# PROGRESS REPORTS ON TECHNICAL PROGRAMMES

As a follow-up to discussions at previous sessions of the World Health Organization (WHO) Regional Committee for the Western Pacific, progress reports on the following technical programmes and issues are presented here:

15.1    Thematic priority: Health security, including COVID-19 and antimicrobial resistance

15.2    Thematic priority: Noncommunicable diseases and ageing

15.3    Thematic priority: Climate change, the environment and health

15.4    Thematic priority: Reaching the unreached

15.5    Cross-cutting progress report: Advancing the *For the Future* vision

The Regional Committee for the Western Pacific is requested to note the progress made and the main activities undertaken.

## 15.1  THEMATIC PRIORITY:
## HEALTH SECURITY, INCLUDING COVID-19 AND ANTIMICROBIAL RESISTANCE

## 1.  BACKGROUND AND ISSUES

Health security remains a priority that impacts sectors beyond health in the countries and areas of the Western Pacific Region. In 2023, the Director-General of the World Health Organization (WHO) declared the end of the coronavirus disease (COVID-19) and mpox as public health emergencies of international concern. Nevertheless, there is a need to remain vigilant as the viruses responsible for these diseases continue to circulate, and the risks of emerging and re-emerging diseases are ever-present. The health security priorities outlined in *For the Future: Towards the Healthiest and Safest Region*, and the approach to health security outlined in the *Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies* (APSED) and the *Framework for Accelerating Action to Fight Antimicrobial Resistance in the Western Pacific Region*, remain essential to advancing health security capacities and systems in the Region. To guide this work in the Region, a draft health security action framework was developed in 2023 to replace APSED.

## 2.  ACTIONS TAKEN

From 1 July 2022 to 30 June 2023, the WHO Regional Office for the Western Pacific maintained daily monitoring of potential health emergency threats, detecting 197 threats. Of these, 58 were verified as new public health events, and formal rapid risk assessments were conducted for 12 events, including human infection with avian influenza viruses, cholera, COVID-19 and mpox. WHO responded to 30 of these events by activating the regional Emergency Operations Centre and Incident Management Support Team, sharing event information and risk assessments through 14 emergency information site postings and issuing two disease outbreak news items. Additionally, weekly/biweekly external situation reports on the COVID-19 pandemic were posted on the WHO regional website.

Countries and areas in the Western Pacific Region have continued to strengthen national and regional preparedness and response capacities under APSED. This strategic action framework has continued to guide actions to build and develop public health capacities required under the International Health Regulations (2005) and to prepare for and respond to public health emergencies. Member States have continued to strengthen health security capacities, while at the same time learning from and improving their responses to the COVID-19 pandemic and other emergencies. These lessons formed the basis for discussions among Member States, WHO and partners working together to draft a new

biregional health security action framework, building on the achievements, approach and principles of APSED. The Regional Committee will consider the Framework for endorsement in October 2023.

Over the past year, WHO provided technical support for COVID-19 monitoring using multi-source surveillance systems to guide national interventions and adjust response strategies. The pandemic response underscored the importance of genomic surveillance in detecting the emergence of new variants, monitoring their spread, and guiding public health decisions. COVID-19 surveillance and response efforts continue, guided by the Review Committee regarding standing recommendations for COVID-19.

WHO maintains a regional emergency stockpile in Manila to rapidly deploy critical supplies and equipment wherever they are needed. Over the past year, the WHO Operations Support and Logistics team completed more than 59 emergency operations valued at more than US$ 1.5 million to 21 Member States.

WHO continued to strengthen health emergency surge capacity by supporting the development and coordination of emergency medical teams (EMTs) in the Region. EMTs deliver urgent medical and surgical care within the Region and beyond. In the Western Pacific Region, 12 EMTs have been quality assured based on WHO's *Classification and Minimum Standards for Emergency Medical Teams*, demonstrating that they meet standards for international deployment to emergencies with significant health consequences. Additionally, national EMTs have been established in many countries and areas across the Region to respond to domestic emergencies, including in many countries in the Pacific.

In 2022–2023, EMTs from the Region mobilized both nationally and internationally in response to COVID-19 and disasters. Four EMTs from the Western Pacific – from Japan, Malaysia, Mongolia and the Philippines – deployed in response to the Türkiye earthquakes, providing both outpatient and inpatient care, with the Japan Disaster Relief EMT supporting overall EMT information management through Turkiye's EMT Coordination Cell. In Vanuatu, the Vanuatu Medical Assistance Team, the Fiji Emergency Medical Assistance Team and the Paskifka Medical Association Medical Assistance Team (based in New Zealand) responded to the back-to-back tropical cyclones Judy and Kevin in March 2023. In the first half of 2023, critical EMT equipment (known as the "EMT cache") procured by the WHO Regional Office for the Western Pacific was delivered to teams across the Pacific with support from multiple donor partners.

The Global Outbreak Alert and Response Network (GOARN) comprises technical institutions and networks that respond to acute public health events with the deployment of staff and resources to affected countries when requested. In support of COVID-19 response operations, GOARN deployed eight individuals through 11 missions to three Member States in the Region. Health emergency

workforce capacity continued to be strengthened with partners co-hosting four GOARN international outbreak response trainings with the participation of 145 public health experts. The Western Pacific Region welcomed seven new partners to GOARN.

The Western Pacific Region faces a wide range of disaster risks. The climate crisis is leading to more frequent and severe disasters, resulting in substantial loss, damage, morbidity and mortality. Since 2015, the *Western Pacific Regional Framework for Action for Disaster Risk Management for Health* has guided multisectoral preparedness to enable countries to mitigate disaster risks and enhance resilience. Building on this, in 2024 a new regional framework on disaster risk reduction and resilience is scheduled to be developed, incorporating the WHO Smart Hospitals initiative and the guiding principles of the WHO *Health Emergency and Disaster Risk Management Framework.*

The emergency communication team at the WHO Regional Office delivered timely and effective messaging during the COVID-19 pandemic, empowering individuals to make informed decisions. This goal was achieved through a multifaceted approach, wherein public risk perceptions were collected from diverse sources, both online and offline. Utilizing the Communication for Health approach, the team engaged in active listening to comprehend the nuanced needs of different communities and monitor the evolving risks associated with the pandemic. Synthesizing the information collected, risk communication strategies were continuously adapted to increase the uptake of protective and preventive measures. As the pandemic evolves, WHO continues to support Member States in updating their COVID-19 risk communication strategies and action plans to align with the most current guidance.

The emergency communication team also supported Member States to implement various risk communication and community engagement interventions. Message testing has been integrated into content planning to ensure that communication materials are not only informative but also effective in driving behaviour change. Cambodia, the Lao People's Democratic Republic, the Philippines and Viet Nam now regularly implement message testing for content development. Capacity-building sessions were organized by WHO with Member States to draw on lessons from COVID-19 and strengthen risk communication approaches. For example, Brunei Darussalam, Cambodia, Malaysia and the Philippines focused on strengthening their approaches to managing misinformation and disinformation. Furthermore, the team facilitated the establishment of effective coordination mechanisms with response partners and stakeholders, enhancing collective approaches to risk communication, such as consistency in public messaging and effective allocation of resources.

WHO supported Member States to strengthen food safety systems, manage food safety risks and respond to food safety incidents and emergencies, providing regulatory support, foodborne disease

surveillance, food inspection, laboratory capability review and coordination support, as well as emergency response and food safety education and training. The implementation of the *WHO Global Strategy for Food Safety* is guided by the *Regional Framework for Action on Food Safety in the Western Pacific*.

WHO dispatched four missions to address food safety and One Health actions at national (Cambodia and Mongolia) and subregional (Pacific) levels. Capacities for food safety emergency preparedness were strengthened at national and subnational levels in Cambodia, and regionally at a meeting held with the WHO/FAO International Food Safety Authorities Network. Moreover, WHO provided technical support for foodborne-related outbreaks, responded to policy framework queries from five Member States, offered support for Codex Alimentarius meetings and reviewed Codex Trust Fund applications from six countries.

Virtual activities were organized to advocate for food safety and safer traditional food markets. A webinar and a biregional advocacy meeting on risk mitigation in traditional food markets in Asia and the Pacific attracted 134 participants, with many from 15 countries and areas in the Western Pacific. Following the meeting, materials were developed to support education and capacity-building for food safety, including a manual for safer traditional food markets, an operational guide for food analysis laboratories (focusing on the Pacific) and a risk-based inspection manual. Communication materials focused on risk communication on food safety during disasters (nine posters for food safety emergencies) and for One Health advocacy.

One Health coordination was strengthened with the roll-out of two International Health Regulations–Performance of Veterinary Services National Bridging Workshops in Mongolia (with 118 participants) and the Philippines (with 126 participants). Advocacy materials for One Health were developed, and coordination with the Regional Quadripartite was further strengthened.

To help Member States tackle antimicrobial resistance as a public health threat, WHO published *Responding to Outbreaks of Antimicrobial-resistant Pathogens in Health-care Facilities: Guidance for the Western Pacific Region* in October 2022 at the request of Member States. WHO provided capacity-building support for antimicrobial resistance outbreak response in several countries, including Cambodia and Malaysia. To support Member State efforts to confront antimicrobial resistance as a public health threat, WHO also published *Health and Economic Impacts of Antimicrobial Resistance in the Western Pacific Region, 2020–2030* in June 2023. The publication – which projects that the Region's death toll from drug-resistant bacterial infections could reach 5.2 million people from 2020 to 2030 – calls for accelerated actions to fight antimicrobial resistance and save lives.

## 3.  ACTIONS PROPOSED

The Regional Committee for the Western Pacific is requested to note progress on implementation of the *For the Future* thematic priority on health security, including COVID-19 and antimicrobial resistance.

# 15.2  THEMATIC PRIORITY:
# NONCOMMUNICABLE DISEASES AND AGEING

## 1.  BACKGROUND AND ISSUES

The Western Pacific Region is experiencing a surge in noncommunicable diseases (NCDs), including cardiovascular disease, cancer, diabetes and chronic respiratory diseases. NCDs are the leading cause of death and disability in the Region, significantly burdening health systems.

Population ageing is compounding the situation and exacerbating the incidence and complexity of NCDs in the Region, with more than 240 million adults over 65 years living in the Region as of 2020. That number is projected to double by 2050.

NCDs and ageing is one of the four thematic priorities set out for WHO in *For the Future: Towards the Healthiest and Safest Region*. The convergence of NCDs and ageing presents unique challenges for health systems and societies. WHO supports Member States confronting these challenges with evidence-informed, cost-effective interventions and policies, as well as multisectoral collaboration.

WHO also supports Member States in addressing health challenges at various stages of life through a life-course approach to health. This approach values the health and well-being of individuals at all ages and supports countries in enhancing health outcomes, preventing diseases and reducing health inequities. With WHO support, countries have created nurturing school environments and built societies fostering healthy ageing.

## 2.  ACTIONS TAKEN

### 2.1    Addressing NCDs through evidence-informed solutions

The *Regional Action Framework for Noncommunicable Disease Prevention and Control in the Western Pacific* was endorsed by the Regional Committee for the Western Pacific in 2022, providing Member States with a blueprint to combat NCDs. The Regional Action Framework aligns with the *Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020,* which the World Health Assembly extended to 2030. Since the endorsement of the Regional Action Framework, WHO has been supporting Member States in its implementation and tailoring solutions to country-specific contexts.

*Data collection and utilization to inform health policies and programmes*

WHO uses systems thinking and analysis to identify NCD priorities throughout the Region. In Mongolia, WHO utilized data to inform recommendations on regulating electronic nicotine delivery systems (ENDS) and electronic non-nicotine delivery systems (ENNDS). In the Philippines, WHO used data analysis and focus group discussions to identify NCD priority challenges in Tolosa, Leyte, and to recommend tailored solutions in collaboration with local stakeholders.

*Championing health beyond the health sector*

WHO strengthened the enforcement of smoke-free policies by engaging subnational governments and non-health agencies in Cambodia and the Philippines. WHO has supported Pacific island countries and areas in building capacity for health taxes and fiscal policies related to NCDs. Additionally, WHO has collaborated with government partners in Fiji to enhance the enforcement of tobacco control laws. Technical support was provided to strengthen the regulation of tobacco products and ENDS/ENNDS in Cambodia, China, the Lao People's Democratic Republic, Mongolia, Palau, Vanuatu and Viet Nam. WHO supported alcohol control interventions and the revision of alcohol laws in Mongolia. Initiatives for salt reduction were implemented in Brunei Darussalam, Cambodia, China, Mongolia, the Philippines and Viet Nam, while the elimination of trans-fats was supported in the Philippines. WHO conducted a fellowship programme on sustainable financing and tobacco and alcohol excise taxes with participants from Cambodia, the Lao People's Democratic Republic and Vanuatu.

*Strengthening NCD prevention and patient empowerment*

Localizing the WHO *Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Health Care,* the Lao People's Democratic Republic revised the LaoPEN guidelines and developed resources for opportunistic screening of NCDs at the primary health-care level.

To empower patients, WHO supported the implementation of a digital peer-to-peer network for tobacco cessation services in limited resource settings in Cambodia. Moreover, WHO aided the development of information, education and communication (IEC) materials on hypertension, diabetes and smoking for village health volunteers in the Lao People's Democratic Republic, enabling them to identify NCD signs and symptoms and promote engagement with health services.

**2.2    Investing in health and schools as potential incubators for creating healthy children and adolescents**

The *Regional Framework on Nurturing Resilient and Healthy Future Generations in the Western Pacific,* endorsed by the Regional Committee in 2021, recognizes schools as potential

incubators for fostering healthy and resilient children and adolescents. The Regional Framework aligns with the global *WHO Guideline on School Health Services.*

***Developing evidence-based guidelines and policies to create healthy school environments***

To promote the health and well-being of children and adolescents, WHO supports Member States in developing evidence-based national guidelines and policies on school health. With support from WHO, Kiribati and Mongolia conducted the Global School-based Health Survey (GSHS) to gather data on students' health and well-being that can be used to inform actions and policies. Fiji reviewed its National School Health Policy and developed an implementation plan to ensure comprehensive health support in educational settings. Similarly, Cambodia established its *National Action Plan on School Health 2021–2030.* The Philippines enhanced its implementation of school health policies by creating guidelines for Healthy Learning Institutions.

***Facilitating mutual learning through knowledge exchange***

To facilitate the exchange of knowledge and best practices in school health, WHO has collaborated on several regional initiatives. For example, in collaboration with the University of the Ryukyus, the Japanese Consortium for Global School Health Research and the University of the Philippines, WHO organized a symposium for representatives from Fiji, Guam, Japan, the Philippines and Tonga to identify key issues and share experiences, challenges and achievements in promoting school health across Asia and the Pacific. Additionally, in-country webinars on topics related to school health, such as school health policies, nutrition and physical activity, were conducted in the Federated States of Micronesia.

***Fostering community participation and engagement***

Active community engagement is a cornerstone for effective health programmes. In Fiji, traditional and community networks, as well as the network of faith-based organizations, were called upon to strengthen health promotion in schools. These networks provided leadership and guidance and enabled programme ownership and sharing of resources. This collaborative approach ensures that health-promoting programmes are rooted in the local context and benefit from the collective efforts of various community stakeholders, ultimately contributing to improved health outcomes for children and adolescents.

**2.3     Supporting countries in taking early actions to transform societies for healthy ageing**

Guided by the *United Nations Decade of Healthy Ageing: Plan of Action 2021–2030* and the *Regional Action Plan on Healthy Ageing in the Western Pacific*, WHO provides technical support to Member States in preparing for population ageing.

*Fostering health and social transformation to promote healthy ageing*

WHO organized a webinar on age-friendly environments in November 2021 to raise awareness and knowledge of healthy ageing. WHO also created and disseminated IEC materials to promote healthy ageing. Furthermore, WHO provided crucial technical support to Brunei Darussalam, Malaysia and the Philippines in assessing the age-friendliness of their environments and piloting age-friendly communities in these countries. WHO also extended technical assistance on healthy ageing national policy development in Mongolia, Palau, the Philippines, Vanuatu and Viet Nam.

WHO consolidates evidence and identifies policy options and interventions, while promoting collaboration between the health and non-health sectors, to address the social determinants of health and foster healthy ageing. Collaborating with academic partners, such as Kyoto University, the University of Eastern Finland, the University of Utah and the George Institute for Global Health, WHO has built evidence on multisectoral action for healthy ageing, emphasizing the health sector's perspective and the significance of addressing the social determinants of health.

*Providing community-based integrated care for older adults*

WHO promotes integrated care and support for older adults through various initiatives. These include a forthcoming workshop on community-based integrated care in Japan scheduled in September 2023, as well as an OpenWHO course and toolkit on social prescribing. WHO also provided technical support in social prescribing and implementing the *WHO Guidelines on Integrated Care for Older People* in Cambodia and China. Lastly, WHO has developed advocacy materials and guidance tailored to COVID-19 care in long-term care facilities and home-care settings.

*Promoting healthy ageing through technological and social innovation and research*

WHO provided technical support to the China Academy of Information and Communications Technology's digital inclusion conference, emphasizing the importance of inclusive technology for older adults. Collaborating with Kyoto University, WHO built an evidence base to close the digital gap and understand the impact of Internet usage on older people's health and well-being. WHO also enhanced the capacity of policy-makers and planners through online seminars and leadership training

courses to address the social determinants of healthy ageing, in partnership with Kanagawa Prefecture in Japan.

In addition, WHO strengthens monitoring and surveillance systems and research on healthy ageing in the Region. WHO identified networks of healthy ageing research and researchers and organized a series of reports to promote research development, knowledge exchange and translation in partnership with *The Lancet Regional Health – Western Pacific*.

## 3.  ACTIONS PROPOSED

The Regional Committee for the Western Pacific is requested to note progress on implementation of the *For the Future* thematic priority on noncommunicable diseases and ageing.

## 15.3  THEMATIC PRIORITY:
## CLIMATE CHANGE, THE ENVIRONMENT AND HEALTH

## 1.  BACKGROUND AND ISSUES

Climate change and environmental hazards significantly impact disease burdens. Pacific island countries and areas are particularly vulnerable to climate change threats. The health system is also an important contributor to climate and environmental changes. The *WHO Global Strategy on Health, Environment and Climate Chang*e guides efforts to reduce the burden of climate and environmental determinants on the health system on a global scale.

Climate change, the environment and health is a thematic priority for WHO in the Western Pacific Region. WHO works with Member States and partners to address the health impacts of climate change and environmental degradation, guided by the *Western Pacific Regional Framework for Action on Health and Environment on a Changing Planet* and the *Pacific Islands Action Plan on Climate Change and Health*.

In September 2022, the Technical Advisory Group on Climate Change, the Environment and Health reviewed progress on the four pillars for implementation of the thematic priority: (1) providing advocacy, (2) building climate-resilient health systems, (3) monitoring the impact of climate change and the environment on health, and (4) applying a climate change and environment lens to WHO programmes. Detailed action plans were developed for each pillar.

## 2.  ACTIONS TAKEN

WHO has worked with Member States to ensure that the Western Pacific Region is better prepared to address the health impacts of climate change and environmental degradation under the four pillars.

**Pillar 1: Advocate for climate change adaptation and mitigation**

The Lao People's Democratic Republic has developed a policy brief on health protection amid climate change and advocates for increased health benefits from mitigation strategies with other sectors. Mongolia has organized national forums on water and sanitation to contribute to Sustainable Development Goal 6 and Vision 2050, the country's long-term development policy. The Philippines has promoted green and safe health facility standards in the licensing requirements and accreditation

guidelines of the Department of Health and the Philippine Health Insurance Corporation. Viet Nam has developed a communication strategy to raise awareness and advocate for climate-resilient health-care facilities. Fiji includes the health co-benefits of climate mitigation actions from non-health sectors in its national health action plan. In the Philippines, climate change and health considerations, including water, sanitation and hygiene (WASH), food safety, air quality, chemical safety, solid waste management and occupational health, have been integrated into various sectors as part of the National Environmental Health Action Plan 2030. Viet Nam integrated WASH, climate change and green energy into its framework for climate-resilient and environmentally sustainable health-care facilities.

**Pillar 2: Build climate-resilient health systems**

The Lao People's Democratic Republic has drafted indicators to recognize hospitals and health-care facilities for their efforts in promoting safe, clean, green, climate-resilient health-care facilities. Fiji has contextualized *WASH FIT: A Practical Guide for Improving Quality of Care through Water, Sanitation and Hygiene in Health Care Facilities*. The Marshall Islands is implementing a Green Climate Fund project to enhance health system resilience to climate change and emerging pandemics, while Kiribati, Solomon Islands, Tuvalu and Vanuatu are implementing a five-year Global Environment Fund project to strengthen health system resilience in Pacific island least developed countries. Additionally, Kiribati and Fiji are implementing projects funded by the Korea International Cooperation Agency (KOICA) to strengthen health adaptation to climate change. Mongolia supports multisectoral advocacy and consultative meetings on health and the environment. The Philippines published a *Green and Safe Health Facilities Manual* and operational guidelines. In Viet Nam, three models for climate-resilient and environmentally sustainable health-care facilities have been built. Resource mobilization efforts in the Lao People's Democratic Republic include the development and approval of a concept note on strengthening the climate resilience of the country's health system, which led to the submission of a funding proposal to the Green Climate Fund in March 2023.

WHO has launched initiatives to promote the identification, adoption and scaling up of technologies in low-income settings, including sustainable health-care waste management systems.

**Pillar 3: Monitor the impact of climate change and environmental degradation on health**

Through the technical assistance of WHO, the Lao People's Democratic Republic has provided support to the Natural Resources and Environment Research Institute by establishing air quality monitoring stations, including one fixed station and 10 portable stations, along with training on usage of the equipment. From Mongolia, the Ministry of Health's focal point participated in the Occupational Health Fellowship Training Programme on asbestos analysis in Ulsan, the Republic of Korea, organized by the WHO Collaborating Centre for Occupational Health and the Korea Occupational Safety and

Health Agency. In the Philippines, a green viability assessment tool has been developed to measure compliance with green and safe health facility standards. Additionally, an environmental sanitation information system is being developed within the Department of Health. At the same time, WHO regional and national staff have contributed to technical forums and conferences, including the Prince Mahidol Award Conference 2023, the Fourth Asia Pacific Clean Air Partnership Joint Forum, and a virtual policy dialogue on the environment-health nexus in Asia and the Pacific. The Division of Pacific Technical Support has further conducted scientific assessments of climate change impacts on health for 21 Pacific island countries and areas, and completed a vulnerability assessment for 205 health-care facilities in Fiji. Lastly, the Department of Public Health Studies is assessing climate change impacts on mortality and mental health disorders in Kiribati. In the Lao People's Democratic Republic, a climate-informed early warning system for water-related diseases and dengue has been piloted, and climate change and health surveillance data have been integrated into the health information system platform.

WHO assessed the health risks caused by climate change in the Western Pacific Region through umbrella reviews on key public health issues: the determinants of health (nutrition, water and sanitation), broad areas of health concern (heat, infectious vector-borne diseases, mental health) and the delivery of health care (resilience of health-care facilities).

**Pillar 4: Apply a climate change, the environment and health lens to WHO's work in the Western Pacific**

WHO considered environmental sustainability, carbon footprint, chemical safety and occupational health in the development of the draft Asia Pacific health security action framework and in its work on risk mitigation in traditional food markets in the Asia-Pacific region. WHO also ensured a climate change, the environment and health lens was used in conducting the Fourth Regional Forum of WHO Collaborating Centres in the Western Pacific in 2022.

## 3. ACTIONS PROPOSED

The Regional Committee for the Western Pacific is requested to note progress on implementation of the *For the Future* thematic priority on climate change, the environment and health.

## 15.4  THEMATIC PRIORITY:
## REACHING THE UNREACHED

## 1.  BACKGROUND AND ISSUES

The *Regional Framework for Reaching the Unreached in the Western Pacific (2022–2030)* was endorsed by the Regional Committee for the Western Pacific in 2022, reflecting a commitment to equitable, inclusive health access for all. The Reaching the Unreached (RTU) Framework interlinks with the *Western Pacific Regional Framework to End TB 2021–2030*, the *Regional Framework for the Triple Elimination of Mother-to-Child Transmission of HIV, Hepatitis B and Syphilis in Asia and the Pacific, 2018–2030* and the *Regional Action Framework for Control and Elimination of Neglected Tropical Diseases in the Western Pacific*. The RTU Framework also aligns with multiple global strategies, including the post-2015 *End TB Strategy*, the *Global Technical Strategy for Malaria 2016–2030*, the *Global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections for the period 2022–2030* and *Ending the Neglect to Attain the Sustainable Development Goals: a Road Map for Neglected Tropical Diseases 2021−2030*. The RTU Framework focuses on empowering communities and individuals to access primary health-care services, strengthening primary health-care systems to reach unreached populations and fostering multisectoral action to overcome socioeconomic barriers to primary health care. Progress on reaching the unreached is measured against these priority actions, complementing the other disease-specific frameworks mentioned above.

## 2.  ACTIONS TAKEN

Since the endorsement of the RTU Framework, WHO has been supporting Member States and advocating for stronger political commitment to address inequities and amend governance structures to ensure equitable health service delivery. WHO has also been supporting countries and areas to engage unreached groups, civil society and community-based organizations with their inclusion in health system governance and decision-making structures. WHO country missions are ongoing to encourage governments to redesign health programmes with a focus on reaching the unreached, incorporating effective models from existing initiatives. WHO supports a multisectoral approach, influencing initiatives impacting socioeconomic barriers to primary health care.

WHO has started work on an integrated dashboard for reaching the unreached, which has disease-specific elements and proxy indicators of vaccine coverage and poverty rates to identify the

unreached. This progressive development of health information systems will further enable data collection for equity analysis and planning. In addition, digital technologies in health are expanding to help countries to reach unreached populations. For example, WHO is supporting a multi-disease diagnostic network optimization platform in the Philippines.

## 2.1   Tuberculosis

**Data and evidence:** COVID-19 disruptions led to a significant reduction in case notifications, which resulted in an increase in estimated incidence by 6.5% and mortality by 38% in 2021 (compared to 2020), prompting governments and other stakeholders to intensify efforts since 2022.

**Political commitment:** The 2021 endorsement of the Regional Framework to End TB and lessons from the COVID-19 response have galvanized Member States to renew focus on health system strengthening and multisectoral engagement, including against tuberculosis (TB).

**Scale-up of services:** Countries and areas have expanded TB preventive treatment with the help of medical and other professional associations, resulting in a three-fold increase in preventive treatment over the past three years.

**Health service transformation:** Innovations such as expanded sputum transport mechanisms and mobile x-ray facilities have improved case detection and service delivery to unreached populations.

**Special approaches:** Most high-burden countries adopted new treatment regimens for drug-resistant TB, significantly improving treatment success rates, mainly because these safer all-oral regimens allow community-based and home-based care.

## 2.2   Malaria

**Data and evidence:** The Western Pacific Region accounts for 3% of the global burden of malaria and is the epicentre of antimalarial drug resistance.

**Political commitment:** WHO supported Member States in updating national malaria elimination strategies and developing their funding requests to the Global Fund to Fight AIDS, Tuberculosis and Malaria to meet the regional elimination targets.

**Multi-stakeholder engagement:** The WHO Regional Office and the WHO Mekong Malaria Elimination Programme have supported case management, vector control and surveillance while coordinating partner engagement across the Greater Mekong Subregion.

**Health service transformation:** Countries have adopted intensified approaches to reach unreached at-risk populations. These approaches include community empowerment training, targeted testing and treatment, mass drug administration and focused vector control activities.

**Special approaches:** WHO engaged countries and areas in the Region in supporting the development of control strategies for zoonotic Plasmodium knowlesi malaria in Malaysia, therapeutic efficacy studies to combat the threat of drug resistance, insecticide resistance studies to improve vector control and improved treatment strategies for Plasmodium vivax malaria to accelerate progress towards elimination.

## 2.3    Dengue

**Data and evidence:** Member States have reported a surge in dengue morbidity and mortality in several countries and areas in the Region due to dengue outbreaks in 2022.

**Political commitment:** WHO supported Member States in strengthening dengue clinical management, updating national dengue action plans and disseminating activity plans to subnational levels.

**Multi-stakeholder engagement:** WHO co-coordinated the 7th Singapore International Dengue Workshop on 8–17 May 2023 to foster collaborative efforts against dengue across the Region.

**Health service transformation:** Efforts are underway to develop national strategies and strengthen integrated surveillance of arboviruses as part of the WHO Global Arbovirus Initiative launched in March 2022. A finalized global strategy on arboviruses will be presented at the 2024 World Health Assembly.

**Special approaches:** Member States are strengthening clinical management protocols and national action plans to tackle ongoing dengue outbreaks.

## 2.4    Hepatitis

**Data and evidence:** Countries and areas have begun identifying unreached groups and monitoring progress by building robust data and evidence systems. For example, Australia's Victorian Infectious Diseases Reference Laboratory collaborated with WHO to develop a strategic guide for viral hepatitis information. Fiji and the Lao People's Democratic Republic piloted the guide to strengthen strategic information on viral hepatitis.

**Political commitment:** With WHO's assistance, several countries have committed to enhancing equitable health access to hepatitis care. For example, the Government of Cambodia allocated US$ 1 million in 2023 for a hepatitis programme. In 2022, the Chinese Government launched a national

action plan to eliminate hepatitis C by 2030. In the Lao People's Democratic Republic, WHO is supporting the Ministry of Health to finalize its National Strategic Plan for Viral Hepatitis 2023–2027.

**Multi-stakeholder engagement:** WHO collaborates with various stakeholders to aid countries in completing their 2023 inputs to the Global Hepatitis Reporting System, which captures data and policy uptake information critical for gauging progress against the global target of hepatitis elimination.

**Health service transformation:** Interventions such as the Healthy Liver Programme in Mongolia represent transformative efforts to address hepatitis.

## 2.5   HIV and other sexually transmitted infections

**Data and evidence:** The Region has made significant progress in the fight against HIV and sexually transmitted infections, with antiretroviral treatment coverage reaching a record high of 79%.

**Political commitment:** An integrated technical workshop was held in Pacific island countries and areas in 2022 with the participation of senior officials of all Member States from that part of the Region to discuss WHO technical guidance and service delivery in primary health-care settings.

**Multi-stakeholder engagement:** Collaboration with the Joint United Nations Programme on HIV/AIDS (UNAIDS) and other partners is underway to simplify pre-exposure prophylaxis service delivery, focusing on key populations.

**Health service transformation:** New HIV testing and treatment approaches, such as HIV self-testing and decentralization of antiretroviral treatment, have been implemented since the COVID-19 pandemic.

**Special approaches:** Eight countries and areas in the Region are working on a comprehensive funding request to the Global Fund to Fight AIDS, Tuberculosis and Malaria with support from WHO to integrate other disease components.

## 2.6   Elimination of mother-to-child transmission of HIV, hepatitis B and syphilis

**Data and evidence:** Several countries in the Region, including Cambodia, China, Mongolia and Viet Nam, are preparing for country validation of the elimination of mother-to-child transmission (EMTCT) of one, two or all three diseases.

**Political commitment:** Malaysia, the first country in the Region to validate EMTCT of HIV and syphilis in 2018, successfully maintained its elimination status in 2023.

**Multi-stakeholder engagement:** The WHO Western Pacific and South-East Asia regions, the United Nations Children's Fund (UNICEF) and UNAIDS are collaboratively monitoring progress towards EMTCT elimination targets and developing an EMTCT road map.

**Health service transformation:** Countries are establishing or enhancing coordination mechanisms for EMTCT, following the strategic direction of the *Regional Framework for the Triple Elimination of Mother-to-Child Transmission of HIV, Hepatitis B and Syphilis in Asia and the Pacific, 2018–2030.*

**Special approaches:** WHO is establishing a standing regional validation committee to assess whether countries and areas have achieved or maintained EMTCT validation.

### 2.7 Neglected tropical diseases

**Data and evidence:** Many endemic countries strengthened their integrated mapping to establish endemicity and integrate surveillance for neglected tropical diseases (NTDs). They also conducted transmission assessment surveys to assess the lymphatic filariasis transmission level for further action towards elimination.

**Political commitment:** Many WHO collaborating centres came together to launch a global network of WHO collaborating centres active against NTDs in January 2023 to foster collaboration on research, technical and scientific areas in combating NTDs.

**Multi-stakeholder engagement:** WHO supported countries with neglected parasitic zoonosis by strengthening multisectoral One Health approaches to eliminate rabies and soil-transmitted helminthiasis.

**Health service transformation:** WHO supported the strengthening of integrative efforts against skin NTDs by enhancing the capacity of primary health-care workers and improving the availability of essential medicines.

**Special approaches:** Using mass drug administration, many countries and areas made notable progress in disease elimination. For example, WHO validated the elimination of trachoma as a public health problem in Vanuatu in October 2022 and the elimination of lymphatic filariasis in the Lao People's Democratic Republic in February 2023. In addition, Viet Nam is preparing a dossier for WHO to validate the elimination of trachoma.

## 3.  ACTIONS PROPOSED


The Regional Committee for the Western Pacific is requested to note progress on implementation of the *For the Future* thematic priority on reaching the unreached.

**15.5  CROSS-CUTTING PROGRESS REPORT:**

**ADVANCING THE *FOR THE FUTURE* VISION**

## 1.  BACKGROUND AND ISSUES

COVID-19 impacted health systems worldwide. The pandemic reinforced the need to accelerate the implementation of high-impact innovative strategies to improve health service delivery and advance universal health coverage (UHC) towards achieving the Sustainable Development Goals (SDGs) in the Western Pacific Region. These priority actions, which have been endorsed by the Regional Committee, are embedded in the *For the Future* vision of making the Western Pacific the world's healthiest and safest region. Accordingly, this progress report provides an update on the implementation of regional action frameworks/agendas that support UHC, sustainable development and e-health for improved service delivery in the Western Pacific.

*Universal Health Coverage: Moving Towards Better Health – Action Framework for the Western Pacific Region*, endorsed by the Regional Committee in 2015, outlines key action domains across the five essential health system attributes: quality, equity, efficiency, accountability, sustainability and resilience. The action domains are intended to guide Member States in developing UHC road maps based on each country's context, priorities and capacity. Therefore, WHO supports Member States in setting directions and priorities, including policy opportunities to advance UHC in the Region.

The *Regional Action Agenda on Achieving the Sustainable Development Goals in the Western Pacific*, endorsed by the Regional Committee in 2016, established the technical role of WHO in building national capacity for equity-focused policy and programme design, data collection and analysis, and multisectoral and multi-stakeholder collaboration. The resolution endorsing the agenda requests that WHO:

- **facilitate** policy dialogue and provide technical support in line with the Regional Action Agenda;
- **provide** technical support for communications, and social and political mobilization on the SDGs, including a regional platform to engage with parliamentarians and other stakeholders; and
- **report** periodically on progress towards achieving the health-related SDG targets.

The *Regional Action Agenda on Harnessing E-Health for Improved Health Service Delivery in the Western Pacific*, endorsed by the Regional Committee in 2018, proposes actions for Member States based on their context and stage of e-health development. Similarly, the *Global Strategy on Digital Health 2020–2025*, endorsed by the Seventy-third World Health Assembly, emphasizes the need to improve information and communications technology, identify e-health applications that can benefit health service delivery, improve the accessibility of information for sharing, and strengthen the enabling environment for service delivery.

## 2. ACTIONS TAKEN

### 2.1. Advancing the UHC agenda

Since 2015, the Technical Advisory Group on Universal Health Coverage in the Western Pacific (UHC TAG), in line with the request of the Regional Committee, has supported countries to advance UHC and achieve global targets, addressing different health agendas towards the shared goal of improving health outcomes for all.

To date, the UHC TAG has completed two phases with progressive outcomes. The first phase (2016–2019) reinforced the health system attributes and building blocks, and the second phase (2020–2022) highlighted the importance of interconnecting the data, programmes and systems, as well as assimilating regional lessons from the COVID-19 response to build resilient health systems for UHC.

WHO continues to monitor UHC trends and progress in achieving UHC and health-related SDG targets. In 2019 and 2021, WHO and the World Bank co-published global UHC monitoring reports that included information on regional trends. The latest report is being developed and will be published at the end of 2023.

To support the operationalization of country-specific UHC road maps (also recognized as national health agendas, strategies or plans towards UHC), a UHC road map implementation guide was introduced as a concept at the sixth UHC TAG meeting in 2022 and is now under development. The third phase of the UHC TAG (2023–2025) will be crucial in guiding country-level efforts and WHO's support for the development and implementation of countries' UHC road maps.

**2.2.    Advancing the Regional Action Agenda on Achieving the Sustainable Development Goals**

The following provides a synopsis of work undertaken by WHO in response to the request from the Regional Committee in 2016.

*To facilitate policy dialogue and provide technical support in line with the Regional Action Agenda*

The UHC TAG has served as a regional mechanism to support Member States to advance UHC and achieve the SDGs. This mechanism addresses different health agendas and facilitates policy dialogue towards the shared goal of improving health outcomes for all. The sixth UHC TAG meeting and the third TAG Alliance meeting in November 2022 provided a platform for facilitating technical deliberations, fostering collaboration and guiding actions for advancing the UHC and SDG agendas as Member States recover from the COVID-19 pandemic.

Sustainable, efficient and equitable health financing is an important enabler in strengthening health systems, directly contributing to the achievement of health-related SDGs. Annual biregional health financing workshops, organized with the WHO Regional Office for South-East Asia, the World Bank and the Asian Development Bank, serve to improve sustainable domestic financing in the WHO South-East Asia and Western Pacific regions.

To improve policy dialogue and decision-making on the Regional Action Agenda, tools and applications for health indicator monitoring were deployed to support Member States to develop information products. Additionally, a data management competency framework was developed and published to promote sustainable and systematic capacity-building for the health information workforce at all levels of health.

*To provide technical support for communications, and social and political mobilization on the SDGs, including a regional platform to engage with parliamentarians and other stakeholders*

Parliamentarians have a unique and profound role as a key enabling factor in advancing the UHC agenda. The legislative, fiduciary and oversight functions of parliamentarians as representatives of their constituents can influence multisectoral action and strategic international partnerships to advance UHC and achieve the health targets aligned with the 2030 Agenda for Sustainable Development. Consequently, in 2015, the Asia-Pacific Parliamentarian Forum was initiated to exchange ideas, build political will, strengthen national capacity and foster collaboration for driving sustainable action on health. A workshop is planned to orient parliamentarians and their advisers on the UHC handbook prepared by the Inter-Parliamentarian Union and WHO. Similar targeted workshops will be planned to address the knowledge and capacity needs of parliamentarians.

The Asia-Pacific Parliamentarian Forum on Global Health (APPFGH) is strategically positioned to support WHO's engagement with political leaders and to foster commitment and regional solidarity to prioritize health and address emerging health challenges. The sixth APPFGH meeting was held in Seoul from 24 to 25 August 2022. The meeting focused on strengthening health security and building resilience, and learning and improving from the COVID-19 pandemic.

WHO is adopting several strategic shifts for the seventh APPFGH meeting in August 2023 in Ulaanbaatar. For example, WHO country offices will use the platform as an entry point for engagement at the national level, and parliamentarians will be provided further opportunities to share strategic insights on managing political reform.

***To report periodically on progress towards achieving the health-related SDG targets***

The status of health-related SDG targets:

- While the global maternal mortality ratio remained level between 2016 and 2020, at around 223 deaths per 100 000 live births, the regional maternal mortality ratio fluctuated, increasing from 39 deaths per 100 000 live births in 2016 to 44 deaths per 100 000 live births in 2020.

- The regional under-5 mortality rate fell to 12 deaths per 1000 live births in 2021 from 13 in 2016.

- In 2021, about 120 000 people in the Region were newly infected with HIV, with an estimated reduction of 10 000 since 2015, representing a 9% reduction.

- New TB cases per 100 000 population rose from 129 in 2020 to 134 in 2021, representing a 3.9% increase.

- Malaria cases per 1000 population at risk have decreased since 2000 but increased from 1.9 in 2019 to 2.2 in 2020.

- The populations requiring interventions against NTDs declined by 23% between 2018 and 2021.

- In the Region, a person aged 30 years in 2019 had a 15.6% chance of dying from one of the four major NCDs before turning 70, indicating only a marginal decline from 16.1% in 2016.

- Alcohol consumption declined from 7.3 litres per capita in 2015 to 6.5 litres in 2019.

- Tobacco use also declined between 2015 and 2020.

- The regional mortality rates due to violent deaths were 16 per 100 000 population for road traffic injuries, 7.2 for suicide and 2.0 for homicide − all below global averages. Homicide rates were the lowest across all regions.

- The Region's UHC service coverage index improved significantly from 51 in 2000 to 80 in 2019. However, the proportion of the population with out-of-pocket health spending exceeding 10% of their household budget grew from 9.9% in 2000 to 19.2% in 2019.
- Diphtheria, tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds worldwide fell from 86% in 2019 to 81% in 2021, and in the Western Pacific Region, it declined from 94% in 2019 to 90% in 2021.

## 2.3.  Advancing e-health for improved health service delivery in the Western Pacific Region

Activities undertaken by WHO to advance e-health included the following:

- **Assessed** the digital health maturity of Member States and mapped the roles and functions of non-health sectors in the evidence-based scale-up of digital health in the Region.
- **Provided** technical support to Fiji and the Lao People's Democratic Republic to develop national digital health strategies, and ongoing support to Cambodia, the Marshall Islands, Solomon Islands and Vanuatu to develop digital health strategies.
- **Provided** technical support to Cambodia, the Lao People's Democratic Republic and Papua New Guinea to implement a wide range of digital health solutions.

WHO plans to develop a digital health course on the International Classification of Diseases 11th Revision (ICD-11) to further standardize health terminologies, as per the guidelines adopted by the World Health Assembly. Also, a digital health expert will review the 2018 Regional Action Agenda for its relevance to the current context and to identify future priorities.

## 3.  ACTIONS PROPOSED

The Regional Committee for the Western Pacific is requested to note the progress made in advancing the *For the Future* vision to achieve universal health coverage and the Sustainable Development Goals, and to improve e-health and health service delivery.