



**REGIONAL OFFICE FOR THE WESTERN PACIFIC
BUREAU REGIONAL DU PACIFIQUE OCCIDENTAL**

REGIONAL COMMITTEE

WPR/RC52/3

**Fifty-second session
Brunei Darussalam
10-14 September 2001**

5 July 2001

ORIGINAL: ENGLISH

Provisional agenda item 9

**PROGRAMME BUDGET, 2000-2001:
BUDGET PERFORMANCE (INTERIM REPORT)**

This document presents the interim report on the implementation by programme of the regular budget for the 2000–2001 biennium. Information is also provided on funding from extrabudgetary sources.

For the period 1 January 2000 to 31 May 2001, the implementation of the regular budget, in monetary terms, amounted to US\$ 50 880 068, equivalent to 69% of the operating budget. It is expected that regular budget funds will be fully implemented by the end of the biennium.

In addition, activities amounting to US\$ 34 099 369 have been implemented utilizing extrabudgetary funds. The total funds implemented during this period were therefore US\$ 84 979 437.

The final report on the implementation of the regular budget and extrabudgetary funds for 2000-2001 will be presented to the fifty-third session of the Regional Committee. The Regional Committee may, however, wish to note these interim implementation figures.

This report on budget performance for the biennium 2000-2001 as at 31 May 2001 is a preliminary report to the Regional Committee on the implementation of the regular budget. Information is also included on implementation of other sources of funds to provide a comprehensive presentation of the total funds obligated for each focus.

The 2000-2001 proposed programme budget for the Western Pacific Region was first presented to the Regional Committee at its forty-ninth session in September 1998 and was subsequently approved at the Fifty-second World Health Assembly. The regular budget that was approved by the Health Assembly amounted to US\$ 75 889 000 (a reduction of 5.5% from the 1998-1999 proposed programme budget, which was approved by the Fiftieth World Health Assembly at a level of US\$ 80 279 000). However, since then a number of important changes have been made:

1. In November 1999, the Director-General established the initial working allocation at 99% of the 2000-2001 approved programme budget (US\$ 759 000, or 1%, was withheld by Headquarters). This was necessary due to a significant shortfall in the collection of contributions to the regular budget. As a result, the initial working allocation released to the Western Pacific Region amounted to US\$ 75 130 000. This is shown in Annex 1.
2. Since the initial working allocation of US\$ 75 130 000 for 2000-2001 was first released in December 1999, further adjustments have been made to the budget. Due to the depreciation of the Philippine peso from a budgeted rate of US\$ 1 to 38 pesos to US\$ 1 to 49.90 pesos in May 2001, the allocation was further reduced by US\$ 1 408 700 as of 31 May 2001. Additional funds of US\$ 155 000 were allocated from Headquarters for regional activities covering sexually transmitted infections, including HIV/AIDS and reproductive health. These changes are shown in Annex 1. The revised working allocation of US\$ 73 876 300 as of 31 May 2001 is shown in Annex 2, column 1. Annex 2 gives the interim financial implementation report by focus. The format of this annex has been simplified to make it more user friendly and easier to understand.
3. A number of changes have been made to the working allocation during the course of the biennium. These are summarized in Annex 2, column 2.

Resolution WHA52.20, the appropriation resolution for the financial period 2000-2001, encouraged the Director-General to identify efficiency savings in the range of 2% to 3% and to reallocate the savings to priority programmes. For the Western Pacific Region, US\$ 2 400 000, or 3.2% of the approved regular budget of US\$ 75 889 000, was established as a target. The Director-General identified the following as priority areas: (the relevant

regional focus is given in brackets): health systems (Health systems reform); making pregnancy safer (Reproductive health); blood safety (Health systems reform); food safety (Healthy settings and environment); noncommunicable diseases (Noncommunicable diseases, including mental health); mental health (Noncommunicable diseases, including mental health); and investment for change.

The appropriation resolution did not provide for cost increases resulting from inflation. For the Western Pacific Region, such increases were estimated to amount to US\$ 2 500 000.

In order to achieve the required level of efficiency savings and to absorb the cost increases, the Director-General undertook a number of measures. These included cuts in duty travel, revised travel and per diem procedures, a 15% reduction in country allocations for supplies and equipment, a 10% cut in fellowships, a 50% reduction in study tours, and a Mutually Agreed Separation exercise.

In addition, in response to countries' needs and changing regional priorities, during the course of the biennium funds were reprogrammed.

Implementation of these measures has resulted not only in substantial shifts to the identified priority areas, which may be greater than the proposed amount of US\$ 2 400 000, but also in the absorption of cost increases. However, for certain countries, it has also delayed implementation.

Annex 2, column 2, consolidates all the changes that have occurred as a result of efficiency savings, changes required to absorb cost increases, cost variations and changes due to reprogramming.

4. At its fiftieth session, in resolution WPR/RC50.R3, the Regional Committee requested the Regional Director to "implement the programme budget for 2000–2001 in line with the themes and focuses proposed in the *Framework for action*". Hence, the presentation of financial implementation in Annex 2 is according to the themes and focuses specified in the *Framework for action* (WPR/RC50/2).

As at 31 May 2001, US\$ 50 880 068, or 69% of the regular budget, had been obligated (see Annex 2, columns 4 and 5). Implementation is presently being intensified to ensure that the remaining activities are fully implemented by year-end.

Extrabudgetary funds implemented by focus appear in Annex 2, column 6. They include US\$ 1 343 000 allocated by the Director-General to the Western Pacific Region from the US\$ 15 000 000 of Casual Income funds applied to the high priority programmes Roll Back Malaria, tuberculosis, Tobacco Free Initiative and HIV/AIDS . The total amount of extrabudgetary funds so far obligated is US\$ 34 099 369. Columns 7 and 8 show the total implementation of all funds and implementation by focus as a percentage of all funds implemented.

Annex 3 contains preliminary information on programme outcomes, as requested by some Member States. It lists expected results for all 17 focuses and provides information on progress towards the expected results during the period under review. The expected results were developed during the conversion of the Programme Budget, 2000–2001 to the 17 focuses as instructed by the Regional Committee. They are based on the Programme Budget, 2000–2001 that was approved by the Regional Committee at its forty-ninth session. Detailed information on WHO activities in the Region during the biennium is contained in *The Work of WHO in the Western Pacific Region 1999–2000 and 2000–2001*.

The final report on implementation for 2000–2001 will be presented at the fifty-third session of the Regional Committee. The Regional Committee may wish to note this interim report based on the implementation figures provided.

ANNEX 1

Changes to the 2000-2001 Regular Budget as at 31 May 2001

	Changes made <u>(US\$)</u>	Total <u>(US\$)</u>	Column reference in <u>Annex 2</u>
I. Regular programme budget estimates presented to the Regional Committee at its forty-ninth session and to the Fifty-second World Health Assembly		75 889 000	
1% of budget withheld by the Director-General		<u>(759 000)</u>	
II. Initial working allocation		75 130 000	
Currency exchange adjustments due to fluctuations in the Philippine peso exchange rate	(1 408 700)		
Funds allocated from Headquarters for specific activities	<u>155 000</u>	<u>(1 253 700)</u>	
III. Revised working allocation		<u>73 876 300</u>	1

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Interim financial implementation - regular budget and extrabudgetary funds for the biennium 2000-2001 as at 31 May 2001

	(1) Working allocation	(2) Programme changes during implementation, efficiency shifts and other changes	(3) Operating budget (1)+(2)	(4) Actual expenditures/ obligations	(5) Percentage of operating budget implemented (4)/(3)	(6) Extrabudgetary funds implemented	(7) All funds implemented (4)+(6)	(8) Percentage of all funds implemented by focus
COMBATING COMMUNICABLE DISEASES								
1 Expanded programme on immunization	1 960 800	1 604 594	3 565 394	2 156 486	60.48	8 639 945	10 796 431	12.71
2 Malaria, other vectorborne and parasitic diseases	3 701 500	(78 958)	3 622 542	2 716 947	75.00	2 876 384	5 593 331	6.58
3 Stop TB and leprosy elimination	2 446 500	(508 681)	1 937 819	1 056 880	54.54	1 757 320	2 814 200	3.31
4 Sexually transmitted infections, including HIV/AIDS	656 000	1 014 822	1 670 822	1 008 617	60.37	1 465 356	2 473 973	2.91
5 Communicable disease surveillance and response	2 240 600	(66 878)	2 173 722	976 961	44.94	806 118	1 783 079	2.10
Subtotal	11 005 400	1 964 899	12 970 299	7 915 891	61.03	15 545 123	23 461 014	27.61
BUILDING HEALTHY COMMUNITIES AND POPULATIONS								
6 Healthy settings and environment	9 558 800	(892 649)	8 666 151	5 146 093	59.38	884 540	6 030 633	7.10
7 Child and adolescent health and development	2 344 000	102 379	2 446 379	1 429 211	58.42	2 110 793	3 540 004	4.17
8 Reproductive health	1 392 200	531 432	1 923 632	1 140 800	59.30	1 633 980	2 774 780	3.26
9 Noncommunicable diseases, including mental health	2 727 300	396 436	3 123 736	1 402 931	44.91	111 103	1 514 034	1.78
10 Tobacco free initiative	0	581 344	581 344	387 167	66.60	465 719	852 886	1.00
Subtotal	16 022 300	718 942	16 741 242	9 506 202	56.78	5 206 135	14 712 337	17.31

	Working allocation	Programme changes during implementation, efficiency shifts and other changes	Operating budget (1)+(2)	Actual expenditures/ obligations	Percentage of operating budget implemented (4)/(3)	Extrabudgetary funds implemented	All funds implemented (4)+(6)	Percentage of all funds implemented by focus
HEALTH SECTOR DEVELOPMENT								
11 Health systems reform	14 368 000	538 773	14 906 773	8 563 647	57.45	3 310 350	11 873 997	13.97
12 Human resources development	7 409 000	(1 511 844)	5 897 156	4 580 125	77.67	680 916	5 261 041	6.19
13 Health information and evidence for policy	2 092 600	(473 962)	1 618 638	1 163 543	71.88	14 557	1 178 100	1.39
14 Emergency and humanitarian action	83 000	128 820	211 820	83 035	39.20	690 016	773 051	0.91
Subtotal	23 952 600	(1 318 213)	22 634 387	14 390 350	63.58	4 695 839	19 086 189	22.46
REACHING OUT								
15 Information technology	1 306 275	(268 033)	1 038 242	1 044 767	100.63	1	1 044 768	1.23
16 External relations and programme management	10 972 500	(56 866)	10 915 634	10 346 055	94.78	7 113 427	17 459 482	20.55
17 Public information	1 846 000	(274 483)	1 571 517	800 182	50.92	0	800 182	0.94
Subtotal	14 124 775	(599 382)	13 525 393	12 191 004	90.13	7 113 428	19 304 432	22.72

	Working allocation	Programme changes during implementation, efficiency shifts and other changes	Operating budget (1)+(2)	Actual expenditures/ obligations	Percentage of operating budget implemented (4)/(3)	Extrabudgetary funds implemented	All funds implemented (4)+(6)	Percentage of all funds implemented by focus
<u>ADMINISTRATION AND FINANCE</u>								
Budget and finance	1 111 400	(277 966)	833 434	770 467	92.44	227 788	998 255	1.17
Personnel	588 225	64 994	653 219	499 916	76.53	99 773	599 689	0.71
General administration	3 899 400	(241 791)	3 657 609	3 595 941	98.31	1 152 499	4 748 440	5.59
Supply	580 200	(193 445)	386 755	370 311	95.75	58 784	429 095	0.50
Subtotal	6 179 225	(648 208)	5 531 017	5 236 635	94.68	1 538 844	6 775 479	7.97
<u>REGIONAL DIRECTOR'S OFFICE</u>								
Regional Committee	510 000	(59 844)	450 156	298 828	66.38	0	298 828	0.35
Regional Director's development programme	1 074 000	0	1 074 000	447 812	41.70	0	447 812	0.53
Executive management	1 008 000	(58 194)	949 806	893 346	94.06	0	893 346	1.05
Subtotal	2 592 000	(118 038)	2 473 962	1 639 986	66.29	0	1 639 986	1.93
Total	73 876 300	0	73 876 300	50 880 068	68.87	34 099 369	84 979 437	100.00

PROGRAMME OUTCOMES

1. Expanded programme on immunization

Expected result	Progress towards achieving expected result
<p>1. Adequate technical capacity in countries of the Region in planning and conducting the operation of the EPI and disease control initiatives.</p>	<ul style="list-style-type: none"> High levels of immunization coverage are maintained throughout the Region. The Regional Office provided support to Cambodia, the Lao People's Democratic Republic, and Viet Nam in the development of GAVI funding applications. These proposals were approved. Technical capacity in countries is being strengthened through provision of technical support from in-country EPI field staff as well as Regional Office staff.
<p>2. No country in the Region will be reporting cases of poliomyelitis due to wild poliovirus.</p>	<ul style="list-style-type: none"> No cases of poliomyelitis due to indigenous wild poliovirus were reported. The Region was certified by the Regional Certification Committee as being polio-free. The quality of acute flaccid paralysis (AFP) surveillance has remained high. As of 31 January 2001, the regional non-polio AFP rate for 2000 was 1.3 per 100 000 under 15 years of age, and 88% of all AFP cases had two stool samples taken within 14 days of onset.
<p>3. Measles transmission will be reduced to very low levels.</p>	<ul style="list-style-type: none"> A Western Pacific Regional Plan of Action for Accelerated Measles Control first prepared in 1996 was revised and updated. Technical support, guided by the Plan of Action was provided by in-country EPI field staff in Cambodia, China, Papua New Guinea, the Philippines and Viet Nam and by other WHO staff in Mongolia and the Pacific island countries and areas. An electronic measles surveillance database has been installed in Cambodia, the Philippines, and Viet Nam. Technical support was provided to the Republic of Korea for the development of a National Plan of Action to eliminate measles and for planning the 2001 measles campaign. Support was also provided for planning national campaigns in 13 selected Pacific island countries and areas. In the Lao People's Democratic Republic, a national measles campaign was conducted. In Cambodia, a measles campaign was carried out in 13 provinces. In Viet Nam, a measles immunization campaign was carried out in seven demonstration provinces. Mongolia also

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Expected result	Progress towards achieving expected result
	<p>conducted a national mass measles immunization campaign. In conjunction with excellent routine immunization coverage, this resulted in the interruption of measles transmission in Mongolia. The Accelerated Measles Control Project in Shandong and Henan provinces, China, has achieved and demonstrated excellent control in these two provinces. The establishment of the Regional Measles Laboratory network continues, with national laboratories for many countries identified.</p>
<p>4. Neonatal tetanus will be eliminated as a public health problem.</p>	<ul style="list-style-type: none"> • With the exception of six countries, neonatal tetanus has been eliminated as a public health problem. WHO and UNICEF developed a joint Regional Plan of Action for maternal neonatal tetanus elimination.
<p>5. Outbreaks of other vaccine-preventable diseases will be controlled.</p>	<ul style="list-style-type: none"> • No major outbreaks of other vaccine-preventable diseases occurred.
<p>6. All countries will maintain routine EPI coverage over 90% and will provide high quality services with safe injections and potent vaccines.</p>	<ul style="list-style-type: none"> • With the exception of a few countries in the Region, routine EPI coverage of over 90% was maintained. The number of cases of diseases covered by the EPI has been reduced. Progress was made in increasing awareness of the need to reduce the disease burden caused by unsafe injections.
<p>7. Countries in the Region will continue to move towards self-sufficiency in the supply (including production where appropriate) of good quality vaccines.</p>	<ul style="list-style-type: none"> • China and Viet Nam continue to produce vaccine. Most of the Pacific island countries are self-supporting in purchase of vaccines. Consultants were sent to China/Viet Nam to provide technical collaboration regarding vaccine production and national regulatory authority activities. A feasibility study regarding the establishment of a measles production facility in Vietnam, support by the Japan International Cooperation Agency (JICA) with the close cooperation of WHO, was conducted. Skills of staff at National Regulatory Authorities in China, the Philippines and Viet Nam were enhanced through training.

Expected result	Progress towards achieving expected result
<p>8. Hepatitis B vaccine will be fully integrated with the EPI in all countries as per WHO recommendation, and at least one other antigen will be targeted for introduction in selected countries.</p>	<ul style="list-style-type: none"> Hepatitis B vaccine is integrated in all countries with the exception of Cambodia and the Lao People's Democratic Republic where vaccine will be introduced by the end of 2001 with GAVI support. Hib vaccine was introduced to selected countries in the Region.
<p>9. Improved technical capacity in countries of the Region in planning and conducting operation of the EPI and disease control initiatives.</p>	<ul style="list-style-type: none"> High levels of immunization coverage are being maintained in countries of the Region. Through regular consultation with Regional Office staff, countries are now building upon the success of poliomyelitis control by improving their immunization programmes by, for example, increasing coverage and reducing wastage. In addition, safe injection policies have been developed in Cambodia, the Lao People's Democratic Republic and Viet Nam. Incinerators for appropriate disposals of syringes have been constructed in Cambodia, the Lao People's Democratic Republic, Viet Nam, and various Pacific island countries.

2. Malaria, other vectorborne and parasitic diseases

Expected result	Progress towards achieving expected result
<p>1. National programmes for control of malaria and other vectorborne and parasitic diseases developed, monitored and coordinated and Roll Back Malaria (RBM) approaches promoted.</p>	<ul style="list-style-type: none"> Consensus reached on main interventions for Mekong RBM initiative, in particular a package of rapid diagnostic tests (dipstick) and effective short-course combination treatment. National control programmes strengthened and updated in Cambodia, Lao People's Democratic Republic, Vanuatu and Viet Nam. Staff trained in RBM projects in Papua New Guinea, Philippines, and Yunnan Province, China, have initiated training of local health workers and field operations. Staff trained in Cambodia and Malaysia.

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Expected result	Progress towards achieving expected result
2. Blister-packed combination treatment combined with dipsticks to be standard disease management in more than one province in Cambodia, Viet Nam and Yunnan, China.	<ul style="list-style-type: none"> Guidelines published and disseminated and public health personnel trained on use of blister-packs in Cambodia. Combination blister-packs are now produced, distributed to public services and adopted in a pilot-project for private services.
3. More than 80% of villages in endemic areas should have an inhabitant trained in treatment of malaria, with a stock of recommended drugs.	<ul style="list-style-type: none"> Novel Integrated Management of Childhood Illness (IMCI)-compatible training material developed for village health workers/volunteers in Viet Nam covering all major health problems in malaria-endemic areas. Guidelines published for health workers in Yunnan, China. In Papua New Guinea, guidelines for treatment of malaria with a combination of chloroquine and sulfadoxine-pyrimethamine developed. Health workers in disease management in the Philippines trained.
4. Programme implementation supported.	<ul style="list-style-type: none"> Implementation of RBM plans in Yunnan Province, China, Papua New Guinea and Region XI, Philippines. National malaria control programme in Solomon Islands being rehabilitated.
5. Monitoring of antimalarial drug resistance in Mekong countries strengthened.	<ul style="list-style-type: none"> A survey on quality of antimalarial drugs produced and used in the Mekong countries carried out and report submitted to respective governments. Consensus on basic methodology and therapeutic efficacy of antimalarials reached. Network of sentinel sites in the Mekong Region established.
6. Malaria surveillance and management information strengthened.	<ul style="list-style-type: none"> Data collected from countries according to the Kunming indicator framework. In Viet Nam, community-based monitoring at district level has been initiated.
7. Decision-making on vector control interventions in Mekong countries based on evidence.	<ul style="list-style-type: none"> Analysis being carried out of a three-year cohort trial in Central Viet Nam on cost-effectiveness of spraying versus bednets. Malaria staff in the Lao People's Democratic Republic trained to carry out entomological surveys. Controlled trial of five insecticides in Viet Nam being completed.

Expected result	Progress towards achieving expected result
8. Coordination of filariasis elimination activities in Pacific Island countries will be carried out by PacELF.	<ul style="list-style-type: none"> • PacELF office established in Suva and provided with information system. Mass drug administration in American Samoa supported.
9. National staff will be trained on surveillance, disease management, field survey methods and GIS techniques.	<ul style="list-style-type: none"> • Subregional review group for PacELF formed to review and make technical recommendations on national programmes.
10. National plans of action for filariasis elimination/control will be developed.	<ul style="list-style-type: none"> • Training of trainers on morbidity control for lymphatic filariasis carried out.
11. National programmes developed and promoted.	<ul style="list-style-type: none"> • Staff support for PacELF enhanced.
12. Improved national capacities for early detection and rapid response to dengue epidemics.	<ul style="list-style-type: none"> • Recommendations on improved dengue surveillance based on improved laboratory capacity and updated case management guidelines drafted. Educational materials for school children distributed. Improved strategy for health promotion for vector control in Malaysia developed.
13. Strengthening regional collaboration through the formulation of new dengue networks.	<ul style="list-style-type: none"> • Planning progressing for conference on "environmental dimensions and policies for dengue prevention and control" to be held in October 2001 in Singapore. Formation of a regional dengue network aimed at prevention and control anticipated.
14. Prevalence of schistosomiasis and other trematodes in endemic areas of Cambodia, China, the Lao People's Democratic Republic and the Philippines.	<ul style="list-style-type: none"> • Mass drug administration for schistosomiasis control carried out in Cambodia. A major review of schistosomiasis control activities carried out.

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Expected result	Progress towards achieving expected result
15. Improved national capacities for the control of intestinal parasites.	<ul style="list-style-type: none"> • Planning carried out of Healthy Islands initiative on the control of soil-transmitted helminths, nutritional supplementation, basic sanitation, and on strengthening the Pacific network of health-promoting schools. Surveys of 14 countries begun.
16. Institutional capacity for malaria surveillance and comprehensive activities among partners in malaria control are established.	<ul style="list-style-type: none"> • Meetings among RBM partners held regularly in all countries. Surveillance supported by gradual application of the Kunming indicator framework and by training of staff in the use of Geographical Information Systems.
17. Cost-effective vector control strategies implemented, particularly in border areas.	<ul style="list-style-type: none"> • Vector control strengthened through the provision of technical and logistical support in Cambodia, Papua New Guinea, the Philippines, Solomon Islands, Vanuatu and Viet Nam.
18. In Kapalong, Talingod and Laak municipalities in the Philippines, health staff fully trained on malaria control strategies and personal protection, diagnosis, and treatment of malaria strengthened.	<ul style="list-style-type: none"> • Community health workers trained in basic malaria microscopy, nurses in basic diagnosis and treatment of malaria, community health workers in malaria diagnosis and treatment. • Long-lasting mosquito nets, insecticides, antimalarial drugs, rapid diagnostic tests, microscopes and other supplies for the RBM project in the Philippines purchased. Detailed plan of activities for the RBM project covering the next five years drawn up.
19. Well-planned spraying programme for the Papua New Guinea highlands targeting high risk villages.	<ul style="list-style-type: none"> • Detailed maps produced for planning for indoor residual spraying operations in four highland provinces in Papua New Guinea. For the first time the plans will provide a detailed list of high-risk areas and villages to be included in the preventive spraying programme.
20. Effective coordination of elimination activities among members of PacELF.	<ul style="list-style-type: none"> • Additional office equipment and supplies provided for the PacELF office in Suva.
21. Dissemination of current technical information among Member States.	<ul style="list-style-type: none"> • Information, education and communications materials prepared for PacELF member countries.
22. Strengthened technical capacity.	<ul style="list-style-type: none"> • Consultants on entomology, behavioural aspects of filariasis, data management, and clinical case management recruited for consultancies starting in June 2001.

Expected result	Progress towards achieving expected result
23. Health staff trained on lymphatic filariasis elimination.	<ul style="list-style-type: none"> • Planning taken place for annual meeting of national programme managers for filariasis elimination to be held in October 2001.
24. Effective field operations in endemic countries.	<ul style="list-style-type: none"> • Equipment purchased for filariasis control activities in Fiji, Samoa and Tonga. Mass drug administration campaigns being carried out in a total of 20 countries during 2001.
25. Morbidity and mortality due to foodborne trematodes among high risk populations will be reduced.	<ul style="list-style-type: none"> • Regional situation analysis on foodborne trematodes being planned.
26. An evidence base for the development of a subregional plan for helminth control in the Pacific.	<ul style="list-style-type: none"> • Consultants recruited to serve as members of the Healthy Islands initiative survey teams.
27. Coordination of regional helminth control activities.	<ul style="list-style-type: none"> • The annual meeting of PacELF national programme directors will review the results of the Healthy Islands initiatives surveys. The results will be an integrated programme for all Pacific island countries.
28. A subregional plan for expanding and strengthening the network of health promoting schools.	<ul style="list-style-type: none"> • Consultant on health-promoting schools will participate in the PacELF workshop.
29. Reduction in the prevalence of soil transmitted helminths among schoolchildren.	<ul style="list-style-type: none"> • National capacity for the control of intestinal helminths through strengthening of health promotion activities has begun in the Lao People's Democratic Republic. Planning for the production of innovative information, education and communications materials begun.
30. Strengthened evidence base for Roll Back Malaria in the Western Pacific Region.	<ul style="list-style-type: none"> • A call for RBM research proposals in 2000 led to the submission of 24 proposals, of which 16 have been selected for funding, subject to review after revision.

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3. Stop TB and leprosy elimination

Expected result	Progress towards achieving expected result
1. Improved managerial skills for expansion of DOTS and elimination of leprosy.	<ul style="list-style-type: none"> • The Regional Strategic Plan for Stop TB was finalized at the first tuberculosis Technical Advisory Group in February 2000. • Technical support at the country level to strengthen managerial capacity for DOTS expansion has been strengthened in high burden countries. In China, a project plan for tuberculosis control is being developed by the Government in collaboration with the Department for International Development of the United Kingdom (DFID), JICA, WHO and World Bank. In the Philippines, DOTS has expanded rapidly, and 70% of the population has access to DOTS in 2001 compared with 40% in 1999. • In collaboration with the Secretariat for Pacific Community, the First Stop TB meeting in the Pacific Islands was held in Noumea, New Caledonia, in June 2000 to assess the tuberculosis situation. The meeting endorsed the Strategic Plan to Stop TB in the Pacific. • Two regular international tuberculosis training courses have been held by partner agencies, the International Union Against Tuberculosis and Lung Diseases (IUATLD) and the Research Institute of Tuberculosis in Japan in collaboration with WHO.
2. Enhanced tuberculosis surveillance and operational research.	<ul style="list-style-type: none"> • Tuberculosis surveillance has been strengthened in the Region. Drug resistance surveillance has been carried out in selected countries and estimates have been made of HIV/tuberculosis co-infection and HIV-related tuberculosis among tuberculosis cases.
3. Strengthen social mobilization on Stop TB Special Project.	<ul style="list-style-type: none"> • A Stop TB advocacy kit was prepared for World TB Day 2000 and 2001. A Stop TB website has been developed.
4. Development and implementation of a cost-effective surveillance system that detects early cases of leprosy in countries with low endemicity.	<ul style="list-style-type: none"> • Country support has been extended by providing consultants to implement post-leprosy elimination surveillance on a pilot basis in selected countries, including Cambodia.

Expected result	Progress towards achieving expected result
5. Decrease the number of cases to less than 1 case per 10 000 population in all countries and areas in the Region.	<ul style="list-style-type: none"> • Leprosy has been eliminated as a public health problem in 35 of the 37 countries of the Region. Prevalence has dropped by 94% from 215 000 cases in 1988 to 14 199 in 1999.

4. Sexually transmitted infections, including HIV/AIDS

Expected result	Progress towards achieving expected result
1. Strengthened health systems for provision of preventive and care services.	<ul style="list-style-type: none"> • National strategic plans or policies for STI/HIV/AIDS prevention and care were developed in Cambodia, Viet Nam, and Pacific island countries and areas and are being finalized in China, the Lao People's Democratic Republic and Mongolia.
2. Improved HIV prevention through evidence-based interventions.	<ul style="list-style-type: none"> • The 100% condom use programme in Cambodia is being expanded and pilot sites in China and Viet Nam are being established. • STI prevalence studies in Samoa and Vanuatu were carried out. • Publications related to condom promotion were published.
3. Improved HIV/AIDS care through evidence-based interventions.	<ul style="list-style-type: none"> • AIDS care guidelines were developed in Cambodia and Viet Nam. • ARV newsletter published.
4. Increased the amount and quality of information to enable monitoring and evaluation of the HIV/AIDS/STI epidemics.	<ul style="list-style-type: none"> • STI, HIV/AIDS epidemiology consensus workshop conducted in Cambodia, Malaysia, Papua New Guinea, the Philippines and Viet Nam. • HIV/AIDS epidemiological surveillance in the Lao People's Democratic Republic strengthened through WHO support. • Publication on status and trends of STI/HIV/AIDS in Asia published. • Publications on STI and HIV/AIDS epidemiology published.

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Expected result	Progress towards achieving expected result
	<ul style="list-style-type: none"> • Regional meeting on behavioural surveillance held.
<p>5. Increase utilization of STI case management approaches, including syndromic STI case management in the formal, informal and private health care sectors.</p>	<ul style="list-style-type: none"> • Training workshops conducted for health care workers. • Updated guidelines on STI syndromic case management.

5. Communicable disease surveillance and response

Expected result	Progress towards achieving expected result
<p>1. Improved surveillance/outbreak response for emerging and re-emerging diseases.</p>	<ul style="list-style-type: none"> • The Informal Consultation – Regional Strategy on Surveillance and Outbreak Response Meeting was held in March 2001 in Manila, and a regional strategic framework was developed. • Country assessments on surveillance and outbreak response were conducted in Cambodia and Malaysia. • The Pacific Public Health Surveillance Network was further strengthened.
<p>2. National programmes developed, promoted and implemented.</p>	<ul style="list-style-type: none"> • A national programme for prevention and control of epidemic diarrhoea was developed and implemented in the Lao People's Democratic Republic. • National work plans to improve surveillance and outbreak response are being developed in Cambodia, Malaysia, the Lao People's Democratic Republic and Papua New Guinea.
<p>3. Outbreak preparation and response with emphasis on influenza.</p>	<ul style="list-style-type: none"> • Outbreak response to cholera and other outbreak-prone diseases improved through provision of technical and logistical support to Member States. • A work plan for national influenza surveillance in China developed and implemented.

Expected result	Progress towards achieving expected result
4. Stronger collaboration and exchange of information among WHO collaborating centres.	<ul style="list-style-type: none">• Laboratories strengthened through support from WHO Collaborating Centres and other regional reference laboratories.
5. Improved antimicrobial resistance surveillance system.	<ul style="list-style-type: none">• Extensive data analysis was conducted on data obtained by the regional antimicrobial resistance monitoring system.
6. Effective surveillance systems in Member States to monitor and prevent communicable diseases in a timely and appropriate manner.	<ul style="list-style-type: none">• National and local workshops or meetings to improve surveillance were conducted.• Technical support was provided to improve surveillance systems.
7. Development of laboratory capacity for emerging and re-emerging diseases.	<ul style="list-style-type: none">• The laboratory network for the Pacific Public Health Surveillance Network was launched.• Laboratory capacities for influenza were strengthened in China and other countries.• Technical support and emergency supplies were provided to confirm cholera and other outbreak-prone diseases.

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6. Healthy settings and environment

Expected result	Progress towards achieving expected result
<p>1. A national intersectoral coordinating mechanism with a plan of action and budget will have been established for Healthy Cities and Healthy Islands in selected countries.</p>	<ul style="list-style-type: none"> National intersectoral coordinating mechanisms were established for Healthy Cities in the Lao People's Democratic Republic and Viet Nam; and for Healthy Islands in Fiji and Papua New Guinea.
<p>2. Model projects, case documentation and regional guidelines will have been developed for various healthy settings.</p>	<ul style="list-style-type: none"> Regional guidelines for developing Healthy Cities projects were developed and disseminated and the draft regional implementation guidelines on Healthy Islands were prepared. Five case studies on Healthy Islands initiatives in Fiji Islands, Niue, Papua New Guinea, Samoa and Solomon Islands were documented and disseminated to concerned parties. Case-study documents on the development of a plan of action framework for Healthy Cities in Papua New Guinea and on the evaluation of healthy workplaces projects in Viet Nam were prepared. The Extended Care Centre within the premises of the San Lazaro Hospital, Department of Health, Philippines, was constructed and will extend community interaction between the hospital and selected communities in relation to priority public health needs, particularly needs of children living in families with chronic and life-threatening illnesses. Support was provided for a water supply and sanitation project in Quezon City, Philippines. In Cambodia, the Lao People's Democratic Republic, Mongolia, Papua New Guinea and Viet Nam, the healthy marketplace initiative was strengthened and expanded. In Papua New Guinea, the biggest market in the country, Gordons market, was revitalized and officially reopened at a launch of the Healthy Marketplace concept. The concept has also been taken up in Madang and Mount Hagen. Food safety in the marketplaces has been improved through food safety education targeting messages arising from Hazard Analysis Critical Control Point (HACCP) studies in the marketplaces.

Expected result	Progress towards achieving expected result
<p>3. Regional inventories of selected healthy settings project with databases will have been developed.</p>	<ul style="list-style-type: none"> • The Healthy Islands regional database is being set up and is expected to be completed by December 2001.
<p>4. Adequate health impact assessment will have been implemented in the environmental impact assessment systems in selected countries.</p>	<ul style="list-style-type: none"> • National guidelines on environmental health impact assessment have been developed in Papua New Guinea and government officials are being trained. Officials in Malaysia have been trained in the guidelines on environmental health impact assessment. • An overview paper on the urban environment for the regional meeting in preparation for Istanbul + 5 has been prepared. A background paper for the “Fourth Ministerial Conference on Environment and Development in Asia and the Pacific 2000” has been prepared. An Environmental Health Impact Assessment Workshop was held in Madang, Papua New Guinea. The homepage of the Environmental Health Research Centre (EHRC) in Malaysia was developed and an implementation plan and operations manual for the EHRC Information Clearing House was produced.
<p>5. Health-based air and water quality standards will have been set, and an associated monitoring and surveillance programme will have been developed and implemented.</p>	<ul style="list-style-type: none"> • The health impact database for the Shanghai Heat/Health Warning System in China has been developed. Two fellows from the Shanghai Municipal Centre for Disease Control and Prevention were trained at the University of Delaware, USA, on system development and mitigation measures associated with the system implementation. Support was provided for Baseline Health Profiling as part of the Metro Manila Air Quality Improvement Sector Development Programme. • Drinking water quality standards and monitoring programmes in Cambodia, the Lao People's Democratic Republic and Viet Nam were upgraded. A master and operation plan for monitoring of coastal and marine waters was developed in Cook Islands. Supplies and equipment for water supply, testing and analysis were supported in Fiji, Samoa and Vanuatu. Human resources for water supply have been strengthened in Cambodia and Papua New Guinea. A regional assessment of the water supply and sanitation sector has been carried out.

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Expected result	Progress towards achieving expected result
<p>6. Information on chemical, physical and biological health hazards/risks at workplaces and communities/homes and how to control them will have been made widely accessible, and incorporated into relevant legislation, standards and codes of practices in selected countries.</p>	<ul style="list-style-type: none"> • The work of the INTOX Programme (the global network of poison control centres) and the INTOX data management system were introduced at the National Meeting of Poisons Centres in April 2001 in Beijing, China. A working group was set up to look at the development of a Chinese version of the INTOX data management system. • Occupational health legislation in Viet Nam has been reviewed and relevant information on health hazards/risks at workplaces incorporated.
<p>7. Appropriate waste management and pollution control technologies, with emphasis on waste minimization/cleaner technologies and recycling, will have been adopted in legislation and practices in selected countries.</p>	<ul style="list-style-type: none"> • A national hospital waste management plan, including the assessment of appropriate treatment technologies has been developed in the Philippines. Appropriate technology was developed for solid waste management in Mongolia. • The cyanide storage facility in Suva, Fiji, was inspected and cyanide impregnated cellulose discs were safely disposed of.
<p>8. Food safety and nutrition will have been improved, in selected countries, by developing and strengthening national plans of action for nutrition (NPANs), food safety legislation, standards and codes of practice, and food and water safety monitoring systems.</p>	<ul style="list-style-type: none"> • Following a workshop on National Plans of Action for Nutrition (NPANs) in 1999, NPANs were reviewed and revised in several countries with WHO support. National advocacy seminars and national workshops aimed at developing multisectoral national plans of action for food safety were conducted. A workshop on operational plans of action for food safety in the Western Pacific Region was held in November 2000.
<p>9. A system of evaluation of impacts of health education/promotion activities on reduction of lifestyle-related disease burdens will have been incorporated in the national health education/promotion programmes of selected countries.</p>	<ul style="list-style-type: none"> • Instruments have been developed for the standardized, evidence-based assessment of health behaviour of youth and of noncommunicable disease risk factors. These instruments will serve as fundamental tools for baseline assessment of need and for monitoring the impact of health promotion activities. Tonga and Vanuatu have carried out surveys on health behaviour of youth. A diabetes risk and prevalence survey has been carried out in Mongolia and a pilot survey has been completed in Viet Nam.

Expected result	Progress towards achieving expected result
10. Promotional, developmental and technical support to national programmes.	<ul style="list-style-type: none"> National programmes in healthy settings and environment have been strengthened through the provision of WHO support.
11. Food safety strengthened through (a) development and implementation of multisectoral plans of action; (b) development and use of advocacy materials; (c) application of risk assessment; (d) model systems linking poverty alleviation of food safety; and (e) collaboration with FAO and other relevant partners.	<ul style="list-style-type: none"> In conjunction with national seminars and workshops, advocacy materials and campaigns were developed and conducted in four countries. Analytical capacity was strengthened through the supply of equipment in China, the provision of study fellowships in China, Mongolia and the Republic of Korea, laboratory quality assurance training in Viet Nam and collaboration in targeted containment, monitoring programmes in Cambodia, Fiji, Nauru, and Papua New Guinea. WHO collaborated with the Association of South-East Asian Nations (ASEAN) and the International Life Sciences Institute (ILSI) to increase understanding of risk assessment principles and applications among health and non-health sector food safety enforcement officers.
12. Food safety strengthened in relation to national plans of action, food legislation, food standards, food inspection and the application of HACCP.	<ul style="list-style-type: none"> WHO is collaborating with Fiji to review and revise its draft legislation and initiate community consultation. Food hygiene decisions and circulars have been drafted in Viet Nam and food law and hygiene regulations drafted in Vanuatu. Technical support was provided to the sixth session of the Codex Committee for North America and South West Pacific, and Member States were facilitated to participate at the Codex Committee for Food Hygiene. With the support of the Government of the Republic of Korea, health authorities in Mongolia were trained in the introduction of HACCP to industry and HACCP guidance documents for industry were developed. Inspectors were trained in inspection procedures that address basic hygiene issues.

7. Child and adolescent health and development

Expected result	Progress towards achieving expected result
1. Regional and national child and adolescent health strategies and programmes strengthened.	<ul style="list-style-type: none"> A Seminar and Workshop on Harmonization of Methods for National Nutritional Status Assessment and Dietary Studies was held in Malaysia. Support for a survey on nutritional status was provided in Mongolia. The Regional Office collaborated with

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Expected result	Progress towards achieving expected result
	<p>other agencies to establish a network of reference and resource laboratories on iodine deficiency disorders (IDD) and an International Workshop was held in Bangkok in May 2001. A survey is being carried out in 20 Pacific island countries to obtain data on the prevalence and public health importance of anaemia, underweight and overweight in schoolchildren living in rural and urban areas, and the prevalence and severity of hookworm and other intestinal helminths. Training of staff from Fiji, Malaysia, the Republic of Korea and Samoa on various aspects of nutrition was supported.</p> <ul style="list-style-type: none"> • A workshop on Obesity Prevention and Control Strategies in the Pacific was held in Samoa in September 2000, in collaboration with other agencies. The meeting concluded with a call to action to reduce obesity in the Pacific within the next 10 years, presented to the Health Ministers' Meeting in Papua New Guinea in March 2001. Support is being provided to Tonga for developing a national obesity control programme based on this strategic approach.
3. Improved ability to plan, implement and evaluate national IMCI activities.	<ul style="list-style-type: none"> • A regional IMCI training course covering case management and facilitation skills and an orientation meeting in the Pacific were held. Technical support for the IMCI early implementation phase was provided to Cambodia, China, the Lao People's Democratic Republic, Malaysia, Papua New Guinea and for the expansion phase to Mongolia, the Philippines and Viet Nam.
4. Optimal breast-feeding practices promoted in Member States through training and capacity building.	<ul style="list-style-type: none"> • A WHO/UNICEF Technical Consultation on Infant and Young Child Feeding (IYCF) held in March 2000 produced a draft global strategy on IYCF. Country-level consultations were held in China and the Philippines to review and finalize the strategy, before the adoption of a final document by the World Health Assembly in May 2002. A regional consultation is planned in Malaysia. A review of the implementation of the Baby-Friendly Hospital Initiative (BFHI) was conducted in China in December 2000 and a workshop on BFHI monitoring and reassessment was also held in Beijing. This was accompanied by a survey of IYCF practices at the community level. WHO and UNICEF jointly supported a review of IYCF in China during the 1990s. A workshop on the

Expected result	Progress towards achieving expected result
	<p>BFHI was held in American Samoa. WHO continued to support the introduction of breast-feeding counselling as part of pre-service training of midwives and nurses in Viet Nam. This approach is now being extended to Cambodia, which is developing a national plan for IYCF, with the support of WHO staff and consultants.</p>
<p>5. Accelerated progress in eliminating iodine and vitamin A deficiencies and controlling anaemia.</p>	<ul style="list-style-type: none"> • Interventions for IDD elimination have been supported in parts of China and other parts of the Region. The Tibet IDD Elimination Programme was launched in May 2000; a new approach to the prevention of anaemia in women of reproductive age was supported in the Philippines and Viet Nam, with very promising initial results reported; and a similar project focusing on schoolchildren and women working in factories is being launched in Cambodia.
<p>6. National targets for health promoting schools established and good practices evaluated and documented.</p>	<ul style="list-style-type: none"> • Health-promoting schools were supported in several countries, including the holding of a national workshop in China and the production of health education materials in French Polynesia. The development of health-promoting schools was supported in a number of countries including the Lao People's Democratic Republic, Nauru and Vanuatu.
<p>7. Regional programme of work on adolescent health developed and implemented.</p>	<ul style="list-style-type: none"> • Implementation of activities in Mongolia has begun. Development of a regional strategy for advocacy and communications for adolescent health was completed. Development of advocacy and educational packages and country profiles are ongoing. Reviews of health worker training curricula are ongoing in selected countries. Country representatives were supported to attend technical meetings to strengthen capacity at the country level.

8. Reproductive health

Expected result	Progress towards achieving expected result
<p>1. National plan on maternal mortality reduction and reproductive health developed.</p>	<ul style="list-style-type: none"> • National plans on maternal mortality reduction and reproductive health have been developed and finalized in all priority countries, following the regional workshop on maternal mortality reduction which was held in Manila in May 2000.

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Expected result	Progress towards achieving expected result
2. Quality of maternal and child health care and family planning service improved.	<ul style="list-style-type: none"> • A manual on managing complications in pregnancy and childbirth, which was developed by WHO and partner agencies, has been translated or adapted by China, the Lao People's Democratic Republic, Mongolia and the Philippines. A service protocol for referral hospitals on managing emergency obstetric complications has been developed in the Lao People's Democratic Republic, Mongolia and the Philippines. National trainers' clinical practice training was conducted at the Philippine General Hospital; 12 national trainers from Cambodia and Mongolia have been trained. • A regional workshop on development of training guidelines for health professional training in emergency obstetric care was held in Kuala Lumpur, Malaysia, in May 2001. Regional guidelines on postpartum haemorrhage, hypertension disorders of pregnancy, and infections were developed.
3. Awareness of making pregnancy safer and of the importance of reproductive health increased.	<ul style="list-style-type: none"> • A basic obstetric equipment list for Cambodia and the Lao People's Democratic Republic has been developed. Basic equipment has been provided to all community health workers who work in maternal and child health (MCH) in Mongolia and some district hospitals in the Philippines. Thirty sets of life simulation models were provided to countries with high MMR in order to improve the quality of training.
4. Neonatal and infant morbidity and mortality reduced.	<ul style="list-style-type: none"> • National trainers' training on neonatal health care was conducted in Mongolia.
5. Awareness of women's health increased.	<ul style="list-style-type: none"> • A publication on women's health has been finalized and will be printed and distributed soon. A study on a community model of health care programme for elderly urban women based on their needs was conducted in the Philippines. A women's health teaching package for medical and allied health professional schools is being developed.
6. Regional workshop on monitoring system for maternal mortality.	<ul style="list-style-type: none"> • A regional workshop is being planned. It will be held in September 2001 in Kunming, China.

9. Noncommunicable diseases, including mental health

Expected result	Progress towards achieving expected result
<p>1. Integrated community-based noncommunicable diseases (NCD) intervention models, in particular within Healthy Cities and Healthy Islands will have been developed in China, Fiji, Federated States of Micronesia and the Philippines.</p>	<ul style="list-style-type: none"> An integrated approach to NCD is being developed in the Regional Office. A consultancy in demonstration areas in China, the Federated States of Micronesia, the Philippines, Samoa and Tonga explored the local applicability of the integrated approach. This was supplemented by assessments of NCD information systems in these countries. In all of these countries, an integrated approach to NCD prevention and control is now being tested, either at national level, or within local pilot areas (for China and the Philippines).
<p>2. Primary prevention with emphasis on NCD awareness strengthened in the five selected countries and at regional level.</p>	<ul style="list-style-type: none"> Workshops on integrated NCD prevention and control were held in Fiji, the Federated States of Micronesia and Samoa.
<p>3. National plans for cancer control with emphasis on primary prevention, early detection and cancer pain relief developed or strengthened.</p>	<ul style="list-style-type: none"> Cancer control has been reviewed in the context of the integrated prevention and control of NCD but also in Cambodia, the Lao People's Democratic Republic, Mongolia and Viet Nam.
<p>4. Strategies and guidelines on integrated community-based hypertension prevention and control developed in the Region.</p>	<ul style="list-style-type: none"> A protocol for the integrated prevention and control of NCD has been developed by the Regional Office. The integrated approach to NCD prevention and control covers common risk factors and associated conditions (smoking, obesity, hypertension) and is increasingly geared to using diabetes as an entry point.
<p>5. NCD surveillance strengthened with emphasis on training in standardized methodology and development of NCD information network including national database in selected countries.</p>	<ul style="list-style-type: none"> NCD surveillance has been improved: tools have been developed and the Region is participating in the development of global standards in NCD risk factor surveillance methodology (the WHO STEPwise approach). A manual for the monitoring of cardiovascular diseases has been drafted. A diabetes survey in Mongolia has been supported in collaboration with WHO Headquarters. A pilot survey on NCD risk and prevalence has been supported in Viet Nam.

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Expected result	Progress towards achieving expected result
6. National strategies for the prevention and control of obesity promoted in collaboration with other WHO programmes.	<ul style="list-style-type: none"> • A workshop on prevention and control of obesity was organized in Samoa in September 2000. • Advocacy documents on obesity have been drafted and an intervention on obesity is being developed in Tonga as a means of strengthening that country's approaches to diabetes, obesity itself, and NCD in general.
7. National policy and programme for the prevention and reduction of problems related to substance abuse	<ul style="list-style-type: none"> • Understanding of addictive behaviour in China was enhanced through the holding of a national workshop in Changsha, Hunan, China, in December 2000. • The work of the National Substance Abuse Advisory Council (NSAAC) in Fiji was enhanced through WHO support.
8. National policies and programmes in mental health developed in selected countries.	<ul style="list-style-type: none"> • A symposium and workshop on Psychosocial Rehabilitation and Techniques Training for Mental Health Professionals was held in Yongin City, Republic of Korea in August 2000. • A Workshop on Psychological Intervention after Disaster in China was held in Beijing, China in June 2000. • Support was provided for a workshop on Epidemiological Survey of Depression in China in Beijing in May/June 2001. • A national workshop for community leaders was held in Tonga in May 2001. • Support was provided for a CD-ROM containing publications on mental health by WHO in the Region and globally directed at health promotion professionals and workers in mental health. • Support was provided to several countries and areas for World Health Day 2001 activities. • Training was provided for psychiatrists in Viet Nam. • Support for strengthening policies and programmes in mental health was provided to Cambodia, China, the Lao People's Democratic Republic, Mongolia, Tonga and Viet Nam.

Expected result	Progress towards achieving expected result
9. Diabetes prevention and care	<ul style="list-style-type: none"> <li data-bbox="580 371 1407 539">• A Regional Meeting in Kuala Lumpur, Malaysia, in June 2000 developed the Western Pacific Declaration on Diabetes in collaboration with partners from the International Diabetes Federation and the Secretariat of the Pacific Community. <li data-bbox="580 568 1407 736">• WHO organized a workshop in Kuala Lumpur, Malaysia, in May 2001 to develop regional and national plans of action for 2001-2005. The meeting reviewed progress made at national and regional levels on diabetes prevention and control. <li data-bbox="580 766 1407 889">• A workshop on Diabetes and Noncommunicable Disease (NCD) Action was organized in February 2001 by the Center for Diabetes Strategies, Sydney, with the support and technical input from WHO. <li data-bbox="580 918 1407 1265">• In March 2001, the Ministers and Directors of Health of the Pacific Island countries met. The “Madang Commitment” paid particular attention to the problem of diabetes in Pacific island countries and recommended: development of policies and infrastructures, fostering community and environmental action on diabetes, and promoting healthier lifestyles to reduce diabetes risk. Emphasis was paid to the development of clinical management guidelines on diabetes and to strengthening diabetes services at community level. <li data-bbox="580 1294 1407 1507">• Clinical management guidelines for diabetes were developed in the Federated States of Micronesia, studies were carried out on the cost of diabetes in Fiji, the Federated States of Micronesia and Samoa, and an integrated approach to diabetes and other NCD in Cook Islands was formulated.

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10. Tobacco free initiative

Expected result	Progress towards achieving expected result
1. National Plans of Action will be in place in all Member States.	<ul style="list-style-type: none"> Progress has been achieved in the development and implementation of tobacco control national plans of action in several countries. Cambodia and China have begun the process of national action plan development. Fiji, Guam, Palau, the Philippines, Tonga and Viet Nam have developed national plans of action for tobacco control. Australia, Hong Kong (China), New Zealand, the Republic of Korea and Singapore have strengthened their national policies/plans of action.
2. All countries will have adopted policies to deter tobacco use and will have initiated consultation on drafting of legislation, including endorsement from medical organizations, health-related NGOs.	<ul style="list-style-type: none"> A legislative review by country is underway in the Region, in collaboration with the Centers for Disease Control and Prevention (CDC), USA. Technical support for legislative and policy development and review has been provided to Papua New Guinea, Solomon Islands and Vanuatu.
3. All countries will be using advocacy, educational and promotional campaigns and materials.	<ul style="list-style-type: none"> Multimedia materials have been disseminated. World No-Tobacco Day materials, brochures, primers and handbooks on the Framework Convention for Tobacco Control, Country Profiles, educational materials for children and the “It’s Okay to Say You Mind” prototypes have been made available to countries through traditional and web-based media.
4. A strategy will have been developed (and implementation initiated) to collect the data required for evaluation of the impact of the National Plan in each country.	<ul style="list-style-type: none"> Collection of data within the Region is being undertaken as part of the global surveillance effort by WHO and CDC. Pilot testing has been completed in Papua New Guinea, the Philippines and Viet Nam. A second round of testing is currently underway in Cambodia and the Lao People's Democratic Republic. If results from the pilot tests are favourable, the regional strategy for data collection will be integrated into the global surveillance effort.

11. Health systems reform

Expected result	Progress towards achieving expected result
1. Strengthened capabilities of national language centres in China and Viet Nam.	<ul style="list-style-type: none"> • Technical support provided to China to strengthen the capacity of the English Language Centre, Hunan Medical University. • Support given for strengthening of educational centres and institutions in Viet Nam through formulation of nursing clinical standards.
2. Development of leaders for health: WHO Learning Centre.	<ul style="list-style-type: none"> • Twenty-three fellows from seven countries were trained in 2000.
3. Enhanced national primary health care programmes in the Region.	<ul style="list-style-type: none"> • Primary health care (PHC) review planned in conjunction with global review. • Analysis of factors relating to sustainable and successful quality assurance in PHC begun.
4. Strengthened national capacity to plan, develop health policies and reorient health services to address the needs of the 21st century.	<ul style="list-style-type: none"> • Health planning strengthened in Lao People's Democratic Republic and Viet Nam following support from WHO. • First Technical Advisory Group meeting for Health Sector Development held. • Situation Analysis for Policy initiative begun, with initial development of framework and studies in China, Kiribati, Lao People's Democratic Republic, Samoa and Vanuatu. • Legal capacity of governments in Pacific island countries strengthened through holding of workshop on health legislation in October 2000 in Tonga. • Technical support for drafting legislation on hygiene and health promotion provided to the Lao People's Democratic Republic.

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Expected result	Progress towards achieving expected result
<p>5. Health systems reform, with emphasis on equitable access, quality of care and health financing will be strengthened.</p>	<ul style="list-style-type: none"> • Analysis of health expenditure and financing in relation to diabetes treatment and prevention was strengthened following support to Cook Islands, Fiji, Marshall Islands, the Federated States of Micronesia and Samoa, including such issues as the financial burden on individual families, equitable access to offshore referral and a cost-effective approach. • Support was given to delegates from selected countries to attend a conference on Health Systems Financing in Low Income African and Asian Countries in Paris in November 2000.
<p>6. Improved delivery of health services, with particular emphasis on rural populations.</p>	<ul style="list-style-type: none"> • Regional development of a framework and tools to assist countries to effectively management equipment has begun. • A management workshop was held in Cambodia. • Staff working for blood banks in Mongolia and Cambodia received training on provision of blood safety and rational use of blood and blood products. • Working papers were published and projects begun on the issue of poverty and health, including a series of initiatives to increase awareness, knowledge and capacity on the integration of poverty concerns into health-related programmes. Several innovative poverty-focused projects addressing priority issues in poverty and health were developed, in collaboration with the respective focus areas, including projects on safe motherhood; functional female literacy and poverty reduction; health improvement and poverty reduction through healthy marketplaces; improved malaria diagnosis and treatment in the Mekong subregion; community-based care for persons living with HIV/AIDS; and poverty in communities recently exposed to disasters. Papers on poverty focused issues--such as the links between poverty and health, poverty and tuberculosis, poverty and food safety, and WHO's collaboration with civil society--were prepared and presented at regional meetings. An annotated list of resources on poverty and health was compiled. A feasibility report was prepared for an integrated development project in the Lao People's Democratic Republic, to pilot an innovative and integrated approach to health and poverty reduction, that uses early childhood

Expected result	Progress towards achieving expected result
	<p>care and education activities as an entry point for broader activities related to health, community development, and poverty alleviation through the substitution of other cash crops for tobacco.</p>
<p>7. Strengthened the education and practice of nurses, midwives and mid-level practitioners.</p>	<ul style="list-style-type: none"> • Support for human resources strengthened through the appointment of a position based in Fiji to support the Pacific island countries. • Strengthened education and practice of nurses, midwives and mid-level practitioners through completion of a comprehensive programme evaluation in Fiji, which will support improved care and professional development/continuing education of nurse practitioners, and through nursing situational assessments and strategic planning completed in Cambodia and China.
<p>8. Capabilities for strategy review and re-formulation, including health legislation on quality of care, financing and human resources development strengthened.</p>	<ul style="list-style-type: none"> • In Cambodia, technical support was provided for a review of current legislation on physicians, private medical, paramedical and auxiliary medical services.
<p>9. National and regional pharmaceutical programmes strengthened. Appropriate use of essential drugs and vaccines among countries in ASEAN, and appropriate implementation of good manufacturing practices in the Region.</p>	<ul style="list-style-type: none"> • Improved implementation of the National Drug Policy or elements of the National Drug Policy with respect to drug regulation/registration, quality assurance, access and rational drug use. • Improved human resource capacity in implementing, evaluating and revising the national drug policy, leading to improvements in the implementation of drug policies.
<p>10. Quality assurance programme for laboratory services strengthened.</p>	<ul style="list-style-type: none"> • Regional External Quality Assessment Scheme (REQAS) for clinical laboratories in Pacific island countries, and the Lao People's Democratic Republic and Viet Nam implemented. • Technical advice provided to Marshall Islands, Federated States of Micronesia and Palau to improve the participation and performance of laboratories involved in the REQAS.

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Expected result	Progress towards achieving expected result
11. Promotional, developmental and technical support to national programmes.	<ul style="list-style-type: none"> • Advocacy on voluntary non-remunerated blood donations, rational use of blood and blood products and quality management, carried out in association with World Health Day in 2000. • Technical advice provided to Samoa for improving the blood transfusion service.
12. Effective coordination and management of national and regional programmes on traditional medicine.	<ul style="list-style-type: none"> • An Association of traditional healers was set up in Samoa. • Development of National Policy on Traditional Medicine and Traditional and Modern Medicine: Harmonizing the Two Approaches was published. • Support given for drafting of national policy on traditional medicine in Fiji. • Awareness of intellectual property rights in the context of traditional medicine increased.
13. Availability of monographs of commonly used medicinal plants.	<ul style="list-style-type: none"> • Monographs of commonly used medicinal plants were distributed in the Region.
14. Formulation of action plan for Pacific island countries to bring traditional medicine practices into the formal health system.	<ul style="list-style-type: none"> • Apia Action Plan on Traditional Medicine in Pacific Islands Countries prepared and endorsed by Ministers of Health of Pacific island countries.
15. Blood safety and blood supply improved in selected countries.	<ul style="list-style-type: none"> • Short-term and medium-term plans on blood safety in China have been prepared. Actions have been taken to implement the short-term plan.

Expected result	Progress towards achieving expected result
<p>16. Methodology on Essential Public Health Functions (EPHFs) developed, countries supported during research, overall research report completed, country investigations completed and intercountry workshop held.</p>	<ul style="list-style-type: none"> • Work in Fiji, Malaysia and Viet Nam has been undertaken, and studies will be made available to other countries to strengthen and protect EPHFs.

12. Human resources development

Expected result	Progress towards achieving expected result
<p>1. Revised curriculum for health professional education to emphasize new educational methodologies as well as the approaches of <i>New horizons in health</i>.</p>	<ul style="list-style-type: none"> • Guidelines for health professional education produced. • Teaching guide for educators of health professionals published.
<p>2. Continuing education using radio broadcasts for rural nurses strengthened and education supported using a revised basic low-cost nursing textbooks for small rural hospitals.</p>	<ul style="list-style-type: none"> • Training/capacity-building in radio distance education undertaken in Fiji and Tonga. • Draft manual for radio broadcasters completed. • Nursing textbook for small rural hospitals reprinted. Significant number of copies distributed to Papua New Guinea. • Supplementary manual for community health nurses being updated/revised with chapter revisions, designed for translation into local languages.

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Expected result	Progress towards achieving expected result
3. Continued exchange of information among national medical schools in priority areas, including collaboration among all training institutions in Region.	<ul style="list-style-type: none"> • Technical support was provided to facilitate learning and assessing competence in diverse clinical settings. • Meeting on exchange of information held. • Fellows from Kiribati, the Lao People's Democratic Republic, Papua New Guinea, Solomon Islands and Viet Nam attended a training course for future health leaders to meet the health challenges of the 21st century.
4. Mechanisms for assuring standards in medical education developed.	<ul style="list-style-type: none"> • First draft of regional guidelines completed. • Intercountry workshops on quality assurance in medical education held. • Technical support provided for quality assurance in medical education.
5. Effective and efficient implementation of fellowships.	<ul style="list-style-type: none"> • Two hundred and seventy-seven fellowships were awarded in 2000. Women comprised 42% of fellows and 13% of the total number of fellowships were awarded to nurses and midwives. Support was continued for undergraduate medical and MBBS training at the Fiji School of Medicine for fellows from the Pacific.

13. Health information and evidence for policy

Expected result	Progress towards achieving expected result
1. Improved research coordination and management skills.	<ul style="list-style-type: none"> • Better linkage between researchers and policy-makers and health workers promoted through dissemination of research findings.
2. Strengthened research capability in majority of countries.	<ul style="list-style-type: none"> • Research capabilities in priority countries strengthened through training and collaborative work.

Expected result	Progress towards achieving expected result
3. Expanded and improved regional research programme.	<ul style="list-style-type: none"> • Collaboration with WHO Headquarters, other regional offices and other organizations involved in health research strengthened. • New members of WPACHR appointed. • Collaboration with WHO collaborating centres strengthened.
4. Enhanced regional facilities for research training and collaborative activities.	<ul style="list-style-type: none"> • National workshop on research capacity strengthening in Mongolia held in April 2001. • 21 research projects from developing countries in the Region were funded.
5. Support to health information system development to strengthen health management provided.	<ul style="list-style-type: none"> • Technical support to Brunei Darussalam, Tonga and Viet Nam to develop an HIS strategic plan and consolidation of various information subsystems helped to reduce duplication in data generation at source.
6. Informatics support on availability of data on <i>New horizons in health</i> indicators strengthened.	<ul style="list-style-type: none"> • Informatics support brought about faster data transmission, processing and more timely generation of reports for public health surveillance. Improved monitoring and training provided to provincial and district information staff in Mongolia and Viet Nam.
7. Health informatics, data analysis, appropriate health indicators developed and use of information promoted.	<ul style="list-style-type: none"> • Training workshops in health indicators and data analysis conducted in China, Cook Islands, Mongolia and Viet Nam upgraded skills of health managers towards more rational use of resources through existing information support.
8. Improved capability to gather and use health information.	<ul style="list-style-type: none"> • Greater importance placed on HIS infrastructure development and information use in overall health planning process in Cambodia, Fiji and Kiribati.

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Expected result	Progress towards achieving expected result
9. ICD-10 training	<ul style="list-style-type: none"> • Skills in the classification and coding of mortality and morbidity statistics using ICD-10 were upgraded through national training courses conducted in China, Cook Islands, Papua New Guinea and Samoa. ICD-10 implementation plans for the next few years were formulated.

14. Emergency and humanitarian action

Expected result	Progress towards achieving expected result
1. Improved capacity to effectively plan and carry out emergency preparedness measures and respond in cases of disasters.	<ul style="list-style-type: none"> • UN Inter-Agency Appeals were developed with other UN agencies in Cambodia, Mongolia and Viet Nam. • A "Health Emergency Library Kit" developed by WHO Headquarters was established at WHO country offices in the Lao People's Democratic Republic, Papua New Guinea and Viet Nam. • The translation of a WHO emergency management manual (<i>Community Emergency Preparedness: a Manual for Managers and Policymakers</i>) and a PAHO disaster management textbook (<i>Natural Disasters: Protecting the Public's Health</i>) into Vietnamese is being undertaken. It will be completed by the end of June 2001 and the translated version will be distributed and used at training courses. Translation into Khmer and Chinese will start soon.
2. Vulnerability and risk assessment according to geographical conditions.	<ul style="list-style-type: none"> • The development of a "Regional Disaster Profile Database" is in progress in collaboration with the Asian Disaster Reduction Center, utilizing the database of the Centre for Research on the Epidemiology of Disasters. • A national workshop for evaluating activities taken for the Mekong floods in 2000 and improving the capacity for rapid health assessment in health emergency was conducted in Viet Nam in April 2001.

Expected result	Progress towards achieving expected result
3. Disaster prevention and proactive mitigation plans including hazard mapping.	<ul style="list-style-type: none"> • A workshop was held in Shanghai, China in 2000. • An “Urban Hazard Mapping” project has commenced with the University of the Philippines.

15. Information technology

Expected result	Progress towards achieving expected result
1. Effective management of information technology to provide maximum accessibility to information at all levels.	<ul style="list-style-type: none"> • Server and workstation hardware and operating systems in the Regional Office were upgraded and standardized to provide common platforms for improved systems and services. • A strategy to upgrade all country office hardware and software platforms was developed. • Standards and policies on hardware, software, IT development practice, tools and deliverables were developed and adopted. • Telecommunications infrastructure was improved. Leased lines are now in place in 12 country offices with only three still with dedicated dial-up connections. • The WHO Global Private Network was reconfigured and shared by the Eastern Mediterranean, South-East Asian and Western Pacific Regions for primary internet, web and email services at low cost. • Continuous improvement to hardware platforms and software tools in the Regional Office and country offices and the widespread implementation and management of internet connectivity has enabled WHO to: (1) make information databases, technical collaboration tools and discussion resources available on the website; (2) provide information exchange through on-line database access and replication; and (3) ensure a robust local infrastructure for electronic messaging and web connectivity services.

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Expected result	Progress towards achieving expected result
	<ul style="list-style-type: none"> • Desktop, intranet and e-mail services were made accessible to WHO staff throughout the Region, whether in the office or on duty travel. • The Plan Of Action (POA) system was enhanced. • The procurement system was deployed and the country office module completed. • WHO's personnel administration system (PAS) was converted to a powerful database platform for use in the African, Americas and Western Pacific Regions. • Global WHO IMPREST accounting system rewritten and delivered to WHO Headquarters for deployment. • The mission report management system and staff overtime processing system were implemented. • The IT capacity of the Ministry of Health of Kiribati was strengthened significantly through installation of a LAN. The IT capacity of the Ministries of Health of Fiji and Micronesia were enhanced through provision of technical support in network design, trouble shooting and training of local IT staff and users. • Health Mapper, a powerful geographic information system (GIS) jointly developed by WHO Headquarters and UNICEF, and the Data Presentation System, a health indicator monitoring tool developed by the European Region, were both introduced to countries. • Extensive studies were planned in close consultation with the Americas and European Regions to develop standardized coding mechanisms for health indicators and geographic elements. • Ministries of Health in selected Pacific island countries (PICs) were briefed on appropriate tools for data gathering, analysis, reporting and presentation. • The distance learning task force at the Regional Office reformulated the Regional Telehealth Project to address specific requirements of the participating countries, particularly PICs.

16. External relations

Expected result	Progress towards achieving expected result
<p>1. Strengthened collaboration at the national and regional levels between United Nations organizations, Member States, and other regional and national governmental and nongovernmental organizations involved in health programmes and strategies.</p>	<ul style="list-style-type: none"> • There is increasing recognition of WHO's role in policy advocacy, technical guidance and input in health sector. More agencies request WHO's involvement and technical advice in planning, assessment, preparation and implementation of health projects. • Coordination and collaboration within the UN system has been further improved following WHO's active participation in the Common Country Assessment (CCA) and UNDAF exercises in ten implementing countries, and through increased numbers of mutual visits and contacts by leading officials of UN agencies, at both regional and country levels, improved information sharing and joint activities in some priority areas. • Collaboration with traditional partner agencies has been maintained and effective partnerships with new partners have been built, for example, with the Australian Agency for International Development (AusAID) on IDD control in Tibet, China, tuberculosis and essential drugs in Papua New Guinea; with DFID on the health sector reform project III in Cambodia, projects on HIV/AIDS Viet Nam and Malaria control in the Mekong countries; with CDC on tobacco control; with the United States Agency for International Development (USAID) on tuberculosis and malaria control; with the Government of France on tuberculosis control; with the Asian Development Bank on four projects on rural health financing in Viet Nam, a health insurance project in Micronesia and a prevention of foodborne diseases project in Viet Nam; with the Government of Luxembourg on six projects on reproductive health, parasitic disease control and medical equipment in the Lao People's Democratic Republic, HIV control and health insurance in Viet Nam and the expanded programme on immunization in China; with the International Diabetes Federation on the implementation of the Western Pacific Declaration on Diabetes; with the Rockefeller Foundation on tobacco control in Cambodia; and with the UN Foundation on adolescent health in Mongolia.

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Expected result	Progress towards achieving expected result
	<ul style="list-style-type: none"> • A regional resource mobilization strategy was developed and the first donors profile was prepared for use by the staff at both regional and country levels. More new projects on priority programmes were developed, submitted to and approved by donors through WHO country offices. Extrabudgetary resources to the Region have been maintained. • Resource mobilization through multilateral and bilateral collaboration has increased. Some WHO country offices have been actively involved, as brokers, in facilitating identification, preparation and submission of project proposals by ministries of health to potential donors.

17. Public information

Expected result	Progress towards achieving expected result
1. Efficient delivery of new and existing technical and administrative reports to Member States and the governing bodies.	<ul style="list-style-type: none"> • Technical and administrative reports covering important intercountry and regional meetings and workshops were routinely distributed to Member States. Press releases were distributed to Member States, the media and partner agencies.
2. Provision of regional publications and technical literature.	<ul style="list-style-type: none"> • Publications and technical documents were published and made available in different languages; all publications were announced on the website and promoted through mailings and at major meetings.
3. Effective integration of important health issues in media activities.	<ul style="list-style-type: none"> • Collaboration was undertaken with technical units in the development of media strategies, production of media/press materials and in the conduct of press conferences.
4. Up-to-date information made available to health workers.	<ul style="list-style-type: none"> • <i>WHO in action</i> newsletter was published quarterly and targeted health workers. • The website was regularly updated.

Expected result	Progress towards achieving expected result
5. Stronger partnership with media in creating greater health impact through the development of new strategies/approaches.	<ul style="list-style-type: none">• Press kits, advocacy materials (posters, flyers, etc.) were produced and distributed. World Health Day 2001 materials on mental health were widely published throughout the Region.
6. Improved production of media materials.	<ul style="list-style-type: none">• Production of print materials was moved in-house, thus improving cost-effectiveness.
7. Conduct of outreach projects.	<ul style="list-style-type: none">• The website of the Regional Office had been kept updated and it has been further expanded through the establishment of a multimedia centre. The regularly updated website, the Regional Office newsletter <i>WHO in action</i>, and printed press materials, have ensured appropriate media outreach.