million worth of goods and services procured in the Region in 2021 were related to COVID-19. Goods procured included laboratory equipment and consumables to support Member States in improving their testing capacity, and oxygen therapy equipment and supplies to support the capacity to treat COVID-19 patients. Timely dispatch and delivery of critical supplies for the COVID-19 response was from a regional stockpile to country offices. Approximately US$ 20 million worth of personal protective equipment, biomedical and diagnostic equipment were dispatched to 37 destinations in the Region. All budget centres improved and/or maintained a high rate of compliance in procurement procedures such as obtaining necessary authorizations according to the delegation of authorities, for quality assurance on medical products, and due diligence during bid evaluation and supplier performance evaluations.
Scorecard results based on six dimensions

The global Output Scorecard introduced in early 2021 was presented in the *Results Report: Programme Budget 2020–2021* at the Seventy-fifth World Health Assembly.

Each of the 41 selected outputs within Programme Budget 2020–2021 were reviewed and given a score based on six dimensions, measuring effective delivery of: technical support at country level; leadership in health; global public health goods; programmes integrating gender, equity, human rights and disability; value for money; and results.

Each output was self-assessed by all WHO divisions and country offices using a standard scoring scale from 1 to 4, whereby 1 is emergent, 2 is developing, 3 is satisfactory, and 4 is strong. Every country office completed one scorecard representing an overall assessment of all outputs achieved. Separately, regional output delivery teams, made up of staff across divisions at the Regional Office, reviewed the scores by each output. The scores were entered into a tool specifically designed for this exercise, providing a robust method for accurate calculations and application of scoring criteria.

This year’s biennium reporting process included improvements, such as an enhanced presentation of results using an interactive web-based “spider graph” for each output (Fig. 1). Detailed output scores are shown in Table 6 at the end of this section, while all the interactive spider graphs and World Health Assembly narratives can be found on the WHO website together with all other major offices’ scores.

**Fig. 1:** Example of interactive output scorecard presented on the WHO Results Report website

Overall, the Western Pacific Region scored an average of 3.2 out of 4.0 across all dimensions for its 41 outputs. When looking at variations between WHO regions, the Western Pacific Region scored slightly higher than regions in the areas of enabling functions that include strategy and leadership, accountability and client service delivery. The scorecard criteria for these dimensions differ to technical
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functions, but to simplify reporting purposes, they are combined in biennium reporting (as they were also combined in the mid-term and global reporting).

The scoring of outputs is a result of discussions within the regional technical divisions and country offices. Scores are also reviewed by directors, heads of country offices and at the Regional Office. Coordinating and reviewing scores across outputs to ensure comparable and consistent application of the scoring criteria is a challenge, especially for cross-cutting areas. As this is the first biennium in which the scorecard methodology has been used, it is a process that the Western Region will continue to improve upon to better assess and improve the Region’s output performance.

**Dimension 1: Effective delivery of technical support at the country level**

The average score for effective delivery of technical support at the country level was 3.3.

Technical support was delivered across the Western Pacific Region to meet the needs of Member States as they responded to the COVID-19 pandemic, to strengthen health systems, to reach the unreached populations and to advance UHC. From the outset of the pandemic, WHO in the Region provided technical support to Member States in the implementation of their emergency plans in line with IHR core capacity requirements and the APSED framework.

The *For the Future* vision of the Region was advanced as thematic priorities continued to be supported. Working innovatively and flexibly through the “red box” workplan prioritization exercise, essential areas of technical support were expanded. WHO also shifted how its technical support was delivered considering travel restrictions and human and financial resourcing constraints; for example, WHO in the Region used virtual and hybrid meetings, offered online webinars and trainings and strengthened its collaboration with partner organisations. Using these new ways of working, online platforms broadened participation and dialogue for effective delivery of technical support. Collaboration and engagement was strengthened among the three levels of WHO to operate as One Team, which translated to more effective support to Member States in the Region.

Despite the enormous challenges from the COVID-19 pandemic, effective delivery of technical support was maintained in areas to advance UHC and health systems in line with the *For the Future* vision. WHO continued to guide support for developing new national health policies on maternal and newborn health and routine immunization. Technical assistance was provided for the elaboration of national strategic plans, policies, guidelines and programmes aimed at addressing NCDs and their risk factors. Technical packages addressing areas such as tobacco control, violence, injury as well as food security and nutrition were developed through engagement with the public sector, private sector and/or civil society, and to promote the significance of “society and environment” that is supportive to healthy lifestyles.

WHO in the Western Pacific Region focused its technical assistance on high-priority areas based on contextualized analysis, such as providing technical advice on long-term reforms to strengthen public health laws, supporting countries in amending and utilizing national legislation to support COVID-19 response strategies, and supporting legislative reform efforts, such as nursing workforce regulations.

Technical support to countries was also provided in a variety of areas in health financing, including public financial management and budget formulation, strategic purchasing, private sector engagement,
social health protection, hospital autonomy, and donor transition. And WHO played a lead technical role in providing evidence on the safety, efficacy and quality of medical products, especially in regard to the COVID-19 response, to help countries adopt norms and standards based on scientific data and evidence of positive benefit to risk.

**Dimension 2: Effective delivery of leadership in health**

The average score for effective delivery of leadership in health was 3.4.

In order to ensure the effectiveness of the regional COVID-19 response, WHO’s leadership stepped up its engagement with ministers and senior health leaders in the Region, parliamentarians and NFPs. WHO worked closely with Member States, partners and United Nations agencies to share experiences, strengthen communications, build solidarity, and provide technical guidance and advice across the Western Pacific Region. At the country level, WHO worked hand in hand with ministries of health and other government counterparts, United Nations agencies and partners to ensure effective preparation and response to the community transmission of COVID-19.

The WHO Regional Office’s Programme Committee convened more frequently to monitor and provide guidance on implementation of plans, including evaluating resource utilization for both the COVID-19 response and essential activities related to *For the Future*, strengthening accountability and risk management systems.

WHO in the Region pooled resources from national regulatory authorities, research institutions, academia and manufacturers to drive innovative life-saving products.

Keeping a view towards longer-term health futures, the WHO Western Pacific Regional Office worked with academics and researchers globally to curate a series of strategic intelligence briefs on drivers of change in the Region that will shape the future of health and health systems from now to 2050.

WHO leveraged its technical leadership and convening power to advance the AMR agenda across sectors and partners, especially at the country level. The AMR Multi Partner Trust Fund through the Tripartite used the One Health approach to deliver a coherent and systematic approach to AMR. Initiatives to enhance collaboration beyond the health sector that began before the pandemic allowed WHO to leverage its leadership role by engaging regional partners to continue taking steps to address NCD risk factors.

**Dimension 3: Effective delivery of global public health goods**

The average score for effective delivery of global health goods was 3.2.

For a number of outputs, the global health goods dimension does not apply; however, WHO’s central role in providing global goods and technical products, as well as policies and guidelines, are used by the Western Pacific Regional Office to develop further tailored technical assistance and products for countries and the Region. For example, WHO in the Region supported countries’ regulatory preparedness and response for medical products including vaccines based on global standards, as well as to tailor AMR guidance and support to countries’ policies and essential medicines lists.
Annex 1

Dimension 4: Impactful integration of gender, equity and human rights

The average score for impactful integration of gender, equity and human rights was 2.8.

WHO in the Region worked to ensure activities were planned and implemented with gender, equity and human rights lenses throughout the biennium. For example, WHO worked to reduce equity gaps in the supply of quality-assured medical products to countries through the WHO Emergency Use Listing and COVAX Facility. At the country level, WHO supported Member States to implement vaccination programmes for vulnerable populations as a priority. WHO also supported countries to undertake evidence-informed actions to address vulnerable groups, including through tailored messages in communications and awareness efforts to increase vaccination coverage of target populations.

In support of countries on health financing, WHO raised awareness concerning catastrophic health expenditures and advocated for reducing inequities in health care. In the Region, measures were taken by WHO to increase social participation in health and to address policies that can be discriminatory. Furthermore, the Universal Health Coverage Day 2020 webinar addressed the topic "Gender, equity, and UHC in the Western Pacific Region" in an effort to accelerate the realization of gender equality and UHC.

The draft Regional Framework for Reaching the Unreached in the Western Pacific was under development during the biennium, and its application is being piloted in seven countries to ensure it is appropriate for the diversity of country contexts in the Western Pacific Region. Countries piloting the Framework have used it to assist in the identification and mapping of unreached populations, including vulnerable groups, and to identify priority actions where they can strengthen action to reach these target groups.

For PICs, WHO worked with the United Nations Resident Coordinator on socioeconomic impact assessments. The reports provided evidence for the allocation of support across the health, social, economic and environmental sectors based on immediate and anticipated needs during the recovery process.

The Western Pacific Region supported Member States during the pandemic in surveillance, laboratory testing, investigation and risk assessment. To ensure equitable access to testing, the needs of vulnerable groups were identified through disaggregated surveillance and data analysis. WHO also promoted research studies to consider sex, age and people living with underlying conditions to address safe and effectiveness of innovative medical products.

At the Western Pacific Regional Office, in collaboration with the regional gender focal point, planning for Programme Budget 2020–2021 ensured that gender, equity and human rights were mainstreamed into the workplans. In the 2020–2021 activity workplans, gender-related activities had a specific task naming convention for ease of monitoring. Preventing and Responding to Sexual Exploitation, Abuse and Harassment training became mandatory for all WHO personnel.

Many output leads noted that there is still more that can be done to strengthen how this dimension is applied to WHO’s activities in the Region to ensure that there is a plan for how to integrate gender, equity, human rights and disability. For example, there is limited participation of vulnerable groups in the analysis of health expenditure financial risk protection data, which can be improved, and some
planned activities such as interventions in child injury prevention and road safety were not fully implemented due to the “red box” workplan prioritization and postponement of those activities in this biennium.

**Dimension 5: Delivering value for money**

The average score for delivering value for money was 3.3.

Overall value for money was achieved through efforts made by the Western Pacific Regional Office to identify and prioritize essential activities through the “red box” workplan exercises. This targeted approach to maximize the COVID-19 response while postponing or reducing spending in other activities allowed for WHO in the Region to deliver the highest value possible within the resource envelope available.

Under specific outputs, value for money was achieved through the adjustments to the mode of delivery of programme activities, due in part to the pandemic environment. For instance, shifting to online platforms with virtual or hybrid meetings resulted in resources used more efficiently, as travel and physical meeting costs have been reduced.

WHO’s regional approach to research and the use of innovative tools has also led to value for money through the methodology of starting small, refining, testing, and then scaling up new initiatives.

**Dimension 6: Achievement of results**

The Western Pacific Region has not yet developed its own key performance indicators with baselines and targets by which the results would have been measured against the achievement of For the Future and Programme Budget 2020–2021 outputs, thus the scoring under the achievement of results is not applicable.
### Table 6. Western Pacific Region output scorecard results by outputs and dimensions

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<tr>
<th>Output Number</th>
<th>Technical Support/Strategy and Leadership</th>
<th>Leadership/Accountability</th>
<th>Global Goods/Client Service Delivery</th>
<th>Gender Equity, Human Rights and Disability</th>
<th>Value For Money</th>
<th>Overall Average</th>
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**Note:** Those without scores indicate that particular dimension was considered as not applicable. Where column header and row are marked with an asterisk symbol, the enabling function scoring criteria were used (as opposed to technical function scoring criteria).

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