WESTERN PACIFIC REGION

Funding requirement

US\$15 261 000

CONTEXT

The Western Pacific Region is home to approximately 1.9 billion people across 37 diverse countries and areas. Frequent public health emergencies arise from numerous hazards including endemic and emerging infectious diseases, antimicrobial resistance, extreme weather events, earthquakes, volcanoes, food safety issues and technological incidents. These frequently damage health infrastructure, cause injuries and deaths, and disrupt routine care delivery. Climate change brings further challenges, impacting regional ecosystems and health through flooding, droughts, wildfires and rising sea levels. Small Island Developing States (SIDS) are especially vulnerable to shocks due to small populations, geographic isolation, limited economic diversification, and fragile land/marine ecosystems. The 2023 El Niño may persist into 2024, exacerbating weather hazards including droughts, cyclones, wildfires and flooding. In 2023, WHO responded to 43 events out of a total of 50 events detected, including 42 infectious disease outbreaks, 5 chemical events and 3 natural disasters.

All countries and areas in the Western Pacific Region have committed to strengthening preparedness and readiness for the wide range of hazards they may face, and many have also taken significant action in recent years to strengthen resilience and response capacities. Health systems across the diverse countries and areas of the region range from highly developed and well-resourced countries to systems contending with more resource constraints and capacity challenges. While all health systems have vulnerabilities to extreme weather, those in Pacific Island Countries and Areas (PICs) are especially vulnerable when key coastal and low-laying infrastructure sustains damage. In certain Western Pacific areas, like the Mekong region, flooding already disrupts health service delivery. More severe El Niño-related events could prompt increased and graver health and humanitarian consequences. Due to hazard frequency, many countries have strengthened health system resilience and readiness. However, high-intensity storms or back-to-back events in recent years have in some cases overwhelmed local capacity to respond and ensure continuity of care, requiring engagement of operational partners, such as Emergency Medical Teams, to meet the needs of affected populations.

Public health emergencies widen existing health and social inequities by disproportionately affecting communities with vulnerabilities, those with less resources, and at-risk populations. They directly and indirectly impact the health status of populations and can also negatively affect the social and economic growth and development of countries.







WHO REGIONAL PRIORITIES

For 2024, WPRO's priorities to strengthen health security systems, in line with the newly endorsed Asia Pacific Health Security Action Framework (APHSAF), include to:

- O Provide effective leadership and management for multiple health security threats
- Review, update and prepare strategies, tools, resources and capacities to prevent and respond to public health threats
- O Strengthen surveillance systems to enable early warning and rapid response to potential public health emergencies
- O Strengthen the readiness and resilience of communities and health systems to the public health impacts of emergencies
- O Provide the necessary resources, expertise and infrastructure to sustain and maintain health security capacities and functions
- Assess health security capacities, interventions and plans to adapt and improve current and future management of public health threats



MONGOLIA

Mongolia faces a range of public health hazards including infectious disease threats, earthquakes, and an event unique to the country known as "dzud" - an extreme winter freeze which can leave millions of livestock dead and compromise food security in the landlocked nation.

Given its unique geography, extreme climate and reliance on nomadic pastoralism, Mongolia is among the most vulnerable countries to climate change. Approximately half of Mongolia's population now live in the capital city of Ulaanbaatar, where a risk of earthquakes coupled with sub-optimal construction, long and harsh winters and crowded conditions represent a significant risk the health and welfare of the population. Mongolia is also vulnerable to infectious hazards, including zoonoses, with significant human-animal interface, and significant proportions of the population living far from health facilities for much of the year.





PACIFIC ISLAND COUNTRIES AND AREAS

The Western Pacific Region includes 21 Pacific Island Countries and Areas (PICs). All face vulnerability to emerging and reemerging infectious diseases, food and water insecurity, and natural hazards exacerbated by climate change and El Niño. While PICs managed COVID-19 relatively well through travel restrictions, high vaccination rates, and public health/social measures, the pandemic also highlighted vulnerabilities. These included reaching outer island populations, diagnostic limitations, supply chain/logistics struggles, and health worker shortages. To minimize emergency impacts, WHO provides PIC health ministries and partners with technical and operational support. WHO prioritizes, funds, and implements sustainable national and regional health security practices to develop International Health Regulation (2005) core capacities.



ACHIEVEMENTS IN 2023

MONITORING FOR DENGUE IN CAMBODIA



The WHO Western Pacific Regional Office conducts both indicator-based and event-based surveillance for dengue in the region, especially in the Member States where dengue is endemic. This surveillance aims to monitor the overall situation, detect unusual signals in case trends and severity, and assess risks in a timely manner. Cambodia is one of the countries closely monitored through this routine surveillance at the regional office. Although the number of dengue cases typically increases in Cambodia during the rainy season from May to October each year, the surge was detected earlier than usual in 2023, potentially due to the early arrival of the monsoon. The number of reported cases also far exceeded the epidemic threshold of the last five years.

As the dengue situation in Cambodia is closely monitored throughout a year with a particular focus on the rainy season as part of routine surveillance, WHO was able to detect the surge in reported cases at the very beginning. Following the alert that cases were continuing to surge, the regional and country offices quickly set up a meeting to check the overall situation as well as preparedness within the country. The weekly meetings continued for several weeks thereafter to coordinate response activities and identify potential support needs. The relevant technical unit also actively participated in the overall response and provided technical guidance. As a result, WHO successfully supported the following response measures: a) strengthening of surveillance using multisource surveillance, b) dengue-targeted risk communication, c) strengthening of clinical management by training healthcare workers, d) procurement of necessary supplies including medicine and insecticides, and e) appropriate vector control including community engagement. In addition, as Mekong countries are bordered with one another and have similar dengue seasonality, the Cambodia, Lao People's Democratic Republic, and Viet Nam WHO country offices closely communicated with each other and the regional office for information sharing on the ongoing dengue situations and the lessons learned from previous outbreaks.

FOR MORE INFORMATION

Dr Babatunde Olowokure | Regional Emergency Director, WHO Regional Office for the Western Pacific | olowokureb@who.int

Ms Kristine May Nacion | Programme Area Manager (Management and Administration), WHO Regional Office for the Western Pacific | nacionk@who.int

