

PROGRAMME BUDGET 2016–2017

**SUMMARY OF PROGRESS IN
CATEGORIES AND PROGRAMME AREAS
1 JANUARY 2016 TO 31 DECEMBER 2016**

July 2017

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COUNTRIES AND AREAS OF THE WESTERN PACIFIC REGION			
Country/Area	Abbreviation	Country/Area	Abbreviation
American Samoa	ASM	New Caledonia	NEC
Australia	AUS	New Zealand	NEZ
Brunei Darussalam	BRN	Niue	NIU
Cambodia	KHM	Northern Mariana Islands (Commonwealth of the)	MNP
China	CHN	Palau	PLW
Cook Islands	COK	Papua New Guinea	PNG
Fiji	FJI	Philippines	PHL
French Polynesia	PYF	Pitcairn Islands	PCN
Guam	GUM	Republic of Korea	KOR
Hong Kong SAR (China)	HOK	Samoa	WSM
Japan	JPN	Singapore	SGP
Kiribati	KIR	Solomon Islands	SLB
Lao People's Democratic Republic	LAO	Tokelau	TKL
Macao SAR (China)	MAC	Tonga	TON
Malaysia	MYS	Tuvalu	TUV
Marshall Islands	MHL	Vanuatu	VUT
Micronesia (Federated States of)	FSM	Viet Nam	VNM
Mongolia	MNG	Wallis and Futuna	WAF
Nauru	NRU		

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Abbreviations

AFP	acute flaccid paralysis
AMR	antimicrobial resistance
ASEAN	Association of Southeast Asian Nations
bOPV	bivalent OPV
CCS	Country Cooperation Strategy
CLO	WHO Country Liaison Officer
COP7	7th Conference of Parties
DFAT	Department of Foreign Affairs and Trade of Australia
DFC	Direct Financial Cooperation
EENC	Early Essential Newborn Care
EPI	Expanded Programme on Immunization
FAO	Food and Agriculture Organization of the United Nations
FCTC	Framework Convention on Tobacco Control
GER	gender, equity and human rights
GLAAS	Global Analysis and Assessment of Sanitation and Drinking-Water
GMS	Greater Mekong Subregion
GOARN	Global Outbreak Alert and Response Network
GSM	Global Management System
GVAP	Global Vaccine Action Plan
GYTS	Global Youth Tobacco Survey
HPV	human papillomavirus
IHR	International Health Regulations
IPV	inactivated polio vaccine
JE	Japanese encephalitis
JEE	Joint External Evaluation
LF	lymphatic filariasis
LIONESS	Local Integration Options for Noncommunicable Disease Essential Surveillance Systems
M&E	monitoring and evaluation
MDG	Millennium Development Goal

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MDSR	maternal death surveillance and response
MERS	Middle East respiratory syndrome
mhGAP	Mental Health Gap Action Programme
MME	Mekong Malaria Elimination
MVP	malaria, other vectorborne and parasitic diseases
NCD	noncommunicable disease
NHPSPs	national health plans, strategies and policies
NIP	National Immunization Programme
NTD	neglected tropical disease
OECD	Organisation for Economic Co-operation and Development
OPV	oral polio vaccine
PEARL	Pathways for Effective Action through Regulation and Legislation
PHEIC	Public Health Emergency of International Concern
PMO	Programme Management Officer
RDRG	Regional Dossier Review Group
SDG	Sustainable Development Goal
SIA	supplementary immunization activity
STEPS	WHO STEPwise approach to surveillance
STI	sexually transmitted infection
TAG	Technical Advisory Group
TB	tuberculosis
TES	therapeutic efficacy studies
tOPV	trivalent OPV
UHC	universal health coverage
UNICEF	United Nations Children's Fund
VDPV	vaccine-derived poliovirus
WASH	water, sanitation and health
WHE	WHO Health Emergencies Programme
WR	WHO Representative
WSP	water safety plan

CATEGORY 1. COMMUNICABLE DISEASES

Reducing the burden of communicable diseases, including HIV/AIDS, tuberculosis, malaria, neglected tropical diseases and vaccine-preventable diseases

Summary of progress and achievements

The biennium 2016–2017 marks the transition from the Millennium Development Goals (MDGs) era to the era of Sustainable Development Goals (SDGs). It has also seen a further increase in the focus on helping Member States build sustainability of their communicable disease control and prevention efforts, as well as cross-cutting work among programme areas and across divisions.

HIV/AIDS

The work on HIV/AIDS progressed well in the Western Pacific Region. Countries are on track in updating HIV and/or sexually transmitted infection (STI) national strategic plans for the next four to five years and the adaptation of WHO guidelines with specific advice on costing and financing, disease burden estimation, disease surveillance, response monitoring, HIV and gonorrhoea drug-resistance prevention, and the design of implementation research. Joint work on the regional initiative on the integrated triple elimination of mother-to-child transmission of HIV, hepatitis B and syphilis was initiated with the maternal and child health unit and the immunization unit. Work on generating an analysis on financing of the HIV response as a regional flagship initiative in the context of universal health coverage (UHC) will be the basis for documenting the transition from external to domestic financing.

Stop TB

The *Regional Framework for Action on Implementation of the End TB Strategy* has contributed to increased political commitment and support from Member States to transform the national tuberculosis (TB) control policies and activities in the era of the *End TB Strategy* and SDGs. A number of countries have spearheaded the effort to measure catastrophic patient costs due to TB, with substantial support from the three levels of the Organization. The results will contribute to global evidence and clarify the direction of TB control in the context of UHC. New diagnostics, especially Xpert MTB/RIF, have been rolled out and countries are progressively adopting policies to expand their use. Xpert MTB/RIF has been used in various TB screening

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(active case-finding) initiatives targeting high-risk populations. Countries have endorsed the new drugs and the shorter regimen for drug-resistant TB, which greatly benefit patients with limited treatment options. The Regional Green Light Committee (rGLC), a regional expert committee for drug-resistant TB, has been instrumental in supporting countries to strengthen their capacity to manage drug-resistant TB especially in the case of PNG where the situation of drug-resistant TB has been serious and has drawn significant global attention.

Malaria

Guided by the *Regional Action Plan for Malaria Control and Elimination in the Western Pacific 2010–2015*, all 10 malaria-endemic countries in the Region (CHN, KHM, KOR, LAO, MYS, PNG, PHL, SLB, VNM and VUT) have achieved success in reducing the burden of malaria. All countries, except PNG, achieved the MDG target for malaria. To accelerate the gains achieved by the malaria programmes, the *Regional Action Framework for Malaria Control and Elimination in the Western Pacific 2016–2020* was developed and endorsed by the WHO Regional Committee for the Western Pacific in October 2016. The goals of the Framework by 2020, relative to 2015 baselines, are to reduce malaria mortality by 50% and morbidity by at least 30%, to achieve malaria elimination in three countries and to establish and maintain elimination-capable surveillance systems in all malaria-endemic countries in the Region.

The Greater Mekong Subregion (GMS) has long been seen as a source of resistance to antimalarial drugs, potentially spreading and endangering malaria elimination efforts elsewhere. This is one of the reasons why malaria elimination by 2030 has recently been declared a goal in the GMS. Success in the accelerated elimination of malaria in this subregion is essential to prevent the possible spread of drug-resistant forms of malaria to other regions of the world and potentially reverse the gains in malaria control achieved over the last several years. As a response, the Emergency Response to Artemisinin (ERAR) Hub established in 2013 in Phnom Penh, Cambodia, will transition into the Mekong Malaria Elimination (MME) Hub. The MME Hub will coordinate technical support to countries and ensure that any operational problems are addressed before they pose a threat to malaria elimination.

Neglected tropical diseases

The *Regional Action Plan for Dengue Prevention and Control (2016)* was developed in consultation with Member States and was endorsed at the sixty-seventh session of the Regional

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Committee for the Western Pacific in October 2016. Dissemination of the endorsed Regional Action Plan is continuing among stakeholders and partners.

The Regional Office for the Western Pacific established the Regional Dossier Review Group (RDRG) for lymphatic filariasis (LF) in 2016 to review dossiers submitted by countries reaching elimination targets. This process resulted in the validation of four countries (COK, KHM, NIU and VAN) as having eliminated LF as a public health problem. In order to improve timely monitoring and evaluation (M&E) and to enhance the use of strategic information, the first prototypes of the Regional Neglected Tropical Diseases (NTD) Database and the NTD Country Profiles were developed and disseminated at the Regional Programme Review Group meeting in July 2016. The development of the national strategic plan for the elimination of schistosomiasis and the strengthening of multisectoral cooperation with water, sanitation and health (WASH) to accelerate the elimination of schistosomiasis is being supported in three countries (KHM, LAO and PHL).

Vaccine-preventable diseases

The Region as a whole met the 2017 regional goal of attaining less than 1% chronic hepatitis B prevalence among 5-year-old children, with a regional hepatitis B prevalence of 0.93% among children born in 2012. As a result of immunization programmes, over 7 million deaths were averted that would have occurred in the lifetime of children born between 1990 and 2014 had hepatitis B vaccination programmes not been established. The Western Pacific Region has made important strides in achieving the *Global Vaccine Action Plan* (GVAP) target for the introduction of new vaccines. All low- and middle-income countries in the Region are making progress in meeting the target of introducing at least one new vaccine between 2010 and 2020. Regional polio, measles, Japanese encephalitis (JE) and new vaccines (rotavirus and invasive bacterial disease (IBD)) laboratory networks are meeting and sustaining high accreditation standards. The Regional Office for the Western Pacific continued to provide technical support to network laboratories to ensure high proficiency and reliable data to support surveillance programmes.

In response to the Region-wide measles resurgence in 2013–2016, the Regional Office for the Western Pacific developed and submitted new regional strategies to the Technical Advisory Group (TAG) meeting in July 2016 to be reviewed and discussed by TAG members and

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National Immunization Programme (NIP) managers. The draft new regional strategies will be submitted to the Regional Committee for the Western Pacific in 2017 for review and endorsement. By the end of 2016, all countries and areas in the Western Pacific Region completed the introduction of measles-and-rubella-containing vaccine in their national childhood immunization schedules.

ASSESSMENT OF PROGRAMME OUTPUTS

1.1 HIV/AIDS

1.1.1 Increased capacity of countries to deliver key HIV interventions through active engagement in policy dialogue, development of normative guidance and tools, dissemination of strategic information, and provision of technical support

Appraisal: **On track**

The work on HIV/AIDS progressed well in the Region. The Region as a whole contributed to the Organization-wide outputs on increasing access to key interventions for people living with HIV and the general programme of work on HIV and hepatitis through backstopping the country offices as and when needed. The Regional Office for the Western Pacific provided evidence-based technical advice, continuous dialogue by email, and advice during country missions and consultations. This included the updating of national strategies and specific advice on costing and financing, disease burden estimation, disease surveillance and response monitoring, HIV and gonorrhoea drug-resistance prevention and surveillance, guideline adaptation, and the design of implementation research. WHO country offices continued dialogue with ministries of health, nongovernmental organizations and other development partners that were critical in supporting dissemination, adaptation and implementation of WHO guidelines.

1.1.2 Increased capacity of countries to deliver key hepatitis interventions through active engagement in policy dialogue, development of normative guidance and tools, dissemination of strategic information, and provision of technical support

Appraisal: **On track**

The achievements of the Western Pacific Region were a major contribution to global success on viral hepatitis. Contributions to Organization-wide outputs included active engagement in policy dialogue, development of normative guidance and tools, dissemination of

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strategic information, and the provision of technical support. The Region as a whole contributed to the General Programme of Work on HIV and hepatitis by backstopping country offices through the provision of evidence-based technical advice, engaging in continuous dialogue by email, conducting country missions and convening consultations. Major advocacy efforts at the three levels of the Organization – headquarters, the Regional Office for the Western Pacific and country offices – were critical in facilitating the development of national hepatitis action plans, as were the baseline assessments and disease burden estimates. WHO country offices continued dialogue with the ministries of health, nongovernmental organizations and other development partners to allow dissemination, adaptation and implementation of the WHO regional action plan and global WHO guidelines.

1.2 Tuberculosis

1.2.1 Worldwide adaptation and implementation of the global strategy and targets for tuberculosis prevention, care and control after 2015 as adopted in resolution WHA67.1

Appraisal: **On track**

The *Regional Framework for Action on Implementation of the End TB Strategy* was endorsed by Member States at the sixty-sixth session of the Regional Committee for the Western Pacific in October 2015, and has since contributed to increased political commitment from Member States to transform national TB control policies and activities in the era of the *End TB Strategy* and SDGs. To build on the momentum, WHO convened the 10th National TB Programme Managers Meeting and the 8th Pacific TB Meeting in 2016. National TB Strategic Plans are being updated in MNG, PHL and SLB, while many others are updating theirs along with applications to the Global Fund to Fight, AIDS, Tuberculosis and Malaria (Global Fund) in 2017. PHL passed a comprehensive law on TB elimination in 2016 and WHO supported the Department of Health to develop implementation rules and regulations for the law.

In light of the diminishing funding for communicable disease control, strengthening domestic financing is key to sustaining progress and continued reduction of the disease burden and epidemics. The Regional Office for the Western Pacific developed a draft framework to help countries analyse their financial situation and priority actions towards sustainable financing for priority public health programmes. Using a draft framework, country case studies were conducted

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in KHM, MNG and VNM, which provided examples of best practices and challenges in countries at different stages of transition.

1.2.2 Updated policy guidelines and technical tools to support the adoption and implementation of the global strategy and targets for tuberculosis prevention, care and control after 2015, covering the three pillars: (1) integrated, patient-centred care and prevention; (2) bold policies and supportive systems; and (3) intensified research and innovation

Appraisal: **On track**

WHO country offices proactively support countries for rapid adaptation and adoption of new WHO new policies and guidelines. In 2016, there was a high level of demand for updating policies for drug-resistant TB including the introduction of new drugs and regimens. Updated policy guidelines and technical tools were disseminated through regional meetings, technical missions and regional capacity-building opportunities.

In the era of the *End TB Strategy* and SDGs, it is critical to ensure that new interventions are introduced in a coherent and harmonized manner within the national health system contexts. WHO countries offices with a wide range of technical expertise, backstopped by the Regional Office for the Western Pacific, are in an excellent position to deliver well-coordinated technical support to Member States. New diagnostics, especially Xpert MTB/RIF, have been rolled out and countries are progressively adopting policies to expand its use. Xpert MTB/RIF has been used in various TB screening (active case-finding) initiatives targeting high-risk populations. Countries are introducing new drugs and the shorter regimen for drug-resistant TB, which greatly benefit patients with limited treatment options. There is still a full range challenges in expanding these innovations including technical, financial and regulatory barriers.

1.3 Malaria

1.3.1 Countries enabled to implement evidence-based malaria strategic plans, with focus on effective coverage of vector-control interventions and diagnostic testing and treatment, therapeutic efficacy and insecticide-resistance monitoring and surveillance through capacity strengthening for enhanced malaria reduction

Appraisal: **On track**

Staff from the Malaria, Other Vectorborne and Parasitic Diseases (MVP) programme at the Regional Office for the Western Pacific and country offices supported various regional and national capacity-building activities, particularly on microscopy, drug-efficacy monitoring, malaria elimination, vector control and malaria management, which enabled countries to implement their malaria strategic plans.

All malaria-endemic countries participated in various training activities, such as on malaria elimination (PHL and VNM), microscopy quality assurance (CHN, KHM, KOR, LAO, MYS, PHL, PNG, SLB, VNM and VUT), integrated vector management (KHM, MYS, PHL, SLB, VNM and VUT), and management of malaria for provincial and district supervisors (LAO). A biregional (Western Pacific Region/South-East Asia Region) training on malaria microscopy quality assurance (QA) was conducted with participants from nine Western Pacific Region countries (CHN, KHM, KOR, LAO, MYS, PNG, SLB, VNM and VUT) and five South-East Asia Region countries. The MYS Ministry of Health conducted its annual integrated vector management training where participants from KHM, MYS, PHL, SLB, VNM and VUT were supported.

Technical assistance was provided to all malaria-endemic countries in the Western Pacific Region through review of national malaria strategic plans. Technical guidance and assistance was provided to countries on malaria stratification (LAO), vector control and entomological surveillance (KHM, LAO, PHL, SLB, VNM and VUT), rapid diagnostic test (RDT) quality assurance (KHM, PNG and SLB), programme management (LAO, PHL and SLB), elimination scenario planning (PHL and PNG), and therapeutic efficacy studies (CHN, KHM, LAO, PHL, SLB and VNM).

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1.3.2 Updated policy recommendations, strategic and technical guidelines on vector control, diagnostic testing, antimalarial treatment, integrated management of febrile illness, surveillance, epidemic detection and response for accelerated malaria reduction and elimination

Appraisal: **On track**

Staff from the Regional Office for the Western Pacific and WHO country offices provided technical support to countries in reviewing or updating malaria strategic plans and other policies and guidelines on diagnostic testing, antimalarial treatment, vector control and malaria management through regional and national consultations, meetings with relevant stakeholders and in-country technical assistance, particularly to facilitate implementation of Global Fund grants in countries.

The *Regional Action Framework for Malaria Control and Elimination in the Western Pacific 2016–2020* was endorsed by the Regional Committee for the Western Pacific at its sixty-seventh session in October 2016. The Regional Office for the Western Pacific and WHO country offices are disseminating and orienting malaria programmes to the new strategy through various settings and meetings. Adaption to local settings is encouraged and technical support can be provided as needed. A regional malaria surveillance database for monitoring and evaluating the Regional Action Framework is currently being developed.

In the Western Pacific Region and South-East Asia Region the antimalarial drug-resistance monitoring has been strengthened through the establishment of drug-resistance monitoring networks: the GMS network, the Pacific network and the Bhutan–Bangladesh–India–Nepal–Sri Lanka (BBINS) network. In October 2016, the second biregional meeting of the Asia-Pacific Malaria Drug Resistance Monitoring network was held and was attended by representatives from countries in the Pacific (MYS, PHL, PNG and SLB), the GMS (CHN, KHM, LAO and VNM) and South-East Asia Region countries. Technical assistance, including in-country support, was also provided to monitor the implementation of ongoing therapeutic efficacy studies (TES) in CHN, KHM, LAO, PHL, SLB and VNM. TES results are reviewed by national programmes with WHO and partners to guide national malaria treatment policies.

1.4 Neglected tropical diseases

1.4.1 Implementation and monitoring of the WHO roadmap for neglected tropical diseases facilitated

Appraisal: **On track**

The MVP programme at the Regional Office for the Western Pacific, the Division of Pacific Technical Support (DPS) and WHO country offices has strongly contributed to the progress made towards achievement of targets set in the global NTD roadmap and the regional NTD action plan 2012–2016, through backstopping technical assistance from the Regional Office and direct country technical assistance. This includes support for preventive chemotherapy planning, implementation and monitoring, case management at community and facility level, integrated vector management, monitoring progress, promoting integrated programme management, advocating and facilitating intersectoral collaboration, facilitating supply forecasting and access to donations, stakeholder coordination and resource mobilization, and implementation and translation of operational research.

The 16th Meeting of the Western Pacific Regional Programme Review Group on NTDs was held 20–21 July 2016, and the biannual NTD Programme Managers Meeting in the Western Pacific Region was held 18–19 July 2016.

The Regional Office for the Western Pacific established the RDRG for LF in 2016 to review dossiers submitted by countries reaching elimination targets for the validation of elimination of LF as a public health problem. This process resulted in the validation of four countries as having eliminated LF as a public health problem.

In order to improve timely M&E, and to enhance the use of strategic information, the Regional Office for the Western Pacific developed the first prototype of the Regional NTD Database and the NTD Country Profiles and disseminated at the Regional Programme Review Group meeting in July 2016.

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1.4.2 Implementation and monitoring of neglected tropical disease control interventions facilitated by evidence-based technical guidelines and technical support

Appraisal: **On track**

With multiple NTDs endemic in most of the 37 countries and areas of the Region, the need for technical support for country/regional adaptation, implementation and monitoring of norms and standards related to NTDs was significant and technical support was provided within the constraints detailed above. The MVP programme at the Regional Office for the Western Pacific complemented country offices' capacity to support countries in all aspects including adapting technical guidance for NTD diagnosis, treatment, case management, transmission control, M&E and surveillance as there are limited human resources dedicated to NTDs in most country offices in the Region. The Regional Office for the Western Pacific communicated and coordinated closely with WHO headquarters to ensure Region-specific inputs in the development of technical guidance at global level. Collaboration and communication with WHO collaborating centres is being strengthened further to accelerate generation of evidence to move NTD programmes beyond elimination of specific diseases towards sustained and coordinated health service delivery for affected communities aligned to achieving the SDGs through UHC.

1.5 Vaccine-preventable diseases

1.5.1 Implementation and monitoring of the Global Vaccine Action Plan, with emphasis on strengthening service delivery and immunization monitoring in order to achieve the goals for the Decade of Vaccines

Appraisal: **On track**

The Expanded Programme on Immunization (EPI) at the Regional Office for the Western Pacific continued to support countries to reach the regional goals and strategic objectives of *Regional Framework for the Implementation of the Global Vaccine Action Plan in the Western Pacific*. It included direct technical assistance, support to countries through WHO country offices and strengthening partnerships, particularly with Gavi, the Vaccine Alliance; the United Nations Children's Fund (UNICEF), the United States Centers for Disease Control and Prevention, and the Korea Centers for Disease Control and Prevention. Particular emphasis was placed on developing new strategies (middle-income country strategy, second-year-of-life immunization platform, and missed opportunities for vaccination), tools, norms and standards for new

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immunization safety communications tools. However, implementation of these programmes has faced challenges with limited logistics, as well as human resources and financial constraints. Additional efforts will be required to ensure that programmes reach the objectives, i.e. strengthening routine immunization with high national and subnational immunization coverages.

Regional laboratory networks are meeting and sustaining high accreditation standards. To strengthen the capacity for molecular detection and characterization of invasive bacterial-vaccine-preventable diseases pathogens, regional training was organized in April 2016. The Regional Office for the Western Pacific continued to provide technical support to the network laboratories to ensure high proficiency and reliable data to support surveillance programmes.

1.5.2 Intensified implementation and monitoring of measles and rubella elimination strategies facilitated

Appraisal: **On track**

Both measles and rubella epidemiology (for susceptible populations) have been changing in many countries recently (2013–2016) after intensive and successful implementation of the elimination strategies developed in 2003. The changes include: (i) increased measles transmission among those too young to be vaccinated (< 9 months of age) and adolescent and young adults not targeted by the current immunization strategy; (ii) increased importation of measles from endemic countries to countries with insufficient capacity for outbreak preparedness and response; and (iii) increased rubella transmission among adolescent and young adults in countries with large populations in the Region.

To address these emerging challenges in the Region and further intensify implementation of elimination strategies, the Regional Office for the Western Pacific has developed a draft regional strategy and plan of action for measles and rubella elimination in response to the 2015 TAG recommendations on immunization.

The draft strategy and plan of action was reviewed by National Immunization Programmes in Member States, TAG members and partners between June 2016 and April 2017 for further refinement and finalization. The draft will be submitted to the sixty-eighth session of WHO Regional Committee for the Western Pacific in October 2017 for consideration of endorsement.

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WHO continues to support Member States in updating or developing their national plans of action for measles and rubella elimination and intensifying implementation of new strategies for addressing these emerging challenges.

1.5.3. Target product profiles for new vaccines and other immunization-related technologies, as well as research priorities, defined and agreed, in order to develop vaccines of public health importance and overcome barriers to immunization

Appraisal: **On track**

The Western Pacific Region has made important strides in achieving the Global Vaccine Action Plan target for introduction of new vaccines. All low- and lower middle-income countries in the Region are making progress in meeting the target of introducing at least one new vaccine between 2010 and 2020. Of 10 countries classified as low- or lower middle-income countries by the World Bank in 2015, nine introduced at least one of six new and underutilized vaccines during 2010–2016. In addition, two lower middle-income countries will be applying to Gavi in September 2017 for support to introduce both human papillomavirus (HPV) and rotavirus vaccines. Progress has been slower in the eight upper middle-income countries. Of the six upper middle-income countries that had not introduced all six new vaccines before 2010, only two (33%) had introduced at least one new vaccine during 2010–2016.

Of the 12 countries with endemic JE transmission in the Region, eight have introduced JE vaccine in some or all JE risk areas, two countries have low rates of JE disease and determined that introduction of JE vaccine is not warranted, one country (PHL) is planning to conduct a subregional JE vaccination campaign in 2018 followed by national introduction, and one country (PNG) is determining its JE burden in advance of making a decision on JE vaccine introduction.

WHO published an updated HPV vaccine position paper in May 2017 and findings will help inform planned introduction of HPV vaccine in countries in the Region.

The Regional Office EPI unit has continued to provide both technical and financial support to sentinel surveillance for rotavirus diarrhoea and invasive bacterial vaccine-preventable diseases. Results from rotavirus surveillance have been analysed and will be published in the special supplement of the Journal Vaccine in 2017. Global Rotavirus and Invasive Bacterial Vaccine Preventable Disease Surveillance Network meetings will be held later this year.

CATEGORY 2. NONCOMMUNICABLE DISEASES

Reducing the burden of noncommunicable diseases, including cardiovascular diseases, cancers, chronic lung diseases, diabetes and mental disorders, as well as disability, violence and injuries, through health promotion and risk reduction, prevention, treatment and monitoring of noncommunicable diseases and their risk factors

Summary of progress and achievements

Surveillance and information

Good surveillance and information systems are the backbone for achieving targets set to address noncommunicable diseases (NCDs) and health through the life course. Country capacity to assess, monitor and evaluate the national health situation related to NCDs and their risk factors – including tobacco, alcohol, violence and injuries, and nutrition – was supported. In particular, technical support has been provided to build country capacity for the following: cancer registration; WHO STEPwise approach to Surveillance (STEPS) surveys, NCD Country Capacity Surveys and the Local Integration Options for Noncommunicable Disease Essential Surveillance Systems (LIONESS); the Global Adult Tobacco Survey, Global Youth Tobacco Survey and Global Survey on Alcohol and Health; survey studies on mental health literacy, health-seeking behaviour and alcohol use in youth; and the *Global Status Report on Road Safety*.

Eleven benchmark indicators and a reference guide were developed to support countries' monitoring of implementation of the *Action Plan to Reduce the Double Burden of Malnutrition in the Western Pacific Region (2015–2020)*.

Monitoring and surveillance activities were supported in Pacific countries. Nutrition indicators were included in the Pacific Monitoring Alliance for Noncommunicable Action (MANA) dashboard – a multisectoral approach to prevent and control NCDs – for reporting at the next Pacific Health Ministers Meeting. Preparations are ongoing for the Fourth Global Status Report on Road Safety; data collection, coordinated by a Regional Data Coordinator and National Data Coordinators from Member States, will begin in 2017.

Programme planning, implementation, monitoring and evaluation

As many of the programmes under the Division of NCD and Health through the Life-Course (DNH) at the Regional Office for the Western Pacific are in early stages of development

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in ministries of health, WHO has supported programmatic activities to reduce the burden of NCDs and their risk factors through innovative tools that can facilitate adoption of changes in primary health care, as well as in homes and communities. In support of the *WHO Package of Essential Noncommunicable Disease Interventions* (PEN), new tools such as HeartScore, an interactive tool for heart attack risk; foresight methodology; Be Healthy, Be Mobile; the mCessation Initiative; the dementia toolkit; and the workplace mental health toolkit have been piloted and are being disseminated to interested countries and partners. Support was provided to strengthening regional knowledge networks (for example, a meeting of Creating Resilient Cities, managing NCDs including mental health in emergencies, and the Diabetes Networking Meeting), fellowship training through the Fourth Fellowship Programme on Tobacco Cessation; and preparations for technical meetings – including a workshop on the 7th Conference of the Parties (COP7) of the WHO Framework Convention on Tobacco Control (FCTC).

Technical support was also provided in the implementation of the Bloomberg Initiative for Global Road Safety and national codes of marketing of breast-milk substitutes. A joint collaborative initiative on community-led schistosomiasis elimination through improved water, sanitation and hygiene (CL-SWASH) was initiated. WHO collaborated with countries on foundational action for addressing barriers to health care for people with disability, developing rehabilitation resources for settings that lack rehabilitation staff, and strengthening information on rehabilitation services during health emergencies.

Training and capacity development for counterparts in Member States

WHO has strengthened institutional capacity and enhanced the skills of policy-makers, youth and health-care professionals in taking action on NCDs and their risk factors through tobacco taxation, tobacco cessation, salt reduction, obesity prevention and alcohol harm reduction. Capacity-building was conducted through in-country support and provision of the tools and materials such as Pathways for Effective Action through Regulation and Legislation (PEARL), TEACH-VIP E-Learning, the WHO Mental Health Gap Action Programme (mhGAP), Psychological First Aid, *Pocket Guide for a Healthy Diet* and e-Library of Evidence for Nutrition Actions (eLENA). In-country workshops provided opportunities to inform health professionals about the value of healthy diets throughout the life course.

Advocacy and communications

Building on strong advocacy and strategic communications that are embedded in many of programmes, the Division of NCD and Health through the Life-Course continued to expand and strengthen communications through various media, including social media. World Health Day 2016 with focus on diabetes was observed on 7 April 2016 with members of the diplomatic corps, professionals and experts in the field of diabetes, and reporters gathering at the WHO Regional Office for the Western Pacific. World No Tobacco Day 2016 with the theme “Get ready for plain packaging” was observed with activities at the regional and country levels. Strategic communications for mental health promotion were supported through regional campaigns, high-level meetings, social media contests on protecting young people from the harmful use of alcohol, and the publication of information products on depression and alcohol control.

Advocacy materials were developed and disseminated to countries to support the *Action Plan to Reduce the Double Burden of Malnutrition in the Western Pacific Region (2015–2020)*. These included a focus on healthy weight in childhood, sugars and breastfeeding-related policies. The materials included *Be Smart, Drink Water: A Guide for School Principals in Restricting the Sale and Marketing of Sugary Drinks in and around Schools* and *Ending Inappropriate Promotion of Foods for Infants and Young Children: A Primer on WHO Guidance*. World Breastfeeding Week 2016 was observed in countries throughout the Region with the theme “Breastfeeding: Anytime, Anywhere”.

Multisectoral plans and actions

WHO provided technical support in the development and implementation of national multisectoral policies, strategies and plans to prevent and control NCDs. WHO supported scaling up country consultations and the development of national plans and programmes for the priority area of violence and injury prevention by providing technical guidance at national intersectoral consultations and policy dialogues. Technical guidance was provided to an intersectoral consultative meeting with other international development partners, such as the Food and Agriculture Organization of the United Nations (FAO), the Association of Southeast Asian Nations (ASEAN), UNICEF and the Scaling Up Nutrition (SUN) Movement network.

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Law and policy

Progress has been sustained in Member States to enforce existing guidelines, laws and regulations on tobacco control, nutrition and alcohol consumption. The International Symposium on Tobacco Control and Law was held in Beijing, China, to mark the first year anniversary of the Beijing comprehensive smoke-free law and to advocate for national smoke-free law. A workshop on tourism and smoke-free environments in the Western Pacific Region was followed by the International Symposium on Tobacco Control and Law: Realizing a Vision of a Smoke-free Japan, organized to promote smoke-free environment at tourist sites and advocate for smoke-free Olympic Games in Japan. Technical guidance is being developed to help countries identify and manage conflicts of interest and industry interference in the development and implementation of infant and young-child feeding policies. *WHO Nutrient Profile Model for the Western Pacific Region: A tool to protect children from food marketing* was developed and disseminated. WHO provided support to countries in reducing consumption of sugar and alcohol through increased taxation and the restriction of marketing.

Leadership development

At the Ninth Global Conference on Health Promotion – hosted by Shanghai, China – ministers, vice-ministers, and mayors and deputy mayors from 129 countries launched two landmark commitments to guide actions towards achieving the United Nations 2030 Agenda for Sustainable Development and the Healthy Cities initiative: the Shanghai Declaration on Health Promotion and the Healthy Cities Mayors' Consensus. WHO continued to support leadership strengthening in countries through training (for example, the fourth Advocacy for the Prevention and Control of Noncommunicable Diseases (LeAd-NCD) workshop, the third Leadership and Capacity-building for Cancer Control (CanLEAD) workshop, the Health Promotion Leadership Training (ProLEAD) programme, and leadership training on the prevention and management of alcohol harm in young people); tools (for example, an expert curriculum on alcohol addiction in young people); and technical support (for example, development of structural outline that would lead to the creation of a health promotion entity in Balanga City, Philippines, and the organization of the Health Promotion Foundation in Mongolia).

Regional guidance

Two regional guidance documents endorsed by the Regional Committee for the Western Pacific in 2015 have been published: the *Regional Framework for Urban Health in the Western Pacific 2016–2020*, and the *Regional Action Plan for Violence and Injury Prevention in the Western Pacific (2016–2020)*. The *Western Pacific Regional Framework for Action on Health and Environment on a Changing Planet*, endorsed by the Regional Committee in 2016, has been finalized.

Despite concerted efforts, financial resources for addressing needs in Member States have been decreasing, especially for programmes on violence and injuries and on nutrition. The Violence and Injury Prevention programme has one of the largest gaps between planned costs and available resources among regional technical programmes. Unless additional financial resources are mobilized, country support for the implementation of the Regional Action Plan on violence and injury prevention will be severely limited, impacting achievement of the relevant SDG targets.

The funding gap for the Nutrition programme is also large, with implications for WHO's human resources and country capacity in this area. With a 75% funding gap for the overall regional programme at the midpoint of the biennium, there is only one technical officer in the Regional Office focused on the programme. The lack of resources for staff and activities will be a significant challenge for WHO support to Member States towards achieving the global nutrition targets and voluntary NCD targets.

To address the financial limitations, in-country activities have been prioritized and, wherever possible, costs for country support have been shared between regional and country programmes. Programme areas are collaborating – also by sharing financial and human resources – and identifying co-benefits. For example, the Nutrition programme is working with the Maternal and Child Health programme in promoting early initiation of breastfeeding through the Early Essential Newborn Care (EENC) project in eight countries of the Region. Furthermore, the Nutrition programme has been increasingly reaching out to WHO collaborating centres and other partners to provide in-kind support. Operational measures have also been taken to save on administrative costs.

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ASSESSMENT OF PROGRAMME OUTPUTS

2.1 Noncommunicable diseases

2.1.1 Development and/or implementation of national multisectoral policies and plans to prevent and control noncommunicable diseases accelerated

Appraisal: **On track**

The Ninth Global Conference on Health Promotion was hosted by Shanghai, China. Ministers, vice-ministers, and mayors and deputy mayors from 129 countries attending the conference were joined by international organizations and health experts. Two landmark commitments to guide actions towards achieving the United Nations 2030 Agenda for Sustainable Development and Healthy Cities were launched: the Shanghai Declaration on Health Promotion and the Healthy Cities Mayors' Consensus.

As part of the country capacity development focus – and to implement the NCD multisectoral action plan – WHO has strengthened institutional capacity and enhanced the skills of policy-makers, youth and health-care professionals in taking action on NCDs and their risk factors through tobacco taxation, tobacco cessation, salt reduction, obesity prevention and alcohol harm reduction. Capacity-building was conducted through in-country support and the provision of tools, for example PEARL, publications and advocacy materials. Some 21 countries and areas (BRN, CHN, FJI, FSM, GUM, HOK, KHM, KOR, LAO, MAC, MNG, MNP, MYS, PHL, PLW, SGP, SLB, TON, VNM, VUT and WSM) were supported through training and workshops, including the third CanLEAD workshop, the fourth LeAd-NCD workshop, the national ProLEAD workshops and the second Biennial Alumni Meeting of the Healthy Cities Leadership Programme, as well as implementation of the *Regional Framework for Urban Health in the Western Pacific 2016–2020*.

WHO supported countries in raising awareness on diabetes prevention and control on World Health Day 2016 and, following the event, through the Diabetes Networking Meeting for partners and key stakeholders.

The Fourth Smoke-free Cities ASEAN Regional Workshop and the Summit of Smoke-free Leaders and Champions in the ASEAN region were convened in collaboration with the

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Southeast Asia Tobacco Control Alliance to expand partnerships and build stronger alliances for tobacco control. In preparation for COP7 of the WHO FCTC, participants from 25 countries gathered at two subregional meetings to discuss the implications for tobacco control in the Region. Technical support was provided to convene a workshop in Nadi, Fiji, where Pacific island countries and regional partners discussed actions to progress towards Tobacco Free Pacific 2025.

2.1.2 Countries enabled to implement strategies to reduce modifiable risk factors for noncommunicable diseases (tobacco use, diet, physical inactivity and harmful use of alcohol), including the underlying social determinants

Appraisal: **On track**

Countries and areas of the Region were supported in the implementation of cost-effective measures to reduce unhealthy diets including salt reduction (FJI and GUM). The Regional Workshop on Regulating the Marketing and Sale of Foods and Non-alcoholic Beverages in Schools was held 1–3 June 2016 with 19 participants from CHN, KHM, FJI, LAO, MYS, MNG, PHL, WSM, VNM and VUT. Emphasis was on the importance of multisectoral collaboration. Support for settings-based approaches was also extended to FJI and LAO. Advocacy materials were developed for healthy cities, healthy cities and youth, salt reduction, and physical activity. Strategic health communications strategies were developed for NCDs in SLB.

Experts organized the International Symposium on Tobacco Control and Law in Shanghai and Tokyo to advocate for smoke-free policy (2016). The Workshop on Tourism and Smoke-free Environments in the Western Pacific was convened on 28–29 July 2016 in Yokohama, Japan, with representatives from the tourism and health sectors. The objective was to start discussions on how initiatives on promotion of smoke-free environments and tourism can benefit from each other.

Technical and financial support have contributed to the implementation of activities, development of advocacy materials and convening of workshops. Some, if not most, of the WHO country offices face issues of limited human and financial resources that can limit the support provided to countries and areas.

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2.1.3 Countries enabled to improve health-care coverage for the management of cardiovascular diseases, cancer, diabetes and chronic respiratory diseases and their risk factors through strengthening health systems

Appraisal: **On track**

WHO PEN for primary care was implemented and strengthened in FJI, LAO, MNG, PHL, VNM and WSM and is being expanded to other countries. Technical support was provided through planning and training workshops. The Regional Office for the Western Pacific has developed several NCD tools (for example, the HeartCare electronic tool for cardiovascular disease assessment and management, NCD education manuals, and the Action for Healthier Families family and community assessment tool) to support countries in operationalizing NCD guidelines.

The Fourth Fellowship Programme on Tobacco Control, organized by the WHO Collaborating Centre for Smoking Cessation and Treatment of Tobacco Dependence at the Tobacco Control Office, Department of Health, Hong Kong SAR (China), was held in Hong Kong SAR (China) on 14–18 November 2016. Support was provided for LAO and MNG to attend. National training workshops on tobacco cessation in primary health care settings were held in KHM in collaboration with the Cambodia National Center for Health Promotion in 2016. The Be Healthy, Be Mobile Initiative for mTobacco Cessation has advanced in the PHL and pilot testing for content development has been completed.

The regional NCD programme is providing technical support to improve health systems for NCD management based on the UHC action framework for the Western Pacific Region.

2.1.4 Monitoring framework implemented to report on the progress made on the commitments contained in the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases and in the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020

Appraisal: **On track**

Technical and financial support was provided in the implementation, data analysis and reporting of the WHO STEPS survey in BRN, KHM and VNM, and LIONESS surveillance in District VI

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of the city of Manila, Philippines. Two countries (BRN and FJI) were supported in strengthening cancer registration.

An NCD surveillance and monitoring workshop was held at the National Cancer Center in Seoul, Republic of Korea, 23–26 August 2016. It focused on the four time-bound commitments and the 10 progress monitor indicators. It was attended by 18 representatives from 11 countries and areas of the Region (AUS, BRN, CHN, HOK, KHM, LAO, MAC, MNG, MYS, PHL and VNM). FJI and JPN were observers to the proceedings, while experts based in KOR were resource points.

The publication *Progress on the Prevention and Control of Noncommunicable Diseases in the Western Pacific Region: Country Capacity Survey 2015* was disseminated. It contained results of the NCD Country Capacity Survey. The 2017 survey is ongoing and a report will be prepared for the WHO Director-General to report on progress to the United Nations General Assembly in 2018.

Technical support was provided to countries to implement and disseminate results of the Global Adult Tobacco Survey in the PHL and VNM, and Global Youth Tobacco Survey (GYTS) in KHM, LAO, MHL, PNG, VUT and WSM. GYTS results from countries of the Region over the past 10 years were summarized and published in *Youth and Tobacco in the Western Pacific Region: Global Youth Tobacco Survey 2005–2014*.

2.2 Mental health and substance abuse

2.2.1 Countries' capacity strengthened to develop and implement national policies, plans and information systems in line with the comprehensive mental health action plan 2013–2020

Appraisal: **On track**

Implementation of the *Regional Agenda for Implementing the Mental Health Action Plan 2013–2020 in the Western Pacific* is progressing. WHO is supporting Member States in the areas of mental health governance, service delivery, mental health promotion and surveillance. The Regional Meeting on Strengthening Mental Health Programmes in the Western Pacific was convened on 23–25 January 2017, in Manila. Participants attended from BRN, CHN, FJI, FSM,

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KHM, HOK, JPN, LAO, MAC, MNG, MYS, PHL, SGP, TON, VNM and WSM. The World Health Day 2017 campaign “Depression: Let’s Talk” was launched during the meeting.

The Department of Health in the PHL issued new administrative order outlining the strategic priorities of the national mental health programme. It was a significant development in the absence of a national law on mental health. KIR and VUT have both endorsed national mental health policies and plans, while draft policies and plans have been developed in NRU and TON.

2.2.2 Countries with technical capacity to develop integrated mental health services across the continuum of promotion, prevention, treatment and recovery

Appraisal: **On track**

An informal expert consultation on the development of a toolkit and media campaign for dementia in low- and middle-income countries was held with experts from four Member States (CHN, JPN, KOR and PHL).

VNM has translated the mhGAP protocols, which will be integrated into primary care NCD management. Capacity-building and technical support for implementation of mental health interventions (for example, mhGAP and Psychological First Aid) is ongoing in the 18 countries (COK, FJI, FSM, GUM, KIR, MHL, MNP, NIU, NRU, PHL, PLW, SLB, TKL, TON, TUV, VUT, VNM and WSM).

A toolkit for workplace mental health promotion has been drafted with expert review from AUS, Canada and JPN. A community brochure on depression has been published. Support for a school-based suicide prevention and mental health promotion initiative in the PHL has been provided.

2.2.3 Expansion and strengthening of country strategies, systems and interventions for disorders caused by alcohol and other psychoactive substance use enabled

Appraisal: **On track**

A regional forum on protecting young people from the harmful use of alcohol was convened. Participants, including national programme managers and youth champions, attended from 10 countries and areas: CHN, COK, FJI, HOK, JPN, KHM, LAO, MNG, PHL, SGP and

SLB. A policy and advocacy package consisting of a resource book, brochure, video, press release and website was launched during the forum.

An informal expert consultation on the development of leadership training on the prevention and management of alcohol harm in young people was held with experts from four Member States (AUS, FJI, JPN and PHL). A social media campaign on protecting young people from the harmful use of alcohol was launched and organized in the four countries and areas (GUM, KHM, MNG and PHL) and culminated in a youth symposium at the Ninth Global Conference on Health Promotion in Shanghai, China.

The Regional Survey on Awareness and Attitudes on Alcohol Harm and Consumption Behaviour among Youth has been initiated in KHM and MNG. Technical support has been provided to the PHL on a public health approach to substance use and abuse.

2.3 Violence and injuries

2.3.1 Development and implementation of multisectoral plans and programmes to prevent injuries, with a focus on achieving the targets set under the United Nations Decade of Action for Road Safety 2011–2020

Appraisal: **At risk**

Road traffic injuries killed more than 323 000 people in the Western Pacific Region in 2013. Under the banner of the United Nations Decade of Action for Road Safety 2011–2020 and the *Regional Action Plan for Violence and Injury Prevention in the Western Pacific (2016–2020)*, WHO is supporting countries in the creation of supportive legislative environments and advocacy for commensurate action.

The majority of Member States of the Region allocated financial resources to the implementation of national workplans. In CHN, PHL and VNM, significant progress has been made in the implementation of the Bloomberg Initiative for Global Road Safety.

Due to decreasing availability of human and financial resources allocated for the road safety agenda – requiring intersectoral collaboration and implementation within Member States – WHO has limited capacity in convening and guiding relevant stakeholders as, for example, the police, ministries of transport and of health, to share best practices and strengthen

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intersectoral partnerships across the Region. As an alternative, WHO has provided direct technical support to specific high-priority countries. However, due to decreasing availability of flexible funds, even direct country support is now limited.

Update as of 30 June 2017

Appraisal: **On track**

The programme received funds in the first and second quarters of 2017 to address programme priorities such as violence against children and drowning, planned under outputs 2.3.1 and 2.3.3. Available funds for 2.3.1 increased from 56% as of 31 December 2016 to 90% by the end of June 2017. These outputs are now being addressed and are considered on track.

2.3.2 Countries and partners enabled to develop and implement programmes and plans to prevent child injuries

Appraisal: **In trouble**

Drowning is the leading cause of death for children aged 5–14 years in the Western Pacific Region and this is a trend that is similarly shared with many countries such as CHN, KHM, FJI, PHL and VNM. The November 2014 launch of the *Global Report on Drowning Prevention* has highlighted the unrecognized and neglected magnitude of drowning and outlined 10 key actions to prevent drowning. This milestone WHO publication, the first one dedicated to drowning, and the *Regional Action Plan for Violence and Injury Prevention in the Western Pacific 2016–2020* form the basis of WHO's ongoing engagement with Member States that includes capacity development and advocacy for greater prioritization of drowning prevention. The regional report on drowning prevention was developed in 2016 and will be finalized by April 2017.

Due to lack of financial resources, the achievement of key deliverables, such as capacity development for child injuries (particularly drowning prevention), has been suspended. Another major area requiring technical support is the design and implementation of national model programmes, based on known risk and protective factors. The inability to support such programmes in selected countries of the Region limits technical exchange to the provision of theoretical advice based on best practice evidence and international examples, in place of support to Member States on the ability to pilot and demonstrate outcomes in their national context. WHO

is widely recognized as having a global leadership role in violence and injury prevention, a position that is at risk of being lost to other partners if resources are not mobilized to support the implementation of WHO's own recommendations and guidance.

Update as of 30 June 2017

Appraisal: **In trouble**

As of 30 June 2017, available funding for this output has only increased from 34% (31 December 2016) to 42%. This output is still considered to be in trouble.

2.3.3. Development and implementation of policies and programmes to address violence against women, youth and children facilitated

Appraisal: **In trouble**

While more than 36 000 people are murdered in the Western Pacific Region each year, the Region has the lowest mortality rate, at 2 deaths per 100 000 population, from interpersonal violence of all WHO regions. That said, there is wide variation in fatal violence across countries: the PHL has a homicide rate that is six times higher than the regional average. National surveys highlight that nonfatal violence, particularly against women, children and young people, is highly prevalent in the Region, with one in four women experiencing physical or sexual violence at the hands of an intimate partner in their lifetime. Reflecting the linkages between different forms of interpersonal violence, national surveys on the prevalence of violence against children show an even greater proportion of children having experienced some form of neglect, or physical or sexual violence.

The prevalence of intimate partner violence against women and girls is well studied in Member States. However, the opportunity for regional and/or subregional follow-up to develop and implement evidence-based national programmes for prevention and response to intimate partner violence against women – in addition to other highly prevalent forms of interpersonal violence – is limited by decreasing resources.

Opportunities have already been identified to strengthen focus on the prevention of violence against children – including new survey tools for quantifying VAC, a specific SDG target (16.2), the formation of a global alliance, and the development of WHO's INSPIRE programme, which is a package of seven evidence-based interventions for scaling up prevention

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and response to violence against children. Supporting these opportunities cannot be realized at the regional level due to lack of financial resources, thus putting the programme at risk of not meeting this output. With no resources for interpersonal violence prevention currently identified, activities will be curtailed in 2017 until the initiation of the second *Global Status Report on Violence Prevention* in late 2017.

Update as of 30 June 2017

Appraisal: **At risk**

Available funding for this output has increased slightly but remains low, from 60% as of 31 December 2016 to 67% as of 30 June 2017. This output has been reassessed to now be at risk. Limited resources of staffing and activities remain a challenge in many countries.

2.4 Disabilities and rehabilitation

2.4.1 Implementation of the WHO global disability action plan 2014–2021: better health for all people with disability, in accordance with national priorities

Appraisal: **On track**

The WHO *Global Disability Action Plan 2014–2021* provides the overarching framework of the regional programme's support to Member States in ensuring that people with disability can access the health services they need; that rehabilitation, assistive technology and community-based rehabilitation services are strengthened; and that disability-related data are collected and utilized more effectively. Additionally, 2016 marked the commencement of another three-year partnership between the Department of Foreign Affairs and Trade of Australia (DFAT) and the WHO Regional Office for the Western Pacific. The specific activities funded under the partnership also guide the prioritization of activities at the regional and country levels. The regional Disabilities and Rehabilitation programme is promoting and supporting a stronger understanding of rehabilitation as part of the continuum of people-centred health care, ensuring that ministries of health understand that rehabilitation is a health strategy for all people and understand their role in ensuring access to rehabilitation services for the general population as well as people with disability.

2.4.2 Countries enabled to strengthen prevention and management of eye and ear diseases in the framework of health systems

Appraisal: **On track**

A three-year project, funded by the Australian Government to support the development and implementation of *Towards Universal Eye Health: A Regional Action Plan for the Western Pacific (2014–2019)*, ended in 2015. Following completion of the project, responsibility in the Regional Office for the Western Pacific for eye health and activities and support was combined with those of the Disabilities and Rehabilitation programme. One Technical Lead currently covers both areas of work; however, at both the regional and country levels the budget has not increased. This has contributed to limiting progress at the regional and country levels, but the demand from Member States either for funds or action continues to make work on eye health a priority.

2.5 Nutrition

2.5.1 Countries enabled to develop, implement and monitor action plans based on the maternal, infant and young child nutrition comprehensive implementation plan, which takes into consideration the double burden of malnutrition

Appraisal: **On track**

Strengthening country capacity to address the double burden of malnutrition and its causes, consequences and interventions, with life-course and food systems approaches, is pivotal for countries addressing all forms of malnutrition in their national nutrition plans and for adapting, implementing and monitoring nutrition targets. Technical support was provided to implement the *Action Plan to Reduce the Double Burden of Malnutrition in the Western Pacific Region (2015–2020)*. Nutrition plans of action were reviewed and updated in FJI, PHL, PNG and VUT.

Recommendations for actions to improve nutrition and healthy diets were included in NCD action plans and launched in NRU, TON and VUT. Further support and collaboration are needed for countries to adapt national nutrition targets. National surveillance systems have been strengthened. As an example, MYS focused on anaemia prevalence among women of reproductive age. Technical support has been provided to KHM, LAO and MNG in the adaptation of the International Code of Marketing of Breast-milk Substitutes.

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Countries initiated action, using increased advocacy, to restrict marketing of foods and non-alcoholic beverages to children (BRN, FJI, MYS and PHL), implement back- and front-of-pack labelling of processed foods (FJI and MNG), set school food standards (MNG, PHL, VNM and VUT), and formulate taxation of sugar-sweetened beverages (BRN, GUM, MNG, MNP, MYS, PHL and WSM).

Upon request from Member States, WHO will focus its efforts on guiding countries to identify, prevent and manage conflicts of interest and address industry interference in the development and implementation of nutrition policy. Inadequate investment in promoting nutrition remains a challenge in many countries. Further technical assistance is required to integrate the delivery of essential nutrition services into health systems.

Persisting budget constraints require collaboration within and between programmes at all levels of the Organization to identify synergies and optimize limited resources. Within the Regional Office for the Western Pacific, and increasingly in WHO country offices, collaboration with the EENC programme area, under Programme 3.1, is being strengthened for increased early initiation of breastfeeding.

Furthermore, the Nutrition programme has been increasingly reaching out to WHO collaborating centres and other partners for provision of in-kind support. Cost-saving operational measures have also been taken, for example ensuring early arrangement of travel. Resource mobilization needs to be scaled up to meet the funding gap for activities and for posting of international technical staff in countries with a high burden of stunting.

2.5.2 Norms and standards and policy options for promoting population dietary goals and cost-effective interventions to address the double burden of malnutrition, and their adoption by countries in developing national guidelines and legislation supporting effective nutrition actions

Appraisal: **At risk**

Countries are being supported to adapt norms and standards, with constant updating, to fit the national context. Technical support was provided to KHM in developing national nutrient and food-based guidelines and finalization of salt reduction policies in MNG. A regional workshop on regulating the marketing and sale of foods and non-alcoholic beverages at schools was held in June 2016 with participants from CHN, KHM, FJI, LAO, MYS, MNG, PHL, VUT, VNM and

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WSM. The workshop resulted in countries developing and or strengthening school food policies and standards (KHM, MNG, PHL and WSM). A regional meeting on the taxation of sugar-sweetened beverages was held in September 2016 with participation from BRN, GUM, MYS, MNG, MNP, PHL and WSM. Technical support was continued on the taxation of sugar-sweetened beverages to GUM, NIU, MNP, MHL and PHL. A toolkit to advocate for food taxes and other complementary interventions was supported in WSM.

Strengthening technical capacity in conjunction with legal capacity in countries is critical to implementing policy options for improving nutrition and healthy diets that build on regularly updated guidance. However, sustaining support to advance the national nutrition agenda is at risk due to limited resources to fund both activities and human resources. At the midpoint in the biennium, WHO has only been able to mobilize funds at less than 25% of planned costs. The insecure funding situation has implications for human resources. Two international posts (at the Professional Grade 4) for Pacific island countries and WSM are unfilled, and other offices may not plan for staff for Programme 2.5 due to budget insecurity. Funding is only available for one international staff member in the Regional Office for the Western Pacific and one national staff dedicated to the Nutrition programme in the country office in LAO. Due to a continuing budget decrease, the post in LAO will be vacated in 2017.

Country capacity-building activities in CHN, LAO, MNG and PNG on legislation, standards and specifications for the promotion of healthy diets and food labelling have been put on hold. Regular in-country support is not possible to sustain due to lack of staff, primarily at the country level. Draft regulations in countries, initially supported by WHO, have also been put on hold due to lack of technical support for finalization (for example, regulations for food safety and nutrition in schools in LAO).

Countries in the Region are facing the double burden of malnutrition, yet national nutrition programmes and the delivery of nutrition services in many countries are still limited by a focus on undernutrition, namely in KHM, PHL, PNG and VNM. Stronger resource mobilization is critical to building in-country capacity and enabling in-/pre-service training to ensure that national programmes address all forms of malnutrition and take action to achieve the global nutrition targets and voluntary NCD targets.

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Update as of 30 June 2017

Appraisal: **At risk**

The programme received funds in the first and second quarters of 2017 to address programme priorities planned under this output. However, available funds are still much lower than planned costs (57% as of 30 June 2017). As such, this output remains at risk.

CATEGORY 3. PROMOTING HEALTH THROUGH THE LIFE COURSE

Summary of progress and achievements

Reproductive, maternal, newborn, child and adolescent health

Based on the *Action Plan for Healthy Newborn Infants in the Western Pacific Region (2014–2020)*, eight priority countries with the highest burden of neonatal mortality (CHN, KHM, LAO, MNG, PHL, PNG, SLB and VNM) have continued to scale up EENC. A total of 27 737 health staff members from 2258 health facilities have been coached in EENC. This corresponds to improved care reaching about 3.8 million mothers and babies.

The Regional Office for the Western Pacific has supported countries through the development of tools to improve the skills of health professionals in managing full-term and preterm newborns, establish hospital quality-improvement processes for childbirth and newborn care, upgrade programme planning and mobilize social support for newborn care. In the area of child health, a guide was developed to evaluate integrated child health care in primary-level facilities and piloted in MNG. In adolescent health, the development of school environment standards was initiated to promote healthy and safe physical, psychological and social transitions from adolescence to adulthood.

To improve quality of maternal care and promote evidence-based actions, KHM, LAO and PNG have strengthened their maternal death surveillance and response (MDSR) systems. The Regional Office for the Western Pacific has supported countries in building capacity in data analysis and formulation of practical recommendations to reduce maternal mortality. Maternal health guidelines were reviewed in all eight priority countries for alignment with global recommendations and latest evidence. PNG used findings from a study supported by the Regional

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Office for the Western Pacific in the previous biennium on reducing undesired pregnancies to determine the target for 2020 for modern contraceptive prevalence rate.

Equity and social determinants

WHO in the Western Pacific Region supports activities intended to strengthen awareness, commitment and capacity, as well as the evidence base and evidence-informed policy-making, in countries on ageing and health. Advocacy and policy dialogue based on the *Regional Action Framework on Ageing and Health in the Western Pacific Region*, the *World Report on Ageing* and the *Global Strategy and Action Plan on Healthy Ageing* are generating interest and requests for support among selected Member States. WHO provided policy-focused advice and technical assistance to various Member States (CHN, KHM, PHL, VNM and VUT). Cities in the Western Pacific Region, for example several districts in Hong Kong SAR (China) and the Republic of Korea, are steadily showing interest in and are joining the Global Network for Age-friendly Cities and Communities. Regional and country-specific reviews and analysis on the health systems implications of population ageing, as well as partnerships with key stakeholders on ageing and health, have been critical to progress.

The SDGs are a growing area of focus. In October 2016, Member States endorsed the *Regional Action Agenda on Achieving the Sustainable Development Goals in the Western Pacific*, which provides a strong foundation for action. It suggests practical actions Member States can take in addressing the social determinants approach to health and health equity through whole-of-systems, whole-of-government and whole-of-society approaches. The inclusion of health equity in the SDG agenda, as well as the cross-cutting principle of leaving no one behind, requires ministries of health to work increasingly across the health system and in partnership with other sectors and stakeholders, and create new opportunities for action to mainstream gender, equity, human rights and the social determinants of health and to strengthen Health in All Policies approaches in future.

Gender, equity and human rights (GER) are growing areas of importance in many Member States. In response, WHO support has followed a two-pronged approach: First, efforts have been made to incorporate GER across WHO programmes and actions, including through the revamping of the TAG on Gender and Social Determinants. Second, the Regional Office for the Western Pacific has engaged in technical collaboration with several Member States to integrate

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and monitor GER in their health policies, programmes and actions. Gender-based violence remains a serious concern in countries in the Region. WHO policy advocacy, capacity-building and partnership efforts have resulted in increasing political commitment by governments and requests for WHO support.

Health and the environment

WHO provided technical support to Member States in strengthening national risk assessment capacity and in developing appropriate response plans to address environmental and occupational hazards to health.

The sixty-seventh session of the Regional Committee for the Western Pacific in 2016 endorsed the *Western Pacific Regional Framework for Action on Health and Environment on a Changing Planet*, which provides guidance, principles, priorities and strategic direction for Member States to address environmental health challenges.

The Asia-Pacific Regional Forum on Health and Environment (fourth Ministerial Regional Forum) in Manila on 6–8 October 2016 brought together ministers of health and of environment from the Asia Pacific region to work together at the national and regional levels in priority areas of common concern. The Manila Declaration and a three-year plan for the Regional Forum were developed to strengthen cooperation among ministries of health and of environment. Twenty-nine countries and areas of the WHO Western Pacific Region attended the Regional Forum: AUS, BRN, CHN, COK, KHM, HOK, MAC, FJI, FSM, GUM, JPN, KIR, KOR, LAO, MHL, MNG, MNP, MYS, NRU, NEZ, PHL, PLW, PNG, SGP, SLB, TUV, VNM, VUT and WSM.

For water and sanitation, the DFAT (Australia) and WHO established the WHO/DFAT Water Quality Partnership for Health to help establish water safety plans (WSPs) in nine countries representing a total population of approximately 220 million people (COK, KHM, LAO, MNG, PHL, TON, VNM, VUT and WSM).

The WHO Regional Office for the Western Pacific is collaborating with WHO headquarters in conducting the 2016–2017 round of the UN–Water Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS) to monitor the enabling environment in terms of laws, policies and plans, institutional and monitoring arrangements, and inputs in terms

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of human resources and finances for WASH at the regional and country levels. Fifteen countries from the Region are participating in this round of GLAAS (CHN, KHM, FJI, FSM, KIR, LAO, MNG, MYS, PHL, PNG, SGP, SLB, TON, VNM and VUT).

In occupational health, a report was compiled to take stock and identify gaps and future directions for Member States, WHO and WHO collaborating centres in occupational health in implementing the Western Pacific *Regional Framework for Action for Occupational Health 2011–2015*.

VNM has made significant improvements in eliminating asbestos and asbestos-related diseases. The draft *National Action Plan for Elimination of Asbestos-related Diseases* has been developed and will be finalized in 2017. Selected doctors from major hospitals received training on film reading to improve quality of diagnosis of pneumoconiosis, including asbestosis.

LAO has introduced a new occupational health and safety regulation that focuses on intersectoral cooperation to strengthen the occupational health programme in the country.

Insufficient financial and human resources are critical limitations in both the WHO Regional Office for the Western Pacific and WHO country offices for all programmes under Category 3. The capacity of staff, particularly at the country level, remains limited as well, underlining the essential role of the Regional Office in backstopping country office responses to Member State requests for technical support. Continued internal and external advocacy in all stages of programming has been important for mainstreaming gender, equity, human rights and the social determinants of health. Partnerships, such as the collaboration with UNICEF and WHO collaborating centres and with consultants are therefore leveraged to support countries.

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ASSESSMENT OF PROGRAMME OUTPUTS

3.1 Reproductive, maternal, newborn, child and adolescent health

3.1.1 Countries enabled to further expand access to, and improve quality of, effective interventions for ending preventable maternal, perinatal and newborn deaths, from pre-pregnancy to postpartum, focusing on the 24-hour period around childbirth

Appraisal: **On track**

The Regional Office for the Western Pacific and WHO country offices have focused on strengthening EENC and MDSR systems to achieve this output. Newborn health has been identified as a priority area for implementation of the Regional Action Plan due to the slow reduction of newborn mortality. Eight countries with the highest burden of neonatal mortality have been targeted for intensive support (CHN, KHM, LAO, MNG, PHL, PNG, SLB and VNM). A total of 27 737 health staff members from 2258 health facilities have been coached in EENC as part of these efforts, corresponding to improved care reaching about 3.8 million mothers and babies. Similarly, strengthening MDSR is essential to accelerating reductions in maternal mortality, in addition to improving overall information and accountability – priorities of the SDGs and the *Global Strategy for Women’s, Children’s and Adolescents’ Health 2016–2030*. KHM and LAO strengthened their MDSR systems with support from the WHO Regional Office for the Western Pacific and country offices.

3.1.2. Countries enabled to implement and monitor integrated strategic plans for newborn and child health, with a focus on expanding access to high-quality interventions to improve early childhood development and end preventable newborn and child deaths from pneumonia, diarrhoea and other conditions

Appraisal: **On track**

To accelerate gains made in reducing under-5 mortality and morbidity in countries of the Western Pacific Region, there is a need to improve quality of health care at facilities at the primary and outpatient levels. The Regional Office for the Western Pacific has focused on the development of a guide to evaluate integrated child health care in health facilities. The guide, *Primary Care Quality Improvement Guide Module 1: Care for Infants and Young Children*, has been piloted in CHN and MNG.

3.1.3 Countries enabled to implement and monitor effective interventions to cover unmet needs in sexual and reproductive health

Appraisal: **On track**

The Regional Office for the Western Pacific and WHO country offices have worked in collaboration with government counterparts in addressing unmet needs in sexual and reproductive health and increasing coverage of services. Unmet need for family planning remains high in priority countries, at 11–27% of women of reproductive age who are married or in a union, with the exception of CHN and VNM where the figures are 2% and 6%, respectively. The focus of collaboration is on advocating for the higher use of modern methods of contraception, particularly long-term methods that are the most effective. Towards this end, country reviews were conducted in KHM and PNG to identify strategic actions to reduce undesired pregnancies and unmet need for contraception with a focus on expanding use of long-term methods. In PNG, findings from the study were used to determine a target for 2020 for a prevalence rate for modern contraception. Additionally, reviews of abortion were conducted in seven countries. Fact sheets are planned for publication within 2017.

3.1.4 Research undertaken and evidence generated and synthesized for designing key interventions in maternal, newborn, child and adolescent health, and other conditions and issues linked to it

Appraisal: **On track**

Research has been undertaken or is ongoing in the areas of family planning, newborn and adolescent health. Research findings help to advocate for adoption of appropriate interventions, and build research capacity and technical knowledge within countries for designing evidence-based interventions.

An analysis study was undertaken comparing newborn care provided in 11 hospitals in the PHL in 2008 and 2015. The study found significant improvements in newborn clinical practice as a result of the approach adopted to implement EENC in the PHL. The findings help to advocate for consistent and wide adoption of EENC, and a peer-review paper has been developed for submission. Similar analyses of the impact of EENC in major hospitals in LAO and VNM were done and will be synthesized in papers for peer-review publication in 2017.

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In collaboration with the National Center for Child Health and Development in JPN, a cost-effectiveness study was undertaken on preterm care in VNM. The aim was to identify which globally recommended care packages are most cost-effective in low- and middle-income countries. It is expected that findings will be published in 2017–2018.

A protocol and study tools have also been developed to undertake a large-scale survey on safe school environments for adolescents in the PHL. The survey will inform policy dialogue on how schools can support physical, psychological and social transitions from childhood to adulthood.

3.1.5 Countries enabled to implement and monitor integrated policies and strategies for promoting adolescent health and development and reducing adolescent risk behaviours

Appraisal: **On track**

With the adoption of the updated *Global Strategy for Women's, Children's and Adolescents' Health*, there is now a greater focus on adolescent health programming. The Regional Office for the Western Pacific is promoting a focus on support for healthy and safe physical, psychological and social transitions from childhood to adulthood and not merely preventing risks for adolescents. PNG organized its first-ever Youth Day in May 2016. The event showcased youth talent and raised awareness of various health and social issues facing youth and adolescents in the country.

A key challenge in adolescent health programming is the lack of evidence on interventions taken to scale that have a demonstrated impact on improving adolescent health.

In PNG, WHO supported the Department of Health to roll out Youth Friendly Services and peer-education programmes for adolescent sexual and reproductive health in three provinces. The *Adolescent Health and Development Policy (2014–2020)* was also promoted through radio and other media outlets. The WHO country office in the PHL supported the Department of Health to develop the *Manual of Operations for Adolescent Health and Development*. A regional forum was convened in April 2016 on protecting young people from the harmful use of alcohol with the participation of 11 Member States. There is no dedicated officer for adolescent health at the Regional Office for the Western Pacific, and funding remains limited at both the regional and country levels for adolescent health activities.

3.1.6 Research undertaken and research capacity strengthened for sexual and reproductive health, including in family planning, maternal and perinatal health, adolescent sexual and reproductive health, sexually transmitted infections, preventing unsafe abortion, infertility, sexual health, female genital mutilation, violence against women, and sexual and reproductive health in humanitarian settings

Appraisal: **On track**

Given the high rates of unmet need for family planning in the Region and programmatic needs, research has been undertaken on the feasibility of scaling long-term modern methods of contraception. Research findings will help to advocate for adoption of these more effective methods, and build research capacity and technical knowledge within countries for designing evidence-based interventions.

Study protocol and survey tools have been developed for a large-scale survey of opportunities to increase access and utilization of modern contraceptive methods in 14 regions of the PHL. The protocol is currently being reviewed by the national Ethics Review Committee.

3.2 Ageing and health

3.2.1 Countries supported in developing policies and strategies that foster healthy and active ageing

Appraisal: **On track**

WHO in the Western Pacific Region supports activities aiming to strengthen countries' awareness and commitment, as well as the evidence base, evidence-informed policy-making and capacity, on ageing and health as a basis for the development of policies and strategies that foster healthy and active ageing.

WHO provided policy-focused advice and technical assistance to various Member States (CHN, KHM, PHL and VNM) to strengthen countries' awareness and capacity for the development of policies and strategies that foster healthy ageing. For example, in KHM a policy and strategy for Older People's Health Care was developed with WHO support and endorsed by the Ministry of Health. Secondary analysis of the Cambodia Demographic and Health Survey 2014 was conducted to analyse the health status, health service utilization and health-care expenditure by older people. In the PHL, a toolkit is being developed for community workers to

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prevent, detect and manage dementia. A media campaign is also being developed to raise awareness on dementia and promote a supportive sociopolitical environment to improve availability of needed health services. In VNM, the Ministry of Health has developed a draft *Plan of Action on Health Care of the Elderly* for 2017–2020, with a vision for 2025. The Plan emphasizes, among other issues: 1) improving basic geriatric care at the primary/community level; 2) research and development of a policy framework for long-term care; 3) development of a workforce for long-term care; and 4) improving hospital-based geriatric care.

3.2.2 Countries enabled to deliver integrated person-centred services that respond to the needs of older women and men in low-, middle- and high-income settings

Appraisal: **On track**

WHO provided policy-focused advice and technical assistance to various Member States (CHN, KHM, PHL and VNM) to foster access to integrated people-centred services. CHN and VNM are keenly interested in developing appropriate care systems for older people.

WHO provided policy-focused advice and technical assistance to various Member States (KHM, CHN, PHL and VNM) to enable them to deliver integrated people-centred services that respond to the needs of older women and men in low-, middle- and high-income settings. For example, CHN is piloting innovations on integrated long-term care with support from WHO. The WHO PEN package has been expanded and implemented at the national level. NCD screening and clinical response/management expanded to deliver health services to people above 30 years old.

Advocacy and policy dialogue based on the *Regional Action Framework on Ageing and Health in the Western Pacific Region*, the *World Report on Ageing* and the *Global Strategy and Action Plan on Healthy Ageing* are generating interest and requests for support among selected Member States. CHN and VNM have included ageing and health in their top-10 priority programmes for 2016–2017. Strengthened partnerships across sectors, United Nations partners and stakeholders remain vital to the success of this programme, since other stakeholders lead much of the work on ageing and health.

3.2.3 Evidence base strengthened, and monitoring and evaluation mechanisms established to address key issues relevant to the health of older people

Appraisal: **On track**

Regional and country-specific reviews and analyses on the health systems implications of population ageing were undertaken, and partnerships with key regional stakeholders on ageing and health strengthened.

WHO provided policy-focused advice and technical assistance to various Member States (KHM, CHN, PHL and VNM) to strengthen the evidence base on ageing and health. Country-specific reviews and analysis on the health systems implications of population ageing were reviewed and informed policy dialogue. In KHM, secondary analysis of the Cambodia Demographic and Health Survey 2014 was conducted to analyse the health status, health service utilization and the health-care expenditure of older people. In CHN, a report on integrated care for older people was drafted. In the PHL, a situation analysis of programmes and services for age-related visual impairment was published and disseminated.

3.3 Gender, equity and human rights mainstreaming

3.3.1 Gender, equity and human rights integrated in WHO's institutional mechanisms and programme deliverables

Appraisal: **At risk**

Several budget centres (PHL, SLB and VNM; Pacific island countries and areas; the Regional Office) have received less than 60% of their planned costs to date, potentially putting this output at risk.

In response, efforts have been strengthened to work across programmes to mainstream GER. Regular advocacy, capacity-building and implementation support, including through orientations, have aimed to strengthen WHO country office staff capacity. International Women's Day and the 16 Days of Activism against gender-based violence between the International Day for the Elimination of Violence against Women and Human Rights Day were used to strengthen country staff capacity (PHL, SLB, VUT, VNM, Pacific island countries and areas). Technical staff from the Division of Pacific Technical Support completed a gender self-assessment using

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the WHO Gender Assessment Tool. A “brown-bag” lunch on GER raised staff awareness in VNM. The VNM country office participated actively in the United Nations gender and human rights theme groups and contributed to the United Nations Gender Equality Scorecard Assessment.

Senior management shows strong commitment to GER mainstreaming, in line with growing awareness and requests from Member States. The Regional Office for the Western Pacific has supplemented weak country office capacity by increasing its technical backstopping role in response to requests from Member States. Continuous internal and external advocacy for GER inclusion in all stages of programming and good collaboration across sectors and with partners has helped amplify impact. Substantial cross-Organizational coordination stimulated progress in both institutional and programmatic mainstreaming. UHC and the SDGs present new impetus for GER mainstreaming work. A revamped cross-divisional working group on gender and social determinants provides additional opportunities.

Update as of 30 June 2017

Appraisal: At risk

As of 30 June 2017, this output remains at risk. Available funds only increased from 16% as of 31 December 2016 to 47% as of 30 June 2017.

To maximize use of existing resources, the Regional Office has strengthened collaboration across technical divisions and units. Under the auspices of the Technical Working Group on Gender and Social Determinants, WHO staff at the Regional Office and in country offices were engaged in an internal reflection process in 2016–2017. This encouraged every health programme to start where possible, by considering the linkages, asking critical questions and identifying strategic entry points for how gender, equity and/or human rights can add value in programme analysis, design, implementation and M&E. The resultant examples were summarized in a report on advancing health through attention to gender, equity and human rights.

3.3.2 Countries enabled to integrate and monitor gender, equity and human rights in national health policies and programmes

Appraisal: On track

WHO engaged in technical collaboration to integrate and monitor gender, equity and human rights with several Member States (CHN, KHM, FJI, KIR, LAO, MNG, PHL, PNG, SLB and VNM). Gender-based violence continues to be a key focus area, with increasing demands for WHO support.

3.4 Social determinants of health

3.4.1 Improved country policies, capacities and intersectoral actions for addressing the social determinants of health and reducing health inequities through Health in All Policies, governance and universal health coverage approaches in the proposed Sustainable Development Goals

Appraisal: **On track**

WHO's approach combines evidence-building, capacity strengthening and implementation support to improve country policies, capacities and intersectoral actions to address the social determinants of health and to reduce health inequities through Health in All Policies, governance and UHC approaches, within the SDG agenda. WHO provided technical support and capacity-building on Health in All Policies approaches to several Member States (COK, FIJ, KHM, KIR, LAO, MNG, PLW, PNG, TON, VNM and WSM). Opportunities for working across sectors and stakeholders exist particularly in the context of the SDGs.

In PNG, activities around the social determinants of health were only partially implemented through synergies with the GER mainstreaming programme. Lack of adequate funding impeded implementation. While the Regional Office for the Western Pacific is backstopping activities, capacity in this area, particularly at the country level, remains limited.

Collaboration across the Organization and with partners, and the pooling of resources and capacities, including synergies with gender, equity and human rights mainstreaming and other programmes, has been critical to success. Strong advocacy and engagement of non-health sectors and stakeholders, as well as ongoing coordination and collaboration with partners, especially at the country level, are important success factors. Constraints in resources and capacities remain challenges. UHC and SDGs present emerging focus areas for work on the social determinants of health.

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3.4.2 A social determinants of health approach to improving health and reducing health inequities integrated in national, regional and global health programmes and strategies, as well as in WHO

Appraisal: **On track**

Region-wide collaboration was undertaken to integrate a social determinants approach with programme areas such as UHC and the SDGs. A regional consultation on the SDGs in June 2016 in Manila was attended by representatives from 20 Member States, other partners and stakeholders. The social determinants of health agenda was also advanced through action on GER mainstreaming. Capacity-building on GER was supported in KHM, KIR, LAO, PNG and VNM. In MNG, WHO supported three subnational health system strengthening capacity-building workshops on “leaving no one behind”, which is an overarching goal of the SDGs. The VNM country office developed a systems design framework, including a transformative health systems component, to improve service use and mobilize local governments and communities to address the social determinants of health. Gender-based violence remains a key focus, with increasing requests for support from CHN, FJI, KHM, KIR, LAO, MNG, PHL, PNG, SLB and VNM. A regional meeting in Bangkok, organized with United Nations partners, stressed coordination across sectors and stakeholders to improve multisectoral services that meet the needs of survivors of violence.

Representatives from 20 Member States and other stakeholders attended a regional consultation in June 2016 on achieving the SDGs.

3.4.3 Trends in, and progress on, action on social determinants of health and health equity monitored, including under the universal health coverage framework and the proposed Sustainable Development Goals

Appraisal: **On track**

At the sixty-seventh session of the WHO Regional Committee for the Western Pacific, Member States endorsed the *Regional Action Agenda on Achieving the Sustainable Development Goals in the Western Pacific*. The Regional Action Agenda suggests practical actions Member States can take in addressing the social determinants approach to health and health equity through whole-of-systems, whole-of-government and whole-of-society approaches. Monitoring social determinants and health equity has been core to efforts to develop the Regional Action Agenda, as well as the UHC and SDG M&E framework and related follow-up. Opportunities to take stock

of trends in and progress on action on social determinants of health and health equity were also provided through the Ninth Global Health Promotion Conference in Shanghai, China, in November 2016 as well as other events related to the SDGs.

3.5 Health and the environment

3.5.1 Countries enabled to assess health risks and develop and implement policies, strategies or regulations for the prevention, mitigation and management of the health impacts of environmental and occupational risks

Appraisal: **On track**

WHO provided support to Member States of the Region to improve country capacity to assess health risks and develop and implement policies, strategies or regulations for the prevention, mitigation and management of the health impacts of environmental and occupational risks.

At the sixty-seventh session of Regional Committee for the Western Pacific in 2016, Member States endorsed the *Western Pacific Regional Framework for Action on Health and Environment on a Changing Planet* in resolution WPR/RC67.R2 on environmental health, which urges Member States' multisectoral engagement, strengthened monitoring and surveillance, and the integration of basic environmental health services in the national agenda.

The report *Progress Made in Implementing the Regional Framework for Action for Occupational Health 2011–2015* was compiled to take stock, identify gaps and recommend future directions for Member States, WHO and WHO collaborating centres in occupational health in the implementation of the *Regional Framework for Action for Occupational Health 2011–2015*.

The WHO/DFAT Water Quality Partnership for Health helped establish WSPs in nine countries of the Region (COK, KHM, LAO, MNG, PHL, TON, VNM, VUT and WSM). In 2016, the partnership has resulted in 92 rural and 140 urban water supply systems implementing WSPs covering nearly 40 million people living in the nine countries. The partnership is in its final stages and an end-of-project review meeting was convened in late February 2017. WHO is conducting the GLAAS survey in 15 countries (CHN, KHM, FJI, FSM, KIR, LAO, MNG, MYS, PHL, PNG, SGP, SLB, TON, VNM and VUT).

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3.5.2 Norms and standards established and guidelines developed for environmental and occupational health risks and benefits associated with, for example, air and noise pollution, chemicals, waste, water and sanitation, radiation, nanotechnologies and climate change

Appraisal: **On track**

In 2016, WHO provided support to Member States to strengthen country capacity to develop or improve standards and regulatory frameworks to address environmental health risks and hazards. The draft report *Sanitation, Drinking-water and Health: Achievements and Challenges Ahead* on the achievements in water, sanitation and hygiene by the Thematic Working Group including representatives from CHN, KHM, LAO, MNG, MYS, PHL and VNM will be published.

WHO also provided technical support in publishing the report *Sanitation, Drinking-water and Health in Pacific Island Countries: 2015 Update and Future Outlook* on the current status, achievements, challenges and opportunities of WASH in Pacific island countries and areas, namely COK, FJI, FSM, KIR, MHL, NIU, NRU, PLW, PNG, SLB, TON, TUV, VUT and WSM. To assess progress in water and sanitation in relation to SDG targets, WHO published *Achievement of the Health-related Millennium Development Goals in the Western Pacific Region 2016: Transitioning to the Sustainable Development Goals*.

The Regional Forum Thematic Working Group on Air Quality convened Member States from CHN, KHM, KOR, MNG, MYS and PHL to discuss the global, regional and country reports and profiles on air pollution and health as well as policies and best practices to improve air quality and health, especially in urban areas.

3.5.3 Public health objectives addressed in implementation of multilateral agreements and conventions on the environment and in relation to the Sustainable Development Goals and the post-2015 development agenda

Appraisal: **On track**

WHO provided support and worked closely with Member States to address public health objectives in the implementation of global and regional initiatives and the SDG agenda.

At the eighth High-level Officials Meeting of the Regional Forum on Environment and Health, hosted by the Government of Malaysia, member countries of the Regional Forum agreed

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to invite all countries of the WHO Western Pacific Region and WHO South-East Asia Region to the fourth Ministerial Meeting in October 2016.

The Asia-Pacific Regional Forum on Health and Environment gathered in Manila on 6–8 October 2016, with key meetings such as the Scientific Dialogue on Environment and Health at the Centre of Sustainable Development, the Ninth High-level Officials Meeting and the Fourth Ministerial Meeting. Out of the 36 countries and areas attending the Regional Forum, 29 were from the WHO Western Pacific Region. Overall, there were 217 participants including country delegates, chairs of thematic working groups, observers from the Asian Development Bank and ASEAN, expert speakers, representatives from the United Nations Development Programme and the WHO regional offices for South-East Asia and the Western Pacific, and representatives from the Department of Health and Department of Environment and Natural Resources of the PHL.

Several landmark commitments were adopted to guide the work of member countries. First, the Manila Declaration on Health and Environment outlined the priority concerns of countries attending the Forum. A three-year implementation plan of the Regional Forum was developed to focus on cooperation between ministries of health and ministries of environment among the participating countries on various environmental health risks and hazards facing countries of the Regional Forum.

WHO supported the development of environmental health country profiles of member countries of the Regional Forum detailing the current situation, policies and programmes, and the future direction of environmental health programmes. Finally, the *Synthesis Report of Environmental Health Country Profiles* provided a snapshot of the current situation of health and the environment in member countries of the Regional Forum in relation to relevant SDG targets.

CATEGORY 4. HEALTH SYSTEMS

Summary of progress and achievements

Policy development and implementation

Major progress has been made in countries with the review and development of national health plans, strategies and policies (NHPSPs), including health-financing policies. It was noted that many countries took a people-centred approach and have aligned donors and disease programmes in the process of developing these strategies and service packages. In addition,

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23 countries are now equipped with national medicines policies and nine countries have launched comprehensive national action plans on antimicrobial resistance (AMR), with 10 additional countries in the pipeline. Two major developments took place in 2016 included the creation of a UHC Technical Advisory Group to support countries to learn from each other, and endorsement by the Regional Committee for the Western Pacific approval of the *Regional Action Agenda on Achieving the Sustainable Development Goals in the Western Pacific* to guide Member States as they embark on SDG implementation.

Capacity-building

There have been a number of capacity-building initiatives around challenges in patient safety, service quality and health workforce development. In addition, countries were supported in strengthening regulatory systems that oversee the quality, safety and efficacy/effectiveness of medicines, vaccines, traditional medicines and other health technologies. National health information systems in CHN, KHM, LAO, MNG, PNG, SLB, VNM and Pacific island countries and areas were strengthened. Information exchange and experience sharing between countries were facilitated through local networks and WHO collaborating centres, as well as the well-established fellowship programme in the Region. Particularly MYS, PHL, PNG and VNM were supported in improving their capacity on evidence-based decision-making and health policy practical research.

Evidence generation to inform policy-making

A key deliverable for the Regional Office for the Western Pacific and WHO country offices is the generation of evidence to help countries make better policy choices. A number of initiatives were advanced in that regard, including generating evidence to strengthen legislative and regulatory frameworks in countries. Pharmaceutical system country profiles were developed for 14 Member States, and the Price Information Exchange for Selected Medicines was relaunched, with an expanded list of medicines. Health accounts were institutionalized in many countries.

Monitoring and evaluation

The *Sustainable Development Goals and Universal Health Coverage Regional Monitoring Framework of Western Pacific Region* was developed to closely track the progress of

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UHC and the SDGs. There have been some challenges in countries linked to the extent of political commitment and engagement with partners, which can be difficult with high turnover of government staff or lack of a WHO country office focal point. Close coordination with the government and within the three levels of WHO, as well as the mobilization and sustainability of financial and human resources, is needed.

From a WHO Secretariat point of view, funding for staff (both at the Regional Office for the Western Pacific and particularly in WHO country offices) and activities remains a key challenge to programme implementation. A further challenge is the earmarking of available funds and drastic reductions in flexible funding.

The Regional Office for the Western Pacific and WHO country offices will continue to work closely across the health systems and disease programmes to support countries in building their country UHC roadmaps and their SDG action agendas, which require the strengthening of partnerships for public policy and identification of key entry points to address long-standing and emerging issues in health. In addition, across all levels of WHO, support will be provided to monitor UHC and SDGs.

ASSESSMENT OF PROGRAMME OUTPUTS

4.1 National health policies, strategies and plans

4.1.1 Improved country governance capacity to formulate, implement and review comprehensive national health policies, strategies and plans, including multisectoral action, and Health in All Policies approaches and equity policies

Appraisal: **On track**

Many Member States have developed new health sector plans and aligned donors and various disease and health programmes in the process. Policy dialogue with multiple stakeholders and progress on health sector reform have been achieved or are ongoing in several Member States. WHO teams across all levels of the Organization (headquarters, the Regional Office for the Western Pacific and country offices) have been supporting improved country governance capacity and the national health policy process, including UHC roadmaps as a part of the process.

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CHN has committed high-level political support to health in 2016, including development of the new health law. The challenge, however, will be implementation at the subnational level. KHM completed the costing of its *Third Health Strategic Plan*, which was presented to the National Health Congress and endorsed by the Ministry of Health.

In LAO, progress has been made on the health sector reform with the health sector reform framework being the roadmap and policy of the Government towards advancing UHC.

4.1.2 Improved national health financing strategies aimed at moving towards universal health coverage

Appraisal: **On track**

Across the Region in 2016, several Member States have been improving national health financing strategies aimed at moving towards UHC. Many capacity-building opportunities for health financing were provided to Member States, including a biregional workshop on health financing policy for UHC in Asia, involving ministries of health and of finance, and insurance agencies where applicable. The Regional Office for the Western Pacific co-organized a biregional workshop on the System of Health Accounts with 21 countries from The WHO South-East Asia Region and the WHO Western Pacific Region that was hosted by the WHO Collaborating Centre for Health Systems Strengthening (China National Health Development Research Center). The Regional Office for the Western Pacific also collaborated with the Organisation for Economic Co-operation and Development (OECD) on a health accounts experts meeting and with KOR and other development partners on a social health insurance training course with participation from several countries in the Western Pacific Region.

Evidence generation for policy-making across the Region is strongly supported and continues to drive the integration of the three levels of the Organization. Reviews, studies and policy briefs in many aspects of health systems have been conducted in many Member States and at the regional level, with various levels of participation and engagement from the WHO Secretariat. Such evidence is being used for the ongoing policy dialogue and health planning and decision-making. Continuous work in legislation and regulation focused on support to countries in strengthening legislative and regulatory frameworks.

4.2 People-integrated health services

4.2.1 Equitable integrated, people-centred service delivery systems in place in countries and public health approaches strengthened

Appraisal: **At risk**

A significant number of WHO country offices (PNG, MNG, SLB and VNM, as well as those serving the Pacific island countries and areas) that had prioritized this area of work, as well as the Regional Office for the Western Pacific, have received less than 60% of their planned costs for this output areas at this point of the biennium. Despite maximum efforts made to integrate activities under this output area in other programmes, it is anticipated that this output area is at risk if the current funding situation remains unchanged.

Activities under this output area were guided by the regional UHC action framework as well as global strategies and guidance documents on health workforce development, traditional medicine and people-centred integrated services. This work relates to evidence-building, capacity development and implementation support to promote safe and effective services at the individual and population level. Capacity-building included policy roundtables at the regional and country level, direct country support and joint reviews (under Global Fund and Gavi arrangements).

Several examples of progress in countries can be highlighted. The Government of CHN continued exercising strong leadership to develop tiered health-care delivery. WHO supported CHN by organizing a social media campaign aimed at general practitioners and hosting a health dialogue on rural primary health care.

WHO is helping KHM revise the minimum package of activities clinical guidelines, which will be used as a tool to reorient primary health care services. WHO was also engaged in community and resilient sustainable health system work, requested by the Global Fund, struggling due to poor “buy-in” from the national programmes and centres.

WHO supported PNG to revise and extend its *National Malaria Strategic Plan* with a focus on integrated service delivery approaches to improve efficiency and reduce inequities in view of the reduced fiscal envelope for malaria and the health sector as a whole.

Update as of 30 June 2017

Appraisal: **On track**

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Available funds in this area of work have increased from 65% of planned costs as of 31 December 2016 to 88% as of 30 June 2017. The Regional Office for the Western Pacific and WHO country offices are accelerating activities in order to meet the output indicators.

4.2.2 Health workforce strategies oriented towards universal health coverage implemented in countries

Appraisal: **On track**

Three Western Pacific Region countries (KHM, LAO and PNG) are among the 57 countries facing critical shortages in human resources for health. Other countries also continue to face challenges associated with weak human resources for health, including issues of governance, shortages, maldistribution, skill mix imbalances, and poorly developed regulatory and information systems. To address these challenges, support in 2016 was provided at the regional and country levels on health workforce regulation, strengthening regional and country workforce databases, building and revising strategic plans for human resources for health, and adaptation to the regional context WHO guidelines on transforming and scaling up health professionals education. The Global Health Learning Centre Fellowship Programme and Health Leadership Development Initiative continued their operations.

4.2.3 Countries enabled to improve patient safety and quality of services, and patient empowerment within the context of universal health coverage

Appraisal: **At risk**

A number of country offices (MNG, PHL and VNM) that had prioritized this area of work, as well as the Regional Office for the Western Pacific, have received less than 60% of their planned costs for this output at this point of the biennium. Despite maximum efforts made to integrate activities under this output area in other programmes, it is anticipated that this output area is at risk if the current funding situation remains unchanged.

Capacity-building continued in 2016 across the Region for patient safety and quality of care. Normative work on measuring health quality and safety continued in collaboration with WHO headquarters, the WHO Regional Office for South-East Asia, OECD headquarters and the OECD Korea Policy Centre. The third Hospital Quality Management course was held in collaboration with the Japan National Institute of Public Health and other four WHO collaborating centres. General support was provided to cross-divisional activities on AMR and

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infection control, particularly in connection to disaster preparedness and response. MYS remained a Western Pacific Region champion in promoting the Patients for Patient Safety initiative, while the engagement and empowerment of communities were supported in WSM.

Predictable resources for the work on patient safety and service quality are needed to sustain gains from regional meetings and training. For example, the hospital quality-management training is now an annual event, but stronger support is needed for countries in the period between training sessions. Weak country office capacity for follow-up activities entails a stronger technical backstopping role for the Regional Office for the Western Pacific.

Update as of 30 June 2017

Appraisal: **On track**

Available funds in this area of work have increased from 39% of planned costs as of 31 December 2016 to 89% as of 30 June 2017. The Regional Office for the Western Pacific and WHO country offices are accelerating activities in order to meet the output indicators, particularly in the area of infection prevention and control, hand hygiene and patient safety.

4.3 Access to medicines and other health technologies and strengthening regulatory capacity

4.3.1 Countries enabled to develop or update, implement, monitor and evaluate national policies on better access to medicines and other health technologies, and to strengthen their evidence-based selection and rational use

Appraisal: **On track**

The WHO Regional Office for the Western Pacific and the WHO country offices have worked extensively with Member States in this area, extending access to medicines, tackling AMR and integrating traditional medicines into national policies. The Regional Network on Access to Medicines under UHC in the Asia Pacific region shared experiences on how countries use national medicines policies as an important policy framework for access to essential medicines. Several countries implemented national medicines policies. The Regional Office for the Western Pacific contributed to the selection of essential medicines, implementation of rational use of medicines interventions, and reviews of national medicines policies. Medicines supply chain reviews were conducted in KHM, LAO and VNM.

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Countries also established centralized registries of licensed medical products including vaccines procured for public health programmes, blood services and medical devices and laboratory services. In addition, technical support to KHM, FJI and VNM was provided to develop national policies to ensure safety, quality and effectiveness of traditional medicine products. Further work has also taken place at the country level in raising awareness about the threat of AMR, particularly through the annual Antibiotic Awareness Week every mid-November.

4.3.2 Implementation of the global strategy and plan of action on public health, innovation and intellectual property

Appraisal: **On track**

The Health Research Portal of the Regional Office for the Western Pacific; national health research and clinical trial registries; and global, regional and country situation analyses on research and development, domestic production and procured medicines are key contributors to this output.

Addressing trade-related intellectual property rights in the context of multilateral trade agreements in the Region remains a high priority for several countries due to potential adverse impact on affordability of innovative health technologies.

In the PHL, various studies looking at several aspects of the pharmaceutical situation in the country were completed.

In VNM, the Government strengthened its policy towards the public health orientation of its local pharmaceutical production with support from WHO. The analysis on the implications of trade agreements and the application of intellectual property rights to access to essential medicines and technologies has assisted this process and strengthened national capacity for the implementation of the Trade-Related Aspects of Intellectual Property Rights (TRIPS) flexibilities as one of the mechanisms to improve access to essential medicines.

4.3.3 Improved quality and safety of medicines and other health technologies through norms, standards and guidelines, strengthening of regulatory systems, and prequalification

Appraisal: **On track**

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The annual workshop of the Regional Alliance for National Regulatory Authorities for Vaccines has provided a venue to share experiences among Member States in finding and filling the regulatory capacity gaps, with an expanded scope to include medicines regulators at its meeting in 2016.

Timely update of standards, norms and other regulatory tools to ensure availability of effective, safe and quality medical products in their markets continues with routine support from WHO. The Regional Office for the Western Pacific has facilitated the global convention of regulatory standard setting and implementing process and has supported Member States in prequalification and safety surveillance/response. The Regional Office for the Western Pacific also supported a training workshop on substandard/spurious/false-labelled/falsified/counterfeit (SSFFC) medical products and quality surveillance of antimalarials in the GMS in 2016.

Regulatory system capacity was strengthened in eight countries (CHN, KHM, LAO, MNG, MYS, PHL, PNG and VNM). Strengthening of regulatory systems includes function streams such as marketing authorization file evaluation, pharmacovigilance, regulatory inspections and quality control testing through in-country training and/or through globally coordinated training programme, such as Global Learning Opportunities for Vaccine Quality.

In an effort to support Pacific island countries and areas where medicines regulatory authorities are not in place to ensure access to quality medicines, a regional platform to share product information and post-market surveillance was initiated in 2016.

4.4 Health systems, information and evidence

4.4.1 Comprehensive monitoring of the global, regional and country health situation, trends, inequalities and determinants, using global standards, including data collection and analysis to address data gaps and system performance assessment

Appraisal: **On track**

In 2016, good progress was made in developing health information systems for better monitoring the health situation and trends. At the regional level, the *Monitoring and Evaluation Framework on Sustainable Development Goals and Universal Health Coverage* for the Pacific was approved by the Regional Committee for the Western Pacific. Most Member States have reviewed and developed their own SDG targets on health and have linked them with their

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national health plans. In KHM and LAO, SDGs indicators were identified and agreed by Member States, and in Pacific island countries and areas, Healthy Islands indicators have been identified in line with the SDGs. WHO provided technical support to countries including CHN, KHM, LAO, MNG, PNG, SLB, VNM and Pacific island countries to strengthen their national health information systems. Some countries such as KHM and LAO began to discuss national targets and indicators for their countries. Some other countries, such as CHN, focused on how to link the SDG and UHC monitoring with national health policy development and health system development. In Pacific island countries, a set of health indicators were agreed upon to monitor progress on the Healthy Islands agenda in the Pacific. Those indicators are expected to be adopted at the Pacific Health Ministers Meeting in August 2017.

4.4.2 Countries enabled to plan, develop and implement an eHealth strategy

Appraisal: **On track**

Most countries in the Region have developed their national eHealth strategy. A number of countries have included the intention to integrate information technologies into their national health plan. Many countries are facing challenges on enhancing interoperability and information exchange as well as regulating various eHealth applications at the country level. The Regional Office for the Western Pacific worked with WHO country offices and other partners in the Region to provide technical support on eHealth capacity development in countries and on sharing experiences among countries on eHealth development through local networks and WHO collaborating centres. The Regional Office for the Western Pacific and WHO country offices continue provide support on eHealth development based on country requests. One technical meeting was organized jointly with Asia eHealth and Information Network and China's National Center for Health Statistics and Information on eHealth development. Representatives from, KHM, LAO, MNG, PHL, VNM and several countries of the WHO South-East Asia Region joined this meeting to share their progress on eHealth and discuss key challenges and possible action to overcome those challenges.

4.4.3. Knowledge management policies, tools, networks and resources developed and used by WHO and countries to strengthen their capacity to generate, share and apply knowledge

Appraisal: **On track**

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The overall progress of this programme is on track and has focused on supporting countries to improve evidence-based health policy development. Actions include supporting countries on better use of information to inform health policy and on knowledge sources and networks to improve institutional capacity on health policy development. After a regional meeting on health policy research organized in December 2015, some work with specific countries was conducted in 2016.

In MYS, country capacity on policy analysis and policy development was strengthened. Technical support was provided on capacity-building for equity analysis toward UHC, and one workshop organized for M&E of the health system and its performance in relation to pay-for-performance implementation. The PHL was supported in using knowledge management methods to improve knowledge sharing among WHO, the Department of Health and other partners. In MNG, the health research portal was launched with support from WHO to improve information and knowledge sharing on health research. WHO advised countries on how to use knowledge management methods to improve knowledge sharing and decision-making capacity in low-resource settings. Technical support was provided to MYS and PNG on improving evidence-based policy development. At the country level, through support from WHO country offices, health policy development was supported in MYS, knowledge sharing actions introduced in the PHL and knowledge dissemination support produced in MNG.

Due to very limited resources available in WHO both at the regional and country level, deliverables and actions have been limited in scope in this area. The programme relies on support from local partners and resources.

4.4.4 Policy options, tools and technical support provided to promote research for health and address ethical issues in public health and research

Appraisal: **On track**

The actions under this programme are linked with knowledge management. Key actions mainly focus on improving capacity on health policy research and evidence-based policy development. Continued technical support was given to countries such as LAO, MNG, MYS and PNG in health research management, governance and capacity. Through WHO support, progress was made in low- and middle-income countries on health research management and governance including KHM, LAO, MNG, PHL and PNG. Health research portals were introduced in those

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countries to track the process of health research and the sharing health research with broader audiences. In MYS, capacity development on evidence-based health policy research was conducted. In CHN, PHL and VNM, WHO worked with other partners to give technical support to develop national health development policies.

In 2016, WHO continued to discuss with countries and WHO collaborating centres means to improve so-called “big data” and health research. Key challenges in most low- and middle-income countries in the Region on health research include limited capacity, especially in health policy research, and limited investment on health research from within the country and from partners.

CATEGORY 5. PREPAREDNESS, SURVEILLANCE AND RESPONSE (Food Safety, Polio, Antimicrobial Resistance)

Summary of progress and achievements

In line with the *Western Pacific Regional Food Safety Strategy 2011–2015* and national priorities and plans, country support plans for technical programmes were developed for priority countries in the Region. Country-specific technical support was provided to strengthen national food safety systems. This included technical assistance to strengthen the framework and system on food safety in the PHL and VNM; risk-based food inspection and enforcement in CHN; food safety management during emergencies in FJI; foodborne disease surveillance, outbreak investigation and response in KHM and VNM; food safety and quality legislation in WSM and VNM; and risk communication applied to food safety in CHN and VNM. In addition, technical support to the planning and implementation of the FAO/WHO Coordinating Committee for North America and the South West Pacific and the FAO/WHO Coordinating Committee for Asia was provided.

For Pacific island countries and areas the online training course on “Best practices for food establishment inspection” was launched at the Pacific Open Learning Health Network providing opportunities for food inspectors in the Pacific to learn about risk-based food inspection practices and approaches in the Pacific context. Furthermore, the *Operational Guide for the Recall of Imported Foods in the Pacific* was launched and in-country technical support for its implementation was provided to WSM.

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Significant progress has been made on developing the draft *Regional Framework for Action on Food Safety in the Western Pacific*. In this regard, informal consultations with technical experts were held in the PHL and VUT.

In 2016, the Regional Certification Commission declared that the Western Pacific Region had retained its polio-free status. By 1 May 2016, all 16 countries using oral polio vaccine (OPV) in their national immunization schedule switched from trivalent OPV (tOPV) to bivalent OPV (bOPV). Fifteen of 17 countries and areas using an all-OPV schedule in their national immunization programmes introduced at least one dose of inactivated polio vaccine (IPV) in 2015. Due to global supply constraints, two countries will not be able to introduce IPV before 2018. Countries that already introduced IPV will experience stock shortages in 2017.

In compliance with requirements for laboratory containment, all countries in the Region have completed the first part of Phase 1 for destruction and/or containment of wild poliovirus type 2 (WPV2), including vaccine-derived poliovirus (VDPV) type 2 as outlined in Phase 1 of the WHO *Global Vaccine Action Plan* to minimize poliovirus facility-associated risk after type-specific eradication of wild polioviruses and sequential cessation of OPV use.

Progress has been made towards the implementation of the action agendas for AMR. The Regional Office for the Western Pacific collaborated on the global AMR surveillance system. The Regional Office supported basic in-country AMR laboratory testing for emerging infectious diseases and by building generic capacities through the *Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies* (APSED III), as well as earlier versions of the Strategy, which also contributed to susceptibility testing. In addition, technical support was provided for laboratory, and surveillance for AMR. Currently, nine countries have launched comprehensive national action plans on AMR and an additional 10 plans are in development.

Member States have shown keen interest in strengthening national food safety systems, but the limited availability of well-trained staff and insufficient financial resources are significant challenges. Limited technical expertise and the fact that WHO country offices do not have dedicated staff to work on food safety are other challenges to making additional gains in food safety.

The termination of the Codex Trust Fund is a challenge for sustaining resource-limited countries' participation in activities related to the Codex Alimentarius. The establishment of the

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Codex Trust Fund 2 provides opportunities for Member States to receive more long-term support for strengthening Codex activities at the national level. However, it should be noted that funding of the Codex Trust Fund 2 is still being discussed by potential donors. It should also be noted that the application process and requirements for obtaining support from the Codex Trust Fund 2 are more comprehensive than for the initial Codex Trust Fund, and not all eligible countries may be successful.

Major challenges for the Polio Eradication Programme include the rapid timeline for implementation of the Polio Endgame activities, the continuous shortage of the global supply of IPV and plans to expand environmental surveillance. To complete the second part of Phase 1, further guidance from WHO is needed on the classification and handling of potentially infectious poliovirus materials that may contain the Sabin type 2 poliovirus.

A major challenge for AMR activities has been the lack of funds specifically dedicated to AMR. Cross-sectoral collaboration is important when preparing for and responding to disease outbreaks, other public health events and AMR.

ASSESSMENT OF PROGRAMME OUTPUTS

5.2.3 Implementation oversight of the draft action plan on antimicrobial resistance, including surveillance and development of national and regional plans

Appraisal: **On track**

The Regional Office for the Western Pacific collaborated on the global AMR surveillance system. The Regional Office also supported basic in-country AMR laboratory testing by building generic capacities, and it provided technical support for laboratory work and surveillance for AMR. The Regional Office for the Western Pacific supported in-country laboratory testing for emerging infectious diseases and such capacities also contribute to susceptibility testing. In addition, technical support was provided for surveillance for AMR.

Since the adoption of the *Action Agenda for Antimicrobial Resistance in the Western Pacific Region* in 2014 by the Regional Committee for the Western Pacific, countries have been urged to address the irrational use of antimicrobials medicines, as well as other health systems priority actions, to respond to AMR. The Regional Office for the Western Pacific and WHO

country offices have periodically raised awareness and advocated to policy-makers and public, including during the annual Antibiotic Awareness Week every mid-November.

5.4.1 Technical assistance to enable Member States to control risk and reduce the burden of foodborne diseases

Appraisal: **On track**

Despite good progress on strengthening food safety in the Western Pacific Region, strengthening national food safety systems remains a priority. The burden of foodborne diseases remains high. In addition, and the context in which food safety authorities operate is constantly changing as a result of several interrelated factors, such as increasing global trade in food and agricultural products; internationalization of the food chain; new technologies for food production, distribution and consumption; evolving information and communications technologies; and climate change. The changing context of food safety requires that Member States continuously improve national food safety systems and make use of new opportunities for national food control while at the same time address the challenges these changes bring. For this, continuous technical support and policy guidance are needed, particularly for resource-limited countries and countries with relatively weak food safety systems. Member States need support in taking a stepwise approach to strengthen national food safety systems as holistic and homogeneous entities.

5.4.2 International standards and scientific advice, as well as a global information exchange platform, for effectively managing foodborne risks, in addition to the coordination needed to harness multisectoral collaboration

Appraisal: **On track**

The risk analysis framework creates the basis for modern, effective national food safety systems. Development and implementation of science- and risk-based food safety measures require data and evidence. Risk assessment is a key component of risk analysis and data provided through risk assessments establishes the basis for risk management and decision-making. Due to limited technical capacity in several Member States and costs associated with data and evidence gathering, Member States may benefit from utilizing internationally available and shared data from other countries and international sources. This includes adoption of international standards, such as those of the Codex Alimentarius, into national policy and legislation.

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WHO plays a key role in supporting Member States in generating and gathering data and evidence for risk analysis activities. In particular, WHO's facilitation of regional and global initiatives, such as the Codex Alimentarius and the International Food Safety Authorities Network, is important to provide evidence-based food standards, guidelines and recommendations, as well as a mechanism for rapid exchange of information during food safety incidents and emergencies.

5.5.1 Technical assistance to enhance surveillance and raise population immunity to the threshold needed to stop polio transmission in affected and at-risk areas

Appraisal: **On track**

The EPI unit at the Regional Office for the Western Pacific continued supporting the countries in enhancing surveillance for polioviruses and increasing population immunity against polio in affected and high-risk areas. This included provision of technical support to the countries in planning, implementing and evaluating polio supplementary immunization activities (SIAs), conducting acute flaccid paralysis (AFP) surveillance reviews in priority countries, developing specific recommendations, planning follow-up actions, strengthening capacities of the national polio laboratories staff and expanding the environmental surveillance network. This support directly contributed to the Programme Area Outcome 5.5 (No cases of paralysis due to wild or type 2 vaccine-related poliovirus globally) and the Twelfth General Programme of Work second priority: Health-related Millennium Development Goals.

Country activities have been undertaken to maintain high coverage with polio vaccination, fill immunity gaps and strengthen surveillance for polioviruses. In preparation to the switch from tOPV to bOPV, CHN, PHL and VNM conducted subnational polio vaccination in high-risk provinces. In response to the outbreak of circulating vaccine-derived poliovirus type 1, LAO implemented nine rounds of national and subnational SIAs. OPV was integrated in multi-antigen SIAs and provided in high-risk areas of KHM and PNG. AFP surveillance reviews were conducted in LAO and PHL.

5.5.2 Use of oral poliovirus vaccine type 2 stopped in all routine immunization programmes globally

Appraisal: **On track**

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The Regional Office for the Western Pacific continued supporting the countries in implementing Objective 2 of The *Polio Eradication and Endgame Strategic Plan 2013–2018*. Technical support was provided to countries in planning, implementing and validating the switch from tOPV to bOPV and preparing for introduction and introducing IPV into national immunization schedules. The use of OPV type 2 in all routine immunization programmes in the Western Pacific Region stopped on 1 May 2016, and 15 of the 17 countries and areas using an all-OPV schedule introduced at least one dose of IPV in the national immunization schedule.

All 16 countries in the Western Pacific Region using any OPV in 2016, switched from tOPV to bOPV from 17 April to 1 May 2016. Three countries and areas (MYS, TKL and TUV) switched to an all-IPV schedule in 2015. All countries confirmed withdrawal of the tOPV from the cold chain. Only one country (VNM) still holds some stock of tOPV at a vaccine production facility in line with the requirements of national regulations. Fifteen of the 17 countries and areas introduced at least one dose of IPV in the national immunization schedules in 2015. As of end-November 2016, CHN and PHL were continuing with phased roll-out of IPV. Due to the global shortage of supply, MNG and VNM will not be able to introduce IPV vaccine earlier than 2018. IPV introduced in all Tier 1 and 2 countries and in all Tier 4 Pacific island countries. Due to global supply shortage, IPV was not introduced as planned in MNG and VNM (Tier 4).

5.5.3 Processes established for long-term poliovirus risk management, including containment of all residual polioviruses, and the certification of polio eradication globally

Appraisal: **On track**

The EPI unit at the Regional Office for the Western Pacific continued supporting the countries in implementing *Global Action Plan for Poliovirus Containment Plan (GAPIII)*. This included the provision of technical support to the countries in ensuring compliance with the requirements for laboratory containment. As a result all countries in the Western Pacific Region have completed part one of Phase 1 for destruction and/or containment of WPV2, including vaccine-derived poliovirus (VDPV) type 2 to minimize poliovirus facility-associated risk after type-specific eradication of wild polioviruses and sequential cessation of OPV use. This support directly contributed to the Programme Area Outcome 5.5 (No cases of paralysis due to wild or type 2 vaccine-related poliovirus globally) and the Twelfth General Programme of Work second priority: Health-related Millennium Development Goals.

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In the Western Pacific Region, five countries (AUS, CHN, JPN, KOR and VNM) will designate poliovirus-essential facilities to handle and store WPV2, VDPV, Sabin or OPV type 2 poliovirus. These facilities include poliovirus laboratories, research and diagnostic facilities, and IPV manufacturers. In February 2016, the Regional Office for the Western Pacific has organized a second bio-risk management training session for polio laboratory containment in line with requirements in GAP III.

5.5.4 Polio legacy workplan finalized and under implementation globally

Appraisal: **On track**

The EPI unit at the Regional Office for the Western Pacific continued to support countries in sustaining the functions that will continue to be needed to secure a polio-free world in the years immediately following eradication. These functions include: (i) continued vaccination to maintain population immunity against polio; (ii) AFP surveillance to detect emergence or accidental release; (iii) outbreak response; and (iv) biocontainment in laboratories and vaccine-manufacturing facilities.

With regard to polio vaccination, countries in the Region are maintaining overall high coverage with routine vaccination against polio at the national level and fill immunity gaps with SIAs. However, the coverage at the subnational level is still variable; one of the main challenges is increasing immunity against polio in hard-to-reach populations.

With regard to surveillance, countries in the Region are maintaining overall well-performing, sensitive AFP surveillance; concerns remain with the chronically low-performing countries.

With regard to outbreak response, all recent outbreaks (wild poliovirus type 1 in CHN in 2011 and circulating type 1 vaccine-derived poliovirus in the LAO in 2015) were responded to in a timely and comprehensive way, which allowed the Region to maintain its polio-free status. However, risk assessment confirms that there are still countries in the Region at high and medium risk for poliovirus importation, emergence and the spread of circulating vaccine-derived polioviruses.

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With regard to biocontainment, the work on identification and containment of potentially infectious materials that may contain Sabin poliovirus type 2 is ongoing in the Region. Further global guidance is expected.

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CATEGORY 6. CORPORATE SERVICES/ENABLING FUNCTIONS

Summary of progress and achievements

Leadership and governance

Efforts are ongoing to strengthen WHO's leadership role in coordinating the work of the health sector with other sectors. The Regional Director for the Western Pacific has strengthened ties with other WHO regions by sharing the experiences with the Regional Director for Africa and the Regional Director for the Eastern Mediterranean. The Regional Office for the Western Pacific and WHO country offices in the Western Pacific Region worked together and with governments in developing and renewing Country Cooperation Strategies (CCSs). The CCSs for KHM and PNG were launched by the Regional Director and the respective ministers of health in 2016. The CCSs for LAO, MYS and PHL are on track to launch in early 2017; JPN, MNG and VNM in mid-2017; and Pacific island countries and areas in August 2017.

A comprehensive review was undertaken of all WHO reform activities since 2009 in the Region. More than 800 actions were identified and grouped to according to key themes, areas of success and areas for further action. All staff members in the Regional Office for the Western Pacific and across the entire Region were engaged in a process of "stocktaking" to reflect on the work and direction of the Organization. A report, *Stocktaking of Reforms of WHO in the Western Pacific Region* was drafted.

The sixty-seventh session of the WHO Regional Committee for the Western Pacific meeting was held and governing body documents were translated into official languages. The Regional Office for the Western Pacific, in consultation with the Regional Committee for the Western Pacific, reformed the agenda-setting process for annual sessions of the Regional Committee. This effort included gathering input from Member States for the agenda of the upcoming session of the Regional Committee and aligning some agenda items with discussions at the World Health Assembly and Executive Board.

Transparency, accountability and risk management

During 2016, focus on compliance and risk management continued across the Division of Administration and Finance and the Division of Programme Management (DPM). Monitoring was further strengthened through regional and global analytical dashboards, and a Compliance

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and Risk Management Officer position was created, reporting directly to the Regional Director. All budget centres in the Region contributed to the global risk identification process led by the Compliance, Risk Management and Ethics unit at WHO headquarters.

With respect to Direct Financial Cooperation (DFCs) significant progress has been made by Western Pacific Region budget centres ensuring that no DFC reports are overdue. In addition, as part of an assurance exercise, all country offices in the Region have performed DFC assurance by verifying/validating the financial records for a selected DFC. Human resources funding risks and vulnerability monitoring and review are centralized at the Regional Office for the Western Pacific, which include the management of core positions and their funding, close monitoring of appointment extensions and recruitments, and regular monitoring of human resources gaps (from voluntary contributions) and related funds projections. Various policies introduced during the year 2016 (a whistle-blower and ethics policies, an accountability framework, and other initiatives) were disseminated to the staff in the Region.

Strategic planning, resource coordination and reporting

Thorough monitoring and analysis of Programme Budget 2016–2017 has been pivotal to its effective implementation. The Regional Office for the Western Pacific's unique network of Programme Management Officers (PMOs) and the Regional Administration Network have enabled improved M&E and have provided budget centres with better means to track implementation, identify funding gaps and align resources, as required. Regular senior management meetings (Cabinet, Programme Committee and the PMO Network) closely monitor strategic and operational planning, awards implementation, resource mobilization, human resources requirements, donor reporting and other programmatic issues. Country priorities were identified during the bottom-up planning phase of Programme Budget 2018–2019 during Phase 1, with submission of the draft Programme Budget 2018–2019 to the Regional Committee for the Western Pacific, and further updated during Phase 2. Several senior staff from the Programme Development and Operations unit provided direct support on programme management to country offices.

Management and administration

In support of the global management reform, the Western Pacific Region initiatives and process improvements are continuing on schedule while ensuring that support and services are

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delivered in an efficient and timely manner. Some of the significant measures and activities include: maintaining and strengthening the internal controls in the Regional Office for the Western Pacific and in WHO country offices; actively implementing the staff rotation and mobility policies; monitoring and managing the performance of staff; development of monitoring tools; active participation in global networks; closure of audit recommendations; further focus on DFC monitoring/assurance activities; continued focus on Region-wide networks and the attendance of senior staff from WHO headquarters at high-level Region-wide meetings; continued monitoring and enforcement across procurement areas; the regional rollout of global information technology initiatives and enhancements to network and security; and active participation in the initiatives of the Compliance, Risk Management and Ethics unit at WHO headquarters.

Strategic communications

Strategic communications remains a priority for the Western Pacific Region. Accordingly, the Region's Communications Network, under the auspices of the Public Information Office, has been working to ensure that health information is accurate, timely and accessible through various platforms. In June 2016, the Regional Office for the Western Pacific convened the Communications Network Meeting, bringing together focal points from the Regional Office and country offices to share lessons learnt, strategize on future priorities and enhance the overall communications capacity of the Region. The implementation of standard operating procedures for communications during emergencies has been supported. In addition, the Regional Office has provided surge capacity to several country offices in response to emergencies, outbreaks and other disasters.

The trend of a reduction in voluntary contributions and unpredictable flexible funding continues to grow each biennium. Voluntary contributions in the WHO Western Pacific Region have fallen by an average of US\$ 20 million per biennium. This reduction, combined with uncertainty over funding for the new WHO Health Emergencies Programme (WHE), has meant that all budget centres have had to reprioritize their activities and that some staff positions are at risk of delayed renewal or recruitment. Following the introduction of the new mechanism of integrating assessed contributions and core voluntary contributions in planning and centralizing resource mobilization and financing, as part of WHO reform, the required resources have not been forthcoming from WHO headquarters.

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This is affecting the delivery of WHO programmes across all areas, but particularly in the area of NCDs, and continues to be a major concern for the Region. In addition, changes in the political landscape of several key donors have led to uncertainty around the sustainability of future financing.

To mitigate the risk imposed by reduced funds and the implications this has for funding of staff positions, the Programme Development and Operations (PDO) unit regularly conducts reviews of planned positions and available funding and requests budget centres to evaluate their human resources structure and staffing with a view to maintaining key positions and to consider any need for reorganization. This process will continue to be important for the remainder of Programme Budget 2016–2017 and future programme budgets.

While significant progress has been made in advancing WHO leadership and management practices, a challenge arose in 2016 in responding to several outbreaks and emergencies. Numerous staff, from both the Regional Office and country offices, have been deployed and core work has been directed towards the provision of support to Member States and other partners.

As part of the assurance activity process, the Western Pacific Region prioritized DFC management and controls that have led to enhanced collaboration with DFC counterparts and improved productivity. This is evident from the timely completion of scheduled activities and the submission of implementation reports. Also, the cooperation extended by DFC counterparts during assurance activities conducted by WHO country offices improved controls through strengthened management, training, communications, and the monitoring of high-risk transaction areas in the Region, particularly donor reporting, DFC contracts, and goods and service procurement activities. The introduction of donor proposal and reporting templates, revision of the *Programme Management User Handbook*, introduction of automated reminder notifications for overdue and upcoming donor reports, and overall monitoring through the Programme Committee and PMO Network have improved accountability to donors. The introduction of online validation during transaction processing and enhanced workflow approvals in the Global Management System (GSM), supported by periodic reports, have led to better monitoring and control.

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ASSESSMENT OF PROGRAMME OUTPUTS

6.1 Leadership and governance

6.1.1 Effective WHO leadership and management in accordance with leadership priorities

Appraisal: **On track**

Efforts are continuing to strengthen the leadership role WHO plays in coordination with the health sector and other health actors at the country and regional levels. The Regional Director for the Western Pacific and senior management have worked to enhance the Organization's convening role in relation to cross-border and multisectoral issues. The sixty-seventh session of the Regional Committee for the Western Pacific convened last October 2016 in Manila, and the sixty-eighth session will convene in Brisbane, Australia, in October 2017. Technical collaboration with governments and health partners have been carried out in priority health programmes towards achieving objectives as set in the CCSs and the Programme Budget 2016–2017. A comprehensive review was undertaken of all WHO reform activities in the Region since 2009, leading to decisions on areas to prioritize.

Under the Regional Director's Development Programme, several key initiatives were advanced, including support to countries following outbreaks and emergencies, for example Cyclone Winston in the Pacific and the Global Health Learning Centre, which provides government officials from selected countries in the Region with essential communications and public health problem-solving skills. In moving forward, emphasis will be placed on regional compliance and risk management, with a new Compliance unit being formed under the Office of the Regional Director, which hosted the first global meeting of Compliance Officers in Manila in 2016.

6.1.2 Effective engagement with other United Nations agencies and non-State actors in building a common health agenda that responds to Member States' priorities

Appraisal: **On track**

WHO in the Western Pacific Region recognizes the importance of strategic partnerships in ensuring the implementation of the Programme Budget and the Twelfth General Programme of Work. Efforts are continuing to effectively engage with key stakeholders beyond the health sector

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to build a common health agenda that responds to the priorities of countries and areas. Thus, broader partnerships are being developed with regional groups and a number of memoranda of understanding have been signed in 2016. In addition, the Regional Office for the Western Pacific has helped to advance the work around the WHO *Framework of Engagement with non-State Actors*, adopted by the World Health Assembly in 2016, and has subsequently held a number of briefings with WHO Representatives (WRs), WHO Country Liaison Officers (CLOs) and other concerned parties to ensure regional compliance.

Recognizing the importance of the SDGs and the need for multisectoral collaboration, concerted efforts have been carried out in countries of the Western Pacific Region with WHO presence to ensure close partnership with the respective health authorities, other government sectors, United Nations agencies and other relevant partners. WRs and CLOs are engaged in regular meetings with health partners, United Nations country support teams and other partner mechanisms in their respective countries. WHO has been involved in high-level and operational dialogues with other United Nations agencies to shape the post-2015 health agenda.

6.1.3 WHO governance strengthened with effective oversight of governing body sessions and efficient, aligned agendas

Appraisal: **On track**

Improvements to governance structures at the regional level have resulted in better coordination of the work of the World Health Assembly, Executive Board and the Regional Committee for the Western Pacific. Briefings with Member States have been both timely and comprehensive, for example, senior management consultations with Western Pacific Region Member States regarding the provisional Regional Committee agenda. The Regional Office continues to implement the recommendations from external assessments in an effort to strengthen WHO's effectiveness and evidence-based results of programme delivery, particularly at the country level. Furthermore, during the sixty-seventh session of the Regional Committee for the Western Pacific in October 2016, a side event was introduced, with the support of Member States, showcasing WHO's work in countries. Governing body documents were also translated into the official languages – Chinese and French.

The WHO Regional Office for the Western Pacific continues to put into effect the Organization's global and regional reform agenda aimed at improving health outcomes in the

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Region. The impact at the country level is the main focus, with enhanced support to under-resourced country offices in building capacity in priority areas, such as intercountry collaboration and subnational engagement. Furthermore, a review of WHO reform was conducted in 2016 and three key areas selected as priorities for 2017–2018.

6.1.4 Integration of WHO reform in the work of the Organization

Appraisal: **On track**

The WHO Regional Office for the Western Pacific continues to put into effect WHO's global and regional reform agenda aimed at improving health outcomes in the Region. The impact at the country level is the main focus, with enhanced support to under-resourced country offices in building capacity in priority areas, such as intercountry collaboration and subnational engagement. Furthermore, a review of WHO reforms was conducted in 2016 and three key areas selected as priorities for 2017–2018.

6.2 Transparency, accountability and risk management

6.2.1 Accountability ensured and corporate risk management strengthened at all levels of the Organization

Appraisal: **On track**

The Regional Office for the Western Pacific actively participated in the global initiatives led by WHO headquarters. This includes the initiative of the Office of Compliance, Risk Management and Ethics in identifying risks across all budget centres and related changes to the risk register. The Western Pacific Region Advisory Group on Accountability and Risk Management has been established and has approved the WHO Western Pacific Region Accountability Roadmap. A compliance report on the status and trends of several key areas of concern is published quarterly. Other key initiatives relating to ethics, accountability and related issues were disseminated to staff in the Region. No DFCs in the Region were overdue.

In addition, all the country offices in the Region carried-out random DFC assurance activities by verifying the financial records. All the budget centres in the Region have submitted the online Internal Control Self-assessment Checklist in a timely manner in 2016, with the overall rating of “3+” to signify that the controls and validations in place are “adequate”. Audits across

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the Region have also been successfully closed and received “satisfactory” ratings for the latest three internal audit reports (the Regional Office for the Western Pacific, KHM and PHL) for the Region. The Division of Programme Management and Programme Development and Operations unit continue to centrally monitor and report regional human resources funding risks and vulnerability (Category 1.5). Similarly human resource gaps for positions funded by voluntary contributions were closely monitored.

6.2.2 Organizational learning through implementation of evaluation policy and plans

Appraisal: **On track**

The new WHO Regional Office for the Western Pacific evaluation policy introduced in 2016 requires the evaluation of older or existing programmes, strategies, action plans and frameworks prior to the creation of new versions. The Country Support Unit serves as the evaluation focal point for the Region.

In February 2016, an Administration and Programme Management Review (APR) for the WHO Office in the Lao People’s Democratic Republic looked at a wide range of measures including the country office’s internal characteristics, external relations and functions, strategic directions including use and development of the CCS, corresponding budgetary alignments, engagements with the country and the WHO Regional Office, technical support as well as recent performance in responding to a public health emergency. Key findings and recommendations were reported under four areas matching its objectives: Leadership, Programme Management, Operational Support, and Polio Outbreak Response (Administrative and Programme aspects).

A systematic process of examining WHO’s performance at the country level is an important element aiming at strengthening technical cooperation and collaboration. A stocktaking activity was started in 2016, which aimed to compile and analyse reform activities that were carried out and document the progress that has been achieved by undergoing reform since 2009. Findings validated that WHO in the Western Pacific is still fit for the future and that there were six attributes for the success of reform in the Region: leveraging WHO’s three levels, focusing WHO’s support where we can make a difference, placing the right people in the right places, effectively engaging partners, enhancing communications and improving operation intelligence.

At the country office level, several evaluation activities are currently ongoing. These are: evaluation of the demonstration project on NCD and mental health service delivery at the

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community level in Viet Nam, Evaluation of the health system strengthening project in Cambodia and the Evaluation of the implementation of the *Western Pacific Regional Action Plan for the Prevention and Control of NCDs (2014–2020)*.

6.2.3 Ethical behaviour, decent conduct and fairness promoted across the Organization

Appraisal: **On track**

Various policies relating to this output were introduced during the year 2016 (whistle-blower policy, ethics, accountability framework etc.) and disseminated to the staff in the Region. Active participation by the Staff Association was ensured in activities relevant to all staff concerned.

Gender balance and geographical distribution of staff remain high priorities for the Western Pacific Region. Significant progress in the area of gender parity has been made through recruitment policy adjustments and increased awareness-building of staff. Female staff in the Region constituted 36.9% as of 31 December 2015, an increase of 5% over the previous three years. With current practices, the proportion rose to over 38.64% as of the end of 2016.

The appointment of a regional ombudsperson (external consultant) and the active participation by the Regional Office Staff Association contributed in ensuring employee relations and ensuring equity.

6.3 Strategic planning, resource coordination and reporting

6.3.1 Needs-driven priority-setting in place and resource allocation aligned to delivery of results

Appraisal: **On track**

Needs-driven priority-setting has been conducted through bottom-up planning of the Programme Budget 2018–2019 during Phase 1, with the submission of the draft Programme Budget 2018–2019 for the Regional Committee for the Western Pacific and with Phase 2 in preparation of a version of the Programme Budget the Executive Board. Priorities have been aligned with the Twelfth General Programme of Work, NHPSPs and CCSs.

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The Regional Office for the Western Pacific's unique PMO Network and Regional Administration Network have enabled improved monitoring and analysis of the Programme Budget and has provided budget centres with better means to monitor implementation and align resources as required.

Programme Budget management and implementation have been improved through the monthly meeting of the Programme Committee at both the regional and country office levels. In addition, there is follow-up through the PMO Network. Combined with the Regional Administration Network, this has provided country offices with effective means to monitor the Programme Budget, implementation and alignment with resources.

A reduction in funds, especially flexible funding, is becoming a growing challenge in ensuring that all priorities are efficiently met

6.3.2 Predictable, adequate and aligned financing in place that allows for full implementation of WHO's programme budget across all programme areas and major offices

Appraisal: **At risk**

Unpredictable flexible funding and voluntary contributions with trends showing a reduction in every biennium are affecting the delivery of WHO's programme across all areas, particularly in the areas of NCDs. There is also particular concern with new WHE, with uncertainties on the funding to fully cover the human resources requirements for posts under the programme. The reduction in predictable funding, especially flexible funds, has proved challenging in achieving full implementation.

The Regional Office for the Western Pacific has a strong network of PMOs and administrative officers both in the Regional Office and WHO country offices that collaborate on timely programme implementation vis-à-vis the CCSs. Regular senior management meetings (Cabinet, Programme Committee and the PMO Network) are held to closely monitor strategic and operational planning, awards implementation, resource mobilization, human resources requirements, donor reporting and other programme issues. Regular discussions with ministries of health on resource allocation, programme implementation and priority setting are convened. Good collaboration with national counterparts, donors and other United Nations agencies are in place.

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The Programme Committee and PMO Network meetings continue to closely monitor awards and track and analyse implementation, financial status and funding gaps.

Efforts to enhance the timeliness and quality of donor reporting remain on track, with the backlog of reports from 2014–2015 biennium cleared and 172 of 173 reports due in 2016 already submitted. Moreover, the development of standardized Western Pacific Region proposal and reporting templates, which incorporate Programme Budget linkages, has enhanced the alignment of activities and overall quality reporting.

Update as of 30 June 2017

Appraisal: **On track**

The continuing trend of reduction in predictable funding, especially flexible funds, and misalignment of available finances between programmes is continuing to affect the Region. The Western Pacific Region has utilized flexible funds strategically to fill gaps in chronically underfunded programmes, but there are still differences in availability of funds that continue to affect the Region's ability to achieve programme outcomes.

6.4 Management and administration

6.4.1 Sound financial practices managed through an adequate control framework

Appraisal: **On track**

Regular monitoring of the financial implementation of the Programme Budget 2016-2017, ongoing coordination with budget centre focal points, and reporting on Programme Budget status to senior management help ensure that accountability and controls are in place and compliant with the WHO financial rules and regulations. Similar steps are evident in the preparation for the Programme Budget 2018–2019.

6.4.2 Effective and efficient human resources management and coordination in place

Appraisal: **On track**

Enabling and retaining an efficient workforce entails dynamic programmes and activities supported by management and expeditious processes implemented both in country offices and in the Regional Office for the Western Pacific. Engaging staff at all levels in monitoring and

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compliance on performance management reporting, reviewing and updating of position descriptions as and when necessary, and utilizing various online recruitment and training tools contribute to achieving the expected results. Introduction of computer-based training regarding employment induction and GSM training for new staff assisted in cost-effective and timely on-board briefings.

The Region continued to emphasize the importance of staff mobility and gender balance in the workforce, working towards the global targets. The strong Regional Administration Network and PMO Network allow for information exchange, process improvement, and consistent policy implementation in country offices and the Regional Office.

6.4.3 Efficient and effective computing infrastructure, corporate and health-related systems and applications

Appraisal: **On track**

To strengthen the computing infrastructure across the Region new technologies were deployed, existing infrastructure was updated, security was enhanced and new solutions were developed for technical divisions. This resulted in improved connectivity between country offices and the rest of the Organization, including the Regional Office for the Western Pacific, at a relatively lower cost.

As part of the assurance activity process, the Region prioritized DFC management and controls that have led to enhanced collaboration with DFC counterparts and improved productivity. This is evident from the timely completion of scheduled activities and submission of implementation reports. The cooperation extended by DFC counterparts during assurance activities conducted by WHO country offices improved controls through strengthened management, training, communications and monitoring of high-risk transaction areas in the Region. The introduction of online validations during transaction processing and enhanced workflow approvals in GSM, supported by periodic reports, have led to better monitoring and control.

Three recent internal audits for in the Western Pacific Region received “satisfactory” ratings to signify that adequate controls are in place.

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6.4.4. Provision of operational and logistics support, procurement, infrastructure maintenance and asset management, and of a secure environment for WHO staff and property

Appraisal: **On track**

Achieving this output requires active coordination of the Regional Office with the country offices, different United Nations agencies, respective counterpart/Member States and headquarters (including the Global Service Centre). Timely monitoring on implementation of activities, keeping track of security concerns, timely tracking and reporting of assets, and carrying out of activities in compliance with the rules and policies are essential maintaining if not strengthening and improving the quality of service provided.

The Region was able to support the requirements of the Member States through assistance in reimbursable procurement and deploying materials/response items in a timely manner. Non-availability of direct routes for shipment or limited number of scheduled air services were noted as a challenge in some countries.

Close collaboration and coordination work is an ongoing process between units handling logistics, security, travel, registry, conferences/meetings and with the infrastructure maintenance operation and support. This is relevant both for the country offices and the Regional Office.

6.5 Strategic communications

6.5.1 Accurate and timely health information accessible through a platform for effective communications and related practices

Appraisal: **On track**

The Regional Office for the Western Pacific website remains the main platform where up-to-date health information is accessible, and additional complementary platforms, such as social media channels, have been adopted for timely information dissemination. The network of communications focal points across the Western Pacific Region have worked to ensure the visibility of WHO's work as well as the dissemination of key public health messages. Information products and other documentation have been regularly translated into official and local languages to better support Member States. Access to the Regional Office for the Western Pacific's information has been strengthened via the Institutional Repository for Information Sharing (IRIS). It includes information products and governing body documents in Chinese, English and French, as well as in local languages.

The platform to disseminate information produced by Member States and to give the information better visibility has been improved and strengthened via the Regional Index Medicus. In addition, access to medical, technical and scientific literature to all low-income countries through HINARI has increased with several training workshops conducted in the Region and close follow-up with countries offices and local institutions. Access to audiovisual material is available via the new multimedia library.

6.5.2 Organizational capacity enhanced for timely and accurate provision of internal and external communications in accordance with WHO's programmatic priorities, including during disease outbreaks, public health emergencies and humanitarian crises

Appraisal: **On track**

Capacity development remains a priority and is an ongoing initiative at various levels of the Organization. Some staff members have been trained and are ready for deployment during public health emergencies. Additional capacity development programmes are being developed to address current capacity gaps or critical skills needed for timely and accurate provision of internal and external communications. The implementation of standard operating procedures for

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communications during emergencies has been supported. In addition, the Regional Office for the Western Pacific has provided surge capacity to several Country Offices in response to emergencies, outbreaks and other disasters. The Regional Office for the Western Pacific convened a Communications Network Meeting in June 2016, bringing together focal points from the Regional Office and WHO country offices to share lessons learnt, strategize on future priorities and enhance the overall communications capacity of the Region. Furthermore, efforts continue to strengthen the centralized system of production of Western Pacific Region information products, to enhance the visibility of the library and to support country offices.

CATEGORY 12. WHO'S HEALTH EMERGENCIES PLAN

Summary of progress and achievements

Overall implementation of the category workplan – which transitioned in October 2016 to the new WHO Health Emergencies Programme (WHE) – was successful during 2016. Regional Office and country office staff continued to provide technical support to Member States in the implementation of the International Health Regulations, known as IHR (2005), using APSED and the *Western Pacific Regional Framework for Disaster Risk Management for Health* as a common action framework. Staff also provided technical and operational support in responding to major events in the Region.

APSED has been a common strategic action framework for WHO and Member States of the WHO South-East Asia Region and the WHO Western Pacific Region and their partners to strengthen national and regional core capacities under the IHR (2005). A joint evaluation following 10 years of APSED implementation confirmed that Member States viewed APSED as an important and relevant strategy for implementing the IHR (2005). A biregional meeting of the APSED TAG was held in June 2016 to review progress by Member States in implementing APSED and IHR (2005) capacities, and the TAG supported development of an updated version of APSED. Following an extensive and intensive consultation process with Member States, partners, WHO regional and country offices, and other key stakeholders, APSED III was endorsed at the sixty-seventh session of the Regional Committee for the Western Pacific in October 2016.

IHR (2005) review committees have recommended a move away from exclusive self-evaluation and reporting to approaches that assess quality and functional performance. As a result, the IHR monitoring and evaluation framework has been developed which consists of four

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components and takes a combined quantitative and qualitative methodological approach. One of the four components of the *IHR (2005) Monitoring and Evaluation Framework* is the Joint External Evaluation (JEEs), which is also embedded in APSED III Focus Area 8 (Monitoring and Evaluation). As of December 2016, JEE missions have been completed in KHM and VNM, while others are at various stages of planning. Following a JEE, a report is published on the WHO website and is intended to support Member States in their national planning for health security and to strengthen IHR capacities.

The Regional Surveillance Team screens 50–200 events every day, conducts initial risk assessments and then presents 1–3 events a week for discussion and further risk assessment within the Regional Office’s WHE Health Emergency Information and Risk Assessment. Regional event-based surveillance identified and reported on outbreaks of avian influenza A(H7N9), Middle East respiratory syndrome (MERS), dengue, Zika virus and many smaller outbreaks, as well as emergencies caused by natural hazards such as tropical cyclones. There were 126 cases of avian influenza A(H7N9), 11 cases of avian influenza A(H5N6) and five cases of avian influenza A(H9N2) in 2016. Risk assessment and grading documents were developed by the Division of Pacific Technical Support, country offices and the Regional Office during the response to the outbreak of Zika virus infection, influenza A(H1N1)pdm09 in FJI, Tropical Cyclone Winston in FJI and Typhoon Haima in the PHL.

The first meeting of the IHR (2005) Emergency Committee on Zika virus was held on 1 February 2016, and it considered an increase in neurological disorders and neonatal malformations. WHO subsequently announced that the cluster of microcephaly cases and other neurological disorders associated with Zika virus infection reported in Brazil followed a similar cluster in PYF in 2014 and constituted a Public Health Emergency of International Concern (PHEIC). Zika has affected 56 countries globally, and 19 countries and areas in the Western Pacific Region. The regional Incident Management System was activated to synchronize with WHO headquarters and other WHO regional offices. Separate regional and Pacific Zika frameworks for action were developed. WHO country offices supported the implementation of the regional framework for action to guide Member States in preparing for and responding to Zika. Twenty missions were completed by the Regional Office for the Western Pacific in five technical areas in seven countries and areas. Technical support in outbreak management and risk communication was also provided to countries with reported outbreaks or cases with possible

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complications associated with Zika virus infection. These countries included MYS, PHL, SGP and VNM.

Tropical Cyclone Winston, the most powerful cyclone ever recorded in the Southern Hemisphere, ravaged FJI in February 2016, and was declared an Emergency Response Framework Grade 1 Emergency. Response activities were led by the Division of Pacific Technical Support with support from the Regional Office. A joint Division of Pacific Technical Support–Regional Office incident management system was established. Technical support from the Regional Office included staff deployments in the areas of epidemiology, Health Resources Availability Mapping System (HeRAMS) assessment and food safety.

Several Member States in the Region were supported to further strengthen disaster risk management for health and implement priority activities in line with the *Western Pacific Regional Framework for Action for Disaster Risk Management for Health*. Preliminary vulnerability analyses were conducted in LAO, PHL, PNG and SLB. A HeRAMS assessment of public health facilities was implemented in FJI, and PHL adapted the WHO Global Hospital Safety Index into the local context.

Training to increase office readiness and response within the Disaster Risk Management cycle was provided for key staff of country offices in KHM, LAO and VNM. A two-year roadmap was developed to fill the gaps identified in readiness.

The Region faces many biological hazards, which may result in outbreaks, as well as natural hazards. These can have a significant impact on mortality and morbidity, travel and trade, and socioeconomic factors. While there have been successes, implementation of the WHE by WHO, Member States and their partners faces challenges due to limited human resources, financial constraints, logistic hurdles and sustainability concerns. High-level political advocacy must be accelerated to ensure preparedness, development and maintenance of the capacities by Member States, enabled by sustainable resources and funding.

ASSESSMENT OF PROGRAMME OUTPUTS

12.1 Infectious hazard management

12.1.1 Develop and support prevention and control strategies, tools and capacities for high-threat infectious hazards

Appraisal: **On track**

The Regional Office for the Western Pacific and WHO country office staff members provided technical support to Member States in supporting the implementation of the IHR (2005) and APSED III. Continued focus on strengthening existing influenza and priority high-threat pathogen detection and preparedness planning in the context of the strategic direction of APSED III will help Member States to build capacities required by the IHR (2005).

The Western Pacific Region is considered an epicentre for the emergence of novel influenza strains with pandemic potential, and as a result it has a strong impact on the global influenza public health agenda. The occurrence of high densities of humans, swine and avian species in the Region is one of the major reasons for this hotspot of influenza interspecies transmission. Influenza remains one of the priority diseases in the Region with continued detection of avian influenza viruses (H5N1, H5N6, H7N9, etc.) in humans and animals.

Member States preparedness in the Western Pacific Region is guided by APSED III, a strategic action framework for building generic capacities required for managing emerging infectious diseases and public health emergencies. The Regional Office for the Western Pacific continued to focus on strengthening existing influenza detection and preparedness planning in the context of the strategic direction of APSED III to meet the requirements under the IHR (2005), in line with the *Pandemic Influenza Preparedness Framework*. The Regional Office for the Western Pacific supported regional laboratory capacities to detect influenza viruses.

12.1.2 Establish and maintain experts networks to detect, understand and manage new or emerging high threat infectious hazards

Appraisal: **On track**

Staff members from the Regional Office for the Western Pacific and WHO country offices provided technical support to Member States for continued monitoring of public health

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events in the Region and timely sharing of information on priority diseases with Member States, including H7N9, H5N6, MERS and Zika. This support will help Member States build capacities required by the IHR (2005).

Lessons learnt from outbreaks such as SARS, avian influenza, MERS, Ebola virus disease and other health emergencies identified by the Global Outbreak Alert and Response Network (GOARN) is a vital mechanism for collaboration in the Region that provides assistance and support that could expand to include humanitarian events. A strong GOARN presence in the Region can contribute to implementation of APSED III and support the development and maintenance of IHR (2005) core capacities.

The Regional Office for the Western Pacific continues to maintain expert networks for emerging high-threat infectious hazards and hosted a forum of experts from WHO collaborating centres in 2016. To maintain vigilance and prepare for the threat of pandemic influenza, the Regional Office works closely with WHO collaborating centres that are part of the Global Influenza Surveillance and Response System. In collaboration with Regional Office for South-East Asia and the Regional Office for the Western Pacific brought together WHO collaborating centres for influenza, national influenza centres and WHO staff from all levels of the Organization for an annual meeting of National Influenza Centres and Influenza Surveillance in Bangkok, Thailand, in 2016.

12.2 Country health emergency preparedness and international health regulations

12.2.1 Monitor, evaluate and objectively assess country core capacities

Appraisal: **On track**

Twenty out of 27 Western Pacific Region States Parties reported having achieved IHR (2005) core capacity requirements in 2015. In line with the *IHR (2005) Monitoring and Evaluation Framework* and APSED III Focus Area 8: Monitoring and Evaluation, the IHR Joint External Evaluation (JEE) has been implemented. The Western Pacific Region is coordinating the JEEs being conducted in the Region, and following the JEE and in coloration with Member States need to ensure that priority recommendations arising from the JEE are incorporated into the national planning process. Member States are recommended to develop, revise and update their

national plans using APSED III as a framework. JEEs were successfully completed in KHM and VNM in 2016, and remaining Member States are being scheduled for the coming years.

12.2.2 Assist countries to develop national plans and critical core capacities for all-hazard health emergency preparedness, readiness and disaster risk management for health

Appraisal: **On track**

The development of national workplans is being supported by utilizing APSED III as an action framework, through national reviews and planning processes, from lessons learnt from real-life events after action reviews, and the results of JEEs.

To prepare for disasters, country support has been provided to guide the development and implementation of national plans, with the *Western Pacific Regional Framework for Action for Disaster Risk Management for Health* as a basis.

Insufficient human and financial resources were a challenge to achieving this output, although progress is still on track. Further advocacy is needed for preparedness and sustainable funding in maintaining capacities in health security.

In support of disaster preparedness, resources from other programme areas were mobilized to implement cross-programme activities.

12.2.3 Provide secretariat support to the implementation of the International Health Regulations

Appraisal: **On track**

National IHR Focal Points of Western Pacific Region Member States notified Western Pacific Region IHR Contact Point on public health emergencies according to the IHR (2005). The Regional Office for the Western Pacific disseminated information among country offices and Member States on issues related to PHEICs (such as Zika and polio), the decisions made by IHR Emergency Committees and Region-specific guidance, and supported in-country training and implementation of IHR guidance and guidelines issued by WHO headquarters and the Regional Office.

Thirty-four countries from the Western Pacific Region participated in the annual two-day IHR (2005) communication exercise, IHR Exercise Crystal, on 8–9 December 2016 in Manila,

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which tested the National IHR Focal Points' assessment of public health events using the IHR decision-making tool and its notification process. The Regional Office for the Western Pacific maintained contact with the National IHR Focal Points of Western Pacific Region Member States. It also kept the list of National IHR Focal Points up to date and shared the information with WHO headquarters in a timely manner.

12.3 Health emergency information and risk management

12.3.1 Detect, verify and assess the risk of potential and ongoing health emergencies

Appraisal: **On track**

APSED III promotes surveillance for timely, informed decision-making by utilizing multiple sources of information. In 2016, a concept note on surveillance for timely, informed decision-making was developed, and a guidance document to implement the process in Member States is in development.

On average, 50–200 events in the Region are screened each day by epidemic intelligence officers to determine current risk levels and their potential as events of public health importance requiring further response.

At the national level, several countries have developed systems for event-based surveillance and risk assessment.

12.3.2. Establish data collection mechanisms and monitor ongoing health emergency operations

Appraisal: **At risk**

WHO has responded to various health emergencies through the use of multiple sources of information to conduct risk assessments to support informed and timely decision-making. During the response to Zika virus and its associated complications, the use of incident-based surveillance systems, event-based surveillance systems and information from other sources were used to determine the situation on the ground and to communicate with all levels of WHO, partners and research networks.

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This output is a new output under the WHE 2016–2017 result framework. No activity was planned in Category 5 of the workplan for the biennium 2016–2017 that aligns with this output. Thus, new activities were developed at the time of workplan transition to WHE in late 2016. As of 31 December 2016, appropriate resources had not been allocated to be able to fully achieve the output in the coming year as the WHE was in its early stages and funding disbursement had not been finalized.

Update as of 30 June 2017

Appraisal: **On track**

By 30 June 2017, the workplan transition had been finalized and the WHE was able to disburse the required funds in order to be able to achieve this output.

12.3.3 Provide data management, analytics and reporting platform to produce and disseminate timely emergency health information products

Appraisal: **At risk**

Timely information sharing is essential to help WHO, Member States and others identify and prepare for events of public health importance and to monitor response activities. Information shared by National IHR Focal Points is posted on the Event Management Site that is designed for confidential information sharing within the WHO Secretariat and among Member States. This has been used to provide timely information to Member States on the fifth epidemic wave of human cases infected with avian influenza A(H7N9). The Regional Office for the Western Pacific is also developing an influenza dashboard that will be used to communicate influenza data for use by policy-makers.

This output is a new output under the WHE 2016–2017 result framework. No activity was planned in Category 5 of the workplan for the biennium 2016–2017 that aligns with this output. Thus, new activities were developed at the time of workplan transition to WHE in late 2016. As of 31 December 2016, appropriate resources had not been allocated to be able to fully achieve the output in the coming year as the WHE was in its early stages and funding disbursement had not been finalized.

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Update as of 30 June 2017

Appraisal: **On track**

By 30 June 2017, the workplan transition had been finalized and the WHE was able to disburse the required funds in order to be able to achieve this output.

12.4 Emergency operations

12.4.1 Comprehensive incident management established for coordinated action in all graded and protracted health emergencies

Appraisal: **On track**

The *WHO Emergency Response Framework* and the incident management system was implemented for Tropical Cyclone Winston in FJI and Zika virus outbreaks in the Pacific. WHO staff from the Regional Office for the Western Pacific and WHO country offices provided technical support to Member States and coordinated response efforts under the health cluster. Tropical Cyclone Winston was the only graded health emergency in the Western Pacific Region during this time period.

12.4.2 Assist and coordinate the implementation of health operations to agreed standards through partner and WHO operational networks

Appraisal: **On track**

Health clusters were activated during the response to Typhoon Winston in FJI in and the drought in PNG and VNM.

Readiness workshops for country staff were conducted in September 2016 in Hanoi, Viet Nam, for the three Western Pacific Region countries from the GMS, with the active participation of WHO headquarters to facilitate the session on the business continuity plan and the Strategic All-hazard Risk Assessment.

Emergency Medical Teams in AUS, CHN and JPN were accredited as internationally recognized teams. The Regional Office for the Western Pacific continues to support and contribute to GOARN.

12.4.3. Provide supplies and logistical services and operational support for all graded and protracted health emergencies

Appraisal: **On track**

Regional Office and WHO country office staff provided technical support to Member States in supporting the implementation of IHR/APSED and disaster risk management for health, as well as operational support, in responding to major public health events in the Region including Tropical Cyclone Winston in FJI and Zika virus outbreaks in the Pacific. The Regional Office and the Division of Pacific Technical Support facilitated the rapid dispatch of Interagency Emergency Health Kits for Tropical Cyclone Winston. These resources provided emergency-affected populations with access to an essential package of life-saving health services.

12.5 Emergency core services: management, administration and external relations

12.5.1 Effective management and administrative support for the emergencies programme

Appraisal: **On track**

Effective management and administration is a critical function of the WHE. This function was well maintained in 2016, even during the transition from Category 5 to WHE. During bottom-up planning for Programme Budget 2016–2017, the majority of the Western Pacific Region Member States have placed health emergency work as one of their top-10 priority programmes.

It is critical to keep the current commitments with Member States, in order to maintain past investments and to strengthen preparedness in Member States. Risking the Organization's reputation and failing to deliver results by weakening country support must be avoided. Relevant country offices began to create WHE top tasks using the new WHE outputs and deliverables.

A major challenge is the uncertainty of funding for WHO country office human resources and activities. The Regional Office established a new organizational structure and workplans for the new WHE. All affected staff members were aligned from the Division of Health Security and Emergencies to Western Pacific WHE positions. New funding from the WHE at WHO headquarters has been obtained, mainly to cover the salaries of the key positions.

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12.5.2. Accurate and timely health emergency communications and sustainable financing

Appraisal: **On track**

Effective communications and partnership coordination were achieved during the reporting period. Some countries such as VNM obtained new funding from Global Health Security Agenda. Funding for health emergencies were rapidly mobilized for FJI (Tropical Cyclone Winston) and the drought in VNM. Challenges remain in mobilizing sustainable funding for preparedness. WHO country offices engaged with partners via the national coordination mechanism of APSED III, including national action plans, technical working groups and national steering committees. These mechanisms contributed to streamline communications, coordination and collaboration among various government departments, agencies and partners. A new funding mechanism, Contingency Fund for Emergencies, was promptly mobilized for health emergencies.

While funding was mobilized in countries such as KHM, LAO, PNG, VNM and Pacific island countries and areas, mobilization has been a challenge in CHN, MNG and PHL. The Regional Office for the Western Pacific proactively engaged with donors and partners via the annual APSED TAG Partners forum, bilateral meetings and teleconferences. New funding was obtained from Korea Centers for Disease Control and Prevention and the United States Centers for Disease Control and Prevention to counteract an overall funding decline. Significant funding gaps still remain a challenge for implementing the WHE in the Region.