REPORT OF THE REGIONAL DIRECTOR

The work of WHO in the Western Pacific Region
1 July 2014 – 30 June 2015

World Health Organization
Western Pacific Region

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Message from the Regional Director

I am pleased to present the *Report of the Regional Director* on the work of WHO in the Western Pacific Region for the year ending 30 June 2015. The achievements highlighted over the past year are the result of the hard work of Member States, coupled with WHO reforms and support that focus more tightly than ever on country results.

You may notice the new format of this year's annual report. Past reports followed the WHO organizational structure, detailing the work of dozens of technical units in the Regional Office for the Western Pacific. This report, however, is more tightly focused on major areas of work – communicable diseases, noncommunicable diseases and health promotion, health security and emergencies, and health systems strengthening.

The report presents a broad overview of work in these public health realms then focuses on noteworthy specific national and subnational achievements. Certainly there is much more hard work both WHO and Member States have done; this report summarizes the high points.

WHO reforms at the global and regional levels share a goal – improved health outcomes. Globally that means reforms in governance, budgeting and overall management. In the Western Pacific Region, reforms focus on improved country support. Our motto – *Keeping Countries at the Centre* – sums up the reform effort launched nearly a decade ago to better serve Member States by fully understanding their public health priorities and working together to make them a reality.

In public health, we never know exactly what the future holds. This past year, we saw two prominent infectious disease outbreaks –the Ebola virus disease (EVD) outbreak in West Africa and Middle East respiratory syndrome coronavirus (MERS-CoV). The outbreaks served as painful reminders that pathogens can travel rapidly across borders and outbreaks can occur in unexpected places. EVD took everyone by surprise when it re-emerged in a new geographic location, where health systems were weak and preparedness and capacity to respond were low. By contrast, the MERS-CoV outbreak in the Republic of Korea demonstrated that vulnerability is universal – even a sophisticated health system could be caught unawares by an infectious disease when it strikes for the first time in a country.

Lessons learnt from these outbreaks must serve as a wake-up call for all countries to increase preparedness. Quiet times must be used to further develop national systems for the detection and rapid response to infectious diseases. Health-care worker training in infection prevention and control must be an ongoing priority. Ultimately, how well we utilize quiet times to prepare for the next inevitable outbreak will determine its outcome – including the number of lives saved and the severity of the impact on societies and economies.

While outbreaks and disasters grab headlines, we continue to face an NCD epidemic that takes four out of five lives in the Region. New risks and threats to health – from severe air pollution and climate change and to the unregulated marketing of tobacco and easy access to nutrient-poor, calorie-dense food – must be tackled with innovative solutions. Leaders throughout the Western Pacific Region recognize the severity of the crisis, and they are increasingly committed to action to combat NCDs and their risk factors.

Progress towards universal health coverage (UHC) has led to better health outcomes in the Western Pacific Region, particularly among vulnerable and marginalized populations. Over the past year, health systems have been strengthened,

Regional Director, Dr Shin Young-soo

communicable disease morbidity and mortality have continued to decline, and noncommunicable diseases (NCDs) and their risks factors are being tackled.

Member States can take great pride in these achievements, even as we continue to work together towards greater achievements and even better health outcomes.

Pacific island countries and areas, in particular, continue to face a wide range of health challenges — a triple burden of NCDs, communicable diseases and health threats due to climate change. The Pacific NCD crisis must be controlled by reducing risk factors, particularly with high rates of diabetes and obesity. Communicable diseases remain a threat in many communities, and the health impacts of climate change are already being felt. Tropical Cyclone Pam, which ripped through several Pacific islands in March 2015, is the latest in a trend of escalating natural hazards. These events can literally wipe out decades of development in a day.

This year marked the 20th anniversary of Pacific health ministers crafting the Healthy Islands vision – islands where children are nurtured in body and mind, environments invite learning and leisure, people work and age with dignity, ecological balance is a source of pride, and the oceans that sustain us are protected. Pacific health ministers in April 2014 reaffirmed their commitment to Healthy Islands as a unifying theme to guide health development. They pledged to urge national leaders to implement the Healthy Islands vision, including an accountability framework and a commitment to monitor progress. This declaration and the corresponding action plan represent a compelling example of country ownership – taking the lead, with support from WHO and other partners, to address issues Member States see as priorities.

As you read this year's annual report, I hope that all Member States take pride in what we have achieved by working together. I know I do. More importantly, however, we must continue to work collectively and effectively to safeguard the health and well-being of the 1.8 billion people of the Western Pacific Region.

Thank you.

Now in his second term, the Regional Director spends much of his time travelling to meet face-to-face with leaders in Member States.

Shin Young-soo, MD, Ph. D.

Regional Director

WHO Western Pacific Region

Representatives Offices

- Cambodia
- China
- Lao People's Democratic Republic
- Malaysia (area of responsibility: Brunei Darussalam, Malaysia, Singapore)
- Mongolia
- Papua New Guinea
- Philippines
- Samoa (area of responsibility: American Samoa, Cook Islands, Niue, Samoa and Tokelau)
- Solomon Islands
- South Pacific (area of responsibility: Fiji, French Polynesia, Kiribati, the Marshall Islands, the Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Nauru, New Caledonia, New Zealand, Palau, Tonga, Tuvalu, Vanuatu, and Wallis and Futuna)
- Viet Nam

Country Liaison Offices

- Northern Micronesia (area of responsibility: the Marshall Islands, the Federated States of Micronesia and Palau)
- Kiribati
- Tonga
- Vanuatu

Executive summary

Member States in the WHO Western Pacific Region made significant gains over the past year in improving health outcomes and strengthening health systems. Communicable disease morbidity and mortality continued to decline, and noncommunicable diseases and their risk factors were more effectively addressed. Real progress occurred in the move towards universal health coverage, and the Region is now better equipped to handle threats posed by emerging infectious diseases, emergencies and disasters.

WHO reforms continued to focus on tailoring support to the specific needs and priorities of the 37 countries and areas that make up the Western Pacific Region. Often that meant going beyond traditional global and regional approaches to develop more localized initiatives.

WHO's work, however, is far from complete. More needs to be done in fighting difficult diseases such as malaria and tuberculosis, as well as neglected tropical diseases. We must strengthen preparedness and better mitigate the risks associated with emergencies and disasters. Recent challenges, including the health impacts of climate change, also must be addressed if we are to achieve even better health outcomes.

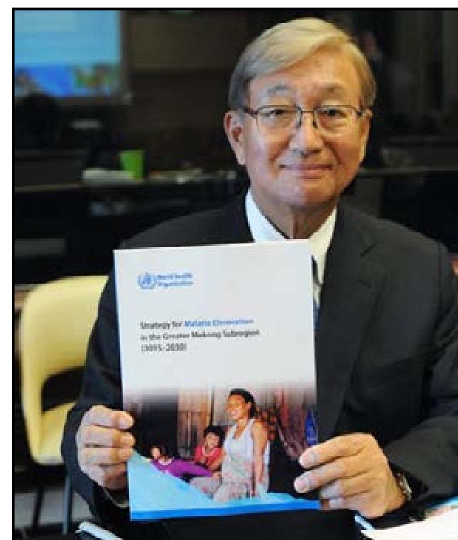
This brief summary of achievements and challenges serves as an introduction to the work of WHO in the Western Pacific Region for the year that ended on 30 June 2015.

Communicable Diseases

Member States in the Western Pacific Region, with WHO support, continued to make good progress in the fight against communicable diseases in 2014–2015, leading to important reductions in communicable disease morbidity and mortality.

Building on progress in the fight against tuberculosis, extensive regional consultations over the past year led to development of the draft *Regional Framework for Implementation of the End TB Strategy in the Western Pacific 2016–2020*, which will be considered for endorsement by the sixty-sixth session of the Regional Committee for the Western Pacific in October 2015. The Regional Committee will also consider the draft *Regional Action Plan for Viral Hepatitis in the Western Pacific 2016–2020*. In the Western Pacific Region, mortality from viral hepatitis is higher than that of HIV, tuberculosis and malaria combined. The draft action plan seeks to build awareness of this disease, and to strengthen surveillance, prevention and treatment in the Region.

The response to malaria in the Greater Mekong Subregion was strengthened with the development of the *Strategy for Malaria Elimination in the Greater Mekong Subregion (2015–2030)*. The Expanded Programme on Immunization has continued to work with Member States to strengthen their immunization systems, emphasizing the need to sustain and build on reductions in important vaccine-preventable diseases through high-quality and high-coverage routine immunization programmes.



Dr Shin Young-soo launches the Greater Mekong Subregion strategy to eliminate malaria during the World Health Assembly in May 2015 in Geneva.

Progress has also been made in increasing access to antiretroviral therapy to reduce HIV transmission as well as efforts to strengthen services for key populations.

WHO is also continuing to advocate integrated management of vector-borne diseases – spread through bites of mosquitoes and other insects – through routine vector-control activities to prevent outbreaks.

Health Security and Emergencies

The Western Pacific Region continues to be a hotspot for emerging infectious diseases and for emergencies and disasters. In May 2015, the Republic of Korea notified WHO of the first laboratory confirmed case of Middle East respiratory syndrome coronavirus (MERS-CoV) infection. The Ministry of Health and Welfare reported quickly under the International Health Regulations (2005) and also conducted a join mission with WHO in June 2015. This report includes an update on the outbreak as of 30 June 2015.

In response to the outbreak of Ebola virus disease (EVD) in West Africa, WHO led an effort to enhance preparedness and response in the Region, particularly at the country level. The WHO Regional Office for the Western Pacific also strongly supported the global EVD response.

Work on health security and emergencies in the Region is guided by the global mandate of the IHR (2005) and Codex Alimentarius international food standards. In the Western Pacific Region, WHO has developed the *Asia Pacific Strategy for Emerging Diseases* (APSED) and the *Western Pacific Regional Food Safety Strategy 2011–2015*. These implementation tools help Member States meet global requirements. A biregional evaluation of APSED, conducted over the past year, will provide lessons learnt to inform strategic planning in Member States.

With support from WHO, Member States have worked diligently over the past year to shift from emergency response to a disaster risk-management approach, guided by the *Western Pacific Regional Framework for Action for Disaster Risk Management for Health*. Major efforts to support Member States in health sector response and recovery involved Cyclone Pam in the Pacific in March 2015, flooding in Solomon Islands in mid-2014 and continuing support to victims of Typhoon Haiyan.

Dr Shin Young-soo stresses the importance of preparedness in the Western Pacific Region at the opening of an Ebola outbreak simulation exercise in October 2014.

NCD and Health through the Life-Course

The WHO Regional Office coordinates WHO's work with Member States in health initiatives ranging from disabilities and maternal and child health to health promotion and noncommunicable disease (NCD) prevention and control. As cities prepare to meet the challenges of rapid urbanization and changing environments, WHO led consultations to develop the draft *Regional Framework for Urban Health in the Western Pacific (2016–2020)*, which will be considered for endorsement by the sixty-sixth session of the Regional Committee for the Western Pacific.

NCDs are being tackled on several fronts, with WHO supporting efforts to promote health and mitigate risk factors. Initiatives included the First Embrace – to better utilize limited resources for maternal and child health. At the request of China, the regional Health Promotion Leadership Training (ProLEAD) programme was adapted to help overcome national-level bottlenecks in health promotion, tobacco control and health reform.

WHO also supported a range of projects from capacity-building for cancer control and improved drinking-water quality to the strengthening of mental health programmes and supporting country efforts to fight tobacco industry interference in health regulation.

Health Systems

WHO in the Western Pacific Region has been working with Member States on various initiatives to strengthen health systems and move closer to the goal of universal health coverage (UHC). While primary health care continues to be a priority, the past year saw a renewed focus on hospital management and development. WHO, in conjunction with the World Bank, convened a policy dialogue with Government leaders in China in an effort to ensure that increases in health expenditures lead to wider access and improved health services. WHO also organized high-level policy briefs in Cambodia and Viet Nam.

Universal Health Coverage: moving towards better health, a regional monitoring and evaluation framework, was drafted in consultation with Member States for consideration by the sixty-sixth session of the Regional Committee for the Western Pacific.

WHO has also conducted a range of regional reviews on health workforce regulation, hospital legislation, the impact of decentralization on health system development and public–private partnerships in hospitals, among other issues.

Member States sought support over the past year in a range of areas from health research portals to health information systems. Support also was provided to Member States "graduating" from support through Gavi, the Vaccine Alliance, and for countries preparing proposals to the Global Fund to Fight AIDS, Tuberculosis and Malaria.

The Regional Director spends time with children in Solomon Islands in July 2014. WHO is working to make the Healthy Islands vision a reality in which "children are nurtured in body and mind".

WHO continued to work closely with collaborating centres, hosting the first-ever meeting of the comprehensive network of WHO collaborating centres in the Region.

Pacific Technical Support

The Division of Pacific Technical Support was established in 2010 to bring WHO support closer to the 21 Pacific island countries and areas in the Western Pacific Region.

In 2015, the Pacific island countries and areas celebrated 20 years of work towards the Healthy Islands vision in the Pacific. The Pacific health ministers met to review their progress and priorities going forward. Their meeting culminated in a renewal of the Healthy Islands vision through the *Yanuca Declaration 2015*.

NCDs are a priority in the Pacific, where multisectoral action over the past year included the formation of the WHO-led Pacific Regional United Nations Thematic Group on NCDs. WHO also provided support to Pacific island countries and areas in their effort to achieve a tobacco-free Pacific by 2025.

The Pacific Islands Mental Health Network has been revitalized, with the Mental Health Gap Action Programme training more than 400 health professionals in 10 countries to assess and manage mental health conditions. WHO also supported Pacific Member States in their March 2015 response to Tropical Cyclone

Pam and Typhoon Maysak. WHO supported Pacific island countries and areas over the past year to strengthen workforce development and health systems through planning, building evidence and continuous learning. Surveillance and response remained a priority for communicable and emerging diseases, as well as for neglected tropical diseases including lymphatic filariasis.

Support, Coordination and Leadership

Support, coordination and leadership are provided through the collective work of the Office of the Regional Director, the Division of Programme Management and the Division of Administration and Finance.

The Office of the Regional Director provides overall leadership for the Organization's work to improve health outcomes, spearheading WHO's reform agenda in the Region and leading regional efforts in external relations and partnerships, public information, and information products and services. Recognizing the importance of collaboration with stakeholders beyond the government sector, WHO has focused efforts on strengthening engagement with non-State actors. Technical and financial cooperation with partners has also been formalized with the signing over the past year of 57 memoranda of understanding. As part of the reform agenda, the Regional Office is actively engaged in the work of the Global Resource Mobilization Coordination Team.

The Division of Programme Management leads and coordinates technical cooperation with Member States, specifically through programme development and operations, country support and editorial services. Over the past year, there has been closer collaboration between regional and country offices, improved resource management and implementation of the Programme Budget 2014–2015.

The Country Support Unit led midterm reviews of country cooperation strategies in Cambodia and Malaysia and is assisting strategy updates in Cambodia, China, Malaysia and Papua New Guinea.

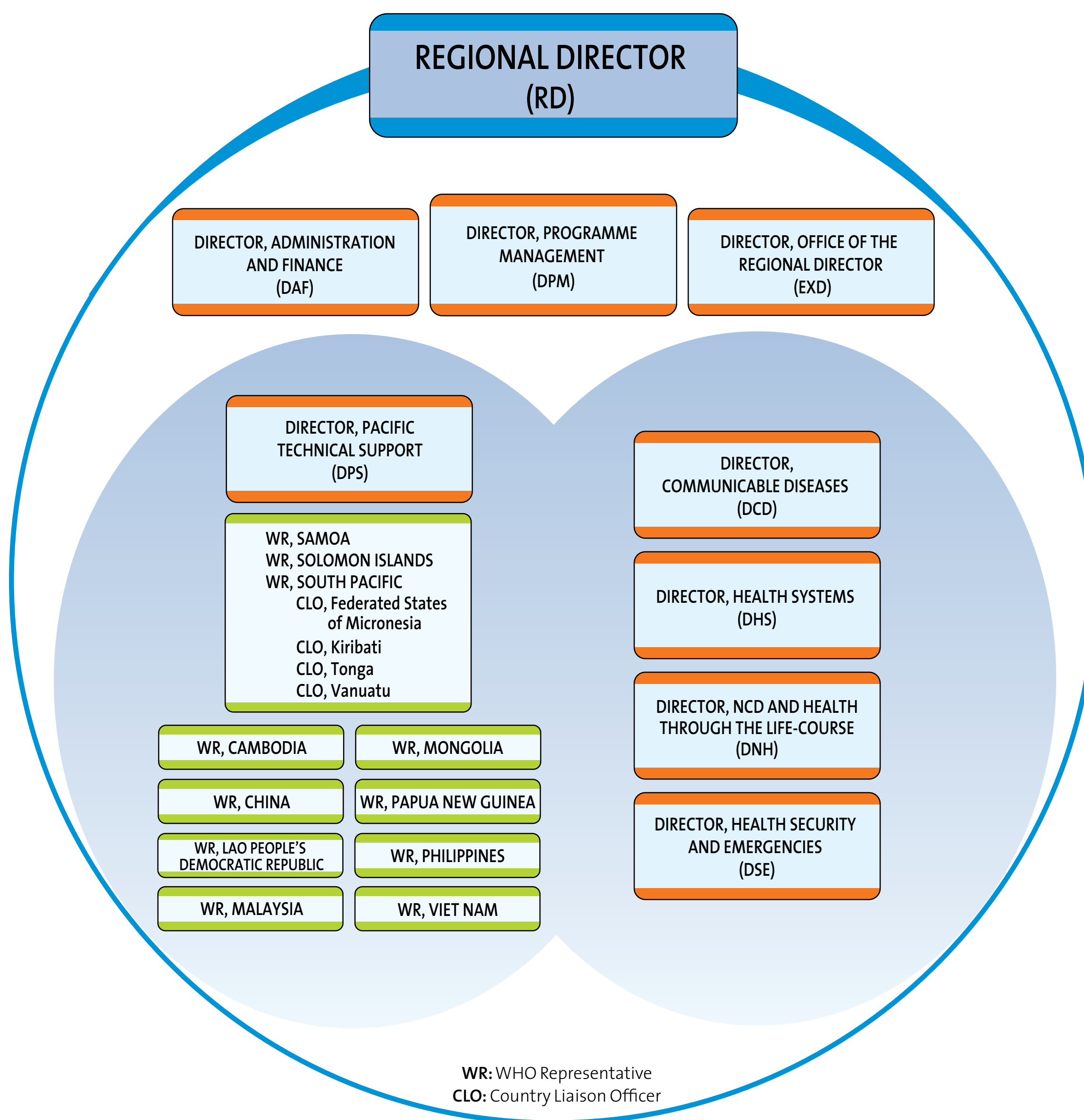
The Division of Administration and Finance supports operations through Budget and Finance, Human Resources, and Information Technology and Administration Unit. Over the past year, the Division ensured that WHO operated efficiently and effectively and maintained accountability and transparency in the implementation of funds. The division supported emergency response activities in the Region, and also enhanced staff recruitment and the provision of information technology support. ■

***Esprit de Corps* — The Regional Director meets with the directors of Programme Management, Administration and Finance, and the Office of the Regional Director to discuss ways to constantly improve how the Organization serves Member States in the Western Pacific Region.**

WHO Regional Office for the Western Pacific

Structure to better serve Member States

The structure of divisions in the WHO Regional Office for the Western Pacific is designed to streamline operations and strengthen country-level support under the regional reform agenda.



Divisions and programmes

DIRECTOR	PROGRAMME
Director, Programme Management (DPM)	Programme Development and Operations (PDO) Country support (CSU) Editorial Services (EDT)
Director, Administration and Finance (DAF)	Budget and Finance (BFU) Human Resources Management (HRM) Information Technologies and Administration (ITA)
Director, Office of the Regional Director (EXD)	External Relations and Partnerships (ERP) Public Information Office (PIO) *Information Products and Services (IPS)*
Director, Communicable Diseases (DCD)	Expanded Programme on Immunization (EPI) Malaria, other Vectorborne and Parasitic Diseases (MVP) HIV, Hepatitis and Sexually Transmitted Infections (HSI) Stop TB and Leprosy Elimination (STB)
Director, Health Systems (DHS)	Health Policy and Financing (HPF) Integrated Service Delivery (ISD) Essential Medicines and Health Technologies (EMT) Health Intelligence and Innovation (HII) Equity and Social Determinants (ESD)
Director, NCD and Health through the Life-Course (DNH)	Noncommunicable Diseases and Health Promotion (NCD) Tobacco Free Initiative (TFI) Mental Health and Substance Abuse (MHS) Reproductive, Maternal, Newborn, Child and Adolescent Health (MCA) Health and the Environment (HAE) Violence and Injuries (VIP) *Disabilities and Rehabilitation (DAR)* *Nutrition (NUT)*
Director, Health Security and Emergencies (DSE)	Emerging Disease Surveillance and Response (ESR) Disaster Risk Management for Health (DRM) Food Safety (FOS)
Director, Pacific Technical Support (DPS)	Health Security and Communicable Diseases (PSC) Health Systems (PHS) NCD and Health through the Life-Course (PNH)

Programmes in regular font are led by Coordinators (technical areas) and Managers (administrative areas).
Programmes in italic font are led by Technical Leads under the direct authority of their respective Director.

Children showing their finger marks after treatment during Vanuatu's first mass treatment campaign to eliminate yaws.

Communicable Diseases

Introduction

1. Accelerating vaccine-preventable disease control and elimination through a regional framework
2. A long journey towards elimination of new HIV infections
3. Fighting malaria multidrug resistance in the Greater Mekong Subregion
4. Bringing state-of-the-art TB diagnosis to people in need
5. Dealing with the expanding threat of arboviral infections

Member States in the Western Pacific Region, working with WHO support, continued to make good progress in the fight against communicable diseases in 2014–2015. This progress has led to substantial reductions in communicable disease morbidity and mortality across the Region in recent decades. However, in many Member States these diseases continue to pose significant risks and remain important drivers of ill health.

Introduction

Good progress in fighting communicable diseases, but much still to be done

Member States in the Western Pacific Region, working with WHO support, continued to make good progress in the fight against communicable diseases in 2014–2015. This progress has led to substantial reductions in communicable disease morbidity and mortality across the Region in recent decades. However, in many Member States these diseases continue to pose significant risks and remain important drivers of ill health.

A key focus in tuberculosis (TB) has been to help Member States operationalize the new global *End TB Strategy*. WHO has organized extensive consultations to identify priority actions tailored to the diverse national situations across the Region. The seventh Pacific TB control meeting in October 2014 and the ninth Technical Advisory Group (TAG) meeting in December 2014 were platforms to present the new global strategy, including WHO's framework for TB elimination. A regional framework for action on implementation of the End TB strategy has been developed. The framework will be considered by the sixty-sixth session of the Regional Committee for the Western Pacific in October 2015.

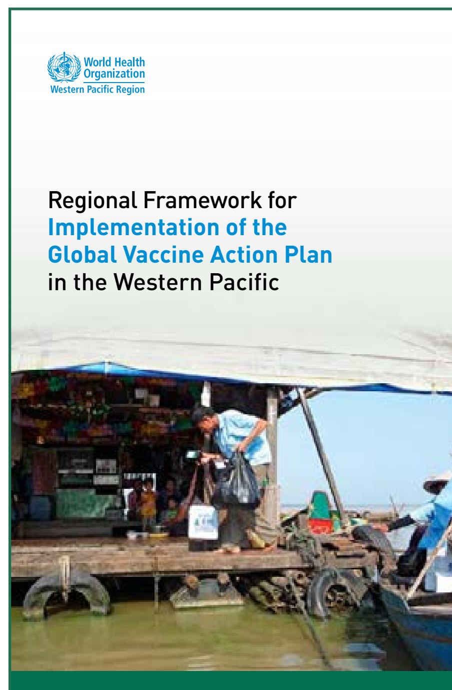
The leprosy burden in the Region has been greatly reduced, but work remains. Missions were carried out in focus countries supporting early detection and treatment – the ultimate goal in the effort to decrease transmission – and the continuum of care. These efforts have reduced the population burden of leprosy as well as the individual burden felt by affected people and families. But even if all future transmission is prevented, long-term challenges will remain – care will be needed to help people with disabilities resulting from leprosy, promote social rehabilitation and restore rights. The Expanded Programme on Immunization has continued to work with Member States to strengthen their immunization systems, emphasizing the need to sustain

A health worker cares for a man with leprosy in the Federated States of Micronesia. The prevention and control of leprosy and other neglected tropical diseases continue to be a priority throughout the Pacific.

and build on reductions in important vaccine-preventable diseases through high-quality and high-coverage routine immunizations. The *Regional Framework for Implementation of the Global Vaccine Action Plan in the Western Pacific,* endorsed by the Regional Committee for the Western Pacific in 2014, is guiding Member States and WHO in these efforts.

Member States achieved important immunization milestones during 2014–2015. For instance Brunei Darussalam, Cambodia and Japan were verified as having eliminated measles. China and the Philippines introduced inactivated polio vaccine into their national programmes as part of the polio endgame. All but three Member States have now included rubella vaccine in their routine schedules. The Philippines has been verified as having eliminated neonatal tetanus. Twelve countries have been verified as having achieved the 2017 target of less than 1% hepatitis B surface antigen sero-prevalence among 5-year-old children.

Building on this success and in recognition of the Region's high chronic hepatitis burden, the Western Pacific was the first WHO region to commit to a coordinated response to viral hepatitis. WHO convened initial regional and country consultations to promote a public health approach of increased awareness, surveillance, and the prevention and management of chronic hepatitis – beyond hepatitis B immunization – to help Member States tackle these diseases and take advantage of new treatments. Development of a national programme for viral hepatitis is under way in Mongolia, and a national action plan for viral hepatitis was approved in Viet Nam.



The *Regional Framework for the Implementation of the Global Vaccine Action Plan in the Western Pacific* translates the strategies and activities of the global plan to the context of the Region to extend the full benefits of immunization to all.

Systematic reviews to understand the treatment burden for chronic hepatitis B and C and the continuum of care are in progress to inform the development of investment cases for viral hepatitis for a number of Member States.

WHO also facilitated national HIV programme and epidemiological reviews in the Lao People's Democratic Republic, Mongolia and Viet Nam. Systems issues, such as the transition from external donor funding to national funding, procurement mechanisms and service delivery, were important components of such reviews. WHO technical assistance also contributed to Mongolia, the Philippines and Viet Nam receiving firm pledges from the Global Fund to Fight AIDS, Tuberculosis and Malaria to sustain HIV funding.

The past year has been important in terms of malaria in the Western Pacific Region. In response to the deteriorating malaria multidrug-resistance situation in the Greater Mekong Subregion, WHO in consultation with stakeholders developed a subregional malaria elimination strategy for 2016–2030. In line with the endorsement of the new *Global Technical Strategy for Malaria 2016–2030* by the 2015 World Health Assembly, ministers of health launched the subregional strategy at a Health Assembly side event. All 10 malaria-endemic countries in the Western Pacific Region have established elimination goals. The new strategies will assist countries in moving towards the early reduction of the malaria burden and eventual elimination. To further support these efforts, WHO conducted biregional training on malaria elimination, supported the revision of national malaria elimination plans, intensified support to strengthen quality assurance of malaria microscopy and assisted six Western Pacific countries in developing Global Fund concept notes.

An increasing number of partners are supporting efforts to tackle malaria in the Greater Mekong Subregion. The Regional Hub of the Emergency Response to Artemisinin Resistance Project in Cambodia is playing a key role in coordinating and supporting activities across the six countries in the subregion.

In Fiji's Eastern Division and Taveuni Island, health workers and volunteers completed mass drug administration to eliminate lymphatic filariasis with over 90% coverage in 2014. Preventive chemotherapy is a key intervention for the control and elimination of neglected tropical diseases.

Neglected tropical disease (NTD) programmes in the Western Pacific Region have also made significant progress. Niue, Palau and Vanuatu, which are among the 22 countries and areas where lymphatic filariasis remains endemic, have submitted documentation to WHO headquarters seeking validation that they have achieved elimination of the disease as a public health problem. Solomon Islands implemented their first deworming campaign to control soil-transmitted helminths in school-aged children. Collaboration among the water and sanitation sector, the animal sector and NTD programmes was brokered, especially for schistosomiasis in the Greater Mekong Subregion.

WHO also supported countries to develop national integrated NTD plans, monitored progress, and provided technical support in morbidity management and medicines procurement for preventive chemotherapy. The first regional training on integrated NTD programme management was attended by participants from 19 affected countries.

Although there is reason to be optimistic about our ability to achieve further improvements in communicable disease control, challenges remain. A key challenge is decreasing donor support for many of these diseases, ranging from malaria beyond the Greater Mekong Subregion to HIV and vaccine-preventable diseases to NTDs. Member States will increasingly need to rely on domestic resources and strengthened health systems to control these diseases, but the transition is complex and poses many risks. WHO stands ready to help Member States address these significant challenges. ■

1. Accelerating vaccine-preventable disease control and elimination through a regional framework

Member States of the Western Pacific Region have made great strides in tackling vaccine-preventable diseases. The new *Regional Framework for Implementation of the Global Vaccine Action Plan in the Western Pacific* was endorsed by the sixty-fifth session of the Regional Committee for the Western Pacific in October 2014. This framework was developed to help national immunization programmes extend the full benefits of immunization to all people by 2020. The framework includes six disease-specific regional immunization goals: sustain polio free status; eliminate measles; eliminate rubella; eliminate maternal and neonatal tetanus; control hepatitis B; and control Japanese encephalitis. All six goals will require tremendous dedication on the part of Member States and none more so than the goal to achieve regional measles elimination.

A WHO immunization officer and a village health volunteer consult residents of the Gio Hai Commune in Quang Tri Province, Viet Nam, to make certain the measles–rubella immunization campaign reaches everyone.

Measles-control activities have been ongoing in the Region since a safe and effective measles vaccine became available. Historically low levels of measles virus transmission were achieved by the end of 2012. A relative resurgence in measles virus transmission occurred throughout the Region in 2013 and early 2014, but extensive measles-control activities were implemented in 2014, such as nationwide measles–rubella supplementary immunization activities in the Lao People's Democratic Republic, the Philippines, Solomon Islands and Viet Nam. Subnational measles outbreak response campaigns were also conducted in the Federated States of Micronesia, Papua New Guinea and Vanuatu.

Member States are now moving towards measles elimination. As of June 2015, Australia, Brunei Darussalam, Cambodia, Japan, Macao SAR (China), Mongolia and the Republic of Korea have been verified as having achieved measles elimination. Measles elimination is defined as interruption of endemic measles virus transmission for at least 36 months in the presence of high-quality surveillance and supportive virus genotyping evidence. The coming years will see additional Member States verified as together we achieve regional elimination. ■

2. A long journey towards elimination of new HIV infections

Antiretroviral therapy (ART) is effective in preventing HIV transmission, reducing morbidity and mortality in HIV-infected people, and guarding those not infected by HIV against acquisition of the virus through pre-exposure prophylaxis and the prevention of mother-to-child transmission of HIV.

The rapid scale-up of ART in recent years provides an unprecedented opportunity to successfully implement antiretroviral drug-based interventions for prevention. The benefits of ART can be fully realized only if people living with HIV (PLHIV) are diagnosed and successfully linked to care. At the end of 2013, however, less than one third (32%) of the 1.3 million PLHIV in the Region were receiving ART.

Many more PLHIV must to be on ART to curb the 100 000 new HIV infections that continue to occur each year in the Region. The WHO *Metrics for monitoring the cascade of HIV testing, care and treatment services in Asia and the Pacific* (published July 2014) can help policy-makers and programme planners determine where to intervene to increase coverage of ART.

Cambodia, the Lao People's Democratic Republic, Malaysia, Mongolia, the Philippines, Papua New Guinea and Viet Nam used these metrics to develop treatment cascades, which visualize the uptake of interventions from the proportion of people living with HIV tested, linked to care, starting ART and viral load suppressed. These "treatment cascades" suggest that low coverage of treatment is due to either low testing uptake or a failure to link HIV-infected individuals to care.

A health-care worker conducts a regular exam of a woman living with HIV in a commune health centre in Viet Nam.

WHO's *Implementation research for the control of infectious diseases of poverty* (published in 2011) supports countries to study how best to expand testing and earlier treatment among key populations. Australia, Cambodia, China, Malaysia, Mongolia and Viet Nam have initiated studies, with some important initial results.

An Australian study suggests that immediate ART can prevent transmission of HIV among men who have sex with men. Meanwhile, studies from Cambodia and Viet Nam indicate that decentralization of HIV services that administer HIV testing and ART is feasible and improves HIV testing and earlier treatment uptake in concentrated epidemics. Studies from China and Malaysia suggest that important barriers exist for key populations to receive care.

Starting ART for HIV-positive pregnant women has made elimination of mother-to-child transmission of HIV a reality. The Region is also preparing for the validation of elimination of new paediatric HIV and syphilis infections. HIV elimination is critically dependent on health systems. Strengthening universal health coverage will be key to both expanding access to prevention and care. ■

3. Fighting malaria multidrug resistance in the Greater Mekong Subregion

Forest workers on the Lao-Cambodian border are especially vulnerable to malaria.

Australia and the Bill & Melinda Gates Foundation are jointly funding the project for Coordination of the Emergency Response to Artemisinin Resistance in the Greater Mekong Subregion. The project aims to accelerate the response to artemisinin resistance by improving coordination, strengthening technical leadership and catalysing resource mobilization. Activities have focused on migrant and mobile populations, pharmaceuticals, research, drug-efficacy monitoring, and surveillance, monitoring and evaluation. Strengthening collaboration with and coordination between national and international health partners tackling malaria in the Greater Mekong Subregion has been fundamental.

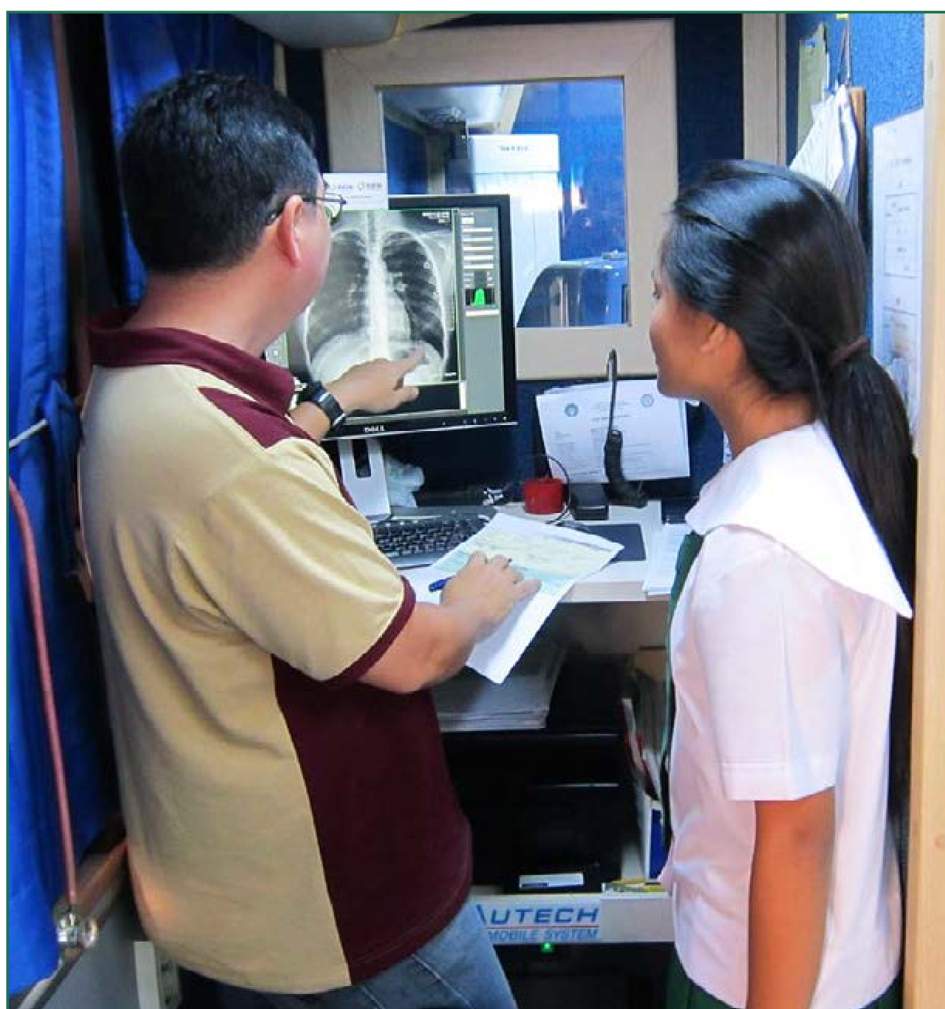
The fight against artemisinin-resistant malaria in the Greater Mekong Subregion has largely focused on control in areas already affected and preventing its spread. However, malaria drug resistance has continued to evolve and now affects five of six countries in the Greater Mekong Subregion. In some areas of Cambodia, resistance to partner drugs has also emerged, raising the prospect of malaria cases becoming untreatable. In recent months, Member States have led an explicit technical and political shift in focus towards malaria elimination.

At the political level, leaders at the annual East Asian Summit committed to malaria elimination as a shared goal. This builds on national elimination goals in the Region. At the technical level, WHO worked with Member States and partners to develop the *Strategy for Malaria Elimination in the Greater Mekong Subregion (2015-2030)*. The strategy is aligned with the *Global Technical Strategy for Malaria 2016–2030*, endorsed by the World Health Assembly in 2015.

The next few years will be key in the fight against malaria. WHO is committed to remain on the frontlines with support to Member States and collaboration with partners. ■

4. Bringing state-of-the-art TB diagnosis to people in need

A key component of WHO's strategy to tackle TB has been to promote microscopy diagnosis of symptomatic individuals who present at health facilities. This approach, while effective, has its limitations. Even if diagnostics using the latest technology are available, a person still needs to present to a health centre with symptoms. In some settings more proactive approaches are needed, particularly for vulnerable populations that face barriers in access to TB services.



A project staff member discusses the findings of her digital chest X-ray with a patient aboard the state-of-the-art bus used for mobile TB screening in the Philippines.

WHO and the Philippine Department of Health, with funding from the Korea Foundation for International Healthcare, developed a project called DetecTB (Diagnostic Enhanced Tools for Extra Cases of TB) that brings the latest diagnostic technologies to hard-to-reach subpopulations with high rates of TB.

Trained staff aboard a bus retrofitted with a digital X-ray, fluorescent LED microscopy and Xpert MTB/RIF assay (a rapid and easy-to-use test for TB) visit urban and rural communities with low socio-economic status, indigenous populations and inmates in selected areas of Palawan in the Philippines. The team now screens more than 10 000 people each year, finding around 400 TB patients, including 20 with multidrug-resistant TB.

Bringing rapid diagnostics to communities that may benefit the most proved to be very effective for finding undiagnosed TB patients early, thus limiting disease spread. WHO and partners will conduct extensive analysis of the valuable data obtained through the project. The lessons learnt will ultimately contribute to effective and efficient national policies for further advancing TB control in the Philippines and benefitting the most vulnerable communities. ■

5. Dealing with the expanding threat of arboviral infections

Member States of the Western Pacific Region continue to report an increase in the number and variety of arboviral infections, which are diseases spread through the bites of mosquitoes and ticks. This includes the geographical expansion of dengue both within and among countries affected, as well as the emergence and spread of Ross River fever, chikungunya and Zika fever. Factors believed to be contributing to this are the increased and rapid mobility of people and goods, climate change and unplanned urbanization.

Better economic conditions in Member States of the Region and strengthened health services – with enhanced diagnostic capacity developed through the *Asia Pacific Strategy for Emerging Diseases* (APSED) – are also contributing to increased awareness and capacity for detection of arboviral disease outbreaks in a growing number of Member States. Many Member States are increasingly using such data to effectively control arboviral disease transmission through early sharing of disease surveillance data with vector-control units in health programmes.

Community engagement is crucial in checking for dengue vector larvae in Cambodia.

WHO continues to advocate an integrated response to this threat through adoption of an integrated vector-management strategy. At the national and subnational levels, efforts to strengthen human resources are leading to effective implementation of adequate vector-control interventions in a routine and sustainable manner. Aiming to reduce vector densities in anticipation of possible outbreaks is encouraged, instead of focusing only on reactive vector control following outbreaks. Such a strategy should be based on epidemiological and climate data and should use environmentally friendly and sustainable methods of vector control. These proactive approaches, combined with new tools being tested, hold the promise of better prevention of arboviral diseases in years to come. ■

The Western Pacific Region Ebola Support Team (WEST), a new team-based deployment approach, supports the response in Sierra Leone at the district, regional and national levels. WEST includes WHO staff and experts from Member States.

Health Security and Emergencies

Introduction

1. From emergency response to disaster risk management for health
2. Reviewing APSED implementation to inform future directions
3. First IHR–INFOSAN Communication Exercise 2014
4. Cyclone Pam response in Vanuatu and Tuvalu
5. Middle East respiratory syndrome coronavirus: vulnerability is universal

The Western Pacific Region continues to be a hotspot for emerging infectious diseases and remains vulnerable to emergencies and disasters. Ongoing emerging infectious disease threats, including Middle East respiratory syndrome coronavirus (MERS-CoV) and the Ebola virus disease (EVD) outbreak in West Africa, have highlighted the need to test regional preparedness for public health events. Preparing to respond to EVD has been a top priority for the Region.

Introduction

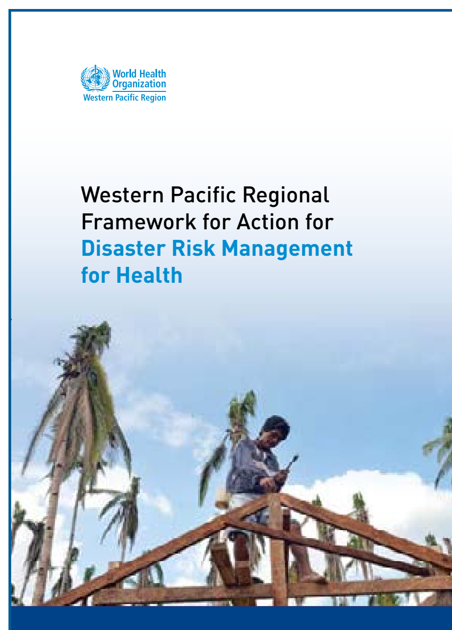
Rapid response to outbreaks and emergencies and investment in health security in peace time

The Western Pacific Region continues to be a hotspot for emerging infectious diseases and remains vulnerable to emergencies and disasters. Ongoing emerging infectious disease threats, including Middle East respiratory syndrome coronavirus (MERS-CoV) and the Ebola virus disease (EVD) outbreak in West Africa, have highlighted the need to test regional preparedness for public health events. Preparing to respond to EVD has been a top priority for the Region. *(A separate section on EVD preparedness and response has been included in this report.)*

Work on health security and emergencies has been guided by the global mandate of the International Health Regulations (2005), also known as IHR (2005), and Codex Alimentarius international food standards, as well as three key regional strategies: the *Asia Pacific Strategy for Emerging Diseases* (APSED), the *Western Pacific Regional Food Safety Strategy 2011–2015* and the *Western Pacific Regional Framework for Action for Disaster Risk Management for Health*.

APSED provided Member States with a regional framework to develop IHR (2005) core capacities. Of the Region's 27 IHR States Parties, 18 had met their core capacity requirements by June 2014; the remaining nine requested extensions. The implementation of APSED has also enabled Member States to respond effectively to emerging disease threats, including human infections of H7N9 and H5N1, dengue and other arbovirus outbreaks, and imported cases of Middle East respiratory syndrome coronavirus in China, Malaysia, the Philippines and the Republic of Korea. WHO continued to strengthen preparedness and response through event-based surveillance and risk assessments, field epidemiology training programmes, risk communications, logistics, emergency operations centres, and the *Western Pacific Surveillance and Response Journal*. Laboratory strengthening for emerging infectious diseases under APSED has resulted in a flexible system for in-country testing or international referral if needed.

Shifting from a response-centred approach to a risk-management approach for disasters has become a regional priority. The *Western Pacific Regional Framework for Action for Disaster Risk Management for Health* was endorsed by the Regional Com-



The *Western Pacific Regional Framework for Action for Disaster Risk Management for Health* was endorsed by the Regional Committee for the Western Pacific in October 2014.

Work on health security and preparedness in the Region have been guided by global mandates of the International Health Regulations (2005) and the *Asia Pacific Strategy for Emerging Diseases*.

mittee for the Western Pacific in October 2014. The framework recommends priority areas for the health sector to manage risks in prevention, preparedness, response and recovery. At least three Member States have developed or updated national action frameworks with WHO support.

Efforts to support Member States in health sector response and recovery following acute emergencies include Cyclone Pam in the Pacific in March 2015, flooding in Solomon Islands in April 2014 and Typhoon Haiyan in the Philippines in November 2013. A WHO-led health cluster is part of the Pacific Humanitarian Team, along with other clusters of the Inter-Agency Standing Committee. To strengthen WHO's readiness to respond to disasters, 31 WHO staff members in the Western Pacific Region were trained in WHO's *Emergency Response Framework*.

The *Western Pacific Regional Food Safety Strategy 2011–2015* continued to guide Member States. Linkages were strengthened between International Network of Food Safety Authorities (INFOSAN) emergency contact points and National IHR Focal Points through a simulation exercise in December 2014. Seven Member States have strengthened their legal frameworks for food safety and quality by drafting or adopting new food laws, regulations and standards.

To improve the availability of food safety data, a manual on strengthening surveillance and response for foodborne diseases has been drafted. Training courses, including risk-based food inspection, have benefited 60 food safety inspectors in three countries. Guidance on management of food safety risks during emergencies has been provided to Member States affected by natural disasters.

In April 2015, WHO celebrated World Health Day with the theme "From farm to plate, make food safe". The event was an opportunity to advocate food safety action to protect consumers from food poisoning and foodborne diseases. Events across the Region contributed to raising awareness on the issue of food safety as a key component of health security. ■

Access to safe, sufficient and nutritious food is a basic human necessity.

1. From emergency response to disaster risk management for health

The regional framework for action emphasizes the importance of ensuring that the Safe Hospital Initiative covers not only hospitals, but also all critical health facilities in hazard-prone areas.

The Western Pacific Region is home to seven of the 15 countries worldwide at highest risk of natural hazards, such as earthquakes, floods and typhoons, and human-induced disasters, including conflicts that displace populations. Disaster risk management for health (DRM-H) involves shifting from reactive responses to an approach of prevention, preparedness, response and recovery. To guide countries in managing these risks, the *Western Pacific Regional Framework for Action for Disaster Risk Management for Health* was endorsed in October 2014 by the Regional Committee for the Western Pacific.

Since the framework was endorsed, WHO has worked with Cambodia, the Lao People's Democratic Republic, Viet Nam, and Pacific island countries and areas to develop national DRM-H plans. This has included building community ownership and public–private partnerships to implement local DRM-H plans.

Under the Safe Hospitals in Emergencies and Disasters initiative, WHO assisted Solomon Islands to assess the quality of infrastructure, equipment and operations at the country's National Referral Hospital and provided recommendations for improvements.

When Cyclone Pam hit the Pacific in March 2015, WHO coordinated response efforts with Vanuatu's Ministry of Health and partners to bring in much-needed health support. WHO supported the Ministry of Health to re-establish a surveillance system to detect outbreak-prone diseases as early as possible in order to minimize their impact. Vanuatu's syndromic surveillance system was expanded to more than 15 sites across health facilities and evacuation centres.

Recovery efforts are ongoing in the Philippines from Typhoon Haiyan in November 2013. WHO supports the Department of Health to assess the needs of 555 health facilities affected by the typhoon. Lessons learnt from the typhoon were applied to strengthen preparedness and prevent loss of life during Typhoon Hagupit in December 2014 in the Philippines. More than 1.7 million people were evacuated prior to Typhoon Hagupit as a precaution. Equipment, supplies and human resources were positioned before the storm to ensure adequate coverage and a proper health response. These actions averted countless deaths.

WHO will continue to assist Member States to implement the regional framework and focus on the four stages of the DRM-H cycle: prevention, preparedness, response and recovery. ■

2. Reviewing APSED implementation to inform future directions

Implemented in the WHO Western Pacific and South-East Asia regions since 2006, APSED has guided Member States in the development of core capacities in line with IHR (2005). APSED focuses on generic capacity development to ensure that a strong system is in place to prepare for, detect and rapidly respond to all emerging disease outbreaks and public health emergencies. Generic capacities include disease/event based surveillance, risk assessment and response, public health laboratory systems, animal–human health coordination, infection prevention and control, risk communications, public health emergency planning, and monitoring and evaluation. The 2014 Technical Advisory Group (TAG) on APSED recommended an evaluation to review what has been achieved and decide on the work ahead.

A biregional evaluation is underway to review the relevance, effectiveness, efficiency and lessons learnt over the past nine years of APSED implementation. The evaluation aims to generate strategic findings on APSED's goals, objectives, coordination mechanisms and partnership approach. The methodology includes an extensive document review, a questionnaire to all Member States in the two WHO regions, and missions to Indonesia, the Lao People's Democratic Republic, Mongolia, Nepal and Viet Nam.

Initial findings suggest that the APSED approach has proven useful to both regions. Member State capabilities to detect, prepare for and respond to all public health events have been enhanced by the collective pursuit of a common goal using a common framework, proactive investment in capacities and a focus on generic capacities.

The evaluation's draft findings were presented at the biregional APSED TAG meeting in July 2015. The APSED evaluation confirmed that the strategy remains relevant for developing capacities to deal with a variety of public health emergencies, using a generic and step-by-step approach. Together with other mechanisms, APSED has made significant contributions to collective health security. Member States should use APSED (2010) as a capacity-building framework until an updated strategy or framework is developed. Meanwhile, WHO should lead a consultation process to develop an updated biregional strategy or common framework for actions, and report on the progress to the TAG and Member States in one year. ■

A health facility at the centre of the outbreak response treats people affected by a foodborne disease outbreak in Siem Reap, Cambodia, in March 2015.

3. First IHR–INFOSAN Communication Exercise 2014

Foodborne diseases are a growing public health challenge in the Western Pacific Region. Effective national and international multisectoral collaboration is essential for a timely and appropriate response to food safety emergencies. Improved communication between National IHR Focal Points and INFOSAN emergency contact points has been recommended.

In December 2014, WHO conducted a simulation exercise involving National IHR Focal Points, INFOSAN emergency contact points, the WHO IHR regional contact point and the INFOSAN Secretariat. The simulation – a first using the annual IHR Crystal Exercise framework – was designed to validate registered contact details and communications between National IHR Focal Points and INFOSAN emergency contact points during a foodborne disease emergency.

INFOSAN emergency contact points and National IHR Focal Points in 11 Asian countries participated in the exercise. Notification of a hypothetical international outbreak of foodborne disease was used to trigger the IHR and INFOSAN mechanisms.

Email was shown to be the most reliable means of communication, while telephone communications were less effective. The National IHR Focal Points and INFOSAN emergency contact points reacted promptly and disseminated information to the authorities following national institutional setups. One participant said it was instructive to have "the opportunity to review and clarify the work processes of the national public health agency vis-à-vis the food safety agency, including the protocol to communicate with WHO and INFOSAN". The exercise confirmed the need for countries to ensure that their contact details are up to date and that focal points can access information at all times.

The simulation exercise involved National IHR Focal Points, INFOSAN emergency contact points, the WHO IHR regional contact point and the INFOSAN Secretariat.

The exercise showed the need for strengthened collective efforts between IHR and INFOSAN. WHO will continue to support national and regional system development to rapidly and accurately detect and respond to foodborne disease outbreaks. ■

4. Cyclone Pam response in Vanuatu and Tuvalu

Cyclone Pam hit Pacific island countries on 13–14 March 2015, affecting more than 160 000 people in Vanuatu. The cyclone also caused damage on other Pacific islands, such as Tuvalu.

Even before Cyclone Pam made landfall on Tuvalu and Vanuatu in March 2015, WHO began to prepare for a possible emergency. An early warning disease surveillance and response system was established, and WHO staff began emergency activities, including financial and technical support to the Ministry of Health.

In the wake of the storm, medical supplies sufficient for 50 000 people for three months were airlifted to Port Vila, along with bed nets. WHO co-chaired the Health Cluster with the Ministry of Health to guide the work of all partners, including 27 foreign medical teams. Working with UNICEF, WHO provided urgent nutrition support to children and pregnant and lactating women and supported an immunization campaign to protect 25 000 children from measles.

Other activities included dissemination of infection prevention advice via radio, text message and community leaders, and health facility assessments in affected areas to coordinate repairs and restore services.

In Tuvalu, WHO supported the Ministry of Health in coordinating the health response and deployed vector control and environmental health specialists to help manage risks posed by the damaged water and sanitation system. WHO also provided medical supplies sufficient for the nation's population for three months, as well as 500 water testing kits and filters.

WHO's response was guided by the *Western Pacific Regional Framework for Action for Disaster Risk Management for Health* and the *Emergency Response Framework,* under which the cyclone was classified as a grade 2 emergency.

The framework stresses the fact that every disaster presents opportunities to build back better. WHO continues to support both ministries of health in managing the long-term recovery from the cyclone. This work includes restoring health services at damaged facilities with new equipment, supplies and protocols, specialized training and human resource planning as well as applying lessons learnt to strengthen preparedness in the future. ■

5. Middle East respiratory syndrome coronavirus: vulnerability is universal

Middle East respiratory syndrome (MERS) is a viral respiratory disease caused by a novel coronavirus (MERS-CoV) that was first identified in Saudi Arabia in 2012.

As of 30 June 2015, 26 countries have reported cases of MERS. MERS-CoV is considered a zoonotic virus that can lead to secondary infections among people. Most infections have occurred in the Middle East and among them, many community-acquired infections are thought to be associated with direct or indirect contact with infected dromedary camels or camel-related products. In the Western Pacific Region, Malaysia (April 2014) and the Philippines (February 2015) informed WHO of sporadic cases, imported from the Middle East.

On 20 May 2015, the Republic of Korea notified WHO of the first laboratory confirmed case of Middle East respiratory syndrome coronavirus (MERS-CoV) infection. As of 30 June 2015, 182 cases (181 in the Republic of Korea and one in China) and 33 deaths had been reported to WHO. Several factors may have contributed to the initial spread of the virus:

- MERS-CoV, as a newly identified disease, was unexpected and unfamiliar when a first case appeared in a country.
- Infection prevention and control measures in hospitals were not optimal.
- Emergency rooms and multi-bed hospital rooms were crowded.

Collaboration at the highest level: Korean President Park Geun-hye talks with WHO Director-General Margaret Chan and Regional Director for the Western Pacific Dr Shin Young-soo about challenges in addressing the MERS outbreak in the Republic of Korea in June.

- Local customs of friends and family accompanying ,visiting or caring for patients.
- Practice of seeking medical attention at numerous health care facilities before admission.

WHO's response to the outbreak has been guided by the International Health Regulations (2005) (IHR), WHO's *Emergency Response Framework* (Grade 2) and *Asia Pacific Strategy for Emerging Diseases* (2010). On 28 May 2015, WHO activated the Emergency Operations Centre and established an Event Management Team with four core functions: epidemiology and information; technical expertise; risk communications; and core services. Daily situation updates were published on the WHO Regional Office for the Western Pacific website, along with regular updates to the web-based Event Information Site and the Disease Outbreak News bulletin.

A joint Korean Ministry of Health and Welfare and WHO mission was conducted on 9–13 June 2015. The mission assessed

the risks posed by the outbreak and made recommendations on response measures. High-level recommendations for Government included: immediate strengthening of infection prevention and control in health facilities nationally; guidance to health workers on questions to ask patients presenting with fever or respiratory symptoms; appropriate reporting; and monitoring of suspected cases and close contacts.

The Ninth Meeting of the IHR Emergency Committee convened on 16 June 2015. The committee concluded that the outbreak did not constitute a Public Health Emergency of International Concern. The committee identified areas in which more research was needed about the disease and recommended continued vigilance. It also commended the Republic of Korea for their speed in reporting under IHR (2005). This prompt action meant China was able to rapidly locate, isolate and care for an infected traveller from the Republic of Korea and quarantine his contacts.

On 18–19 June 2015 Regional Director for the Western Pacific Dr Shin Young-soo and WHO Director-General Dr Margaret Chan travelled to the Republic of Korea. Meetings were held with the Ministry of Health and Welfare and ministry of Foreign Affairs. Dr Chan and Dr Shin held a press conference to update on the situation, factors contributing to the initial spread of MERS and response measures in place – in line with official recommendations made by the joint-mission to the Republic of Korea the previous week.

On 24 June 2015 the President of the Republic of Korea met with national health authorities and WHO to discuss the national infectious disease surveillance system, the Republic of Korea's role in strengthening international health security and inputs to the Global Health Security Agenda for September 2015.

The MERS-CoV outbreak in the Republic of Korea demonstrates the importance of investing in preparedness, even in high-income countries. Together with national preparedness, international collaboration during peace time can ensure that public health events are contained as they arise. WHO continues to work with national authorities to control outbreaks and monitor emerging infectious diseases in the Region. ■

Visiting university athletes from Hong Kong SAR (China) wear masks at Incheon International Airport in July during the MERS outbreak in the Republic of Korea.

Ebola:
preparedness and solidarity

Introduction

1. Testing outbreak preparedness
2. Introducing a team approach for the global response
3. WEST stories from the field
4. What we have learnt

Ebola virus disease has claimed more than 11 000 lives and infected more than 27 000 people in West Africa since the first case of the outbreak in December 2013. While there were gaps in the initial response by the international community, efforts have been scaled up and transmission has declined. Ebola virus disease (EVD) and other emerging infectious disease threats highlight the need to test and strengthen preparedness for public health events and large-scale emergencies in the Western Pacific Region.

Introduction

Ebola virus disease (EVD) has claimed more than 11 000 lives and infected more than 27 000 people in West Africa since the first case of the outbreak in December 2013. While there were gaps in the initial response by the international community, efforts have been scaled up and transmission has declined.

EVD and other emerging infectious disease threats highlight the need to test and strengthen preparedness for public health events and large-scale emergencies in the Western Pacific Region. The strategic approach to EVD in the Western Pacific Region has three objectives:

1. enhance WHO readiness and response;
2. strengthen national preparedness to rapidly detect and respond to the virus; and
3. support the global EVD response in West Africa.

WHO strengthened regional preparedness for Ebola under the *Asia Pacific Strategy for Emerging Diseases* (APSED). Efforts included: enhanced real-time monitoring of the outbreak; timely information-sharing; ongoing risk assessments; coordinating preparedness efforts across the Region; securing surge capacity; and stockpiling supplies, such as personal protective equipment.

Guided by APSED, WHO developed *Preparedness for a Potential Outbreak of Ebola Virus Disease: A Framework for Action in the Western Pacific Region,* to direct and accelerate national preparedness. Assessments indicate that preparedness across the Region has improved; however, further strengthening is necessary in some areas.

The Western Pacific Region Ebola Support Team (WEST), which is composed of experts from across the Region, is the first such initiative in WHO. The Regional Office for the Western Pacific formed WEST in December 2014 to support global efforts, in addition to individual deployments of WHO staff and experts through the Global Outbreak Alert and Response Network, WEST continues to contribute to the response in West Africa. ■

WHO Regional Director for Africa, Matshidiso Moeti (third from left) visits WEST members in Porto Loko, Sierra Leone, and receives updates from the team (February 2015).

1. Testing outbreak preparedness

The EVD outbreak in West Africa has accelerated the preparedness activities of WHO and countries and areas in the Region. This trend builds on investments over the past decade in strengthening health security capacities through APSED and the International Health Regulations (2005), also known as IHR (2005).

WHO activated its Emergency Operations Centre, intensified its situational monitoring and formed an emergency support team to coordinate activities. Risk assessments, an EVD preparedness survey and a simulation exercise were carried out to assess capacity and inform planning. Additional guidance – in the form of *Preparedness for a Potential Outbreak of Ebola Virus Disease: A Framework for Action in the Western Pacific Region* – was developed to support the work of Member States.

The possibility of imported EVD cases in the Region is low; however, the consequences could be severe, including transmission in health-care settings that would result in stress to health systems, economic loss and reputational damage to government authorities.

The framework covers six key areas: command and coordination; surveillance, risk assessment and response; laboratories; clinical management, and infection prevention and control (IPC); public health interventions, including point-of-entry measures; and risk communications.

The survey and simulation exercise suggest that the Western Pacific Region is better prepared to respond in the event of an imported EVD case now than when the outbreak first emerged, though some areas require further improvement.

Regional pre-deployment trainings were held to build capacity of WHO staff and technical experts from Member States in preparing and responding to the Ebola outbreak.

The survey was completed by 26 of 27 National IHR Focal Points in the Region and a follow up survey was conducted in March 2015. Over 80% of countries reported a high level of preparedness in risk communications and in command and coordination. However, only 60% reported adequate laboratory capacity preparedness. Pacific island countries and areas reported lower preparedness levels across all components, compared to their Asian counterparts.

Through a simulation exercise, 23 National IHR Focal Points tested their preparedness and response capabilities. Further strengthening of laboratory preparedness, clinical management and IPC, and of public health intervention measures, particularly at points of entry, are required for an efficient and effective response to potential importation of EVD.

WHO has supported more than 20 countries in strengthening preparedness for EVD and other emerging infectious disease threats. Specialized workshops were conducted to increase capacities across the Region in the areas of IPC and laboratory preparedness, specifically in the safe shipping of infectious substances. WHO also disseminated risk communications training and advocacy materials.

APSED provides a strong foundation for public health emergency system strengthening towards achieving IHR (2005) core capacities. WHO continues to support Member States to strengthen preparedness capacities, but more must be done. Donors and technical partners have used the findings from the preparedness survey and simulation exercise to prioritize support in the Region, particularly to Pacific island countries and areas. ■

2. Introducing a team approach for the global response

The EVD outbreak in West Africa was declared a Public Health Emergency of International Concern under IHR (2005) in August 2014. WHO issued an *Ebola Response Roadmap* to stop transmission in affected countries and prevent the international spread of the virus. As part of the response, the international community established the first-ever emergency health mission, the United Nations Mission for Ebola Emergency Response (UNMEER).

In the Western Pacific Region, WHO contributed to the global response by deploying WEST, its emergency response team, in December 2014, in addition to individual deployments of WHO staff and experts through the Global Outbreak Alert and Response Network. Comprised of WHO staff and national experts in field coordination, epidemiology, surveillance, communications and logistics. WEST members are trained and deployed on a rotational basis to Port Loko, the fourth-most populous district and a hotspot for EVD transmission in Sierra Leone.

WEST engages with affected communities in Sierra Leone.

WEST has provided coordinated and integrated surge capacity and has helped improve case investigation and contact tracing. The team approach – with team members training and deploying together – has created a cohesive working environment and led to an efficient and effective response. Working in teams has strengthened the effectiveness of the outbreak response through seamless staff rotations and the reduction of staffing gaps. The approach has also eased the burden on originating offices by limiting the time staff are away from their regular duties.

District health authorities and other partners recognize the critical role WEST has played in the intensive phase of outbreak control. The team from the Western Pacific Region was also able to support efforts in other districts and in the WHO Representative Office in Sierra Leone.

Despite progress, challenges remain. Long working hours and safety issues weigh heavily on staff. The outbreak has severely impacted already struggling local health systems, leaving populations without access to essential health services. As partners withdraw from affected areas, local leadership and community support for the Ebola response must be strengthened and health systems rebuilt.

Though transmission may be declining, the threat of continued outbreaks still exists. Complacency can reverse progress and allow EVD to spread. The experience and lessons learnt by WEST members have helped strengthen preparedness, response and surge capacity in the Western Pacific Region. WEST may continue to serve as a model for strategic emergency response. ■

3. WEST stories from the field

Strengthening border surveillance

Early in the emergency, it became clear that porous national borders represented a major challenge in containing the outbreak. Sierra Leone and Guinea share a 500-kilometre border, and surveillance activities along the border lacked coordination.

WHO Regional Office for the Western Pacific deployed a public health specialist who helped strengthen border surveillance and facilitated coordination between the countries. Since then, border support to enhance public health has moved beyond surveillance and now includes community engagement, communications and social mobilization, helping to make border communities safer by slowing the spread of the disease and helping contain the epidemic in both countries.

Border health initiatives have also helped re-establish and strengthen public health infrastructure and enhance relations between district health coordinators and medical teams that will continue to support disease prevention and control activities long after the current crisis. Communities from both countries are now working together, and a plan for cross-border, event-based surveillance is being rolled out.

A WEST member works with WHO staff in Sierra Leone to assess the epidemiological situation in Koinadugu district.

Supporting case investigations

The Port Loko case investigation teams are one of the many operational teams composed of local residents working earnestly to halt Ebola transmission in Sierra Leone. Many team members have lost family, friends and colleagues to EVD. WHO epidemiologists, including members of WEST, have been supporting these teams to strengthen their systems and enhance their effectiveness – which has helped reduce the spread of EVD.

Over recent months, the quality of WEST investigations has improved markedly. Most local surveillance officers have no training in epidemiology, but they have learnt the concepts and techniques needed to carry out effective investigations. And many are hungry to learn more. This effort has the potential to develop a group of future epidemiologists who can play an important role in protecting their communities from future outbreaks of EVD and other diseases. ■

4. What we have learnt

The EVD outbreak tested health security systems in the Western Pacific Region and challenged Member States to prepare for unexpected disease threats and to support the global response. Among the lessons learnt since the outbreak:

- We must prepare for unexpected health security threats. This is especially important in the Western Pacific Region, a hotspot for emerging infectious diseases and public health emergencies. The Region must continue to build and strengthen generic health security capacities that can be applied to all disease threats and events.
- Regional health security depends on national core capacities. APSED has helped develop valuable national capacities in the Region in recent years, and the regional EVD framework has built on that work, strengthening preparedness for EVD and other emerging infectious diseases. The Region must continue to invest in capacity-building before outbreaks occur to be better prepared to respond.
- Infectious diseases do not respect borders. If one country is at risk, then no country is safe. The Region must find additional innovative approaches, such as WEST, to make the most of our capacities and foster collaboration across the Region.
- Engaging communities is necessary to effectively prepare for and respond to emerging infectious disease outbreaks and emergencies. The Western Pacific Region is home to many diverse communities and cultures. Engaging them is vital. We must build more capacity in this area and work with partners to develop evidence-informed approaches.
- Emergency situations demand a command-and-control approach and seamless collaboration across WHO. Working closely with WHO headquarters and country offices, the Regional Office for the Western Pacific coordinated the Region's surveillance, assessment and response activities, deployed WEST to Sierra Leone and supported the implementation of the regional EVD framework. We must continue to strengthen Organization-wide collaboration to further improve emergency preparedness and response capacity.
- While we have made progress, we remain vulnerable. Some countries in the Region still lack core capacities. WHO will continue to work with those countries to help strengthen their public health, surveillance and response systems. Training to build health security capacity is an ongoing job that demands sustained commitment, collaboration and investment. ■

The WEST works closely with partners and Member States to fight the Ebola outbreak in West Africa. Here, team members interact with Chinese delegates in Freetown, Sierra Leone.

In slums and informal settlements threats to public health have arisen from rapid and unplanned urban growth.

NCD and Health through the Life-Course

Introduction

1. Learning by doing helps leaders overcome tobacco control bottlenecks in China
2. Interactive learning platforms accelerate country leadership for NCD prevention and control
3. Leaders from health and non-health ministries make safer water available to communities in Cambodia
4. Coaching health leaders to prevent newborn deaths in Mongolia
5. Mental health, a priority of health leaders in the Philippines

Unprecedented changes in our environment – cultural, economic, physical, political and social – pose new risks and threats to health. Whether it is urbanization and the built environment, severe air pollution, climate change, unregulated marketing of tobacco and other harmful products, easy access to nutrient-poor and calorie-dense food and unsafe roads and transport systems – it is imperative that leaders find innovative solutions to complex health challenges in ever-changing environments.

Introduction

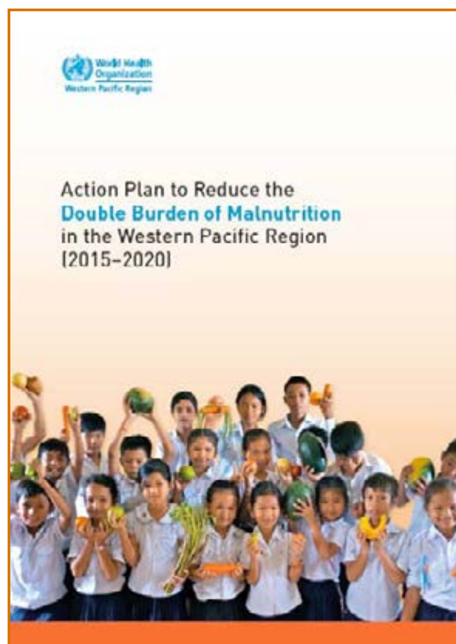
Investing in health leadership in changing environments

Unprecedented changes in our environment – cultural, economic, physical, political and social – pose new risks and threats to health. Whether it is urbanization and the built environment, severe air pollution, climate change, unregulated marketing of tobacco and other harmful products, easy access to nutrient-poor and calorie-dense food and unsafe roads and transport systems – it is imperative that leaders find innovative solutions to complex health challenges in ever-changing environments.

Factors that predispose certain population groups to unique risks interact with changing environments. At each developmental stage of life, human beings exhibit different vulnerabilities and are exposed to different risks. Hypothermia in newborn children, for example, is a significant risk factor for disease and death during infancy. Injuries are the leading cause of death of children aged 5–14 years. Adolescent boys are at high risk for taking up lifelong habits of smoking and alcohol use and increasing the risk of developing noncommunicable diseases (NCDs) as adults. Unplanned pregnancies create unforeseen risks for women of all ages. Preventable blindness is highest among older people. At all stages of life, good nutrition is an underlying protective factor.

The Division for NCD and Health through the Life-Course (DNH) coordinates WHO's work with Member States to invest in leadership for health in changing environments in a range of programmatic areas: blindness prevention and control; disabilities and rehabilitation; health and the environment; health promotion; mental health and substance abuse; NCD prevention and control; nutrition; reproductive, maternal, newborn, child and adolescent health; and the Tobacco Free Initiative.

Coastlines and sea levels are dramatically changing in Pacific island countries such as Kiribati, where the impact of climate change is increasingly felt.



Regional action plans in mental health, nutrition and tobacco control provide strategic guidance for Member States and WHO to achieve progress for healthier people in healthier environments.

Three regional action plans updated in 2014 emphasize the role of different sectors in leadership and governance for health: the *Action Plan to Reduce the Double Burden of Malnutrition in the Western Pacific (2015–2020);* the Regional Action Plan for the Tobacco Free *Initiative in the Western Pacific (2015–2019)*; and the *Regional Agenda for Implementing the Mental Health Action Plan 2013–2020 in the Western Pacific.*

Leaders from various sectors have been engaged to identify and prioritize emerging health threats and to develop multisectoral plans. Support has been provided to countries to integrate NCD programmes into national health planning. The Technical Consultation on Urban Health held in April 2015, with multisectoral teams from 19 Member States, focused on a road map that prepares cities for change through the draft *Regional Framework for Urban Health in the Western Pacific (2016–2020).*

WHO initiated a global consultation on electronic nicotine delivery systems, which was convened with the Southeast Asia Tobacco Control Alliance. Monash Injury Research Institute cooperated on a workshop on the prevention of road traffic injuries, which was attended by 20 senior multisectoral officials from eight countries. National partners from the health and environment sectors have been convened to strengthen action on water and sanitation through the United Nations Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS) and on climate change through the National Adaptation Programmes of Action (NAPA) on Climate Change. Ministries of social affairs and health have worked together on community-based rehabilitation projects in three countries. Salt reduction strategies have been implemented through country workshops with participation from the health, commerce and trade sectors in several countries.

Leaders have been supported in generating and using data for policy. The Workshop for NCD Surveillance and Reporting of the Global Voluntary Targets, held in September 2014, supported countries in prioritizing NCD targets and

indicators. Accelerated implementation of the WHO Framework Convention on Tobacco Control is based on solid data from the Global Adult Tobacco Survey and the Global Youth Tobacco Survey, implemented in nine countries. Two tools to assess eye health systems and services were developed: the Eye Care Systems Assessment Tool (ESCAT) and the Tool for the Assessment of Diabetes and Diabetic Retinopathy Services. The Atlas for Mental Health, Neurological Disorders and Substance Abuse, completed in 2014, informs policy on the magnitude of mental health issues.

Recognizing the essential role of law in mitigating NCD risk factors, support to countries in developing their legal frameworks for health promotion has been scaled up. Fiji was supported in convening a multisectoral national workshop to advocate stronger NCD-related regulations, such as restrictions on the marketing of foods and non-alcoholic beverages to children. Papua New Guinea was supported in strengthening the country's tobacco control. In collaboration with the Republic of Korea, a high-profile international symposium was convened on litigation against the tobacco industry.

Strengthening the capacity of NCD and maternal and child health (MCH) sector leaders for managing limited health resources in a changing environment continues to be a priority. In four countries, ministries of health are developing plans to address gaps in the provision of rehabilitation and assistive devices. Leaders from 15 countries gathered to develop implementation plans for blindness prevention, including innovative approaches to eyecare financing. New knowledge and skills in newborn care have been introduced through the *Early Essential Newborn Care: Clinical Practice Pocket Guide*. Training in delivery of mental health services was conducted in 10 countries. A cancer registry training course has been developed in collaboration with the International Agency for Research on Cancer with participation from eight countries.

A community in Fiji discusses healthy eating. Overweight and obesity contributes significantly to the burden of high blood pressure, heart disease and diabetes in the Pacific.

Partnership networking remains an important platform for advancing leadership in changing environments. The Alliance for Healthy Cities celebrated its 10th anniversary in October 2014. More than 160 cities across the Western Pacific Region share best practices and experiences through the alliance.

In the future, leadership development approaches will be adapted and adopted from national to local levels. Highly-localized approaches at the district level have been implemented through the Western Area Health Initiative (WAHI) in China, the Package of Essential NCD Interventions for Primary Health Care in Low-Resource Settings in Samoa and the subnational initiative in the Philippines. Lessons learnt from the local sites show how leaders can improve health with vision, skills in mobilizing partners, access to data, and engagement with partners and networks. ■

1. Learning by doing helps leaders overcome tobacco control bottlenecks in China

Anti-tobacco banners in Beijing, China. Health promotion leadership has contributed to more legislative breakthroughs, such as Beijing's 100% smoke-free law that went into effect on 1 June 2015.

Since 2004, WHO has worked with teams of health promotion leaders to create new infrastructure and sustainable financing through the regional Health Promotion Leadership Training (ProLEAD) programme. Recently, the Government of China requested adaptation of the ProLEAD model to overcome national-level bottlenecks in health promotion, tobacco control and health reform.

ProLEAD emphasizes "learning by doing". Teams of leaders use quality improvement tools to identify root causes of problems and design solutions.

In China, 52 leaders are participating in three modules: Beijing in September 2014; Chongqing in January 2015; and a third "graduation" module in the second half of 2015.

ProLEAD in China seeks to enhance communication, negotiation and strategic thinking skills and to apply these skills to real world challenges in communities. Lessons learnt from this national adaptation of the regional initiative have now been applied to the ProLEAD roll-out in Macao SAR (China), the Philippines, Samoa, Tonga and Viet Nam.

As China is on the cusp of some major breakthroughs in tobacco control – including a draft national tobacco control law and Beijing's 100% smoke-free law started on 1 June 2015 – the ProLEAD teams can use their projects to accelerate change.

"I used to focus on very narrow issues in my work," said one participant. "As a result of ProLEAD, I have learnt to think like a leader: to have a clear vision, strategy and plan, and to communicate this to achieve my goals." ■

2. Interactive learning platforms accelerate country leadership for NCD prevention and control

A substantial part of health expenditures go to hospital-based treatment of severe and complicated NCD conditions. The cost and suffering associated with these conditions are immense. WHO works with Member States, using innovative learning platforms, to ensure health workers have the skills to manage NCDs effectively.

Leadership and Advocacy for the Prevention and Control of Noncommunicable Diseases (LeAd-NCD) is an annual training organized by WHO in collaboration with the National Institute of Public Health in Saitama, Japan. The programme, which began in 2013, combines lectures, interactive learning exercises, facilitated group work, experiential learning and site visits. In 2014, 20 NCD focal points and representatives from ministry of health international cooperation units across 15 countries and areas participated. The LeAd-NCD model has been adapted to a national-level workshop in five countries, while other participating countries have expressed interest in doing the same.

"This was one of the best NCD leadership trainings I have ever attended, and I would like to suggest that we replicate this training back home," said one participant. "Our NCD leaders and counterparts could benefit from this leadership training."

Another leadership initiative, the biennial Workshop on Leadership and Capacity-Building for Cancer Control (CanLEAD), was launched in 2013. The first of its kind, the workshop is organized by WHO and the National Cancer Center of the Republic of Korea. CanLEAD aims to enhance participant leadership skills and create national champions for cancer prevention and control. The second workshop was held in June 2015.

An online course called eCanLEAD, based on WHO's *Cancer Control: Knowledge into Action,* was introduced. The course was developed in collaboration with the Graduate School of Cancer Science and Policy of the National Cancer Center of the Republic of Korea. ■

Health workers in Samoa roll out WHO-recommended interventions to address the NCD crisis there. WHO supports platforms such as LeAd-NCD and CanLEAD to ensure local ownership and sustained action on NCDs.

3. Leaders from health and non-health ministries make safer water available to communities in Cambodia

Access to safe drinking-water and sanitation is a basic human right. Water safety plans in Cambodia provide safer drinking-water, averting childhood deaths from waterborne diseases.

WHO and the Australian Government, working together through the Water Quality Partnership for Health, aim to provide access to safer drinking-water to an additional 25 million people in the Region by June 2016. The partnership empowers communities through participatory development and implementation of water safety plans.

In Cambodia, water safety plans are being institutionalized by bringing together the Ministry of Rural Development, the Ministry of Industry and Handicraft, and the health sector, supported by WHO. Through testing drinking-water at the point of consumption – rather than at the hand pump or standpipe – long-standing assumptions have been challenged. Data from a study led by the Ministry of Rural Development revealed that only 23% out of the 900 Por Pus Commune households consumed safe water. Risks to public health appear significantly higher than previously believed. These findings led to changes in the design and monitoring of rural water supply programmes.

Safer drinking-water is now available in 90% of Por Pus Commune households in Svay Antor district of Prey Veng province. Two primary schools of Por Pus Commune have requested support to provide safe drinking-water for their students. Having undergone training, teams from the provincial Government and the commune raised funds and engaged stakeholders.

One satisfied school director observed: "The number of students absent from class due to illness has significantly decreased." Ownership at the provincial, district and community levels of the Government ensures sustainability. The response from communities has been very positive, with calls for water safety plans to be fully integrated into local governance.

Future directions for leaders in water and sanitation in Cambodia include interventions for testing the impact of climate change on health, ensuring the availability of safe water and sanitation in all health-care facilities, and linking these efforts with maternal and child health programmes towards delivering sustained universal health coverage. ■

4. Coaching health leaders to prevent newborn deaths in Mongolia

WHO helps prevent newborn deaths with simple, cost-effective interventions that benefit mothers and babies across the Region, like this smiling mother with her baby in Mongolia.

Mongolia declared 2014 the Year of Women and Children. The minister of health committed to reduce newborn deaths, which are often caused by sub-standard quality of care. After national planning and review, the minister endorsed the *National Action Plan to Scale Coverage of Early Essential Newborn Care* (EENC) and a decree to establish the Newborn Steering Committee. EENC, which prioritizes inexpensive and effective interventions to address the major causes of newborn deaths while eliminating harmful practices.

In June 2014 during Mongolia's first two-day EENC coaching session, 30 neonatologists, obstetricians and midwives from six hospitals trained to become national EENC facilitators. Training was practice based – with no lectures or presentations. All participants scored 90% or better on the skills assessment conducted after the training. "Before I understood what to do," one participant explained, "but now I know how to do it."

With WHO technical support, facilitators coached staff at the four major maternity hospitals of Ulaanbaatar. At the same time, hospitals formed working groups and issued administrative orders, indicating the roles and responsibilities of the groups and their members.

All four hospitals are now practising the new techniques for all newborn infants. When asked what they observed, working group members from three hospitals agreed that their delivery rooms are now quiet. One group said they were worried that the babies were too quiet, so they prodded the babies to make them cry.

Coaching has proven to be an effective way to modify behaviours of health practitioners who delivered 6000 newborn infants in a three-month period in four hospitals. Coaching will be the main approach for expansion of EENC to provincial and inter-district hospitals. ■

5. Mental health, a priority of health leaders in the Philippines

Young children in the Philippines mourn the loss of loved ones in Typhoon Haiyan. WHO supports sustainable mental health-care systems to meet the continuing psychosocial needs in the recovery and reconstruction phases of disasters.

More than 800 000 people have experienced mental health disorders due to trauma and shock since Typhoon Haiyan devastated the Philippines in November 2013.

Beyond support for psychosocial needs in the acute phase, WHO worked with mental health leaders in the Philippines on measures to establish services through a new law, shifting support towards building a sustainable and resilient mental health-care system for the whole country. WHO supported a proposal from the Department of Health Program Management Committee for Mental Health to overhaul the national mental health system.

Leaders in mental health focused on solving problems related to scaling-up services and care, providing essential drugs and medicines and strengthening information systems for mental health.

In collaboration with nongovernmental organizations and WHO, the Department of Health enabled local leaders to provide immediate and timely assistance and refer patients to specialist services when needed. Health workers at all levels are provided training on the intervention guide of the WHO Mental Health Gap Action Programme (mhGAP) to meet the mental health needs of the millions of displaced people. ■

Participants and members of the Secretariat for the regional meeting of the WHO collaborating centres, 13–14 November 2014, pose for a group picture showing solidarity and collaborative spirit.

Health Systems

Introduction

1. Policy development: hospitals – clarifying roles and directions in the health system
2. Policy development: antimicrobial resistance – adopting shared priorities for action across the Region
3. Evidence generation and situation analyses: innovative dashboards for universal health coverage – monitoring coverage and accountability
4. Technical support and capacity-building: Global Health Learning Centre – mentoring tomorrow's health leaders
5. Advancing strategic partnerships – the First Regional Forum of WHO Collaborating Centres in the Western Pacific

Health systems are the foundation of public health efforts to achieve better health outcomes. WHO in the Western Pacific Region has worked with Member States over the past year to strengthen health systems and move closer to the goal of universal health coverage (UHC).

Introduction

Health systems are the foundation of public health efforts to achieve better health outcomes. WHO in the Western Pacific Region has worked with Member States over the past year to strengthen health systems and move closer to the goal of universal health coverage (UHC). This collaborative work includes programmes on: national health policies, strategies and plans; integrated, people-centred health services; access to medicines and health technologies and strengthening regulatory capacity; health systems, information and evidence; ageing and health; gender, equity and human rights mainstreaming; and social determinants of health.

Policy development

WHO supported the development of national policies, strategies and plans in Cambodia, the Lao People's Democratic Republic, Malaysia, Mongolia and Solomon Islands.

Health financing policy and health sector reform were supported in Cambodia, the Lao People's Democratic Republic and Malaysia. Hospital policy development was supported in Palau and Solomon Islands. Support was also provided to Viet Nam to integrate equity and the social determinants of health into the national health sector plan.

The Regional Director for the Western Pacific was involved in high-level policy dialogues on hospital issues at the ministerial and deputy prime minister levels in China and Viet Nam. The Regional Director for the Western Pacific also met with Government representatives in Cambodia in a series of dialogues to advocate increased domestic funding for health. Increased funding could improve access for vulnerable groups to primary health services and facilitate better oversight of the national health sector.

Hospital policy development in Solomon Islands emphasized the hospital as a key driver of service delivery.

The Regional Committee for the Western Pacific in October 2014 endorsed the *Action Agenda for Antimicrobial Resistance in the Western Pacific Region*, which will help guide national health policy development in many countries.

Evidence generation and situation analyses

Evidence gathering and situation analyses are critical to improve health systems. In relation to health financing, WHO supported seven countries to institutionalize health accounts and provided training on national health accounts for nine Pacific island countries and areas.

WHO conducted a range of regional reviews on various issues including health workforce regulation, hospital legislation, the impact of decentralization on

health system development, parliamentary mechanisms for health legislation, public-private partnerships in hospital development, financing of prevention and long-term care, and the efficiency and sustainability of priority public health programmes. In implementing the *Regional Framework for Action on Ageing and Health in the Western Pacific (2014–2019)*, reviews were also undertaken of integrated service delivery models, essential medicines and health technology, the long-term care workforce and the potential of older people's associations to meet the needs of older people.

In collaboration with the Organisation for Economic Co-operation and Development (OECD), *Health at a Glance: Asia/Pacific 2014* provided survey results on the determinants of health, health-care resources and utilization, health-care expenditures and financing, and health-care quality across 27 countries and economies.

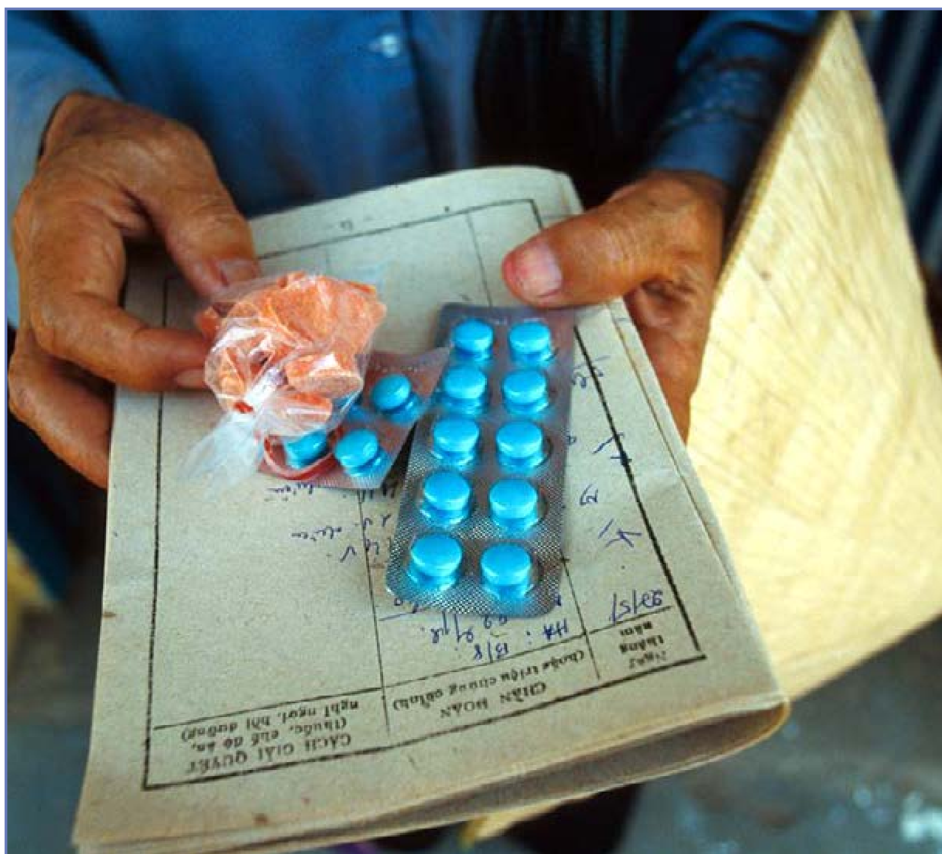
A review of health trends in the Pacific over the past two decades was conducted as part of the 20-year commemoration of the Yanuca Island Declaration, adopted at the inaugural Pacific health ministers meeting in 1995. A new regional monitoring and evaluation framework for UHC was also drafted.

With experience and wisdom gained throughout their long lives, older men and women are of great value to society.

Technical support and capacity building

Member States sought support in a range of areas. Health research portals were established in Fiji, the Lao People's Democratic Republic, Mongolia and Papua New Guinea. A national database for published research was developed in Mongolia. Support was also provided to develop national health research/clinical trial registries and standard operating procedures in six Member States. Health information system (HIS) strengthening was supported in Cambodia, China and the Lao People's Democratic Republic. In the Philippines, Solomon Islands and Vanuatu support was provided to strengthen evidence-based decision-making. The Philippines has developed an e-health strategy and a national civil registration and vital statistics (CRVS) investment plan. Meanwhile, Samoa developed an HIS strategy, operational plan and a road map for priority actions, including an analysis of options for an electronic patient information system.

WHO is assisting countries supported by Gavi, the Vaccine Alliance in shaping national policies once the countries "graduate" – that is, pass the economic threshold at which they no longer qualify for Gavi support. Costing exercises on the feasibility and sustainability of new vaccines are feeding into the larger global picture



A pharmacist dispenses medicine at a health facility. Access to an uninterrupted supply of quality medicines is important for achieving universal health coverage.

and debate on new vaccine introduction and pricing.

With a new approach to supporting health system strengthening under the Global Fund to Fight AIDS, Tuberculosis and Malaria, assistance has been provided to four Member States in preparing Global Fund proposals.

Regulatory systems strengthening support, under essential medicines and technologies, was provided to seven priority Member States. Updates of national medicines policy were supported in Papua New Guinea, and capacity was strengthened for the evidence-based selection of medicines and health technologies in Tuvalu and Viet Nam. Assistance was provided to Mongolia and the Philippines to strengthen medicine procurement and supply chain management.

In relation to traditional and complementary medicines, WHO focused on the safety and quality of products and practices through improved data availability and regulation. Malaysia was supported in strengthening monitoring capacity. Support was provided to the Lao People's Democratic Republic and Papua New Guinea to develop national traditional medicine policies.

Technical support on the health systems implications of population ageing was provided to Cambodia, China, Fiji and Viet Nam. WHO also worked with Cambodia and the Lao People's Democratic Republic to measure violence against women, and with Cambodia, Fiji, Papua New Guinea and Viet Nam on health sector responses to gender-based violence.

Partnerships

WHO continued to work closely with collaborating centres, hosting the first-ever Region-wide meeting of collaborating centres. With the WHO Collaborating Centre in Health Financing at Seoul National University, regional network meetings were convened on public–private partnerships in hospital development and access to medicines under UHC. WHO and partners also convened a conference on measuring and achieving UHC with the support of information and communications technology.

WHO's technical cooperation priorities must respond to the changing needs of Member States in order to maximize the impact of the Organization's support. The increasingly complex and dynamic global landscape in public health will require strategic partnerships with national institutes (such as collaborating centres) as well as other development partners. ■

1. Policy development – Hospitals: clarifying roles and directions in the health system

A nurse cares for patients at a hospital in Zouping County, Shandong province, China.

Consistent with national developments in health sector reform, the Regional Office for the Western Pacific has focused on the role of hospitals as a key driver of service delivery – measurable in terms of the number of consultations, the resources utilized and, most importantly, the quality of clinical outcomes.

China is among the first countries to re-evaluate the place of hospitals in the health system, an exercise that began in 2009 with its five pillars of health-care reform. The reform process seeks to transform the system from one centred on public hospitals to a more people-centred system.

The Government is rightfully concerned because increases in health expenditures have not resulted in wider access and overall improvement in the quality of health services. WHO and the World Bank convened a policy dialogue with Government leaders in July 2014 to consider these issues. Studies are also underway to inform policy discussions and produce recommendations for public hospital reform and private sector investment.

Viet Nam requested WHO's support in sharing experiences on hospital regulation, ownership and financing. After a series of consultations, hospital visits and assessments, the WHO Regional Director for the Western Pacific met with the Deputy Prime Minister and Minister of Health in January 2015 for a high-level multisectoral policy dialogue on public–private partnerships and hospital development.

Increased hospital autonomy has increased investments in health care and improved wages. However, this has also increased costs and affected equity in service utilization and overutilization.

During the policy dialogue with Viet Nam, WHO drew attention to the Government's role in strengthening policies and regulations, supervising and monitoring performance, establishing accountability and transparency mechanisms to ensure equal access to services and financial protection for people with low socioeconomic status.

In Manila in November 2014, a regional expert consultation on hospital services and management reviewed the management of hospital sector challenges in the Region. The consultation highlighted the pressing issues of quality and patient safety, and the need for more management training.

A technical framework based on six attributes – financing, feedback, regulation, ownership, governance and goals (FFROGG) – was developed to help analyse hospital regulation, governance and management issues at the institution and district level. ■

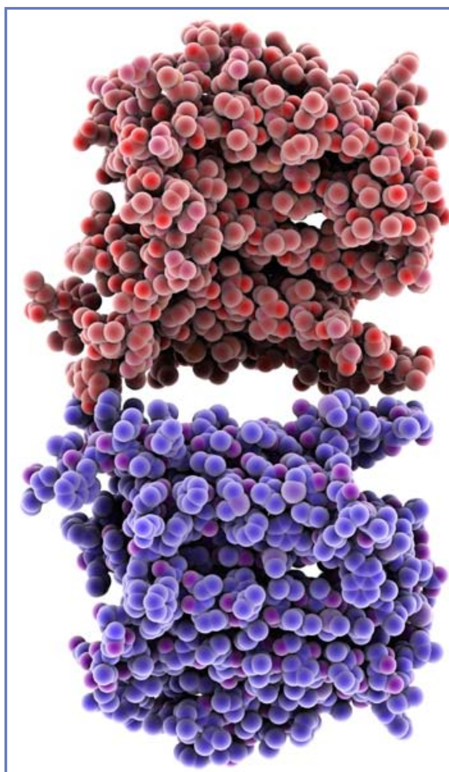
2. Policy development – Antimicrobial resistance: adopting shared priorities for action across the Region

Antimicrobial resistance (AMR) is a serious threat to global public health that places the lives and the well-being of the people in the Region at risk. Due in part to the irrational use of antibiotics, many microorganisms, including bacteria, have grown resistant to antimicrobial drugs – rendering ineffective some established drug treatments.

AMR has the potential to damage trade and economies as the disease burden increases, the cost of health care rises and efforts to control infectious diseases are hampered.

The *Action Agenda for Antimicrobial Resistance in the Western Pacific Region* was endorsed by the Regional Committee for the Western Pacific in October 2014. The agenda calls for development of comprehensive national plans, awareness raising, improved surveillance and monitoring of antimicrobial use, and strengthened health system capacity. The agenda also includes key indicators for the containment of AMR.

Significant advances have been made in the development of national plans. Viet Nam approved its *National Action Plan for Antimicrobial Resistance (2013–2020)*, and Cambodia developed a *National Policy to Combat Antimicrobial Resistance* and a *National Strategy to Combat Antimicrobial Resistance (2015–2017)*. In the Philippines, Administrative Order No. 42 was signed by the president, mandating the creation of an interagency committee to finalize the national AMR action plan.



Hospital and community-acquired bacterial infections are reaching alarming levels of resistance to antibiotics.

A high-level meeting on AMR was also held in Viet Nam in June 2015. The meeting concluded with the signing of an aide memoire on AMR among representatives of Viet Nam's ministries of Health, Agriculture and Rural Development, Industry and Trade, and Natural Resources and Environment, along with embassies of the United Kingdom of Great Britain and Northern Ireland in Viet Nam and the United States of America in Viet Nam, and the Food and Agriculture Organization of the United Nations and WHO.

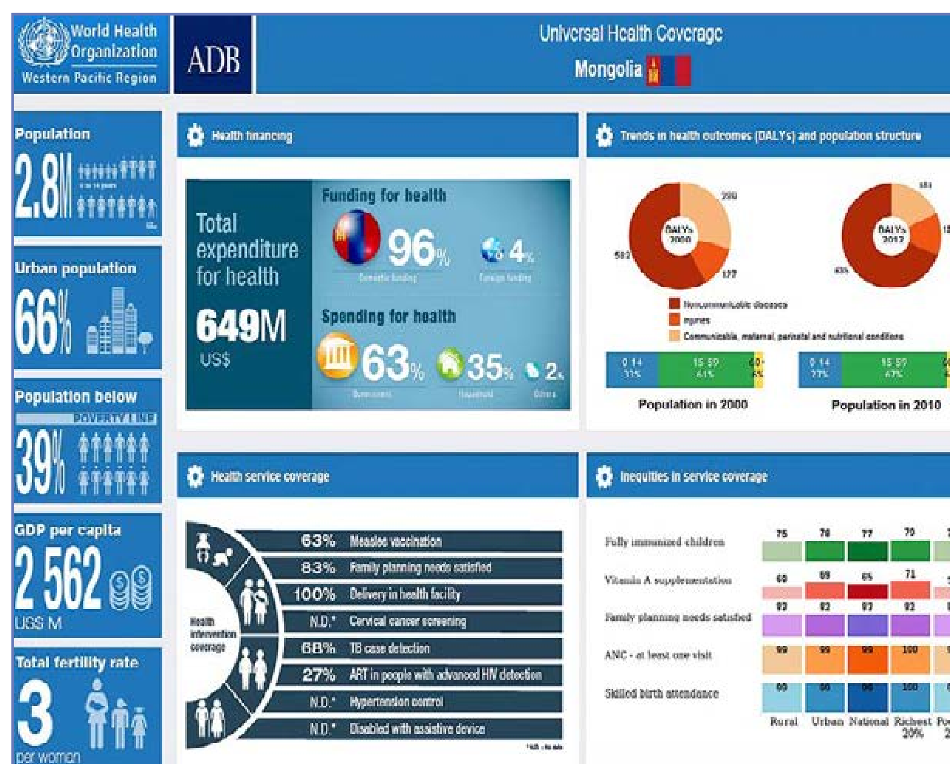
Hong Kong SAR (China) and the Philippines have adapted the WHO pledge to use antibiotics responsibly in national advocacy campaigns. In the Pacific, 57 health workers completed an online antimicrobial stewardship (AMS) course through the Pacific Open Learning Health Net.

A training-of-trainers workshop on AMS in hospitals was held in the Lao People's Democratic Republic and the Philippines in March 2015. Promotion of rational drug use is important in Member States like these where antibiotics and other medicines are widely available over-the-counter.

Without urgent coordinated action, the world may face a post-antibiotic era in which once-effective drugs no longer work. AMR threatens to turn common infections and minor injuries into killers once again.

To increase awareness, WHO will promote a regional antibiotic awareness week in November 2015 and expand AMS training face-to-face and online. ■

3. Evidence generation and situation analyses: innovative dashboards for universal health coverage – monitoring coverage and accountability



The Mongolia universal health coverage dashboard, a prototype for a forthcoming fully functional and customizable dashboard and decision-making tool for universal health care. Setting targets and visualizing progress towards universal health coverage is helping countries implement interventions for better health.

The Regional Office for the Western Pacific uses infographics and monitoring dashboards to track Member State progress towards UHC, based on national health policies, strategies and priorities.

WHO, working in collaboration with the Asian Development Bank (ADB), has developed a regional UHC monitoring dashboard. The dashboard brings together indicators from national, regional and global frameworks, including the November 2014 *Global Reference List of 100 Core Health Indicators*, as well as data from the Global Health Observatory and the Western Pacific Region Health Information and Intelligence Platform (HIIP).

Three national UHC monitoring dashboards have also been developed. In Cambodia, the dashboard builds on the country's web-based health management information system. In the Lao People's Democratic Republic, the dashboard is a new feature in the District Health Information System.

The Philippines launched its UHC dashboard in 2013, with a core set of 19 UHC indicators to track financial risk protection, equity, service quality and coverage, and infrastructure improvements.

These experiences were shared at the Conference on Measuring and Achieving UHC with Information and Communications Technology in Manila in December 2014. The conference was organized by WHO, ADB and the Asia eHealth Information Network.

Setting targets and visualizing progress towards UHC is helping countries implement interventions for better health. ■

4. **Technical support and capacity-building:** Global Health Learning Centre – mentoring tomorrow's health leaders

In 2014, the Regional Director for the Western Pacific re-established a health leadership programme with a focus on international communications and global health. The Western Pacific Region Global Health Learning Centre (GHLC) aims to build capacity of mid-level health officials to participate in international meetings and contribute effectively to discussions on global health issues important to their countries.

In 2014, 15 fellows from five countries completed the six-month course at the Regional Office for the Western Pacific in Manila. The first four months covered English-language communication. Fellows then explored global health issues for two months. All WHO technical divisions contributed to the development and delivery of the interactive sessions. Fellows commented favourably on the breadth of topics and the approaches. "We've never been taught like this before – it's much more interesting," said a fellow from China. Each fellow also worked on an individual project with mentoring by WHO technical experts. Having returned home, several fellows are now implementing their projects, which included HIV/AIDS, measles elimination, dengue prevention, risk factors for NCDs, antibiotic use in hospitals, improving hospital services, managing the health insurance system, the rational use of blood products, occupational health, the International Health Regulations (2005) and health diplomacy. Improvements in communications capacity were evidenced by 5–15% increases in English language proficiency by the end of the six-month course. With the success of the programme, a second cohort of 15 fellows joined the programme in 2015.

Fellows ponder terminology and definitions in a group competition.

5. **Advancing strategic partnerships –** the First Regional Forum of WHO Collaborating Centres in Western Pacific

WHO collaborating centre representatives participate in a focus group on strengthening the partnership with WHO.

WHO collaborating centres are indispensable partners in advancing the Organization's technical work. Dynamic sociodemographic and public health landscapes indicate the need to strengthen strategic partnerships between WHO and collaborating centres.

The First Regional Forum of WHO Collaborating Centres in the Western Pacific was held in Manila in November 2014, bringing together 196 representatives from 135 collaborating centres in 10 countries.

The forum focused on mobilizing strategic partnerships between WHO and collaborating centres with an emphasis on improving impact at the country level. Good practices and stories of effective collaboration were shared, and opportunities for future collaboration were discussed. An outcome statement reflecting the discussions of the forum was adopted.

The forum highlighted the need for improved information-sharing including good practices, regular monitoring of planned collaborative activities, increased recognition of the work of WHO collaborating centres, and better communications between WHO and collaborating centres. ■

A Fijian boy in Cuvu Village performs a traditional dance during the Eleventh Pacific Health Ministers Meeting in Fiji in April 2015.

Pacific Technical Support

Introduction

1. Healthy Islands: vision and actions 1995–2015 and beyond
2. Health workforce development in the Pacific: putting the right people with the right skills in the right places.
3. Eliminating lymphatic filariasis in Pacific island countries and areas
4. Towards a Tobacco Free Pacific through regulation, taxation and smoke-free environments

The Division of Pacific Technical Support (DPS) was established in 2010 to bring WHO support closer to the 21 Pacific island countries and areas in the Western Pacific Region. WHO's work is firmly aligned with country needs – whether efforts are Pacific-wide or on a country-by-country basis.

Introduction

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Tackling the Pacific NCD crisis together

Noncommunicable diseases (NCDs) are a crisis in the Pacific, with nine out of 10 people having NCD risk factors. In some Pacific island countries and areas, more than 75% of adults are obese, nearly 50% of young people smoke and up to 40% of adults over 25 years of age have elevated blood-glucose levels.

Multisectoral action over the past year to prevent and control NCDs has included the endorsement by heads of government of the Small Island Developing States Accelerated Modalities of Action (SAMOA) Pathway and the formation of the WHO-led Pacific Regional UN Thematic Group on NCDs. Tonga was the first country to receive joint-agency support from the task force. A United Nations joint mission reviewed NCD activities in Tonga and recommended strengthened support from United Nations agencies to improve coordination and accountability, multisectoral planning, financing and communications.

In July 2014, Pacific ministers of finance and health met for the first time as a group and endorsed an NCD road map for the Pacific. The meeting was convened by the Australian Government Department of Foreign Affairs and Trade, the New Zealand Ministry of Foreign Affairs and Trade, the Secretariat of the Pacific Community (SPC), WHO and the World Bank. The Tobacco Free Pacific 2025 campaign was also launched at the meeting. The Pacific Islands Mental Health Network has also been revitalized. The network has begun to roll out the Mental Health Gap Action Programme, and between 2013 and 2015 more than 500 doctors and nurses in 12 countries and areas were trained to assess and manage common mental health conditions, such as depression and psychosis.

Much-needed medical supplies arrive in Port Vila, Vanuatu, including sufficient medication to provide basic primary health care to 100 000 people for three months. The supplies were donated by the Government of Solomon Islands and transported from Honiara by the Australian military.

Emergency preparedness and response – everybody's business

DPS supported Pacific island countries and areas to prepare for the unlikely event of an imported case of Ebola virus disease. Support included preparedness planning, infection prevention and control training, the provision of personal protective equipment, training in the safe shipment of specimens, strengthening risk communications and simulation exercises. These activities also strengthen core capacities under the International Health Regulations (2005).

Now more than ever, natural disasters threaten the lives and livelihoods of Pacific islanders. Tropical Cyclone Pam and Typhoon Maysak were the latest in a trend of escalating natural hazards. These events are especially troubling because they have the potential to wipe out in a day a decade of hard-fought development gains. Experts estimate that Vanuatu will take years to recover from Cyclone Pam, which damaged over 70% of the health facilities in its path.

WHO supports governments in their response to these events by helping to coordinate activities, carrying out needs assessments, providing medical supplies and implementing disease surveillance systems. WHO provided support to Fiji, Solomon Islands, Tonga and Vanuatu to develop national action plans for health sector disaster preparedness, including training of national health clusters. Hospital safety during disasters was systematically assessed in the Marshall Islands, the Federated States of Micronesia and Solomon Islands.

A low-lying island nation, Tuvalu endorsed a programme in 2015 to build climate-resilient health systems, along with its Pacific neighbours Kiribati, Solomon Islands and Vanuatu.

Continual efforts to control communicable diseases

WHO assisted Member States in responding to measles outbreaks in the Federated States of Micronesia, Solomon Islands and Vanuatu. Efforts included outreach and supplementary immunization campaigns. American Samoa, Cook Islands and Palau have reached the regional hepatitis B control goal of a less than 1% infection rate among 5-year-old children ahead of the 2017 target. Pacific island countries and areas continue to report low HIV prevalence, but consistently high rates of sexually transmitted infections. Implementation plans based on situation analyses have been enhanced in the Federated States of Micronesia, Nauru and Niue. With support from the Global Fund to Fight AIDS, Tuberculosis and Malaria, WHO created a stockpile of drugs for countries to treat multidrug-resistant TB while reducing procurement costs. Fiji and Palau benefitted from this service in 2014. A new report – *Human health and climate change in Pacific island countries* – will be published in 2015. A new programme to build climate-resilient health systems was endorsed by Kiribati, Solomon Islands, Tuvalu and Vanuatu, while enhanced water safety policies were supported in six Pacific island countries and areas.

Improving health systems, country by country

WHO has supported Pacific island countries and areas to strengthen health systems through planning, building evidence and continuous learning. National policies for essential medicines, laboratories and blood safety have been developed or updated in Cook Islands, Fiji, the Marshall Islands, the Federated States of Micronesia, Palau, Samoa, Solomon Islands, Tonga and Vanuatu. A policy was developed on service delivery role delineation in Solomon Islands. Support with national health strategic planning was provided to the Marshall Islands, the Federated States of Micronesia, Nauru and Solomon Islands, and health workforce planning support was provided to Fiji, Kiribati and Tonga.

National profiles have been developed so that decision-makers may more readily develop evidence-based policies and plans. The profiles include: health workforce profiles in Cook Islands, the Marshall Islands, Solomon Islands, Tokelau, Tonga and Vanuatu; pharmaceutical profiles in Cook Islands, Fiji, Kiribati, Palau, Solomon Islands and Tuvalu; and national health accounts in Fiji, the Federated States of Micronesia and Samoa.

In partnership with ministries of health, WHO operates the Pacific Open Learning Health Net (POLHN) to improve health worker access and participation in continuing professional education. More than 5000 health workers are registered users of POLHN. WHO will continue to work with countries and areas to tailor global initiatives to Pacific settings, as well as develop Pacific-specific initiatives to improve health. ■

1. Healthy Islands: vision and actions 1995–2015 and beyond

Twenty years ago on Yanuca Island in Fiji, Pacific health ministers declared their vision of Healthy Islands for the 21st century: "Healthy Islands are places where children are nurtured in body and mind, environments invite learning and leisure, people work and age with dignity, ecological balance is a source of pride, and the ocean that sustains us is protected." In April 2015, Pacific health ministers returned to Yanuca Island for the Eleventh Pacific Health Ministers Meeting, hosted by the Government of Fiji, with support from WHO and SPC.

Since the first meeting, Pacific islands have made impressive strides in health. Life expectancy rose to 69.7 years in 2012 from 65.3 years in 1995. Child survival rates have improved, with under-5 mortality rates falling to 26.0 deaths per 1000 live births in 2012, from 32.8 in 1995. The portion of the population using improved water sources has increased since 1995, and many Pacific island countries have met the Millennium Development Goal (MDG) target for access to improved drinking-water.

Across the Pacific, the burden of lymphatic filariasis has been reduced. Chronic hepatitis B infection in the younger generation has also been substantially reduced. Pacific islands have reduced TB prevalence by one third and TB mortality by two thirds, compared to 1990 levels. Despite the constant threat of importation, Pacific island countries and areas have remained polio free. Most have also achieved elimination of neonatal tetanus.

Pacific ministers of health and WHO Regional Director Dr Shin Young-soo visit the Cuvu District School in April 2015 during the Eleventh Pacific Health Ministers Meeting, seeing first-hand a health-promoting school programme that focuses on physical activity and healthy diet for students.

However, growing and ageing populations will increase demands on health systems in the Pacific. New diseases, such as chikungunya, are emerging, while diarrhoea, malaria, measles and TB continue to be threats. Further gains in child survival and life expectancy must be made. NCDs, such as diabetes, are rising to higher levels than elsewhere in the world, shortening the lives of adults. Meanwhile, the real and potential impacts of climate variability on health and health systems represent yet another emerging challenge in the Pacific.

Recognizing these priorities, Pacific ministers reaffirmed their commitment to the Healthy Islands vision as a unifying theme to guide health development. In April 2015, ministers charted a path towards the realization of this vision by pledging to develop a reporting framework to track progress and to embrace accountability for achieving the goals. The decisions and details are part of the 2015 Yanuca Declaration. ■

2. Health workforce development in the Pacific: putting the right people with the right skills in the right places

Workforce shortages often result in crowded hospitals, lengthy waiting times and the need to travel long distances to access basic health services.

In response, Fiji's Ministry of Health and Medical Services, the Fiji Health Sector Support Programme and WHO carried out an assessment of workforce needs and future requirements.

Over 18 months the team adapted a WHO-developed assessment method to estimate the number of health workers required to cope with workloads at each facility. More than 230 Ministry of Health and Medical Services staff members across clinical, administration and management groups were assessed. The assessment found that staff members are overloaded, with many taking on extra tasks. A 24% increase in the workforce was recommended to meet the current demand without putting undue pressure on staffers.

The Ministry of Health and Medical Services presented the findings to the Cabinet in July 2014. As a result, the Cabinet agreed to create 553 new health worker positions over the next four years. Fiji has set aside funds in the 2015 budget to cover more than 440 new positions, including staff for villages and outer islands. A comprehensive workforce development plan with clearer career paths is also being developed to improve the retention of health workers. ■

Primary health-care clinics throughout Fiji provide access to health care, even in remote villages.

3. Eliminating lymphatic filariasis in Pacific island countries and areas

A Pacific woman with signs of lymphoedema due to lymphatic filariasis, a neglected tropical disease transmitted to humans by mosquitoes.

Neglected tropical diseases are a diverse group of diseases that thrive mainly among the poorest populations. WHO has gathered overwhelming evidence to show that the burden caused by neglected tropical diseases can be effectively controlled and, in many cases, eliminated or even eradicated.

Lymphatic filariasis – a neglected tropical disease commonly known as elephantiasis – persists in more than 70 countries globally. Usually as children, victims are infected by mosquitoes with filarial parasites that attack the lymphatic system.

The painful and profoundly disfiguring visible manifestations of the disease, lymphoedema, elephantiasis and scrotal swelling occur later in life and lead to permanent disability. These patients are not only physically disabled, but suffer mental, social and financial losses contributing to stigma and poverty.

Globally, an estimated 25 million men suffer with genital disease, and more than 15 million people are afflicted with lymphoedema. Eliminating lymphatic filariasis can prevent needless suffering and help reduce poverty.

Elimination of lymphatic filariasis is being achieved in the Pacific through an annual mass drug administration (MDA). To reach the goal of elimination, high MDA coverage rates must be sustained for at least five to six years.

All 15 of the Pacific island countries endemic for lymphatic filariasis are working towards elimination. Niue, Palau and Vanuatu have submitted documentation to WHO headquarters seeking validation for achieving elimination ahead of the global target of 2020. Cook Islands and the Marshall islands are finalizing their documentation for submission, with other countries planning to follow in the coming years.

4. Towards a Tobacco Free Pacific through regulation, taxation and smoke-free environments

Tobacco use drives the NCD crisis globally, and the Pacific is no exception. Tobacco use is a major cause of preventable premature death in many Pacific islands.

WHO continues to support Pacific island countries and areas in their effort to achieve a tobacco-free Pacific by 2025 (meaning less than 5% adult tobacco use prevalence). Multisectoral actions have led to increased tobacco taxes in six Pacific island countries and areas: Cook Islands, Fiji, the Commonwealth of the Northern Mariana Islands, Palau, Samoa and Solomon Islands. In addition, Fiji, Samoa and Solomon Islands have declared marketplaces smoke free, and two of Tonga's largest schools have declared their grounds smoke free. Cook Islands launched a smoke-free homes campaign, which includes 600 homes to date.

Kiribati has one of the highest adult tobacco use prevalence rates in the Pacific with 54.8% of adults smoking daily. In Kiribati villages, traditional leaders are championing tobacco control by declaring their *maneabas* tobacco free. More than just the biggest building, *maneabas* are the centre of village life and government.

Communities appreciate the healthier environment. "Since our *maneaba* became tobacco free, people have noticed that the air and area in and around our *maneaba* is much cleaner now," said a community leader.

Since 2012, nearly half of all *maneabas* have been declared tobacco free. In fact, visitors to *maneabas* are no longer encouraged to bring tobacco as a gift. Now healthy gifts, such as sports equipment, are preferred.

The smoke-free *maneabas* are one example of how WHO has worked with the Ministry of Health and Medical Services in Kiribati to reach beyond the health sector to help protect people from the dangers of tobacco.

WHO will support Kiribati and other Pacific island countries and areas to develop graphic health warnings in local language to encourage tobacco users to quit and deter young people from starting. WHO will also continue to support tobacco tax increases to make these deadly products less affordable. ■

***Maneabas*, or meeting houses, are the centre of village life in Kiribati. Village elders have become champions for tobacco control by declaring *maneabas* tobacco-free areas to protect the community from the dangers of tobacco smoke.**

Coordination in action: three divisions – RDO, DPM and DAF – with a shared mission: to ensure smooth and successful sessions of the Regional Committee for the Western Pacific.

Leadership, Coordination and Support

Introduction

1. Keeping Countries at the Centre: empowering country leadership through strengthened WHO presence
2. Programme Management Officers network
3. Access to information products: IRIS, the Western Pacific Region Digital Library
4. Enhancing collaboration across the Western Pacific Region

The Office of the Regional Director, the Division of Programme Management and the Division of Administration and Finance work collectively to provide leadership for WHO's work in the Western Pacific Region, coordinate country support and WHO technical programmes, and provide administrative and financial support.

Introduction

Leadership in action: Regional Director Dr Shin Young-soo delivers a motivational speech at the first-ever regional collaborating centres forum in November 2014.

Office of the Regional Director

The Office of the Regional Director (RDO) consolidates the functions of External Relations and Partnerships, Public Information Office, Information Products and Services and Governing Bodies. Providing overarching leadership, the RDO spearheads WHO's regional reform agenda aimed at improving health outcomes in the Western Pacific.

The External Relations and Partnerships Unit has focused efforts on strengthening WHO's engagement with non-State actors, technical and financial cooperation with partners, and coordination of resource mobilization and reporting. Of particular significance is a joint agreement between WHO's South-East Asia and Western Pacific regional offices and the Association of Southeast Asian Nations (ASEAN) to accelerate efforts towards health development objectives across both regions.

The Public Information Office facilitates media outreach for the Regional Director and WHO technical programmes through a growing network of nearly 800 media contacts, a high-resolution image bank and management of the website for the Regional Office for the Western Pacific. Staff training, which included sessions on avoiding jargon when dealing with media, was offered as well as support to WHO country offices in managing their websites, with a new website developed for the WHO Office in the Lao People's Democratic Republic.

Information Products and Services provides translation services and facilitates the development and production of information products by guiding staff in the regional and country offices and by reinforcing corporate standards. The team also provides library services and facilitates access to health information published in the Region via, for example, the Western Pacific Index Medicus (WPRIM) and by disseminating WHO-related information across the Region. Training for WHO and ministry of health staff on publishing processes, copyright policies and access to health information was conducted in Mongolia and Papua New Guinea.

Division of Programme Management

The Division of Programme Management coordinates technical cooperation with the 37 countries and areas in the Western Pacific Region, especially through programme development and operation, country support and editorial services. The division promotes results-based management and cross-cutting approaches. Under the guidance of the Programme Committee, the division directs strategic and operational planning and resource allocation based on priorities identified by WHO governing bodies – the World Health Assembly, the Executive Board and the Regional Committee for the Western Pacific – and by country cooperation strategies.

The division also manages the overall coordination and document preparation for sessions of the Regional Committee for the Western Pacific, as well as other governing bodies.

The Programme Development and Operations Unit coordinated high-level planning for the Programme Budget 2016–2017 through robust bottom-up planning with Member States to identify country and regional priorities. A review and validation of the draft *Proposed Programme Budget 2016–2017* was also prepared for the Executive Board.

The Country Support Unit coordinated a midterm review of country cooperation strategies in Cambodia and Malaysia. The team also facilitated the renewal of country cooperation strategies in Cambodia, China, Malaysia and Papua New Guinea.

The Editorial Services Unit ensures consistent style and quality of WHO official documents, correspondence and information products by providing editorial guidance and support across the Organization. The team's initiatives have included updating and streamlining mission and meeting report writing processes. The team also provides quality control analysis for all publications at the Regional Office.

Division of Administration and Finance

The Division of Administration and Finance leads the Budget and Finance, Human Resources and Information Technology and Administration units. Through diligent oversight and reporting, the division guarantees accountability and transparency in the implementation of funds. The division also ensures that WHO operates effectively with processes for recruiting and retaining skilled staff, as well as support for equipping and empowering staff to achieve results.

The Budget and Finance Unit strengthens internal financial control for compliance and quality assurance through guidance, policy and reporting. The team also ensures that resources are properly managed by monitoring the implementation of funds and reporting regularly to management.

Getting world-class experts on board in the shortest time has been the mandate of the Human Resource Unit. The team has taken steps to continuously improve staff performance, such as the regional mobility process. Other innovative steps include performance awards to highlight best practice achievements among staff. Integration of new staff has also been streamlined through the introduction of e-orientation as part of the broader orientation programme.

The Information Technology and Administration Unit provides services for procurement, travel, meeting management, registry and logistics, asset and inventory management, office management, and staff safety and security. These groups help deliver logistical support to emergency response services, including facilitating travel, procurement and shipment. The team promotes strengthened cooperation with technical divisions for solutions at the country level, and supports technical units and various online platforms including: the Health Information Intelligence Platform; the regional Institutional Repository for Information Sharing (IRIS); surveillance and reporting system for measles, rubella, invasive bacterial vaccine-preventable diseases; and a survey on violence against women.

1. Keeping Countries at the Centre: empowering country leadership through strengthened WHO presence

In 2009, the WHO Regional Office for the Western Pacific started reform initiatives to strengthen country support. The process included several rounds of consultations as well as external and self-assessments in 2011 and initiatives such as *Fit for the Future, Moving Forward Making a Difference* (2011), and *Making a Real Difference at Country Level* (2012). These steps have informed the present reform initiative: Keeping Countries at the Centre: empowering country leadership through strengthened WHO presence. This reform document aims to support Member States to improve health outcomes through progress towards universal health coverage (UHC), guided by global and regional commitments.

To improve WHO's performance in Member States, the focus is on three key action areas: a shared approach to advance UHC at the country level; being more strategic at country level; and strengthening effective engagement with partners.

To ensure WHO delivers its core business effectively, action centres on: increased collaboration among different technical programmes; improved collaboration between the Regional Office and country offices; and streamlining administrative procedures and increasing the delegation of authority.

Significant gains include enhanced processes for development of country cooperation strategies, convening the First Regional Forum of WHO Collaborating Centres in the Western Pacific and the delineation of roles and functions between the Regional Office and the Division of Pacific Technical Support. Monthly international duty travel and annual leave plan circulars have also been made accessible to all staff in the Region. Regional bi-monthly updates have also been initiated to share information among staff on global and regional technical updates on norms, standards and guidelines and other events and activities.

Over the coming year, WHO will improve the strategic focus of technical programmes' support to countries, introduce a globally centralized travel reporting system in the Region, revise the delegation of authority and develop a recommendation follow-up system for WHO missions and meetings. ■

WHO delivers strong country support down to the local level, as this immunization officer shows trekking through a remote stretch of Viet Nam in 2014.

2. Programme Management Officers network

The roles and responsibilities of the Programme Management Officers (PMOs) network have expanded significantly this year. Since its inception in 2009, the PMO network's daily operations have been strengthened to increase implementation rates, improve management and monitoring of awards and human resource plans, and reduce encumbrances in the workplan for 2014–2015. From the 7th PMO network meeting, the members are now engaged in discussions on country cooperation strategies, specifically on planning and forecasting technical and strategic priorities in each country. Aside from sharing experiences and lessons learnt on programme planning and development, the PMO Network now coordinates the development and/or renewal of country cooperation strategies. This includes development of country support plans for technical programmes and leading discussion on the roles and functions of WHO country offices. PMOs are also leading discussion on how the human resource structure in country offices must evolve in the changing health landscapes of Member States. There is now more coherence in the programme budget operational planning and monitoring to ensure that the real needs of countries are reflected in the workplans of WHO offices in the Region.

A girl peers out from behind a post after Cyclone Pam in Vanuatu in March 2015. As Member States in the Pacific and throughout the Region prepare for whatever the future holds, the WHO PMO network fills a critical function of helping ensure the delivery of good country support throughout the Region.

As the roles of the PMOs in the Region become more strategic and central to WHO's work, a PMO roster was initiated this year to ensure that this critical function is always filled in a timely manner. This roster system has minimized the long timelines usually experienced in filling vacancies. There is now a list of eligible candidates that all hiring units can draw on to accelerate recruitment. The plan is to replenish the roster regularly, anticipating the needs of the Region.

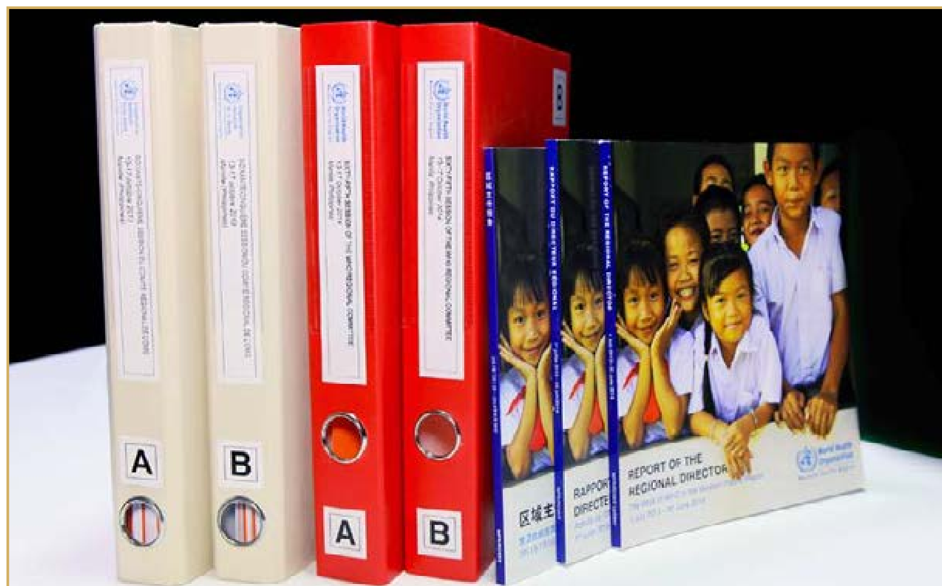
WHO envisions that with the PMO network's expanded roles, the Region will be able to better plan and manage resources while accelerating WHO's performance and more importantly always ensuring the delivery of good country support to our Member States. ■

3. Access to information products: IRIS, the Western Pacific Region Digital Library

Noticeable improvements in access to WHO health information have been made, in particular, through the Western Pacific Region Institutional Repository for Information Sharing (IRIS). Also known as the Western Pacific Region Digital Library, IRIS was launched during the sixty-fifth session of the WHO Regional Committee for the Western Pacific.

The digital library was developed by the Regional Library in response to WHO's Executive Board and World Health Assembly mandate to make all WHO information products – from all six regions in all possible languages – accessible from a single location. This unique online platform now ensures easy access to more than 6000 information products and governing body documents produced by WHO at the regional level since 1951. The documents are freely accessible and searchable in full text.

To guarantee access to WHO health information in as many languages as possible, emphasis has been placed on ensuring that the digital library is multilingual. Interfaces in the Region's three official languages (Chinese, English and French) have been developed to make information more discoverable in these languages. The regional library is also working with country offices to make information products accessible in local languages, ensuring the widest possible dissemination of key health information. ■



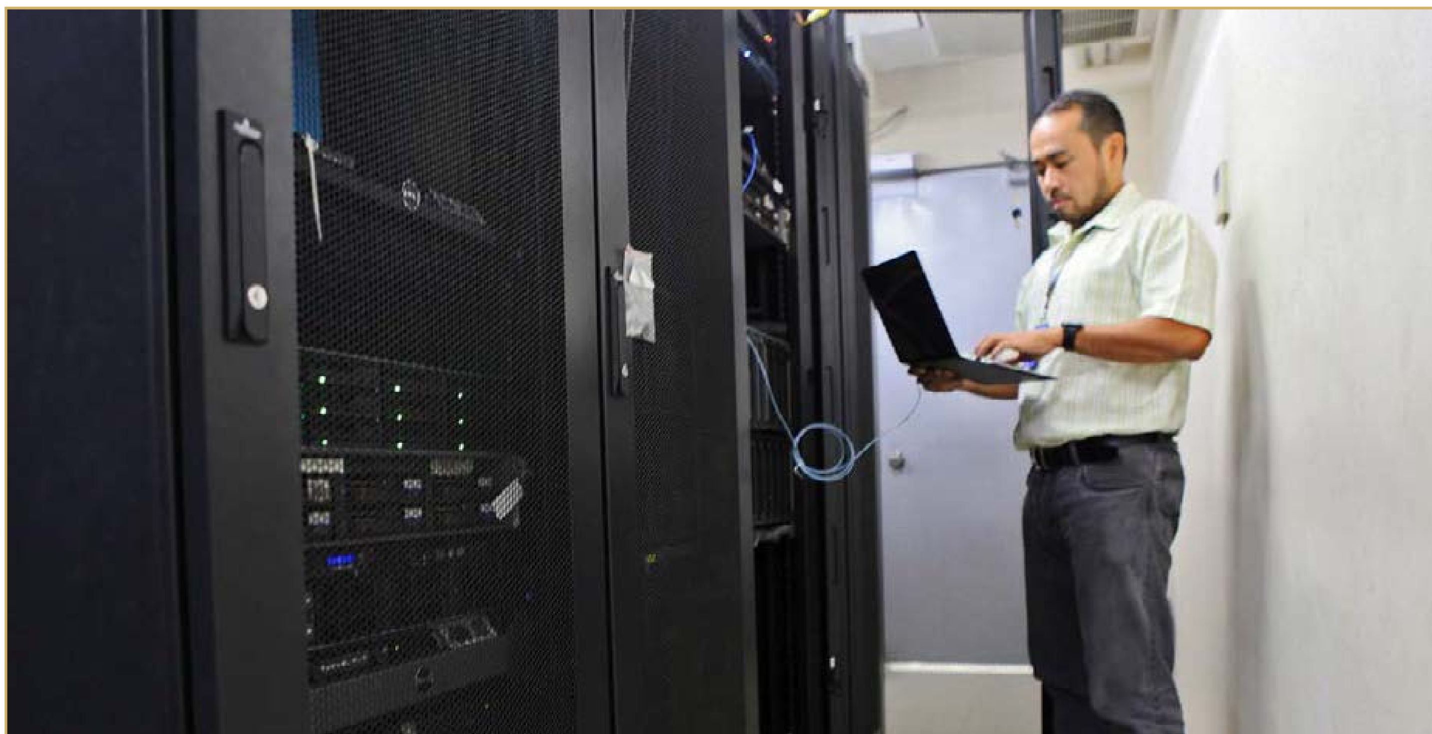
From paper to electronic documents, the Western Pacific Region Digital Library is the multilingual on line portal for accessing WHO health information products.

4. Enhancing collaboration across the Western Pacific Region

Ensuring connectivity for technical divisions to deliver on their mandate in a geographically vast and diverse Region comes with a wide array of challenges. The Information Technology and Administration (ITA) Unit of the Division of Administration and Finance has embarked on a number of initiatives to ensure that every country office is fully connected to all WHO offices.

The limited communication infrastructure in some countries, particularly Pacific island countries, presented a challenge. All country offices were connected initially via costly and limited satellite technology. However, the ITA unit started to migrate all country offices to faster, less expensive Internet connectivity, which became available across the Pacific through the arrival of submarine cables. As of 30 June 2015, only two country offices, Kiribati and Solomon Islands, rely on satellite connectivity.

The move reinforced WHO's efforts to reduce travel, cut costs and at the same time enhance collaboration and connectivity, especially via video conferencing and online collaboration platforms. The upgrade has also enabled WHO to introduce a new unified communication platform, integrating voice, video and messaging while allowing staff members in remote offices to connect to the global WHO network through virtual tunnels in public Internet connections. The network is managed and monitored from Manila through newly introduced platforms. ■



Better collaboration for health: the Information Technology and Administration Unit works to make certain that country offices throughout the Region stay connected with each other and the Regional Office in Manila.

REPORT OF THE REGIONAL DIRECTOR

The work of WHO in the Western Pacific Region

1 July 2014–30 June 2015

World Health Organization
Western Pacific Region