The work of WHO in the Western Pacific Region

1 July 2006 – 30 June 2007
THE WORK OF WHO IN THE WESTERN PACIFIC REGION

1 July 2006 – 30 June 2007

Report of the Regional Director to the Regional Committee for the Western Pacific

Fifty-eighth session

World Health Organization

Western Pacific Region

Manila, Philippines
June 2007
The designations employed and the presentation of the material in this report do not imply the expression of any opinion whatsoever on the part of the Secretariat of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

Where the designation “country or area” appears, it covers countries, territories, cities or areas.

Throughout this volume, the $ sign denotes US dollars unless otherwise stated.
Contents

Introduction

Combating Communicable Diseases

1. Expanded Programme on Immunization
   Expanded Programme on Immunization
   Hepatitis B
   Measles
   Poliomyelitis
   New and Underutilized Vaccines

2. Malaria, Other Vectorborne and Parasitic Diseases
   Malaria
   Dengue
   Helminths
   Lymphatic filariasis

3. Stop TB and Leprosy Elimination
   Tuberculosis
   Leprosy

4. HIV/AIDS and STI

5. Communicable Disease Surveillance and Response
Building Healthy Communities and Populations

6. Healthy Settings and Environment
   Health Promotion
   Injury and Violence Prevention
   Health and Environment
   Food Safety

7. Child and Adolescent Health and Development
   Child Health
   Adolescent Health
   Nutrition

8. Reproductive Health

9. Noncommunicable Diseases and Mental Health
   Noncommunicable Diseases
   Mental Health

10. Tobacco Free Initiative

Health Sector Development

11. Health Systems Development and Financing
   Health Systems Development
   Health Care Financing
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Health Technology and Pharmaceuticals</td>
<td>46</td>
</tr>
<tr>
<td>Essential Drugs and Medicines</td>
<td>48</td>
</tr>
<tr>
<td>Traditional Medicine</td>
<td>49</td>
</tr>
<tr>
<td>Blood Safety and Health Technology</td>
<td></td>
</tr>
<tr>
<td>13. Human Resources for Health</td>
<td>51</td>
</tr>
<tr>
<td>14. Health Information and Evidence for Policy</td>
<td>54</td>
</tr>
<tr>
<td>Health Information</td>
<td>55</td>
</tr>
<tr>
<td>Health Research</td>
<td></td>
</tr>
<tr>
<td>15. Emergency and Humanitarian Action</td>
<td>56</td>
</tr>
<tr>
<td>16. Information Technology</td>
<td>61</td>
</tr>
<tr>
<td>External Relations</td>
<td>61</td>
</tr>
<tr>
<td>Public Information</td>
<td>62</td>
</tr>
<tr>
<td>17. General Administration</td>
<td>65</td>
</tr>
<tr>
<td>Budget and Finance</td>
<td>65</td>
</tr>
<tr>
<td>Personnel</td>
<td>65</td>
</tr>
<tr>
<td>Supply</td>
<td>66</td>
</tr>
</tbody>
</table>
For the fourth consecutive year, Asia is an epicentre of the serious public health threat posed by avian influenza and a potential human influenza pandemic. Dense human populations and the widespread presence of domestic poultry in our part of the world have combined to create a situation that demands constant vigilance, comprehensive preparation, and well-coordinated response and containment mechanisms.

Avian influenza remains endemic in several countries in the Western Pacific Region, continuing to infect domestic poultry and wild birds. However, there has been a significant decrease in the number of human cases and deaths.

Progress in fighting the disease can be attributed to increased political will on the part of our Member States, improved animal and human surveillance, and effective public education campaigns. Despite these encouraging developments, there's no place for complacency. Working in collaboration with our Member States, as well as our regional and international partners, we must do more to ensure we avert a pandemic that could claim millions of lives.

Fortunately, a new weapon was added to our arsenal when the revised International Health Regulations (2005) came into effect in June 2007, giving the Region and our Member States stronger measures to tackle pandemic influenza and other public health emergencies of international concern. The Asia Pacific Strategy for Emerging Diseases or APSED, a plan developed jointly with the South-East Asian Region, has provided an overarching strategy to fight pandemics. The APSED workplan for the Western Pacific Region has further sharpened that focus.

In April 2007, the Western Pacific Region, along with ASEAN and other partners, conducted the PanStop exercise to test our rapid response and containment capacity. The exercise, which drew worldwide attention, helped identify gaps in our readiness plans that will allow us to better prepare for a real event.

While we remain committed to our efforts to avert a pandemic, avian influenza is only one among many issues we faced.

Data collected over the past year confirmed that the Western Pacific Region had become the first and only WHO region to meet intermediate targets for tuberculosis control—detecting 70% of estimated cases, successfully treating 85% of those cases, and ensuring that 100% of the population has access to DOTS, the WHO-recommended TB control strategy. I extend my thanks to all Member States and partner organizations whose efforts and support made this achievement possible.

Climate change and its effect on the environment and health present challenges both in the Region and around the world. WHO collaborated with China and Fiji over the past year on programmes focused on adaptations to climate change necessary to protect public health. An update on the Fiji project was presented in February 2007 at the regional workshop in Cook Islands for small island states organized by the United Nations Framework Convention on Climate Change. Progress on
the China project was presented at a United Nations workshop in Beijing in April 2007.

Natural disasters and emergencies seem to visit the Western Pacific Region with unwelcome regularity. An earthquake measuring 8.1 on the Richter scale struck some 350 kilometres north-west of Honiara, Solomon Islands, on 2 April 2007, unleashing a tsunami that claimed 52 lives and damaged health facilities in the western part of the country. WHO dispatched staff and supplies to assist in the emergency response, one of several such efforts for which the Regional Office provided assistance.

One measure we use to gauge progress in serving the 1.8 billion people who live in the Western Pacific Region is progress towards the United Nations Millennium Development Goals (MDGs). Working with our Member States and partners, we have made significant gains in our shared goals of eradicating poverty and hunger, improving health, protecting the environment, and promoting equality and opportunity.

A number of countries in the Region have reached the annual rate of reduction necessary to achieve the MDG target of halving the proportion of people suffering from hunger between 1990 and 2015. In many countries, progress towards the MDG target of reducing or halting the spread of malaria has been achieved through the free distribution of treated bednets, improved access to more effective antimalarial medications, better training for health workers and indoor spraying.

The 37 countries and areas that comprise the Western Pacific Region make ours the largest—and perhaps most diverse—of all Regions. But inequalities in health status and in access to health services hamper the efforts of some of our Member States to achieve the health-related MDGs. Progress on these goals will depend on strengthening health systems, increasing domestic and external investments in health, and improving the effectiveness of available resources.

The World Health Organization remains committed to leading this fight. Working together with our Member States, our international partners and civil society, we can ensure that we have in place the proper programmes and resources to meet our common goal of good health for all people of the Western Pacific Region.
Executive Summary

1. Expanded Programme on Immunization. The Western Pacific Region continued to make significant progress in achieving regional immunization objectives, including the twin goals of measles elimination and hepatitis B control. The Region has remained poliomyelitis-free. The Republic of Korea declared in November 2006 that it had eliminated measles, while other countries such as Cambodia, China, the Philippines and Viet Nam are making significant progress towards measles elimination.

2. Malaria, Other Vectorborne and Parasitic Diseases. Malaria morbidity and mortality continued to decrease in most endemic countries of the Region, but antimalarial drug resistance is seriously hampering malaria control efforts. However, significant progress has been made in addressing the problem of counterfeit antimalarial drugs, especially artesunate. The number of dengue cases remained high in highly endemic countries such as Cambodia, Malaysia, the Philippines and Viet Nam. Population coverage by deworming programmes in the Region is steadily progressing towards the WHO global target.

3. Stop TB and Leprosy Elimination. Data reported during the past year indicate that the Region has met TB control milestones set for 2005. However, most countries face significant constraints to further progress necessary to achieve goals set for 2010 including limited access to and quality of directly observed treatment, short-course (DOTS) services; multidrug-resistant TB; the TB-HIV co-infection; and the lack of adequate human resources and other health systems weaknesses. During the past year, reports emerged globally of extensively drug-resistant TB which has been documented in the Republic of Korea and the Philippines.

4. HIV/AIDS and STI. Large-scale prevention programmes have helped avert new infections and slowed the HIV/AIDS epidemic in Cambodia. However, mounting infection rates can be found throughout the Region, including Papua New Guinea and Viet Nam. WHO supported Member States in gathering strategic information on HIV/AIDS and in targeting populations with high-risk behaviour. Technical assistance was provided for the development of tools and guidelines for harm reduction. The number of people living with AIDS who are receiving antiretroviral treatment is increasing in all countries in the Region.

5. Communicable Disease Surveillance and Response. Work during the past year focused on supporting Member States in responding to avian influenza A(H5N1) and improving human influenza pandemic preparedness. A WHO pandemic influenza draft protocol for rapid response and containment has been developed. The Region gained a new weapon in the battle against pandemics when the International Health Regulations (2005) entered into force in June 2007. A five-year workplan to implement the Asia Pacific Strategy for Emerging Diseases was developed, with the goal of ensuring that all the countries and areas in the Region will have at least the minimum capacity for epidemic alert and response by 2010.

6. Healthy Settings and Environment. Building human resources capacity in health promoting settings continued to be a priority, with WHO support provided to healthy settings networks and activities. WHO participated in the Second General Assembly and Conference of the Alliance for Healthy Cities in October 2006. In the area of injury prevention, WHO and its partners coordinated United Nations Global Road Safety Week in April 2007. Working in collaboration with the United Nations Environment Programme and other partners, plans were made to convene the First Regional Forum on Environment and Health in August 2007. Further progress has been made to strengthen capacity and collaboration in food safety.
7. Child and Adolescent Health and Development. The successful launch of the WHO/UNICEF Regional Child Survival Strategy helped prompt country-specific actions. WHO continued to support efforts to increase coverage of evidence-based child survival interventions, particularly the Integrated Management of Childhood Illness, infant and young child feeding, and referral care for children. A technical officer's post was established in the Regional Office to support adolescent health. The Region continues to work towards the eradication of hunger as called for in the Millennium Development Goals (MDGs).

8. Reproductive Health. Some countries in the Region have demonstrated that progress in meeting the MDG target of reducing the maternal mortality rate by three quarters by 2015 is possible, even with limited resources. However, most countries in the Region are not on track to meet the target. Young people continue to face significant reproductive health threats, such as teenage pregnancy, unsafe abortion and sexually transmitted infections, including HIV/AIDS. A biregional consultation was convened to assist countries in strengthening informed decision-making on the prevention of cervical cancer, the second most common cancer in women worldwide.

9. Noncommunicable Diseases and Mental Health. Efforts in the Region to combat noncommunicable diseases (NCD) expanded over the past year. There are now five NCD national programme officers in country offices. The WHO Pacific Islands Mental Health Network (PIMHnet) was officially launched during the Meeting of the Ministers of Health for the Pacific Island Countries in March 2007 in Vanuatu. A draft policy framework has been prepared for the WHO People at the Centre of Care Initiative, an overarching initiative reflecting the significance of psychosocial factors in determining health outcomes.

10. Tobacco Free Initiative. WHO has continued to provide focused, country-level technical assistance, capacity-building and other support to Member States for implementation of the WHO Framework Convention on Tobacco Control, the world's first tobacco control treaty. Almost all parties in the Western Pacific Region are on track to meet Convention requirements. WHO conducted subregional workshops to build capacity for Convention implementation and prepare the Region's parties for active participation in the Second Session of the Conference of Parties in Bangkok in June 2007. WHO supported country advocacy efforts in line with the 2007 World No Tobacco Day theme of “Smoke-free Environments”.

11. Health Systems Development and Financing. WHO has provided ongoing technical assistance in public health law and health worker regulation and registration in several countries in the Pacific. Capacity-building has been a special focus over the past year, including a pilot test of an improved hospital financial management system in the Lao People's Democratic Republic, a localized course on health sector reform and sustainable financing in the Philippines, and the introduction of an initiative to strengthen essential emergency surgical care at the district level in Mongolia. Health systems strengthening and health care financing also have received support, with many countries in the Region having made progress towards the development of national health accounts.

12. Health Technology and Pharmaceuticals. WHO continued its commitment to promote the rational use of medicines. The patents of many life-saving drugs have expired recently, and hundreds more are set to expire by 2010. The Agreement on Trade-Related Aspects of International Property Rights (TRIPS) and other multilateral and bilateral trade agreements accord high priority to public health safeguards for access to medicines. In the area of traditional medicine, Member States have reached a consensus on the need for
standardization in the use of traditional medicine. WHO continued to support the development and implementation of national blood policies, strategies and programmes of its Member States and assisted the increasing number of countries committed to developing fully voluntary nonremunerated blood donation systems.

13. Human Resources for Health. The Regional Strategy on Human Resources for Health (2006-2015) was endorsed by the WHO Regional Committee for the Western Pacific at its fifty-seventh session in New Zealand in September 2006. The Strategy guides WHO collaboration with Member States and provides a range of policy options and strategic actions they can consider in addressing country-specific health workforce needs. The Pacific Code of Practice for the recruitment of health workers in the Pacific was endorsed by the Ministers of Health for the Pacific Island Countries at their meeting in Vanuatu in March 2007.

14. Health Information and Evidence for Policy. WHO provided support for efforts to improve the efficiency of health information systems in the Region. The Country Health Information Profiles were revised to provide more analysis. The Practical Guide on Electronic Health Records was published in September 2006, and the Medical Records Management manual was revised. Work continued on Health in Asia and the Pacific, which will be a joint publication of the Regional Offices for South-East Asia and the Western Pacific. Development of Evidence-informed Policy Networks (EVIPNet) continued in China, the Lao People’s Democratic Republic, Malaysia, the Philippines and Viet Nam.

15. Emergency and Humanitarian Action. WHO provided assistance to Member States dealing with a variety of emergencies and natural disasters including an oil spill and typhoons in the Philippines, a cyclone in Viet Nam, a volcanic eruption in Vanuatu, and a tsunami in Solomon Islands. In addition, preparedness activities and national training courses were supported throughout the Region. WHO provided consultants to Member States to assess logistics management systems, review the management of drug donations, strengthen blood transfusion services in emergencies, and assess human resources development.

16. Reaching Out. Regional preparations for the Global Management System currently are focusing on system integration and the interface with regional information systems. The regional intranet portal was redesigned to allow units to manage their own content. In the area of External Relations, 44 memoranda of understanding and similar agreements were signed with 17 governmental partners, 12 United Nations and intergovernmental agencies, and 10 foundations or nongovernmental organizations for joint activities both at the regional and country levels. Avian influenza continued to be a major focus for the Public Information Office.

17. Administration and Finance. Construction of the new office building and renovation of the original structures at the Regional Office for the Western Pacific were completed in 2006, providing additional facilities for meetings, videoconferences and other activities. Some administrative services were outsourced to minimize costs. The automation of several activities, such as property inventory and staff information, was enhanced to ensure the integrity of the database. New financial regulations approved by the World Health Assembly came into force in 2006. Pay rates for short-term consultants were revised to make them more competitive with other United Nations agencies and international organizations. Personnel has taken an active role in coordinating reform that takes effect 1 July 2007. Ongoing computerization of work processes and forms has increased efficiency of Personnel services.
WHO Western Pacific Region Organizational Structure

Regional Director

Director, Programme Management

Country Offices Representatives
- Cambodia
- China
- Lao PDR
- Papua New Guinea
- Philippines
- Malaysia
- Mongolia
- Samoa
- South Pacific
- Viet Nam

Country Liaison Offices
- Kiribati
- Solomon Islands
- Tonga
- Vanuatu

Combating Communicable Diseases
- Expanded Programme on Immunization
- Malaria, Other Vectorborne and Parasitic Diseases
- Stop TB and Leprosy Elimination
- HIV/AIDS and STI
- Communicable Disease Surveillance and Response

Building Healthy Communities and Populations
- Healthy Settings and Environment
- Child and Adolescent Health and Development
- Reproductive Health
- Noncommunicable Diseases and Mental Health
- Tobacco Free Initiative

Health Sector Development
- Health Systems Development and Financing
- Health Technology and Pharmaceuticals
- Human Resources for Health
- Health Information and Evidence for Policy
- Emergency and Humanitarian Action

Reaching Out
- Information Technology
- External Cooperation and Partnerships
- Public Information
- Programme Planning, Monitoring and Evaluation
- Supply

Administration and Finance
- Budget and Finance
- Personnel
- General Administration

Health Technology and Pharmaceuticals

Combating Communicable Diseases

Human Resources for Health

Health Information and Evidence for Policy

Emergency and Humanitarian Action

Health Systems Development and Financing

Public Information

Programme Planning, Monitoring and Evaluation
Combating Communicable Diseases
1 Expanded Programme on Immunization

Expanded Programme on Immunization. The Western Pacific Region continues to make significant progress in achieving regional immunization objectives, including the twin goals of measles elimination and hepatitis B control. The Region has remained poliomyelitis-free, despite the continuing risk of a wild polio virus importation. The Republic of Korea declared in November 2006 that it had eliminated measles in 2006, while other countries such as Cambodia, China, the Philippines and Viet Nam are making significant progress towards measles elimination. Despite Government contribution, challenges remain in mobilizing sufficient resources for the fight against measles, especially in countries such as China and the Philippines that are not eligible for support from the Global Alliance for Vaccines and Immunization (GAVI). Vaccination programmes for hepatitis B also made significant progress over the past year, securing domestic funding in China, the Philippines and Viet Nam. There was continuing improvement in routine coverage for hepatitis B with three doses, as well as with timely birth doses, in the majority of the countries in the Region.

Accelerated introduction of new vaccines, where justified on the basis of disease burden and cost-effectiveness, remains an important goal of immunization programmes in the Region. Key Member States are being assisted to set up sentinel disease surveillance systems to quantify the disease burden in order to inform decisions on the introduction of new vaccines. Significant efforts also have been made to assist countries and areas in the Region with preparedness in the event of a human influenza pandemic.

Hepatitis B. Technical and operational strategies to achieve the goal of a chronic hepatitis B infection rate of less than 2% among children 5 years of age were recommended by the Technical Advisory Group (TAG) on Immunization and Vaccine-Preventable Diseases in the Western Pacific Region. These strategies guided work in the Region over the past year. In November 2006, the Philippines approved an administrative order calling for a birth dose within 24 hours of delivery and committing to full funding for procurement of hepatitis B vaccines through 2010. With this, all countries and areas in the Region are now providing hepatitis B vaccine to all infants on nationwide basis. Significance progress was achieved in ensuring financial security for hepatitis B vaccine when China and Viet Nam transitioned out of GAVI financing to full domestic funding for hepatitis B in 2007.

Since provision of the first dose of hepatitis B vaccine remains crucial in attaining the regional goal, the WHO Regional Office for the Western Pacific published Preventing Mother-to-Child Transmission of Hepatitis B: operational field guidelines for delivery of birth dose of hepatitis B vaccine. The hepatitis B expert working group, which had previously met in 1998 and 2002, gathered in Tokyo in March 2007. The meeting helped revise and finalize the second version of the hepatitis B regional plan of action in light of the new regional goal for 2012. In addition, certification guidelines were developed based on recommendations from this meeting. These guidelines will be used in the Region to certify the achievement of hepatitis B control goals by Member States. The certification guidelines and regional hepatitis B workplan were shared with Member States in a national EPI manager workshop in June 2007.

Measles. The Western Pacific Region achieved the largest percentage reduction (81%) in measles mortality between 1999 and 2005 among WHO regions. Almost all Member States are continuing to make

1 Japan, with very low chronic HBV infection rates, provides hepatitis B vaccines only to children born to HBsAg-positive mothers on a nationwide basis.
progress towards the regional measles elimination goal for 2012 by using strategies that include appropriately targeted supplementary immunization activities, the introduction of a second dose of measles vaccine, the maintenance of high coverage with two doses of measles vaccine, and case-based measles surveillance. The Republic of Korea in November 2006 became the first Member State in Western Pacific Region to declare measles elimination, after satisfying nearly all the interim criteria.

Viet Nam is planning to introduce the second dose of measles vaccine in 2007, in addition to targeted supplementary immunization activities in high-risk areas. The country is likely to eliminate measles well ahead of its 2010 target.

China developed a national measles elimination plan and organized the first national technical advisory meeting for measles elimination in December 2006. The meeting reviewed the measles elimination status in four provinces and the progress made in other provinces. Special efforts are being made to mobilize additional resources from non-GAVI sources to support China’s measles elimination efforts. China received a pledge of support of US$ 1 million from the United Nations Foundation for supplemental activities in its western provinces. The Philippines received a pledge of US$ 1 million from The Church of Jesus Christ of Latter-day Saints to be funnelled through the Foundation for supplemental immunization. Cambodia developed a national measles plan with the goal of measles elimination by 2012, and conducted follow-up measles immunization campaigns during February and March 2007.

In January 2007, five of the GAVI-eligible countries (Cambodia, the Lao People’s Democratic Republic, Mongolia, Papua New Guinea and Viet Nam) received over US$ 8 million in support of supplementary measles immunization activities to be conducted in 2007–2008.

A measles outbreak, following importation, was observed in Fiji from February to May 2006, with 132 reported cases. The outbreak demonstrated the importance of sustaining high coverage vaccinations through routine systems, as well as organizing periodic supplementary immunization activities to close population immunity gaps. Fiji responded to the outbreak by organizing a national measles immunization campaign, targeting children aged 6 months to 6 years. Coverage of 98% was achieved during the campaign. Additionally, Kiribati, Solomon Islands and Vanuatu implemented scheduled national measles campaigns in the second half of 2006 as part of their measles elimination strategies. Kiribati intends to introduce a second dose of measles vaccine in 2007–2008.

**GAVI Partnerships.** Phase II of GAVI, which started in January 2006, is wider in scope and time frame than the original phase. Started in 2006, it will run until 2015. In 2006–2007, six of the seven GAVI eligible countries applied for GAVI support: Mongolia and Viet Nam (immunization system strengthening); Cambodia and Viet Nam (introduction of measles, second dose); and Kiribati, Papua New Guinea and Solomon Islands (introduction of Hib vaccine).

In addition to mobilization of resources from global partnerships such as GAVI, substantial resources amounting to US$ 5.9 million were mobilized from the United Nations Foundation for measles elimination activities in the Region in 2007–2008. New sources, such as The Church
of Jesus Christ of Latter-day Saints, also are being tapped to mobilize resources for the Expanded Programme on Immunization in the Region.

**Poliomyelitis.** With wild poliovirus endemic in Afghanistan, India, Nigeria and Pakistan, Member States in the Western Pacific Region have remained vigilant about the continued importation risk and the need for ongoing high-quality immunization, surveillance and outbreak preparedness. Regionally, poliomyelitis surveillance quality, including high-quality laboratory performance, and routine immunization coverage have been maintained at levels similar to previous years. Still, the Region has remained poliomyelitis-free.

Work has begun to review national policies and legislation on the immunization of travellers from areas with circulating poliovirus, particularly in view of the International Health Regulations (2005), which came into force in June 2007. Any single case of polio due to wild poliovirus will be considered as an event that may constitute a public health emergency of international concern, requiring notification of WHO within 24 hours of assessment, in accordance with the IHR (2005).

Regional phase 1 wild-poliovirus laboratory containment is yet to be completed. However, significant progress has been made in the two remaining countries, China and Japan. Containment is intended to reduce any risk of virus reintroduction from laboratories into communities and also is being carried out in preparation to implement measures of phase 2 laboratory containment, which calls for either destruction of materials or higher biosafety storage requirements, according to the current WHO Global Action Plan for Laboratory Containment of Wild Polioviruses, Second Edition.

In the development of strategies for the eventual cessation of oral poliovirus vaccine once global polio eradication has been achieved, better understanding is required on the behaviour of vaccine-derived polioviruses (VDPV), particularly in individuals with immune deficiency who may develop prolonged virus excretion. To further understand the natural history and prevalence of VDPV in immuno-compromised individuals, particularly in middle-income countries, China is among several countries participating in a prospective study coordinated by WHO Headquarters.

**New and Underutilized Vaccines.** Introducing new and underutilized vaccines is one of the four strategic areas in the Global Immunization Vision and Strategies, jointly developed by WHO and the United Nations Children’s Fund. The Western Pacific Region made further progress in this area in Macao (China) and Papua New Guinea, which introduced Hib vaccine to their national immunization programmes in 2007, bringing the total number of countries and areas in the Region that have done so to 19. Viet Nam undertook a rapid assessment of Hib disease burden in September 2006 and is planning a pilot introduction of Hib vaccine in 2007. In addition, WHO has been collaborating with Member States, including Cambodia, the Lao People’s Democratic Republic and the Philippines, in 2006–2007 in developing sentinel surveillance for meningo-encephalitis. This will help evaluate disease burden due to Japanese encephalitis, Hib and pneumococcus so that vaccines can be introduced for these diseases in due time. Rotavirus sentinel surveillance continued in six priority countries in the Region in 2006–2007.
Malaria. Malaria morbidity and mortality continued to decrease in most endemic countries of the Western Pacific Region, with Pacific island countries and areas still having the highest morbidity rates. Eight out of 10 endemic countries in the Region are now recipients of grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria. For the sixth round of grants, all malaria proposals that were developed with WHO support were successful.

Included in the successful Global Fund proposals are: (1) a programme in Cambodia that engages the private sector to address the problems of migrants and forest workers through the introduction of insecticide-treated hammock nets and increased access to artemisinin-based combination therapy; (2) a comprehensive malaria control approach in the Cambodian provinces bordering Thailand to scale up the response to high antimalarial drug resistance; (3) a programme in China for the establishment of health centres and provision of treatment at and across the border of Myanmar; (4) a programme in the Lao People’s Democratic Republic to be executed by the drug regulatory authority to address the issue of monitoring and combating counterfeit antimalarials and other drugs; and (5) further support of malaria control in the Philippines with involvement of the private sector.

Antimalarial drug resistance is seriously hampering malaria control efforts in this Region. Data from the monitoring sentinel site system in the Greater Mekong Subregion have shown serious multidrug resistance, especially in the Cambodia-Thailand border areas, with suspected reduced sensitivity to artemisinin derivatives. This was addressed in an international meeting in January 2007, which determined the next steps to verify this and resulted in intensified cooperation between Cambodia and Thailand to comprehensively address the containment of multidrug-resistance.

The problem of malaria among ethnic minorities and underserved groups continues to be addressed by a joint project by WHO and the Asian Development Bank in the six Greater Mekong countries that are developing mixes of intervention strategies targeting those groups. All countries are using a community-based participatory approach. A recent midterm review demonstrated successful engagement of national programmes to address the unique problems of these neglected populations in high-transmission areas.

Significant progress also has been made in addressing the problem of counterfeit antimalarial drugs, especially artemesunate, that until recently were widespread in some countries of the Greater Mekong Subregion. Collaboration with Interpol, the international police agency, has resulted in significant progress in tracing production and distribution of fake artemesunate, and there is an indication that the flow of fake artemesunate is slowing. A new concern is counterfeit insecticides and insecticide-impregnated nets that are beginning to appear in some places.

The Regional Office for the Western Pacific continues to coordinate activities to...
improve the quality of malaria diagnosis through rapid diagnostic tests and microscopy. WHO malaria microscopy training manuals and bench aids are under final revision. Expert microscopists from eight countries were retrained in a biregional programme which included the introduction of a microscopy expert accreditation programme. Two regional institutions, supported by the Regional Office for the Western Pacific, have pioneered a rapid diagnostic quality testing programme utilized by Member States and manufacturers. This programme is being expanded globally in collaboration with the UNICEF-UNDP-World Bank-WHO Special Programme for Research and Training in Tropical Diseases and the Foundation for Innovative New Diagnostics to develop a product testing programme and research and monitoring network.

Accurate estimates of populations at risk and of the burden of malaria are important for planning and resource allocation. The Regional Office is developing a programme to produce new detailed risk maps for Asia, as well as burden estimates, in collaboration with the World Food Programme, the Global Fund, the WHO Regional Office for South-East Asia and the WHO Global Malaria Programme.

The private sector is the first point of access for those seeking treatment for fever in the majority of patients in several countries in the Region. A number of countries have now engaged the private sector in malaria control. Examples include the social marketing of antimalarial drugs and mosquito nets in Cambodia and the Lao People’s Democratic Republic, and the distribution of insecticide-treated nets through Rotary Against Malaria in Papua New Guinea and the Coalition Against Malaria in the Philippines which has the participation of several large private sector enterprises. During the regional programme managers meeting in October 2006 in Manila, participants asked the Regional Office to develop a framework for engaging the private sector. First steps include the establishment of a regional task force and a review of experiences from selected countries. Experiences and lessons learnt from the public-private mix for tuberculosis control initiative, which has been very successful in this Region, will be taken into account.

For 2007, a new initiative by the Australian Agency for International Development will provide funding for malaria control in the Pacific, a priority concern of the Regional Office. The Japanese Government also funded a meeting in January 2007 to launch the Asian Vivax Network, which aims to provide coordination, research and training for vivax control in eastern Asia and the Pacific.

**Dengue.** Dengue is the second most important vectorborne disease in the Region. In 2006, the number of cases remained high in highly endemic countries such as Cambodia, Malaysia, the Philippines and Viet Nam. Outbreaks have also been reported in some Pacific island countries. WHO has limited resources for dengue control and prevention, but continues to support surveillance, as well as a number of major
community-based vector control activities and outbreak response efforts, while seeking to establish a better funding base.

The Asian Development Bank is providing funds for the control of neglected diseases, including dengue, to the governments of Cambodia, the Lao People’s Democratic Republic and Viet Nam, within a comprehensive communicable disease control project. Cooperation between the Regional Office for the Western Pacific and the Asian Development Bank as part of this project enables the former to fund a dengue expert to coordinate activities in these countries. The WHO Western Pacific and South-East Asia Regions have begun the process of forming an Asia-Pacific Dengue Partnership to bring endemic countries and potential donors into partnership. There also has been a significant increase in funding from the United States Agency for International Development for dengue control both at regional and country levels in 2006.

**Helminths.** Population coverage by deworming programmes within the Region is steadily progressing towards the WHO global target of regularly deworming more than 75% of school-age children at risk. Cambodia continued to lead by deworming 2.8 million schoolchildren and has extended the intervention to preschool children. The Lao People’s Democratic Republic has reached the global target and Viet Nam is also approaching it. WHO is working with the Asian Development Bank and the United Nations Children’s Fund to expand deworming to include preschool children in the Mekong region. In the Pacific, WHO provided technical support and deworming tablets to programmes in Kiribati, Solomon Islands, Tuvalu and Vanuatu.

Soil-transmitted helminth health education materials are included in the ‘Urbani School Health Kit’ (see Chapter 6, footnote 1), an initiative jointly developed with the Health Promotion unit of the Regional Office to provide health education materials throughout the Region. The school health promotion package containing communication materials on helminth control, oral health, personal hygiene, nutrition, tobacco and healthy environments is named in memory of Dr Carlo Urbani, the former WHO regional helminth control expert and the first person to recognize severe...
acute respiratory syndrome (SARS) as a new disease. He died as a result of SARS. The Urbani School Health Kit is being piloted in the southern Philippines and is expected to be expanded throughout the Region.

Schistosomiasis control focused on Cambodia, where it is well controlled, and the Lao People’s Democratic Republic, where the national programme has been reactivated. Schistosomiasis also is a significant public health problem in the Philippines, and a major government priority in China where there is the potential for further spread due to the development of new dams. WHO is providing active support to programmes in these countries.

**Lymphatic Filariasis.** Countries and areas in the Western Pacific Region are making steady progress towards the global goal of the elimination of lymphatic filariasis by 2020. Among the Mekong-Plus countries, China is in the final process of verifying the interruption of transmission. The Republic of Korea is expected to be ready for verification of the interruption of transmission late in 2007. The Lao People’s Democratic Republic is implementing the final mapping surveys, while Cambodia, Malaysia, the Philippines and Viet Nam are continuing annual mass drug administration campaigns that have achieved high levels of coverage.

In Pacific island countries, the WHO Pacific Programme for the Elimination of Lymphatic Filariasis (PacELF) partnership continues to coordinate lymphatic filariasis elimination in partnership and close collaboration with the Japanese Government, GlaxoSmithKline and others. All endemic countries except Papua New Guinea have completed five rounds of mass drug administration and are at the critical stage of confirming that prevalence has dropped to below the 1% target level. The PacELF strategy and survey methodology are currently under review to address changing needs as elimination targets are approached.
Tuberculosis. Despite considerable progress in recent years, tuberculosis (TB) continues to cause immense hardship in the Western Pacific Region. In 2005, the latest year for which data is available, of the estimated 1.9 million new TB cases in the Region, only 1.2 million cases were detected by countries and areas. Every year, nearly 300,000 people die from tuberculosis in the Region, including more than 3000 people co-infected with HIV. It is estimated that one quarter of the global burden of multidrug-resistant tuberculosis is in the Region, with 140,000 cases in China alone.

Evidence available in 2006 showed that TB control efforts in the Western Pacific Region had achieved important milestones that had been set for 2005, making it the first and only WHO region to meet those targets. Furthermore, the Strategic Plan to Stop TB in the Western Pacific 2006–2010, developed as a road map to achieve the eventual goal of reducing by half the number of cases and deaths in the decade ending in 2010, was endorsed by the WHO Regional Committee for the Western Pacific at its fifty-seventh session in September 2006.

Most countries face significant constraints to further progress in TB control necessary to achieve the 2010 goal. These constraints include, among other things: limited access to and quality of directly observed treatment, short-course (DOTS); multidrug-resistant TB (MDR-TB); TB-HIV co-infection; inadequate engagement of all care providers; and the lack of adequate human resources and other health systems weaknesses.

The work of WHO is guided by the Strategic Plan, which sets out activities expected to impact the TB burden and contribute to the achievement of the TB-related Millennium Development Goals. Thus, much of WHO’s work is directed towards the support of Member States in the implementation of their national plans.

National TB Programmes. In March 2007, WHO organized the meeting of national TB programme and TB laboratory managers, with the participation of seven countries in the Region with a high burden of TB, namely Cambodia, China, the Lao People’s Democratic Republic, Mongolia, Papua New Guinea, the Philippines and Viet Nam, and the host country, Malaysia. The meeting reviewed progress made towards the 2010 TB goal by individual countries and the Region as a whole, and identified areas that need to be strengthened.

Despite regionwide DOTS coverage, many TB patients often face significant barriers in accessing DOTS, which is the WHO-recommended strategy for TB prevention and treatment. These barriers impact vulnerable populations, including the poor, and those who seek care from the private sector and other non-national TB programme facilities. National TB programmes are increasing their efforts to address these challenges. The Philippines, as well as Cambodia and Viet Nam to a certain extent, are engaging the private sector to improve access and quality of care for TB. China is undertaking a major initiative to address the needs of its
huge migrant populations. Mongolia and Viet Nam are extending the reach of their TB control programmes to provide TB services to vulnerable populations, such as people in prisons or other institutions. Many countries and areas in the Region also have implemented community-based DOTS to improve the reach of services.

WHO, in collaboration with the Korean Institute of Tuberculosis, organized an advanced course that focused on public-private mix DOTS in December 2006. The course was attended by delegates from seven countries in the Region with a high burden of TB. In July 2006, WHO organized a workshop on advocacy, communications and social mobilization in the Philippines. Advocacy, communications and social mobilization are being promoted to raise awareness for better health-seeking behaviour and to mobilize affected people and their communities to play a critical role in achieving equitable access to TB services.

**Multidrug-resistant TB.** In 2006, reports emerged globally of extensively drug-resistant TB, which also has been documented in our Region in the Republic of Korea and the Philippines. There is an urgent need to prevent extensively drug-resistant TB by first establishing adequate surveillance mechanisms, followed by the strengthening of laboratories to diagnose MDR-TB cases, and finally by setting up treatment centres to manage these cases. All of this must occur in the context of a strong DOTS programme. Reflecting the urgency to tackle MDR-TB in the Region, the theme for World TB Day 2007 was Drug-resistant TB: Treat it, Prevent it! An advocacy kit with this theme was produced and distributed to national TB programmes and partners in the Region.

A major activity of WHO over the past year focused on support for countries to establish the necessary infrastructure for programmatic management of MDR-TB. Strengthening the laboratory network and capacity is a crucial step before embarking on MDR-TB management. In collaboration with the WHO Regional Office for South-East Asia, the Regional Office for the Western Pacific organized a TB laboratory course in Beijing in October 2006 aimed at improving the managerial and technical skills of senior TB laboratory managers from the Asia Pacific region. WHO supported participants from China, Mongolia and the Philippines to attend an MDR-TB training course in Latvia, and organized the first regional training course on MDR-TB management, which was part of the advanced TB course. Several visits also were made by WHO consultants to China, Mongolia and the Philippines in support of the preparation and implementation of MDR-TB management.

The Philippines was the site of the first DOTS-Plus pilot project on MDR-TB management and has made significant progress in expanding the management of MDR-TB under the national TB programme. Mongolia has also implemented the programmatic management of MDR-TB. In China, where MDR-TB has reached alarming rates in some areas, an encouraging start has been made by implementing programmatic management of MDR-TB in a few provinces that eventually could be brought to scale. Viet Nam is planning its response to MDR-
TB within its national TB programme. Cambodia is implementing programmatic management of MDR-TB in the context of a research study.

**TB-HIV co-infection.** TB-HIV co-infection is a major challenge in Cambodia and Papua New Guinea, both of which have generalized HIV epidemics. In Viet Nam, the HIV epidemic is likely contributing to the fact that there has not been a decline in the incidence of TB, despite good performance of the National TB Programme over the past several years. TB-HIV co-infection also is of increasing concern in some areas of China, and in settings where TB and HIV share common risk factors, such as in Malaysia. While good progress has been made in implementing TB-HIV collaborative activities in Cambodia and in some areas in Viet Nam with high HIV prevalence, other countries need to strengthen TB-HIV collaborative activities through formally established mechanisms and plans.

WHO and the Secretariat of the Pacific Community jointly organized a Pacific TB-HIV meeting in August 2006. Attended by representatives from all Pacific island countries and areas, as well as partners in the Pacific, the meeting established the need to strengthen policies on HIV, TB and TB-HIV co-infection. Participants agreed to review existing national policies relevant to TB-HIV and, as appropriate, incorporate TB-HIV policies in existing general policies or develop national policies and operational guidelines for TB-HIV that are in line with regional and global frameworks.

**Surveillance.** Concerns about the accuracy of published estimates of the TB burden in the Pacific have been raised by experts and national TB programme managers. In July 2006, the Regional Office organized a workshop on estimating TB burden in 20 Pacific island countries and areas, the first meeting of its kind. Improved estimates derived from this work are now being used by WHO in TB control reports.

In an effort to demonstrate the impact of DOTS implementation, the need for guidelines on prevalence surveys has become important. The Regional Office took the lead in developing international guidelines for the standardization of methods and procedures on TB prevalence surveys. The committee tasked with writing the guidelines, consisting of global TB experts, discussed the first draft during a workshop held in February 2007.

Over the past year, WHO co-organized or participated in external reviews of national TB programmes in Cambodia, China and Viet Nam.

**The Global Fund to Fight AIDS, Tuberculosis and Malaria** The Global Fund remains the largest single funding source for TB in the Region. With strong support from WHO for the preparation of proposals, all countries and areas with a high burden of TB, including several in the Pacific, now have Global Fund grants, typically running for five years. A total of 15 TB grants have been approved by the Global Fund during six rounds between 2002 and 2006. These grants total US$ 290 million committed.
over the lifetime of the grants. Although very significant, the Global Fund covers less than 15% of the entire resources needed for TB control in the Region. More than half the resources required are provided by domestic funding from governments. Member States need to continue to prioritize TB control and further increase their investment in TB control.

Increasingly, WHO is supporting the implementation of activities funded by the Global Fund through its participation in technical working groups at the country level that are created to provide technical advice to the Country Coordinating Mechanisms. Additional technical support is provided through WHO consultants.

**Leprosy.** Leprosy was eliminated as a public health problem in most countries and areas in the Western Pacific Region by the end of 2000. With the exception of a few endemic pockets, a prevalence rate of less than 1 case per 10 000 people has been sustained.

In 2005, the most recent year for which statistics are available, 7201 new cases were reported in the Region. China and the Philippines registered more than 1000 cases each, while 22 countries and areas had less than 10 cases each. Cook Islands, Mongolia, Niue, Tonga and Tuvalu reported zero prevalence and detected no new cases.

Technical support has been provided in workshops for provincial coordinators in China and the Philippines who are implementing the Strategy to Sustain Leprosy Services in Asia and the Pacific. Another workshop was held in Fiji in April 2007 for 14 national programme managers from Pacific island countries and areas in collaboration with partners involved in leprosy activities. Monitoring of the implementation of the Strategy took place in Cambodia in July 2006 and in Viet Nam in March 2007, where workshops at the provincial and district level were also conducted. Community-based group discussions on leprosy and self-care for the prevention of disability were undertaken in collaboration with the national programme and other partners in three provinces in Cambodia.

Technical support has been extended to the Marshall Islands and the Federated States of Micronesia—the only two countries that had not reached the elimination target.

Technical support also has been provided to Cambodia, China, the Lao People’s Democratic Republic, Papua New Guinea, the Philippines and Viet Nam, all of which still have leprosy endemic pockets at provincial and district levels.

To address the remaining challenges of leprosy and to improve the quality and accessibility of leprosy services, the Consensus Development Conference on the Prevention of Disability took place in Cebu, Philippines, in September 2006. The conference was cosponsored by WHO, the
American Leprosy Missions, the International Federation of Anti-Leprosy Associations and other partners. Participants from about 30 countries included national programme managers, WHO staff from the Regional Office and Headquarters, and a wide range of therapists and practitioners. The contribution of people affected by leprosy enhanced the resulting consensus.

Yohei Sasakawa, WHO goodwill ambassador for the elimination of leprosy, launched Global Appeal 2007 in January in Manila, an effort intended to halt discrimination against people affected by leprosy. The Philippine Declaration to end stigma and discrimination against people affected by leprosy was presented to Mr Sasakawa by the Secretary of Health of the Philippines in support of the Global Appeal. The ceremony was co-hosted by the Department of Health of the Philippines, the Nippon Foundation, the Sasakawa Memorial Health Foundation, WHO, and other national and international partners. The event was also attended by more than 50 people affected by leprosy from various countries and received broad media coverage.

Collaboration has been maintained with all partners involved in leprosy elimination activities in the Region. Coordination meetings with governments and nongovernmental organizations for leprosy elimination have been held in several Member States.

Leprosy elimination efforts must be sustained over the long term. This entails integrating leprosy services into general health services across the Region. WHO will need to continue to provide technical support in 2007 for the preparation and implementation of action plans for the Strategy to Sustain Leprosy Services in Asia and the Pacific in the Lao People’s Democratic Republic, Malaysia and Papua New Guinea. The Strategy will need to be implemented across the Region by 2010, and awareness campaigns must be sustained, particularly in the Pacific island countries and areas. Targeted interventions for mobile populations are needed in a number of countries and areas in the Region.
HIV/AIDS and STI. It is estimated that 1.3 million people were living with HIV/AIDS in the Western Pacific Region in 2006. Two countries have generalized epidemics: Cambodia, where the estimated rate of HIV prevalence in adults has decreased from 2.5% in 2000 to 1.6% in 2005; and Papua New Guinea, where the rate has risen from 1.7% in 2004 to 1.8% in 2005. Concentrated epidemics are growing in China, Malaysia and Viet Nam, where HIV transmission occurs primarily among populations with high-risk behaviours, such as injecting drug users and sex workers.

Recent data on sexually transmitted infections (STI) show high prevalence rates even in low-risk groups, for example in Fiji where 29% of pregnant women tested positive for Chlamydial infection in a 2005 survey. Sexually transmitted infections are on the rise in China. Syphilis, which reportedly disappeared from the Chinese mainland for two decades ending in 1980, is now re-emerging. Increases of nearly fivefold between 1993 and 2005 among adults and 72% in newborns have been reported. These findings also indicate a significant potential for further transmission of HIV infection.

Evidence suggests that for most heavily affected countries in the Region, the MDG target of halting or reversing the spread of HIV/AIDS is difficult, but achievable. Large-scale prevention programmes have helped to avert new infections and slowed the epidemic in Cambodia. However, mounting infection rates can be found throughout the Region, including in Papua New Guinea and Viet Nam.

Strategic information. During 2006–2007, WHO supported Member States in strengthening their activities on strategic information for HIV/AIDS which include: development of national monitoring and evaluation frameworks in Cambodia, China and Viet Nam; second-generation HIV surveillance in Papua New Guinea, Mongolia and the Pacific island countries and areas; HIV estimation in China, Papua New Guinea and the Philippines; HIV drug-resistance surveillance and monitoring, including early warning measures in Cambodia, China, the Philippines and Viet Nam; and monitoring progress of the health sector response towards universal access in Cambodia, China, Papua New Guinea and Viet Nam.

Prevention. WHO continues to provide technical support targeting populations with high-risk behaviour in the Western Pacific Region. In 2006, an assessment was conducted in Guam on the feasibility of implementing the 100% condom use programme among establishment-based sex workers. Experience-sharing meetings also were conducted in the Lao People’s Democratic Republic and Mongolia with the aim of expanding the strategy to additional
provinces. During the last quarter of 2006, training workshops on implementation of the 100% condom use programme were conducted in selected sites in China and the Philippines. Three years after the introduction of the 100% condom use programme in Li County, Hunan Province, China, self-reported condom use increased almost fourfold, while the number of reported STI cases dropped by almost two thirds. A biregional meeting, jointly sponsored by WHO and the United Nations Population Fund, to consider the expansion of the 100% condom use programme was held in Manila in October 2006, with participants from 16 countries.

Technical support for STI prevention and control continues to be provided to Pacific island countries and areas. WHO provided both financial and technical support to a July 2006 conference in Malaysia of the International Union Against Sexually Transmitted Infections.

In China, WHO has supported the development of key tools and events related to HIV transmission among men who have sex with men, including intervention guidelines on HIV prevention, a draft advocacy strategy paper, and advocacy workshops in both Guangzhou and Shenzhen.

**Harm reduction.** Technical assistance was provided for the development of tools and guidelines. A new guide for antiretroviral treatment and care for injecting drug users promotes comprehensive treatment and care and links to harm reduction services. A new training manual focuses on the needs of injecting drug users to prevent the transmission of HIV in closed settings.

WHO supported activities to scale up harm reduction services at regional and national levels. To strengthen intergovernmental collaboration, a regional harm reduction training network was launched through a workshop with representatives from health and law enforcement sectors of eight countries.

The Philippines started a process of developing a national harm reduction strategy and is considering harmonization of laws and regulations. In Malaysia, pilot programmes on needle and syringe exchange and methadone substitution therapy were evaluated with representatives from the health and law enforcement sectors. Both interventions are currently scaled up nationwide.

A new HIV/AIDS law in Viet Nam provides for a range of harm reduction services, including methadone substitution therapy. WHO is providing technical support for the development of guidelines and comprehensive service delivery models.

**Intellectual Property Rights.** In June 2006, an intercountry workshop on Intellectual Property Rights and Access to HIV commodities was conducted in Fiji. This workshop was co-organized by the Third World Network, WHO, the United Nations Development Programme, and the Commonwealth Secretariat. Nine Pacific island countries were represented in the workshop. Technical support was provided to China, the Philippines and Viet Nam in procurement and supply management, including support to the Association of Southeast Asian Nations (ASEAN) consultations on barriers and options for increasing access to HIV/AIDS diagnostics, drugs and consumables. In December 2006, a
biregional workshop co-organized with Management Sciences for Health, a nongovernmental organization, was conducted in Manila to foster competencies in HIV/AIDS commodities forecasting, stock management, monitoring and reporting.

**Care and treatment.** The number of people living with AIDS receiving antiretroviral treatment is increasing in all countries in the Region. By the end of 2006, China was providing antiretroviral treatment to more than 30,000 patients, which represents 27% of those in need. In Viet Nam, 8217 patients, including 428 children, were receiving antiretroviral treatment, reaching close to 20% of those in need. In Papua New Guinea, 1098 patients or 11% of those in need, were receiving antiretroviral treatment. To facilitate the expansion of their care and treatment programmes, WHO provided technical support to China, the Lao People’s Democratic Republic and Papua New Guinea. This support included training in the Integrated Management of Adolescent and Adult Illness.

**Universal access.** In October 2006, the First Asia-Pacific Regional Conference on Universal Access to HIV Prevention, Treatment, Care and Support in Low-Prevalence Countries was held in Ulaanbaatar, Mongolia. The Ulaanbaatar 2006 Call for Action recommended several key action areas for government, civil society, international donors and multilateral institutions. For efficient and cost-effective prevention efforts in countries where HIV/AIDS is still relatively rare, targeted HIV prevention should focus on people most at risk of acquiring HIV, including sex workers and their clients, injecting drug users, men who have sex with men, and young migrants, in order to prevent the spread of HIV.

Remaining challenges include making treatment more widely available, while simultaneously increasing access to and coverage of HIV/AIDS services. Genuine political interest and commitment are essential foundations for success, demanding advocacy at all levels to drive policy, mobilize sufficient resources and take effective actions.

The international community has made a commitment to provide universal access to HIV/AIDS prevention, treatment, care and support by 2010. WHO’s work towards universal access for the next five years will be structured around five strategic directions for the health sector: HIV/AIDS testing and counselling; maximizing health sector contribution to HIV prevention; treatment and care; strengthening and expanding health systems; and strategic information. By reinforcing the programmes in place, the Regional Office for the Western Pacific will continue to work with partners and Member States to contribute to the achievement of this major public health goal.
**Panemic Influenza Threat.**

The risk that avian influenza A(H5N1) could mutate into a virus that could cause a human influenza pandemic remained high over the past year. Despite efforts to control outbreaks, the virus has become entrenched in domestic birds in many parts of Asia. Meanwhile, migratory birds continue to carry the virus.

WHO’s work during the past year focused on supporting Member States in responding to avian influenza and improving human influenza pandemic preparedness. A regional workshop on pandemic management, which included an emergency exercise, was held in December 2006 in Manila. In May 2007, the first bi-regional meeting of national influenza centres was convened in Australia to discuss and identify the roles of national influenza centres during different pandemic phases.

Pandemic influenza rapid response and containment has been a chief priority in the Western Pacific Region over the past year. WHO’s rapid response and containment strategy aims to stop—or at least slow down—the spread of pandemic influenza at the source of its emergence to minimize the enormous impact it could have on health, economic activity and social development. A WHO pandemic influenza draft protocol for rapid response and containment has been developed. Advocacy materials that target senior government officials and emphasize the extraordinary containment measures that would be needed at the very early stage of a pandemic have been developed to help countries obtain political commitment for rapid containment operations that might be necessary at the country level.

The second international workshop on pandemic influenza rapid containment was held in March 2007 in Cambodia. It emphasized the need for country-level preparations for rapid response and containment, including the development of country operational plans. In April 2007, an emergency management exercise was organized to test the ability of WHO and ASEAN to respond in the event of a pandemic and to mobilize supplies of antiviral drugs and personal protective equipment provided by the Government of Japan and stockpiled in Singapore. The exercise highlighted the importance of essential information for decision-making in launching rapid containment protocols and guidelines at international and national levels. It also identified some gaps in the rapid deployment of the regional stockpile,
in multi-agency communications and in response coordination.

**Asia Pacific Strategy for Emerging Diseases.** Recent and severe outbreaks of emerging infectious diseases have clearly highlighted the need for long-term capacity-building. The International Health Regulations (2005), which entered into force in June 2007, set out country core capacity requirements for surveillance and response.

Following the endorsement of the *Asia Pacific Strategy for Emerging Diseases* (APSED) in September 2005 by the WHO Regional Committees for the Western Pacific and South-East Asia, a five-year WHO workplan for APSED implementation was developed and reviewed by the first meeting of the Asia Pacific Technical Advisory Group (TAG) for Emerging Infectious Diseases, held in July 2006 in Manila. The workplan is intended to help ensure that all countries and areas in the Region will have at least the minimum capacity for epidemic alert and response by 2010. The workplan includes priority activities that should be urgently implemented in responding to avian influenza and preparing for pandemic influenza and containment and in further improving pandemic preparedness.

In September 2006, the fifty-seventh session of the Regional Committee for the Western Pacific reviewed the recommendations of the first TAG meeting and urged Member States to develop country-level workplans to implement the Strategy and to achieve the minimum capacity goals. The country plans should meet the surveillance and response capacity-development obligations required under the International Health Regulations (2005).

Since then, WHO has been working towards developing the APSED baseline data collection checklists and to assist Cambodia, the Lao People’s Democratic Republic, Mongolia, the Philippines and Viet Nam in conducting baseline capacity assessments, using the checklists. As a result of such assessments, some countries, including the Lao People’s Democratic Republic, have now developed their draft strategic plans for core capacity strengthening.

WHO has also been working with the Secretariat of the Pacific Community to develop the core capacity-building approach through the effective implementation of APSED in Pacific island countries and areas. The strategic approach was reviewed at the Meeting of Ministers of Health for the Pacific Island Countries in March 2007 in Vanuatu. The second biannual meeting of the Asia Pacific Technical Advisory Group for Emerging Infectious Diseases will be held in July 2007 in India. The meeting will review the progress made in APSED implementation and provide technical advice on the next steps to move the agenda forward, especially the further development and implementation of national plans.

**International Health Regulations (2005).** Following the adoption in May 2006 of World Health Assembly resolution WHA59.2 on voluntary compliance with the IHR (2005), almost all Member States in the Western Pacific Region have officially designated their national IHR focal points. The WHO IHR contact point for the Western Pacific has been designated, and an IHR communications and duty officer system was
set up in December 2006 for communications with national IHR focal points.

Since 2006, several national-level multisectoral advocacy meetings and workshops on IHR (2005) have been conducted in Cambodia, China, Fiji, Kiribati, the Lao People’s Democratic Republic, the Marshall Islands, the Philippines, Tonga and Viet Nam, with support from WHO. The IHR (2005) guide for national policy-makers and partners was distributed to national health officials and other stakeholders beginning in July 2006. A workshop on public health law for Pacific island countries was held in February 2007 in New Zealand to support countries in developing an up-to-date legal framework, including the IHR (2005). WHO continues to work closely with all Member States and other partners to fulfil the obligations under these revised regulations and to contribute to international public health security.
Building Healthy Communities and Populations
Healthy Settings and Environment

Health Promotion. Building human resources capacity in health promoting settings continued to be a priority during the past year. Ministers of Education from the 14 Pacific forum countries formally adopted the Health Promoting Schools mechanism for strengthening the inextricable link between health and education to achieve the common goals of health and productivity for young people. The Pacific Island Forum Education Ministers called for closer collaboration between the education and health sectors, with support from WHO, the Secretariat of the Pacific Community and the Pacific Regional Initiative for Development of Basic Education (PRIDE). To support Health Promoting Schools at the regional level, the Health Promoting Schools Registry was developed by the Chinese University of Hong Kong to encourage countries to designate a central agent to track health promoting schools and to share lessons learnt. The

Urbani School Health Kit,1 developed in 2004 in collaboration with the WHO Malaria unit and with support from the Government of Japan, was completed and pilot tested in the Philippines in 2006. A CD containing the kit’s educational materials is being prepared for countries to adapt locally for use in health promoting schools.

A consultative process for updating the Regional Health Promoting Schools Guidelines first published in 1995 was initiated. The new guidelines will feature a resource packet, including evaluation tools. At least seven countries showcased their health promoting schools programmes at a Global School Health Meeting and case studies were disseminated throughout the Region. The gathering was a satellite meeting of the International Union for Health Promotion and Health Education held in Canada in June 2007. The Status of Health Promoting Schools in the Western Pacific Region will be published following these international meetings and will be periodically updated to monitor progress of health promoting schools in the Region.

Healthy settings networks and activities continued to be supported. The Alliance for Healthy Cities held its 2nd General Assembly and Conference in October 2006 in Suzhou, China. There were over 400 participants and experts in healthy cities and urban public health from 20 countries, which included local executives and delegations from

1 The Urbani School Health Kit was developed jointly with the Malaria unit and named in honour of Dr Carlo Urbani, Medical Officer, WHO Viet Nam, who died of SARS after caring for the first SARS patients in 2003.
Alliance members and cities outside the Region. A total of 64 cities had become either full or associate members of the Alliance by the commencement of the Suzhou meetings. At the meeting, 41 mayors signed the Proclamation by the Mayors of Healthy Cities which promotes cooperation as an international community to address issues that promote healthy city environments. WHO awards were given to recognize achievements. Good Practice awards were presented in four categories: Financing Health Promotion; Gender-based Violence and Improving the Quality of Care for Mothers; Breastfeeding Promotion; and Making Cities Safer through Health Emergency Preparedness and Response Planning. Initial funding was provided to five cities for Healthy Cities Best Proposals to stimulate new initiatives, and the Regional Director’s Award for Healthy Cities honoured four cities that have a track record in sustained improvement in the overall quality of life of their citizens.

A capacity mapping tool was further refined and validated in Brunei Darussalam, Papua New Guinea and the Philippines. The tool assesses strengths and gaps in health promotion infrastructure, human resources and programming and will be used to help countries plan, prioritize and build partnerships to promote health. The new cohort of ProLead Plus fellows selected in 2007 from five Asian countries and six Pacific island countries will apply the Capacity-Building Mapping Users’ Guide to assess priorities and define ProLead Plus projects.

Proper hand washing with running water is now strongly promoted as a part of national health education curriculum. Students in Keng Kabao Tai primary school, Xabury District, Savannakhet province, Lao People’s Democratic Republic.

Health promotion foundations in Fiji, Malaysia, Mongolia, the Republic of Korea and Tonga, which were strengthened through Prolead twinning projects, continued to develop their organizational capacity to manage small grants and build health promotion partnerships with non-governmental organizations.

Injury and Violence Prevention.
A regional meeting of national focal points on injury and violence prevention for Pacific island countries and areas was conducted in Fiji in April 2007, following a similar meeting for Asian countries in May 2006 in Manila. Through these meetings, a regional framework for action in injury and violence

ProLead Plus is the next phase of the applied health promotion leadership and management course. It offers blended learning via residential and online modalities delivered by members of the Prolead Plus Partnership, i.e. University of the Philippines Open University, La Trobe University, Pacific Open Learning Health Network, and the University of the Philippines Colleges of Public Health and Nursing.
prevention for 2008–2013 has been developed. Country profiles on injury and violence prevention also have been developed for eight countries and areas.

Road safety has continued to be a major injury prevention issue in the Western Pacific Region. The First United Nations Global Road Safety Week was coordinated in the Western Pacific Region by WHO and the United Nations Economic and Social Commission for Asia and the Pacific. Some 17 countries and areas in the Region organized country events during the week of 23 April 2007. Cambodia, China, the Lao People’s Democratic Republic, Mongolia and Viet Nam carried out multisectoral intervention activities during the year to reduce road traffic injuries and deaths, with WHO support.

Viet Nam hosted an international conference on safe communities and injury prevention, with participants from several countries and areas from the Region. A Biregional Workshop on Injury Surveillance was held in Thailand in December 2006, and another was held in June 2007 in Manila to discuss the planned world report on child and adolescent injury prevention.

Health and Environment. In collaboration with the United Nations Environment Programme and other partners, plans were made to convene the First Regional Forum on Environment and Health in August 2007. The Forum will consider the charter for a regional initiative on environment and health and will establish regional thematic working groups on six priority areas: air quality; water supply, sanitation and hygiene; solid and hazardous waste; toxic chemicals; climate and ecosystem change; and environmental health emergencies. Three-year workplans have been prepared by the six thematic working groups.

The East Asia Ministerial Conference on Sanitation and Hygiene, organized by the World Bank Water and Sanitation Programme, UNICEF and WHO, will be held in China in November 2007. The conference will focus on increasing political awareness and support for improving sanitation and hygiene in 16 countries in the WHO Western Pacific and South-East Asian Regions and on accelerating action towards achieving the targets for sanitation included in the Millennium Development Goals.

At the country level, WHO collaborated with Cambodia, China, the Lao People’s Democratic Republic, Mongolia, the Philippines and Viet Nam in strengthening interaction between health and environmental authorities through the ongoing development of national environmental health action plans. Mongolia has started implementing its plan. WHO collaboration also has been extended to strengthen capacity for water quality management in all these countries, as well as for health care waste management in Cambodia, the Lao People’s Democratic Republic, Mongolia, Papua New Guinea, Solomon Islands and Viet Nam. In addition, WHO extended support for health impact
assessments in Cambodia, China, the Lao People’s Democratic Republic and Viet Nam; for indoor air quality assessment and management in China and the Lao People’s Democratic Republic; for chemical emergencies in China and the Philippines; for transport-related health risk assessment and management in Cambodia, China, the Lao People’s Democratic Republic and Viet Nam; and for climate change and its health impacts and adaptation policies in China and Fiji.

In the Pacific, WHO has worked with the South Pacific Applied Geoscience Commission (SOPAC) in the development of water safety plans in Cook Islands, Palau, Tonga and Vanuatu, with funding support provided by the Australian Agency for International Development and technical support also provided by the New Zealand Ministry of Health. A related programme also was initiated with SOPAC to build capacity for drinking water quality monitoring, beginning with selected Pacific island countries. WHO continued to support the training course on solid waste management organized by the Pacific Regional Environment Programme with the support of the Japan International Cooperation Agency, most recently held in February and March 2007 in Samoa.

**Food Safety.** Priority countries and areas in the Western Pacific Region continued to face serious challenges in reducing hazards in food and morbidity due to foodborne diseases. Further progress has been made to strengthen capacity and collaboration in food safety at both the country and regional levels.

Major programmes in food safety in the Region focused on four areas: strengthening food safety policies, legislation, standards and enforcement; foodborne disease surveillance and food hazards monitoring and response; capacity-building in priority countries to apply risk profiling and risk assessment; and improvement of food safety education.

A programme implemented by WHO, with funding from the Asian Development Bank, supported China in the development of a strategic framework for food safety. Food safety legislation was enacted in Nauru and Kiribati and has been drafted in the Marshall Islands. Food safety regulations have been drafted in Cook Islands, Nauru and Kiribati and similar regulations are being prepared in Fiji. Food standards are in the process of being drafted in the Federated States of Micronesia and Fiji. Guidance manuals addressing the management of food recalls and the investigation of food complaints in Pacific island countries and areas have been drafted and are now being reviewed for finalization.

A meeting of the Northern Pacific Environmental Health Association was supported in Guam to address a coordinated approach to strengthening legislation, foodborne diseases surveillance, and monitoring of hazards in food in the Federated States of Micronesia, Guam, Kiribati, the Marshall Islands, the
Commonwealth of the Northern Mariana Islands and Palau.

An agreement was finalized between the Pacific Islands Forum Secretariat and WHO to undertake a food standards gap analysis and develop a plan of action to facilitate standards setting and the harmonization of standards in the Pacific. It is a joint project with the Food and Agriculture Organization of the United Nations (FAO) and, where appropriate, the University of the South Pacific.

To facilitate the advancement of imported food control in the Pacific, a draft guidance manual for imported food inspection was developed and training and guidance provided to Papua New Guinea. In addition, training on imported food control was provided to authorities in Malaysia.

Training activities in the countries targeted for strengthening foodborne disease surveillance were organized in Cambodia, the Lao People’s Democratic Republic and Viet Nam. In addition, training in outbreak investigation was carried out in China for health officials from China and Mongolia. In addition, work is under way to facilitate the sharing of information on foodborne disease surveillance and food hazard monitoring among countries in the Region. An automatic group e-mail management system on food safety was created and is on trial.

Support in risk assessment training was provided to Malaysia and Papua New Guinea. Between October 2006 and March 2007, the National Centre for Health Promotion in Cambodia, the Department of Drugs and Food of the Ministry of Health in the Lao People’s Democratic Republic and the Viet Nam Food Administration participated in a joint FAO/WHO project to address food safety education in rural communities. Trainings focused on food safety education based upon the WHO Five Keys to Safer Food messages and information on safe pesticide use and reducing residues on fruit and vegetables. An intercountry workshop on Strategies to Improve Food Safety Education in Rural Communities of Cambodia, the Lao People’s Democratic Republic and Viet Nam was held in Cambodia in February 2007. It provided a unique opportunity for representatives from the three countries to share ideas and experiences in food safety education.

In addition, the WHO Five Keys to Safer Food were introduced to schools through the Health Promoting Schools initiative in Pacific island countries.

Introducing the healthy marketplace concept in Port Vila will make food safer.
Child Health. The successful launch of the WHO/UNICEF Regional Child Survival Strategy in the six countries with the highest burden of childhood mortality\(^1\) helped catalyze country-specific actions in support of Millennium Development Goal 4. For example, Cambodia has developed a national child survival strategy and operational plan with costing data, while China has finalized the national assessment of maternal and child survival strategies and developed an essential package of maternal and child health care. The Lao People’s Democratic Republic is working towards an integrated maternal and child health strategy, and Papua New Guinea has reviewed current approaches to develop a strategic plan for child survival. The Philippines has completed a child health situation analysis and drafted a national strategic plan, including a package of services suited to the needs of children in different geographical areas. Viet Nam has conducted a national workshop on child survival and has started developing a national plan of action. Country profiles were published to provide baseline information on child survival interventions and issues, as well as key child survival indicators.

In addition, WHO has continued to support efforts to increase the coverage of evidence-based child survival interventions in line with the Strategy, particularly to expand the Integrated Management of Childhood Illness (IMCI) and to improve infant and young child feeding and the quality of referral care for children.

Mongolia now has implemented IMCI nationwide, and the Philippines has achieved coverage in more than 50% of its targeted districts. Another 12 countries have varied geographical coverage. National guidelines have been updated to reflect the latest international and technical evidence in many countries in the Region. To ensure sustainable implementation over the long run, Mongolia, the Philippines and Viet Nam have pursued strengthening of preservice education activities.

Improving quality of care for children at health facilities has become a global priority in child survival, particularly strengthening neonatal health interventions in hospital settings as substantial reductions in neonatal mortality are necessary to achieve MDG 4. To assess and improve health worker performance, Papua New Guinea conducted its first IMCI health facility survey, while Mongolia included an analysis of an IMCI survey as part of a short programme review on child health.

Along with country representatives, partner institutions and WHO staff, officials from the Ministries of Health of Cambodia, Solomon Islands and Viet Nam participated in a Global Meeting to Review Hospital Improvement for Children in Developing Countries, held in Indonesia in January 2007. At the country level, Cambodia continued to build capacity for emergency triage assessment and treatment training, as well as for improving diarrhea and pneumonia management and newborn care. China assessed the quality of hospital care in two pilot provinces, built capacity

---

\(^1\) Cambodia, China, the Lao People's Democratic Republic, Papua New Guinea, the Philippines and Viet Nam.
through training in evidence-based care and devised national child health care standards at the hospital level. The Lao People’s Democratic Republic introduced emergency triage assessment and treatment in five regional hospitals and 13 provincial hospitals. Papua New Guinea focused on improving oxygen management in hospitals, while Solomon Islands further expanded the training coverage on referral care as part of a national child health plan. The Western Pacific Region has advocated the Pocketbook of Hospital Care for Children as the standard for referral care in child survival priority countries, with local translations available in Chinese and Khmer, and distribution of English copies in Fiji, Papua New Guinea, the Philippines, Solomon Islands and Tonga.

Improved infant and young child feeding has been a focus of support in child survival efforts in several countries. Cambodia has translated the integrated infant and young child feeding counselling training into Khmer, while China has conducted 15 provincial courses and one at the national level. A national breastfeeding conference was organized in the Philippines in August 2006 to support the ongoing efforts to promote and support breastfeeding as a key intervention for child survival. An infant and young child feeding training course in the Pacific jointly supported by WHO and United Nations Children’s Fund was conducted in May 2007 to enhance capacity among health workers in Fiji, Kiribati, Solomon Islands, Tuvalu and Vanuatu.

A joint WHO/United Nations Children’s Fund intercountry consultation on breastfeeding promotion was conducted in June 2007 to discuss issues related to the Baby Friendly Hospital Initiative and the implementation of the International Code on Breast-milk Substitutes. The workshop designed a strategy that will promote a breastfeeding culture among mothers and the health community. Included in the workshop were breastfeeding advocates working in child health, nutrition, reproductive health, health regulation, nongovernmental organizations and other partners supporting breastfeeding from a range of countries and areas.

Collaboration with partner agencies in child survival was significantly strengthened over the past year. WHO and the United Nation’s Children’s Fund conducted a joint staff meeting and consultative workshops. The joint Regional Child Survival Strategy implementation in priority countries received support from Australia, and Japan continued its support for child survival efforts. The United States Agency for International Development and its Basic Support for Institutionalizing Child Survival programme invested in partnerships to improve child survival, particularly in Cambodia, including a joint child survival costing exercise with WHO. A Child Survival Initiative funded by the European Commission Humanitarian Aid Office was concluded in Cambodia.

**Adolescent Health.** A technical officer’s post was established in the
Regional Office for the Western Pacific to support adolescent health. In March 2007, technical support on adolescent health was provided to an interregional workshop on linking services for the prevention and management of sexually transmitted infections, including HIV, to reproductive, maternal and child health programmes. Technical advice also was provided to an intercountry workshop on accelerating action for improving the sexual and reproductive health of young people. Meanwhile, adolescent health programmes at the country level have shown continued development, with WHO support. Activities have focused on issues such as the development of youth-friendly health services, healthy lifestyles initiatives, advocacy activities, and targeted work on the most at-risk adolescents living in urban and slum areas.

For example, support has been provided to Mongolia in building the capacity of health workers and expanding the provision of adolescent-friendly health services in targeted provinces. This has been accomplished through in-service training of health service staff and the incorporation of adolescent health in the undergraduate medical school curriculum.

In Malaysia, the emphasis has been on supporting healthy lifestyles, particularly on obesity-related chronic diseases among adolescents through the development and wide use of the Adolescent Friendly Health Educational Kit. In Fiji, the programme has focused on strengthening adolescent reproductive health through training, advocacy for access of adolescents to services and peer education. In the Philippines, efforts have focused on supporting adolescents from indigenous communities living in urban slum areas and assisting them in developing healthy lifestyles. Specific support has been given to develop a national plan of action and policy for adolescents most difficult to reach, within the national framework for Reaching Unreached Populations.

In Viet Nam, a national multisectoral youth health master plan was completed and widely disseminated through advocacy workshops to raise the awareness and encourage the participation of non-health sectors in aspects of the plan. This has led to provincial planning for the mainstreaming of the master plan into regular health planning and specific training for health care providers working with most-at-risk adolescents. The effort is linked to the development of adolescent-friendly health services and the testing of training and orientation materials to be used in building the capacity of health care workers in working with adolescents more effectively.

**Nutrition.** The Western Pacific Region continues to work towards the eradication of hunger as called for in the Millennium Development Goals. A number of countries in the Region have reached the annual rate of reduction necessary to achieve the target of halving the proportion of people suffering from hunger between 1990 and 2015.
Nevertheless, low-income countries have been progressing more slowly.

Cambodia, Fiji, the Lao People’s Democratic Republic, Malaysia, the Philippines and Viet Nam held meetings to discuss adoption of the new growth standards for children following a WHO/UNICEF workshop on the introduction of the WHO child growth standards for children under 5.

In the Lao People’s Democratic Republic, a review of the existing national plan of action on nutrition and nutrition programmes has been completed. The review led to a draft National Food and Nutrition Strategy and Action Plan, currently being analysed by government sectors and agencies involved in implementation and funding. In collaboration with the Australian Agency for International Development, the Secretariat of the Pacific Community and WHO, the Third Regional Training Course for Policy-Makers on Development and Implementation of Intersectoral Food and Nutrition Plans and Policies was held in July 2006 in the Federated States of Micronesia. It was attended by participants from Guam, the Federated States of Micronesia, the Marshall Islands and Solomon Islands.

Support was provided for the formulation of a combined strategy for national plans of action on nutrition and noncommunicable diseases in the Marshall Islands and Solomon Islands and a review of the national plan of action on nutrition in Guam. In the Federated States of Micronesia, a national plan of action on nutrition was finalized and state-by-state plans have been earmarked for the 2008 budget. In February 2007, the Fourth National Plans of Action on Nutrition Training Course was conducted in collaboration with the Japan International Cooperation Agency, the Secretariat of the Pacific Community and WHO in Fiji, attended by participants from Fiji, Nauru, Niue, the Commonwealth of Northern Mariana Islands and Tokelau.

A WHO/UNICEF consultation on Breastfeeding Protection, Promotion and Support was held in Manila in June 2007 with the participation of teams from 19 countries. It defined actions needed to improve exclusive breastfeeding rates, strengthen the Baby-Friendly Hospital Initiative and the implementation of the International Code of Marketing Breastmilk Substitutes, and it identified priority interventions for
supporting and protecting breastfeeding under difficult circumstances.

In Cambodia, preservice training of health professionals related to integrated management of childhood illnesses and infant and young child feeding was conducted in late 2006, with technical support from WHO. Additional technical support also was given for the adaptation of infant and young child feeding training materials to the Cambodian context.

A workshop on the implementation of the *Global Strategy on Diet, Physical Activity and Health* for 14 Asian countries was held in October 2006 in Manila, following a similar gathering for Pacific countries. Related activities in selected countries were supported with funds from the Australian Agency for International Development.

Reports originally prepared for a workshop on child nutrition in the Pacific were key to developing a proposal for a Pacific food fortification programme that was discussed and approved at the Meeting of Ministers of Health for the Pacific Island Countries held in Vanuatu in March 2007.

A WHO Global Consultation on Weekly Iron and Folic Acid Supplementation was held to review all published work and reports on preventive supplementation, with special reference to women of reproductive age, and decided that global recommendations can be made on the use of this new approach. In the Lao People’s Democratic Republic, the operational trial of weekly iron and folic acid supplementation to women of reproductive age was completed in May 2007. Cambodia has strengthened its programme for the prevention of anaemia in secondary school girls through the purchase and use of weekly iron and folic acid supplements in 10 target provinces.

WHO provided continuing support for monitoring and evaluation of an iodine deficiency disorder project in the Tibet Autonomous Region of China. A review of progress has made clear the need to maintain the project’s achievements, including the funding of iodized oil capsules by the Government and provision of some subsidies for iodized salt. It also served to highlight that new solutions are needed to achieve universal salt iodization in the Region, such as the iodization of raw salt.
8. Reproductive health

Making Pregnancy Safer. A regional consultation on human resources development for making pregnancy safer was held in Shanghai in October 2006. The leaders of obstetrician and gynaecologist associations and midwifery societies from the seven priority countries—Cambodia, China, the Lao People’s Democratic Republic, Mongolia, Papua New Guinea, the Philippines and Viet Nam—attended. In addition, the directors of 10 WHO collaborating centres on maternal and newborn health participated. Several important recommendations were made, including a call to strengthen partnerships among governments, professional associations and WHO collaborating centres. The workshop also encouraged professional associations and WHO collaborating centres to make full use of evidence-based guidelines for making pregnancy safer.

An intercountry workshop on active management of the third stage of labour was conducted in Viet Nam in July 2006. Seventeen obstetricians and midwives from Cambodia, the Lao People’s Democratic Republic, Mongolia and Viet Nam focused on updating their knowledge and skills on the prevention and management of postpartum haemorrhage, which is the leading cause of maternal mortality in priority countries. Following the workshop, Mongolia sent 25 midwives from remote areas to training in the Central Hospital of Darkhan-Uul. Evaluations conducted after the 21-day training programme showed significant improvements in knowledge and skills in the management of the third stage of labour.

Most countries in the Western Pacific Region are not on track to meet the millennium development goals target of reducing the maternal mortality rate by three quarters by 2015. Some countries have demonstrated that progress is possible, even with limited resources, though time and commitment are required. Successful reductions in these and other countries were largely due to skilled attendance at delivery, functioning referral systems, available essential obstetric care, and policies promoting equitable access to reproductive health services, including family planning, antenatal, delivery and postpartum care.

Reproductive Health. In order to prevent and control HIV/AIDS and reduce mother-to-child transmission, a biregional consultation on integrating the prevention and management of sexually transmitted infections, including HIV/AIDS, into the reproductive, maternal and newborn health services was co-organized in Malaysia in November 2006 by WHO, the United Nations Children’s Fund (UNICEF), the United Nations Population Fund (UNFPA) and the Joint United Nations Programme on AIDS. More than 130 participants from
19 countries attended the consultation. The framework for integration was discussed and the barriers to achieving integration identified. The consultation provided an opportunity for two vertical programmes—reproductive, maternal and newborn health and HIV/AIDS—to consider how to provide integrated services. In Mongolia, integrated services are provided in a pilot project on eliminating congenital syphilis in two cities. In the project area, services for the prevention and management of sexually transmitted infections are provided together with antenatal care, childbirth and postnatal care. It is expected that perinatal mortality will be reduced through the elimination of congenital syphilis.

Young people in the Western Pacific Region continue to face significant reproductive health threats, such as teenage pregnancy, unsafe abortion and sexually transmitted infections, including HIV/AIDS. In order to assist governments to adapt and implement the regional framework for accelerating action for the sexual and reproductive health of young people, regional workshops cosponsored by UNICEF, UNFPA and WHO were conducted in February 2007 in Fiji and in March 2007 in Manila. Country plans for next steps, especially those intended to foster cooperation among various sectors and vertical programmes, were developed. Based on the framework, a pilot study on integrating intervention and services for unmarried pregnant women was conducted in China. The adolescent-friendly service was very helpful in reducing the rate of induced abortions.

Cervical cancer is the second-most common cancer in women worldwide. In order to assist countries in strengthening informed decision-making on the prevention of cervical cancer, a biregional consultation has been held with the aim of bringing together programme managers, policymakers, key stakeholders from international institutions and organizations, vaccine producers, and clinical providers from selected developing countries in the WHO South-East Asia and Western Pacific Regions. It is expected to guide informed policy decisions and programme design for the primary prevention of cervical cancer, which includes the introduction of human papillomavirus vaccine within the context of other public health interventions.

**Gender and Rights.** A training manual on integrating gender and human rights into reproductive and maternal health has been published. Using the manual, Malaysia conducted a national workshop on integrating gender and rights into reproductive, maternal and newborn health care in November 2006. The workshop has increased the awareness of social determinants, particularly gender and rights issues, in health programmes. China has translated the training manual, and a national workshop has been scheduled for October 2007.
**Noncommunicable Diseases.** Efforts in the Western Pacific Region to combat noncommunicable diseases (NCD) expanded over the past year, with an increase in funds from the regular budget and extrabudgetary sources. There are now five NCD national programme officers in country offices in the Region. In September 2006, the Regional Committee for the Western Pacific adopted resolution WPR/RC57.R4 that urged Member States to develop or strengthen their national NCD strategies in line with global and regional mandates. Key recommendations called for strengthened national NCD strategies and increased budgets, stronger managerial structures, the scale up of demonstration projects, and the establishment of effective multisectoral partnerships, strengthened surveillance systems, improved access to preventive and curative care, and the development of national NCD knowledge management networks.

These recommendations were reinforced at the Meeting of the Ministers of Health for the Pacific Island Countries in Vanuatu in March 2007 when a discussion paper on noncommunicable diseases in the Pacific was presented in an effort to gain commitment from Member States to develop or strengthen national NCD strategies. The ministers agreed to report at their next meeting on benchmarks for strengthening NCD-related health systems and on a subregional coordinated intervention on prevention of diabetes. As a follow-up to the Vanuatu meeting, the WHO Integrated Chronic Disease Prevention and Control Programme is being revisited and an overall framework of action for NCD in the Pacific has been developed and will be used as a basis for resource mobilization.

A draft discussion paper has been developed on Making Health Systems Work for Chronic Disease. The paper is the first step in the development of a regional framework to assist low- and middle-income countries in developing a sustainable health system response to chronic disease. Planning has begun for a multidisciplinary regional meeting to be held late in 2007 to guide development of the framework.

Four country surveillance reports using the WHO STEPwise approach for noncommunicable disease surveillance in American Samoa, Fiji, Mongolia and Nauru have been published and circulated widely. Draft reports have been produced for five Pacific island countries and areas. Overall, noncommunicable disease STEPS surveys have been completed or are under way in 16 countries in the Region. STEPS survey results from seven countries show that risk factor prevalence rates are alarmingly high. Newly identified cases of hypertension and diabetes exceed existing cases by a ratio of as much as 4.5 to 1. The data indicate that the noncommunicable disease epidemic will continue its rapid increase unless effective prevention programmes are put in place. Existing health services will need to be strengthened to deal with the continuing surge of newly identified cases. Based on the STEPS survey outcomes, follow-up activities...
in most of these countries have been developed, and some have been implemented.

In Cambodia, 1 in 10 adults has diabetes and 1 in 4 adults has hypertension. In 2006, a national NCD situation analysis was completed and a national conference was held. In 2007, a collaborative diabetes programme by WHO, the Ministry of Health in Cambodia, the Cambodia Diabetes Association and the World Diabetes Foundation commenced in five provinces. The National Strategy for the Prevention and Control of Noncommunicable Diseases 2007-2010 also was developed. In Viet Nam, a similar diabetes programme by WHO, the Ministry of Health and the World Diabetes Foundation is coming to a close. It is designed to test a model for effective, affordable, community-based diabetes prevention and control as a basis for developing an appropriate national system. Medical staff have been trained and infrastructure created. As a result of improved screening for those at high risk, health centres have seen a threefold increase in patients.

Capacity-building activities continue to be supported. In April 2007, the third Japan-WHO International Visitors Programme on NCD Prevention and Control was conducted in collaboration with the National Institute of Public Health, Japan. Specific action plans were developed for implementation upon their return to their countries. In addition, a monograph on NCD and poverty has been produced in collaboration with the Health Care Financing unit.

The Western Pacific Declaration on Diabetes ended its first period of collaboration (2000-2005) and a new Action Plan 2005-2010 was produced. The plan provides an up-to-date framework for action that responds to the NCD epidemic.

Mental Health. The WHO Pacific Islands Mental Health Network (PIMHnet) was officially launched during the Meeting of the Ministers of Health for the Pacific Island Countries in March 2007 in Vanuatu. Pacific island countries and areas that have joined PIMHnet include American Samoa, Cook Islands, the Federated States of Micronesia, Fiji, Kiribati, Nauru, New Zealand, Niue, Northern Mariana Islands, Palau, Papua New Guinea, Tokelau, Tonga, Samoa and Vanuatu. More countries are expected to join. WHO has received funding for three years from the New Zealand Ministry of Health and the New Zealand Agency for International Development to support network activities.

PIMHnet seeks to bring the Pacific island countries and areas together to pool resources and share information, knowledge and experience to improve mental health services and treatment. While most countries have health systems oriented towards primary care, mental health is often not part of those services.

Key PIMHnet activities this year include an assessment of the mental health workforce and future needs; best-practice guidelines for clinicians; engagement of strategic partners to provide expertise, resources and

The Regional Director (wearing a blue cap) signing the PIMHnet logo at the Meeting of the Ministers of Health for the Pacific Island Countries held in Vanuatu.
support for mental health services in the Region; training workshops on mental health policy and planning; and a workshop for Pacific island nongovernmental organizations involved in the area of mental health.

Recorded suicide rates in the Western Pacific Region are among the highest in the world. Despite this, understanding of suicide in the Region is limited, due largely to the scarcity of data as many countries do not track suicide statistics. The Region is an area of great socioeconomic diversity with wide variations in culture and traditions. Available evidence suggests that not only is suicide increasing, but suicide trends and patterns clearly differ from Western models.

The Suicide Trends in At-Risk Territories (START) study was initiated in 2006 by WHO, with technical coordination by the Australian Institute of Suicide Research and Prevention, a WHO collaborating centre. The project is studying suicidal behaviours in the Region, with hopes of establishing reliable assessments of the incidence of both fatal and non-fatal behaviour and gaining an understanding of the underlying causes. This is a four-component study: registration of all suicides and their related behaviour; an intervention model for those who have attempted suicide; a standardized psychological autopsy investigation; and a follow-up component focusing on suicide attempters who require medical attention. The START study has finalized the translations of the assessment instruments after having conducted a four-day training workshop for principal investigators. The study is expected to contribute significantly to the establishment of a powerful network of investigators and to the effective appraisal of different cultural settings in suicide prevention.

People at the Centre of Care Initiative. This is a special, overarching initiative of the Western Pacific Region in response to resolutions WPR/RC54.R2 and WPR/RC55.R1 of the Regional Committee for the Western Pacific, requesting the Regional Director to prepare a draft policy framework reflecting the significance of psychosocial factors in determining health outcomes. The resolutions also ask the Regional Director to support Member States in ensuring that health policies lead to improvements in the quality of health care, and that they take into account issues on patient safety, patient rights and needs, and the role of the family, culture and society.

In 2006, the draft policy framework and an annotated outline for a popular publication were developed through consultations with experts and stakeholders, with support from the Government of Japan. In the process, valuable information has been accumulated which was used to develop an advocacy document. Experts met in Manila in July 2006 to advise the Regional Office and provide guidance on advancing the People at the Centre of Care Initiative. Country-level stakeholder consultations were held later in the year in Bhutan, the Republic of Korea, Malaysia and Thailand to further inform the framework that spans four policy domains corresponding to four health care constituencies: patients, families and communities; health practitioners; health service organizations; and health care systems. The draft framework was presented to the Regional Committee for the Western Pacific at its fifty-seventh session in September 2006 in New Zealand. A template for the Initiative’s website also was developed to serve as a platform for continuing development of the evidence base, technical exchange, advocacy and resource mobilization.

The reference group met again in March 2007 and reviewed the updated drafts of the policy framework and the publication. The policy framework will be submitted to the Regional Committee for consideration at its fifty-eighth session in September 2007 in Jeju, Republic of Korea.
Tobacco Free Initiative.

Tobacco use is the second major cause of death in the world, claiming about 5 million lives each year. If current smoking patterns continue, it will cause about 10 million deaths annually by 2020. Each day, in the Western Pacific Region alone, it is estimated that more than 3000 people die prematurely from tobacco-use related diseases.

Tobacco’s damage goes far beyond the smoker. Tobacco use costs governments, businesses, communities and families. In fact, the World Bank has estimated that tobacco use results in a global net loss of over $200 billion annually. In many developing countries, especially in the Western Pacific Region, scarce family income is spent on tobacco, often given priority over basic necessities such as food, clothing, health care and education. Millions of nonsmoking adults and children in this Region also are harmed by exposure to tobacco smoke pollution.

The WHO Regional Office for the Western Pacific has continued to provide focused, country-level technical assistance, capacity-building and other support to Member States for implementation of the WHO Framework Convention on Tobacco Control, the world’s first tobacco control treaty. All 27 eligible Member States in the Region and more than 145 countries globally have become Parties to the Convention, agreeing to implement its provisions. Almost all Parties in the Western Pacific Region are on track to meet Convention requirements. In addition to country-level assistance, WHO conducted subregional workshops to build capacity for Convention implementation and prepare the Region’s Parties for active participation in the Second Session of the Conference of Parties (COP) that was held in Bangkok in June 2007.

New York City Mayor Michael Bloomberg donated $125 million for a two-year global
tobacco initiative, providing grants with special focus on 15 developing countries, including China, the Philippines and Viet Nam. The grants will support projects that lead to substantial, sustainable improvements in tobacco control laws, regulations, policies and programmes. WHO is one of five partners selected to help implement the Bloomberg Initiative, along with the Campaign for Tobacco Free Kids, the United States Centers for Disease Control and Prevention Foundation, Johns Hopkins University and the World Lung Foundation. With support of the Bloomberg Initiative, WHO has expanded staff and increased its activities to strengthen country capacity in the public sector and tobacco use surveillance, particularly in China, the Philippines and Viet Nam.

WHO continues to build the regional evidence-base for tobacco control, for example, WHO-funded research on betel nut and tobacco use in the Pacific. This research, conducted by the Secretariat of the Pacific Community, has provided concrete recommendations for developing effective policy and programmatic interventions on betel nut and tobacco use. WHO has updated and improved its online database, the Global Information System for Tobacco Control. With support from the United States Centers for Disease Control and Prevention, WHO also expanded its global tobacco surveillance efforts: more than 26 countries and areas in the Region have now completed, or are in the process of completing, their first Global Youth Tobacco Survey, and several countries are now repeating the survey as well as conducting the Global School Personnel Survey, the Global Health Professional Survey, or both.

WHO supported country advocacy efforts to promote comprehensive smoke-free policies in line with the 2007 World No Tobacco Day theme “Smoke-free Environments”. A rapidly increasing number of countries and areas including many in the Western Pacific Region, such as Australia, Hong Kong (China), New Zealand and Singapore, are enacting comprehensive bans on smoking to protect the public, including women and children, and people at their workplaces from exposure to second-hand tobacco smoke.

WHO also will continue to put the highest priority on providing technical assistance and capacity-building to support the effective implementation of the Convention by Parties in the Region, with emphasis on provisions for tobacco product packaging and labelling and bans on advertising, promotion and sponsorship, as these provisions will become effective within the next two years for most Parties. WHO will also continue to expand and update its surveillance activities and promote evidence-based strategies such as expansion of smoke-free policies, comprehensive bans on advertising and promotion, stronger health warnings on tobacco products, and tax and price measures. The Western Pacific Region will actively engage Member States to encourage their participation in the Bloomberg Initiative.
Health Sector Development
Health Systems Development. In the area of public health law, a regional workshop held in New Zealand in February 2007 highlighted the need for updating public health law in Pacific island countries, particularly changes necessary to implement the recently revised International Health Regulations (2005). WHO has provided ongoing technical assistance in public health law and health worker regulation and registration in several countries in the Pacific including Fiji, Samoa, Tonga and Tuvalu. Assistance also was provided to the Lao People’s Democratic Republic, where a new curative law was drafted and adopted by the National Assembly, and to Viet Nam, where training courses on health legislation have been held as part of a legal review process.

Quality improvement of health services. At the regional level, a toolkit for infection control was developed in collaboration with the Albion Street Centre, Australia, and arrangements for field testing began in May 2007. In addition, the formation of an expert regional infection control network in collaboration with the Queen Mary Hospital, Hong Kong (China), began in April 2007. At the country level, the Philippines has developed a manual of standards and monitoring tools for quality improvement in health facilities, as well as a monitoring and evaluation system for such facilities. Malaysia initiated a pilot test of the use of a computer application known as “adjusted clinical groups” that is used for clinical risk modelling in primary health facilities.

Capacity-building. This has been a special focus over the past year, including a pilot test of an improved hospital financial management system in the Lao People’s Democratic Republic, a localized course on health sector reform and sustainable financing in the Philippines, a national forum on social health protection cosponsored with other donors in Cambodia, and the introduction of an initiative to strengthen essential emergency surgical care at the district level in Mongolia. WHO also managed the re-equipping of a typhoon-damaged hospital in Niue. Efforts have been made to respond to local needs on an individual country basis, leading to a wide variation in capacity-building efforts.

Health systems strengthening. A workshop on the Global Alliance for Vaccines and Immunization (GAVI) health systems strengthening initiative was held for Member States in 2006. Cambodia and Viet Nam already have submitted proposals to GAVI which have been funded. WHO has provided support to countries to assist them in working with the Global Fund to Fight AIDS, Tuberculosis and Malaria. Support also was provided to Cambodia in developing a health systems strengthening proposal that later was approved by the Global Fund. WHO staff have had ongoing participation in multiple reviews, coordination, and project and programme design exercises with other partners. Examples include a medium-term expenditure framework development process and a midterm review of the five-year plan of the health sector in Cambodia; a review of the health sector improvement programme in Papua New Guinea; two reviews of Luxembourg-funded health projects in the Lao People’s Democratic Republic; and ongoing assistance to the health policy support project in China. WHO and the Ministry of Health in Viet Nam collaborated with other partners in conducting an annual health sector review. WHO has participated in donor coordination efforts in most countries in the Region and leads the process from the external side in several countries.

Improving the evidence base for health sector development is a key activity. In China, studies have been supported on multiple topics including urban hospital financing, public health legislation and rural
cooperative medical schemes. Cambodia has completed a study on access to health services with WHO assistance.

Pilot projects to support integrated methods of primary health care implementation have been supported. Mongolia has piloted a trial consolidating vertical training initiatives into an integrated primary health care training package with considerable initial success. The Lao People’s Democratic Republic has piloted district-level integrated assistance, with some evidence that immunization rates have improved in two districts where an integrated outreach approach has been employed.

Increasing interaction with other programmes, both within and outside WHO, has been an increasingly important part of health systems development activities over the past year.

**Health Care Financing.** A WHO Interregional Meeting held in Mongolia in August 2006 brought together experts and policy-makers from selected countries in WHO’s Eastern Mediterranean, European, South-East Asia and Western Pacific Regions. The Strategy on Health Care Financing for Countries of the Western Pacific and South-East Asia Regions (2006-2010) was among the topics considered. Following the meeting, Cambodia, Mongolia and the Philippines broadened their consideration of country-specific health financing and social health protection policies and strategies taking into account all sources of financing. WHO continued to support health care financing and social health protection policy dialogues in China, Fiji, the Lao People’s Democratic Republic, the Federated States of Micronesia, Malaysia, Tonga and Vanuatu.

Collaboration with partners in the field of health financing and social protection also expanded over the past year, with a number of important events organized in conjunction with the Asian Development Bank, the International Labour Organization, the International Social Security Association, the Organisation for Economic Co-operation and Development, the Japan International Cooperation Agency and other partners. In collaboration with the Government of the Republic of Korea, WHO helped organize a regional training course on social health insurance in Seoul for experts from Africa, Asia and the Pacific.

Many countries in the Region made progress towards the development of national health accounts as a result of intensified collaboration in improving methodology, data quality and collection processes for such accounts. Viet Nam has released its first national health accounts report covering 2000–2004. Mongolia is updating data for publication of its second report on national health accounts. Development activities for national health accounts is under way in Fiji, the Federated States of Micronesia and Vanuatu. The Region is initiating the development of programme-specific subnational health accounts methodology based on regional experiences and data on noncommunicable diseases and pharmaceuticals, including traditional medicine. In parallel, efforts have been made to assist countries in the application of appropriate costing methodologies for effective budgeting, financial planning and management.

**Poverty, Equity, Gender and Human Rights.** Two cities in the Western Pacific Region received best-proposal awards of US$ 10 000 as part of the Alliance for Healthy Cities Awards in 2006. Ichikawa City, Japan, was recognized for work on the economics of urban slums, and Tagaytay City in the Philippines was recognized for shelter and housing. These awards were given under the new category Action for Social Determinants of Health in Urban Settings which was added following a WHO Regional Consultation on Social Determinants of Health in the Western Pacific Region.
Capacity-building activities on poverty, equity and gender included the publication of a literature review on poverty and noncommunicable diseases; equity-focused analytical work on noncommunicable diseases; modules on ageing, noncommunicable diseases and HIV/AIDS; and a foundational module on gender in the series Integrating Poverty and Gender into Health Programmes: a Sourcebook for Health Professionals and the Gender and Rights in Reproductive and Maternal Health: Manual for a Learning Workshop. WHO participated in two rounds of training of trainers for gender capacity-building, as a basis for starting national-level capacity-building activities in the Region. Work on health and human rights included a national workshop on gender and rights in reproductive and maternal health in Malaysia in November 2006, and a national workshop on the role of the health sector in the domestic violence legislation process in Viet Nam in August 2006.
12 Health Technology and Pharmaceuticals

Essential Medicines. WHO provided technical support to Brunei Darussalam, Cook Islands and Niue over the past year for the development of their national medicines policies, including monitoring and evaluation. In addition, an assessment of the pharmaceutical sector was conducted in Fiji. National workshops were held in Cook Islands, Niue, Samoa and Tonga to review national medicines policies or elements of those policies. An International Conference on Essential Medicines was held in Mongolia in August 2006 to review experiences in implementing the national medicines policy. The conference was organized by the Ministry of Health in collaboration with WHO, the United Nations Children’s Fund and the United Nations Population Fund. A workshop on Pharmaceutical Policies and Access to Good Quality Essential Medicines for Pacific Island Countries was held in August 2006, with support of the European Commission, the African, Caribbean and Pacific Group of States, and the WHO Partnership Project on Pharmaceutical Policies. The meeting was attended by delegates representing 11 Pacific island countries.

Making medicines prices more affordable and financing more sustainable are important elements for improving access. A regional consultation on affordable prices of medicines was organized in Manila in August 2006, attended by delegates from 13 countries. Following the meeting, technical support was provided to Viet Nam to establish a medicines price monitoring system. A national workshop on patent applications for medicines was organized in Beijing in December 2006 by the State Intellectual Property Office to consider aspects of the Trade-Related Aspects of Intellectual Property Rights, or TRIPS agreement. A regional workshop on financing of essential medicines was held in Manila in October 2006. Among its recommendations was the development of national health accounts for medicines expenditures.

Analyses of public and private financing of medicines were conducted in Cook Islands, Mongolia and Papua New Guinea in 2006. In addition, a review of the medicines financing policy in Fiji was conducted. The results of surveys on medicines financing in the public and private sectors in Cook Islands, Fiji, Papua New Guinea, Samoa and Tonga will be published soon.

In the area of medicines supply and distribution, WHO initiated a collaborative project on improving the medicines supply system in a decentralized environment. The initial stage of the project is under way in Mongolia and the Philippines. A monitoring and supervision system for medicines management and use in health facilities, which has been operating for several years in Cambodia, is now being implemented in the Lao People’s Democratic Republic, starting in five provinces and covering 15 districts. A medicines management information system has been developed for Yap in the Federated States of Micronesia. Technical support also has been provided to Kiribati in the review of its medicines supply management system and in the identification of training needs for staff to manage the system. WHO also supported the development of electronic-
learning training modules on essential drug management for health professionals in Pacific island countries and areas.

A medicines regulatory assessment was carried out in Fiji, Papua New Guinea, Samoa, Solomon Islands, Tonga and Vanuatu. The results were discussed at the Informal Consultation on Strengthening Medicines Regulation and Quality Assurance held in Fiji in August 2006 for selected Pacific island countries. A two-day medicines regulatory training meeting was organized in Solomon Islands in July with a view to creating awareness and increasing the involvement of stakeholders in developing appropriate medicines regulatory capacity in the country.

Technical support for computerization in medicines registration was provided to the Medical Supplies Branch of the Ministry of Health of Papua New Guinea. An assessment of medicines donations and recommendations for developing a medicines donation policy has been undertaken in Viet Nam. Training on bio-equivalence testing of medicines has been conducted for the National Institute for Drug Quality Control in December 2006 in Viet Nam. Similarly, a training workshop on drug evaluation has also been conducted in Cambodia in March 2007.

A joint mission by WHO, Therapeutic Goods Administration of Australia, and the United States Centers for Disease Control and Prevention was undertaken in Viet Nam in September to assess the reported outbreak of deltoid fibrosis, especially in children, attributed to misuse of injections.

The Rapid Alert System for Combating Counterfeit Medicines has been in operation with Member States and partners. Some countries from the WHO South-East Asian Region also have participated in the network. Cases of counterfeit drugs have been continuously reported, especially in Cambodia, Mongolia and the Philippines. A guide for intensive surveillance has been drafted. Advocacy materials for consumers and providers are being prepared in Cambodia, Mongolia and the Philippines where cases of counterfeit drugs are continually reported. A national workshop to strengthen collaboration with law enforcement agencies and training for drug inspectors tasked with combating counterfeit drugs were organized in the Philippines. Surveillance and advocacy, as well as an alert mechanism, have been strengthened in Cambodia and the Lao People’s Democratic Republic with support from WHO. An initiative to involve consumers in medicines surveillance was pilot tested in Malaysia and the Philippines.

WHO continued its commitment to promote the rational use of medicines. Support was provided to Zhuhai Health Bureau in China for a pilot project on rational-use interventions. In Cambodia, where monitoring, training and planning for the rational use of medicines has been implemented for some years, a national workshop on comprehensive rational drug use strategy was organized in November 2006 to review the progress of various interventions. WHO supported Fiji and Papua New Guinea in the establishment of a National Drug and Poison Information Centre. A public awareness campaign on the
correct use of medicines was conducted in Vanuatu. A national conference and training workshop on pharmaco-economics for medicines selection was held in Malaysia in December 2006.

**Traditional Medicine.** The *Regional Strategy for Traditional Medicine* promotes the proper use of traditional medicine. To achieve this goal, Member States have reached a consensus on the need for standardization in the use of traditional medicine. Standards help improve the quality, safety, reliability, interchangeability and economical use of traditional medicines. The recent efforts by WHO in the Western Pacific Region have focused on the standardization of various aspects of traditional medicine.

A series of informal consultations supported by WHO and aided by experts in the field have achieved significant success in the standardization of acupuncture point locations. WHO plays an active role in coordinating standardization work for both controversial and noncontroversial acupuncture point locations based on basic principles previously set by Member States. In October 2006, a Meeting on the Development of Standard Acupuncture Point Locations held in Japan helped finalize the standardization of acupuncture point locations, intended to enhance the effectiveness of acupuncture and the reliability of acupuncture research.

International Standard Terminology is the basis for the establishment of other standards in traditional medicine. WHO is reviewing the final draft of the document on International Standard Terminology, which is expected to be published in 2007.

Information standardization is another area that receives keen interest from Member States as it will further help promote the proper application and development of traditional medicine. WHO organized the Second Informal Consultation on Developing the International Classification of East Asian Traditional Medicine (ICEATM) in Tokyo in March 2007. Seventeen experts reviewed country efforts in mapping the International Standard Terminology document and the International Classification of Diseases (ICD-10) and explored the feasibility of ICEATM becoming a derived or related member of WHO Family of International Classifications. In collaboration with the Library unit in the Regional Office, the traditional medicine programme is developing the Western Pacific Regional Index Medicus for traditional medicine.

WHO also is focusing on the development of clinical practice guidelines for 27 priority diseases, with draft guidelines under development. Experts who have collaborated on this project met during a workshop on developing evidence-based clinical practice guidelines in traditional medicine organized by the Hong Kong Baptist University in November 2006.

The Western Pacific Regional Forum for the Harmonization of Herbal Medicines, consisting of regulatory authorities from Australia, China, Hong Kong (China), Japan, the Republic of Korea, Singapore and Viet Nam, continued its active collaborative role. Its annual standing committee met in Tokyo in November 2006.
**Blood Safety and Health Technology.** WHO continued to support the development and implementation of national blood policies, strategies and programmes of its Member States. Support was provided to Cambodia and Papua New Guinea for national consultations to develop five-year blood safety strategies. WHO supported Viet Nam in developing a sustainable model of financing centralized blood services and the technical specifications for a national information technology management system. WHO also provided support to the Philippines in successfully obtaining a grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria to improve blood safety and availability, and assisted in efforts by the Department of Health to phase out commercial blood banks and achieve a full voluntary blood donation programme. The WHO interregional workshop on strategies and mechanisms to develop national blood programmes, organized in March 2007 in Malaysia and attended by representatives from 19 countries in the Western Pacific and South East-Asian Regions, provided an opportunity to evaluate progress, share experiences and plan future support to develop well-organized national blood systems in Member States.

Continued support also was provided to strengthen management and institutionalize quality systems for blood transfusion services. In Cambodia, blood transfusion services policies were transformed into implementing regulations. A manual of standards for blood transfusion services is being developed. In Viet Nam, regulations for blood transfusion were updated and issued and support was provided for capacity-building in quality management and auditing. In China, support was provided to disseminate and implement the quality management guidelines for blood transfusion services and to set up a computerized management system in three centralized blood service centres in the south-western provinces. In Mongolia, draft guidelines on blood safety have been developed and distributed. Training programmes on safe blood transfusion have been completed for province-level health workers.

An increasing number of countries are committed to achieving the goal of fully voluntary nonremunerated blood donation systems. In Viet Nam, six mobile collection units were set up in cities where regional blood transfusion centres are located. The number of voluntary nonremunerated blood donors in four regional centres in Viet Nam in 2006 increased by 30.7% over the previous year. In Vanuatu, support was provided to expand the programme to the Northern District Hospital through a grant from the Australian Agency for International Development. Eighteen participants from nine Pacific island countries were trained on developing voluntary nonremunerated blood donor programmes through a workshop that was organized in Fiji in January 2007. National
Training on testing for HIV in Papua New Guinea

plans of action to develop voluntary nonremunerated blood donor programmes were prepared and follow-up support for their implementation was provided.

WHO continued supporting Member States in improving the quality and accessibility of clinical laboratories. In Mongolia, support was provided to conduct a comprehensive assessment of county-level laboratories and the improvement of the capacity of laboratory health workers to carry out basic essential diagnostic tests in two provinces. Guidelines and protocols for laboratory specimen transport were developed and approved. In Papua New Guinea, support was provided in strengthening the capacities of all provincial laboratories in performing HIV antibody screening and confirmatory testing, as well as training laboratory staff from district health centres in tuberculosis and malaria diagnosis using microscopy. Over the past year, support also was provided to Viet Nam in the development of capacity for quality management of medical laboratories and to Cambodia for developing a national policy for health laboratories.

WHO continues to support Cambodia, China and Mongolia to promote safe injection practices and the rational use of injections for clinical treatments. In Cambodia, a two-day National Workshop on Injection Safety and Health Care Waste Management was held in February 2007, leading to the formulation of integrated strategies in these areas and further recommendations for a broader national infection-control programme. In China, support was provided for the implementation of two pilot projects to reduce the irrational use of injections through a monitoring, training and planning strategy. Likewise, support was provided to Malaysia for capacity-building in pre-market assessment and post-market surveillance of medical devices and developing guidelines for electronic testing of medical devices, and to Mongolia for training for medical equipment maintenance.
Human Resources for Health. The Regional Strategy on Human Resources for Health (2006–2015) was endorsed in resolution WPR/RC57.R7 by the WHO Regional Committee for the Western Pacific at its fifty-seventh session in New Zealand in September 2006. The Strategy guides WHO collaboration in strengthening the capacity of countries and areas to ensure that their health workforces are responsive to population health needs, enhance health system performance and service quality, and improve health outcomes. The Strategy also provides a range of policy options and strategic actions Member States can consider in addressing their own country-specific health workforce needs.

To facilitate the implementation of the Strategy, WHO is strengthening the regional health workforce database and evidence and information system, as well as providing support in the development of country-specific strategies and plans. WHO supported the analysis of human resources for health (HRH) and the determination of staffing standards, requirements and costs in the Lao People’s Democratic Republic; the installation of HRH management development systems in regional health centres and the development of staffing standards in field health facilities in the Philippines; the updating of Papua New Guinea’s HRH information management system; and the development of the health workforce strategy and plan in Vanuatu.

The backbone of the health workforce of many countries and areas is comprised of nurse practitioners, nurses and non-physician primary health care providers, who serve as frontline workers delivering most of the basic clinical and primary health care at district and community levels. WHO supported the development of a regional strategic action plan that serves as a framework to focus efforts and partnerships in strengthening nursing and midwifery capacity of Member States in the Western Pacific. In response to the unique needs of the Pacific island countries and areas, WHO also supported the development of a targeted strategic action plan for nursing and midwifery development in that region. Both strategic action plans are aligned with the Regional Strategy on Human Resources for Health (2006–2015) as well as the global Strategic Directions for Strengthening Nursing and Midwifery Services.

The Pacific Code of Practice for the recruitment of health workers in the Pacific was endorsed by the Ministers of Health for Pacific Island Countries at their meeting in Vanuatu in March 2007. A compendium to the Code provides more detailed guidance and resource information that leads to a better understanding of its provisions and their application. The Code provides guidelines for an ethical approach to the international recruitment of health workers in a manner that takes into account the potential impact of such recruitment on health services in source countries and safeguards the rights of recruits and the conditions relating to their profession in recruiting countries. Achieving the correct
balance between the rights, obligations and expectations of all parties involved and respecting the principles of transparency, fairness and mutuality of benefits are its guiding principles.

The goal of the recently established Asia-Pacific Action Alliance on Human Resources for Health is to support the strengthening of HRH capacity of its member countries through technical support, research and sharing of evidence and information. The Alliance also is an advocate for the mobilization of partner support and resources to support the work of its country teams. The work and functions of the Alliance are similar to the “Observatories on HRH” in the WHO African Region and the Region of the Americas. WHO, represented by the Regional Offices for South-East Asia and the Western Pacific, is an Alliance partner. WHO provided support for the formation of a Pacific subgroup of the Alliance, which groups Fiji, Papua New Guinea and Samoa.

WHO supported the enhancement of leadership and management skills of health and nurse managers through national workshops and participation in regional and international courses and meetings. A forum on building leadership capacity and development of strategic action plans was convened in Samoa in September 2006 for nurse leaders from countries in the South Pacific.

WHO collaborated with the University of Technology, Sydney, to convene a Regional Nursing Leadership Summit in November 2006 focused on leadership and emerging diseases preparedness capacity, as well as the development of a Regional Strategic Action Plan for Nursing and Midwifery Development. WHO sustained its collaboration with the International Council of Nurses Leadership for Change programme and other partners, including the South Pacific Chief Nursing Officers Alliance and the American Pacific Nurse Leaders Council. The Leadership for Change programme continues in Papua New Guinea, while a new programme was initiated in China in March 2007. Leadership for Change national trainers in Mongolia and Viet Nam have begun phase two of their programmes, which includes in-country nursing leadership development and training of additional nurses and midwives.

**Education and training.** WHO fellowships were awarded to 274 people, and 107 people participated in 31 group study tours during 2006. Some 86% of the individual fellowships and 60% of the study tours took place in the Region. Of the individual fellowships awarded, 39% were awarded to men and 61% to women, whereas for study tours, 59% were awarded to men and 41% to women. Of the total number of individual fellowships, 33% were awarded to doctors, dentists and psychiatrists; 23% to nurses and midwives; 14% to paramedical personnel; 8% to administrators; 3% to pharmacists; and 2% to public health workers. The leading fields of study for individual fellowships were public health and research (75%); health administration and policy (13%); clinical and curative care (6%); nursing and midwifery (3%); and laboratory and diagnostics (3%).

Efforts were made to support and expand the operations of the Pacific Open Learning Health Net (POLHN) by setting up additional learning centres and expanding the number of courses. In 2006, POLHN had 16 learning centres in operation in 11 Pacific island countries, and 12 online health courses were delivered to 227 health personnel. More health courses are being developed or delivered through POLHN in 2007, including those intended to strengthen the work of country taskforces. Full-time staff have been recruited to manage POLHN learning centres in Fiji, Solomon Islands and Vanuatu. A business plan for POLHN 2007–2011 has been developed for marketing, networking and
resource mobilization. Future planned activities include pilot testing of the use of hand-held computers, or personal digital assistants, for health workers who do not have access to the resources of the learning centres.

Promoting and enhancing the standard and quality of education and training of health workers is a long-term WHO collaborative activity with key stakeholders, such as regulatory and accrediting bodies, professional associations, institutions, faculty and governments. WHO support in this area was provided to several Pacific island countries and Viet Nam. A regional assessment and mapping of nursing and midwifery educational curricula have been undertaken in collaboration with the Pacific Islands Forum Secretariat, selected academic institutions and WHO collaborating centres.

Advocacy and partnerships. The mobilization of greater resources and the recruitment of additional partners to support the implementation of the Regional Strategy on Human Resources for Health (2006–2015) and the development of country-specific strategies and plans based on the Strategy are priorities. In November 2006, WHO in collaboration with the Asian Development Bank, convened a High-Level Partners Meeting on Human Resources for Health in Mongolia for human resources development under the Health Sector Strategic Master Plan (2006–2015). The partners, including WHO, signed a memorandum of understanding calling for the establishment of a high-level coordinating body with a permanent secretariat in the Ministry of Health and a working group to facilitate implementation of strategic actions.
Health Information. For most developing countries, investments in health information systems are grossly inadequate. Policy-makers are concerned about data quality and information from the private health sector, which is expanding rapidly in some countries. Most past efforts on health information systems focused on upgrading information management skills and capacity-building.

A workshop on Developing Integrated National Health Information Systems was held in September 2006 in Manila to review the content and flow of data collected by various technical programmes in ministries of health and to agree on a common platform for the sharing and use of programme-specific information. Participants from six countries representing seven programmes outlined key functional areas for integration of data, taking into consideration the various types of support offered by global initiatives such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Global Alliance for Vaccines and Immunization, and the Health Metrics Network.

Support was provided to the Philippines over the past year in the development of a framework for a knowledge management system for the Department of Health and an eHealth project to improve quality of diagnosis through telephone consultations on radiology with primary health centres. A geographical information system for the surveillance of infectious disease in Kelantan State in Malaysia was completed in 2006. Support in the use of clinical group tools and clinical risk modelling to improve quality of care and costing was provided to Malaysia in 2007.

The monthly statistical and epidemiological health reporting system in Vanuatu was revised and tested, with training provided for staff and supervisors. WHO also supported efforts in policy development for health information systems in Vanuatu. In addition, WHO sponsored two fellows from Brunei Darussalam in their study in New Zealand of the development and use of health indicators.

With the rapid introduction of electronic health records in hospitals, most countries are paying attention to data quality improvement through training in medical records management, and ICD-10 classification and coding, formally known as the International Statistical Classification of Diseases and Related Health Problems, 10th Revision. Both China and the Marshall Islands conducted training courses for hospital information staff, coders and doctors in hopes of improving diagnosis recording and the documentation of clinical notes.

An assessment was made on the current status of emergency management information systems in the Philippines and Viet Nam, and information needs for emergency and disaster management at the country level were identified. A workshop on the collection, monitoring and use of such data was held in October 2006 in Viet Nam.
The Country Health Information Profiles were revised to make them more analytical and pertinent. *The Practical Guide on Electronic Health Records* was published in September 2006, and the Medical Records Management manual was revised for country use. Work continued on *Health in Asia and the Pacific*, which will be a joint publication of the Regional Offices for South-East Asia and the Western Pacific.

Two workshops were held in close collaboration with Health Metrics Network. The first, in New Caledonia in October 2006 for Pacific island countries and areas, focused on the Health Metrics Network framework and the use of the network assessment tool. The second meeting, in Viet Nam, dealt with the development of a strategic vision for the next decade for health information systems and resource mobilization for national health information systems planning. Joint missions or discussions were held with Health Metrics Network secretariat and national counterparts in use of the network’s assessment tools. The Health Information Strategic Plan developed by WHO was used by some Member States to guide the development of strategic plans for national health information systems.

**Health Research.** WHO continued to develop methods and indicators for health research systems analyses in Cambodia, China, Mongolia, the Philippines and Viet Nam. Results from country surveys were summarized in national reports. Further development of national health research systems in these five countries will build on results from this analytical work. A regional report on health research was prepared using data from international databases between 1992 and 2005.

Funding was provided to eight research projects, most related to malaria and other vectorborne diseases. A joint small grants programme for operational research on vectorborne and parasitic diseases was established with the support of the Special Programme for Research and Training in Tropical Diseases. Research training was supported in the areas of clinical epidemiology and pharmaco-economics.

Development of Evidence-informed Policy Networks (EVIPNet) continued in China, the Lao People’s Democratic Republic, Malaysia, the Philippines and Viet Nam, with the objective of improving capacity for producing better evidence through health research and for translating evidence to health policy-making and clinical practice. EVIPNet country teams met in December 2006 to review experiences and discuss joint activities. A course on the conduct and use of systematic reviews was organized for team members.

The Regional Office for the Western Pacific and the Alliance for Health Policy and Systems Research initiated a joint study to explore the feasibility of establishing a regional or subregional rapid response mechanism to serve the information needs of policy-makers.

At the suggestion of the Western Pacific Advisory Committee for Health Research, health research was the topic of the ministerial round-table at the fifty-seventh session of the Regional Committee for the Western Pacific in New Zealand in September 2006. The round-table asked WHO to develop suggestions that would lead to better coordination of research and improved access to research findings. As a result, WHO will organize two meetings later this year, one in Fiji to consider health research in the Pacific island countries, and another in Cambodia to discuss case studies on the use of evidence to improve equity in health policy-making.

Eight new WHO collaborating centres were designated over the past year and seven were discontinued.
Emergency and Humanitarian Action. Among Member States of the Western Pacific Region, the Philippines faced the highest number of significant emergencies over the past year. An oil spill in August 2006 in the central Philippines drew international attention. Upon the request of the Government, WHO immediately sent an emergency response team, including an environmental epidemiologist and a public health specialist.

In the latter part of 2006, a series of super-typhoons hit the Philippines, prompting the Government to request international assistance. Several towns in Albay province, some 550 kilometres southeast of Manila, were buried by landslides as heavy typhoon rains washed down volcanic debris that had accumulated from an earlier eruption of Mt. Mayon. The humanitarian cluster was convened by the United Nations country team to provide support to the Philippine Government in coordinating international support. WHO served as lead agency for the health cluster, and it provided support, including supplies and equipment, to the Department of Health at the national and local government levels. WHO quickly dispatched a team to the region, which assisted during the initial response phase and the early recovery period.

Natural disasters also hit Viet Nam, which faced an emergency in the wake of cyclone Xangsane, and Vanuatu, where a volcano on Ambae Island erupted. An earthquake off the Kuril Islands in the north-western Pacific Ocean led to a tsunami warning that forced the evacuation of some villages, although no major tsunamis were generated.

In the early morning hours of 2 April 2007, an earthquake measuring 8.1 on the Richter scale struck 345 kilometres northwest of Honiara, Solomon Islands. The resulting tsunami claimed 52 lives and caused significant damage to health facilities in the western part of the country. WHO deployed two staff members to assist in the emergency response efforts. Three emergency health kits were provided to the Ministry of Health, and rapid diagnostic kits also were provided for malaria control activities. In addition, WHO supported government efforts in communicable disease surveillance, temporary settlement health management and immunizations.

Guidelines were provided in support of psychosocial programmes for mental health, asbestos, waste management, water and sanitation, and the management of communicable diseases.

Preparedness activities. National training courses in Public Health and Emergency Management in Asia and the Pacific were conducted in Cambodia, Fiji, the Philippines and Viet Nam. A similar biregional training course was conducted in Thailand, with participation by health emergency officers from China, Cambodia, Mongolia, the Philippines and Viet Nam. Malaysia and the Philippines participated in the Public Health Pre-deployment Training Course at WHO Headquarters. Staff from the WHO Regional Office for the Americas travelled to Manila to conduct logistics support system training for managers from the Department of Health, the
Department of Social Welfare and Development, and nongovernmental organizations. In February 2007, a training course on disaster risk management was conducted in Manila in collaboration with the Southeast Asian Ministers of Education Organization-Tropical Medicine and Public Health Network (SEAMEO-TROPMED).

SEAMEO-TROPMED joined the WHO Regional Offices for South-East Asia and the Western Pacific in organizing the Asia Pacific Meeting on Health Emergencies and Human Resources Development in Manila in October 2006. The meeting produced recommendations on strengthening training and increasing the capacity of Member States in health emergency management. Discussions covered the development of training courses on risk communication, nursing in emergencies, orientation seminars for policy-makers, and emergency operations planning.

**Technical assistance.** With the support from the WHO Three-Year Programme to Strengthen Organizational Capacities for Health Action in Crises, the Regional Office for the Western Pacific was able to provide consultants to Member States to assess logistics management systems, review the management of drug donations, strengthen blood transfusion services in emergencies, and assess human resources development. Technical support also was provided to Member States through consultants who collaborated in the development of policies for health emergencies, the improvement of health information systems, the establishment of emergency operations centres, and the conduct of training courses for mass casualty management and hospital preparedness.

After the consultant visits, workshops were held to further develop training plans in specific technical areas. The Ho Chi Minh City Institute of Hygiene and Public Health was the venue for an October 2006 meeting to discuss health information management systems in China, the Philippines and Viet Nam. A workshop was conducted in December 2006 in the Philippines to review the draft curriculum for a training course on mass casualty management and hospital preparedness. Draft guidance on the establishment of emergency operations centres was discussed in a regional meeting with the Communicable Disease Surveillance and Response unit at the Regional Office.

A study tour in the Philippines for national and provincial health officials from Cambodia, Mongolia and Viet Nam was conducted in March 2007 on health emergency preparedness and response. Study tour participants visited areas affected by recent disasters and received an orientation to emergency preparedness programmes, such as the programme in Marikina City which received an award from the Alliance for Healthy Cities in 2006 for its emergency planning.

**Collaboration.** During the June 2006 earthquake in Indonesia, which is a Member State of the WHO South-East Asian Region, the Regional Office for the Western Pacific provided a staff member to lead the health cluster during the early phase of the emergency response. The Regional Office for the Western Pacific also provided support for the development of the Public Health Pre-deployment Training offered at WHO Headquarters in November 2006. The Regional Office was active in discussions and meetings on the global health cluster of the Inter-Agency Standing Committee of the United Nations.
Information and Communication Technology. A strategy for improving Information and Communication Technology in country offices has been formulated and is being implemented throughout the Western Pacific Region. The strategy is expected to be fully operational before implementation of the Global Management System (GSM) in the Region, scheduled for 2008. The WHO Global Private Network is now in place in all country offices, and the improved communication infrastructure it provides will enable easier collaboration between country offices, the Regional Office for the Western Pacific and WHO Headquarters. The Global Private Network also will be the main point of access to all of the Organization’s global systems, including the GSM and regional resources, regardless of their location.

Regional preparations for the GSM currently are focusing on system integration and the interface with regional information systems, as well as user acceptance testing. Enhanced and real-time applications were rolled out across the Region in preparation for the unveiling of the Global Management System and to improve access to live data for regional and country office staff.

The website for the Western Pacific Region is continuing to evolve as a valuable source of information. Country-specific websites, such as those of the country offices in China and Viet Nam, as well as special-initiative sites, have enhanced outreach efforts in the Region.

The intranet portal of the Western Pacific Region was redesigned to allow units to manage their own content and make the intranet more useful for staff by delivering quality, up-to-date information.

To support decision-making in health planning and management, Viet Nam started to collect data for the Service Availability Mapping project in two pilot provinces during the third quarter of 2006. In March 2007, district health officers from the two pilot provinces attended a mapping workshop in Ha Noi.

External Relations. The Regional Office for the Western Pacific has continued to strengthen coordination and to explore new forms of collaboration and partnership. The Regional Office has promoted and enhanced cooperation with Member States and the United Nations family, including United Nations Economic and Social Commission for Asia and the Pacific, United Nations Development Programme, United Nations Children’s Fund, United Nations Population Fund, Joint United Nations Programme on HIV/AIDS, the Food and Agriculture Organization of the United Nations, United Nations Environment Programme, and the United Nations Office on Drugs and Crime. In addition, WHO in the Region continues to work closely with the World Bank and regional intergovernmental agencies, such as the Asian Development Bank, the Association of Southeast Asian Nations, the Secretariat of the Pacific Community, the Pacific Islands Forum Secretariat and the Pacific Islands Applied Geoscience Commission. Cooperation and collaboration with nongovernmental organizations, the private sector and other partners continue to be priorities.

Forty-four memoranda of understanding and similar agreements were signed with 17 governmental partners, 12 United Nations and intergovernmental partners, and 10 foundations or nongovernmental organizations for joint activities both at the regional and country levels in the areas of communicable disease surveillance, immunization, HIV/AIDS prevention and control, emerging infectious diseases control and response including avian influenza,
malaria, tuberculosis, maternal and child health care, and other issues.

Extrabudgetary resources mobilized by or transferred to the Western Pacific Region reached US$ 100.4 million for the period ending 31 March 2007, representing a 29.8% increase compared to the same period in the last biennium, with most of the funds allocated for priority programmes, such as avian influenza, HIV/AIDS control, the Expanded Programme on Immunization, Roll Back Malaria, Stop TB, health systems development, blood safety, child health, noncommunicable diseases and other programmes.

**Public Information.** The continuing threat of a human influenza pandemic caused by the presence in Asia and elsewhere of the A(H5N1) avian influenza virus continued to dominate the activities of the Public Information Office. The Public Information Officer worked to present a balanced picture of the situation, on occasion allaying fears that the pandemic already had started, while at the same time seeking to ensure that the public remained vigilant.

Other highlights of the year included a high-level panel discussion and debate in Singapore on global health security, the theme of World Health Day 2007. Infectious diseases and emerging threats; natural disasters; climate change; and national, economic and personal security issues were among the topics discussed by a panel of public health and government leaders to mark the global event. The Public Information Officer marshalled media support.

The Public Information Officer continued to provide advice to the Regional Director and the Director, Programme Management. In addition, support was provided in generating media interest in the activities of technical units, including a successful press conference on the social stigma related to leprosy.

Partnership and rapport with the media continued to strengthen, with journalists increasingly turning to the Western Pacific Regional Office for views on global health issues.
Administration and Finance
General Administration. Construction of the new office building and renovation of the original structures at the WHO Regional Office for the Western Pacific were completed by the end of 2006, providing additional facilities for meetings, videoconferences and other activities. The enhanced facilities, located on the site along United Nations Avenue in Manila where the Regional Office settled in 1959, offer a safe, efficient and conducive working environment for the more than 300 professional and general staff assigned to the Regional Office. The new facilities include a breastfeeding room and a fitness centre. The number of meeting rooms was increased to meet the demands of the growing number of workshops and conferences held at the Regional Office.

Cost-saving measures continue to be pursued. Blackberry data exchange was introduced to minimize communication costs and existing communication lines were monitored on a regular basis to ensure quality. Some services were outsourced to minimize administrative costs. Automation of activities, such as property inventory and staff information, was enhanced to ensure the integrity of the database.

Budget and Finance. The Budget and Finance team continued to provide efficient and service-oriented financial and administrative support to the Regional Office and country offices, while ensuring proper control.

New financial regulations approved by the World Health Assembly came into force in 2006. This resulted in a change to the income recognition policy for extrabudgetary funds and the linking of expenditure recognition to the timely delivery of services and goods. The change in income recognition translated into 80% of approved pledges being made available for the current financial period. It ensures that technical units can start implementing their programmes much earlier than they have in the past. These changes have been communicated to all staff, and briefing sessions have been conducted in the Regional Office and in some country offices.

The policy on local cost subsidy, now called direct financial cooperation, has been revised to put more emphasis on programmatic impact. The guidelines were developed in the Regional Office in close collaboration with the country offices, and relevant instructions have been issued to ensure that the policy is applied uniformly in all country offices. The country offices have, in turn, briefed ministries of health on the new policy, based on the guidelines provided by Budget and Finance. An important part of the change from local cost subsidy to direct financial cooperation was a one-time opportunity to clear the backlog of long-outstanding statements of expenditure and technical reports pertaining to local cost advances prior to the 2004–2005 biennium. An enhanced direct financial cooperation monitoring system currently is being developed and should be rolled out shortly to country offices.

The Budget and Finance team continued to provide input to the Global Management System and will ensure that regional and country perspectives are taken into account in the final design phase. The unit will
participate in various Global Management System tests during the next six months.

**Personnel.** Personnel provides timely and efficient service delivery in the administration and management of human resources services which include recruitment and selection, entitlements and contract administration, post classification, performance management, staff relations, and staff development and training.

The pay rates for short-term consultants were revised effective 1 January 2007 to make them more competitive with other United Nations agencies and international organizations and in order to attract the best consultants. In addition, procedures have been further streamlined to expedite recruitment.

In preparation for the implementation of contract reform on 1 July 2007, Personnel has taken an active role in coordinating with Headquarters further refinements to the new contractual arrangements and other new policies. A help desk, with a dedicated e-mail address, was established to provide clarification to staff on issues and concerns related to contract reform, including queries on the new mobility and hardship scheme introduced on 1 January 2007.

Ongoing computerization of work processes and forms has increased efficiency of Personnel services. Further enhancement of the Personnel Administration System is ensuring that accurate and updated personnel information and data are generated quickly. The e-recruitment system, which is extensively used in the publication and management of vacancies, has been upgraded to provide greater capacity for applications and the e-testing module. A workshop on the electronic Post Description System (e-POD) designed to facilitate the processing of post descriptions was conducted in February 2007 to provide Personnel and staff of various units with hands-on training on the web-based tool. The pilot electronic performance management and development system (e-PMDS) has been introduced to Personnel staff.

Staff development and training have continued to progress, with expanded availability of learning programmes focused on the six priority areas of the Global Learning Committee. In addition, delegation of the responsibility to country offices for managing staff development funds and activities is expected to be an effective strategy in accelerating achievement of staff development goals and targets.

**Supply.** Supplies and equipment, valued at approximately US$ 11.4 million, were procured in the past year. They included local and direct purchases amounting to US$ 5.6 million, the remainder being procured with the collaboration of purchasing services at Headquarters.

Supplies and equipment procured on behalf of Member States through the reimbursable procurement scheme are included in these figures. Also included are purchases made on behalf of principal recipients of grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria which amounted to US$ 2.9 million. Reimbursable procurement for governments and the Global Fund consisted mainly of tuberculosis and antimalarial drugs, malaria and HIV test kits, rabies and yellow fever vaccines, microscopes, bednets and insecticides for the Lao People’s Democratic Republic, the Philippines, the Republic of Korea, Viet Nam, and Pacific island countries and areas.