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Reports of the Regional Directors on strategies and progress on key operational and management reform issues in the regions

Report by the Regional Director for the Western Pacific

The Director-General has the honour to present to the Executive Board a report by the Regional Director for the Western Pacific concerning strategies and progress on key operational and management reform issues in the Region. Should members of the Board wish to see the report of the forty-fifth session of the Regional Committee for the Western Pacific, it will be available in the Executive Board room.

REPORT OF THE REGIONAL DIRECTOR FOR THE WESTERN PACIFIC ON STRATEGIES AND PROGRESS ON KEY OPERATIONAL AND MANAGEMENT REFORM ISSUES IN THE REGION

1. The essential context for successful and sustained reform is appreciable social and economic stability. Health and human development are inextricably linked to socioeconomic development in a country. The reform processes in the Western Pacific have benefited from the continued rapid economic growth in the Region and the climate of comparative social harmony. However, the acceleration of urbanization and modernization - or "progress" - in so many parts of the Region has brought with it many factors which can inhibit rational and balanced human development. A major concern is how to use the existing infrastructure in the Region to deal with new issues as well as "traditional" problems such as communicable diseases.

2. The Regional Office is advocating a shift in emphasis from the illness itself to the risk factors which contribute to the problem and, further, to the elements that constitute good health. A single disease may have many risk factors; and a single risk factor may cause, or influence many diseases or conditions. Two central concepts will be particularly important in the coming years: health promotion and health protection. The Regional Committee, at its forty-fifth session, endorsed the Regional Director's document, *New horizons in health*, which outlines the restructuring necessary in the regional organization to reorientate resources effectively to meet the recognized challenges of the next century.

3. In conjunction with the study on the WHO response to global change, renewed emphasis has been placed on the important role of the Regional Committee in programme development, implementation and evaluation. Recognizing the complexity of the change process and the overriding need for effective leadership performance, the Regional Committee has committed itself to continuing active involvement in the work of WHO and reviewing its own methods of work. At its forty-fifth session, it instructed the Sub-Committee of the Regional Committee on Programmes and Technical Cooperation to monitor and assess the regional implications and progress in the ongoing reform process within WHO. At the forty-fifth session of the Committee, much attention was focused on the need for representatives to be well informed on, and fully engaged in this process.

4. Also in conjunction with the study on the WHO response to global change, renewed attention has been given to the role of the WHO representatives and ways in which their function could be strengthened. Work is under way to reformulate policies to strengthen and support the representative offices at country level. A development team, chaired by the Regional Director, is working on the topic at global level.

5. Public policies must support the growing role in health and human development for the individual, the community and the nation. The Regional Office is seeking to encourage governments to pay close attention to the enabling role that such public policies play, in combination with the present evolution in the Region of populations more able to take responsibility for their own health. This will be an important area of emphasis in the future.

6. The Regional Office has been working to encourage appropriate and supportive public policies in the Region. The process of reconstruction of Cambodia's national infrastructure and plans for the health workforce, and initiatives for integrating health and environment considerations in plans for sustainable development in the Philippines and Viet Nam are indicative of this work with governments throughout the Region. The plans provide important guidelines for action. At the same time, the collaborative process of formulating forward-looking national plans helps to strengthen management.

7. The strategies for the future in the Region encourage health professionals to work closely with a wide range of other groups and disciplines to plan and execute health-related activities which ensure the best use

of limited financial resources. Technical and financial resources will be directed to ensuring sustainable improvement in health. The new approaches to health in the context of human development require health interventions to be people-centred, not disease-centred. They must focus on positive health as part of human development.

8. Increasingly, there are partners for health promotion and health protection in other sectors which have not traditionally been associated with health. Health promotion and health protection are being seen as issues which cut across traditional sectoral boundaries. At the same time, the health sector is being encouraged to combine its resources and efforts towards positive health and quality of life with those of other sectors. Gradually, a whole network of interrelated institutions and disciplines is forming in the Region, including schools, industry, transportation, energy, agriculture and environmental groups. There is great scope for complementary action among these. For instance, transportation industries throughout the Region are vigorously implementing no-smoking policies. Many related parties are involved: individuals, families, communities, nongovernmental organizations and the health services.

9. Health systems reform has been a major area of activity in the Region. Financing and cost containment have been dominant themes. Almost all countries and areas are now implementing or experimenting with health insurance and various cost-sharing and cost-recovery schemes. However, countries are also aware that the economic issues need to be balanced by continued concern for quality of care and equity of access to services. These were selected as subjects of discussion for two health systems reform meetings held in 1994, and one planned for 1995. The first meeting, held in New Zealand in May, involved Australia, Hong Kong, New Zealand and Singapore. The second was held in Fiji in December for Pacific island countries and was based on discussions of the first meeting. Countries of the northern part of the Region will participate in the next meeting.

10. Exchange of information and experience in the field of health has been another important area of concern in the Region. In addition to the above meetings on health reforms, countries were encouraged to continue exchanges with each other on various health topics. A meeting on health management information and informatics, held in Seoul in June 1994, stressed this requirement in its report and proposed mechanisms for the establishment of information networks among countries of the Western Pacific.

11. In almost all countries and areas in the Region, new efforts are being made to strengthen the use of information in decision-making within the managerial process. Hong Kong is working on an information system that uses improved epidemiological analysis for feedback purposes. Singapore has introduced a management accounting system which provides financial information on performance standards. The Republic of Korea is considering a strengthened comprehensive information system.

12. The third monitoring of implementation of the strategies for health for all by the year 2000 showed that there is a strong correlation between the extent of political and economic change in a country and the magnitude of the health sector response to the change. Three levels of development in health policies and strategies were observed in the 1994 monitoring exercise: (1) continued adherence to the focus of the original health-for-all goals; (2) refinements in strategy, particularly in regard to the use of resources and scope of services; and (3) major reforms. In Cambodia, China, Hong Kong, Malaysia, Papua New Guinea, Philippines, Singapore and Viet Nam, health policies have become more precise and focused. Attempts are being made to achieve the goals of access, equity, community participation and intersectoral linkages.

13. Legislation is seen as an important element of support for stated public policy and as a framework for individual and community action, as in the case of tobacco control. The Regional Office has been active in this area, with a new Action Plan on Tobacco or Health endorsed by the Regional Committee at its forty-fifth session. A resolution was adopted urging, *inter alia*, Member States to spare no effort in implementing policies and legislation that ban tobacco advertising in all media and the sponsorship of sports and cultural events, and supporting the call for a tobacco-advertising-free Region by the year 2000.

14. The demands for computerization to facilitate fast and accurate monitoring and analysis are increasing. A system which provides on-line financial management to the regional programme management has been introduced. This makes the processing of financial information more efficient. Modules for the development of project proposals have also been placed on-line. Project and programme profiles have been made available to all offices in the Region. The developments in the Regional Office system have been of some interest to other regions, and as a result have been incorporated into their information systems.

15. Intersectoral collaboration at country level has been marked in the Region, with a renewed effort by countries and areas to initiate measures which strengthen such collaboration. Many countries are now realizing that real health reform includes people and skills outside the traditional boundaries of health. Fiji, for example, has established new committees at cabinet level to address issues concerning children, women, population, family health and disabilities. Cambodia also has a national primary health care/district system committee. Decentralization has facilitated sectoral and intergovernmental agency coordination, as seen in Hong Kong and Malaysia.

16. Collaboration and coordination with neighbouring regions and countries has been emphasized in the drive to increase communication and concerted action on priority concerns. There has been active cross-border collaboration and consultation between regions. In December 1993, the thirteenth working group meeting on Association of South-East Asian Nations (ASEAN) technical cooperation among developing countries was held. Several bi-regional meetings and workshops took place: in the Regional Office in August 1993 on urban health development; in China in November 1993 on malaria control for the affected neighbouring countries; in Japan in the same month on tuberculosis control; and in Thailand in June 1993, on the shared health challenges of communicable diseases such as HIV/AIDS, cholera, malaria and poliomyelitis.

17. Regional and interregional approaches to public health training, with its far-reaching implications for health reform, were important areas of collaboration. In 1993, the Asia-Pacific Academic Consortium for Public Health convened its 20th meeting in the Republic of Korea, and 21st meeting in Thailand, followed by a workshop on academic renewal and curriculum reform in schools of public health, held in China in 1994. The Fiji School of Medicine continued to grow as an important centre for the South Pacific, with 24 primary care practitioners and 30 dental assistants graduating in 1993.

18. Community involvement has been accentuated by WHO's new health reform initiatives, which highlight the critical need for community participation in any new health developments. A new programme using this approach has been developed in Papua New Guinea, through the Department of Village Services and Provincial Affairs. The new district structures in Hong Kong also offer opportunities to work closely with the community. Malaysia has used formal bodies and boards to support community participation, and Tonga is working with nongovernmental organizations to disseminate these ideas throughout the community.

19. Strong leadership from the highest political levels has been an important contributory factor in effective action and is supported and encouraged at every opportunity. In Solomon Islands, for example, the Prime Minister personally launched "Malaria action year 1994", which integrates action by families, schools and communities with government measures, substantial external funding and technical support from WHO. Environmental control measures, technical support on strengthening management systems, and improvement of diagnosis and treatment of the disease are all important aspects of this effort. In Papua New Guinea, too, the Prime Minister has announced that 1995 will be the "Year of health promotion and protection". In the national efforts to eradicate poliomyelitis, participation at the most senior levels was the key to successful immunization activities in Cambodia, China, Lao People's Democratic Republic, Philippines and Viet Nam.

20. The change in direction of malaria control programmes in the Region started in 1989. As a result of this change, and the important bi-regional meetings in China and Thailand (mentioned in paragraph 16), all nine malarious countries of the Region - Cambodia, China, Lao People's Democratic Republic, Malaysia,

Papua New Guinea, Philippines, Solomon Islands, Vanuatu and Viet Nam - have made a strong political commitment to malaria control. Eight have produced firm, approved plans of action, and the ninth, Papua New Guinea, is in the process of finalizing its plan. The situation has stabilized, and the international community is more willing to enter into partnerships with countries and with WHO in the execution of programmes. Between 1984 and 1992, the number of confirmed cases of malaria in the Region decreased by 681 000, although there is still a large number of cases clinically diagnosed. Improved case management has reduced the numbers of cases of severe and complicated malaria; in Viet Nam, for example, there were 31 741 such cases in 1991. The number of cases in 1993 was just over 15 000. Morbidity and mortality have also been reduced by the introduction of pyrethroid-treated mosquito nets and other vector-control measures. Training will remain the single most important activity in the next few years.

21. Perhaps the clearest example of the impact on disease control of truly comprehensive community mobilization, combined with strong political commitment and support, has been the success of the immunization activities carried out in support of the goal of zero cases of poliomyelitis in the Region by 1995. Over 100 million children under the age of five years were immunized during immunization days organized at subnational level in Cambodia, and at national level in China, Lao People's Democratic Republic, Philippines and Viet Nam in 1993. The provisional total of 1214 cases reported from five countries in the Region represents a reduction of 40% from the total of 1912 cases reported in 1992, and is the lowest number ever reported to the Regional Office.

22. The approach of concerted action with a designated treatment is making satisfactory inroads on leprosy. Progress towards the elimination of the disease as a public health problem continues. Between 1987 and 1993, coverage of infected populations with multidrug therapy rose from 7% to 90%. The prevalence rate dropped from 1.5 per 10 000 in 1987 to 0.3 per 10 000 in 1993. Although, overall, as a Region, the goal of elimination (technically defined as less than one case per 10 000 population) was achieved in 1990, pockets of high prevalence remain in countries. Leprosy is still a major problem in Cambodia, Federated States of Micronesia, Philippines and Viet Nam.

23. Although control of poliomyelitis and leprosy is evidently being achieved, other communicable diseases, such as HIV/AIDS and tuberculosis, remain an important concern. In 1992, at least 40 000 tuberculosis deaths occurred in the Region. The mortality rate varied from 42.9 per 100 000 in the Philippines to 0.3 per 100 000 in Australia. The incidence rate of all forms varies among countries and areas, but is higher than 150 per 100 000 population in Cambodia, Philippines and Tuvalu. The reported figures for China and Papua New Guinea are expected to grow as the programme's surveillance improves. Although tuberculosis/HIV co-infection is not yet a problem in the Region, Cambodia, China, Malaysia, Philippines and Viet Nam are under close surveillance for HIV.

24. The incidence of HIV remains low in comparison to global figures; however, the number of cases is rising, and effective interventions are being sought to minimize infection. The spread of HIV will be facilitated primarily through injecting drug use and commercial sex activity. It is also clear that sexually transmitted diseases are a major contributing factor to transmission of the infection. Governments are being encouraged to review and develop their policies in line with the dynamics of the epidemic in their countries. Consideration is being given to interventions focusing on four priority areas: sexually transmitted diseases, injecting drug use, youth and women. The role of individual decision-making, supported by appropriate public policies, is especially important in this area. Activities to control the spread of HIV/AIDS need to complement each other. The control of sexually transmitted diseases is improved by an effective health education and promotion programme that encourages a healthy lifestyle, and helps to instil responsibility in matters of sexual behaviour. This approach must be supported by society and the community.

25. The major thrust in noncommunicable diseases will be to develop programmes that address lifestyle factors which, if moderated, will contribute to healthy old age with improved quality of life. Although such measures will start in childhood, adolescents and adults will also be targeted.

26. Throughout the Region, a broad health promotion approach will address risk factors that are common to a number of noncommunicable diseases. Other areas of importance are the development of affordable, sustainable and simple community approaches to case management of diabetes, including case-finding, ongoing treatment and health promotion.

27. There has been a continuing decline in cardiovascular diseases in Australia, Japan, New Zealand and Singapore. Community-based primary health programmes for the prevention and control of cardiovascular and cerebrovascular diseases, and non-insulin dependent diabetes will be strengthened. Special emphasis is being placed on adults and the elderly taking active and continuing responsibility for exercising appropriately, not smoking, and eating a prudent diet. National programmes aiming at healthy lifestyles are planned. Rheumatic heart disease programmes related to children will continue in six countries of the Region. Policies for the prevention of cardiovascular diseases will be developed as part of national health promotion and nutrition programmes. Training continues to receive major emphasis, particularly in the areas of health promotion, secondary prevention and rehabilitation.

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