Stocktaking to Advance Implementation of
For the Future: Towards the Healthiest and Safest Region
# Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abbreviations</td>
<td>4</td>
</tr>
<tr>
<td>Executive summary</td>
<td>5</td>
</tr>
<tr>
<td><strong>1. Introduction</strong></td>
<td>8</td>
</tr>
<tr>
<td><strong>2. Background: recapping <em>For the Future</em></strong></td>
<td>10</td>
</tr>
<tr>
<td>2.1 Diverse and rapidly changing Region</td>
<td>10</td>
</tr>
<tr>
<td>2.2 Diverse needs of Member States</td>
<td>11</td>
</tr>
<tr>
<td>2.3 The legacy of WHO over the past decade and strength in the</td>
<td>12</td>
</tr>
<tr>
<td>2.3 The legacy of WHO over the past decade and strength in the</td>
<td>12</td>
</tr>
<tr>
<td>Western Pacific Region</td>
<td></td>
</tr>
<tr>
<td><strong>3. Progress in <em>For the Future</em> implementation to date</strong></td>
<td>13</td>
</tr>
<tr>
<td>3.1 Thematic priorities</td>
<td>13</td>
</tr>
<tr>
<td>3.2 Operational shifts</td>
<td>20</td>
</tr>
<tr>
<td>3.3 Enabling factors</td>
<td>27</td>
</tr>
<tr>
<td>3.4 Gender and equity lens</td>
<td>28</td>
</tr>
<tr>
<td><strong>4. Implications of COVID-19 on <em>For the Future</em></strong></td>
<td>30</td>
</tr>
<tr>
<td>4.1 Addressing future challenges today: new normal to new future</td>
<td>30</td>
</tr>
<tr>
<td>4.2 Emerging opportunity: unprecedented momentum for health</td>
<td>31</td>
</tr>
<tr>
<td>4.3 Leapfrog approach</td>
<td>32</td>
</tr>
<tr>
<td><strong>5. Future directions</strong></td>
<td>34</td>
</tr>
<tr>
<td>5.1 Strengthen organizational capacities and coordination</td>
<td>34</td>
</tr>
<tr>
<td>5.2 Adopt a hypothesis-driven and “try and learn” approach</td>
<td>38</td>
</tr>
<tr>
<td>References</td>
<td>41</td>
</tr>
</tbody>
</table>
### Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMR</td>
<td>antimicrobial resistance</td>
</tr>
<tr>
<td>APSED</td>
<td>Asia Pacific Strategy for Emerging Diseases</td>
</tr>
<tr>
<td>C4H</td>
<td>Communication for Health</td>
</tr>
<tr>
<td>CCE</td>
<td>climate change, the environment and health</td>
</tr>
<tr>
<td>GPW 13</td>
<td>Thirteenth General Programme of Work 2019–2023</td>
</tr>
<tr>
<td>NCD</td>
<td>noncommunicable disease</td>
</tr>
<tr>
<td>SDG</td>
<td>Sustainable Development Goal</td>
</tr>
<tr>
<td>TAG</td>
<td>Technical Advisory Group</td>
</tr>
<tr>
<td>UHC</td>
<td>universal health coverage</td>
</tr>
<tr>
<td>WASH</td>
<td>water, sanitation and hygiene</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>
Executive summary

In 2019, Member States and the World Health Organization (WHO) in the Western Pacific Region jointly developed the *For the Future: Towards the Healthiest and Safest Region* vision to outline the implementation of the global strategic priorities of the *Thirteenth General Programme of Work 2019–2023* (GPW 13) through new ways of working while reflecting the unique demographic, socioeconomic and geographic characteristics of the Region. The coronavirus disease 2019 (COVID-19) pandemic has put *For the Future* to the test, accentuating the challenges it highlighted, including pandemic preparedness, noncommunicable diseases (NCDs) and ageing, vulnerable populations and environmental health. This information document summarizes the stocktaking exercises conducted to articulate the progress of *For the Future*, explores the implications of the COVID-19 pandemic on its implementation and maps out how to utilize *For the Future* to adjust to the new situation in the Western Pacific Region.

**Driving forces and WHO’s legacy over the last decade in a diverse and dynamic region**

WHO stocktaking exercise reconfirmed that the driving forces described in *For the Future* are still valid and became more pressing amid the pandemic. Countries and areas of the Western Pacific Region face common challenges, including the increased risk of emerging diseases, rising NCDs and population ageing, environmental and climate changes, and persistent health inequities. WHO continues to address the diverse needs of Member States through tailored support with mixed roles, such as providing service delivery and technical support to strengthen programmes, offering policy support, designing health systems for the future, and championing health. In the Region, WHO has a strong tradition of keeping countries at the centre of our vision and work, focusing on partnership, and working together with regional and country offices as one team.

**A foundation of thematic priorities and operational shifts**

Stocktaking following the adoption of *For the Future* revealed that the Western Pacific Region has made significant progress in implementing its four thematic priorities and seven operational shifts. The Region has made considerable investments and efforts in strengthening health systems and promoting health during the COVID-19 pandemic. Building on these grounds, Member States and WHO should continue their implementation of *For the Future* by further utilizing new ways of working, beyond traditional business practices.
Areas of focus include:

- Hosting the Health Futures Strategic Dialogue (HSFD) at the country level to help Member States create a long-term vision.
- Supporting the development of a national vision strategy and plans with *For the Future* as a guide.
- Institutionalizing the operational shifts across the Organization beyond focal points or pilot programmes. Specific actions include:
  - building alliances with non-traditional partners;
  - addressing social and environmental factors that influence health (new primary health care model); and
  - changing social perceptions of health-care costs from expenditures to investments.

In all our work to make the Western Pacific the healthiest and safest region, WHO strives to utilize a gender and equity lens so that all individuals benefit equally from regional progress towards better health and well-being.

*The future is now*

The COVID-19 pandemic has accentuated the challenges set forth in *For the Future* – the health of older adults and those living with NCDs, vulnerable populations and the environment. They are among the most pressing problems of our time and are no longer long-term challenges. At the same time, the pandemic created an unprecedented momentum for health: awareness that health is closely interlinked with the economy and social activities, and prompted new partnerships with and across countries, empowerment of individuals and adoption of innovations from telemedicine to social media.

Member States and WHO may consider these emerging challenges and opportunities in implementing the *For the Future* vision. Incorporating the opportunities from COVID-19 will enable Member States to address immediate needs while maintaining a long-term vision, drive collaboration with other sectors and utilize innovative approaches to quickly achieve targets as we move from a “new normal” to a “new future”. In addition, Member States may consider leapfrogging, where possible, and adopt the latest concepts and technologies to build health systems and promote health.
**Delivering on the change agenda**

To accelerate the implementation of *For the Future* building on WHO’s work in the Region over the last decade, the progress so far and opportunities from COVID-19, we need to strengthen our organizational capacities by institutionalizing the operational shifts and strengthening coordination to address the diverse and changing needs of our Member States.
1. Introduction

At the October 2019 session of the World Health Organization (WHO) Regional Committee for the Western Pacific, Member States unanimously adopted *For the Future: Towards the Healthiest and Safest Region*, which articulates a shared vision: acting today to address the challenges of tomorrow, with the goal of becoming the healthiest and safest region. Its four thematic priorities and seven operational shifts drive WHO to better support Member States to achieve our shared vision, building upon the Region’s tradition of putting countries at the centre of a unified team with emphasis on partnership (Fig. 1).

**Fig. 1. The forces at work coming together to produce our vision of For the Future**

Two years since the endorsement of the *For the Future* vision, the coronavirus disease 2019 (COVID-19) pandemic has put *For the Future* to the test, accentuating the challenges highlighted in it. Thus, it is timely to review progress, identify lessons and guide Member States and WHO to accelerate the implementation of the vision in the coming years. This information document summarizes stocktaking exercises to articulate the progress of *For the Future*, explores the implications of the COVID-19 pandemic on its implementation and provides direction for how we utilize *For the Future* to adjust to the new situation in the Western Pacific Region. It also serves as an opportunity for WHO regional and country offices to reflect on past activities, reconfirm our vision and define the contributions each individual can make. This report may also be used to guide the development of the Programme Budget 2022–2023.

In this context, WHO in the Western Pacific Region established an internal task team and carried out stocktaking exercises using: desk reviews of relevant documents (including the Western Pacific Region Programme Budget 2020–2021 midterm review using the Output Scorecard); 20 high-level interviews with experts and partners from various sectors (including
other United Nations agencies, academia, multilateral banks as well as members of the Asia-Pacific Parliamentarian Forum on Global Health and the WHO Sustainable Funding Committee); and consultations with Member States. It documented major progress made by Member States in achieving our shared vision (Fig. 2): acting today to address the challenges of tomorrow, with the goal of making the Western Pacific the healthiest and safest region. It also describes how WHO will accelerate the implementation of *For the Future* over the next two to three years.

This document specifically addresses the following elements of *For the Future*:

- Recapping the background
- Progress in implementation
- Implications of COVID-19
- Future directions

**Fig. 2. The stocktaking process of *For the Future* from April to August 2021**
2. Background: recapping For the Future

2.1 Diverse and rapidly changing Region

The stocktaking exercise reviewed the premise behind For the Future, which identified the following key challenges:

- Increasing NCDs due to lifestyle changes, urbanization and longevity
- Growing mobility and connectivity, increasing risk of health emergencies and the emergence of new health security threats
- Environmental and climate changes
- Persistent health inequities

In fact, these trends behind For the Future have become more significant over the past two years. For example, research indicates that a new concept of health beyond a simple dichotomy of “healthy” or “not healthy” is emerging. We now recognize that health is the cumulative result of an intricate relationship between one’s genetic predispositions, environment and socioeconomic determinants of health (Fig. 3).1,2

Fig. 3. An emerging concept of health considering its spectrum of influences

In addition, the COVID-19 pandemic further evidenced the increasing connectivity of our world; during the initial phase of the COVID-19 pandemic, the infection spread from 5 to 184 countries and areas in two months (Fig. 4). The rate at which people, goods, services and ideas move across borders is increasing, augmenting the risk of future disease outbreaks and underscoring the importance of collaboration between Member States.

**Fig. 4. Countries and areas reporting COVID-19 cases worldwide from January to March 2020**


### 2.2 Diverse needs of Member States

*For the Future* also recognized the incredible diversity of the Western Pacific Region. Within our shared regional vision, each Member State must address its own unique social, economic and health environment changes. Consequently, WHO in the Region needs to strengthen its capacity to support the diverse and evolving needs of Member States through tailored support with mixed roles, as shown in Fig. 5.

**Fig. 5. Diverse and evolving needs of Member States lead to shifting roles for WHO**
2.3 The legacy of WHO over the past decade and strength in the Western Pacific Region

The *For the Future* vision builds on a WHO tradition of strong leadership in the Region under Dr Shin Young-soo, Regional Director from 2009 to 2018, including:  

**Keep countries at the centre:** Our Region’s approach ensures WHO’s role as an active partner to support Member States’ national health goals. This includes the customized support to meet the needs of diverse island communities and coordinate long-term planning with Member States through the establishment of the Division of Pacific Technical Support, the Country Support Unit and the Country Liaison Office in Northern Micronesia, and the reclassification of the Solomon Islands Country Liaison Office to a WHO Representative Office.  

**Partnership:** WHO in the Western Pacific Region has expanded partnerships outside the health sector to advance long-term collaborations on policies using a health beyond the health sector approach. This includes the Regional Forum of WHO Collaborating Centres in the Western Pacific and the Asia-Pacific Parliamentarian Forum on Global Health, which have contributed to WHO’s role as a neutral and credible adviser. WHO has also led multiple high-level efforts with governments to advocate investment and support for health.

**Regional and country offices working as one team:** WHO in the Western Pacific Region has been adopting new ways of working and streamlining support for Member States. The Organization has been encouraging the regional and country offices to work together to address the public health needs of a rapidly changing Region. By working as one team, WHO can maximize and ensure quality of outputs at the country level. WHO can also develop regional goods, for example the *Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies* (APSED III) and provides a platform to connect Member States and share information, lessons and experiences.  

As a result, these changes have created a culture in which WHO staff in the Western Pacific Region regularly reflect and consider the best approach to produce long-term outcomes for Member States. Dr Shin often emphasized this accountability of WHO’s work as an organization whose core funding comes from Member States’ taxpayers.
3. **Progress in *For the Future* implementation to date**

Since the adoption of *For the Future*, WHO in the Western Pacific has made significant progress in the Region in integrating the implementation of different programmes under the thematic priorities and applying the operational shifts, as well as a gender and equity lens, to our existing programme planning and implementation process.

### 3.1 Thematic priorities

WHO in the Western Pacific Region and Member States have made progress in addressing the four major thematic priorities of *For the Future*. Most of the thematic priorities now have multi-year targets and milestones, determined through backcasting and organized with stakeholders. Some countries have also implemented activities related to thematic priorities. In 2020, WHO in the Western Pacific Region reorganized its Technical Advisory Group (TAG) structure to have the Universal Health Coverage Technical Advisory Group (UHC TAG) serve as a platform for all TAGs. This facilitates the discussions to advance UHC as a shared agenda to drive the *For the Future* vision. Building on these grounds and existing technical programmes, WHO should continue supporting Member States to develop a national vision strategy and plans with *For the Future* as a guide. Member States and WHO may utilize a “try and learn” approach to implement new concepts and products quickly, monitor newly implemented activities and adjust them as needed. WHO should also solicit lessons and feedback from in-country implementation and reflect them in the updated regional guidance and technical materials (double-loop learning). In addition, WHO in the Western Pacific Region should work with Member States on the Health Futures Strategic Dialogue or HFSD to identify long-term visions.

**Health security, including antimicrobial resistance**

The Region has made considerable progress in strengthening health security systems under APSED III. Member States confirmed that APSED and TAG recommendations helped develop public health functions and systems that were fully utilized for the COVID-19 response.⁴

During the COVID-19 pandemic, Member States in the Western Pacific Region accelerated investments in health systems strengthening (such as surveillance, contact tracing, risk assessment, infection prevention and control, clinical management and public health measures), developing national response plans, and establishing and strengthening rapid response teams. National laboratory systems have also been utilized and strengthened to detect and track COVID-19 cases, understand its epidemiology, inform case management and suppress transmission. Member States, WHO and partners are also developing global and regional
whole-genome sequencing networks to monitor SARS-CoV-2 variants. Viral genome sequencing has been a vital tool in diagnosing COVID-19, understanding the spread and control of SARS-CoV-2, and rapidly identifying variants of concern. WHO supported the distribution of essential supplies, including the Access to COVID-19 Tools Accelerator and COVAX with the aim of providing equal access and distribution of COVID-19 vaccines for all participating countries, regardless of income levels.

WHO is also working to strengthen subnational systems to improve clinical outcomes for COVID-19 patients in a way that strengthens health systems for the future, with Cambodia, the Lao People’s Democratic Republic and Mongolia to localize care pathways and improve subnational health-care systems. In Cambodia, the Ministry of Health and WHO reviewed local preparedness at provincial and district levels and implemented localized actions including multi-source surveillance, early COVID-19 detection and contact tracing, health-care preparedness, risk communication and community engagement, and intersectoral coordination and partnership.

Multisectoral collaboration has been strengthened to facilitate rapid exchange of information during an outbreak through the establishment of emergency operations centres at national, subnational and local levels, and training of incident management support teams as comprehensive multidisciplinary resources. In the Pacific, WHO has ramped up coordination with humanitarian and development partners in the Joint Incident Management Team (JIMT) based in the WHO office in Suva, Fiji.

To address antimicrobial resistance (AMR), Member States endorsed the Framework for Accelerating Action to Fight Antimicrobial Resistance in the Western Pacific Region as a guide to adopt the For the Future operational shifts to: strengthen systems as a foundation for sustainable actions; work beyond the health sector; take actions today, guided by their vision of the future; and build solutions from the grounds up, while ensuring country impact.

WHO has worked with Member States to progressively build up systems and solutions from the grounds up and to work across sectors. At the national level, 20 Member States have developed and are implementing national action plans based on the One Health approach. At the global, regional and national levels, collaboration is driven by the Tripartite of WHO, the World Organisation for Animal Health and the Food and Agriculture Organization of the United Nations. WHO is supporting countries to increase their capacity for surveillance of antimicrobial resistance, consumption and use. The Western Pacific Regional Antimicrobial Consumption Surveillance System (WPRACSS), which has been established at the national, hospital and community levels, supports countries to monitor the overuse and misuse of
antibiotics in the human sector. By June 2021, 14 countries had joined WPRACSS, and 10 have contributed to the first regional report on national-level antimicrobial consumption.

**The way forward**

WHO should continue to support Member States’ immediate needs, such as vaccine supply and distribution, as well as efforts to continue strengthening health systems.

Specifically, COVID-19 provides an opportunity to build health capacities to prepare for potential emergencies in the future and achieve other objectives in the thematic priorities of *For the Future*, while responding to the ongoing pandemic. These include improving existing health systems using new concepts, such as multi-source surveillance and gene sequencing to inform decision-making. In addition, regional cooperation, partnerships and knowledge sharing will require continued and intensified engagement across sectors, partners, governments and societies. WHO should continue to work with Member States to slow the spread of AMR and build evidence on the burden of AMR, engaging high-level political commitment while continuing to strengthen systems to combat AMR. This should include further support for antimicrobial consumption monitoring through WPRACSS for better use of antimicrobials to tackle overuse of antibiotics observed during the COVID-19 pandemic.

**NCDs and ageing**

Over the past two years, WHO regional and country offices in the Western Pacific have worked together with Member States to initiate a discussion for societal and health system transformation, prepare for population ageing and address the increasing NCD burden.

Member States endorsed regional action plans including the *Regional Action Plan on Healthy Ageing in the Western Pacific*, the *Regional Action Framework on Protecting Children from the Harmful Impact of Food Marketing in the Western Pacific* and the *Regional Action Plan for Tobacco Control in the Western Pacific (2020–2030)*. Other ongoing strategic planning includes nutrition, NCD prevention and a school-based health promotion approach to create a foundation for lifelong health, as well as community and society engagement for healthy lifestyles. WHO also hosted the preliminary meeting for the NCD TAG to review gaps and identify future directions within the three *For the Future* pillars of data and surveillance, upstream drivers of health, and individual services.

Countries including Brunei Darussalam, Malaysia, Palau, the Philippines and Viet Nam are developing national plans on ageing, including multisectoral coordination and actions to enable healthy ageing. For example, the National Commission of Senior Citizens and the Department
of Health of the Philippines launched a comprehensive healthy ageing initiative in 2021 to bring together stakeholders to create age-friendly societies through legislation, policies and programmes that promote the well-being of older people in the country.

Member States strengthened in-country activities on NCDs and ageing, such as reaching out to older adults with comorbidities, establishing a community engagement movement (Mongolia), implementing health promoting school programmes with diet, physical activity, well-being and WASH programmes for students (Fiji and Tonga), and reorienting service delivery for people with NCDs and older adults (Samoa).

Member States have also recognized the importance of mental health including substance use disorders, especially in response to the COVID-19 pandemic. Countries have developed a wide variety of mental health programmes. The Philippines implemented national mental health legislation and strategic plans and used telehealth and crisis hotlines to fill service gaps due to disruptions. Cambodia, the Lao People’s Democratic Republic and Mongolia built capacities for providing mental and psychosocial health support, including for frontline workers and vulnerable populations, community mental health services, guidelines and practical trainings. Vanuatu prioritized strengthening long-term mental health and substance use services through national legislation. Viet Nam developed a five-year national action plan for NCDs and mental health including an alcohol policy in collaboration with different sectors such as education, finance and law enforcement.

In addition, 18 countries and areas across the Western Pacific Region are implementing the WHO Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Health Care in Low-Resource Settings to reorient health systems to integrate NCD management and strengthen primary health care in addressing NCD risk factors.

The way forward

WHO will work on an overarching regional vision to ensure an integrated implementation of this thematic priority across different programmes and sectors and throughout people’s lives. The COVID-19 pandemic revealed and further exacerbated challenges in NCD prevention and management. The task to address NCDs has been shown to be all the more vital and urgent. WHO should accelerate significantly its support to Member States around the core areas of (i) measuring trends and changes, (ii) developing policies and regulations to strengthen actions to address the modifiable risk factors for NCDs, and (iii) strengthening health systems to better manage and prevent NCDs. COVID-19 also further heightened awareness of the need for fresh approaches to promote mental well-being and tackle mental health issues. Further advocacy for
early action across society for healthy ageing and lifelong health promotion is also needed to support countries with younger populations in the Region.

**Climate change, the environment and health**

Over the past two years, WHO has advocated efforts to build health systems that are resilient to climate and environmental change. In June 2020, WHO organized the Inaugural Meeting of the Technical Advisory Group on Climate Change, the Environment and Health (CCE) and developed five-year CCE milestones under four pillars: advocacy; building resilient health systems; monitoring the impact; and applying a CCE lens (Fig. 6). The CCE TAG will have its second meeting in late 2021 to review the year’s progress and discuss strategic plans beyond 2024.

**Fig. 6. Expected outcomes of climate change, the environment and health by 2023**

![Image of expected outcomes](Image)

*Source: WHO Regional Office for the Western Pacific. 119th Consultation of WHO Representatives and Country Liaison Officers, March 2021.*

WHO is working closely with the Government of the United Kingdom of Great Britain and Northern Ireland to support Member States in the climate change and health agenda at the twenty-sixth session of the Conference of the Parties to the United Nations Framework Convention on Climate Change, scheduled to be held in late 2021 in Scotland, with a special focus on building climate-resilient health systems and health leadership for climate mitigation in the health sector.

Member States in the Region have made progress in CCE advocacy, including: the development of country platforms on CCE (Cambodia), strengthening of institutional mechanisms to
integrate climate and environmental risks (Cambodia, Fiji, Kiribati and Papua New Guinea), CCE trainings and curriculum development (Cambodia, Kiribati and Tuvalu), stakeholder mapping on CCE and health (Marshall Islands), and advocacy on green and sustainable recovery from COVID-19 (China).

To build health resilience at the country level, baseline information on WASH including waste management in health-care facilities has been established in Cambodia, the Lao People’s Democratic Republic, Mongolia, Papua New Guinea, the Philippines and Viet Nam. The *WHO Guidance on Building Climate Resilient and Environmentally Sustainable Health Care Facilities* has been implemented in Fiji and the Philippines. In addition, Member States – including Fiji, Kiribati, the Lao People’s Democratic Republic, Papua New Guinea and the Philippines – developed national action plans on CCE and health and/or established CCE committees. Fiji, the Lao People’s Democratic Republic and the Philippines have conducted climate change vulnerability assessments of health-care facilities.

**The way forward**

WHO should to implement activities within the four pillars. It will advocate health as one of the main agenda items of global discussions, such as the United Nations Climate Change Conference, and facilitate multisectoral collaboration by identifying the health co-benefits of actions taken by non-health sectors.

WHO should support countries in building climate resilience by developing regional guidance on climate-resilient and environmentally sustainable health-care facilities with a focus on basic WASH, access to green energy sources and resilient infrastructure to withstand climate shocks. To monitor the influence of CCE at the country and regional levels, WHO is developing tools to measure its impacts on health and the health co-benefits, along with indicators on CCE and a digital platform for knowledge sharing. Lastly, WHO will develop guidance to incorporate CCE consideration in other technical programmes, to be operationalized in the Programme Budget 2022–2023, and develop strategic plans beyond 2024 in the CCE TAG meeting.

**Reaching the unreached**

*For the Future* proposes that Member States and WHO address new challenges (such as NCDs, AMR and climate change) and existing challenges (such as child and maternal health and communicable diseases) among vulnerable populations simultaneously under national UHC efforts.
A virtual consultation on “Reaching the Unreached” in the Western Pacific Region in July 2020 enabled discussion on characterizing unreached populations (according to care settings, socio-demographic group or stigmatized conditions), sharing experiences and best practices (including integration of services and systems building) in addressing the root causes of inaccessibility, and drafting a framework of approaches to strengthen health systems that are tailored to the needs and circumstances of the Region’s unreached populations. The draft framework focuses on five key action domains: political commitment supported by law, finance and governance; service delivery; multi-stakeholder collaboration; strategic decision-making; and special approaches. WHO also held the Regional Consultation on Reaching the Unreached in September 2021, inviting all five chairs of the regional TAGs, technical advisers from Member States, other experts and partners. The Regional Consultation served as a platform to exchange experiences between countries on the challenges of how to reach the unreached and implement the draft framework. This included health system transformation and multi-stakeholder collaboration in the context of different countries and innovative approaches to increase access to remote populations in the field.

WHO has developed regional action plans to integrate various programmes, such as immunization, tuberculosis and affordable surgery, into overall health systems under an overarching framework of reaching the most vulnerable, marginalized and stigmatized populations. These programmes will help strengthen people-centred, fair and quality community health services with strong surveillance to empower disadvantaged communities.

Countries in the Region utilized the infrastructure for disease-specific programmes to improve health among unreached populations. Papua New Guinea built on the success of its poliomyelitis programme to improve outreach to children in remote areas for routine immunization. Cambodia continues to make progress towards malaria elimination, focusing on remote populations with residual transmission of drug-resistant malaria. It also contributes to health systems in rural areas such as surveillance, service delivery, and links between health centres and village workers. The Health and Nutrition Services Access Project (HANSA), a collaboration with the Lao People’s Democratic Republic and the World Bank, promotes the sustainability of existing public health programmes in the Lao People’s Democratic Republic, with an emphasis on reducing child and maternal undernutrition.

The way forward

WHO should support Member States to address the health needs of vulnerable populations, which were highlighted during the COVID-19 pandemic, by maintaining and utilizing disease-specific programmes. The Organization should work towards the drafting of a
framework for reaching the unreached in the Western Pacific Region in consultation with Member States. WHO should also use the one team approach with regional and country offices as well as experts and partners in the Region to refine and implement the draft framework. In addition, a WHO internal task force with Cambodia, the Lao People’s Democratic Republic, Malaysia, Mongolia and Viet Nam and the Division of Pacific Technical Support should review progress in implementing the draft Reaching the Unreached framework in countries and discuss the field testing at the country level. Subsequently, WHO should establish an external advisory group (Reaching the Unreached consultation group) to continue country dialogue and contextualization to fulfil the Reaching the Unreached objectives and 2030 goals.

3.2 Operational shifts

Member States and WHO have made significant progress in adopting the For the Future operational shifts in workplans, compiling technical guidance, convening stakeholders and applying these shifts in programme implementation.

Over the coming 2–3 years, WHO in the Region can adopt new ways of working by: institutionalizing the operational shifts; facilitating transformation in Member States based on regional plans and national policies, as well as high-level strategic policy dialogue; and building alliances with non-traditional partners. In addition, WHO and Member States should address the social and environmental factors that contribute to health, develop a new primary health care model and support sustainable health-care financing by changing social perceptions of health-care costs from expenditures to investments.

Innovation

Over the past two years, progress has been made at regional and country levels towards an interim goal of embedding innovation as an integral part of WHO work by 2023. The innovation agenda-setting meeting in April 2020 identified the most pressing challenges and promising innovations in the Region with donors, implementation partners and researchers. The first Regional Innovation Forum in September 2020 featured digital and social innovations addressing the four thematic priorities in For the Future. WHO has also reviewed the innovation landscape for specific challenges, such as digital contact tracing and telemedicine, and scouted innovative practices to help health-care facilities achieve carbon neutrality. WHO established a network of focal points from technical units and country offices in the Region to share innovation practices and knowledge and build capacities through workshops, webinars and newsletters.
WHO also supported pilots of technological and social innovations, including: digital WHO PEN disease interventions for cardiovascular disease that improved the control of patient risk factors and reduced referrals of uncomplicated cases and stroke mortality (Mongolia); nationwide telemedicine for chronic disease management and life-saving and health-care workforce training during COVID-19 (Fiji and Viet Nam); and social prescriptions for community services to address underlying social determinants of health (China). WHO also developed an artificial intelligence (AI) avatar that provides health-related information and advice to support older people.

**The way forward**

WHO should further institutionalize innovation across programmes and offices to meet Member States’ needs and build their capacity for innovation and adaptation through systems, such as health technology assessment and rethinking processes in health services. WHO should also systematically seek out and amplify innovative approaches beyond technology from our Member States, including social, operational and service delivery innovation (such as innovation challenges leading up to the Second Innovation Forum in the second half of 2021).

**Backcasting**

In the past two years, WHO widely adopted backcasting in programmatic planning, such as developing regional action plans, convening an innovation forum that addressed future challenges and implementing the Communication for Health or C4H approach in the long term. To support budget planning, senior management of the Regional Office also used backcasting in discussing the risk appetite for the planning of the Programme Budget 2022–2023 as an initial step of mainstreaming accountability and risk management as integral parts of our decision-making.

In supporting countries to develop future-proof health systems, WHO has developed methodologies that can guide Member States in visualizing their preferred health futures and provide support in identifying strategic steps to reach these goals through backcasting. To date, WHO has worked with three countries (Malaysia, Mongolia and the Philippines) in hosting Health Futures Strategic Dialogues using a range of country-specific methods, including stakeholder mapping, consideration of change drivers, and vision and scenario building. In Mongolia, the discussion focused on backcasting from 2050 to the present prioritizing three areas: healthy environment, healthy population, and governance and finance.
**The way forward**

WHO should continue applying backcasting in our daily activities beyond the planning phase, continuously making sure our activities are in line with long-term goals. These include supporting Member States to apply backcasting in their planning and implementation (via the implementation of Health Futures Strategic Dialogues) and cultivating a risk-sensitive culture across the Organization by incorporating risk management into daily activities through accountability frameworks.

**Taking a systems approach, with universal health coverage as the foundation**

Over the past two years, Member States and WHO have worked to integrate the implementation of disease-specific programmes and provide customized services to individuals and communities by identifying the health system elements needed to achieve the longer-term vision of UHC and ensuring that short-term actions lead to transformation of health systems that provide comprehensive coverage.

WHO also brought together all technical advisory mechanisms within the UHC TAG as a platform that includes ministerial-level and multisectoral stakeholders to reaffirm their commitment to UHC.5

At the country level, WHO supports Member States to take a systems approach with UHC as the foundation. For example, WHO and China finalized the joint report on China's 10-year health reform that helped shape the direction for the development of the health service system for the 14th Five-Year Plan. With WHO support, the Philippines developed health systems with UHC as the foundation through the 2019 passage of the Universal Health Care Act. WHO also facilitated cross-country sharing by organizing regional UHC thematic webinars and newsletters featuring Western Pacific country perspectives and in-country experiences on achieving UHC.

**The way forward**

WHO should continue to advocate comprehensive, tailored and people-centred health services by integrating preventive and clinical care with sustainable financing. The Organization should also continue political and technical engagement with Member States such as the annual UHC TAG, in-country partnerships with multisectoral stakeholders, and knowledge sharing on promoting better access to essential and quality health services.
Grounds up

For the Future advocated upgrading the traditional bottom-up approach to a grounds up approach in which policy is planned and implemented via systematic and continuous interaction and feedback from the grounds (including local solutions and innovations), by testing and refining a working solution (hypothesis).

Grounds up is increasingly used by WHO in the Region to improve planning and implementation at both the regional and country levels. At the regional level, country focal points applied this approach by collecting case studies to inform national guidance to support community engagement for health.6

At the country level, solutions to unique local challenges have been addressed through multisectoral collaboration. In the Lao People’s Democratic Republic, WHO collaborated with the United Nations Development Programme supporting the Ministry of Health and the Ministry of Home Affairs to develop scenario-based workshops to strengthen local governance and community engagement for preparedness, identify common challenges across provinces and respond with central policy measures. Other integrative initiatives include China’s pilot programme covering three provinces responding to NCDs, ageing and other major health issues, as well as Mongolia’s initiative to intensify primary health care for the prevention, early detection and management of major noncommunicable and communicable diseases through the life course in Gobisumber Province.

The way forward

WHO should increase the focus on “how” to make improvements, in addition to the “what”, by localizing national policy according to unique contexts and reflecting feedback from the grounds in national policy. WHO will also facilitate knowledge sharing of case studies of using the grounds up approach.

Driving and measuring country impact

Over the past two years, progress has been made in supporting the generation and use of strategic information at the regional and country levels. WHO in the Region established the new Health Information and Intelligence team within the Data, Strategy and Innovation group. This team coordinates data managers in different technical divisions to harness and integrate health information and promote capacity-building for harmonized information systems at the country level that bring together data from multiple sources. The team supports Member States to build capacity to collect and analyse various health and other relevant data to inform the
policy in a more integrated manner. The team developed the Regional Data Platform, which serves as a one-stop data harbour with thematic dashboards and enables the integration of data from global, regional and country levels. Regional Sustainable Development Goal (SDG) and UHC reports support Member States in tracking their progress against health-related SDG indicators as well as the WHO GPW 13 Results Framework.

WHO supported Pacific island countries and areas to collect and analyse more than 60 joint indicators of the Healthy Islands Monitoring Framework to establish baselines, identify gaps and overlaps, and inform priorities in achieving the Healthy Islands vision. This includes creating regional and country databases, working with Member State governments to improve national health information systems, and monitoring SDG and UHC progress.7

Member States have made significant progress in strengthening national health registries through WHO and government-backed initiatives. Trainings on the latest revision of the International Classification of Diseases (ICD-11) were undertaken in Malaysia and Mongolia, and all-cause death analysis was implemented in French Polynesia, Mongolia and the Philippines. WHO also supported an indicator framework for UHC performance monitoring and global tobacco surveillance systems in the Philippines, as well as a collaboration between government agencies to streamline accurate and real-time health data for monitoring and evaluation across health facilities.

The way forward

WHO should strengthen work with Member States to build capacity to collect, compile and analyse data and other information to inform policy at national and subnational levels. In addition, Member States’ decision-making processes using the hypothesis-driven approach will act as a catalyst to further develop integrated measurement frameworks. The Organization will also explore options to utilize innovation (such as big data and AI) and to link non-health and private sector data.

Promoting health beyond the health sector

Over the past two years, WHO has strengthened its role as an intersectoral champion for health, working alongside health ministries to engage with multisectoral partners. For example, WHO in the Western Pacific Region has continued to strengthen relationships with parliamentarians through its role as the Secretariat of the Asia-Pacific Parliamentarian Forum on Global Health and strengthened partnerships with international financial institutions such as the Asian Development Bank, the World Bank and the International Monetary Fund.
These collaborations will help build sustainable health financing scenarios to understand the short- to medium-term impacts of the changing fiscal space in the post-COVID-19 era. In the long term when the need for health-care funding is likely to grow faster than the economy in many countries experiencing population ageing, they can be used to address the health financing options, innovation and better health access/coverage.

During the COVID-19 pandemic, WHO worked with health ministries and other government counterparts, United Nations agencies, and partners to ensure effective preparation for community outbreaks and potential widespread community transmission. New partnerships beyond the health sector were also built, such as WHO’s collaborations with the World Economic Forum, Facebook and DHL.

To promote older people’s access to digital technology, WHO collaborated with the University of Kyoto to demonstrate the health benefit of information technology. In addition, the Organization worked with the China Academy of Information and Communications Technology to conduct a review of the existing barriers to expanding older people’s use of digital technology, subsequently organizing a dialogue with government representatives, nongovernmental organizations and information technology companies to address access gaps.

To accelerate the implementation of WHO Framework Convention on Tobacco Control in China, WHO worked with economic and social development think tanks in the country to provide economic evidence for and policy recommendations on raising the tobacco tax and prices. The partnerships resulted in high-level round-table discussions and policy proposals. Additionally, WHO in China has been working with business leaders, civil society organizations and key opinion leaders from non-health sectors to demonstrate broad support for smoke-free policies and to create and sustain a supportive environment for tobacco control policies. During the COVID-19 pandemic, the Lao People’s Democratic Republic and Malaysia also formed cross-sectoral partnerships for campaigns on the impact of tobacco on COVID-19 outcomes.

Moreover, WHO hosted the Second WHO Western Pacific Region Partners’ Forum 2021 in June/July 2021 to create dialogue about the pandemic and identify further means for WHO and partners to work together in driving forward the For the Future vision.

During the COVID-19 pandemic, innovative partnerships within and beyond the health sector have also been formed at the country and community levels. One example is the Civil Society Organization (CSO) Initiative, which includes CSOs from health, finance and education sectors in Malaysia, Papua New Guinea and the Philippines, supporting key vulnerable populations
through communication on COVID-19 vaccine and capacity-building for community workers. WHO also collaborated with legal partners to support Cook Islands to update their public health laws and Papua New Guinea to develop the National Pandemic Act 2020. In addition, Samoa’s work with Samoa Red Cross Society and Adventist Development and Relief Agency (ADRA) increased its support for vulnerable populations with shelters, water tanks and WASH facilities.

The way forward

WHO should further broaden collaborations across sectors (such as education, environment, food, trade policy and welfare) and stakeholders (such as donors, WHO collaborating centres, nongovernmental organizations, other development partners, the private sector and young people) to drive implementation of For the Future, while protecting its work from potential risks such as conflicts of interest under the WHO Framework of Engagement with non-State Actors, known as FENSA. WHO should generate more evidence to strengthen partnerships beyond the health sector, demonstrating how investments in health benefit other sectors and how advancing agendas in other sectors (for example, improving education) can co-benefit health.

Greater use of strategic communication

The WHO Regional Office for the Western Pacific hosted its first Communication for Health (C4H) technical meeting in December 2020, engaging health communication professionals from Member States in discussions about country challenges and opportunities, lessons from COVID-19 and future regional priorities. Efforts to improve strategic communication have included technical support and staff deployment, development of guidance materials, and skills development training programmes for Member States and WHO country office staff.

Regional initiatives include the People of the Western Pacific series, which draws on behavioural science to feature compelling stories on topics aligned with the For the Future priorities. Capacity-building efforts and Regional Office support have bolstered initiatives in countries such as China, Fiji, the Lao People’s Democratic Republic, Malaysia, Mongolia, Papua New Guinea, the Philippines, Vanuatu and Viet Nam. For example, Papua New Guinea championed the adoption of community-specific COVID-19 communications such as “Niupela Pasin”, meaning the “new normal” way of living during in the pandemic stressing basic hygiene and safe distancing. Other communication initiatives included key informant interviews and focus group discussions to inform campaigns on HIV and salt consumption, and compelling
storytelling to boost uptake of services for maternal health and neglected tropical diseases in various countries.

The COVID-19 pandemic led to scaling up of innovative approaches for reaching and engaging audiences. Examples include the use of multi-source social listening systems to obtain data on audience concerns and priority needs, and partnerships with social media companies to combat misinformation and better reach target audiences with credible, timely and relevant information.

**The way forward**

WHO should continue to advance the C4H approach by expanding the use of monitoring, behavioural insights and storytelling with relevant tools and materials. In addition, WHO will test, document and share success stories to strengthen partnerships and continue to build a regional community of practice.

### 3.3 Enabling factors

Over the past two years, WHO has operationalized the *For the Future* thematic priorities and operational shifts in its Programme Budget 2020–2021. As the scale of the pandemic became apparent, the Regional Office quickly implemented a shrunken “red box” workplan to prioritize activities that should be accelerated or put on hold due to COVID-19. The Programme Committee has since convened more frequently to monitor and provide guidance on implementation of plans, including evaluating resource utilization for both COVID-19 response and essential activities related to *For the Future*, strengthening accountability and risk management systems.

In 2020, WHO developed the Accountability Framework in the Western Pacific Region to ensure each staff member is clear on his/her roles, responsibilities and accountability. It is also a great motivator for staff members to stay on track in achieving personal and organizational goals and objectives. The Framework describes (i) individual responsibility, (ii) group responsibility and (iii) auditor’s role to improve our accountability.

WHO in the Western Pacific has taken forward regional and global initiatives in staff development and learning, including the regional induction, mentoring and group peer review programmes and the development and dissemination of a catalogue of learning resources. Moreover, WHO introduced several innovative approaches to achieve an environmentally friendly, health-promoting workplace (such as the roll-out of teleworking tools, electronic signature processes, the first-ever virtual Regional Committee session in 2020). In September
2020, the Regional Office recruited recent recipients of master’s and doctoral degrees to pilot a dedicated group to help address the diverse and evolving needs of Member States while expanding its talent base and utilizing new ways of working. This group performs data analysis, synthesis and presentation functions in working to answer applied research questions put forward by technical teams.

With a view to keeping countries at the centre, the regional and country offices collaborated as one team throughout the COVID-19 pandemic, including prioritized staff deployments.

**The way forward**

WHO remains flexible in addressing emerging and significant needs of Member States. As the challenges described in *For the Future* become reality, WHO continues to transform alongside the evolving Region-specific circumstances, capacities and challenges. In doing so, WHO’s management and coordination efforts will focus on taking the vision forward in a concerted way while recognizing the diversity in the Region. The Accountability Framework is a living document that will continue to evolve through updates, changes or adjustments.

### 3.4 Gender and equity lens

Reducing gender and health inequities is critical to our long-term vision of making the Western Pacific the healthiest and safest region. The importance of this work was made abundantly clear when the COVID-19 pandemic exposed and amplified the inequalities present in the health systems.

Since the adoption of *For the Future*, WHO has introduced several technical initiatives to support the integration of gender and equity, including a regional communication package to address gender-specific vaccine concerns and the guidance on “Becoming a Healthier and Safer Region by Integrating a Gender and Equity Lens into Everything We Do”.

To allow for dialogue, knowledge exchange and cross-country collaboration, WHO established the Regional Gender, Equity and Human Rights Network in addition to hosting webinars on UHC Day and International Women’s Day to exchange knowledge and raise awareness of gender and equity in the Western Pacific. The leadership and contribution of women to health across the Region were also featured in *Celebrating Women’s Voices in the Western Pacific Region.* In addition, informal country consultations were held to understand the shared risk factors of violence against women and children, with findings to be used to support the further development of the Regional Baseline Status Report on Violence against Women and Children.
At the country level, WHO has facilitated: Gender and Equity Forums for policy dialogue in Cambodia, Fiji, the Lao People’s Democratic Republic and Viet Nam; virtual workshops to enhance multisectoral collaboration on violence against women and children in Mongolia; and capacity strengthening in Vanuatu to deliver health services to hard-to-reach island communities. In addition, Pacific island countries and areas partnered with the Pacific Disability Forum to ensure disability-inclusive and supportive measures in COVID-19 preparedness and response. WHO also partnered with the Philippines to develop a tailored toolbox to support the adoption of a gender and equity lens during COVID-19 vaccination.

The way forward

Building on the progress to date, WHO should further institutionalize a gender and equity lens into every stage of our technical work (from analysis and planning to implementation and evaluation) and in our operations and administration. Applying a gender and equity lens will not only contribute to health equity but also help achieve WHO programmatic goals. For example, disaggregation of health data and intersectional analysis by age, sex and other social attributes will provide potential insight into programmatic challenges and performance. The COVID-19 pandemic is a reminder that protecting vulnerable populations serves not only those populations, but also the whole of society.
4. Implications of COVID-19 on *For the Future*

Stocktaking exercises revealed that COVID-19 underscored the needs for accelerating the implementation of *For the Future*: the challenges it highlighted such as the health of older adults and those with NCDs, vulnerable populations, and the environment are no longer challenges for the long-term; they are among the most pressing problems requiring action today. COVID-19 also created opportunities with unprecedented momentum for health and possibilities for leapfrogging (Fig. 7).

**Fig. 7. Accelerating the *For the Future* vision in the COVID-19 era, including the leapfrog approach**

Therefore, WHO in the Western Pacific Region should continue to adapt and adjust drawing upon the response to COVID-19. The pandemic has underlined many of the issues and challenges for achieving UHC, and that we need to strengthen and accelerate the implementation of *For the Future*.

4.1 Addressing future challenges today: new normal to new future

During the COVID-19 pandemic, “future challenges” have suddenly become today’s problems. The pandemic disproportionately affected older adults, those with NCDs and vulnerable populations. The challenges brought forth by COVID-19 have acted as catalysts for sustained environmental improvements, as people are increasingly recognizing the link between health and the environment.

As part of our tradition of addressing the Region’s long-term objectives, WHO and Member States have been making progress in long-term and comprehensive efforts for pandemic
preparedness based on experience of previous outbreaks such as severe acute respiratory syndrome (SARS), Middle East respiratory syndrome (MERS) and avian influenza, under APSED, which enabled more collaborative and effective responses to the pandemic in the Asia Pacific region. In implementing For the Future, countries intensified their efforts to promote health among vulnerable populations including older adults, which enabled a quick and targeted response to support these populations during the pandemic. Likewise, WHO and Member States need to address both immediate needs and contribute to the long-term and complex objectives, such as health systems strengthening and improving health among vulnerable populations, through collaborations with partners beyond the health sector. Member States invested in service delivery, the health workforce, laboratory capacity, surveillance systems, infection prevention and control, and governance mechanisms in health systems during the COVID-19 response. These investments can serve as a basis for the next outbreak response as well as achieve other health priorities, including AMR. For example, the COVID-19 vaccination campaign among vulnerable populations (such as older adults and people with comorbidities) can be an opportunity to improve immunization programmes (especially post-childhood), as well as the identification, planning, delivery and surveillance of overall health services. With this “new normal” to “new future” approach in mind, WHO in the Western Pacific will support the immediate needs of our Member States in the Region to respond to COVID-19 (such as vaccinations and outbreaks), as well as lead discussions on improving preparedness and health systems in the post-pandemic era and coordinate global and regional discussions and recommendations such as those from the Independent Panel for Pandemic Preparedness and Response.10

4.2 Emerging opportunity: unprecedented momentum for health

The pandemic has created unprecedented interest, support and collaboration for health among different sectors of society. Individuals and organizations have realized that health is a prerequisite for social and economic activities, and they are willing to invest and collaborate for health. Member States and WHO should seize this opportunity to accelerate the implementation of For the Future to prepare for future emerging diseases and address our other thematic priorities.

Raised awareness for health: Health is closely interlinked with the economy and social activities. The significant economic consequences of COVID-19 have led to the recognition that health is an essential social infrastructure and should be viewed as an investment not just in health but in economic and social activity. In the absence of adequate investment, society, households and individuals bear a heavy burden. Advocating greater investment in prevention
and promotion could result in significant long-term returns by saving on health-care and welfare costs and increasing available capacities in health-care services.

**Multisectoral coordination and partnerships:** During COVID-19, Member States formed multi-agency coordinating mechanisms (such as health, finance, justice and industry) to plan, implement and monitor the pandemic response. Different public and private sector organizations collaborated to contain the pandemic. A strong consensus also emerged across sectors that containing COVID-19 is a prerequisite for any other social and economic activity, which should be extrapolated to other health priorities.

**More individual ownership of health:** Individuals played a critical role in controlling the pandemic through behaviour changes (such as personal hygiene, avoidance of crowded places and physical distancing). This trend could encourage individuals to assume greater ownership and better health literacy concerning other public health priorities such as NCD prevention, environmental health and protection of vulnerable populations.

**Accelerated adoption of innovation:** The COVID-19 pandemic accelerated the adoption of technological and social innovation. Innovative models of care, such as telemedicine, mobile contact tracing and drive-through testing facilities, have quickly become commonplace: by the end of 2020, Singapore’s GPS-enabled contact tracing app, TraceTogether, had been utilized by over 70% of the country’s population. COVID-19 also highlighted the vital role of localized solutions to support community resilience. For example, in areas with scarce access to fresh water in Samoa, traditional use of coconut husks or ash as substitutes for soap were revived as approaches to maintain hand hygiene. In addition, COVID-19 encouraged the adoption of social and behavioural innovations such as “nudging” to remind people to maintain personal hygiene and physical distancing as well as communication campaigns to address vaccine hesitancy.

**Cross-country collaboration:** Member States in the Region exhibited significant solidarity during the pandemic through timely information-sharing, exchanging expertise, providing technical assistance across countries, building institutional networks, sharing essential supplies for the response and supporting countries to access safe, effective and quality-assured vaccines as they became available. This regional solidarity was a critical part of the response by Member States.

### 4.3 Leapfrog approach

COVID-19 created a unique opportunity to redesign and strengthen health and social systems in preparation for the next pandemic. Development theory postulates that countries or
organizations catching up have an opportunity to accelerate their development by leapfrogging or adopting the latest operational models, technologies and systems, such as moving straight to mobile phone technology rather than fixed-line telephony.\textsuperscript{13} Mongolia, for example, utilizes telemedicine to connect provincial hospitals to specialists in the capital of Ulaanbaatar so that doctors in provincial hospitals can seek expert advice more easily. This would remove the need for consultations by paper, fax or in-person referrals.\textsuperscript{14} Electronic health systems and software were utilized in the Lao People’s Democratic Republic and Tonga to monitor COVID-19 vaccinations and the roll-out of essential services.
5. Future directions

The stocktaking exercise confirmed that the For the Future vision – acting today to address the challenges of tomorrow – is still relevant and has become even more pressing amid the pandemic. Therefore, WHO in the Western Pacific Region should accelerate the implementation of For the Future by building its operational capacity and coordination (Fig. 8).

Fig. 8. Summary of the findings, implications and next steps of For the Future

Based on these findings from the stocktaking and advice from experts in the Region, the WHO internal task team recommends the following actions to help Member States accelerate the implementation of For the Future.

5.1 Strengthen organizational capacities and coordination

WHO in the Western Pacific Region will strengthen organizational capacities and coordination to address Member States’ emerging needs, which are typically complex, long-term and often diverse (Fig. 9).
Fig. 9. Actions and objectives to institutionalize operational shifts and strengthen coordination

**Strengthen Organizational Capacity**

- **Institutionalize operational shifts**
  - Internal process aligned with *For the Future*
  - Cultural changes (outcome-oriented, cross-divisional work)
  - HR Strategy

- **Strengthen internal and external coordination**
  - New CCS framework
  - National-level coordination
  - Work as one team

**Institutionalize “operational shifts”**

To accelerate the implementation of *For the Future*, it is important that all WHO staff and teams consider the application of the operational shifts, the gender and equity lens and CCE lens, and the thematic priorities in our daily work. To facilitate this “institutionalization”, the following will be considered:

**Internal process**: WHO in the Western Pacific Region may utilize the concept of “green tape” (bureaucracy): clear, structured and consistent policies promote organizational objectives, efficiency and continuous oversight, and monitoring measures strengthen the internal control and accountability framework in the Organization. Internal processes can encourage staff to reflect and adopt the operational shifts and undertake periodic risk management (risk assessment and identification, risk appetite, mitigation measures, identification of residual risks, etc.). This may include regular reflection at various levels throughout the programme budget cycle, from strategic and operational planning to implementation and monitoring, thus ensuring alignment of our daily work with the *For the Future* vision. The Western Pacific Programme Budget 2022–2023 will link the monitoring of *For the Future* at the regional level and the GPW 13 Results Framework at the global level and report progress made in *For the Future* through global output scorecards, which contribute to the WHO Results Report under the GPW 13 Results Framework.
In addition, WHO in the Region will better connect and streamline our internal meetings to support For the Future. This includes considering the unique constraints of collaborating with remote staff and creating opportunities for updates between teams. The bimonthly Coordinators Meeting, for example, can bring together all technical staff to implement reform and foster innovative, cross-divisional work.

**Culture change:** To accelerate implementation of For the Future, it is important for us to reflect on and evaluate outcomes (such as health impact among our target population) in addition to processes (such as programme activities that have been implemented). Each thematic priority requires close coordination across different technical units. These changes require culture change within the Organization to provide supportive environments for experimenting with new ways of working as well as enforcement by leadership through consistent reminders and role modelling.\(^{16}\) WHO continues to be flexible in exploring the different options to ensure the right culture.

**Human resource strategy:** Accelerating the implementation of For the Future requires equipping existing staff with new skills (cross-cutting and technical) and adding new staff with requisite skills to the Organization. As more organizations enter into public health and professionals with significant productivity are scarce,\(^{15}\) WHO must continue to strengthen its human resource strategy to attract and retain the right talent as the needs of our Member States continue to evolve.

One element that WHO in the Region aims to strengthen is workforce planning – to deliver For the Future while continuing to build on our culture of learning and improving, mobility and the one team approach. In the coming biennium, WHO in the Western Pacific aims to develop and implement a systematic process of workforce planning for the Region.

**Strengthen coordination to address emerging needs of our Member States**

As a global specialized agency for international public health, WHO needs to achieve integration and consistency across the Organization and tailored services to Member States in their diverse socioeconomic and geographical contexts. Studies in the private sector show that high global integration and local responsiveness can be achieved simultaneously by building a “transnational organization” (Fig. 10).\(^{17}\)

Researchers have found that regional offices play increasingly significant roles in these transnational organizations as a bridge between global and local, with a prominent role in communication and decision-making, while developing knowledge, innovation and control.\(^{18,19}\)

In WHO, the Regional Office adopts and customizes the breadth of global guidance, standards
and norms in a comprehensive, efficient manner to country offices of varying sizes. It can also serve as a hub for Member States to exchange information, learn from each other and develop collective actions.

The COVID-19 pandemic also underscored the importance of regional coordination and collaboration for the pandemic response. Building on our tradition and experience, the WHO Regional Office continues to serve as a hub to support Member States in the Western Pacific to improve health systems and exchange knowledge, as exemplified by pandemic preparedness and response. It also continues to develop and maintain public goods in the Region such as regional technical materials and regional databases. WHO in the Western Pacific will also strengthen coordination and information exchange across the three levels of WHO as well as across regions (especially with South-East Asia).

Fig. 10. Organization of transnational institutions, local responsiveness and global integration


New framework for country cooperation strategy: Country cooperation strategies are medium-term visions to guide WHO technical cooperation with Member States. Traditionally, WHO in the Western Pacific has developed such strategies based on the common priorities and direction in the Region and country-specific development, economies and cultures. In the next iteration of the country cooperation strategies, For the Future should be operationalized by:
determining fewer, longer-term objectives (such as thematic priorities) for different technical units to work together; describing the pathway to long-term objectives; leveraging new approaches (operational shifts); and recognizing the diverse and changing role of WHO in Region.

**Work with Member States to strengthen support for subnational authorities:** Subnational authorities have a significant opportunity to improve public health by enhancing health policies and actions. For example, the *Action Framework for Safe and Affordable Surgery in the Western Pacific Region (2021–2030)* proposes the review of local epidemiology and health system capacities as part of local planning. This exercise will form the basis for planning other programmes at the subnational level. The support for subnational authorities is particularly important in decentralized health systems. WHO will support the operationalization of these local efforts to protect health and well-being by defining priorities, uniting stakeholders around common goals and ensuring accountability for outcomes.20

**One team for implementation:** The Western Pacific Region has been strengthening collaboration across technical divisions and country and regional offices. Building on the experience during the COVID-19 pandemic response, WHO in the Western Pacific should continue to work together across divisions and offices as one team with an integrated approach to address the complex and long-term issues of the Region in a timely manner.

The primary focus of the one team approach is to move away from a transactional, need-based style of working to a collaborative working style. Regional and country offices should set joint objectives using backcasting and determine policy options tailored to each country. By working together to develop activity plans, including stakeholder engagement, a joint team can provide more effective support to Member States. By jointly working on technical and managerial capacity-building, one team can establish the common working language and knowledge that forms the basis for collaboration among different teams in the WHO Western Pacific Regional and country offices.

**5.2 Adopt a hypothesis-driven and “try and learn” approach**

WHO should build capacity to provide tailored and practical support to Member States, while continuing to build expertise and partnerships in health and beyond (Fig. 11).
Since most of these future challenges do not have existing best practices, WHO should utilize the hypothesis-driven approach to come up with tailored solutions (see the box below).

### Hypothesis-driven approach

Throughout the COVID-19 pandemic, Member States have requested that WHO provide customized and agile responses and technical support. WHO in the Western Pacific Region has applied a hypothesis-driven approach, an effective problem-solving methodology that has helped to meet Member State needs.

The hypothesis-driven approach is a framework to address Member States’ complex and diverse challenges. It enables efficient problem-solving: instead of drawing answers based on datasets and stacks of journal articles, it first identifies the highest-priority problems and questions. Once the defined problem is well understood, targeted hypotheses are developed, then data are collected and analysed to validate, modify or reject those hypotheses. Findings are communicated in a compelling, concise and logical way to drive further action.

The hypothesis-driven approach will enable the processing of large quantities of data and quick identification of tailored solutions, building capacity to address long-term issues (which may be complicated, invisible and unique) while solving today’s problems (which may be more obvious and straightforward).

WHO should also utilize a “try and learn” approach (as in the “lean start-up” management concept). The first step is to understand the end-user’s perspective (such as needs, motivation,
thoughts and behaviours) through observation, data analysis and stakeholder interviews. The next step is to come up with the concept for solutions (such as a product, system, organization or policy) with long-term goals and country-specific situations in mind. It will be quickly followed by the development of a minimum viable product or MVP (smallest set of features or activities needed to test a hypothesis of solution) to test the concept, rather than waiting to meet all necessary conditions (such as planning, data, technology, human resources and funding). This quick validation may reveal the insights that redefine the problem or shape a new solution. This “try and learn” approach enables the rapid development of relevant solutions and continuous update based on the feedback and changes in the situation and customer needs.
References


5. Fourth meeting of the technical advisory group on universal health coverage in the Western Pacific Region. Manila: WHO Regional Office for the Western Pacific; 2020.


