

WESTERN PACIFIC REGION

Requirements
US\$ 81.3 million

Context

Home to almost 1.9 billion people across 37 countries and areas in the Asia Pacific, over time the WHO Western Pacific Region has experienced improvements in health and life expectancy, which have driven economic and social development in many countries.

Throughout 2021, the COVID-19 pandemic continued to have a devastating impact in the Region, but it was far from the only health challenge. Too many people, especially vulnerable and marginalized groups, continue to be afflicted by infectious diseases that we know how to prevent and control. Environmental and climate changes are affecting fundamentals like the air we breathe, the water we drink and the ground under our feet which, for some communities in the Pacific, is disappearing as sea levels rise. More frequent natural disasters associated with climate change are adding to the Region's trauma burden. All of these challenges pose extreme risks to the Region's health.

Natural disasters – such as floods, landslides, typhoons and volcanic eruptions, to name but a few – regardless of size or scale, place those in vulnerable settings at increased risk of adverse health outcomes. Avian influenza, antimicrobial resistance and food safety are also major health threats.

WHO responded to multiple acute events in 2021, including the COVID-19 pandemic, which was a Grade 3 event (the highest on a three-grade scale).

Health security is a long-standing priority for WHO and Member States in the Western Pacific Region. Health security threats continue to occur and require advanced preparedness. Regional preparedness and response strategies are informed by relevant regional frameworks, such as the [Asia Pacific strategy for emerging diseases and public health emergencies \(APSED III\)](#), Disaster Risk Management for Health Framework, the [Framework for accelerating action to fight antimicrobial resistance in the Western Pacific Region](#) and the [Regional framework for action on food safety in the Western Pacific](#).



COVID-19 vaccination outreach took place in the Ha'apai Island group of Tonga in 2021. Through COVAX – led by Gavi, the Coalition for Epidemic Preparedness Innovations (CEPI), and WHO, alongside key delivery partner UNICEF – over 1 million vaccine doses were delivered across the Pacific in 2021. WHO, UNICEF, and COVAX partners have led the regional coordination of COVID-19 vaccine rollout in the Pacific, supported regulatory authorization, helped in the development of national vaccination plans, provided training to health workers, and shared technical guidance and tools. © WHO / Yutaro Setoya

Results achieved in 2021

In the Western Pacific, WHO worked with countries and key partners to protect lives and prevent deaths during the COVID-19 pandemic. To do this, WHO worked across all 10 pillars of the Strategic Preparedness and Response Plan and delivered support to all Member States in the Region. WHO also responded to sporadic cases of human avian influenza, and natural disasters such as floods, typhoons, and volcanic eruptions.

Throughout the pandemic, WHO's leadership in the Region implemented processes to improve accountability. A risk management approach has enabled WHO support while ensuring ongoing learning and improvement in tackling pandemic challenges and implementing *For the future*, WHO in the Western Pacific's vision for working with Member States and partners. Results achieved in 2021 include:

- Repurposed staff and reprioritized work across the Region to **bolster preparedness and response efforts** for Member States.
- **Identified priority activities to support COVID-19 response efforts while continuing essential services**, continuing "last-mile" disease elimination efforts, strengthening core health system components and making progress on implementation of *For the future*.
- **Continuously updated guidance** for governments and populations to anticipate risks and take actions to minimize the impact of the pandemic.
- **Supported in-country response** to control the pandemic and minimize health and social impacts.
- **Leveraged whole health systems** and WHO for the response.
- **Implemented thematic priorities** and new ways of working outlined in *For the future*.
- **Forged new partnerships and strengthened existing partnerships**, which were particularly important in getting vaccines and life-saving supplies to remote parts of the Region.
- **Improved capacities** and responses.

Local government units led response activities for Typhoon Odette. Assessments provided by United Nations agencies, including WHO, in affected areas were crucial to understand where the urgent humanitarian needs existed. © WHO

Regional priorities

Providing tailored support to countries and reinforcing regional preparedness and capacity to respond to emergencies are core priorities of *For the future* and *APSED III*. By December 2021, WHO and Member States in the Western Pacific had been responding to COVID-19 for 24 months. Recognizing that COVID-19 would continue to significantly impact, even dominate the work of WHO, Member States, and partners across the Region and beyond, efforts and workplans were refocused on combatting the pandemic in the Region to minimize the health toll and social and economic disruptions. At the same time, the regional corporate framework was maintained for responding to COVID-19 as the guide for:

- Responding in countries and areas to control the epidemic and minimize health and social impacts.
- Leveraging the whole of the health system and WHO for the response.
- Driving implementation of *For the Future* and new ways of working.
- Forging new and strengthening existing partnerships.
- Learning so that WHO and Members States improve their capacities and responses.



COVID-19 activities

WHO supports countries with preparedness and response efforts aimed at protecting the most vulnerable and marginalized and preventing health care systems from becoming overwhelmed. The following areas were identified as priorities to strengthen and support Member States' preparedness and response at national, subnational, and local levels:

- Vaccines – ensure effective use of vaccines, including equitable access and acceleration of vaccine uptake.
- Public health and social measures – use individual-based and targeted measures with a population approach, to be calibrated as needed.
- Health system capacity – monitor health care utilization and improve capacity and efficiency using intermediate care facilities and home-based monitoring as appropriate so that patients receive the right care, in the right place, at the right time.
- Early detection and targeted response measures – detect infections early utilizing genomic sequencing in order to control and suppress transmission.
- International border measures – strengthen surveillance capacity at points of entry.

The key priorities are supported by three strengthened pillars:

- Surveillance – use multi-source surveillance systems, including all-cause mortality, for informed decision-making and establish or strengthen whole genome sequencing surveillance systems for timely decision-making and information sharing.
- Contact tracing and monitoring – implement efficient contact tracing processes, including digital technology, to identify high-risk areas/settings and vulnerable groups.
- Communication – build health literacy and influence individuals and communities to adapt, adjust, and sustain behaviours that protect health and combat misinformation and disinformation.

The virus is expected to remain for years and continued vigilance will be required. Over the coming months, COVID-19 policy decisions should take a risk-based approach to inform not only short-term priorities but also preparedness and readiness for the long-term. Member States will be encouraged to leverage the current situation to improve health systems applying APSED III and public health principles to realize the vision set out in [For the future](#) using universal health coverage as the foundation. This will not only facilitate response to COVID-19 but also improve pandemic preparedness and response to build resilient health systems and societies.

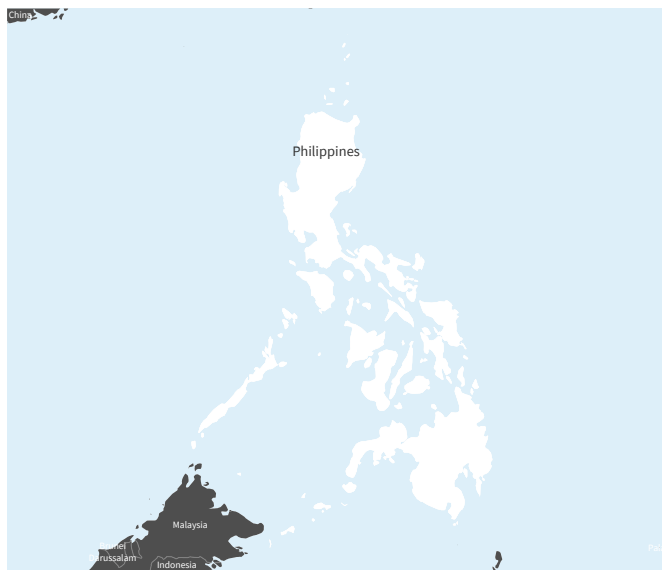
Focus countries

Pacific Island countries and areas frequently face outbreaks and natural disasters. Public health threats are inevitable, and the complexity and scale of these events may increase in the future as a result of the interaction of a number of compounding factors, including demographic shifts and the impact of climate change on small island nations. The Pacific is home to some of the most remote, most disaster-prone and most climate-vulnerable countries and areas on earth. With remote islands spread over vast distances and small populations with limited human resources, Pacific Island countries and areas have historically relied on external support to prepare for and respond to the wide range of hazards that they face. However, Pacific Island countries and areas continue to strengthen their national preparedness and response capacities and invest in resilient infrastructure and systems to face growing threats related to a wide range of hazards.



A patient and his son leave the Tulagi Clinic outpatient area in Tulagi, Solomon Islands.
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Philippines

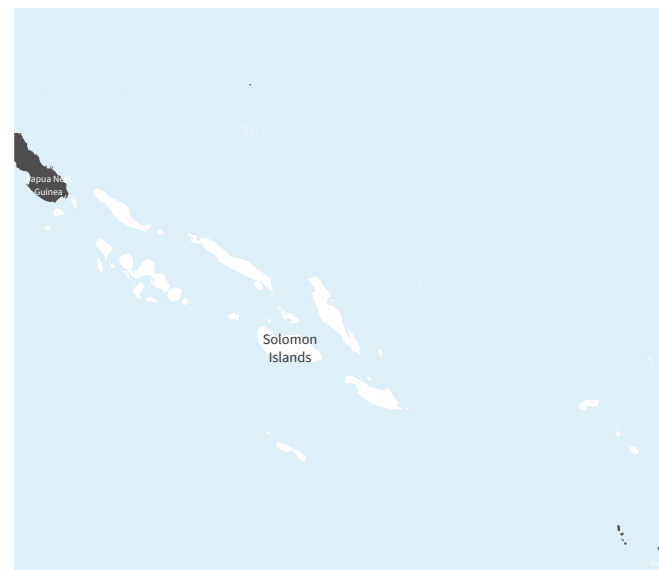


- Requirements (US\$): 5.02 million

Typhoon Rai (Odette) has disrupted access to health services with 490 health facilities affected in 10 of 17 subnational areas of the country after its nine landfalls from 14–18 December 2021. The most affected areas are in Southern Leyte, Cebu, and Bohol provinces and the CARAGA region. The damage to health facilities placed the population at risk for morbidity and mortality, and the continuing threat of COVID-19 hampers authorities' ability to

respond at a time when these services are needed the most. Lifelines are either absent or partially functional, rendering risks to indigenous peoples, especially women and girls. There is continued interruption in disease surveillance and early warning systems, cold chain, laboratory and immunization. As health care workers were also victims, there is limited deployment of mental health and psychosocial support teams, surveillance officers and supervisors in the field. Thus, there is continued temporary support to the operations of medical and public health offices by unaffected subnational teams. In addition, the situation aggravates the limited capacity for waste management, including medical waste.

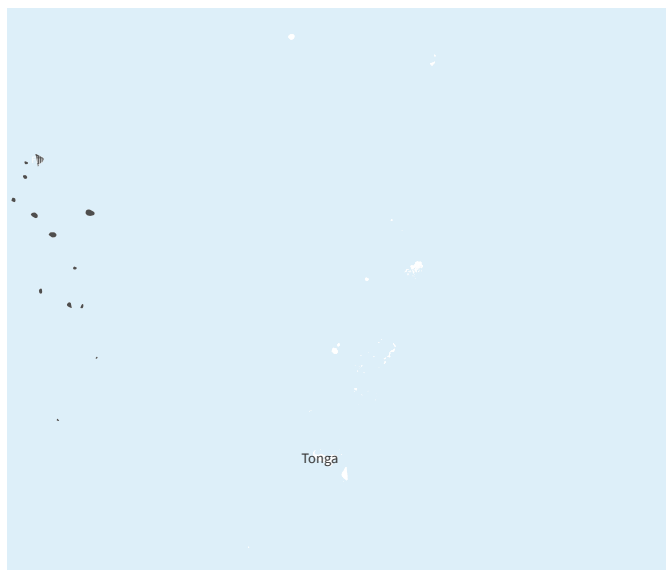
Solomon Islands



Solomon Islands is comprised of over 900 islands and atolls, with a population of approximately 700 000 dispersed over nine provinces. The population is spread over 347 inhabited islands which poses significant difficulties for emergency response. While 80% of the population live in rural areas, the urban population is growing at 5% per annum – more than twice the overall rate of population growth. The country faces a range of hazards with communicable diseases, noncommunicable

diseases, and the effects of climate change affecting large portions of the population. Among communicable diseases, malaria, dengue, and leptospirosis continue to be a challenge. The health system is constantly stretched by having to grapple with frequent natural disasters and the effects of climate change. After keeping COVID-19 infections to minimal levels throughout 2020 and 2021, Solomon Islands is currently experiencing a surge in cases, compounded by a dearth of health care workers and one of the lowest COVID-19 vaccination rates in the Region.

Tonga



The Kingdom of Tonga comprises 36 inhabited islands across 740 square kilometres in the South Pacific Ocean, with a population of just over 100 000 people. Tonga remains highly vulnerable to epidemic-prone disease outbreaks and the health consequences of natural disasters. Tonga faces disaster risk from extreme weather, coastal erosion and inundation, earthquakes and tsunamis. The majority of Tonga's population live in low-lying coastal areas making them increasingly vulnerable to sudden onset

disasters. Adding to this, the population is spread over small, isolated islands which makes the logistical challenges in response more difficult and costly. The massive volcanic eruption and tsunami in early 2022 affected over 84 000 people, with potential long-term impacts on marine life, agriculture, coastal infrastructure, and livelihoods across the country.

Vanuatu

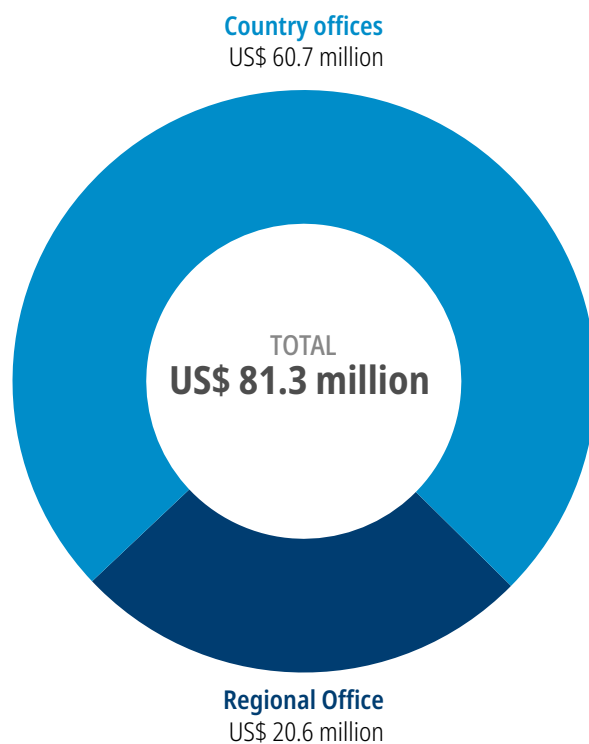


Vanuatu is often at the top of global disaster risk rankings, with frequent tropical cyclones, volcanic eruptions, earthquakes, and infectious disease outbreaks. Stretching over 1300 kilometres from north to south, Vanuatu comprises 83 islands, 65 of which are inhabited, with a land area of approximately 12 300 square kilometres. In recent years, Vanuatu has repeatedly been affected by natural and infectious hazards, keeping the country in a near-constant response posture. Common natural hazards include

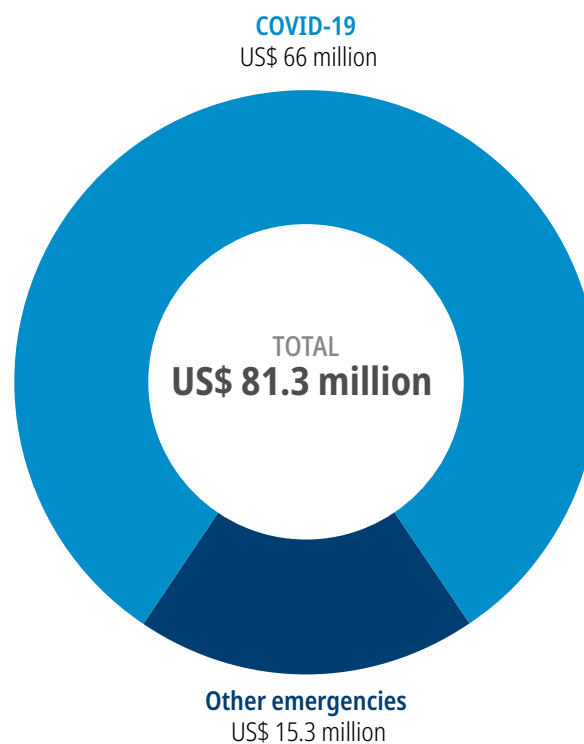
cyclones, volcanic eruptions, floods, earthquakes, and tsunamis. Vanuatu sits on the Pacific 'Ring of Fire' at the meeting of two tectonic plates, exposing the island nation to frequent earthquakes with over 2000 seismic events reported each year. Most of the population live along the coast of the eight largest islands and are particularly vulnerable to tropical cyclones. Vanuatu frequently faces outbreaks of dengue and leptospirosis, often in parallel to natural disasters, and has one of the lowest ratios of health care workers to population in the Region.

Financial requirements

Overall regional funding requirements



Overall regional funding requirements for COVID-19 and other emergencies



Overall regional funding requirements by pillar (US\$ million)

Pillar	Total
P1. Leadership coordination planning and monitoring	5.4
P2. Risk communication and community engagement	6.3
P3. Surveillance case investigation and contact tracing	4.6
P4. Travel, trade, points of entry and mass gatherings	1.1
P5. Diagnostics and testing	10.4
P6. Infection prevention and control	4.6
P7. Case management and therapeutics	10.5
P8. Operational support and logistics	16.4
P9. Essential health systems and services	8.0
P10. Vaccination	13.3
P11. Research innovation and evidence	0.8
Total	81.3

For more information

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