

DRAFT

Programme Budget 2022–2023

**Summary of Progress in
Strategic Priorities and Outcomes
1 January 2022 to 31 December 2022**

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Abbreviations

AFP	acute flaccid paralysis
AMR	antimicrobial resistance
APSED	Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies
ASEAN	Association of Southeast Asian Nations
C4H	Communication for Health
CCE	climate change, the environment and health
CONNECT	Community Network Engagement for Essential Healthcare and COVID-19 Responses through Trust
COVAX	COVID-19 Vaccines Global Access
EMPaCT	Emerging Molecular Pathogen Characterization Technologies
EMT	emergency medical team
FAO	Food and Agriculture Organization of the United Nations
GAVI	Gavi, the Vaccine Alliance
GOARN	Global Outbreak Alert and Response Network
GPW13	Thirteenth General Programme of Work
HRH	human resources for health
ICD-11	International Statistical Classification of Diseases 11th revision
IHR (2005)	International Health Regulations (2005)
NCD	noncommunicable disease
OECD	Organisation for Economic Co-operation and Development
PHC	primary health care
PICs	Pacific island countries and areas
PIP	Pandemic Influenza Preparedness
PRSEAH	prevention and response to sexual exploitation, abuse and harassment
SDG	Sustainable Development Goal
TAG	Technical Advisory Group
UHC	universal health coverage
WASH	water, sanitation and hygiene
WHO	World Health Organization
WOAH	World Organisation for Animal Health
WPRACSS	Western Pacific Regional Antimicrobial Consumption Surveillance System

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Executive summary

This performance assessment of the first year of Programme Budget 2022–2023 is a summary of progress made against Strategic Priorities and Outcomes within the World Health Organization's Thirteenth General Programme of Work (GPW13). The report covers the period from 1 January to 31 December 2022 and highlights how the Western Pacific Region used its implementation plan, *For the Future: Towards the Healthiest and Safest Region*, to advance the shared vision between the World Health Organization (WHO), Member States and partners to achieve the GPW13 goals.

The COVID-19 pandemic revealed critical gaps in health security and slowed or reversed progress towards achieving universal health coverage, but it also opened up a new phase of thinking and innovation to create better systems and approaches. This report highlights the impacts of operational shifts, such as in managing and analysing data, and engaging communities and a broader range of partners starting at the ground level to develop comprehensive plans. It also shows how the Organization is shifting from the acute phase of the pandemic to longer, more sustainable management, resuming activities that were paused during the pandemic. For example, bringing people together is an essential part of the work, so WHO staff and others are travelling in some areas, while at the same time hybrid meetings through videoconferencing are being used with those already in place.

This report is structured according to the goals, outcomes and outputs of WHO in the Western Pacific Region, with country stories appearing throughout to illustrate the ways in which the GPW13 was advanced using the principles and thematic priorities of *For the Future*. For example, to better protect people from health emergencies, more countries have established national emergency medical assistance teams to accelerate response time and survival rates, such as in Tonga after the Hunga-Tonga Hunga Ha'apai volcanic eruption and tsunami.

To reduce the risk of noncommunicable diseases and provide a healthy start to life, Cambodia, the Lao People's Democratic Republic, Mongolia and Pacific island countries and areas strengthened their national nutrition policy, strategy and action plans to improve maternal, infant and young child nutrition. In China, consumers can now choose low-salt options when ordering meals online, and Cambodia implemented smoke-free tourism environments nationwide.

Vanuatu eliminated trachoma by finding ways to reach the most marginalized and hard-to-reach populations and utilizing multiple partnerships at all levels. Community approaches in the Lao People's Democratic Republic increased by 2.5 times the uptake of the first dose of the COVID-19 vaccine.

Using the One Health Initiative to address integrated human, animal and environmental health, Cambodia and Mongolia initiated assessments of traditional food markets and reviewed the national food safety system to protect the quality of food. Nine countries established antimicrobial resistance surveillance systems to reduce unnecessary antibiotic use and protect the effectiveness of antibiotics.

Introduction

The COVID-19 pandemic revealed critical gaps in health security and slowed or reversed progress towards universal health coverage (UHC), but it also opened up a new phase of thinking and innovation. This is helping create better systems and approaches across the World Health Organization (WHO) Western Pacific Region.

The WHO Programme Budget 2022–2023 has four strategic priorities, with three of those priorities based on the WHO Thirteenth General Programme of Work (GPW13) Triple Billion targets: increase the number of people who benefit from UHC; better protect them from health emergencies; and ensure they enjoy better health and well-being. The fourth priority covers making WHO more effective and efficient and ensuring it provides better support to countries.

To implement *For the Future: Towards the Healthiest and Safest Region* – the Organization’s shared vision for work with Member States and partners and the Region’s implementation plan for GPW13 – the Regional Office for the Western Pacific brings together the 37 countries and areas to plan and learn from each other, while providing support to address specific concerns. Numerous collaborations with the WHO South-East Asia Region and WHO collaborating centres, as well as close ties with WHO headquarters and country offices, demonstrate the value and impact of the One WHO approach.

Operational shifts are being put in place using innovation, grassroots approaches to engage communities, behavioural sciences to tailor communications and reduce disinformation, future planning based on envisioning healthy outcomes, and a One Health approach to integrate human, environmental and animal health for a more holistic health system.

In this report of the first year in the budget biennium, both regional and country-specific approaches demonstrate these operational shifts and results. Each of the 40 outputs is reported within the budget’s strategic priorities, reflecting the *For the Future* thematic priorities. Additional country case studies highlight results that have improved conditions in those countries and, in many cases, could be considered for other countries or regions.

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Progress towards the GPW13 Triple Billion targets through *For the Future* – the Region’s implementation framework for GPW13 – by outcome and output

Under the four strategic priorities of the Programme Budget 2022–2023, the Western Pacific Region selected 40 of 42 WHO-approved outputs contributing to the achievements of the GPW13 outcomes in the Programme Budget. The two outputs not included were not relevant to the Western Pacific Region: 2.2.4 on polio eradication plans implemented in partnership with the Global Polio Eradication Initiative and 2.3.3 on essential health services and systems maintained and strengthened in fragile, conflict-affected and vulnerable settings. Table 1 summarizes the utilization of funds in 2022–2023 by strategic priority.

Table 1. Base Programme Budget 2022–2023 and utilization of funds by strategic priority, including number of outcomes and Western Pacific Region’s selected outputs, as of 31 December 2022 (in US\$ millions)

Strategic Priority	Number of outcomes	Selected outputs for Western Pacific Region	Approved revised budget	Available funding *	Available funding as % of approved revised budget	Utilization	Utilization as % of approved revised budget	Utilization as % of available funding
1. One billion more people benefiting from universal health coverage (UHC)	3	13	157.0	113.0	72%	50.4	32%	45%
2. One billion more people better protected from health emergencies	3	8	98.3	32.9	33%	13.9	14%	42%
3. One billion more people enjoying better health and well-being	3	6	61.6	36.0	58%	14.4	23%	40%
4. More effective and efficient WHO providing better support to countries	3	13	86.4	65.9	76%	31.1	36%	47%
Total	12	40	403.2	247.8	61%	109.6	27%	44%

* This excludes undistributed funds of US\$ 7 million as it requires additional information before being assigned to any strategic priority.

Strategic Priority 1. One billion more people benefiting from universal health coverage

Experience from the COVID-19 pandemic has revealed that many health systems are inadequately equipped or organized to protect the health of populations. The pandemic response also diverted and disrupted delivery of routine essential health care as well as some planned secondary and tertiary care across the Region. Intensified support is therefore needed to support these countries in efforts to get back on track towards advancing UHC, health promotion and well-being, with linkages to health security.

To support building back better and fairer, work is focused on improving access to quality essential health services, reducing the number of people suffering financial hardships, and improving access to essential medicines, vaccines, diagnostics and devices for primary health care (PHC). This includes supporting people across their lifespans and reaching the unreached. Health systems and health governance capacities are being strengthened, with investments in the health workforce and financial protection. Member States are receiving guidance and support to manage supplies, strengthen the quality of essential medicines and reduce antimicrobial resistance (AMR). Table 2 summarizes the funding and utilization of funds for Strategic Priority 1.

Table 2. Funding and utilization of funds for Strategic Priority 1 of Programme Budget 2022–2023 by outcome, as of 31 December 2022 (in US\$ millions)

Outcome	Approved revised budget	Available funding*	Available funding as % of approved revised budget	Utilization	Utilization as % of approved revised budget	Utilization as % of available funding
1.1 Improved access to quality essential health services	125.9	97.6	78%	43.9	35%	45%
1.2 Reduced number of people suffering financial hardship	10.4	4.7	46%	1.8	17%	37%
1.3 Improved access to essential medicines, vaccines, diagnostics and devices for primary health care	20.7	10.6	51%	4.7	23%	44%
Total	157.0	113.0	72%	50.4	32%	45%

* This excludes undistributed funds of US\$ 11 714 as it requires additional information before being assigned to any outcomes.

Outcome 1.1 Improved access to quality essential health services irrespective of gender, age or disability status

With a total budget allocation of US\$ 125.9 million, Outcome 1.1 activities supported Member States to maintain quality essential health services with UHC as the foundation. This included a new regional framework for PHC, initiation of a UHC road map implementation guide, and strategies to protect people across their lifespan from newborns to older adults. Governments and communities were empowered to develop new approaches and laws, and health workforce policies and training underwent review and revision to meet the changing needs of populations. National infection prevention and

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control strategies and noncommunicable disease frameworks helped countries strengthen their health systems to deliver on condition- and disease-specific service coverage results.

Outputs under Outcome 1.1 include:

- Output 1.1.1 Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages.
- Output 1.1.2 Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results.
- Output 1.1.3 Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course.
- Output 1.1.4 Countries' health governance capacity strengthened for improved transparency, accountability, responsiveness and empowerment of communities.
- Output 1.1.5 Countries enabled to strengthen their health and care workforce.

Case study: Vanuatu leads the way for Pacific elimination of trachoma – the leading infectious cause of blindness in the world

Vanuatu became in 2022 the most recent country in the world and the first Pacific island country to eliminate trachoma, a neglected tropical disease that can cause blindness. This is the second neglected tropical disease eliminated from this archipelago nation of 83 islands, after lymphatic filariasis in 2016.

“This is a proud moment for Vanuatu,” said Minister of Health Bruno Leingkone. “My Ministry of Health colleagues and I feel honoured to have been part of this joint effort, which has involved medical and public health personnel and communities working together with the support of partner organizations to eliminate this disease. This combined effort has already saved hundreds of people from lifelong blindness and will have continued impacts on the vision and overall health of people across Vanuatu long into the future.”

WHO Director-General Dr Tedros Adhanom Ghebreyesus congratulated Vanuatu: “This success demonstrates the strong commitment of health workers, communities and governments to protecting their people and ensuring healthier lives for all.”

Trachoma is caused by infection with *Chlamydia trachomatis* bacteria. It is responsible for causing irreversible blindness or visual impairment, and remains endemic in eight Western Pacific countries.

Vanuatu's success underscores the comprehensive nature of the WHO-recommended SAFE strategy for trachoma elimination: surgery for trichiasis; antibiotics to clear infection; and facial cleanliness and environmental improvement to limit transmission. With support from WHO headquarters, the Western Pacific Regional Office and the WHO country office, Vanuatu has steadily, methodically and rigorously implemented these measures, ensuring that the most marginalized and hard-to-reach populations are included in mass drug administration, surgical outreach for advanced cases and health education, initiatives to mitigate environmental risks, and continuous efforts to monitor programme efficacy and appropriately target resources.

“To understand the magnitude of this feat, just imagine what it must take to reach people across all of Vanuatu's inhabited islands – taking boats across open ocean and walking for hours through creeks and over hills in all kinds of weather,” said former WHO Regional Director for the Western Pacific, Dr Takeshi Kasai. “It shows what is possible when we work together to reach the unreached with essential health services.”

Baseline epidemiological surveys conducted in 2014 demonstrated that 12% of children aged 1–9 years in Vanuatu had active (inflammatory) trachoma, prompting the launch of a national programme.

Since then, the Government has vigorously pursued the trachoma elimination target, despite challenges related to the country's geography and the COVID-19 pandemic. Its efforts have been supported by partners, including WHO, the Fred Hollows Foundation, the London School of Hygiene and Tropical Medicine, Soap Aid, the Queen Elizabeth Diamond Jubilee Trust, the Commonwealth Fund of the United Kingdom of Great Britain and Northern Ireland, and the Australian NGO Cooperation Program. The International Trachoma Initiative at the Task Force for Global Health is the steward of Pfizer's azithromycin (Zithromax) antibiotic donation programme.

Output 1.1.1 Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages

Primary health care (PHC) is challenged by an ageing population and shifting disease burdens due to noncommunicable diseases (NCDs). During this biennium, WHO is addressing these changes by building a stronger system through a framework of strategies and innovative approaches. Consultations from grassroots to global levels led to the [Regional Framework on the Future of Primary Health Care in the Western Pacific](#), which was endorsed by Member States at the seventy-third session of the WHO Regional Committee for the Western Pacific in October 2022 through resolution [WPR/RC73.R2](#). It calls for a critical health system transformation to achieve UHC and the Sustainable Development Goals (SDGs).

A new framework for primary health care

The Framework outlines five key attributes of PHC and five strategic areas of actions. A regional workshop is scheduled for September 2023 to track PHC performance, identify challenges, share lessons and target support to countries in reorienting their health systems.

To develop this Framework, the Regional Office conducted data analyses, reviews and field missions in the area of policy and planning, PHC, financing and human resources for health. It facilitated the policy dialogue of the “sandbox process” (promoting health facilities networks) in the Philippines and convened Health Futures Strategic Dialogues to support Member States in developing and driving national long-term change agendas. These included a series of facilitated steps such as the [Health Futures Strategic Dialogue – A Change Agenda workshop in Mongolia](#).

Universal health coverage roadmaps

Participants at the [Sixth Universal Health Coverage Technical Advisory Group meeting in the Western Pacific Region](#) held in November 2022 discussed the direction, innovative strategies and practical actions for developing, defining and redefining UHC road maps. The UHC Technical Advisory Group (TAG) completed its second phase (2020–2022) and will continue to extend its collaboration to other TAGs in the Region through the TAG Alliance, as well as provide strategic guidance to advance UHC at the country level in the next phase (2023–2025).

To strengthen the foundation for UHC and increase resilience in health security preparedness and response, WHO helped Cambodia draft its *Primary Health Care Booster Implementation Framework*.

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Implementing infection prevention control

The Regional Office and WHO country offices supported six countries – Cambodia, the Lao People’s Democratic Republic, Papua New Guinea, the Philippines, Solomon Islands and Viet Nam – to identify the systems gaps and strengths noted during the COVID-19 pandemic. This included reviewing and developing national infection prevention and control strategies, and strengthening surveillance of health-care-associated infections, as well as programme monitoring and evaluation. This is in line with the [Draft global strategy on infection prevention and control](#) adopted at the Seventy-fifth World Health Assembly.

Output 1.1.2 Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results

The COVID-19 pandemic reminded people of how important vaccines are, and WHO helped countries deliver these important preventive measures. At the same time, work continued on other preventive approaches, such as scaling up combination chemotherapy to vulnerable groups – for malaria in the Greater Mekong Region and the Pacific island countries and areas (PICs), and for eliminating trachoma in Vanuatu. Good progress was made towards the elimination of lymphatic filariasis in Brunei Darussalam and the Federated States of Micronesia, and trachoma in Viet Nam. Since 2016, adequate and persistent coverage of preventive chemotherapy, robust surveillance, and community and multi-stakeholder engagement have enabled 11 of the 22 endemic countries to eliminate lymphatic filariasis, and Cambodia, China and the Lao People’s Democratic Republic to eliminate trachoma.

Reducing malaria

To reduce the incidence of malaria cases and deaths, WHO worked with countries and areas to strengthen malaria surveillance systems and improve the quality of care for the highest-risk populations. Support is based on the [2022 WHO guidance](#) to adopt and accelerate targeted drug and mass drug administration, fever screening and treatment. The work is in line with the *For the Future* priority of reaching the unreached and the [Regional Framework for Reaching the Unreached in the Western Pacific \(2022–2030\)](#), endorsed by the Regional Committee in 2022.

A broader and integrated approach to tuberculosis, HIV/AIDS, hepatitis and sexually transmitted infections

Reducing the burden of tuberculosis (TB), HIV/AIDS, hepatitis and sexually transmitted infections requires a multi-pronged approach. WHO in the Region is focused on increasing access to WHO-recommended molecular diagnostics; to shorter, all-oral treatment regimens containing new and repurposed TB drugs; and to TB prevention and treatment. To combat viral hepatitis, the WHO Collaborating Centre for Viral Hepatitis at The Peter Doherty Institute for Infection and Immunity in Australia worked with the WHO Western Pacific and South-East Asia regional offices to develop a bi-regional operational guide for monitoring and evaluation of national hepatitis responses. This will be published and disseminated in 2023.

In China and Viet Nam, WHO helped enhance policies on TB, HIV and viral hepatitis, and strengthened integration of TB and HIV services in the Lao People’s Democratic Republic through the Health and Nutrition Services Access collaborative funding mechanism. In Mongolia, work focused on assuring essential health services after the COVID-19 pandemic for those living with TB, HIV/AIDS, viral hepatitis and sexually transmitted infections. In Papua New Guinea, community engagement strengthened TB prevention and care.

Reducing noncommunicable diseases

To increase cardiovascular disease prevention and control, the WHO cardiovascular risk charts were introduced in Kiribati and the roll-out began through the WHO HEARTS technical package that provides a strategic approach to improving cardiovascular health.

The Regional Framework for the Future of Mental Health in the Western Pacific 2023–2030 was endorsed by Member States at the seventy-third session of the Regional Committee for the Western Pacific in October 2022 through resolution [WPR/RC73.R5](#). Tonga implemented national policies for NCDs and mental health, while work is underway in the Philippines to strengthen mental health systems.

The Regional Office engaged a panel of experts and led Member State consultations to develop the *Strategic Framework for the Comprehensive Prevention and Control of Cervical Cancer in the Western Pacific Region 2023–2030*, which was endorsed by the Regional Committee in October 2022. The innovations and adaptations that came out of the pandemic provided an opening to expand human papillomavirus testing capacity, with increased capacity for molecular testing to strengthen cervical cancer prevention and management.

Output 1.1.3 Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course

To continue the downward trend of maternal, newborn and child mortality, WHO is helping countries improve the quality of care, with a focus on essential services that leave no one behind. Besides continuous implementation and monitoring support on early essential newborn care, Cambodia, Mongolia and Papua New Guinea were supported to use an online data collection platform, generating evidence and fostering evidence-based planning. Midwifery regulations and education were reviewed and adapted to provide essential health services in the Lao People's Democratic Republic. In selected hospitals in Mongolia and Viet Nam, maternal care quality was assessed, and support to upgrade infrastructure and clinical improvement is ongoing.

Increasing access to early essential newborn and kangaroo mother care

WHO strongly supports early essential newborn care practices and promotes kangaroo mother care, where newborns are put into skin contact with their mothers and fed exclusively with breast-milk. To identify barriers and enablers to these important practices during the pandemic, WHO conducted a social media survey on public awareness and sentiments. Targeting both parents and medical service providers in seven countries, the campaign attracted 51.5 million views and Facebook engagements. The results showed that even though parents and communities considered kangaroo mother care and other newborn practices safe, these were unavailable at health-care facilities.

To help facilities scale up these practices, particularly for newborns in Caesarean deliveries and those who are preterm and have low birthweight, the Regional Office updated the *Early Essential Newborn Care Pocket Guide*, which is used by nine priority countries. The Guide is being translated into local languages in the Lao People's Democratic Republic, Mongolia and Viet Nam.

WHO also finalized two public health-care quality improvement guides that supported health-care facilities to assess and develop data-based planning. One on preventing unwanted pregnancies was used in Cambodia, China, the Lao People's Democratic Republic, Mongolia, the Philippines and Viet Nam.

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Another on care for infants and young children was used in those six countries plus Papua New Guinea and the Solomon Islands.

Seven countries (Cambodia, China, Japan, the Lao People's Democratic Republic, the Federated States of Micronesia, Mongolia and Viet Nam) received support to conduct scoping reviews on policy and regulatory environment to foster the health and well-being of young children.

Rebuilding national immunization programmes

As the COVID-19 pandemic pulled national resources away, WHO is helping countries rebuild national immunization programmes to pre-pandemic levels to better protect infants and young children. For example, international consultants were deployed to the provincial level in Papua New Guinea to facilitate routine immunizations, and a series of workshops on vaccine-preventable diseases surveillance was conducted in Cambodia. In Viet Nam, the Ministry of Health focused on health-care providers and surveillance in low-performing and under-reporting provinces.

Strengthening polio surveillance

Work is underway across the Region to strengthen surveillance of polio and fill the gaps in population immunity against poliovirus. Long-term technical assistance is being provided to the Lao People's Democratic Republic to restore the quality performance of acute flaccid paralysis (AFP) surveillance and to initiate environmental surveillance. In Malaysia, dedicated focal points were appointed in hospitals across the country to boost surveillance, and an AFP case management guide for clinicians was developed and introduced. In the Philippines, dedicated surveillance officers were hired and appointed at the subnational level and AFP surveillance guidelines were developed and distributed. Cambodia strengthened the supervision and monitoring of polio surveillance and initiated environmental surveillance; Viet Nam implemented a catch-up vaccination campaign with inactivated polio vaccine to close the immunity gap in children against type 2 poliovirus, and expanded surveillance in the country.

These efforts led to significant improvements in 2022 in the non-polio AFP rate in all affected countries. The WHO One Team approach using evidence and direct advocacy helped create consensus on mitigating activities and decreased the risks of vaccine-preventable disease outbreaks in the Region.

Output 1.1.4 Countries' health governance capacity strengthened for improved transparency, accountability, responsiveness and empowerment of communities

In line with the *For the Future* vision, WHO has adopted a systems approach to examining legislative interventions for health – considering both the wider system of laws in a country and how those interact with the social, political and economic context. WHO assistance includes legislative analysis and advice to the countries on drafting, as well as support to develop policy and consultative materials and make the case for reform to leaders and other sectors.

Improving health systems through law and governance

WHO helped Cook Islands, Nauru and Vanuatu develop future-oriented public health laws and address shortcomings highlighted by the COVID-19 pandemic. With dedicated support over three years, the Public Health Bill 2023 in Cook Islands is expected to be considered in Parliament in 2023. The Lao People's Democratic Republic, Papua New Guinea and Solomon Islands reviewed laws that support essential health system functions and overall governance to advance UHC. Ongoing technical support

to PICs is informing further research on context-driven approaches to legislative reform. Tools under development aim to build country capacity to undertake legislative reform in public health and health systems, and in cross-cutting policy areas such as the International Health Regulations (2005), known as IHR, digital health and social health insurance.

Using lessons identified from the COVID-19 pandemic, WHO is supporting countries to strengthen health system governance through whole-of-government and whole-of-society approaches to achieve UHC. Practical technical products and tools, such as the [Inter-Parliamentary Union/WHO handbook for parliamentarians on strengthening health security preparedness](#), are supporting parliamentarians to exert their leadership and core functions to advance health goals.

Solomon Islands developed and finalized its *National Health Strategic Plan 2022–2031* through a process led by the Ministry of Health and Medical Services. WHO is supporting the review and updating of the country's health legislation, drafting of the national health workforce strategy and digital health strategy, expanding functionalities and scope of the District Health Information System 2 (DHIS2) data health information management system, and strengthening monitoring and evaluation.

Strengthening parliamentary leadership to prepare for future pandemics

WHO convened the face-to-face [Sixth Asia-Pacific Parliamentary Forum on Global Health](#) in Seoul, Republic of Korea, in August 2022. The goal was to discuss how parliamentarians could support actions to strengthen health security and resilient health systems for the future, drawing on the lessons identified from the COVID-19 pandemic. Thirty parliamentarians from 15 countries participated, supporting actions to increase investment in health that also aids social and economic recovery, reflecting the interdependency between health and the economy.

Output 1.1.5 Countries enabled to strengthen their health and care workforce

WHO continued support to health workers at the forefront of the pandemic response, while planning for future preparedness. Science-based guidance and training on COVID-19 was offered through diverse channels to front-line health-care workers, including an online training course on intensive care for doctors and nurses.

Workforce capacity strengthening

The WHO Western Pacific Region [Global Health Learning Centre](#) is set up to strengthen capacity for engagement in global health. The programme provided training to 29 health professionals from 13 Western Pacific countries, of whom more than half were women. An alumni network was set up, attracting 188 fellows from 19 countries.

New regional framework for human resources for health

WHO is shifting focus to preparedness, documenting lessons identified and generating evidence on health workforce policies that inform the proposed regional framework for human resources for health. This framework is expected to provide strategic direction and a policy space for countries to build back better as the health workforce faced many challenges during the COVID-19 pandemic, with many health workers resigning. The framework also addresses the changing health needs of the population, such as ageing, NCDs, climate change and future health emergencies. WHO convened informal consultations with Member States on the draft, which is expected to be submitted for endorsement to the seventy-fourth session of the WHO Regional Committee in October 2023.

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WHO led the formulation of an intergovernmental coordination mechanism in Papua New Guinea at the beginning of the pandemic. The private sector, including church health services, was heavily engaged in data collection and analysis, opening a door to more strategic dialogues on human resources for health (HRH).

Technical support was provided to a regional scoping review of the impact of COVID-19 on health workforce policies, and to revising HRH country profiles in the Philippines and Tonga. Tonga is now reviewing health workforce deployment using WHO's methodology on staffing workload indicators.

As of the end of 2022, a total of 21 countries and areas had designated national focal points for National Health Workforce Accounts, and 12 countries reported on the implementation of the *WHO Global Code of Practice on the International Recruitment of Health Personnel* through a national reporting instrument. This puts critical information in the public domain so that more stakeholders can use these data to manage the migration and brain drain concerns in the Region.

WHO also helped develop and review the process of national HRH strategic plans in Cambodia, the Lao People's Democratic Republic and Papua New Guinea, with a particular focus on PHC-oriented health systems and workforce. This built on the new [*Regional Framework on the Future of Primary Health Care*](#) endorsed at the seventy-third session of the Regional Committee for the Western Pacific in October 2022.

Outcome 1.2 Reduced number of people suffering financial hardships

With a total budget allocation of US\$ 10.4 million, Outcome 1.2 activities supported Member States to develop and implement national health financing strategies and models of public health spending. WHO increased country capacity to perform statistical analyses and to use evidence to analyse the impact of health in national economies, establish policies and allocate resources.

This effort included improving the timeliness and quality of health expenditure tracking; conducting discussions on how a health tax on tobacco, alcohol and sugar-sweetened beverages could increase funds for countries to improve prevention and control of NCDs; and increasing and adjusting HRH positions.

Outputs under this outcome include:

- Output 1.2.1 Countries enabled to develop and implement equitable health financing strategies and reforms to sustain progress towards UHC.
- Output 1.2.2 Countries enabled to produce and analyse information on financial protection, equity and health expenditures and to use this information to track progress and inform decision-making.
- Output 1.2.3 Countries enabled to improve institutional capacity for transparent decision-making in priority-setting and resource allocation and analysis of the impact of health in the national economy.

Output 1.2.1 Countries enabled to develop and implement equitable health financing strategies and reforms to sustain progress towards universal health coverage

WHO is working to improve health financing and its policies by promoting the use of evidence and collective investments among national health and finance authorities and international partners. Tailored technical support helped to develop and implement national health financing strategies for long-term health system strengthening and UHC. Topics included public financial management and budget formulation, strategic purchasing, provider payments, social health protection, hospital autonomy and donor transition.

Several health financing webinars and training activities were held in collaboration with WHO headquarters and collaborating centres to enhance capacity on health financing policy design and implementation in the Region's lower-middle and middle-income countries.

Developing models of sustainable, equitable and efficient public spending for health

WHO worked with the WHO Regional Office for South-East Asia, the World Bank and the Asian Development Bank to bring together 20 Member States and country participants from ministries of finance and health and social health insurance agencies at the Sixth Biregional Health Financing Workshop in July 2022. The group focused on seeking efficiency gains during the recovery from the COVID-19 pandemic. Technical discussions and sharing centred on strengthening social health insurance systems for improved efficiency and financial protection. Policy discussions translated into country support activities in several countries.

In the Lao People's Democratic Republic, WHO at all three levels of the Organization is facilitating dialogues around sustaining public spending and cross-programmatic efficiency to improve the planning and financing of vertical programmes. Policy dialogues held through recent missions by Gavi, the Vaccine Alliance (GAVI), as well as with other United Nations agencies have led to a growing consensus and increased shared responsibility among relevant ministries. The successful three-year extension on the country's eligibility for GAVI support has eased the current fiscal constraints in sustaining essential priority immunization programmes. The Government is now preparing for a phased transition with an adjusted co-financing policy through the end of 2025.

WHO is working with the Ministry of Health in Cambodia to develop critical national health policies that progress UHC, including the draft *Health Strategic Plan 2021–2030*, with a strong focus on improving access and financial protection to people through strengthened health financing for PHC in the country.

In Mongolia, ongoing efforts to contain costs include moving towards strategic purchasing and performance-based financing reforms. Consultations on cost containment and provider payments have led to revisions in the regulations on contracting and PHC performance indicators.

In Viet Nam, WHO supported the ongoing revision of the national social health insurance law by sharing international experience on social health insurance governance and aligning incentives for referral systems.

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Output 1.2.2 Countries enabled to produce and analyse information on financial protection, equity and health expenditures and to use this information to track progress and inform decision-making

WHO supports Member States to produce, analyse and track health expenditure and financial risk protection data, and to use that information to improve policy-making, reduce financial hardships, and ultimately advance UHC. In collaboration with key technical partners such as the Organisation for Economic Co-operation and Development (OECD), the World Bank and GAVI, WHO advances the methods and capacity for this work in countries.

To inform policy discussions, WHO supported Member States in producing and validating health expenditure data for the annual update of the Global Health Expenditure Database in the reference year of 2020, and in collaboration with the World Bank, on the global monitoring of SDG indicator 3.8.2 on financial protections.

The Regional Office for the Western Pacific hosted the [seventeenth WHO–OECD annual meeting of Asia Pacific health accounts experts](#) in August 2022, with participants from 25 countries and areas in the Region. Participants and experts shared methods and country experience in tracking health spending related to COVID-19 and public health care. Discussions also took place on the common challenges and ways to strengthen the institutionalization of health accounts in countries.

Strengthening country capacity to perform statistical analyses

In 2022, WHO helped Member States produce and validate health expenditure data for the annual update of the [Global Health Expenditure Database](#), this time for 2020. The lack of expertise to perform statistical analysis of household survey data is a technical constraint in ministries of health. WHO provided direct support through virtual consultations to perform this data analysis.

Support helped ministries of health in Mongolia and the Lao People's Democratic Republic produce financial protection indicators, which are published to inform policy-making that reduces catastrophic and impoverishing health spending. In consultation with government counterparts, WHO supported the drafting and publication process of the reports to facilitate ongoing health financing policy dialogues in countries. The publications provided critical evidence of the existing gaps in access and financial protection in the two countries. Evidence suggests health financing policies need to be further strengthened to make progress towards UHC.

The Lao People's Democratic Republic also received technical support to compile 2020 health accounts data, focusing on producing estimates of PHC and immunization programme spending, and improving the timeliness and quality of health expenditure tracking. Together with the ministry of health focal points and coordination across all levels of WHO, a comprehensive health accounts work plan for 2023 was developed and is currently being implemented in the country, where the process strengthened communications among focal points and improved data collection and quality.

Output 1.2.3 Countries enabled to improve institutional capacity for transparent decision-making in priority-setting and resource allocation and analysis of the impact of health in the national economy

WHO helps Member States build capacity to develop evidence used for deciding policies on health benefits packages and allocating resources. This includes knowing how to collect and analyse relevant data, and use costing, budget impact and cost-effectiveness tools. WHO supports dialogue with stakeholders to ensure fair choices and institutionalizing transparent, evidence-driven decision-making processes.

Analysis for universal health coverage

At the Sixth Biregional Health Financing Workshop on UHC held virtually, WHO supported dialogues on how a health tax could increase funding and health outcomes. PICs, in particular, have a higher reliance on external financing and low out-of-pocket spending on health care. A workshop in Fiji reviewed how health taxes on tobacco, alcohol and sugar-sweetened beverages could increase funds for countries to improve NCD prevention and control.

WHO continued its support to the Ministry of Health in Palau to improve access and financial protection for UHC by supporting the decision-making process on the expansion of the national benefit package to include treatment with catastrophic costs, such as haemodialysis and post-surgery cancer treatment.

Strengthening capacity to adjust for the future

Papua New Guinea is working to increase and adjust its HRH positions. WHO is providing technical support on public financial management and resource tracking analysis to inform their decision-making.

In Cambodia and the Lao People's Democratic Republic, WHO helped foster policy dialogues between the ministries of health and finance and social health insurance agencies. The countries need strong macro-fiscal analytical capacity in order to set midterm strategies and fiscal policies. WHO provided guidance for this function so they can determine how best to invest in PHC and essential public health services.

Outcome 1.3 Improved access to essential medicines, vaccines, diagnostics and devices for primary health care

With a total budget allocation of US\$ 20.7 million, Outcome 1.3 activities supported Member States to implement WHO guidelines on COVID-19 vaccine effectiveness and safety studies, manufacture to high standards and distribute new therapeutics. Cost comparisons, tools and guidelines improved procurement and supply management. A road map to strengthen and expand the number of national regulatory authorities and benchmarking to increase the quality of regulation expedited access to quality-assured, effective and safe medical products. Sharing Region-wide data improved monitoring of national antimicrobial resistance (AMR) action plans so specific actions could be taken.

Outputs under this outcome include:

- Output 1.3.1 Provision of authoritative guidance and standards on quality, safety and efficacy of health products, essential medicines and diagnostics lists.

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- Output 1.3.2 Improved and more equitable access to health products through global market shaping and supporting countries to monitor and ensure efficient and transparent procurement and supply systems.
- Output 1.3.3 Country and regional regulatory capacity strengthened, and supply of quality-assured and safe health products improved, including through prequalification services.
- Output 1.3.4 Research and development agenda defined, and research coordinated in line with public health priorities
- Output 1.3.5 Countries enabled to address antimicrobial resistance through strengthened surveillance systems, laboratory capacity, infection prevention and control, awareness-raising and evidence-based policies and practices.

Output 1.3.1 Provision of authoritative guidance and standards on quality, safety and efficacy of health products, essential medicines and diagnostics lists

WHO is working to enhance health service delivery by helping countries adopt and implement guidance, norms and standards in pharmaceutical and vaccines research and development, production, quality assurance and pharmacovigilance. In 2022, this included facilitating the adoption of WHO guidelines on COVID-19 vaccine effectiveness studies and cohort event monitoring safety studies for national and institutional use. WHO clinical practice and living guidelines on COVID-19 therapeutics were also widely adopted and implemented.

Three countries (the Lao People's Democratic Republic, the Philippines and the Republic of Korea) assessed gaps in the adoption and implementation of WHO guidelines on access to and the quality and safety of blood products, biological medicines, vaccines and medicines.

Five countries (Cambodia, the Lao People's Democratic Republic, Malaysia, the Philippines and Viet Nam) are conducting a gap assessment for establishing essential diagnostics lists and then planning for how to build capacity where needed. They have already identified the need for assistance in developing local production road maps.

All countries in the Region have updated national focal points for the [WHO Global Surveillance and Monitoring System](#) for substandard and falsified medical products, and Member States are adopting systems and measures to detect, report and respond to substandard and falsified medical products, guided by WHO protocols, norms and standards.

Strengthening good manufacturing practices

The Regional Office and WHO country offices are also helping countries to implement WHO guidelines on good manufacturing practices, good regulatory practices and good reliance practices to strengthen regulatory systems and the local production workforce.

In the Lao People's Democratic Republic and the Philippines, the WHO guidelines on good manufacturing processes were adapted to produce COVID-19 therapeutics through technology transfer. Inspectors and manufacturing workers received training on good manufacturing practices, quality management system and sampling methodologies.

Output 1.3.2 Improved and more equitable access to health products through global market shaping and supporting countries to monitor and ensure efficient and transparent procurement and supply systems

Ensuring access to and availability of good-quality, safe and effective vaccines, diagnostics and therapeutics have been important to control and mitigate COVID-19 impacts in the Region. During the pandemic, a mechanism was set up for PICs to ensure the provision of essential health products in countries by strengthening procurement and the supply management system at all levels of health facilities.

Improving procurement through cost comparisons

The high prices of essential medicines are a major barrier to UHC and PHC. The WHO Price Information Exchange for Medical Products platform allows users to compare prices for new therapeutics for NCDs, essential supplies for safe and affordable surgery, and COVID-19 technologies.

WHO, the Association of Southeast Asian Nations (ASEAN) and the Philippine Department of Health organized a workshop in 2022 using this platform to increase price transparency among ASEAN members. Participants could see the potential to expand the scope to other products, including high-cost medicines and diagnostics. As such, the Regional Office continues to support this work on pricing transparency and procurement efficiency.

Implementing innovations quickly and efficiently

To improve affordability and availability of COVID-19 therapeutics in low- and middle-income countries, WHO provided guidance for countries on considerations for manufacturing and distributing molnupiravir and other novel COVID-19 therapeutics, and assisted countries to implement these guidelines so they could use the new emergency treatments for a limited time period while further data are gathered and evaluated.

Coordinated support and training

Medicines policies, laws, and procurement and supply chain management, including financing and pricing, are highly technical areas for which many countries do not have the expertise. WHO therefore provides ongoing direct support to review and revise existing national medicines policies and pharmaceutical laws and regulations in order to reach the unreached and meet the needs of public health care and UHC.

The development and implementation of pricing policies in Member States is also supported by WHO. Tools and guidelines have strengthened the capacity of procurement and supply management. This includes the areas of quantification, pricing and financing, pharmaceutical waste disposal, risk management in supply chain management, and training of supply chain personnel.

Output 1.3.3 Country and regional regulatory capacity strengthened, and supply of quality-assured and safe health products improved, including through prequalification services

Countries need to manage ongoing product development and conduct rapid regulatory approvals to ensure access to medical products during public health emergencies and disease outbreaks. Given the considerable diversity in economic strength, population size and regulatory maturity in the Region,

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WHO helps tailor country approaches, such as helping PICs develop capacity to use reliance-based emergency use and marketing authorizations.

WHO assists countries by assessing systems gaps and helping to develop institutional plans and reliance mechanisms using computerized global benchmarking tools, platforms and networks. The WHO policies, process and tools are fully aligned with the *For the Future* shift to a systems approach and adapted to the Region's needs.

At the [Eleventh Meeting of the Regional Alliance of National Regulatory Authorities for Medical Products in the Western Pacific](#)^v, work began on establishing 2023–2026 regional priorities and a road map to strengthen and expand the number of national regulatory authorities, which expedite access to quality-assured, effective and safe medical products.

Benchmarking to increase quality of regulation

In 2022, formal benchmarking of national regulatory authorities in China and the Republic of Korea was completed. Mongolia conducted self-benchmarking and the Philippines pre-benchmarking. The [Republic of Korea](#) and [Singapore](#) achieved maturity level four in medicine and vaccine regulation – the highest level in WHO's classification of regulatory authorities for medical products – after assessment with the WHO benchmarking tool. Both countries are finalizing the designation process for a WHO-Listed Authority using a performance evaluation tool, an additional process after benchmarking. [China](#) achieved level three in vaccine regulation, confirming the previous status of functionality according to WHO standards. China, the Republic of Korea and Singapore were globally recognized as transitional [WHO-Listed Authorities](#).

COVID-19 vaccine manufacturing and regulation

Through a workshop with WHO headquarters, the Regional Office for South-East Asia, the Coalition for Epidemic Preparedness Innovations and other partners, a priority action agenda to strengthen local manufacturing of vaccines and medicines in the South-East Asia and Western Pacific regions was agreed upon. Training was provided to the Lao Ministry of Health and the Philippine Food and Drug Administration on manufacturing and regulatory workforce competencies to promote domestic manufacturing and good manufacturing practice inspection methodologies.

Regulatory approval of COVID-19 vaccines allocated by the COVID-19 Vaccines Global Access (COVAX) initiative was facilitated for 13 middle-income countries, including PICs. WHO also worked with the Viet Nam Ministry of Health on the regulatory consideration for second-generation COVID-19 vaccines.

At a hybrid meeting of the Regional Alliance of National Regulatory Authorities for Medical Products, a voluntary mechanism of regional regulatory cooperation, data requirements for marketing authorization, and lessons and best practices from pandemic management were reviewed. Participants agreed on a regional road map and set of priorities for the next four years, which WHO helped develop.

Regulating traditional and complementary medications

WHO is helping countries develop context-specific mechanisms to ensure the quality and safety of traditional and complementary medicines. The [Regional Framework for Harnessing Traditional and Complementary Medicine for Achieving Health and Well-being in the Western Pacific](#) has been promoted in international meetings and institutional exchange visits in the Region. A benchmarking

module for regulators and policy implementers was developed and is being piloted in the Lao People's Democratic Republic and the Philippines.

Output 1.3.4 Research and development agenda defined, and research coordinated in line with public health priorities

Innovation and partnerships are key to implementing the Region's *For the Future* vision. WHO helps countries establish systems and mechanisms for research that improve access to essential medicines. In 2022, WHO provided national regulatory authorities with recently published guidelines on clinical research on experimental medicines and vaccines in resource-limited settings from the Council for International Organizations of Medical Sciences to help them develop new therapeutics.

WHO provided technical and advisory support to Mongolia's Medicine and Medical Device Regulatory Agency within its Ministry of Health to update self-benchmarking using the WHO Global Benchmarking Tool. Eight areas were covered: regulatory systems, marketing authorization, pharmacovigilance, licensing establishments, regulatory inspections, market surveillance and control, laboratory testing, and clinical trials oversight. This helped the country set stepwise approaches and strategic directions to meet the requirements for clinical trials of medicines and vaccines.

Building capacity to conduct COVID-19 vaccine and therapeutics studies

WHO strengthened awareness of the value of active safety surveillance for COVID-19 therapeutics, such as the cohort event monitoring safety study. WHO also arranged partnerships with national disease surveillance institutions and university research teams to address practical policy questions regarding immunization policies and practices.

Coordination across WHO helped the Philippines and Viet Nam initiate effectiveness studies during COVID-19 vaccination. This included engaging experienced experts in clinical trials, developing study protocols and submitting requests for ethical clearance – the work continues through 2023.

Output 1.3.5 Countries enabled to address antimicrobial resistance through strengthened surveillance systems, laboratory capacity, infection prevention and control, awareness-raising and evidence-based policies and practices

The Region's AMR burden from 2020 to 2030 is expected to be 5.2 million excess deaths and US\$ 148 billion in costs, according to WHO estimates published in 2022. The estimates were developed to spur action by high-level policy-makers to fight this growing issue. WHO initiated dialogues and surveys with multisectoral stakeholders to convene champions and identify key gaps and priorities.

To strengthen collaboration across teams and sectors and assist with strategic planning and coordination for programmes, an AMR Coordination Mechanism was established in the Regional Office, bringing together relevant colleagues across management and technical divisions and country offices. It aims to unify the vision and priorities, as well as facilitate joint actions across a range of areas. Together, the Office aims to shift WHO's role towards becoming an enabler, a stimulator and a convener, working closely with cross-sectoral stakeholders to strategically encourage policy-makers to take action.

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Support for national advocacy

WHO collaborated with the Philippine Government to organize a national-level AMR media workshop and social media campaign. AMR champions and stakeholders were brought together to strengthen partnerships across sectors at the country level. A WHO public opinion poll showed a clear need to raise awareness: while more than eight out of 10 people had heard of at least one of the listed types of resistance to antivirals, antibacterials, anti-parasitics and anti-fungals, fewer than three out of 10 (29%) had specifically heard of AMR.

In Cambodia, WHO initiated an Innovation Challenge to motivate youth and young adults as new champions to develop and disseminate innovative communication campaigns that could influence both the general public and policy-makers to prioritize actions to stop and prevent AMR in line with WHO recommendations.

Sharing Region-wide data to inform policy and clinical practice

WHO supported Member States in the Region to develop, implement and monitor national AMR action plans, and 21 countries are implementing their national action plans. Australia, China, Fiji, Japan, Mongolia, the Philippines and the Republic of Korea implemented their second plans, and Malaysia and Viet Nam are finalizing their second plans.

New WHO regional guidance for AMR surveillance and outbreak response supported Cambodia, Fiji, the Lao People's Democratic Republic and Mongolia to develop recommendations for their governments. Nine countries have established AMR surveillance systems and are submitting data to the [WHO Global Antimicrobial Resistance and Use Surveillance System \(GLASS\)](#).

Ten countries and areas submitted national-level consumption data to the Western Pacific Regional Antimicrobial Consumption Surveillance System (WPRACSS), which provided the basis for the first regional report, [Antimicrobial Consumption in the WHO Western Pacific Region: Early implementation of the Western Pacific Regional Antimicrobial Consumption Surveillance System \(WPRACSS\)](#), and is helping inform policy and clinical practice.

The WHO One Team approach with countries and regional coordination were crucially important for developing the monitoring system, using a grounds-up and systems approach focused on sustainability. A training package for antimicrobial stewardship was finalized and will be used in a 2023 workshop.

Strategic Priority 2. One billion more people better protected from health emergencies

The COVID-19 pandemic highlighted gaps in the core capacities for emergency preparedness in countries, but it also showed how quickly capacities can be strengthened when partners come together with a clear plan, galvanized by political will and with resources to sustain positive changes. COVID-19 tested the importance and functionality of Region-wide frameworks such as the [Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies \(APSED\)](#), now in its third iteration as a platform for Member States, WHO and partners to work together to respond to public health emergencies.

WHO is helping Member States become operationally ready to address imminent risks from all emerging threats, and to have the capacity for early detection, rapid risk assessment and clear communication. This includes training, coordination and deployment mechanisms housed in WHO, with support from partners such as the Global Outbreak Alert and Response Network (GOARN) and the Emergency Medical Teams Initiative.

WHO is helping countries have in place rapid, scalable deployment systems, financing instruments, data-sharing protocols and skills to generate, analyse and share information. Table 3 summarizes the utilization of funds for Strategic Priority 2.

Table 3. Funding and utilization of funds for Strategic Priority 2 of Programme Budget 2022–2023 by outcome, as of 31 December 2022 (in US\$ millions)

Outcome	Approved revised budget	Available funding*	Available funding as % of approved revised budget	Utilization	Utilization as % of approved revised budget	Utilization as % of available funding
2.1 Countries prepared for health emergencies	45.5	17.0	37%	7.4	16%	43%
2.2 Epidemics and pandemics prevented	16.5	2.6	16%	0.7	4%	26%
2.3 Health emergencies rapidly detected and responded to	36.3	13.2	36%	5.8	16%	44%
Total	98.3	32.8	33%	13.9	14%	42%

* This excludes undistributed funds of USD 52,139 as it requires additional information before being assigned to any outcomes.

Outcome 2.1 Countries prepared for health emergencies

With a total budget allocation of US\$ 45.5 million, Outcome 2.1 activities supported Member States to strengthen emergency response and preparedness capacity, not only in responding to the COVID-19 pandemic but also in strengthening health systems.

COVID-19 tested the importance and functionality of Region-wide frameworks. The [Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies \(APSED\)](#), which is in its third iteration,

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proved to be a relevant platform for Member States, WHO and partners to work together to respond to public health emergencies. The APSED TAG, along with [International Health Regulations \(2005\)](#) and the [IHR Monitoring and Evaluation Framework](#) were also instrumental in evaluating and developing national preparedness capacities.

WHO supported countries in training and developing national and local emergency medical teams (EMTs), strengthening IHR (2005) core capacities in laboratory and surveillance, assessing and managing risks, and developing crisis communications strategies to build confidence and increase the uptake of COVID-19 vaccines.

Outputs under the Outcome include:

- Output 2.1.1 All-hazards emergency preparedness capacities in countries assessed and reported.
- Output 2.1.2 Capacities for emergency preparedness strengthened in all countries.
- Output 2.1.3 Countries operationally ready to assess and manage identified risks and vulnerabilities.

Case study: [Preparedness saves lives during Tonga volcanic eruption rapid emergency response](#)

On 15 January 2022, the Hunga-Tonga Hunga Ha'apai volcano unleashed a powerful eruption, sending an ash plume some 57 kilometres skyward and triggering a tsunami that wiped out infrastructure across Tonga. Within 48 hours, the the Tongan Government activated and deployed the WHO-trained Tonga Emergency Medical Assistance Team to provide medical aid and psychosocial support to communities in the hardest-hit Ha'apai islands. The team cared for 381 people with a variety of health issues, referring only five patients to the main island for further care.

WHO has been working with PICs since 2017 to develop and strengthen the capacity of emergency medical teams to prepare for such events. Before that time, communities in the Pacific often had to rely on deployments of outside emergency medical personnel.

Emergency medical team training is based on WHO's [Classification and Minimum Standards for Emergency Medical Teams](#). Even throughout the COVID-19 pandemic training efforts continued as a remote interactive series. To increase participant engagement, sessions were adapted to incorporate a local style of communication known as *talanoa*, a kind of traditional participatory dialogue that made representatives from Tonga both participants and presenters.

With the technical support from WHO, the Government of Tonga urged the public to take precautions to avoid health consequences of the ashfall across the islands, such as staying indoors, wearing masks when outside and drinking bottled water.

WHO continues to actively support the Tonga Emergency Medical Assistance Team and the establishment, development and deployment of emergency medical teams across PICs – 10 so far. By having this capacity available in-country, Tonga and other PICs are better prepared to face future emergencies, from volcanic eruptions and tsunamis to super storms and pandemics.

Output 2.1.1 All-hazards emergency preparedness capacities in countries assessed and reported

In 2022 capacities were tested with new waves of cholera, COVID-19 infections, dengue, human infections with avian influenza (H3N8), leptospirosis, mpox (monkeypox), tsunamis, typhoons and volcanic eruptions. In line with the Region's *For the Future* vision, the Regional Office is identifying and addressing critical gaps in health security and building on best practices.

The Western Pacific Region is working with the South-East Asia Region to update or supersede APSED. The APSED TAG held its annual meeting in July 2022 for Member States, WHO and health security partners to update on progress implementing APSED and IHR (2005). Participants shared experiences, discussed key issues, reviewed the recommendations by various external evaluations of COVID-19 responses and set priorities collectively.

The biregional approach included piloting the methodology of the toolkit series in the South-East Asia Region IHR (2005) Joint External Evaluations, which will then be used in the Western Pacific Region. Missions in Nepal and Thailand are helping prepare for stronger legal instruments that enhance national implementation.

WHO tools help countries evaluate preparedness and response

Using tools in its [IHR Monitoring and Evaluation Framework](#), WHO worked with country offices to help Member States evaluate current preparedness capacities and conduct strategic planning for preparedness and response to pandemic threats. The annual IHR Exercise Crystal simulation tested communication and coordination during outbreaks or public health emergencies in the Region, with 24 Member States participating in 2022. A tool to self-assess IHR (2005) capabilities helped 22 countries complete and submit their 2021 States Parties Annual Report.

To analyse gaps and needs resulting from the COVID-19 pandemic, countries including the Lao People's Democratic Republic, Solomon Islands, Tonga and Vanuatu conducted country-led COVID-19 intra-action reviews. Knowledge gained during the pandemic from throughout the Region was consolidated by WHO into [Learning and Improving from the COVID-19 Response in the Western Pacific Region](#) and shared at the seventy-third session of the WHO Regional Committee for the Western Pacific in October 2022.

Output 2.1.2 Capacities for emergency preparedness strengthened in all countries

Some of the smaller PICs registered their first cases of COVID-19 in 2022, nearly two years after the onset of the pandemic. A home-based care toolkit and door-to-door sensitization conducted in Samoa in 2020–2021 was shared with Niue in 2022 because they share similar island community structures. Use of the toolkit helped people understand how to provide care at home for non-severe cases, thus preventing hospitals from being overwhelmed.

WHO hosted an Asia Pacific biregional launch of a new handbook [Strengthening health security preparedness: the International Health Regulations \(2005\)](#) to enhance parliamentary contributions to health security preparedness. The launch attracted 29 parliamentarians from 14 Member States. Produced by WHO and the Interparliamentary Union, the handbook shows how parliamentarians can use their core functions, including law-making, budgeting and oversight, and contains key questions to guide their work.

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Countries received a broad range of support from WHO, from strengthening capacities at points of entry in Cambodia and Viet Nam and in countries sharing land borders in Mekong River countries, to seaport preparedness, to communicating public health and safety measures such as using masks and distancing where appropriate.

Continuous learning improves guidance and support

WHO's "continuous learning and improving" process in the Region builds the knowledge base on effective measures that can be adapted to fit different contexts. During the COVID-19 pandemic, for example, Mongolia's health-care capacity was quickly overwhelmed. WHO worked closely with the Ministry of Health to conduct a rapid assessment and analysis that identified challenges in the health-care pathway for patients. Changes were made to ensure the right patients were in the right facilities at the right time. These lessons were shared across the Region through discussions with incident management support teams, and updated guidance and support was provided to customize the solutions to other contexts.

The *Western Pacific Surveillance and Response Journal* provides open-access, peer-reviewed articles for the Region; 41 articles were published in 2022. Two new copy editors provide additional support, and a staff member appointed to reach out to relevant experts and organizations attracted submissions from several PICs that had previously been under-represented in the journal.

A unified approach to optimize the health of people, animals and the environment

Multisectoral coordination and collaboration were strengthened through activities with the WHO [One Health](#) Initiative and One Health Quadripartite partners: the Food and Agriculture Organization of the United Nations (FAO), the United Nations Environment Programme and the World Organisation for Animal Health (WOAH). The COVID-19 pandemic identified a lack of coordination and integration across sectors as a major opportunity to prevent or reduce future pandemics. The approach was promoted and supported through national bridging workshops on IHR (2005) and in veterinary services in Mongolia and the Philippines. Close coordination with the Quadripartite partners and WHO leadership in food safety and One Health-related actions, including guidance on strategic actions to strengthen national food safety systems, contributed to this growing integration.

Risk communication plans updated

The Region's risk communication team conducted an internal mapping exercise with Cambodia, Fiji, the Lao People's Democratic Republic, Malaysia, the Philippines and Viet Nam to determine the status of their national risk communication plans and strategies. This One Team approach has established mechanisms for regular exchanges between staff and consultants to facilitate the shift from the acute phase of the COVID-19 response to sustained management, with an eye on emergency preparedness for other health threats. The mapping found that four countries required a comprehensive update and two needed to update their strategies beyond the COVID-19 response. In coordination with WHO headquarters and the Regional Office, the WHO country office in Malaysia held a workshop in December to draft an annex for their risk communication plan on infodemic management, a new area on digital media threats and opportunities during a health emergency.

Safe drinking-water, sanitation and hygiene to improve resiliency and sustainability

To scale up the use of safe water, sanitation and hygiene (WASH) in health-care facilities in the Region, field visits were carried out in Cambodia, the Lao People's Democratic Republic and the Philippines to understand local coverage of basic services, bottlenecks, innovations and opportunities. At the regional

level, WHO convened a meeting to provide a high-level coordination space to advocate for including WASH in health-care facilities as a fundamental component of climate-resilient and environmentally sustainable health-care facilities and health systems. A draft action framework has been proposed to support the comprehensive strengthening of WASH in health-care facilities in the Region.

Output 2.1.3 Countries operationally ready to assess and manage identified risks and vulnerabilities

Responses to COVID-19 are shifting from the acute phase to longer, sustained management. WHO has been helping to maintain advances made during the pandemic and integrate these into strengthened and more resilient health security systems. The ongoing threats have raised awareness of the need to maintain readiness for health emergencies so that preparedness activities can be quickly translated into operational responses.

WHO is working to develop and maintain country capacities to respond quickly and effectively to identify and prioritize risks. Using standardized tools to easily and consistently document activities and outputs of activities in WHO's emergency management software, coordination across the health and non-health sectors is improving.

Strengthening surveillance

To accelerate operational readiness, WHO in the Region strengthened capacity to monitor known and unknown COVID-19 variants year-round at all levels. Through a seven-step guide and with the convening of the [Western Pacific Region Emerging Molecular Pathogen Characterization Technologies \(EMPACT\) Surveillance Network](#), Member States have rapidly expanded their genomic sequencing activities to meet surveillance and laboratory testing challenges for current and future pathogens. WHO provided training and expert on-site advice, and through donor support, distributed reagents and kits. This translated into strong achievements. For example, the Mongolia National Center for Communicable Diseases ran 1138 whole-genome sequences and uploaded 754 data entries into the world's largest repository of SARS-CoV-2 sequences – the Global Initiative on Sharing All Influenza Data – strengthening global surveillance through this access and sharing. To achieve this result, WHO provided training for three people to work in shifts to mitigate the risk of halting operations and on-site expert advice. Arrangements were made to transport specimens to avoid delays.

Developing and strengthening emergency medical teams

Having national emergency medical teams (EMTs) that are trained, equipped, self-sufficient and prepared to deploy to remote and austere conditions is essential to health emergency preparedness in PICs.

WHO provided training in Kiribati, the Marshall Islands, Palau and Samoa. It also mobilized financial, material and technical resources to all 13 Pacific island countries and supported a Mongolian EMT strategic planning workshop.

The Organization helped verify international EMTs in the Region, with the Korea Disaster Relief Team registered as the 11th internationally classified EMT in the Region. The establishment of the Marshall Islands Medical Assistance Team allowed the Ministry of Health and Human Services of the Marshall Islands to deploy clinicians in response to the country's first community transmission of COVID-19 in 2022.

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Updated national plans and guidance

Consultations and simulations helped Member States update national surveillance and response plans for COVID-19, influenza and mpox. Indicators of pandemic influenza severity assessment were expanded to all age groups, and health-care capacity analyses calibrated public health measures at the subnational level. “Backcasting” was used to identify needed steps and processes for the future, adapting to the country context and ensuring no one is left behind. Donor resources were mapped to look for resources to fill the gaps in operations.

Outcome 2.2 Epidemics and pandemics prevented

With a total budget allocation of US\$ 16.5 million, Outcome 2.2 activities supported countries to conduct routine monitoring and data analysis to track COVID-19 impacts. Epidemic model training to local modelers and the development of epidemic models, policy briefs and dashboards aided decision-making processes.

Laboratory capacities were enhanced across the Region, particularly in PICs, allowing them to continue monitoring transmission levels and calibrate public health and social measures. Simulation exercises helped countries plan for future health emergencies.

Outputs under this Outcome include:

- Output 2.2.1 Research agendas, predictive models and innovative tools, products and interventions available for high-threat pathogens.
- Output 2.2.2 Proven prevention strategies for priority pandemic/epidemic-prone diseases implemented at scale.
- Output 2.2.3 Mitigate the risk of the emergence and re-emergence of high-threat pathogens and improve pandemic preparedness.

Output 2.2.1 Research agendas, predictive models and innovative tools, products and interventions available for high-threat pathogens

WHO helps Member States develop public health policies through insights from mortality data and epidemiological models from local data. Detecting signals at national and subnational levels from multiple sources of data is critical for taking action at the earliest stage. These data also help develop country-specific models that show within-country variations to inform actions and policies to deal with issues such as novel variants, waning immunity and variable vaccine coverage. WHO provides advanced epidemic model training to local modellers, and supports the development of epidemic models, policy briefs and dashboards that aid the decision-making process.

Continuous and strong collaboration through WHO’s COVID-19 Incident Management Support Team has strengthened the core public health system to detect, test and isolate COVID-19 cases. This advances the health security system aligned with APSED that provides countries with necessary COVID-19 information.

Data analysis for tracking COVID-19 impacts

WHO routinely monitors monthly and weekly all-cause mortality and excess mortality for countries with both publicly available data and shared internal data with WHO. In 2022, the Organization provided hands-on tutoring and strengthened communications with non-health sectors to analyse and interpret these data in order to track both direct and indirect COVID-19 impacts. WHO also developed a [public calculator](#), and at least 12 countries using this are now capable of actively monitoring all-cause mortality and excess mortality in a timely manner (from monthly to weekly) at national and subnational levels to support timely action and response.

Modelling training and network support decision-making

The Western Pacific Region's diversity in demographics, socioeconomics and culture drove major differences in the timing, size and duration of COVID-19 epidemic waves. Variations in public health responses and differential access to vaccine supply further accentuated these differences.

Mathematical models that capture COVID-19 dynamics have supported public health responses and policy development since the beginning of the pandemic. However, capacity to do this work in the Region was limited, so WHO led training to build in-country modelling capacity. This included epidemic and specific modelling for complex public health policy questions like vaccine regimen prioritization.

WHO facilitated a collaborative network of modellers and public health policy-makers to use a modelling software platform in Malaysia and the Philippines that could inform responses to new outbreaks. The collaboration included the modelling team from the Epidemiological Modelling Unit of Monash University, local modellers and public health counterparts, as well as independent, not-for-profit research institutes, government-supported research institutes and university-affiliated research groups. Since national stakeholders may have limited experience in the use and interpretation of models, WHO also initiated regular explanations of modelling results to increase lines of communication and understanding to the Member States.

[The development and outcomes of this network](#) were published in *The Lancet* in 2022. The article reported that collaborations led to the accurate prediction of the timing and magnitude of epidemic peaks to help inform health system capacity planning, identifying epidemic resurgence likely due to the emergence of a new variant of concern in the Philippines. It also demonstrated how differences in vaccination coverage and delivery rates in Malaysia may have affected health system capacity requirements. The data-sharing led to the development of policy briefs and dashboards in these countries to support decision-making processes.

The transition period for COVID-19 requires further modelling support and enhanced local epidemiological data collection and analysis. WHO is working with country offices and ministries of health to explore how to fill the gap of sufficient infectious disease modellers and continue scenario modelling.

Output 2.2.2 Proven prevention strategies for priority pandemic/epidemic-prone diseases implemented at scale

Investments guided by APSED have enabled countries to further develop surveillance and laboratory systems that help generate better information for decision-making. During the COVID-19 pandemic,

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these capacities provided a strong foundation for countries in the Asia Pacific region to respond quickly and effectively, as highlighted by [The Lancet COVID-19 Commission](#).

Laboratory capacities have been enhanced across the Region, particularly in PICs. This allows them to continue monitoring transmission levels and calibrate public health and social measures.

The Western Pacific Region Emerging Molecular Pathogen Characterization Technologies (EMPaCT) Surveillance Network is helping five countries with essential equipment and training: Cambodia, Fiji, the Lao People's Democratic Republic, Malaysia and Mongolia. This expanded capacity provides the countries with multiple sources of data to help them identify priorities, target interventions and update plans to prepare for future pandemics.

Simulations test and strengthen plans

Lessons identified from COVID-19 were carefully documented and used to develop scenarios for simulation exercises. These exercises have fine-tuned COVID-19 response plans and helped the countries plan for future health emergencies. For example, WHO helped Mongolia conduct a simulation exercise to test their draft influenza pandemic preparedness plan.

Output 2.2.3 Mitigate the risk of the emergence and re-emergence of high-threat pathogens and improve pandemic preparedness

APSED continues to serve as a strategic framework to advance health security and promote the learn-and-improve approach across the Region. Investments in surveillance and laboratory systems are generating information for making policy decisions.

WHO is helping countries learn from the COVID-19 pandemic to better plan for and mitigate the risks of new outbreaks. Cambodia, the Lao People's Democratic Republic, the Federated States of Micronesia, Solomon Islands, Tonga and Vanuatu conducted intra-action reviews using WHO guidance and tools adapted for those countries. Participants looked back at actions taken and identified gaps, lessons and best practices to improve the response plan for the next outbreak. Member States are incorporating the lessons identified into updated national pandemic preparedness plans.

[The Pandemic Influenza Preparedness Framework](#) (PIP) has made important contributions to building core capacities and systems in both the Western Pacific and South-East Asia regions. Enhanced country capacities in detection and response to emergencies continue to contribute to achieving global preparedness goals set in the [Global Influenza Strategy 2019–2030](#). Support on the PIP Framework was provided to update pandemic preparedness plans in the Lao People's Democratic Republic and Mongolia, which have incorporated lessons identified from the COVID-19 response, as well as recommendations from international bodies.

The [Fifteenth Biregional Meeting of National Influenza Centres and Influenza Surveillance in WHO's South-East Asia and Western Pacific Regions](#) reviewed progress on influenza surveillance and laboratory systems. Participants discussed how to strengthen surveillance systems for early detection of unusual events and novel pathogens, and strategies to further enhance preparedness.

WHO also brought together the two regions for a 15th meeting of national influenza centres. Member States agreed to integrate genomic surveillance with existing surveillance, which will expand early

detection and monitoring of existing and novel influenza viruses and other respiratory pathogens with pandemic potential.

Outcome 2.3 Health emergencies rapidly detected and responded to

With a budget allocation of US\$ 36.3 million, Outcome 2.3 activities supported several initiatives that strengthened surveillance and response capacity in the Region, such as the annual Field Epidemiology Fellowship Programme. Potential and substantiated events were tracked and shared, and the expanded Epidemic Intelligence from Open Sources initiative was used at the Winter Olympics in Beijing and the Southeast Asian Games in Viet Nam. Ongoing epidemiological situation and risk assessments of significant events covered the multi-country mpox (monkeypox) outbreak, the Japanese encephalitis outbreak in Australia and acute diarrhoeal diseases in the Philippines.

Member States in the Region received support from GOARN during the COVID-19 pandemic, and WHO's regional emergency stockpile remained relevant, accessible and operational. EMTs continued to provide rapid, self-sufficient response to health emergencies, and are focused on establishing stronger local capacity to determine the needed skills and implement teams pulled from regional pools.

Outputs under this Outcome include:

- Output 2.3.1 Potential health emergencies rapidly detected, and risks assessed and communicated.
- Output 2.3.2 Acute health emergencies rapidly responded to, leveraging relevant national and international capacities.

Case study: Subnational preparedness and vaccination reduces COVID-19 impact in Cambodia

A decade of investment in its core health security system and close collaboration with WHO helped Cambodia reduce the impact of COVID-19 in numerous ways: fewer than 500 cases and no deaths were reported in the first year of the pandemic.

The first recorded case in January 2020 promptly initiated an effective whole-of-government and whole-of-society response that included proactive local preparedness and maintenance of essential health programmes and services. WHO guidance covering clinical management and treatment, patient pathways, infection prevention and control, and monitoring was disseminated to more than 120 hospitals and health-care facilities through workshops, webinars, clinical study sessions, on-site coaching and mentorship – increasing the quality of care and surge capacity at national and subnational levels.

To avoid exceeding health-care capacity, WHO and the Health Ministry collaborated to strengthen national and subnational patient pathways, including home-based recovery. This included conducting a survey on home-based care and recovery in five provinces and revising communication materials and guidance accordingly. Living guidelines on therapeutics were also developed, including conditional recommendations on the use of molnupiravir for patients with non-severe symptoms at the highest risk of hospitalization.

A multi-source surveillance and risk assessment framework allowed for a customized response to different transmission levels in different areas of the country, avoiding the need for nationwide lockdowns and their associated economic consequences.

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When COVID-19 vaccines first became available in late 2020, WHO helped the Cambodian Government expand access to them through the National Immunization Programme, providing training and technical and operational support on cold chain and vaccine management, immunization and safety data management, community engagement and vaccination outreach.

WHO conducted perception and behavioural insight surveys to modify messaging and developed 80 new or adapted tools and materials that were disseminated through local television and radio stations and social media platforms. More than 8.5 million people were reached through more than 10 COVID-19 and four non-COVID-19 Facebook campaigns. These campaigns helped motivate 70% of the country's population to be vaccinated by September 2021, eight months ahead of the global target. WHO also provided supportive supervision and training to the Health Ministry to enable personnel to support communities with monitoring activities.

WHO also provided technical advice, reagents and training to strengthen the capacity of the National Institute of Public Health to conduct whole-genome sequencing, better enabling the identification and characterization of new and emerging pathogens in the Western Pacific Region.

Output 2.3.1 Potential health emergencies rapidly detected, and risks assessed and communicated

Throughout the COVID-19 pandemic, the WHO regional Incident Management System has provided countries with multi-source surveillance to assess the evolving epidemiological situation. Through the three levels of the Organization, it has contributed to developing modelling capacity and systems to monitor all-cause mortality and excess mortality in several Member States in the Region.

Strengthening surveillance and response capacity

Several initiatives have strengthened surveillance and response capacity in the Region. In 2022, the Regional Office selected 16 country field epidemiology training graduates for the annual Field Epidemiology Fellowship Programme.

WHO also developed training to assess the transmissibility, severity and impact of known SARS-CoV-2 variants of concern or interest. This is a key development in the seven-step approach to system development within the Western Pacific Region EMPaCT Network. With WHO headquarters convening external partners and regional and country offices, training was conducted in Cambodia, Malaysia, Mongolia and several PICs (Cook Islands, Fiji, French Polynesia, Kiribati, Samoa, Tonga, Tuvalu and Vanuatu). Pilot training with the regional and Japanese field epidemiology fellows and consultations with WHO country offices and national counterparts adapted the training materials and approach to country contexts.

To enhance regional public health intelligence, both event-based surveillance from reports, stories and rumours, as well as indicator-based surveillance from more traditional reports, are being used. As a result, in 2022, WHO tracked 93 potential and substantiated events in the Region through its Event Management System and responded to 49 of these events. Information and risk assessment of events was shared through 36 Event Information Site postings.

This system is complemented by an expansion of the [Epidemic Intelligence from Open Sources initiative](#) that continues through 2023. Surveillance to ensure early detection and prompt responses to any potential public health threat was used at the 2022 Winter Olympics in Beijing and the 2022 Southeast Asian Games in Viet Nam. WHO also provided technical support to the latter to conduct risk

assessments, use event-based surveillance, and collect weekly COVID-19 situation reports and hospital capacity monitoring.

Maintaining surveillance of all public health threats

WHO continues to perform a key regional public health intelligence role in summarizing updated epidemiological situation and risk assessments of significant events, including the multi-country mpox (monkeypox) outbreak, the Japanese encephalitis outbreak in Australia and acute diarrhoeal diseases in the Philippines. It also serves a core technical function to facilitate IHR communications in the Region. WHO has maintained the regional polio eradication certification process through serving as Secretariat to the Regional Commission for Certification of Poliomyelitis Eradication.

In Fiji, WHO helped integrate respiratory diseases into existing influenza surveillance. The [Pandemic Influenza Severity Assessment](#) was introduced at the national level and then to the four subnational divisions. Field visits to health facilities supported assessments and implementation, and workshops on influenza-like illness and severe acute respiratory illness enhanced influenza surveillance systems in Fiji and other PICs.

Procurement support for laboratory equipment, reagents and commodities (including cold chain and sample referral shipment equipment) maintained ongoing virological surveillance for influenza. WHO also deployed a laboratory scientist who coordinated and strengthened influenza epidemiologic surveillance and an influenza surveillance officer to support virological surveillance. With this support, Fiji was able to introduce a sampling strategy targeting 150 nasopharyngeal swab tests per week for respiratory pathogen testing and subtyping of samples to determine the co-circulating influenza strains that are positive for influenza.

Output 2.3.2 Acute health emergencies rapidly responded to, leveraging relevant national and international capacities

WHO has ensured that the Organization's regional emergency stockpile remains relevant, accessible and operational to Member States. This includes issuing storage contracts promptly and maintaining transport contracts with freight forwarders and couriers. A new supply chain inventory management system was put in place in 2022 to strengthen accountability, efficiency and accuracy. This provides a single tool for collaboration centrally managed in the Regional Office.

Since the onset of the COVID-19 pandemic, the regional stockpile has dispatched supplies worth more than US\$ 22 million to Member States in the Western Pacific Region. WHO purchased laboratory consumables, personal protective equipment and biomedical equipment, as well as items relevant for other emergencies such as kits for cholera and influenza, and WASH supplies. In response to an urgent request received from the Mongolia Ministry of Health, a plane was chartered on 17 December 2022 and loaded with critical supplies, which were delivered from the WHO Health Emergencies Regional Emergency Stockpile to the Ministry of Health in Ulaanbaatar.

GOARN deployments to support country outbreak response

Between January 2020 and December 2022, a total of 14 Member States in the Region received support from GOARN during the COVID-19 pandemic. A total of 69 individuals – nearly half of whom were female – completed 89 deployments.

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There are 71 GOARN partners in the Region: nine of them joined during 2022. In collaboration with Australian National University, WHO analysed the operational capacity of GOARN partners in the South-East Asia and Western Pacific regions. This study captured an overview of partner preparedness and readiness plans and the ability to respond internationally. A virtual meeting was organized to bring together GOARN partners within the WHO Western Pacific and South-East Asia regions to report these findings and link these to the *GOARN Strategy 2022–2026*.

Emergency medical teams and the health emergency workforce

EMTs – both national and international – continued to provide rapid, self-sufficient responses to health emergencies in 2022. For example, the Tonga Emergency Medical Assistance Team responded immediately and independently to the Hunga-Tonga Hunga Ha’apai volcanic eruption and tsunami in January 2022.

Governments and nongovernmental organizations across the Region have committed to establishing self-sufficient national and international EMTs. The need for stronger local capacity is evident. With the growing number of emergencies including cyclones, outbreaks and the COVID-19 pandemic, the EMT network is consistently called upon for rapid response deployments.

As of the end of 2022, EMTs of all sizes were established across the Region, with 11 of 37 internationally classified EMTs based in the Western Pacific. New national EMTs were established in 2022 in the Marshall Islands, Mongolia, Palau and Samoa. More are under development. To support the deployment readiness of national EMTs in the Pacific, WHO undertook its first-ever large-scale EMT equipment/supply (cache) procurement. Through this effort, WHO is providing 12 EMTs with kits comprising 130 unique items curated specifically for mobile emergency deployments in the Pacific, with a total value of more than US\$ 1.3 million.

Strategic Priority 3. One billion more people enjoying better health and well-being

A fundamental goal of promoting population health and well-being is to provide strong enabling environments for individuals, families and communities to take control and make more informed health decisions. The central role of health in socioeconomic development has been emphasized more clearly in the context of the COVID-19 pandemic, where engaging communities and adapting to community perceptions were essential elements of the response. If health is not considered in the design of regional and global policies, both in general and in the context of responding to and recovering from the pandemic, then economic and social achievements will be undermined.

Policies and guidance are being developed and updated to improve maternal, infant and young child nutrition, reduce demand for alcohol and tobacco, and improve diets.

The One Health Initiative that integrates human, animal and environmental health is being mainstreamed across the Region, focusing on the quality and safety of food through measures such as reducing antimicrobial resistance (AMR), implementing safe practices in traditional food markets and strengthening food safety emergency preparedness. Table 4 summarizes the utilization of funds for Strategic Priority 3.

Table 4. Funding and utilization of funds for Strategic Priority 3 of Programme Budget 2022–2023 by outcome, as of 31 December 2022 (in US\$ millions)

Outcome	Approved revised budget	Available funding*	Available funding as % of approved revised budget	Utilization	Utilization as % of approved revised budget	Utilization as % of available funding
3.1 Safe and equitable societies through addressing health determinants	13.5	7.2	53%	3.0	22%	41%
3.2 Supportive and empowering societies through addressing health risk factors	22.0	12.6	57%	6.3	29%	50%
3.3 Healthy environments to promote health and sustainable societies	26.0	16.0	61%	5.0	19%	32%
Total	61.6	35.8	58%	14.4	23%	40%

* This excludes undistributed funds of US\$ 149 283 as it requires additional information before being assigned to any outcomes.

Outcome 3.1 Safe and equitable societies through addressing health determinants

With a budget allocation of US\$ 13.5 million, Outcome 3.1 activities helped revise food safety priorities in the Region and assist in getting new food standards endorsed. WHO also supported countries in developing and strengthening policies on maternal infant and young child nutrition to ensure optimal population nutritional status and address all forms of malnutrition.

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The WHO One Health Initiative and multisectoral collaboration actions, in line with the *One Health Joint Plan of Action* and the One Health Quadripartite, bring together all levels of WHO as well as different sectors and ministries. National bridging workshops strengthened collaboration and improved compliance to IHR (2005) and WOA's *Performance of Veterinary Services Regulations*. National action plans are helping to reduce AMR transmitted through plant and animal food products.

Outputs under this outcome include:

- Output 3.1.1 Countries enabled to address social determinants of health across the life course.
- Output 3.1.2 Countries enabled to strengthen equitable access to safe, healthy and sustainably produced foods through a One Health approach.

Case study: Community engagement increases essential health service delivery uptake in the Lao People's Democratic Republic

Many small communities in the Lao People's Democratic Republic faced critical challenges accessing health care during the COVID-19 lockdowns and quarantines. To address the issues, WHO helped test, prototype and scale community engagement approaches that brought together people and improved access to numerous services.

The **CONNECT initiative** (Community Network Engagement for Essential Healthcare and COVID-19 Responses through Trust) was created by a coalition of government partners to empower local ownership of health through a sequence of participatory workshops that target different levels of governance beyond the health sector. WHO convened partners within and beyond the health sector, provided technical guidance, documentation of good practices and monitoring and evaluation, and disseminated lessons learnt at regional and global levels.

The community approaches also supported COVID-19 prevention by motivating 39 000 people to receive vaccinations in a two-week period and increased uptake of the first dose by 2.5 times. One farmer who had to home quarantine after coming into contact with a COVID-19 case found incredible support through the connections he made in the workshop: "We were overwhelmed by offers of support from the village and local authorities – we received food, water and other household essentials."

Health centres reported increases in antenatal care deliveries at health facilities, with mothers gaining trust in the health-care centres and providers through the programme. To date, CONNECT has supported 104 villages across 10 districts and provided indirect support to 498 villages in 43 districts.

This game-changing initiative is now being rolled out across the country through the Ministry of Health and Ministry of Home Affairs, expanding to include modules on local governance and health-centre capacity-building.

Output 3.1.1 Countries enabled to address social determinants of health across the life course

WHO addresses health inequities by strengthening local governance to engage communities and reach vulnerable groups to increase access to and utilization of essential health services. The Regional Office for the Western Pacific is helping establish an evidence base of cross-country knowledge and good community engagement practices through the Regional Community Engagement Network and the Regional Office **Community Engagement** website, which in 2022 shared feature stories, videos and

other advocacy materials from Cambodia, the Lao People's Democratic Republic, Malaysia and the Philippines.

Health equity in laws and policies

In the Lao People's Democratic Republic and the Philippines, WHO supported the development of comprehensive reviews of the laws and policies that support health equity within the health sector and beyond, and at the national, subnational and local levels. Cross-sectoral collaborations were also initiated. In the Lao People's Democratic Republic, the Ministry of Health and the Ministry of Home Affairs worked together to improve PHC and COVID-19 responses by enhancing health governance and community engagement activities. This work was formalized in a memorandum of understanding. In Tonga, the Ministry of Health and the Ministry of Education and Training worked together to expand health-promoting schools.

Through technical collaborations and workshops on applying a gender lens, the Organization is helping prevent and address violence against children and women at the policy, service and community levels. Two virtual workshops on gender-responsive communications were held in Cambodia, Fiji and Vanuatu.

Protecting refugees and migrants

WHO made progress in mainstreaming refugee and migrant health into global, regional and country agendas and promoting refugee- and migrant-sensitive health policies and legal and social protection during the COVID-19 pandemic. Engagement with the WHO country offices in Malaysia, Papua New Guinea and the Philippines and 11 community service organizations focused on vulnerable populations. In Cambodia, WHO provided technical and financial support to ensure essential mental health and psychosocial services for returning migrants. The various levels involved included village health support groups, health centres and referral hospitals, rehabilitation centres and prison health staff. The WHO country office also supported the integration of gender-based violence prevention measures in quarantine centres to ensure the safety of returning migrant women. The first WHO [*World report on the health of refugees and migrants*](#) includes contributions from the Region and country profiles.

Output 3.1.2 Countries enabled to strengthen equitable access to safe, healthy and sustainably produced foods through a One Health approach

In 2022, WHO helped revise food safety priorities in the Region and assist in seeing new food standards endorsed. With the Food and Agricultural Organization of the United Nations, it supported two regional commissions of the Codex Alimentarius international food standards, guidelines and codes of practice – one for Asia and the other for North America and the South-West Pacific. WHO also supported countries in developing and strengthening policies on maternal, infant and young child nutrition to ensure optimal population nutritional status and address all forms of malnutrition.

Regional support for maternal, infant and young child nutrition is crucial in achieving the global nutrition targets and SDG 2.2 on ending all forms of malnutrition by 2030. Countries across the Region have been implementing comprehensive, multisectoral approaches to improve nutrition outcomes for mothers, infants and young children, making substantial strides towards the global nutrition targets.

The One Health concept that integrates human, animal and environmental health is providing a broader approach to ensure health for all. The [*WHO One Health Initiative*](#) and multisectoral collaboration

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actions in line with the [One Health Joint Plan of Action \(2022–2026\)](#) and the One Health Quadripartite bring together all levels of WHO as well as different sectors and ministries. National bridging workshops held in Mongolia and the Philippines brought together stakeholders in 2022 from the animal and human health services to strengthen collaboration and improve compliance to IHR (2005) and WOA's *Performance of Veterinary Services Regulations*. This helps protect health at the human–animal–environment interface.

Reducing antimicrobial resistance through the One Health approach

Overuse and misuse of antimicrobials in food-producing animals have contributed to more antimicrobial-resistant pathogens being passed on to people through the food chain and the environment. Vulnerable populations suffer the most. WHO initiated dialogues and surveys with multisectoral stakeholders to convene champions and identify key gaps and priorities on AMR. A World Antimicrobial Awareness Week event attracted high-level political leaders to consider pledges to become stewards for the future and stand as “One Region, One Movement” to fight AMR in the Western Pacific.

In 2022, the Regional Office published [Responding to Outbreaks of Antimicrobial-resistant Pathogens in Health-care facilities: Guidance for the Western Pacific Region](#), a step-by-step guide for health-care facilities.

Member States developed and refined AMR national action plans with WHO technical support. Fiji and Mongolia published their second plans, and 21 countries implemented their first plans: Australia, Brunei Darussalam, Cambodia, China, Cook Islands, Fiji, Japan, the Lao People's Democratic Republic, Malaysia, the Marshall Islands, the Federated State of Micronesia, Mongolia, Nauru, New Zealand, Papua New Guinea, the Philippines, the Republic of Korea, Singapore, Tonga, Tuvalu and Viet Nam.

To improve surveillance, WHO helped develop a baseline assessment tool for surveillance systems and laboratories, which was rolled out in Cambodia, the Lao People's Democratic Republic and Mongolia. The Western Pacific Regional Antimicrobial Consumption Surveillance System, set up by the Regional Office in 2019 to monitor antimicrobial consumption trends at national, hospital and community levels, [published the first results](#) in 2022 from Brunei Darussalam, Hong Kong SAR (China), Japan, the Lao People's Democratic Republic, Malaysia, Mongolia, the Philippines and the Republic of Korea.

Mitigating risks in traditional food markets and increasing food safety

In 2022, WHO published [The Operational guide: use of referral laboratories for the analysis of foodborne hazards in the Pacific](#), and a [manual to mitigate risks in traditional food markets](#). Activities were organized across the Region to advocate for food safety and safer traditional food markets and draw awareness to these resources that help countries implement surveillance and reduce the risk of foodborne hazards. In both Cambodia and Mongolia, WHO helped initiate assessments of traditional food markets and review the national food safety system.

WHO also convened the [first Biregional Advocacy Meeting on Risk Mitigation in Traditional Food Markets with the South-East Asia Region](#) to support Member States in advancing the food security agenda and implementing the [Regional Framework for Action on Food Safety in the Western Pacific](#). The group discussed gaps in risk mitigation measures and the changes needed to improve food safety practices and reduce transmission of foodborne, zoonotic and respiratory diseases. A [second Biregional](#)

[Advocacy Meeting on Risk Mitigation in Traditional Food Markets in the Asia Pacific Region](#) focused on synchronizing regional and global actions and sharing experiences, ensuring efficient uses of resources at national and subnational levels.

A series of WHO workshops in Cambodia strengthened the response capacity of national and provincial rapid response teams and food inspectors. A total of 94 participants attended, including 21 women, 25 provincial health departments and six ministries: health; agriculture, forestry and fisheries; commerce; tourism; industry, science, technology and information; and economy and finance. The workshops were conducted in Phnom Penh municipality and Siem Reap province.

Recommendations following an after-action review in Cambodia for methanol poisoning focused on policy framework development, risk assessment, risk communication and engagement actions, and developing capacity for monitoring and testing. The WHO Collaborating Centre for Food Contamination Monitoring was deployed to build capacity on methanol countermeasures for food poisoning.

Strengthening food safety emergency preparedness

Capacities of the Region's Member States for food safety emergency preparedness were strengthened through a series of workshops at national and subnational levels in Cambodia, and a virtual biregional meeting with the South-East Asia Region. With assistance from FAO and the WHO International Food Safety Authorities Network, the meeting served 30 participants from 11 countries and areas, including eight from the Western Pacific Region. A [manual for safer traditional food markets](#) focusing on the Pacific supported further education and capacity-building in food safety.

Technical support was provided to foodborne-related outbreaks, including the cholera outbreak in the Philippines and suspected food poisoning in shipping cargo off the coast of Viet Nam.

Addressing the double burden of malnutrition

Nearly all countries and areas across the Western Pacific Region experience the double burden of malnutrition – overweight, obesity or diet-related NCDs co-existing with undernutrition. This significant public health challenge demands integrated action in Member States, which WHO is supporting at all levels of the Organization.

WHO supported Cambodia, the Lao People's Democratic Republic, Mongolia and PICs in strengthening their national nutrition policy, strategy and action plans to improve maternal, infant and young child nutrition. This covers the *International Code of Marketing of Breast-milk Substitutes*, food-based dietary guidelines, growth monitoring and promotion, counselling and the nutrition information system, as well as education of health workers on nutrition.

From 2019 to 2022, the Cambodian Ministry of Health and Ministry of Commerce trained 302 code monitors, with support from Alive and Thrive, Helen Keller International, the United Nations Children's Fund (UNICEF) and WHO. The experience has demonstrated how a comprehensive, systematic approach to monitoring and enforcing code legislation is possible within existing government systems.

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WHO helped develop a training and training-of-trainers programme. The Organization also assisted in the implementation of routine growth monitoring, nutrition counselling and promotion for children under 5 to ensure optimal child growth and development. This strengthened capacity enabled officials to conduct monthly inspections at point-of-sale locations and health facilities for violations and to impose fines on companies that violated the official order covering the marketing of breast-milk substitutes, reducing their distribution in the Region. This success was highlighted as Case Study 2 in the [2022 report on the status of national implementation of the international code on marketing of breast-milk substitutes](#).

WHO technical support to Vanuatu's Ministry of Health Nutrition Working Group helped develop the *National Nutrition Policy 2022–2030* and *National Action Plan 2022–2025*. These covered food security and safety issues, as well as nutrition services and interventions throughout the life course.

Outcome 3.2 Supportive and empowering societies through addressing health risk factors

With a budget allocation of US\$ 22 million, Outcome 3.2 activities helped counteract alarming increases in obesity through the development of a regional actional framework and workshops to address the harmful impacts of marketing unhealthy dietary choices. WHO is also helping countries raise awareness of the dangers of sugar, salt, trans-fats, alcohol and tobacco. Tools, strategies and regulations are under development to support the Region's health.

Outputs under Outcome 3.2 include:

- Output 3.2.1 Countries enabled to address risk factors through multisectoral actions.
- Output 3.2.2 Countries enabled to reinforce partnerships across sectors, as well as governance mechanisms, laws and fiscal measures.

Output 3.2.1 Countries enabled to address risk factors through multisectoral actions

Obesity has been increasing at alarming rates in the Region. One of the determinants is food marketing to children that may contribute to unhealthy dietary habits. To counteract this, WHO continues to support the implementation of the [Regional Action Framework on Protecting Children from the Harmful Impacts of Food Marketing in the Western Pacific](#), and held a regional workshop to raise awareness on the value of regulating food marketing to children in Cook Islands, Fiji, French Polynesia, New Caledonia, Palau and Tonga.

WHO continued its advocacy on this issue at regional forums, such as the Tenth Asian Nutrition Network Symposium. Participating countries in the Asia Pacific region shared their experiences and lessons learnt on how to create healthy food environments in order to prevent and control childhood obesity.

Advocating for salt and sugar reduction

In Cambodia, advocacy workshops raised awareness among the food industry and restaurants on how reducing salt can prevent and control NCDs. This is part of implementing the *National Plan for Salt Reduction 2021–2027*. With support from WHO, the Ministry of Health convened a meeting with the

country's Technical Working Group on Environment and Health to advocate for taxation of sugar-sweetened beverages. About 30 members from various ministries participated and the workshop raised their awareness on how this taxation can reduce sugar intake.

Country-specific actions to improve diets and reduce obesity

WHO is helping many countries promote a healthy diet through reducing salt and sugar intake and eliminating trans-fats. In China, consumers can now choose low-salt options when ordering meals online. WHO in China used the [Communication for Health](#) approach to influence online meal ordering. Meal delivery apps display options for food with reduced salt, which was found to be effective in prompting consumers to choose healthier options. WHO also helped China strengthen laboratory capacity to measure trans-fats, and to implement specific reviews and plans.

Brunei Darussalam is developing a national strategy and action plan on salt reduction, and Mongolia is conducting a midterm review of its salt reduction strategy, developing policies in schools for a healthy diet. The Philippines is promoting healthy eating and working to reduce salt and eliminate trans-fats.

With WHO support, Malaysia mapped the salt content of street foods and developed a salt reduction communications strategy, with communication materials to increase public awareness of the issue. Viet Nam is regulating salt reduction, advocating for taxation of sugar-sweetened beverages and mandating nutrition labelling panels on pre-packaged food.

To address obesity, WHO supported Brunei Darussalam in drafting guidelines to prevent and manage overweight and obese children in health-care settings, which could potentially be adopted as regional ASEAN guidelines. Both the Philippines and Tonga, as part of the front-runner countries of the Global Acceleration Plans to Stop Obesity, are strengthening their efforts to address obesity.

Reducing tobacco and alcohol use

WHO provided technical support to countries, facilitated dialogues, and built capacity for tobacco and alcohol control in numerous countries. WHO helped countries advocate for and develop tobacco control policy measures to expand smoke-free areas, require tobacco packaging and labelling, and tax tobacco products. The Organization also helped strengthen tobacco cessation programmes and regulate electronic nicotine and non-nicotine delivery systems.

WHO support contributed to China banning all e-cigarette flavours with the exception of tobacco flavour; the Lao People's Democratic Republic banning all forms of tobacco trade; and the Philippines adding health warnings to e-cigarettes, including e-liquids. WHO is also helping build capacity to enforce tobacco control in Cambodia and Fiji and deliver tobacco cessation programmes in Cambodia, Fiji and Vanuatu.

Regional consultations helped identify alcohol control priorities and draft policies using legislative measures that incorporate the [SAFER initiative](#) to reduce alcohol-related harm. In Tonga, WHO convened policy dialogues with stakeholders to draft stronger alcohol legislation, and supported alcohol brief intervention training with Ministry of Health staff, police officers and community partners. WHO also helped Cook Islands, the Lao People's Democratic Republic and Mongolia complete alcohol landscape reports.

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Output 3.2.2 Countries enabled to reinforce partnerships across sectors, as well as governance mechanisms, laws and fiscal measures

Strategic partnerships are one of the important ways of working identified in the *For the Future* vision. WHO engaged multiple sectors and governing bodies to reduce the use of alcohol, sugar-sweetened beverages and tobacco. For example, a regional database was established on fiscal measures such as taxes on alcohol, sugar-sweetened beverages and tobacco, which is intended to help Member States share and learn what works well.

A workshop on health taxes and other fiscal policies for preventing NCDs in PICs engaged participants from finance, customs and health sectors of Cook Islands, Fiji, Kiribati, the Federated States of Micronesia, Palau, Samoa, Tonga, Tuvalu and Vanuatu. Participants developed country-specific action plans that included activities to generate local evidence. In 2022, Tonga increased excise taxes on locally grown tobacco by 200%, and Vanuatu raised tobacco excise taxes by more than 50%.

Reducing demand for tobacco

Cambodia continued to expand cross-sectoral collaboration for tobacco control by implementing [smoke-free tourism environments](#) nationwide with the Ministry of Tourism and by disseminating a circular with the Ministry of Education, Youth and Sport on how to reduce tobacco industry interference.

The enforcement of smoke-free laws is seen by the tourism sector as one way to help it recover from the COVID-19 pandemic. WHO provided examples of guidelines for smoke-free tourism and hospitality from around the Region, and the WHO country office in Cambodia coordinated the adaptation with the health and tourism sectors.

Between May and December 2022, nearly 950 tourism and hospitality business representatives in 21 provinces in Cambodia were trained on standard operating procedures to enforce smoke-free environments. WHO also supported the [Smoke-Free Environment in the Tourism Sector](#), a working group of professionals from both the health and tourism sectors, in developing a manual and coordinating training.

The Lao People's Democratic Republic adopted tobacco control amendment legislation and was recognized for the highest level of achievement in tobacco advertising, promotion and sponsorship prohibition in the ninth *WHO Report on the Global Tobacco Epidemic*, which will be published in 2023.

Controlling alcohol

In Mongolia, WHO supported modelling and assessing the potential economic impacts of proposed tax increases on alcohol products, and helped create advocacy materials to communicate these findings. As a result, the country's Parliament endorsed a revised law controlling circulation of alcoholic beverages and the Amendment to the Law on Excise Tax, with a specific alcohol excise tax.

Outcome 3.3 Healthy environments to promote health and sustainable societies

With a budget allocation of US\$ 26 million, Outcome 3.3 activities supported climate change, the environment and health – one of the four thematic priorities in the WHO Western Pacific Region's *For the Future* vision. Progress was made in this area through four main pillars of work: advocacy, building resilience into health systems, monitoring the impact of climate change and environmental health, and applying an environmental and climate change lens to all areas of WHO's work.

To come back stronger from the COVID-19 pandemic, countries are being supported by WHO to develop healthy schools. The Healthy Cities initiative is designing strategies for healthier urban environments and improved health outcomes for people who live in the Western Pacific Region.

Outputs under this outcome include:

- Output 3.3.1 Countries enabled to address environmental determinants, including climate change.
- Output 3.3.2 Countries supported to create an enabling environment for healthy settings.

Case study: Improving oral health through toothbrushing and healthy eating in Vanuatu

Vanuatu's 2017 [National Oral Health Survey](#) found that over 70% of 5- to 7-year-old children in the country had tooth decay and bleeding gums, and 40% rarely or never brushed their teeth. Since major oral diseases, dental caries and periodontal diseases are largely preventable with good oral hygiene, WHO supported the Government to strengthen oral health promotion in schools, increase access to affordable fluoride toothpaste and emphasize good nutrition.

Using the [WHO manual on how to conduct oral health surveys](#) and with WHO technical support to collect data at baseline and after the pilot, the Government used these data to develop its first *National Oral Health Policy (2019–2023)*. The policy outlined strategies designed and launched in collaboration with WHO at all three levels and other local partners to reduce the burden of oral diseases, with a focus on prevention through community participation and multisectoral collaboration.

This included the [Healthy Tooth School](#), known as the Gudfala Tut Skul Programme, which provides two toothbrushes for each child, storage containers for the classroom and for home, and fluoride toothpaste produced locally by a women's association. The toothpaste is made with coconut oil and calcium carbonate, has an appropriate fluoride concentration and is stored in reusable containers. Teachers are trained to dispense a small amount of toothpaste, supervise brushing and store the toothbrushes safely. Children's daily brushing is monitored at school and at home.

The programme emphasizes the importance of brushing with fluoride toothpaste for two minutes, and encourages good nutrition and hydration habits. Given the increasing prevalence of NCDs in the Pacific, the programme was designed to also teach children to make healthier food choices, limiting their intake of free sugars such as sweets and biscuits, and encouraging them to drink more water and reduce their consumption of sugar-sweetened beverages.

A 20-week trial in 2018 of this supervised toothbrushing programme in selected kindergartens and primary schools resulted in significantly reduced plaque scores and improved oral habits in students and their families. The programme has since expanded to 51 kindergartens and primary schools in three provinces, benefiting more than 5000 children and an estimated 25 000 family members.

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Due to its success, the programme is being integrated into the Government's Health Promoting Schools initiative, which includes a school health policy on oral health and toothbrushing. To further increase its impact, the Government's Integrated Health Unit has also incorporated eye, ear, nose and throat screenings. WHO funded a programme coordinator to scale up the project while supporting the Health Ministry to successfully raise funds from other international donors. By 2023, the Government wants to reach every 5- to 7-year-old child in the country with this programme.

Output 3.3.1 Countries enabled to address environmental determinants, including climate change

Climate change, the environment and health is one of the four thematic priorities in the WHO Western Pacific Region's *For the Future* vision. Progress was made in this area through four main pillars of work: advocacy, building resilience into health systems, monitoring the impact of climate change and environmental health, and applying an environmental and climate change lens to all areas of WHO's work.

To assess evidence on the risks to health from climate change, WHO commissioned umbrella reviews covering nutrition and WASH, as well as areas of concern such as heat, infectious diseases, mental health, health-care delivery and the resilience of health-care facilities. The work is being synthesized to reflect a summary of the Region.

The Climate Change, the Environment and Health (CCE) TAG met twice in 2022 to approve a regional strategy and develop action plans for each pillar of work to implement the needed operational changes. The first face-to-face meeting of the CCE TAG was hosted by the WHO Asia-Pacific Centre for Environment and Health in the Western Pacific Region in the Republic of Korea in September 2022. The CCE TAG discussed, reviewed and provided input to a Western Pacific Region strategic document that serves as an "anchor" for the implementation of the *For the Future* thematic priority on climate change. The approach to risk mitigation and delivery of the key outputs for the four CCE work pillars were agreed upon based on context and needs in the Western Pacific Region. CCE collaborating centres convened during the Fourth Regional Forum of WHO Collaborating Centres in the Western Pacific in Siem Reap, Cambodia, to network, seek synergies and address duplications.

The Fourth Asia Pacific Forum on Health and the Environment was chaired and hosted by the Government of Indonesia in 2022 and co-organized by the United Nations Environment Programme and WHO, which supported the Forum by developing three background papers and providing strategic direction.

WHO increased political commitment and helped develop and adapt guidelines to national contexts, assisting Member States in adopting norms and standards. This covered climate-resilient and environmentally sustainable health-care facilities, lead in paint, water safety planning, drinking-water quality, air quality and chemical safety. For example, WHO helped Mongolia and Palau draft new laws on lead paint elimination in 2022. Technical support was provided for training, and educational materials were integrated into tertiary curricula.

Improving water, sanitation and hygiene

WHO works every year with UN-Water to collect country data on WASH. The report on the [global analysis and assessment of sanitation and drinking-water](#) serves as a reference to inform commitments,

priority-setting and actions, and highlights opportunities to accelerate progress in key areas. Eleven countries in the Region (Cambodia, China, Fiji, the Lao People's Democratic Republic, the Marshall Islands, Mongolia, Papua New Guinea, the Philippines, Solomon Islands, Tuvalu and Viet Nam) submitted information to the 2022 survey.

The Lao People's Democratic Republic, the Philippines and Viet Nam continued their work around water safety plans, auditing their water safety plans, particularly around drinking-water quality, to enact plans ensuring adequate standards and continuous improvement in both communities and health-care facilities.

WHO conducted a baseline analysis with a dashboard prototype of the challenges of implementing WASH measures in health-care facilities, and developed a strategy to increase implementation throughout 2023.

Building resilience to climate change

Work to build resilience to climate change in the health system continued through several projects. In Cambodia and the Lao People's Democratic Republic, the United Nations Development Programme/Global Environment Facility funded a project called, Building Resilience of Health Systems in Asian LDCs (Least Developed Countries) to Climate Change; in Kiribati, the Solomon Islands, Tuvalu and Vanuatu, the same donors funded a project called Building Resilience of Health Systems in Pacific Island LDCs to Climate Change; other donor initiatives were carried out in Fiji, the Marshall Islands, Mongolia, the Philippines and Viet Nam.

The WHO country office in Viet Nam hired a dedicated national professional staff member to advance environmental health in the country. This helped develop a strategy for rural water resources and establish a legal basis for rural water supplies to implement water safety plans. Technical assistance was provided to collect the 2022 Global Analysis and Assessment of Sanitation survey data, monitor climate-resilient health-care facilities implementation, and conduct communication activities.

Output 3.3.2 Countries supported to create an enabling environment for healthy settings

WHO has been supporting Member States to improve the health and well-being of children and adolescents by implementing the [Regional Framework on Nurturing Resilient and Healthy Future Generations in the Western Pacific](#). In 2022, WHO helped the Federated States of Micronesia craft its first *National Policy on School Health* and Fiji to revise its 2016 policy, as well as assisting the Philippines to draft an implementation guide for its National Healthy Learning Institution Policy.

Return to healthy schools

WHO also provided technical advice and shared post-COVID-19 best practices with Member States in their return-to-school efforts, including a [checklist to guide them in their preparation and reopening](#). In collaboration with key partners, WHO co-organized in Manila the Regional Symposium on School Health Promotion in the Asia-Pacific Islands. Fiji, Guam, the Federated States of Micronesia, the Philippines and Tonga shared their experiences implementing school health activities.

The online symposium – School Health Promotion in the Asia-Pacific Islands – was jointly organized with the University of the Ryukyus Graduate School of Health Sciences and Japan Consortium for

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Global School Health Research. WHO presented the global standards and regional directions for improving school health.

Healthier cities lead to healthier people

The Healthy Cities initiative has helped many cities integrate health promotion activities into their urban planning and development. WHO has been working with the Alliance for Healthy Cities to organize city-to-city learning and share best practices. Through these efforts, WHO and partners are contributing to the development of healthier urban environments and improved health outcomes for people who live in the Western Pacific Region.

Strategic Priority 4. More effective and efficient WHO providing better support to countries

The thematic priorities of *For the Future* require operational shifts in how the work will be carried out. Acting today to address the challenges of tomorrow will help achieve the goal of making the WHO Western Pacific Region the world's healthiest and safest region. These shifts include advocating and educating, incorporating advancements in data and innovation, working together to strengthen leadership and governance, and effectively managing human and financial resources to be fit for purpose. Accountability, compliance and risk management functions are being strengthened, and work to prevent and respond to sexual exploitation, abuse and harassment has helped improve workplace culture.

In order to improve preparedness and response and ultimately strengthen health systems, research is necessary to provide the basis for further country-specific system improvements and policy plans. Table 5 summarizes the utilization of fund for Strategic Priority 4.

Table 5. Funding and utilization of funds for Strategic Priority 4 of Programme Budget 2022–2023 by outcomes, as of 31 December 2022 (in US\$ millions)

Outcome	Approved revised budget	Available funding*	Available funding as % of approved revised budget	Utilization	Utilization as % of approved revised budget	Utilization as % of available funding
4.1 Strengthened country capacity in data and innovation	27.0	10.0	37%	4.0	15%	40%
4.2 Strengthened leadership, governance and advocacy for health	40.2	36.7	91%	18.3	45%	50%
4.3 Financial, human and administrative resources managed in an efficient, effective, results-oriented and transparent manner	19.1	19.3	101%	8.8	46%	46%
Total	86.4	65.9	76%	31.1	36%	47%

Outcome 4.1 Strengthened country capacity in data and innovation

With a budget allocation of US\$ 27 million, Outcome 4.1 activities supported the finalization of the *Data Management Competency Framework* and strengthened routine national health information systems through tailored support to a number of countries. New data analysis tools are helping countries monitor weekly and monthly trends of all-cause mortality and excess mortality, and multisectoral collaborations are strengthening monitoring of UHC. An innovation challenge, online repository and case studies are building capacity to design and develop health innovation ecosystems.

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Outputs under Outcome 4.1 include:

- Output 4.1.1 Countries enabled to strengthen data, analytics and health information systems to inform policy and deliver impacts.
- Output 4.1.2 GPW13 impacts and outcomes, global and regional health trends, Sustainable Development Goals indicators, health inequalities and disaggregated data monitored.
- Output 4.1.3 Strengthened evidence base, prioritization and uptake of WHO-generated norms and standards and improved research capacity and the ability to effectively and sustainably scale up innovations, including digital technology, in countries.

Case study: Strengthening the Papua New Guinea workforce capacity to use data

New technologies have accelerated growth in the volume and complexity of data, as well as different types of data. Complicated and emerging health challenges require data for strategic dialogue and decision-making, calling for a rethinking of the way data are collected, managed and interpreted.

In Papua New Guinea, the *National Health Plan 2021–2030* incorporated capacity-building in using data for monitoring and evaluation, as well as health information. The Government understood the value of equipping Papua New Guinea's health workforce with the necessary skills to undertake data management, analysis and data quality assessments. The Department of Health melded their commitment with WHO global, regional and national guidance and support.

In the *Global Competency and Outcomes Framework for Universal Health Coverage*, WHO set out its recommended approach to competency-based health worker education outcomes, providing conceptual and terminological clarity.

From there, the Regional Office for the Western Pacific developed the more specific *Data Management Competency Framework* tailored to roles for the health information workforce, including decision-makers, managers and implementors. It includes the knowledge, skills and attitudes that health workers need in their practice.

Working with the WHO country office in Papua New Guinea, the Government used the data framework to identify three different health information roles at national and provincial levels, including in hospitals. This involved mapping health information roles and analysing the job descriptions of provincial health information officers, medical records officers and monitoring and evaluation officers at the Department of Health. It also involved consulting with stakeholders and interviewing officers in order to gain a comprehensive understanding of their roles and responsibilities.

The initiative facilitated strategic dialogue on capacity-building plans and career pathways, and initiated important awareness of the significance of health information roles at provincial health authorities. It also demonstrated how WHO integrates all levels to inform global guidance and then translate these into regional, national and subnational strategies.

Output 4.1.1 Countries enabled to strengthen data, analytics and health information systems to inform policy and deliver impacts

In 2022, WHO finalized the *Data Management Competency Framework* and piloted it in the Lao People's Democratic Republic and Papua New Guinea. National and provincial data competency profiles that define required standardized skills and knowledge were developed for three health

information roles in Papua New Guinea. The profiles will be used to map competency gaps and design systematic and long-term staff development plans.

To strengthen national routine health information systems, WHO provided tailored support to a number of countries. This included assessments of national and/or provincial health information systems in Cambodia and Papua New Guinea; development of standard operating procedures for the management of data in Papua New Guinea; systematic monitoring of UHC and essential health services during COVID-19 in Cambodia, the Lao People's Democratic Republic and Malaysia; updating of new modules in Vanuatu's health management information system; and guidance on monitoring and evaluation for NCDs and communicable diseases in Solomon Islands and Viet Nam.

WHO continues to actively support Member States in their preparations for the transition to the 11th revision of the International Statistical Classification of Diseases (ICD-11). This includes orientation sessions on ICD-11, developing national transition plans, building capacity and providing further detailed support for Malaysia, the Philippines and PICs.

Output 4.1.2 GPW13 impacts and outcomes, global and regional health trends, Sustainable Development Goal indicators, health inequalities and disaggregated data monitored

The [Western Pacific Health Data Platform](#) was launched in March 2022. The platform provides easy access to health and selected sociodemographic data for the 37 countries and areas in the Western Pacific Region. It allows policy-makers, programme managers, development partners and the general public to access, visualize and download data on health and related topics.

Twelve Member States actively monitoring all-cause mortality and excess mortality

To support the COVID-19 pandemic response, WHO is supporting Australia, China, Fiji, Japan, Kiribati, the Lao People's Democratic Republic, Malaysia, Mongolia, New Zealand, the Philippines, the Republic of Korea and Singapore to actively monitor weekly and monthly trends of all-cause mortality and excess mortality (the difference between reported and expected counts) at national and subnational levels. A [mortality calculator](#) was developed for this purpose and technical support and hands-on tutoring were provided to China, Fiji, Kiribati, Mongolia and the Philippines to independently analyse mortality data and interpret the results at both national and subnational levels. The countries used these tools to monitor and analyse trends for preparedness and response towards the COVID-19 pandemic. WHO also established new connections with non-health sectors to develop innovative approaches to strengthen civil registration and vital statistics systems in Member States.

The report [Health at a Glance: Asia/Pacific 2022](#) was published in collaboration with OECD. This seventh edition presents a set of key indicators of health status, the determinants of health, health-care resources and utilization, health-care expenditure and financing, and quality of care across 27 Asia Pacific countries and areas. It also provides dashboards to compare performance across countries and areas, as well as a thematic analysis on the health impact of COVID-19.

Strengthening universal health coverage monitoring

WHO has been supporting Cambodia and Malaysia to strengthen their capacities in systematically monitoring UHC through cross-divisional and multisectoral collaboration. A 2021 workshop in Malaysia was followed by another in Cambodia in 2022, at which 19 speakers covering nine health

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areas from 15 units and divisions were convened by WHO. Barriers and gaps were identified in both countries, and the information is being used to guide national priorities.

Output 4.1.3 Strengthened evidence base, prioritization and uptake of WHO-generated norms and standards and improved research capacity and the ability to effectively and sustainably scale up innovations, including digital technology, in countries

There is no lack of innovation in Member States, but there are major roadblocks for scaling up innovation for wider and deeper health impact. The Regional Office is helping countries develop the awareness and capacity to scale up health innovation. After launching the first WHO Western Pacific Innovation Challenge in 2021, the Regional Office identified 29 winning solutions, collaborated with *The Lancet Regional Health* and co-created a [Viewpoint series on health innovation](#), inviting the 29 winners to share their challenges and practices in scaling health innovation. Winners were also invited to [The Second Innovation Forum](#) in 2022 and provided problem-solving consultations to health challenges identified in four Member States.

WHO is continuing to monitor emerging trends and help Member States build further capacity and tools to identify problems, opportunities and solutions; document best practices in innovation governance and ecosystem development; and design and develop health innovation ecosystems. In addition to the Innovation Challenge, WHO created an [online repository](#) that showcases health innovation and solutions in Member States. It conducted systematic reviews on the challenges of implementing digital health innovations at scale during COVID-19, such as one on [digital contact tracing](#). In Cambodia, the first innovation capacity-building session was conducted to develop a common understanding of health innovation and tools that can be used to stimulate new ideas.

Strengthening digital health

As part of implementing the [Global strategy on digital health 2020–2025](#), data and vital information are being collected from 27 Member States to assess the Region's digital health maturity across Member States. A new digital health training package is also under development. In 2022, WHO supported Cambodia, the Lao People's Democratic Republic and Vanuatu to develop and update their national digital health strategies.

Generating high-quality evidence in five countries to direct the COVID-19 response

WHO mobilized its global network of research institutions and brought together technical experts to support research teams in Cambodia, the Lao People's Democratic Republic, Malaysia, Mongolia and the Philippines to ideate, implement and deliver impact through their research. This included disease modelling in Malaysia and the Philippines to aid decision-making, community engagement in Cambodia and the Lao People's Democratic Republic, and seroprevalence surveys in Mongolia.

Collaboration across the three levels of WHO and having senior-level support for a try-and-learn approach were essential in achieving the research evidence that is guiding policy and practice changes. Pilot programmes in the Lao People's Democratic Republic are being established, and partnerships with the Global Fund to Fight AIDS, Tuberculosis and Malaria are being explored in Cambodia to roll-out pilot programmes in that country.

Outcome 4.2 Strengthened leadership, governance and advocacy for health

With a budget allocation of US\$ 40.2 million, Outcome 4.2 activities supported effective implementation of the programme budget, using results-based management in planning, strategic resource allocation, monitoring and assessment, cross-programme coordination, and three-level coherence and alignment across the Organization. The Region has focused on reshaping its organizational and workplace culture to create a workplace characterized by respect for all, where everyone is supported to do their best work. Communications, particularly as they related to COVID-19 prevention measures and vaccine acceptance, were informed by data and theory.

WHO continued to invest in strengthening partnerships with other organizations, and works closely with nearly 200 [WHO collaborating centres](#) in the Western Pacific Region that support WHO's programmatic mandate at each level.

Outputs under Outcome 4.2 include:

- Output 4.2.1 Leadership, governance and external relations enhanced to implement GPW13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform.
- Output 4.2.2 The Secretariat operates in an accountable, transparent, compliant and risk management-driven manner, including through organizational learning and a culture of evaluation.
- Output 4.2.3 Strategic priorities resourced in a predictable, adequate and flexible manner through strengthening partnerships.
- Output 4.2.4 Planning, allocation of resources, monitoring and reporting based on country priorities, carried out to achieve country impact, value-for-money and the strategic priorities of GPW13.
- Output 4.2.5 Cultural change fostered and organizational performance enhanced through coordination of the WHO-wide transformation agenda.
- Output 4.2.6 “Leave no one behind” approach focused on equity, gender and human rights progressively incorporated and monitored.

Output 4.2.1 Leadership, governance and external relations enhanced to implement GPW13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform

Communication for Health

WHO communications in the Region to address COVID-19 and other priority health challenges achieved greater impact through implementation of the [Communication for Health](#) (C4H) approach.

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C4H is based on the IMPACT principles to ensure communication is informed by data and theory, is measurable, properly planned, targeted, people-centred and collaborative.

New fixed-term C4H technical officer staff positions were created in WHO country offices in Cambodia, the Lao People's Democratic Republic and Viet Nam; Mongolia hired a national professional officer.

During the seventy-third session of the Regional Committee for the Western Pacific, Member States shared their perspectives and experiences using C4H in a panel discussion on scaling up the approach as part of efforts to improve health in the Region.

Evidence to inform strategic communication decision-making

As part of the C4H approach, in 2022, WHO deepened its use of research and multi-source listening to support its own efforts and those of countries in the Western Pacific Region to communicate strategically with populations. This included community engagement activities, social listening, commissioning surveys, key informant interviews and focus group discussions related to COVID-19 prevention measures, including vaccine acceptance.

WHO commissioned research and helped countries establish mechanisms for listening to target audiences, including the hard-to-reach and vulnerable, to understand their concerns. These data were used to develop communications on COVID-19 and immunization. This included messaging and products for digital and social media, media relations, campaigns and advocacy. Millions of people engaged with WHO's COVID-19 communications, with evaluations showing that the vast majority found WHO advice to be useful and influential.

Results of the annual survey of the regional communications network and staff feedback were used to develop a communications capacity-building plan. Training was delivered to 38 individuals from 13 offices on the use of [storytelling](#). There was also training on measurement and evaluation and the use of behavioural insights to develop communication strategies and messages.

Strengthening key partnerships

Work with academic partners expanded, including establishment of the Region's first WHO Collaborating Centre on the Evaluation of Communications. Partnership with the United Nations Children's Fund (UNICEF) was strengthened, and collaboration with organizations such as Meta grew, enabling connection with an ever-growing online audience.

Updating country cooperation strategies

WHO implemented new guidance on country cooperation strategies, which were completed with China and initiated with Cambodia, Mongolia and Papua New Guinea. A plan was made to stagger the updating of plans in all the other countries in the Region to align them with GPW13. Direct support was given to 12 country offices for developing, updating or reviewing their country cooperation strategies. The publication of 92 country case studies demonstrated WHO support provided to countries.

Efficient delivery of comprehensive and high-quality documents to Member States

During the seventy-third session of the Regional Committee for the Western Pacific, close coordination resulted in comprehensive proceedings and reports. The paperless green initiative was highly efficient.

The dedicated WHO editorial team provided comprehensive guidance (including templates) for documents and other items crucial for the smooth conduct of governing body meetings. An experienced pool of English editors helped produce daily journals, conference papers, resolutions and decisions, as well as comprehensive reports for Member States on the overall governing body sessions. Editors also assisted rapporteurs in their official functions to ensure the smooth adoption of resolutions with Member State concerns reflected.

Meeting processes, procedures and tools undergo continuous review, which in 2022 helped improve the accuracy and user experience of the database of meetings and courses. Standing Planning Meeting Committee decisions were quickly and efficiently disseminated, coordinated with the relevant units and implemented. Training increased the capacity to use existing tools and provided staff with a clear understanding of processes and procedures.

Output 4.2.2 The Secretariat operates in an accountable, transparent, compliant and risk management-driven manner including through organizational learning and a culture of evaluation

WHO in the Western Pacific Region has committed to preventing and responding to sexual exploitation, abuse and harassment with a specific unit, [Prevention and Response to Sexual Exploitation, Abuse and Harassment \(PRSEAH\)](#), tasked with developing a strategic vision and plan, providing training, safe spaces and guidance, mainstreaming the work into existing programmes and monitoring risk.

All three levels of WHO worked together to draft initial guidance, test a risk assessment tool and provide technical support to 16 Member States. Workshops were held in Fiji, Mongolia, Papua New Guinea and the Philippines on how to interview a victim, ensure confidentiality requirements, and help staff listening to victims manage the risks and care for themselves. Feedback from these activities is now helping PRSEAH mainstream these processes across the Region.

The Advisory Group on Accountability and Risk continuously monitored donor reporting, recruitment, consultants and individual agreements for performance of work, procurement, direct financial cooperation, and meeting reports in 2022. Starting in the third quarter, international travel requests were also monitored. Compliance performance for procurement and direct financial cooperation was good, human resources are starting to improve due to capacity strengthening, and an analysis of donor and meeting reports is underway.

One of the most important activities of risk management was to support and guide budget centres in their 2024–2025 strategic planning. Advocacy and training modules for this purpose were improved and implemented throughout the year. The Regional Office also contributed to developing a WHO risk strategy and launching [Principal Risks](#), a document outlining what could affect the achievement of WHO's objectives and require alignment and coordination in their response and mitigation across the three levels of the Organization.

Output 4.2.3 Strategic priorities resourced in a predictable, adequate and flexible manner through strengthening partnerships

In 2022, WHO continued to invest in strengthening partnerships with organizations such as the Asian Development Bank, other United Nations agencies, GOARN and government partners. The partnership

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with Meta allowed WHO to reach more people with important health advice and target content to the right people at the right time. It also provided strategies to counter disinformation and misinformation, as well as access to important COVID-19 knowledge, attitudes and practice data.

The partnership with the Australian Government was renewed through the *Strategic Partnership Framework 2022–2027*. Projects such as the European Union–WHO South-East Asia Health Pandemic Response and Preparedness project supported stronger collaboration with the European Union, ASEAN and nongovernmental organizations in the Region.

The Western Pacific Region produced high-quality communication products aimed at increasing the visibility of WHO's work with partners and demonstrating WHO's value in countries. Virtual field visits, such as the CONNECT [initiative](#) in the Lao People's Democratic Republic allowed donors and partners to virtually visit communities, engage in question-and-answer sessions and understand the impact of WHO's work. External reports and documents were produced, including the annual *Report of the Regional Director*, which tells the story of WHO's work over the past year. This report is key to public understanding and trust in WHO. It is also an important accountability mechanism for Member States in the Region, as it is presented and discussed at the annual sessions of the Regional Committee.

Ongoing support is provided to country offices to develop high-quality donor reports and strengthen internal processes. The Region has adopted the new Contributor Engagement Management system, which optimizes management of donor relations and resource mobilization efforts across the three levels of WHO.

Building upon the successes of previous years, WHO hosted high-level events to engage key partners, including the regional World Health Day event and a partners' briefing ahead of the [seventy-third Session of the Regional Committee for the Western Pacific](#). The Regional Office also co-hosted the sixth Meeting of the Asia Pacific Parliamentary Forum on Global Health.

Finding more effective ways of working to deliver greater impact for countries

Nearly 200 [WHO collaborating centres](#) in the Western Pacific Region support WHO's programmatic mandate at each level and are indispensable partners in advancing WHO's technical work. Working together to respond to the Region's current and future health challenges was a key focus of the [Fourth Regional Forum of World Health Organization Collaborating Centres in the Western Pacific](#) held in Siem Reap, Cambodia, and with virtual participation in November 2022.

This Fourth Regional Forum had initially been planned to be held in 2020 but was postponed due to the COVID-19 pandemic. The 2022 meeting was set up in a hybrid format and brought together 219 participants, physically and virtually, from across the Region. The Forum placed strong emphasis on reconnecting with WHO collaborating centres as a group, and on further strengthening and aligning the engagement with WHO collaborating centres to support accelerated implementation of the Region's *For the Future* vision. It provided participants opportunities to reflect on how WHO and WHO collaborating centres have worked together since the previous Forum to identify opportunities to maximize contributions to WHO's work in countries to respond to current and future health challenges, and to explore mechanisms for more effective ways of working between WHO and WHO collaborating centres in the Region.

The Regional Office is developing an action plan to implement the agreements set out in the outcome statement endorsed on the last day of the Forum. These agreements focus on early engagement of WHO collaborating centres in the development of the technical division's work plans, cross-cutting approaches that focus on strengthening elements of the health system, leveraging innovation through collaborative efforts, and committing to the efficient use of expertise and resources.

Output 4.2.4 Planning, allocation of resources, monitoring and reporting based on country priorities, carried out to achieve country impact, value-for-money and the strategic priorities of GPW13

WHO ensures effective implementation of the budget, using results-based management in planning, strategic resource allocation, monitoring and assessment, cross-programme coordination, and three-level coherence and alignment across WHO. Leveraging existing mechanisms and networks, inter-regional arrangements and assistance from the regional support assignments helped fill temporary gaps in programme management officer positions. Based on the recommendations of internal working groups, several business processes were simplified and improved. The regional functional networks played a key role in implementing these changes for better monitoring and evaluation.

The Region's overall approved base Programme Budget for 2022–2023 increased 15%, from US\$ 309.2 million to US\$ 403.2 million, strengthening work towards UHC, health emergency preparedness, data and innovation, and enhanced multisectoral partnerships. Implementation of the Programme Budget has been closely monitored and is on track through the oversight of the Programme Committee and with the support of the Programme Management Officers Network.

In 2022, the Regional Office assessed the performance of the Programme Budget 2020–2021 using a scorecard of 40 outputs. This is a WHO global methodology according to the corporate guidance and timeline reporting for the global and regional governing bodies. The assessment identified systems and services that supported high scores: a One WHO approach, senior management leadership, capacity to conduct results-based reporting using the Output Scorecard Tool, and the services of a professional writer to review and ensure output reporting quality.

During the [seventy-third session of the Regional Committee for the Western Pacific](#) in October 2022, a summary of achievements in the previous biennium was presented in the [Annex](#) of the [Programme Budget 2020–2021: budget performance \(final report\)](#) and a short video highlighted how the Region addressed *For the Future* priorities. In the [WHO results report](#), country impact stories were published from Cambodia, China, the Lao People's Democratic Republic, the Philippines and Viet Nam.

Strategic planning for Programme Budget 2024–2025 began in late August 2022 with country and area consultations. Guided by data, evidence and analysis of trends, priorities aligned with the *For the Future* vision and country cooperation strategies were agreed upon and presented to the seventy-third session of the Regional Committee in October 2022.

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Output 4.2.5 Cultural change fostered and organizational performance enhanced through coordination of the WHO-wide transformation agenda

Since January 2022, the Region has strengthened focus on reshaping its organizational and workplace culture to create a workplace characterized by respect for all, where everyone is supported to do their best work. This enhances WHO's ability to serve people and support Member States in the Region in improving health. To achieve this, commitments were made in three broad areas of reform.

Strengthening reporting and complaints mechanisms

The first area is strengthening and expanding existing systems for reporting and responding to complaints about harassment, bullying and abusive conduct. Two new posts were created: a Regional Ombudsperson and a Preventing and Responding to Sexual Exploitation, Abuse and Harassment (PRSEAH) Management Officer, who assumed work in July 2022.

The Ombudsperson provides a safe space for members of the workforce to informally raise their concerns and receive support on workplace-related issues. The PRSEAH Management Officer handles confidential discussions on sexual misconduct and provides information on available services, reporting mechanisms, training, support, and guidance in preventing and responding to sexual misconduct.

Process reviews improve operational efficiency

The second area is simplifying and improving internal processes. Internal working groups were established for six broad categories, with each having a subject matter expert, a member from one of the regional functional networks, and two volunteers from a country office and/or the Regional Office. The groups documented current practices and proposed recommendations.

This resulted in 15 recommendations implemented for selected processes in the areas of human resources, finance, procurement, resource mobilization, administration, and programme management. The changes introduced improved operational efficiency through better delegation, eliminating redundant approvals, initiating parallel clearances, and improving transparency and tracking of information.

Strengthening workplace culture

The Region established a Workplace Culture Task Team, consisting of a diverse group of 25 workforce members from across the Region, to foster inclusion and respect for diversity. The team has led work-life balance events and Values in Action dialogues to ensure that behaviours in the workplace align with organizational values in all offices across the Region. To ensure a participatory approach, internal communications and town hall meetings were utilized to update the workforce and receive feedback. A measurement, evaluation and learning programme was implemented to evaluate progress and workforce perceptions of efforts to improve workplace culture. This included focus group discussions, surveys and question-and-answer sessions to express concerns and provide recommendations for necessary changes.

Collectively, work in these three areas has resulted in an increased percentage of the workforce saying they would recommend the office as a good place to work (56% in the November 2022 all-workforce survey compared to 49% in the February 2022 all-workforce survey); decreased levels of experiencing or witnessing harassment and abusive conduct (21% in November, from 28% in February); and at least 70% of those responding reporting the perception that there was equal treatment among people of

different genders, religions or beliefs, sexual orientation and gender identity and disability. Results are promising but highlight a need to continue this work.

Output 4.2.6 “Leave no one behind” approach focused on equity, gender and human rights progressively incorporated and monitored

WHO supports Member States to strengthen gender and health policies, leveraging community networks to address stigma and discrimination among people affected by diseases such as leprosy. Communications campaigns increase awareness of gender differences in health needs and outcomes and advocating for action.

In Papua New Guinea, WHO supported the Ministry of Health to conduct a situational analysis of gender and health regarding HIV/AIDS. A technical brief contributed towards a revision of Papua New Guinea’s 2014 *National Health Gender Sector Policy*.

WHO also supported Viet Nam’s new directive confirming that same-sex attraction and being transgender are not mental health conditions. The directive brings the country’s “health policy in line with global health and human rights standards”, reports [Human Rights Watch](#).

In Cambodia, WHO helped the Ministry of Health develop the [leprosy elimination](#) road map 2022–2030 and action plan. For the first time, these documents include a strategic approach towards reduction of stigma and protection of human rights, specific actions on engaging and empowering communities and persons affected by leprosy, and estimated budget requirements.

Outcome 4.3 Financial, human and administrative resources managed in an efficient, effective, results-oriented and transparent manner

With a budget allocation of US\$ 19.1 million, Outcome 4.3 activities supported WHO to apply sound financial management practices and robust internal controls to manage, account for and report on the Organization’s assets, liabilities, revenue and expenses. Numerous opportunities are provided for people to either start or grow their career within WHO.

Outputs under this outcome include:

- Output 4.3.1 Sound financial practices and oversight managed through an efficient and effective internal control framework.
- Output 4.3.2 Effective and efficient management and development of human resources to attract, recruit and retain talent for successful programme delivery.
- Output 4.3.3 Effective, innovative and secure digital platforms and services aligned with the needs of users, corporate functions, technical programmes and health emergencies operations.
- Output 4.3.4 Safe and secure environment, with efficient infrastructure maintenance, cost-effective support services and responsive supply chain, including occupational health and safety.

Output 4.3.1 Sound financial practices and oversight managed through an efficient and effective internal control framework

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WHO in the Region applies sound financial management practices and robust internal controls to manage, account for and report on the Organization's assets, liabilities, revenue and expenses. The Regional Office's internal advisory group on accountability and risk management continued to guide the Region by monitoring progress against key financial indicators of performance. Several pre- and post-facto checks were integrated in the approval of requests.

Strong internal control paves the way for efficient implementation

In 2022, spot checks were carried out for 51 direct financial cooperation agreements worth US\$ 2.5 million in nine country offices, and nearly 40% of the 662 travel claims were reviewed. Periodic reconciliation of 38 country office imprest (cash and bank) accounts led to an "A" rating that certifies the existence of no unreconciled items more than 90 days old. By 31 December 2022, overdue reports for direct financial cooperation agreements made up less than 1% of the total number issued.

This financial management success was due to several factors. A greater focus was placed on quality assurance mechanisms such as direct financial cooperation, direct implementation and grant letters of agreement. WHO staff were strongly engaged in simplifying internal business processes to enhance efficiency. Harmonized organizational policies, clear exceptional criterion and well-defined key performance indicators contributed to the strong internal control framework and overall success. Using administrative and programme management officers for assurance activities of direct financial cooperation agreements, in coordination with government implementing partners, enhanced coverage volume and overcame local challenges such as language barriers and documentation in local languages. The contributor engagement system for the awards management that had been rolled out the latter half of 2021 helped create better transparency on the pipeline of resources and resource availability.

The 2022 financial closure for the Region was carried out on time and in full compliance with corporate policies and closure instructions. The year's internal control framework self-assessment checklist was completed by all 25 budget centres in the Region, with inputs validated against the results of an audit and internal functional assessment exercises. The final audit report was presented to the World Health Assembly in May 2022. The WHO country office in Papua New Guinea addressed 34 of the 35 internal audit recommendations, and the work is in progress with the Government for the outstanding recommendation on country cooperation strategy development. The Regional Office addressed all three external audit recommendations.

Output 4.3.2 Effective and efficient management and development of human resources to attract, recruit and retain talent for successful programme delivery

The year 2022 was a time of important innovations that enhanced human resource management in the Region. Key to this was the collaboration with senior management and their support for new approaches and efficiencies. The human resources group spent considerable time working with the management team to better understand workforce perspectives to further improve support. Centralized briefings with all categories of staff and non-staff enabled consistent communications for global, regional and country needs. Delayed activities during the COVID- 19 pandemic, such as personnel orientation, were reinitiated and a consultant roster was established and will be enhanced in 2023. A new surge team, a simplified recruitment process and new digital workflows reduced the recruitment timeline.

To develop a healthy workplace culture, the flexible working arrangement policy is being rolled out, and the office works with the new PRSEAH management officer, a workplace culture team, the United

Nations staff physician and the Ombudsperson. A staff counsellor is planned for 2023, and the human resources team will be further resourced.

The Regional Office offers numerous opportunities for people to either start or grow their career within WHO. In 2022, the internship programme and the coaching workshop [Go WHO](#) relaunched to encourage young professionals from under-represented and unrepresented Member States to consider a career with WHO. Go WHO was rolled out in Japan in 2022, and will be introduced in Fiji and the Republic of Korea in 2023.

Grow WHO is another programme that was created to help all staff through coaching and support for curriculum vitae writing and competency-based interviewing. Thirty-four staff, mostly local, were promoted in 2022. Attrition rates are monitored, and exit interviews are used to learn from consistent feedback on the rationale for resignations, non-extensions and terminations.

The executive coaching programme that began in 2021 continued with two new cohorts in 2022. Several global leadership programmes offered additional opportunities, such as the National Professional Officers Programme and the ADVANCE career development programme for women. Existing programmes offered further support, including the Chartered Institute of Personnel and Development, participation in global task forces, travel on missions to country offices, short-term developmental assignments or Regional Office support assignments.

A high-level career management framework for public health and operations is being developed with WHO headquarters, and preparations are underway to implement career paths within the new business management system.

Output 4.3.3 Effective, innovative and secure digital platforms and services aligned with the needs of users, corporate functions, technical programmes and health emergencies operations

In 2022, the Regional Office strengthened regional information technology governance and engagement through the regional information technology steering committee, senior management, WHO users and external partners. This helped guide and inform the information technology road map, which defined key projects for the 2022–2023 period, and implement new processes that are now saving WHO US\$ 6000 a month.

The road map outlined improved efficiencies through standard processes and optimized contracts with external providers. It aligned with WHO global standard processes using project management practices, change management and demand management processes. The e-workflow process ensures transparency that allows users to see where requests are pending and alerts approvers, allowing for 3782 e-approvals in 2022.

Information technology upgrades, backup and training for a secure system

Ninety per cent of the current information technology systems were upgraded in 2022. This includes software applications, computers and network equipment.

The Regional Office ensured the availability and disaster readiness of information technology systems by establishing backup and alternate communication systems in each country, including satellite phones

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in each country and liaison office. For example, during the volcanic eruption in Tonga, the WHO country office's satellite phone was one of only two in the country capable of making outside calls.

Online tools such as SharePoint and e-workflow improved collaboration among users and workflow efficiency while reducing printing. With security as a top priority area, key vulnerabilities were promptly closed, reducing the risk to WHO information systems.

WHO strengthened staff skills in use of information technology services and tools through regular briefings, training and newsletters. It provided support to many hybrid online/in-place meetings, which have become routine since the COVID-19 pandemic, such as the annual sessions of the Regional Committee, the biennial Pacific Health Ministers Meeting, and WHO collaborating centre meetings.

Output 4.3.4 Safe and secure environment with efficient infrastructure maintenance, cost-effective support services, and responsive supply chain, including occupational health and safety

High rates of compliance continued on procurement procedures for both non-emergency and emergency purchases. This includes obtaining necessary authorizations according to the delegation of authority process, due diligence to ensure competition among bidders, and quality assurance for medical equipment and supplies. Staff received training and guidance on procurement rules and procedures, and the reputational and financial risks of non-compliance to the Organization. As a result, more than US\$ 56 million of supplies and services were efficiently purchased, with US\$ 21 million dedicated to emergencies.

To sustain and improve the system, the Regional Office contributed to the design and testing of supply chain modules in the new enterprise resource planning system.

Efficient procurement results in stable supply of medical oxygen to Pacific island countries and areas
WHO helped PICs respond to the COVID-19 pandemic by procuring and installing 11 oxygen-generating plants in Cook Islands, Fiji, Kiribati, the Federated States of Micronesia, Niue, Papua New Guinea (two units), Samoa, Solomon Islands, Tonga and Vanuatu. This ensured a stable supply of medical oxygen both now and for other health emergencies in the future. WHO also provided guidance during the procurement process, issued purchase orders and coordinated with global shipping for timely delivery.

Safe and secure work environment

The public address system and closed-circuit television system were updated to maintain a safe and secure work environment. Green initiatives corresponding to the *For the Future* vision that began in 2021 continued at the Regional Office complex. The janitorial contractor now uses environmentally friendly cleaning materials. A green rooftop garden and solar panel project underway will reduce the usage of grid power, and a gym expansion, office rearrangement and renovation, and new food options in the cafeteria will contribute to a healthier workforce.