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REACHING THE UNREACHED

Four decades of rapid economic growth, urbanisation, innovation and action on health have reshaped the Western Pacific Region. The benefits, however, have not been shared equally across all populations. In each country, many still cannot access good-quality health services and experience poor health outcomes. Countries continue to face challenges associated with increasing globalisation, changing demographics, climate change, migration and unplanned urbanisation. These trends may create new unreached groups and put unreached populations at higher risk of poor health. The COVID-19 pandemic has shown how systems that cannot efficiently reach the unreached compromise health responses at all levels, while highlighting the great extent to which healthy economies depend on healthy people.

Addressing these challenges requires transformation to bring together separate health programmes into a more robust, people-centred health-care system, built on a platform of primary health care and designed to reach all populations. This will mean leveraging political commitments for health, enhancing multisectoral collaboration and creating cross-programmatic efficiencies, as well as innovating to engage unreached communities in developing strategies that ensure proper care at the right time and place without over-relying on costly acute care and out-of-pocket expenditures to deliver sustainable health for all.

The Regional Committee for the Western Pacific is requested to consider for endorsement the draft *Regional Framework for Reaching the Unreached in the Western Pacific (2022–2030)*.

1. CURRENT SITUATION

The Western Pacific Region has experienced rapid economic growth, with gross domestic product per capita increasing nearly fifteenfold between 1980 and 2021, which is considerably higher than other WHO regions. While growth rates vary across the Region and have been significantly impacted by the COVID-19 pandemic, 11 countries and areas have transitioned to upper-middle-income or high-income status over the past few decades, forcing some countries to transition from donor reliance to domestic health sector funding, especially for disease control programmes. The Region has also experienced the highest rate of urbanisation of all WHO regions. Nearly 62% of the people in the Region lived in cities in 2020. These factors and the capacity for rapid innovation have benefitted many. However, groups are still left behind in all countries, and significant challenges may further impact the unreached while creating new unreached groups. These challenges include an epidemiological transition from communicable diseases – which still present significant challenges in many countries – to noncommunicable diseases (NCDs). These challenges also include climate change and environmental degradation, demographic changes (such as rapid population ageing), high internal and international migration rates, unplanned urban growth and increased levels of public debt from pandemic responses.

This rapidly changing environment has presented many opportunities and challenges for health systems. For example, the COVID-19 pandemic highlighted that weak, fragmented health systems that cannot reach everyone impedes effective responses to public health emergencies and are often unable to continue providing essential health services. On the other hand, countries also demonstrated how quickly innovations could be developed and scaled up and how rapidly they could introduce measures that overcame previous impediments to reaching unreached groups. It is time to learn from the pandemic and focus on transforming health sectors into efficient, effective, high-quality, comprehensive, integrated, people-centred systems that reach everyone, everywhere.

The Region has made good progress on many health targets, including HIV, tuberculosis (TB), malaria, neglected tropical diseases, poliomyelitis, hepatitis B, measles, and maternal and infant mortality. But this progress has varied widely, even as the regional burden from communicable, maternal, neonatal, and nutritional diseases has decreased by 70% from 1990 to 2019. The burden from these health issues, assessed using the disability-adjusted life year (DALY) measure, ranged from 3.5% to 43.6% of total DALYs in different countries of the Region in 2019. Disparities also exist within countries. For example, subnational differences in population testing rates for TB in one country in 2018 ranged from 0.05% to 1.4%. In another country, subnational variations in immunization coverage

rates for hepatitis B (birth dose) in 2021 ranged from 9.7% to 78.5%. The COVID-19 pandemic also reversed gains unequally in different geographical areas.

Half of the countries and areas in the Region have achieved global targets to reduce maternal, neonatal and under-5 mortality. But progress in improving newborn survival has lagged, as newborn deaths account for about half of under-5 deaths. In some countries, the mortality rates in this age group are higher in poorer, less educated rural communities. Reducing maternal mortality has also been challenging. In addition, the COVID-19 pandemic may have caused the loss of gains in sexual and reproductive health and rights, with resources diverted away from family planning, contraception and maternal health services, with impacts on women and children.

Across the Region, the prevalence of NCDs, including mental health conditions, is increasing. But progress towards reducing risk factors is mixed. Among the world's poorest people, about one third of the disease burden is due to NCDs and injury. Providing affordable and cost-effective interventions for these conditions could prevent an estimated 4.6 million deaths globally from 2021 to 2030.

In recognizing that progress has not benefited all equally, countries are pushing to achieve universal health coverage (UHC). They are investing in promoting health, preventing and eliminating diseases, and reducing morbidity, mortality and disability due to health issues. As a result, the regional UHC service coverage index increased by about 30 percentage points from 2000 to 2019 to reach 80%, which is higher than the global average of 68%. However, wide variations exist between countries: from 33% to 87% in 2019. At the same time, catastrophic health expenditure in the Western Pacific was the highest of any WHO region, with poorer households likely to be most affected. These disparities illustrate how progress towards UHC can mask growing inequities, as people with more advantages often benefit more quickly from national strategies than those who are disadvantaged, potentially widening health gaps. Efforts to remedy these issues and accelerate progress are often more effective when they are geared away from vertical programming and towards developing integrated health systems that can effectively address various health issues and reach everyone, everywhere.

In 2019, Member States adopted the *For the Future* vision, which identified “reaching the unreached” as one of four thematic priorities for making the Western Pacific the world's healthiest and safest region. To support this work, WHO has used a collaborative process engaging Member States, partners and experts. This draft Framework has been tested and improved with insights from stakeholders through a process that included: a review of existing evidence and tools; two regional consultations (in July 2020 and September 2021); a session at the meeting of the Technical Advisory Group on Universal Health Coverage in the Western Pacific Region in 2021; a consultation with civil

society organizations representing unreached groups; piloting in seven countries in the Region; and a consultation with Member States in April 2022.

2. ISSUES

2.1. Changes across the Region put more people at risk of being unreached.

Countries in the Western Pacific Region are undergoing rapid changes that may create new unreached groups and put unreached populations at higher risk of poor health, especially when coupled with the economic impact of the COVID-19 pandemic. These challenges include climate change and environmental degradation, disasters triggered by natural hazards, widening socioeconomic inequality, high levels of migration, unplanned urban growth and changing demographics, such as ageing populations. Unless countries consider health as an investment rather than an expense, these challenges may increase out-of-pocket expenditure levels and put health care out of reach for many, reducing productivity and leading to high and/or unaffordable future costs.

2.2 Health systems remain fragmented, cost-inefficient and inaccessible to many, thus missing more unreached groups.

Traditional vertical approaches continue to fragment the health system, causing cost inefficiencies and leaving many without access to affordable health care of good quality. These system fragmentations are more common in countries that focus too heavily on “sick care” for a few diseases, rather than the full spectrum of “health care” across the life course. Such countries are also more likely to earmark external funding, distorting governmental priorities, reducing flexibility to respond to emerging needs and making long-term planning more difficult. Moreover, countries with such fragmentations may struggle to maximize the power of integrated and innovative approaches towards UHC. For these reasons, health system transformation efforts in Member States are often more effective when they avoid disease-specific, siloed approaches and focus on the delivery of a wide range of health care to all populations, across the continuum of care, using a life-course approach.

2.3 Over-reliance on acute hospital-centric care makes health care unsustainable, unaffordable and harder to reach for unreached populations.

The health-care systems of many Member States are hospital-centric. This approach often leads to little effort in health promotion and disease prevention, making health care financially unsustainable for the current and future burdens of communicable and noncommunicable diseases, population ageing and other health issues. Inaction to engage with and empower individuals and communities to

participate in developing health-care systems that meet their needs, including self-care and community care, continues to overburden health-care systems, making them less resilient during public health emergencies. As hospital-centric care is more challenging and expensive than primary health care, continued reliance on it is likely to create unaffordable health systems focused on treating only those who can access them. Therefore, there is an urgent need to transform health systems to concentrate on more robust and resilient primary health care, including outreach services, fostering innovations and community empowerment for self-care and community care, to reach the unreached at a lower cost.

2.4. The health sector alone cannot make the Western Pacific the healthiest and safest region.

Health systems alone cannot address the challenges of improving health outcomes for unreached groups. Improving health outcomes across all populations requires commitments from the leaders at the highest levels and engaging sectors beyond health. All Member States may consider using lessons from planning and coordinating multisectoral actions during the pandemic to establish effective mechanisms for cross-sectoral initiatives and accountabilities. The COVID-19 pandemic demonstrated that health is not a cost, but rather an investment – not simply an outcome of development, but the foundation of social, economic and political stability and security.

3. ACTIONS PROPOSED

The Regional Committee for the Western Pacific is requested to consider for endorsement the draft *Regional Framework for Reaching the Unreached in the Western Pacific (2022–2030)*.

