The Work of WHO in the Western Pacific Region

Report of the Regional Director

1 July 2004 - 30 June 2005
THE WORK OF WHO IN THE WESTERN PACIFIC REGION

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Once again, the Western Pacific Region finds itself fighting a highly pathogenic virus that poses a grave danger to global public health. In the period since my last report, the H5N1 avian influenza virus has tightened its grip on the Region. It has continued to cause illness and death in humans, killing one half of the 108 people it infected as of 30 June 2005. It also has taken a high socioeconomic toll on the Region. And it is behaving in ways that suggest it remains unstable, unpredictable and versatile.

Avian influenza erupted in the wake of the deadly outbreak of severe acute respiratory syndrome (SARS). Many of the lessons learnt during the SARS epidemic are being applied to the current avian influenza outbreaks, which quickly spread to more than a half-dozen Asian countries and claimed human lives in Cambodia, Thailand and Viet Nam. The outbreak and its human toll have raised fresh fears of a new influenza pandemic.

The Regional Office is continuing to work with Members States, WHO Headquarters, other regional offices, WHO country offices and partner agencies to improve surveillance and eliminate outbreaks of avian influenza. A potentially deadly pandemic can be averted if we all work together in an all-out war on avian influenza.

Such collaborative efforts are a hallmark of the Western Pacific Region. When the Asian tsunami struck on 26 December 2004, Malaysia was the only one of the Region’s 37 countries and areas directly impacted. The brunt of the tidal wave hit neighbouring Member States in the South-East Asia Region. But teams from the Regional Office in Manila and from country offices in China and Malaysia immediately joined the relief effort. Support was provided to WHO’s Emergency Operations Centre in Jakarta, while staff from China travelled to Sri Lanka to assist with public information and the Malaysia country office provided support to the Subang Humanitarian Air Hub in moving emergency supplies to the disaster zone.

During the past year, the Western Pacific Region further strengthened collaboration with the South-East Asia Region in several areas. For example, the regions in May 2005 launched the Rapid Alert System for combating counterfeit medicines. The system uses the Internet and other resources to share intelligence and as an alert mechanism. The regions also worked together closely in developing a Strategy on Health Care Financing that provides guidance to Member States in developing policies that will ensure adequate, equitable and effective health care for all people.

WHO and the United Nations Children’s Fund (UNICEF) collaborated over the past year to develop a joint Regional Child Survival Strategy intended to reduce inequities in child survival and to achieve national targets laid out in the Millennium Development Goals which call for a two thirds reduction in under-five mortality between 1990 and 2015. The strategy advocates universal access to an essential package of key child survival interventions.

The Western Pacific Region is the most populous and perhaps the most diverse of the
six WHO regions. And the challenges we face are as diverse and wide-ranging as the Region itself. We must continue to battle traditional communicable diseases such as tuberculosis and malaria while dealing with more recent epidemics, such as HIV/AIDS. In addition, we must meet the more recent threats of noncommunicable diseases such as diabetes and hypertension that once seemed to afflict mostly developed countries. And we must grapple with these established diseases while we prepare for new threats from avian influenza and other zoonoses that could spark global epidemics.

Some of the challenges may be new, but we can best meet them by relying on the strategies that have served us so well in the past. We must have in place well planned and well executed disease control programmes. We must ensure that governments and societies properly value health. And we must ensure that we are building health systems that deliver services that people need and can afford.

Regional Director
Executive Summary

1. Expanded Programme on Immunization. EPI continued to perform well during the past year, with success evident in efforts such as the broad regional coverage for diphtheria, tetanus and pertussis (DTP3). The Region continues to be free of poliomyelitis. Twin goals—measles elimination and hepatitis B control—by 2012 are being proposed to refocus efforts to strengthen immunization and surveillance systems.

2. Malaria, Other Vectorborne and Parasitic Diseases. Malaria continues to be the most serious vectorborne disease in 10 endemic countries in the Region, despite a 50% drop over the past decade. Dengue fever is on the rise, sparking concerns of a potential epidemic in 2006 or 2007. Continued progress has been made in the fight against lymphatic filariasis in the Pacific island countries and areas.

3. Stop TB and Leprosy Elimination. Significant progress was made towards the Region’s TB targets for 2005, with a treatment success rate that now exceeds the 85% target. Some 90% of the population has access to DOTS, an increase of more than 30% since 1998. Leprosy elimination efforts are focusing on a few remaining endemic pockets and post-elimination surveillance.

4. Sexually Transmitted Infections, including HIV/AIDS. More than 1.5 million people in the Region are living with HIV/AIDS. The Regional Office has assisted a number of Member States in improving their HIV surveillance systems and refining their HIV estimates. To meet the regional target of the 3 by 5 Initiative, WHO and its partners are working to triple the number of people receiving antiretroviral (ARV) drugs by the end of 2005.

5. Communicable Disease Surveillance and Response. The Region has been working with national health authorities and partner agencies to combat avian influenza A(H5N1) which continued to spread through the second half of 2004 and into 2005. WHO also has taken a leading role in pandemic preparedness activities in the Region. The Regional Office provided input into the revised International Health Regulations.

6. Healthy Settings and Environment. PROLEAD was launched to provide decision-makers in health promotion opportunities to interact with colleagues throughout the Region. WHO also built upon its previous work in road safety, health and environment, and food safety. The Alliance for Healthy Cities, founded with support from WHO, convened its First General Assembly and Conference on Healthy Cities.

7. Child and Adolescent Health and Development. The Integrated Management of Childhood Illness (IMCI) is at the heart of the Regional Child Survival Strategy, and WHO is working with priority countries to implement the strategy. The Region also is continuing important work in infant and young child feeding and the global strategy on diet, physical activity and health.

8. Reproductive Health. The Regional Office continues to strengthen service capacity, improve the quality of care and monitor the progress of maternal and newborn care. It is also finalizing a regional framework for accelerating action on sexual and reproductive health of adolescents and young people.

9. Noncommunicable Diseases and Mental Health. Surveillance, prevention and control continue to be cornerstones of the effort to combat the rapidly escalating NCD epidemic in the Region. The Regional Office is assisting countries and areas in the Pacific as they work through the various stages of their national NCD surveys. The mental health unit is continuing its collaboration in the development and implementation of mental health policy, legislation and programmes.
10. **Tobacco Free Initiative.** The 2005-2009 Regional Action Plan for the Tobacco Free Initiative, approved by the Regional Committee in 2004, has guided major work of the Tobacco Free Initiative in 2005. The WHO Framework Convention on Tobacco control became binding international law on 27 February 2005. To date, 18 of 27 Member States of the Western Pacific Region have ratified the Convention, or taken equivalent action, and have begun implementing provisions. WHO work has been focused on developing country capacity to implement the Convention’s components.

11. **Health Systems Development and Financing.** A regional strategy on health financing is being developed to guide Member States in their efforts to provide adequate, equitable and effective health care financing. Social health insurance and social safety nets for health also have been strengthened with help from WHO. New publications focused on reaching the poor with programmes on child health and tuberculosis, as well as integrating issues of poverty and gender into health planning.

12. **Health Technology and Pharmaceuticals.** Workshops were held on the implementation of the Regional Strategy for Improving Access to Essential Medicines. In an effort to combat counterfeit medicines, WHO supported the development of a regional Rapid Alert System. In the area of traditional medicine, considerable work was done on the development of standard acupuncture points.

13. **Human Resources for Health.** Stakeholder consultations are under way for a draft strategic plan to meet health care workforce needs throughout the Region. The Pacific Open Learning Health Network continues to be valued as an important remote learning resource.

14. **Health Information and Evidence for Policy.** The Regional Office is continuing to work with a number of countries and areas on health statistics, ICD-10 classification, disease surveillance and response, and health information systems. Biregional publications with the Regional Office for South-East Asia are under way that will provide a broader context for understanding the health situation in Asia and the Pacific.

15. **Emergency and Humanitarian Action.** The Regional Office provided support to Malaysia, the only country in the Region impacted by the Asian tsunami. WHO also provided support for emergencies ranging from the typhoon in the Federated States of Micronesia to floods in China, the Philippines and Viet Nam.

16. **Reaching Out.** Information technology was strengthened over the past year and a more user-friendly web site was launched. Innovative forms of collaboration and partnership with both traditional and new partners were undertaken, and the Region saw a sizeable increase in extrabudgetary resources. Publications, translation and library services flourished, and the Public Information Office provided information, as well as access to the Regional Director and technical officers, for television networks, international newspapers and other media.

17. **Administration.** Construction of the WHO Regional Office building is expected to be completed, on budget, by August 2005, at which time renovation of the existing facilities will begin. Administration, budget and finance, personnel and supply continued to operate efficiently, streamlining procedures that will allow the Regional Office and country offices to function more effectively.
WHO Western Pacific Region
Organizational Structure

Regional Director

Director, Programme Management

Country Offices
- 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
- Sexually Transmitted Infections, including HIV/AIDS
- 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
- Emergency and Humanitarian Action

Administration and Finance
- Budget and Finance
- Personnel
- General Administration
- Supply
1. Expanded Programme on Immunization

Expanded Programme on Immunization. EPI continues to perform well throughout the Western Pacific Region, building on past achievements while meeting new challenges. The programme’s effectiveness can be seen in the broad coverage for diphtheria, tetanus and pertussis (DTP3) in the Region, where more than 80% of children in 88% of all districts received three doses of the vaccine within a year of birth. In the Philippines, WHO is supporting a successful new approach, Reaching Every District (RED), to deliver immunization services to the hard-to-reach urban poor. RED has improved routine immunization coverage by focusing on district-by-district planning. It has re-established outreach services, increased community involvement and efficiently managed resources.

Despite these successes, fresh challenges remain in a number of countries and areas. In 2004, technical assistance for district-level micro-planning was provided to some countries still facing performance problems—Cambodia, the Lao People’s Democratic Republic and Viet Nam. In addition, comprehensive EPI reviews were conducted in Cambodia and China in 2004-2005 to identify areas where immunization systems need to be strengthened. In Viet Nam, a study was undertaken to identify barriers that impede improved EPI coverage. An action plan then was developed and implemented to address those barriers. Disease-specific goals—regional measles elimination and hepatitis B control—are being used to refocus efforts to strengthen routine immunization and surveillance systems.

Poliomyelitis. The Region continues to be free of poliomyelitis. There were 6529 acute flaccid paralysis (AFP) cases reported in the Region in 2004, resulting in an annualized non-polio AFP rate of 1.61 per 100 000 children under 15 years of age. The adequate stool collection rate was 88%. AFP surveillance systems function reasonably well in all countries and picked up cases of circulating vaccine-derived poliovirus (cVDPV) in Guizhou Province, China, in 2004 and vaccine-derived poliovirus (VDPV) in the Lao People’s Democratic Republic in 2004-2005. This enabled timely epidemiological investigations and supplementary immunizations. Low immunization coverage in these areas was responsible for the emergence of cVDPV. It also poses a threat for the re-establishment of transmission if wild poliovirus is imported.

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Polio laboratory performance was effective over the past year. WHO supported the Regional Reference Laboratory in China in the development of a comprehensive workplan for improving the National Polio Laboratory Network. In addition, support was provided to the laboratories in the Region with performance gaps.

Work to complete Phase I laboratory containment of wild polioviruses and document the quality of the effort continued. The Regional Office supported countries that have completed the laboratory survey and inventory activities necessary for the preparation of assessment reports. These reports were submitted to the Regional Certification Commission for its 10th annual meeting held in October 2004. Technical support was provided to China and Japan as these countries still need to complete Phase I. Progress in Japan has been promising with substantial resources provided by the Government in 2004, while challenges remain in China.

Measles. This viral infection continues to be one of the leading causes of vaccine-preventable morbidity and mortality in children in the Region, despite a 95% reduction in deaths compared to the pre-
measles outbreaks for many years, Cambodia completed a national measles vaccination campaign between 2000 and 2004, targeting all children 9 months to 14 years. It resulted in a significant reduction in cases.

China has six eastern provinces that have nearly eliminated measles. In Guizhou Province, supplementary immunizations were conducted as part of an overall plan to decrease measles cases and deaths between 2003 and 2006. In addition, six other provinces are working on elimination but need additional resources.

Papua New Guinea’s national measles vaccination campaign has made important progress in estimating target populations, as well as improving planning and management. The campaign was phased in over a year, resulting in higher immunization coverage.

A successful measles elimination programme depends upon reducing populations at risk by increasing immunity. This requires two doses of measles vaccine to ensure adequate protection. Twenty-five countries and areas in the Region continue to provide a second dose of measles vaccine as part of their routine immunization schedules; seven countries provide the second dose through supplementary immunization activities. Four countries currently do not have a schedule for providing second doses.

Twenty-two countries collect case-based data in their measles surveillance systems. However, in many countries these systems provide only partial coverage. Seven countries with case-based measles surveillance systems report their data directly to the Regional Office. Finally, The Field Guidelines for Measles Elimination has been developed and distributed by the Regional Office.

Hepatitis B. Efforts to control hepatitis B continue to make substantial progress, but the disease remains a major public health problem in the Region. The Lao People’s Democratic Republic expanded tetravalent (DTP-HepB) vaccine administration nationwide in 2004, and Cambodia is expected to do so in 2005. With this, all the countries in the Region, except the Philippines, will be providing hepatitis B vaccination nationwide.
In 2004, 22 countries reported 90% or better coverage with three doses of hepatitis B vaccine. Two countries reported coverage between 81% and 89%, eight countries between 50% and 80%, and two countries with less than 50% coverage. In the Region, approximately 4 million children born every year do not receive hepatitis B immunizations.

Australia, Japan, Macao (China), New Zealand, Singapore and five Pacific island countries and areas (American Samoa, Fiji, French Polynesia, the Federated States of Micronesia, and Wallis and Futuna) have succeeded in reducing seroprevalence to less than 1% in 5-year-old children born after the introduction of hepatitis B immunization, the goal for the regional programme. New Caledonia and the Republic of Korea are very near the goal, with seroprevalence rates between 1% and 2% in children born after vaccinations began.

Policy in most of the countries and areas in the Region calls for a first dose of hepatitis B vaccine within 24 hours of birth to reduce perinatal transmission. However, a very high proportion of the newborns in the Region are still not able to get a timely birth dose, mainly due to a high rate of home deliveries. Approximately 7 million births, some 30% of births in the Region, occur at home. In 2004, China and Viet Nam reviewed their birth-dose practices and pilot studies to test alternative ways of delivering birth doses.

The regional Technical Advisory Group, convened in June 2005, recommended setting 2012 as a target date for the regional measles elimination and hepatitis B control (by reducing HBsAG seroprevalence to <2% among 5 year olds). The recommended date will be considered for adoption at the fifty-sixth session of the Regional Committee in September 2005.

Immunization Safety. Major strides in safety have been taken. Technical assistance was provided to China and Viet Nam to strengthen their national regulatory authorities to ensure vaccine quality. By 2004, 15 countries in the Region had initiated the use of auto-disable syringes for some or all of their immunizations. Other countries use single-use disposable syringes. Papua New Guinea still uses non-disposable syringes to some extent for immunization.

Efforts continue to ensure appropriate disposal of used needles and syringes through safety boxes and incinerators. Incinerators have been installed in some countries such as Cambodia and the Lao People’s Democratic Republic in 2004, with assistance from the Government of Japan.

EPI efforts have expanded in scope in many countries and areas with the introduction of new vaccines such as Haemophilus influenzae type B (Hib). Mongolia and Tonga introduced a pentavalent vaccine containing Hib in the first half of 2005, and Tonga intends to do so. Japanese encephalitis vaccine has been introduced in some countries with high disease burdens. In addition, the Region is preparing to introduce other vaccines, such as rotavirus and pneumococcus vaccines, expected to be available in next few years after the completion of disease-burden and cost-effectiveness studies.
2. Malaria, other Vectorborne and Parasitic Diseases

Malaria. This continues to be the most important vectorborne disease affecting 10 endemic countries in the Western Pacific Region.\(^2\) As a result of a reorientation of national control programmes in 1993, the number of cases reported in the last year with complete data—dropped to just 395,000, a reduction of more than 50% over 10 years.

The availability of funds from the Global Fund to Fight AIDS, Tuberculosis and Malaria in eight of the 10 endemic countries will allow expanded use of insecticide-treated mosquito nets and conversion to the use of artemisinin-based combination therapy (ACT), two of the most important components of the regional malaria-control strategy. WHO has provided support for the preparation of proposals for Global Fund projects, with many WHO staff assigned at the country level spending 80% or more of their time on Global Fund-related activities.

Widespread availability and use of high-priced ACT has spawned a growing trade in counterfeits, now found in every country in the Mekong region. Quinine and tetracycline also are being counterfeited. Studies in Cambodia found 90% of the quinine sold in the private sector to be fake. WHO is working with countries and areas in the Region to combat counterfeit trade.

ACT must be combined with good quality malaria diagnosis. The Regional Office is the global focal point for the assessment of malaria rapid diagnostic tests. Assessments have been made of currently available rapid diagnostic tests, guidelines for their use have been produced, and recommendations on storage and handling have been disseminated. Recently, work with rapid diagnostic tests has been broadened to focus on quality assurance methods for malaria microscopy.

Dengue Fever. This is the second major vectorborne disease affecting the Region. Official data reported to WHO show a rising trend across the Region and neighbouring countries in recent years, reaching the same magnitude as the period prior to the 1998 epidemic. This trend has raised concerns about another major epidemic in 2006 or 2007.

\(^2\) The endemic countries are Cambodia, China, the Lao People’s Democratic Republic, Malaysia, Papua New Guinea, the Philippines, the Republic of Korea, Solomon Islands, Vanuatu and Viet Nam.
In an effort to improve routine dengue surveillance, including information on dengue serotypes, WHO has created a system to collect unofficial information coming mainly from media reports. It also has launched DengueNet, a web-based system for the collection and analysis of global dengue surveillance information. In 2004, three Member States—Cambodia, the Lao People’s Democratic Republic and the Philippines—joined DengueNet, with other countries and areas soon to follow.

Lymphatic Filariasis. Elimination of the parasitic disease in the Pacific island countries and areas has progressed to the point where all endemic countries and areas except Papua New Guinea will have completed five full rounds of mass drug administration by the end of 2005. Surveys then will attempt to verify that infection prevalence has been pushed below the 1% target. Papua New Guinea hopes to start its first round of mass drug administration in selected provinces by the end of 2005. Elsewhere in the Region, China expects to verify the interruption of transmission, as measured by national standards, in one last province by the end of 2005 and move to global criteria verification by 2006. Cambodia, Malaysia, the Philippines and Viet Nam have begun mass drug administrations. Brunei Darussalam and the Lao People’s Democratic Republic are mapping their endemic areas before deciding whether to carry out mass drug administrations. By mid-2006 all endemic countries and areas in the Region except for New Caledonia will have started or completed the mass drug administration phase of the lymphatic filariasis elimination. The Region will be well on its way to meet the target of elimination by 2020.

Deworming. The population of school-aged children covered by regular deworming is growing rapidly. In 2004, Cambodia became the first country worldwide to meet the global target of more than 75% of school-aged children treated regularly for soil-transmitted helminths. This marked a major accomplishment by Cambodia, soon to be followed by the Lao People’s Democratic Republic, thanks to new funding to expand successful national school deworming activities. In Viet Nam, deworming programmes in selected provinces will expand over the next few years to reach all school-aged children. The Philippines also has plans to expand its programme, but progress has been slow. In the Pacific, pilot projects are under way in Fiji, Kiribati and Vanuatu, with plans to add more countries as funding allows.


**Tuberculosis.** TB continues to be a major public health problem in the Western Pacific Region. In 2003, there were approximately 1.9 million new TB cases and an estimated 330,000 TB deaths. More than 90% of the Region’s TB burden falls in seven countries. China accounts for about 70%. Following the 1999 declaration by the Regional Committee of a “tuberculosis crisis”, remarkable progress has been made towards achieving targets set for 2005. Roughly 90% of the Region’s population has access to directly observed treatment, short-course (DOTS)—an increase of more than 30% since 1998. The Region’s treatment success rate already exceeds the target of 85%, and the case detection rate has increased from 40% in 2002 to 52% in 2003, still short of the target of 70%.

In December 2004, a joint WHO-China High-Level Meeting to Accelerate Tuberculosis Control took place in Xian, China. The officials, mostly vice-governors from 12 provinces with high TB burdens, pledged to meet the 2005 targets.

In an effort to increase case detection, WHO is drawing in private health care providers in TB services through the so-called public-private mix or PPM DOTS. With support from the Global Fund to Fight AIDS, Tuberculosis and Malaria, PPM DOTS activities are rapidly expanding throughout the Philippines. In some areas, PPM DOTS increases case detection by more than 10%. In China, WHO works with the Government to strengthen the cooperation between general hospitals and TB dispensaries, and this has contributed to an increase in the case detection rate from 30% in 2002 to approximately 64% at the end of 2004.

Laboratory quality assurance mechanisms have been introduced in several countries and areas, including Cambodia, China, the Lao People’s Democratic Republic, the Philippines and the Pacific. WHO collaborated with China, the Philippines, Viet Nam and the Pacific in the preparation of quality assurance guidelines for sputum microscopy. The Pacific TB Laboratory initiative was established to address the need for external quality assessment and drug resistance surveillance (DRS) in selected countries and areas. In the Lao People’s Democratic Republic, WHO provided technical support with the establishment of the National Reference Laboratory.

**TB-HIV.** WHO supported national AIDS and TB programmes in initiating and expanding TB-HIV collaboration based on the regional framework for TB-HIV. Cambodia has made good progress with TB-HIV collaborative activities, which are part of the continuum of care for HIV/AIDS. In China, WHO and the Ministry of Health jointly organized a workshop to develop the national framework for TB-HIV. The Ministry of Health in Viet Nam, in collaboration with the WHO Regional Offices for the Western Pacific and South-East Asia, organized a TB-HIV conference in the Mekong region allowing countries and areas to share experiences in setting up collaborative TB-HIV activities.

**Multidrug-resistant TB.** To respond to the threat of MDR-TB, WHO is intensifying technical support to countries to assess their MDR situation. In China, WHO provided technical support for drug resistance surveillance, and with the Ministry of Health organized a workshop to introduce a framework for the establishment of DOTS-plus, as a first step to address the problem of MDR. WHO, in collaboration with the Japan International Cooperation Agency, is

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3 Cambodia, China, the Lao People’s Democratic Republic, Mongolia, the Philippines, Papua New Guinea and Viet Nam.
assisting the Philippines in the analysis of the results of the recent DRS. WHO continues to support the DOTS-plus project in the Philippines. Mongolia is establishing a DOTS-plus programme funded by the Global Fund, with WHO collaboration in planning and training.

**Human Resource Capacity.** Human resource capacity has been one of the persistent challenges of the Region in TB control, most notably in China, the Lao People’s Democratic Republic and Papua New Guinea. WHO is providing technical support to China to develop a training plan for human resources. WHO also has provided support to 24 TB control staff members from various countries to participate in the International Union of Tuberculosis and Lung Diseases TB training course, held twice in Viet Nam in 2004. In March 2005, WHO organized the Second Pacific TB Course for TB control officers from 20 Pacific island countries and areas.

**Partnerships and Resources.** Collaboration between the Western Pacific and South-East Asia Regions was strengthened in 2004. Biregional activities have been implemented, and for the first time both regions jointly published an annual TB report.

WHO continues to provide effective coordination of the Stop TB Partnership for TB control within the Region. WHO is helping generate and sustain international support by collaborating with countries in programme development, implementation and evaluation. With assistance from WHO, three of the five Round Four TB proposals amounting to $64 million over five years were approved by the Global Fund. WHO also collaborated with China, the Lao People’s Democratic Republic, Mongolia, the Philippines, and several Pacific island countries and areas to prepare a workplan for continuation of support from the Global Fund for the programme’s second phase. To date, the proposals from countries in the Region approved by the Global Fund will generate a total of $148 million during all four rounds.

**Leprosy.** With the advent of multidrug therapy for the treatment of leprosy, most countries and areas in the Region had eliminated leprosy as a public health problem by the end of 2000. The prevalence rate stood at less than 1 case per 10,000 population, with the exception of a few endemic pockets. That status has been sustained with a further reduction in disease burden and transmission.

During 2003, special activities conducted in Kiribati, the Marshall Islands and the Federated States of Micronesia detected 75 new cases. Between 1996 and 2003, a total of 84 special projects were implemented covering about 40 million people in the
Region and detecting a total of 5129 new cases.

At the end of 2003, pilot projects for a post-elimination surveillance system was evaluated in Cambodia. Based on the success of those projects, WHO supported the implementation of surveillance systems in all Cambodia provinces in 2004. A pilot surveillance system project in Viet Nam has also been extended to 10 more provinces.

Technical support has been provided to large countries that still have some leprosy endemic pockets at provincial and district levels. This support included national training workshops and surveys in high endemic pockets. That enhanced the early detection of new cases and ensured high treatment completion rates. This, in turn, strengthened monitoring and supervision at subnational levels.

WHO continued successful collaboration with the Sasakawa Memorial Health Foundation, the Pacific Leprosy Foundation and other partners actively involved in leprosy elimination activities in the Region. Coordination meetings with governments and nongovernmental organizations for leprosy elimination were held in a number of Member States.

A biregional meeting of the Western Pacific and South-East Asia Regions on post-elimination strategy for leprosy in Asia and the Pacific took place in Manila late in 2004 and included the national programme managers from both Regions, international experts and partner organizations. The meeting finalized the Strategy to Sustain Leprosy Services in Asia and the Pacific with four key elements: integration of leprosy services into general health services; subnational approaches; monitoring, supervision and evaluation; and sustaining political commitment and partnerships.

Next steps will include the distribution of the finalized strategy to the Member States for adoption; provision of technical support for the preparation of action plans; support for pilot implementation in three countries during 2005; and the extension of strategy implementation in phases to all countries and areas in the Region by 2010.
4. Sexually Transmitted Infections, including HIV/AIDS

Sexually Transmitted Infections, including HIV/AIDS. In the Western Pacific Region, an estimated 1.5 million people were living with HIV/AIDS at the end of 2004. About 70,000 people are believed to have died from AIDS in 2003, and another 120,000 are expected to die in 2005. Cambodia and Papua New Guinea are facing generalized epidemics. China, Malaysia and Viet Nam have concentrated epidemics among groups with high-risk behaviours. All other countries in the Region are believed to have low HIV rates. But recent available data on sexually transmitted infections (STI) show high prevalence rates in both high- and low-risk groups. Since high STI prevalence indicates the presence of high-risk sexual behaviour, these findings indicate a significant potential for a growing HIV epidemic.

Marked increases in HIV infection have been seen among sex workers and injecting drug users in countries such as China, Malaysia and Viet Nam. Major factors driving these increases are the low level of consistent condom use in sex work and a high frequency of sharing of injecting equipment.

A number of countries still have inadequate surveillance systems to properly monitor potential HIV epidemics and identify risks related to HIV and STI. Stigma and discrimination are still barriers in most countries for the expansion of prevention and care programmes.

In most countries in the Region, health systems and human resources related to HIV/AIDS care and treatment are inadequate. Even though training initiatives are under way in many countries, most are oriented towards tertiary-level hospitals rather than those at the district and intermediate levels. Most of the training is fragmented.

WHO has assisted a number of Member States both in improving their surveillance systems according to the second-generation HIV surveillance approach and in refining HIV estimates in line with national strategic information needs.

Prevention. There is no doubt that HIV/AIDS prevention works, and works even better when it is well targeted to behaviours, people and contexts where HIV risk and vulnerability converge. In the Region, the promotion of the 100% condom use programme among sex workers and their clients is a key prevention activity. Initiated in October 1998 at a pilot site in Cambodia, the programme operates in various degrees in Cambodia, China, the Lao People’s Democratic Republic, Mongolia, the Philippines and Viet Nam. In addition to the increase in condom use and the reduction of STI rates at many of these sites, the strategy has also created a conducive environment for
health officials, police and others in the community to work with the owners of entertainment establishments, sex workers and their clients in an effort to reduce infection rates.

There also is evidence that a comprehensive HIV prevention programme can be successful in checking or reversing HIV/AIDS epidemics among injecting drug users. Based on this evidence, WHO supports affected countries in adopting or developing new policies and programmes. There have been clear policy shifts in China and Viet Nam in the last year towards the adoption of strong prevention approaches to slow the spread of HIV. This has led to government-supported pilot programmes for needle and syringe exchange in Viet Nam, while in China methadone maintenance treatment has been successfully piloted and expanded to 1000 sites.

3 by 5 Initiative. As the epidemic grows and the number of AIDS cases continues to rise, there is a growing need for AIDS care, including access to antiretroviral (ARV) therapy. Early in 2004, WHO began to implement the 3 by 5 Initiative in countries with priority needs—Cambodia, China, Papua New Guinea and Viet Nam—and reinforced substantially its financial and technical assistance to these countries.

The 3 by 5 Initiative, which will provide 3 million people in developing countries with ARV therapy by the end of 2005, is a unique and crucial opportunity to expand prevention and care throughout the Region. WHO has been supporting the Pacific island countries and areas with a professional staff member for HIV/AIDS-related activity.

In Papua New Guinea, a successful partnership with the Asian Development Bank and the Department of Health led to the development of a pilot care project in 2004. WHO and its global partners developed interim guidelines on patient monitoring and a training package on HIV/AIDS care and treatment. These were adapted to the Region with special emphasis for use at the district and intermediate levels and are intended to encourage the involvement of people living with HIV/AIDS.

To meet the regional target of the 3 by 5 Initiative, WHO and its partners contributed to the effort to double the number of people receiving ARV drugs during the first year of the Initiative. Approximately 16 000 people were receiving the drugs at the end of 2004, representing only 15% of those in need. To reach the regional target set out in the 3 by 5 Initiative, the Region must triple the number of people under ARV treatment by the end of 2005.

Challenges. The development and the implementation of the Three Ones is a major challenge in the Region. In that regard, better and more sustainable partnerships, as well as political and financial commitments from national bodies and their partners should be strengthened. These efforts should include the growing involvement of people living with HIV/AIDS and local communities.

Regarding access to HIV/AIDS drugs, including ARV drugs, 2005 was a key year because provisions of the Trade-Related

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4 The Three Ones principles adopted at the United Nations in April 2004:
- One agreed HIV/AIDS action framework;
- One national AIDS coordinating authority, with a broad-based multisectoral mandate; and
- One agreed country-level monitoring and evaluation system.
Aspects of Intellectual Property Rights (TRIPS) agreement now obliges countries to provide patent protection to medicines. Procurement and logistical supply issues are increasing and becoming more complex. There is the risk that developing countries will face the problem of insufficient supplies of such drugs due to an insufficient global production of quality generic drugs.

Strengthening health systems, including human resources development with national training programmes, is a crucial issue for the long term, as is the sustainability and expansion of care and prevention programmes.

The development of a good patient-monitoring system to follow patient adherence and ARV drug resistance is a new challenge. Since 2002, WHO has faced the additional challenge of supporting countries in the development, implementation, monitoring and evaluation of projects funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria. WHO also must help to develop adequate relationships between tuberculosis and HIV/AIDS partners both within and outside the Organization.

WHO and its Members States must strive to maintain a good balance between prevention and care programmes, and ensure that all vulnerable groups benefit from prevention and care services. Finally, blood safety continues to be a very cost-effective HIV/AIDS preventive strategy.

WHO, with its partners, will continue to support Member States in the following areas of work:

- developing and revising policies, strategies and plans for prevention, control and management of HIV/AIDS and STI, as well as tuberculosis, in line with the Global Health Sector Strategy on HIV/AIDS;
- strengthening and expanding essential HIV/AIDS and STI prevention including HIV/AIDS prevention among injecting drug users and 100% condom use among sex workers and their clients;
- promoting a comprehensive HIV/AIDS care and treatment approach, including prevention for HIV-positive people, testing and counselling, and equitable access to ARV therapy;
- strengthening HIV/AIDS and STI surveillance systems including ARV drug resistance; and
- promoting networking and partnership development, including groups of people living with HIV/AIDS, as well as supporting communities and individuals working in HIV/AIDS prevention, treatment and care projects.
5. Communicable Disease Surveillance and Response

Avian Influenza. Outbreaks caused by influenza A(H5N1) in poultry represent a serious threat to human health in the Western Pacific Region. Poultry outbreaks and sporadic human cases continue to occur in Asia. Since the initial outbreak in December 2003, a total of 108 human cases, including 54 deaths, have been reported in Cambodia, Thailand and Viet Nam as of 30 June 2005.

Most human cases were linked to exposure to dead or infected poultry. There were some cases in which human-to-human transmission could not be ruled out. However, all evidence at this stage suggests there is no efficient human-to-human transmission.

In responding to the recent outbreaks of avian influenza in Asia, the Regional Office has been closely working with national health authorities to monitor the situation and provide laboratory confirmation and assistance, as well as necessary equipment, reagents and other emergency supplies including vaccines, antivirals and personal protection equipment. The Regional Office also has been participating in outbreak investigations and is helping to develop relevant technical guidance, facilitate information sharing, establish enhanced surveillance, and implement preventive and control measures.

In addition, WHO has been actively working with the Food and Agriculture Organization of the United Nations, the World Organization for Animal Health and other partner agencies to prevent and contain the spread of the disease. Together, the organizations have enhanced the cooperation of national health and agricultural authorities in the affected countries. They also have supported increased sharing of samples between veterinary and human health laboratory networks.

Pandemic Preparedness. An influenza pandemic occurs when a new subtype of influenza virus emerges with the capability of efficient human-to-human transmission. The recent avian influenza outbreaks serve as stark reminders that the world can be threatened unexpectedly by a new influenza pandemic with tremendous impact on health, economies and society. There are only a few countries and areas in the Region with an established influenza pandemic preparedness plan. Many others are still in the process of developing a plan or lack adequate resources to do so.

The Regional Office convened a meeting with regional experts on Pandemic Preparedness in Countries with Limited Resources in June 2004 in Kuala Lumpur. The meeting increased awareness of the need for
pandemic planning and helped analyse and prioritize possible public health interventions before and during an influenza pandemic.

Guidelines and tools on pandemic preparedness have been developed by WHO, which published a checklist for influenza pandemic preparedness planning in March 2005. In collaboration with Asia-Pacific Economic Cooperation (APEC), WHO is conducting a Pandemic Preparedness Situation Assessment to identify the current status of influenza pandemic planning and to determine gaps and needs, especially in developing countries in Asia.

**Meningococcal Outbreak.** The Cordillera Administrative Region in the northern Philippines experienced an unusual outbreak of serogroup A meningococcal disease, with a significantly large proportion of cases involving meningococcemia. Between September 2004 and June 2005, a total of 362 cases, including 76 deaths, have been reported in the Cordilleras.

The Regional Office provided technical support to national and local health authorities in the Philippines including epidemiological investigations, laboratory diagnosis, identification of possible risk factors and the recommendation of control measures.

**Surveillance and Response.** Developing effective and efficient disease surveillance and response systems is the basis for national, regional and global health security. An effective early warning and response system (EWARS) for early detection of and response to potential public health threats, such as infectious disease outbreaks, can lessen the adverse health, social and economic impact of such events. The revised International Health Regulations request Member States to assess the ability of existing national structures and resources to meet the minimum core capacity requirements for surveillance and response.

WHO has developed an EWARS assessment protocol that Member States can use when conducting their own assessments. It involves assessing the core and support functions for surveillance and response at each level—national, intermediate and community—of a country’s public health system. A SWOT (strengths, weaknesses, opportunities and threats) analysis is designed to identify options and address gaps in capacity. Technical staff from the Regional Office and Headquarters collaborated in the assessments conducted in Malaysia in November 2004, the Lao People’s Democratic Republic in February 2005 and Mongolia in May-June 2005.

**International Health Regulations.** Considerable progress has been made on the revision of the International Health Regulations (IHR) since June 2004. Following resolution WHA56.28, two sessions of the Intergovernmental Working Group on the Revision of the IHR were held in Geneva in November 2004 and May 2005 to review and recommend a draft revision that was adopted by the World Health Assembly in May 2005.

Delegations from the Region participated actively in the revision process. Major comments from the regional consultation in April 2004 have been incorporated into the revised draft, which has helped achieve the balance between national sovereignty and collective responsibilities to protect global health. General consensus on the key changes
has now been achieved. The revised regulations cover a broader scope of diseases than before, including all illnesses or medical conditions, irrespective of origin or source, that present or could present significant harm to humans. They set out new requirements and core obligations for both Member States and WHO in terms of notification, verification, communication, information sharing, implementation of health measures, development of national core capacities for surveillance and response, and collaborations. The revised IHR require all Member States to notify WHO of any event that may constitute a public health emergency of international concern (PHEIC) within 24 hours of assessment by using the agreed criteria.

Implementation will require comprehensive assessments of national surveillance and response systems, followed by long-term planning and adequate resource allocation to build strong capacities at each level for detection, verification, notification and response to disease outbreaks and other public health events.

It is expected that the revised regulations will provide Member States and WHO with a common reference point and legal framework to prevent and to coordinate international responses to PHEIC in the future.

**Biregional Strategy.** At its fifty-fifth session held in September 2004, the Regional Committee adopted resolution WPR/RC55.R5, requesting the Regional Director to develop, in collaboration with the South-East Asia Regional Office, a biregional strategy for strengthening capacity for communicable disease surveillance and response that will also address the need for improvements in the food safety aspects of animal husbandry. In response, the two regional offices held consultations in New Delhi in March 2005 and in Manila in August 2004 and June 2005. A final draft Asia-Pacific Strategy for Emerging Diseases that grew from those consultations will be presented to the Regional Committee for its endorsement in 2005.

In the face of new challenges, the Regional Office continues to work with Member States and other partners to strengthen communicable disease surveillance, preparedness and response, as well as coordinate appropriate alerts and responses to public health emergencies of international concern in accordance with the revised IHR.
Building Healthy Communities and Populations
6. Healthy Settings and Environment

Health Promotion. PROLEAD was launched by the Western Pacific Regional Office in 2004 to provide opportunities for decision-makers to discuss sustainable infrastructure and health promotion and interact with colleagues and mentors in other countries. The programme examines a wide range of policy options, such as the use of tobacco taxes for health promotion through the establishment of foundations. It was piloted with support from the Government of Japan and included participants from China, Fiji, Malaysia, Mongolia, the Philippines, the Republic of Korea and Viet Nam. At the conference, WHO presented its Regional Director’s award for outstanding healthy cities to Kuching, Malaysia, and Illawarra, New South Wales, Australia. Various cities received WHO awards for specific projects: healthy environments for children (Marikina in the Philippines and Ulaanbaatar in Mongolia); promotion of healthy diet and physical activity through urban planning (Marikina and Ichikawa, Japan); health promotion investment planning in cities (Seoul, Republic of Korea); and making cities safer through emergency preparedness planning (Marikina). The Alliance was founded following the WHO Consultation on a Network of Healthy Cities held in October 2003 in Manila. WHO serves as an adviser to the Alliance’s steering committee, which consists of representatives from cities, national government agencies, academia and nongovernmental organizations that support the Healthy Cities movement.

Injury and Disabilities. Road safety was the theme of World Health Day 2004. Following the launch of the World Report on Road Traffic Injury Prevention in April 2004, WHO supported a number of road safety activities in several Member States. In Cambodia, a road safety action plan was developed and various activities, including the development of a traffic injury database and helmet use survey and campaign, have been implemented. In the Lao People’s Democratic Republic, an initiative was launched to strengthen ambulance systems and surveillance programmes. In Viet Nam, a pilot study was undertaken to establish a hospital-based injury surveillance system. These WHO-supported activities were implemented in line with the national road safety action plans prepared by each of these countries and supported by the Asian Development Bank (ADB). Road safety
legislation in Tonga and Vanuatu was reviewed and revisions recommended.

WHO supported training in injury prevention in China and helped develop a three-year draft plan for collaboration in injury prevention. In Mongolia, a new injury surveillance system was designed and a 12-month trial launched. Malaysia and Mongolia are participating in a project to develop national assessment reports on violence and health, supported by the WHO Centre for Health Development in Kobe.

**Health and Environment.**

WHO, in collaboration with the United Nations Environment Programme and ADB, convened a High-Level Meeting on Health and Environment in ASEAN and East Asia Countries in November 2004 in Manila. Government officials at the director or director-general level of both health and environment agencies from 14 Asian countries attended. Environmental Health Country Profiles for these countries have been prepared. Priority health issues—such as water and air quality, management of chemicals and wastes, and ecosystem and climate changes—were discussed. The meeting’s main recommendations included the strengthening of collaboration between the health and environment sectors in the assessment and management of environmental health impacts; the establishment of national forums for environmental health; and the convening of a regional forum on health and environment at the ministerial level in 2006. A task force to prepare for the regional forum began its work in March 2005.

As part of the continuing follow-up to the Tonga Commitment, WHO held a workshop on Drinking Water Quality Standards and Monitoring in Pacific Island Countries in Nadi, Fiji, in February 2005. Government technical officers responsible for drinking-water safety from 14 Pacific countries and areas attended. They examined country reports outlining the needs and challenges with respect to drinking-water and health. The workshop’s main recommendations included the adoption of a risk management approach to ensure drinking-water safety and the development of community water safety plans. Participants developed a Framework for Action on Drinking Water Quality and Health in Pacific Island Countries. The Government of Australia committed support
for these activities. The framework was subsequently presented at the Meeting of Ministers of Health for the Pacific Island Countries in Samoa in March 2005, jointly sponsored by WHO and the Secretariat of the Pacific Community.

Food Safety. In working towards the goal of reducing the health, social and economic burdens from foodborne illness and food contamination in the Region, WHO focused on a number of key strategies. The first is the strengthening of food control management systems of countries and areas in the Western Pacific. Technical advice has been provided to Cambodia, China, the Lao People’s Democratic Republic, Samoa and Tonga regarding the multi-agency, integrated and single-agency approaches to address food safety from farm to table.

As surveillance is the basis for the formulation of national strategies to manage food safety, food contamination studies have been supported in Cambodia, Fiji, Kiribati, the Lao People’s Democratic Republic, Samoa and Tonga. Foodborne disease surveillance efforts have been supported in Fiji and Viet Nam, and WHO is identifying ways to enhance information sharing on foodborne diseases in Asia and the Pacific. Risk assessment training has been provided in the Pacific. Support has been given to Papua New Guinea for a diet study to better understand the exposure of the population to food hazards. Such data will further serve as the basis for national food legislation. Technical advice has been provided on food legislation in Cook Islands, Kiribati, Nauru, Samoa and Tuvalu. WHO also has continued to apply to the Codex Trust Fund to support the participation of health authorities in the Region in the international standard setting work of the Codex Alimentarius Commission. In addition, inspection services have been strengthened with training in import inspection and the provision of inspection equipment in a number of countries in the Region.

WHO, as part of its efforts to address all essential building blocks for food safety, continued to enhance risk communication capability in its Member States. In particular, it has focused on the translation, adaptation and dissemination of WHO’s Five Keys to Safer Food poster in Cambodia, Palau, Papua New Guinea, Solomon Islands and Vanuatu. Materials relevant to schoolchildren have been produced and tested, and advocacy in schools is ongoing.

Given the critical link of the food production, distribution and marketing chain to the spread of avian influenza A(H5N1) in Asia, WHO has provided support to assess the cost-effectiveness of regulatory controls being used in Hong Kong (China). WHO also is identifying interventions that can be effectively applied in both rural communities and in the wet markets of Asia.
Child and Adolescent Health. Child survival is a priority health issue in the Western Pacific Region. In response to resolution WPR/RC54.R9 adopted by the Regional Committee at its fifty-fourth session in 2003, WHO joined with UNICEF to develop a draft outcome-oriented Regional Child Survival Strategy. It focuses on countries in greatest need and addresses recognized gaps in the drive to improve child survival in the Region. As part of this process, a Technical Consultation on the Child Survival Strategy was held in May 2005. Child survival profiles are under way for the priority countries of the Region including Cambodia, China, the Lao People’s Democratic Republic, Papua New Guinea, the Philippines and Viet Nam.

A meeting of the Global Child Partnership and a National Child Survival Workshop were held to address needs in Cambodia, where infant and child mortality rates are among the highest in the world.

The Integrated Management of Childhood Illness (IMCI) has been the key approach to addressing child mortality in the Region, and the importance of IMCI will continue to be emphasized in the Regional Child Survival Strategy. Thirteen countries in the Region have adopted or are set to implement IMCI.

The Philippines has focused on the expansion of IMCI pre-service education in nursing and midwifery schools. Both China and the Philippines have conducted workshops to introduce IMCI pre-service education into medical schools and developed plans for curricula integration. Cambodia, the Lao People’s Democratic Republic and Papua New Guinea are preparing for the introduction of IMCI pre-service education, and there is ongoing support for the integration of IMCI in pre-service education in Viet Nam.

WHO supported the Ministry of Health of the Lao People’s Democratic Republic in organizing an IMCI coordination meeting among key partners. Fiji, Kiribati, Solomon Islands and Vanuatu conducted IMCI follow-up training in collaboration with WHO.

Support was provided to Cambodia and Solomon Islands to improve quality of pediatric referral care. A biregional course on emergency triage assessment and treatment was conducted to prepare master trainers. Additionally, a CD to teach the referral care approach was successfully piloted during a recent workshop in Honiara, Solomon Islands.

Viet Nam has started a systematic process to improve newborn care with collaboration between government departments for child health and reproductive health. Support was provided for a pilot training course in essential newborn care and an initial workshop to draft a national newborn health plan of action.

Nutrition. Infant and young child feeding (IYCF) is a crosscutting issue that requires action by child health, nutrition and reproductive health units. The Regional Office is providing support in the development and implementation of national plans of action on IYCF in the Philippines, Samoa and Tonga. WHO also is supporting the strengthening and implementation of IYCF policies. Participants from Fiji, Palau, the Philippines, Samoa, Solomon Islands and Tonga attended a course on the implementation of the Code of Marketing of Breast Milk Substitutes, and the Philippines and Tonga are working on strengthening maternity protection. Training of health workers is another priority. Fiji, Samoa and Tonga have trained health workers on
breastfeeding counselling, and Viet Nam is providing counselling on feeding. The integration of IYCF in pre-service education is being offered in nursing schools in Viet Nam.

At a UNICEF meeting, the findings of weekly iron/folic acid supplementation programmes supported by the Regional Office in three countries were presented and future plans for implementation were discussed. The effectiveness of multi-micronutrient supplements in pregnancy also was reviewed.

Support was provided for the introduction or extension of the new approach for the prevention of iron/folate deficiency from the time of premarital counselling in Cambodia, China, Kiribati and the Philippines. Continued support was provided for iodine deficiency disorder elimination including an assessment in Malaysia, plans for situation assessments in Cambodia and Vanuatu, and follow-up in Tibet.

The second Workshop on the Development and Implementation of National Plans of Action (NPAN) in the Pacific was attended by multisectoral teams from Cook Islands, Fiji, Samoa, Tuvalu and Vanuatu. WHO is supporting implementation plans in some countries.

A national workshop was held in the Lao People’s Democratic Republic using PROFILES to estimate the economic and other consequences of malnutrition and to conduct cost-benefit analyses of community-level interventions. The adaptation of PROFILES for the promotion of obesity intervention and noncommunicable diseases prevention is under way. An Asia Pacific workshop on nutrition advocacy and communication, introducing PROFILES, was held in Kuala Lumpur with participants from five countries in the Western Pacific Region and two countries from the South-East Asia Region.

A framework for the implementation of the global strategy on diet, physical activity and health in the Region was developed with support from the Government of Australia. An implementation workshop is being organized for the Pacific. WHO also is supporting public awareness activities as part of programmes for the prevention of obesity in Fiji and Tonga. The implementation of the global strategy on diet, physical activity and health has been strengthened through a workshop on the introduction of “5-a-day” fruits and vegetables promotion programmes held in New Zealand, followed by a workshop for Pacific countries and areas. A joint FAO/WHO Workshop on Fruit and Vegetables for Health was held in Kobe, Japan.

In other activities, updated country profiles on nutrition have been included on the web site of the Regional Office. A biregional consultation on optimal fetal growth and development, organized in coordination with the Regional Office for South-East Asia, the Nutrition and Health Development unit at Headquarters, and UNICEF, was held in Bangkok.
Reproductive Health. The Regional Office for the Western Pacific has embarked on a strategy to reduce maternal and newborn mortality by encouraging government commitment, increasing service capacity at community and referral levels, improving family planning services, further developing effective surveillance and monitoring systems, and strengthening partnerships.

After a biregional workshop on the progress of maternal mortality reduction conducted jointly with the Regional Office for South-East Asia and other partners, the Regional Office for the Western Pacific provided technical and financial support to priority countries to finalize their five-year national plans of action on maternal mortality reduction. Mongolia and Viet Nam have finalized their national plans in cooperation with several agencies while China, the Lao People’s Democratic Republic and Papua New Guinea are working on their national plans. The plans were developed based on each country’s experience over the past five years and identified geographical, financial and technical gaps, as well as key approaches and interventions. They will also serve as guides for government action and assistance to agencies to develop their projects for maternal and newborn mortality reduction.

Service Capacity. The Regional Office supported priority countries in adapting, translating and printing a manual on managing complications in pregnancy and childbirth and a manual on pregnancy, childbirth, postpartum and newborn care. The two manuals were translated into Chinese, Khmer, Lao, Khalkha Mongol and Vietnamese. To utilize limited funds effectively and make programmes sustainable, the Regional Office supported governments in strengthening capacity in coordination and cooperation with international agencies and nongovernmental organizations. An example of this cooperation is the use of WHO manuals on integrated management of pregnancy and childbirth in projects in Mongolia and the Philippines funded by the United Nations Children’s Fund (UNICEF) and the United Nations Population Fund (UNFPA). WHO, in cooperation with Japan International Cooperation Agency (JICA), UNICEF and UNFPA, supported the Department of Health in the Philippines in developing a national training manual, Basic Emergency Obstetric Care.

Quality of Care. A regional workshop on improving family planning and sexually transmitted infections (STI) control was organized for national trainers and programme managers in priority countries in August 2004. The workshop, cosponsored with JICA and UNFPA, developed a framework for improving the quality of care in family planning. Some priority countries expressed the need to provide family planning counselling and services for women,
particularly adolescents or unmarried young girls after induced abortion, in order to reduce additional unwanted pregnancies and unsafe abortions. After the workshop, most priority countries finalized their frameworks for improving the quality of care in family planning and integrating STI control into family planning and maternal and child health (MCH) services. China, the Lao People’s Democratic Republic, Mongolia and Viet Nam conducted various activities, such as the translation of guidelines on contraceptive use and the management of STI, and the development of health education materials for family planning counselling, particularly for women after induced abortion.

**Maternal and Child Health Services.** Priority countries are working to improve routine reporting systems, and they have conducted annual maternal death reviews with WHO support. Based on a request from Solomon Islands, the Regional Office helped the Government develop a surveillance system on MCH services with user-friendly software. A pilot system was tested in eight provinces. Based on the successful experiences from the pilot, a subregional workshop on improving health information systems for MCH care service was held in November 2004. The workshop was cosponsored by UNICEF and UNFPA, and a proposal for further action was developed by the three agencies.

**Adolescents.** The Regional Office provided technical and financial support to eight countries to conduct literature and programme reviews on adolescent sexual and reproductive health. The reviews have been published and distributed widely. Based on the reviews, *Sexual and Reproductive Health of Adolescents and Young People: A Regional Framework for Accelerating Action* was drafted and discussed in a second informal consultation meeting.

**Country-specific Activities.** The Regional Office provided technical and financial support to governments to:
- develop health education kits for communities to promote maternal and newborn care in Cambodia;
- join the UNICEF-supported MCH project to standardize and improve antenatal care in five counties in Tibet in China;
- pilot test maternity waiting homes in remote and poor areas of the Lao People’s Democratic Republic to increase access to maternal health care services, mobilize community participation, and support training on maternal health care;
- conduct comprehensive interventions and promote mother-friendly hospital initiatives to improve the quality of care in Mongolia;
- train skilled birth attendants and promote male participation in family planning in Papua New Guinea;
- conduct a maternal mortality survey and develop a second phase of national policy and strategy on maternal mortality reduction based on the results of that survey, and promote comprehensive interventions for maternal mortality reduction in Viet Nam; and
- technical editing and adaptation of pregnancy, childbirth, postnatal and newborn care (PCPNC) as well as development of a trainer’s guide based on PCPNC for basic emergency obstetric care in cooperation with JICA, UNICEF and UNFPA in the Philippines.
9. Noncommunicable Diseases and Mental Health

Noncommunicable Diseases. To combat the rapidly escalating noncommunicable disease (NCD) epidemic in the Western Pacific Region, WHO is continuing its focus on regional and national capacity-building in surveillance, prevention and control. Surveys completed over the past year clearly show the rise in NCD. In the Philippines, the recently published national nutrition survey found that overweight, as measured by the waist-hip ratio, had risen from 39.5% to 54.8% of adult women between 1998 and 2003. Some 22% of adults in the Philippines are now classified as hypertensive.

Cambodia, a country previously thought to be mainly suffering from traditional causes of morbidity, now has a growing diabetes problem. A November 2004 study reported a diabetes prevalence of 4.8% in Siem Reap and 11.4% in Kampong Cham, levels comparable to those found in more advanced economies of the Region. Cambodia, like other countries in the Region, now faces a double burden of disease—increasing trends of both noncommunicable and communicable diseases.

In the Pacific, eight countries and areas¹ are in the process of finalizing their national surveys as part of the WHO STEPwise approach to noncommunicable disease surveillance (STEPS). Most of these countries are expected to publish results by the end of 2005. Kiribati’s survey is in the field, and Tonga is completing data entry. Tokelau, Tuvalu, Solomon Islands and Vanuatu are developing survey plans. There is consensus among the countries and areas involved that carrying out a STEPS survey contributes directly to the development of national strategies as they gain a deeper understanding of NCD causative factors and are more motivated to develop preventive activities.

Two meetings in the Region gave participants an opportunity to exchange experiences in NCD prevention and control, as well as discuss ways to strengthen capacity in the use of the STEPwise Planning Framework first developed in the context of the Tonga Commitment. An NCD networking meeting was held in August 2004 in Manila. Most of the countries represented later attended an international visitors programme organized by Japan’s National Institute of Public Health in April 2005. That programme showcased Health Japan 21, a national health promotion targeting “lifestyle-related diseases”, the common term for NCD in Japan. Participants at the programme developed action plans in NCD intervention that are being pursued throughout 2005. These plans focus on national NCD strategies, surveillance, health promotion and clinical management.

Several countries made significant progress in their response to NCD. China received a high-level delegation from WHO and set up a national task force which, with the help of consultants, developed the first draft of a national NCD response. A national

¹ American Samoa, Cook Islands, Fiji, Marshall Islands, the Federated States of Micronesia, Nauru, Palau and Samoa
Multisector consultation was held to refine the strategy, and further consultation and review are being organized to draw up a national plan for State Council consideration.

Viet Nam has defined its national surveillance system around the national NCD vision endorsed by the prime minister three years ago. This surveillance system is being piloted along with provincial interventions set up in the last year for diabetes and cardiovascular diseases. National guidelines on diabetes management completed last year have been published, and training has been organized in two demonstration provinces.

The Philippines Coalition completed its initial year of work in April 2005. It represents an excellent model of nongovernmental and governmental collaboration. It was founded around a vision defined by a common set of performance indicators. Work of the coalition included a formal dialogue with fast food producers to attempt to influence their response to the Global Diet and Physical Activity Strategy.

Throughout the Region, resources have remained tight despite the enormous NCD burden. Yet, there has been significant action taken over the past year for capacity building at the national level. At the regional level, two networking and training meetings were conducted during the year. Surveillance activities continue with the production of improved datasets on NCD risk factors in both the Asian and Pacific portions of the Western Pacific Region.

**Mental Health and Substance Abuse.** The WHO programme in mental health and the control of substance abuse works toward three goals laid out in the Regional Strategy for Mental Health: reduce the human, social and economic burden produced by mental (e.g. depression), neurological (e.g. epilepsy) and substance abuse (e.g. alcoholism) disorders; promote mental health; and give appropriate attention to the psychosocial aspects of health care.

WHO is continuing its collaboration in the development and implementation of mental health policy and legislation with a number of countries including China, Fiji, Mongolia, Samoa, Solomon Islands, Vanuatu and Viet Nam. With support from WHO, fellows from China, Mongolia, Samoa and Viet Nam participated in the International Mental Health Leadership Programme, an opportunity to engage with the issues and people at the forefront of international mental health. In addition to the four-week training, the fellows will be supervised through ongoing consultations with technical experts during and even beyond the one-year programme.

In order to assist countries and areas in the Western Pacific Region in formulating mental health policies and strategic implementation plans, a programme of technical support for the organization of mental health services is being developed. Support is being provided to assess mental health needs and consult in the establishment of a Mental Health Network in the Pacific. The aims of the proposed Network are to assist countries in improving their mental health services, policy and planning; to reduce unnecessary duplication and fragmentation of activities; to encourage more cooperation and collaboration; to build sustainability, capacity and capability; and to help achieve the health-related Millennium Development Goals.
Integrating mental health care into general health services, particularly at the primary level, is one of the most important strategic thrusts in improving mental health services. Continuous support has been provided on this front, including:

- training workshops for primary health workers in China, Fiji, Mongolia, Papua New Guinea and Viet Nam;
- evaluation of the effectiveness of previous training activities on improving mental health services in China, Fiji, Mongolia and Papua New Guinea;
- a demonstration project on community-based control of epilepsy in China; and
- a planned investigation of the treatment gap in rural areas in two countries.

Substance use disorders have become a public health concern in some countries in the Region. Problems related to alcohol use accounted for 5.5% of the overall regional disease burden. Over the past year, WHO cosponsored two regional meetings to raise awareness of the relation between substance abuse and both physical and mental health—the Asia Pacific Institute of Addictions, held in Singapore, and the Meeting on Alcohol and Health in the Pacific held in Noumea, New Caledonia. As a starting point for the development of a policy and a strategic plan, a survey on alcohol use and related harm will be conducted as part of the STEPS survey in Solomon Islands, Tokelau and Tuvalu. In Mongolia, WHO is supporting the national epidemiological survey on alcohol use and related harm. The social and economic cost associated with alcohol use is being reviewed and evaluated in China.

In the Region, suicide was the leading cause of injury death in 2000, surpassing deaths from traffic accidents, falls and other injuries. Based on WHO estimates, the crude suicide rate for the Region is 19.3 deaths per 100 000 persons compared to a global estimate of 14 per 100 000. Suicide is among the top 10 causes of death in some countries in the Region. A number of countries are experiencing increases in suicide. Preparations are under way for an August 2005 regional meeting on suicide prevention. The objectives of the meeting are the presentation of updated suicide statistics and a discussion of quality data management; the sharing of knowledge and experiences in the development, implementation, and evaluation of national suicide prevention strategies; and identification of priority actions required at country and regional levels.
Tobacco Free Initiative. Tobacco use is responsible for almost 5 million deaths a year, mostly in poor countries and poor populations. Each day in the Western Pacific Region, 3000 people die prematurely from tobacco-use related diseases. Compared with other WHO regions, the Western Pacific has the greatest number of smokers, the highest rate of male smoking prevalence, and the fastest increase of tobacco uptake by women and young people. In addition, millions of nonsmoking adults and children in the Region are exposed to second-hand smoke.

The Tobacco Free Initiative (TFI) Regional Action Plan (2005-2009) was endorsed in September 2004 by the Regional Committee at its fifty-fifth session. It contains the vision and strategic direction for tobacco control in the Region over the next five years, and focuses on:

- attaining ratification of the WHO Framework Convention on Tobacco Control (the Convention) in all Member States by 2009;
- strengthening national capacity for tobacco control in at least 80% of countries and areas in the Region;
- developing and formally adopting measures to ensure sustainability of tobacco control programmes in all countries and areas in the Region;
- establishing regional, subregional and national mechanisms to address transnational tobacco control issues; and
- enhancing surveillance, research, information dissemination and advocacy across the Region.

The regional action plan guided major accomplishments in 2005, and will be the blueprint for Tobacco Free Initiative 2006-2007 planning.

The Convention. The past year marked a turning point for global and regional tobacco control efforts. The WHO Framework Convention on Tobacco Control, the world’s first tobacco control treaty, was ratified on 30 November 2004 by the required 40 countries, and took effect 90 days after ratification. It calls for countries to implement cost-effective tobacco control strategies, such as bans on tobacco advertising, increases in tobacco taxes and prices, and the implementation of comprehensive smoke-free policies. As of 23 June 2005, 18 Member States have ratified the Convention, or taken equivalent action, and have begun implementing its provisions. An inaugural meeting of the Conference of Parties in February 2006 will discuss compliance and monitoring, funding, arrangements for the permanent secretariat, and the negotiation of subsequent Convention protocols.

WHO continues to provide support and technical assistance to countries for the Convention. For example, in September 2004, the WHO Regional Offices for the Western Pacific and South-East Asia conducted an ASEAN-plus China workshop, hosted by Viet Nam, on national capacity-building and the Convention. The Regional Office for the Western Pacific also conducted a workshop specifically for the Chinese Government on...
convention provisions. In addition, technical support was provided to countries through consultant and staff visits, as well as the review and analysis of existing legislation.

Other Activities. WHO conducted and supported several workshops aimed at raising awareness on other key tobacco control issues and building country-level expertise. For example, WHO supported a consultation for ASEAN countries, conducted by the Malaysian Ministry of Health, to discuss tobacco and trade-related issues. WHO also provided extensive technical support to assist countries and areas in developing national legislation and policies, as well as to assist inter-ministerial tobacco control committees.

In collaboration with the Regional Office’s Health Promotion and Health Systems Development units, the TFI unit further developed and promoted the evidence-based rationale for the introduction of increased taxes on tobacco products to reduce consumption and fund national health promotion efforts, and provided country-level support.

The Regional Office guided studies and other work examining the relationship between poverty and tobacco use, with specific reference to the Millennium Development Goals. This included a regional literature review on the issue, a study in the Philippines and a meta-analysis of existing surveys, such as the WHO STEPwise approach to noncommunicable disease surveillance (STEPS), from a poverty and equity perspective.

In collaboration with the United States Centers for Disease Control and Prevention, the Regional Office conducted a Global Youth Tobacco Survey (GYTS) training and analysis workshop in October 2004. To date, 16 countries have completed their first GYTS and three countries have repeated the survey. STEPS is being used to collect adult tobacco consumption data.

In addition, limited resources were used strategically for advocacy and education. The Tobacco Free Sports Manual was developed and published to support countries in developing smoke-free, tobacco-free sports programmes and events. WHO’s Policy Recommendations for Smoking Cessation and Treatment of Tobacco Dependence (2004) was reprinted and widely distributed in the Region. To promote model smoke-free policies, the Regional Office also awarded a municipal-level project and recognized a “best practice” under the Alliance of Healthy Cities.

The theme of World No Tobacco Day 2005, “Health Professionals in Tobacco Control”, highlighted the significant role that health professionals play in addressing the global tobacco epidemic. The WHO “Health Professionals Code of Conduct”, which scores of organizations have signed, was used to mobilize health professionals.
Health Sector Development
11. Health Systems Development and Financing

Health Systems Development and Financing. A regional strategy on health financing is being developed to provide guidance to Member States for enhancing adequate, equitable and effective health financing arrangements in various socioeconomic settings. The strategy is based on issues and challenges common to all countries and areas, as well as regional and international experience and evidence. It is being developed with the support of national and international experts and in consultation with Member States.

Overall awareness about the link between macroeconomics and health is improving in the Region. China, Cambodia, Mongolia and Viet Nam have made progress in translating the major findings of the WHO Commission on Macroeconomics and Health into their specific situations. Emphasis was given to the link between economics, the social sector and health reform in an effort to help balance extensive economic restructuring with both overall health policy agenda and the need for increased health investment, especially from government sources.

Social health insurance continued to be an important area of work in China, Fiji, Malaysia, Mongolia, Papua New Guinea and Vanuatu. In collaboration with the Government of the Republic of Korea and the United Nation’s Economic and Social Commission for Asia and Pacific (UNESCAP), an annual regional training course on social health insurance was launched in October 2004. Participants from 16 countries and areas in the Western Pacific and South-East Asia Regions attended the inaugural course. A book on social health insurance development based on 12 countries in the two Regions has been published and shared widely among Member States and partner agencies.

Social safety nets for health have been strengthened through extensive work on community health insurance initiatives following the success of pilot projects supported by the United Nations Human Security Trust Fund and implemented in the Lao People’s Democratic Republic and Viet Nam. Innovative approaches to extending health insurance coverage to the informal sector in the Philippines led to a rapid increase of coverage. Currently, it is estimated that nearly 70% of the population in the Philippines is covered by social health insurance.

The skills and capacity of health managers with respect to budgetary planning and performance, as well as data on health care financing, are gradually improving through extensive collaboration with Member States. With respect to national health accounts (NHA), focal points have been identified for all relevant countries and they have been connected with the global NHA network to facilitate the sharing of information, skills and experience. NHA estimates have been published for official use in Mongolia and Viet Nam for the first time. An online training course on NHA for the Pacific has been developed and implemented through the Pacific Open Learning Health Network. Participation by experts from 10 Pacific island countries in a Workshop on Financial Planning and Management enabled them to enhance knowledge and skills for better resource planning and management. Following the meeting, a needs-based training manual for health managers on financial planning, monitoring,
health legislation is also under development. WHO is assisting the Government of China in jointly implementing a major four-year Health Policy Support Project funded by the Department for International Development of the United Kingdom. WHO also is providing technical support to the Philippines for the licensing and accreditation of health providers and for a review of the regulatory functions of the Department of Health. In Viet Nam, technical support was given for a health sector review, to strengthen the planning processes, and to review and evaluate a primary health care pilot project. Reviews based on the essential public health functions framework commenced in Kiribati and Solomon Islands.

In Cambodia, WHO contributed to streamlining the planning and review process of the Ministry of Health. In October 2004, the Annual Operational Plan for 2005 was finalized. This first annual plan will support implementation and evaluation of the Health Sector Strategic Plan 2003-2007. The inaugural Joint Annual Performance Review in February 2005 combined the National Health Congress with the Joint Annual Health Sector Review, further rationalizing the planning and review process. This review will set priorities and guidelines for the 2006 annual plan.

A High-Level Forum on Millennium Development Goals on Health for Asia and the Pacific was held in Tokyo in June 2005 in collaboration with the Government of Japan, the Asian Development Bank and the World Bank. Policy dialogue with WHO contributed to the National Growth and Poverty Elimination Strategy in the Lao People’s Democratic Republic and to the improvement of the national socioeconomic development planning process with the Millennium Development Goals in Cambodia, a United Nations Millennium Project pilot country.
With respect to poverty, equity and gender, *Reaching the Poor: Challenges for Child Health in the Western Pacific Region*, was published. This analytical document is intended for policy-makers and technical staff working on child health in Member States. It is part of preparatory work on the development of a regional strategy for child survival. Also published was *Reaching the Poor: Challenges for Tuberculosis Programmes in the Western Pacific Region*, with a primary audience of policy-makers and technical staff. Poverty- and equity-focused analytical work also is under way on Viet Nam’s health care fund for the poor, noncommunicable diseases and tobacco control. Several technical modules of *Integrating Poverty and Gender into Health: A Sourcebook for Health Professionals* have been finalized.

An orientation workshop was held on health and human rights with the Department of Health and other national stakeholders in the Philippines, and a session on health and human rights was held at the biannual WHO Representatives and Country Liaison Officers Consultation meeting. The WHO publication 25 *Questions & Answers on Health and Human Rights* was translated into Chinese and Pilipino, and a project is continuing to review the health status of indigenous peoples in three countries.
Essential Drugs and Medicines. The Regional Office for the Western Pacific continued to intensify its efforts to improve access to essential medicines. The Regional Strategy for Improving Access to Essential Medicines in the Western Pacific Region (2005-2010) was endorsed by the Regional Committee at its fifty-fifth session in September 2004. Following the endorsement, two intercountry workshops for implementation planning were held in November 2004—one in Nadi, Fiji, for Pacific island countries and areas, and the other in Manila, Philippines, for other countries and areas in the Region. Member States have their national workplans and have started to implement priority activities. An expert from Japan’s Ministry of Health, Labour and Welfare has been seconded as a technical officer to assist in the implementation of the strategy.

As part of the effort to improve access to essential medicines in the Region, a Biregional Workshop on the Management of Antiretroviral Medicines was organized in Phnom Penh, Cambodia, in December 2004. Participants came from drug, health, procurement and patent authorities of Cambodia, China, India, Indonesia, the Lao People’s Democratic Republic, Malaysia, Papua New Guinea, the Philippines, Sri Lanka, Thailand and Viet Nam.

To support Pacific island countries and areas in strengthening their pharmaceutical sector, a collaborative five-year project has been initiated as part of the WHO European Community Partnership Project on Pharmaceutical Policies, involving African, Caribbean and Pacific island countries and areas. The technical areas supported include national medicine policies, international trade agreements, affordability and financing, drug supply management, effective drug regulation, rational use of medicines, and the control of antimicrobial resistance.

WHO also initiated two biregional projects in 2004 in collaboration with the Australian Agency for International Development. The first was a regional Rapid Alert System (RAS) for combating counterfeit medicines that serves as an alert mechanism for Member States and provides for the rapid exchange of information regarding counterfeits. A Biregional Workshop on Combating Counterfeit Medicines was conducted in Manila in May 2005 to discuss among other issues, the implementation of the RAS. The second project involved the promotion of ethical practices in medicine registration and procurement, which was implemented in the Lao People’s Democratic Republic, Malaysia, the Philippines and Thailand. An assessment of registration and procurement practices was undertaken in these countries and the results were presented in a biregional workshop in June 2005, in Penang, Malaysia, where a framework of ethical practices in medicine registration and procurement was also discussed.
Traditional Medicine. The Regional Strategy for Traditional Medicine in the Western Pacific seeks to promote the proper use of traditional medicine and encourages the development of evidence-based policies and the management of information essential to achieving this goal.

WHO has achieved considerable success in its work towards the standardization of the location of acupuncture points through a series of informal consultations involving experts in the field. WHO plays an active role in coordinating the efforts towards the standardization of both controversial and non-controversial locations of acupuncture points based on basic principles previously set by Member States. The third and fourth sessions of the Informal Consultation on the Development of Standard Acupuncture Points Location were held in Kyoto, Japan, in October 2004 and Daejon, Republic of Korea, in April 2005. A Task Force Team Meeting also was convened in Beijing in February 2005 to discuss the remaining locations of controversial points.

In addition, the Regional Office is focusing on the development of standard clinical guidelines for 27 priority diseases. The Regional Office convened the First Informal Consultation on the Standardization of Terminologies on Traditional Medicine with China, Japan and the Republic of Korea to prepare the draft standard clinical guidelines as preparatory work for a series of planned regional meetings. During the meeting, the usage of international standard terminologies was confirmed, and appropriate materials and main references were selected and reviewed. The Second Informal Consultation was convened in Tokyo in June 2005.

The standardization of traditional medicine information, including the International Statistical Classification of Diseases and Related Health Problems, Medical Subject Headings, Systematized Nomenclature of Medicine, and the Unified Medical Language System, is another area that now receives keen interest from Member States. The Regional Office supports standardization that will help promote the proper application and development of traditional medicine. Experts from selected countries in the Region were invited to attend the First Informal Consultation on Information Standardization on Traditional Medicine in Beijing in May 2005.

The Western Pacific Regional Forum for Harmonization of Herbal Medicines, consisting of regulatory authorities from Australia, China, Hong Kong (China), Japan, the Republic of Korea, Singapore and Viet Nam, continues its active collaborative role, with its annual standing committee meeting conducted in Tokyo in June 2005.
WHO will continue to work with interested countries to develop and implement national policies and programmes in line with its regional strategy on traditional medicine.

Blood Safety and Health Technologies. WHO offered continuous support to strengthen national blood transfusion services in Member States during the past year. It included efforts to establish the project management unit and provide technical support to implement the regional blood transfusion centre project in Viet Nam; a review of the blood safety situation in the Lao People’s Democratic Republic; and technical support for blood safety and other related programmes in Cambodia. In addition, support was given to China, Fiji and the Philippines in reorganizing their national blood systems.

There is an increasing awareness of the essential role voluntary nonremunerated blood donor programmes play in ensuring a safe and reliable blood supply. The Ministry of Health of China has set a goal to phase out paid donations for the clinical use of blood by 2008. Together with the International Federation of Red Cross and Red Crescent Societies and other partners, WHO supported the organization of regional and national workshops for trainers on voluntary blood donor recruitment in China, Singapore and Viet Nam. The training modules, which were tested through the workshops, have been reviewed and will be used for additional training at national and provincial levels in other Member States.

Following the success of two regional quality management training (QMT) courses, an advanced QMT course was held at the Centre for Transfusion Medicine, Singapore, in October 2004. The two-week course brought back 24 participants from 11 countries who had attended previous regional courses and have started implementing WHO quality management programmes (QMP) in their respective countries. The training emphasized hands-on knowledge and skills. WHO also supported Cambodia, Fiji, the Lao People’s Democratic Republic, Mongolia and Papua New Guinea in organizing training courses and implementing QMP. China received support from WHO to upgrade the national external quality assessment scheme (EQAS) for transfusion transmissible infections.

WHO support for laboratories focuses on improving access to and the quality of laboratory services that provide basic diagnostic services to various essential curative and preventive health programmes. In Papua New Guinea, 18 laboratory supervisors from the central and provincial levels were trained on the methodology of quality assurance of sputum smears. Three additional provincial laboratories were upgraded to perform HIV testing. WHO supported the establishment and rehabilitation of laboratories, as well as staff training at the district level to support malaria control and the expansion of tuberculosis directly observed treatment, short-course (DOTS) programmes. In Mongolia, technical support was provided to improve equitable access to laboratory services, restructure the laboratory system, and develop standards and
quality systems. In the Pacific island countries and areas, EQAS and the network established among individual laboratories played important roles in facilitating the continuing improvement of clinical laboratories in the Region. Cook Islands and Tonga have updated quality manuals that cover both blood bank and other sections of laboratory work. Nauru received support for a staff member to attend a training course on blood cell morphology in New Zealand. Tonga received support for a staff member from the Ministry of Health to study laboratory management, also in New Zealand.

Meanwhile, more countries recognized the need for and the cost-effectiveness of developing quality systems in the laboratories. A workshop on strengthening blood safety and laboratory services in the Pacific was organized in Nadi, Fiji, in December 2004, with 21 participants from 13 Pacific island countries and areas. One of the themes of the workshop was the development of quality systems in Pacific laboratories. Strategies to improve blood safety in the Pacific, including the policies and organizational structures that the Pacific island countries and areas should establish to implement strategies, were extensively discussed during the workshop.

In other areas of health technology, WHO supported Member States in improving injection safety through the development and distribution of information, education and communication materials in Cambodia and Viet Nam. An injection safety assessment was conducted in Fiji in September 2004. WHO also provided technical support for an injection safety workshop held in December 2004 in Mongolia. In addition, support was provided to the Fiji School of Medicine to conduct continuing education for diagnostic imaging for 12 participants from nine Pacific island countries and areas.
Human Resources for Health. WHO has established a draft regional framework for long-term strategic planning in human resources for health after consultations with experts and a comprehensive review of pertinent issues. The draft framework focuses on three crucial areas:

- health workforce response to population and service needs;
- health workforce development, deployment and retention; and
- health workforce governance and management.

Stakeholder consultations about the draft strategic plan began in 2005.

In November 2004, more than 125 delegates and participants attended the 12th South Pacific Nurses’ Forum, comprised of nursing associations in the South Pacific. Also, through the support of the Ministry of Health of Cook Islands, the Cook Islands Nurses Association and WHO, government nurses from 11 Pacific island countries and areas participated in a meeting of Chief Nursing Officers. The group also included academic officials who support the establishment of an alliance of government nursing leaders. The alliance would promote nursing unity and advocacy in health policy-making and planning; information sharing and dissemination of best practices; support and mentoring among Member States; and data gathering and reporting on World Health Assembly resolutions and other health and nursing decrees.

The emigration of skilled health professionals is a significant concern to a number of countries and areas. This costly skill drain diminishes the morale of the remaining workforce, leaves health needs unmet, and affects the cost and quality of workforce replacements. During the Meeting of Ministers of Health for Pacific Island Countries in Apia, Samoa, in March 2005, working groups explored policy options and agreed on policy frameworks and strategic actions in the areas of workforce management, recruitment, retention, return migration, and education and training.

Health Services and Quality of Care. The second and third in a series of nursing leadership workshops were held in Mongolia and Viet Nam as components of the second phase of the regional International Council of Nursing’s (ICN) Leadership for Change Programme, supported by the ministries of health of Mongolia and Viet Nam and by WHO. Workshop activities, which promote project planning, management and monitoring skills, are aimed at improving health services. Nurses in Viet Nam are addressing the leadership capacity-building needs of provincial and district chief nurses. They also are working to reduce needle and sharp-instrument injuries among nurses, as well as strengthening nursing education to better meet service delivery needs. Mongolia’s nurses are building nursing capacities to safely use new technologies in the delivery of injections and intravenous fluids, revising and standardizing nursing curricula, developing nursing human resource policies, raising nursing care documentation standards, and delineating continuing education requirements.

Over 1000 nurses have been trained in essential HIV/AIDS knowledge, attitudes and skills in the China HIV/AIDS Nursing Leadership Initiative, a multipartner project.
aimed at strengthening the capacity of nurses to effectively respond to the health needs of patients, family members and communities affected by HIV/AIDS. Evaluation data includes nurses’ perceptions of changes in their approach to patients, and their knowledge and practices following training are undergoing analysis.

**Education and Training.** Learning centres in the 10 Pacific island countries participating in the Pacific Open Learning Health Network (POLHN) have been fully operational for over 18 months. They are equipped with computers with Internet and LAN connections, learning facilities and resources, and basic supplies and equipment. By the end of January 2005, 15 pilot courses had been offered via POLHN, using the self-directed learning method and interactions with lecturers and mentors mainly via the polhn.com web site. A number of self-learning modules, in priority health topics identified by the Pacific island countries and areas, also were produced and self-learning modular courses conducted in key health topic areas, such as diabetes and hypertension, HIV/AIDS, and promoting healthy schools.

An independent evaluation of the POLHN, conducted in November 2004, revealed that most of the planned activities were successfully implemented and indicated that POLHN was highly regarded and valued by countries and areas as well as by partners. The network was viewed as being useful, not only in terms of the numbers of health professionals benefiting from the technical courses and learning resources, but also in regard to the increased interest among health workers in the use of information and communication technologies.

During the March 2005 Meeting of Ministers of Health for the Pacific Island Countries, consensus was reached on the proposed future direction and key strategic actions to be taken at country and regional levels to make the POLHN an integral component of the national human resources development programmes and to establish its permanent governance structure and dedicated regional secretariat for long-term sustainability.

WHO fellowships were awarded to 171 people and 160 people participated in 46 group study tours during 2004. Of the individual fellowships and study tours, 89% and 72% respectively, took place in the Region. Of the total number of individual fellowships, 25% were awarded to doctors and dentists; 16% to nurses and midwives; 6% to managers and administrators; and 4% to public health workers and allied health professionals. The leading fields of study for individual fellowships were public health and research (32%); undergraduate studies (27%); clinical/curative care (16%); laboratory and diagnostics (11%); nursing/midwifery (9%); and health administration and policy (5%). Of the individual fellowships awarded, 54% were awarded to men and 46% to women, whereas for study tours, 59% were awarded to men and 41% to women. A review and evaluation of the WHO fellowship programme was undertaken in 2004, with changes having been proposed in selected procedures and administrative processes.
14. Health Information and Evidence for Policy

Health Information. Advances in information and communication technologies are making more information available to a growing number of people. They also are allowing governments and other organizations to improve routine health care information systems. Access to better health information has become a key international development issue. Countries such as China, the Lao People’s Democratic Republic, Mongolia and Viet Nam are actively remodelling their health information systems. WHO has provided various countries and areas in the Region with training in health statistics, ICD-10 classification and coding, disease surveillance and response, and health information systems (HIS) development, including indicators for health planning and programme management.

China, Malaysia, Mongolia, the Philippines and Samoa have sent members of their health information departments to study evidence-based decision-making, database management systems, health informatics, and disease surveillance and response in developed countries.

WHO supported the development of an HIS strategic framework to guide country efforts to enhance information systems. A series of workshops was conducted in Cambodia, China, Fiji, the Lao People’s Democratic Republic, Malaysia, Papua New Guinea and the Philippines to discuss medium-term HIS strategic plans to guide future development. Countries were advised to streamline existing HIS and set priorities.

Technical support also was provided to Mongolia in the development of a health management information systems strategic plan in collaboration with the Asian Development Bank.

A pilot HIS project in Viet Nam was completed, after which the Ministry of Health decided to extend the programme to other provinces with support from donor agencies. This helped consolidate resources for HIS enhancement by reducing duplicative data collection. The ministry will continue to support the development of a hospital information system including a medical record management system and ICD-10 training. Similarly the HIS project in the Lao People’s Democratic Republic was finalized and approved by the Ministry of Health. Experience from pilot projects showed that capacity building is vital to the sustainability of systems. In general, additional efforts are necessary to further the capacity of key health managers to effectively use information in the planning and management of health care services at the district and provincial levels.

In collaboration with the Reproductive Health unit of the Regional Office, a Workshop on Strengthening Health Information Systems for Maternal and Child Care Services in the Pacific Island Countries was held in November 2004 in Suva, Fiji, to enhance the general awareness and importance of information support for programme monitoring and performance assessment. The software developed for data collection and analysis to support decision-making was well received by participants.

To foster closer cooperation with the Regional Office for South-East Asia, biregional publications are in the works to strengthen health information sharing and health indicators development. A biregional
consultation for WHO staff was held in December 2004 in Bangkok to discuss the HIS strategic framework, a biregional brochure on core health indicators, and the content outlines of biregional publication on the health situation in Asia and the Pacific.

During 2004, the Country Health Information Profile database currently maintained by the Regional Office was reviewed and mapping presentations were included on the web site.

Technical support was provided for the preparation of background documents, case studies and a Health Millennium Development Goals (MDG) indicators brochure for the June 2005 MDG High-Level Meeting jointly organized by the Government of Japan, the World Bank, the Asian Development Bank and WHO in Tokyo.

**Health Research.** A Ministerial Summit on Health Research was held in Mexico in November 2004, with participation of four official delegations from Member States in the Western Pacific Region. A few members also participated in the high-level policy meeting in Malaysia in September 2004 to discuss ways to improve the use of research in health policy-making.

Member States received support to upgrade research, with a focus on least developed countries and Pacific island countries and areas. A few projects were commissioned under the theme “poverty and health” to explore and document innovative research approaches. Several malaria research projects were approved for funding. The Regional Office continued to support 12 research projects in Pacific island countries and areas as part of research capacity building, and it supported a research training course for the Pacific island countries in June 2005.

The Lao People’s Democratic Republic and Malaysia continued to collaborate with the Research Policy and Cooperation unit of WHO Headquarters in a pilot project for health research systems assessment, and they reported their interim results in regional workshops. Also, China expressed interest to join the assessment in 2005. The Western Pacific Regional Office began to develop practical tools for the assessment of national health research systems, based on experiences from pilot projects.

The framework for health research, prepared by the Western Pacific Advisory Committee for Health Research (WPACHR), was endorsed by the Regional Director in 2004. The WPACHR and its subcommittees continued their work to develop a business plan for the implementation of the research framework and to develop a research web site and collect data on health research.

In 2004, the number of collaborating centres gradually decreased both in the Western Pacific Region and globally as management was streamlined. Special attention was paid to the terms of reference and workplans so that the collaborating centres could better support the achievement of WHO objectives.
Emergency and Humanitarian Action. The Western Pacific Region each year faces a greater number of natural disasters than any other WHO region. The brunt of the Asian tsunami hit Member States in the South-East Asia Region, but its impact also was felt in Malaysia. The following emergencies were of note over the past year in the Western Pacific Region: typhoon Suda in the Federated States of Micronesia; a fatal gas leak in Chongqing, China; floods in China, the Philippines and Viet Nam; cyclones Rananim in China and Percy in Cook Islands; and earthquakes in Niigata prefecture, Japan.

To strengthen health emergency management capacity at the subnational and provincial levels of disaster-prone countries and areas in the Region, WHO collaborated with the ministries of health of the Philippines and Viet Nam in conducting Public Health and Emergency Management in Asia and the Pacific (PHEMAP) training courses. As part of the Healthy Cities Alliance activities, WHO provided a grant to Marikina City, Philippines, in its emergency preparedness efforts.

WHO conducted a Preliminary Assessment of National Capacity for Response to Deliberate Use of Biological, Chemical and Radionuclear Materials in the Philippines in February 2005. National workshops were conducted by the ministries of health of China, Malaysia, Papua New Guinea and Vanuatu in reviewing their national and provincial disaster plans and health emergency preparedness activities.

To further strengthen WHO’s institutional capacity to respond in emergencies, staff members participated in Health Action in Crises consultations in September 2004 and March 2005, refresher training of the United Nations Disaster Assessment and Coordination (UNDAC) team of the United Nations Office for the Coordination of Humanitarian Assistance, and the European Commission Humanitarian Aid Office (ECHO) Project Management Workshop.

Coordination and collaboration with partner agencies were further strengthened with joint activities with other agencies. The Emergency and Humanitarian Action unit (EHA) of the Regional Office, in collaboration with the WHO Centre for Health Development, organized a workshop on capacity-building for the Kobe World Conference on Disaster Reduction in January 2005. During the Philippine floods of November 2004, EHA joined the UNDAC team in conducting an assessment for the United Nations country team in the Philippines. A United Nations Flash Appeal was developed and financial support from donor agencies was provided to WHO to work with the Department of Health in its disaster response efforts. EHA also collaborated with the Japan International Cooperation Agency (JICA) mission in its assessment of the effects of the floods.
WHO collaborated with the international nongovernmental organization, Save the Children-US, in implementing activities in the Philippines, in particular in conducting a workshop to review the response to the diarrhoea outbreak and floods in northern Philippines. WHO continuously coordinates with partners: ASEAN Committee on Disaster Management, Asian Disaster Preparedness Center, Asian Disaster Reduction Center, Australian Agency for International Development, Department for International Development of the United Kingdom, ECHO, Government of Italy, International Federation of the Red Cross and Red Crescent Societies, JICA, the Office of U.S. Foreign Disaster Assistance of the United States Agency for International Development, and the United States Centers for Disease Control and Prevention (CDC).

As a response to the dengue outbreak in Viet Nam in November of 2004, WHO provided medicine and supplies. During the Philippine floods, the Regional Director’s Development Programme funds were immediately provided for emergency supplies.

For the Asian tsunami, staff members from the Region were deployed to help run the operations centre of the WHO office in Jakarta and provide support for public information in Sri Lanka. The United Nations Joint Logistics Centre established a Strategic Humanitarian Air Hub in Subang, Kuala Lumpur, and the WHO office in Malaysia provided needed support to this centre.

With typhoon Percy, WHO provided support to the Ministry of Health of Cook Islands for the immediate restoration of services of a hospital that was badly damaged.
Reaching Out
Reaching Out

Information Technology. The IT infrastructure of the Western Pacific Region was strengthened over the past year with the upgrading of several servers for applications, documents and e-mail. In addition, updates and enhancements of many regional and country applications helped improve efficiency.

The security of e-mail and other resources in all offices is continually being improved, most recently with the installation of new firewalls and an anti-spam filter for all incoming e-mail to the Regional Office and country offices. The Region has not suffered any serious intrusions, malicious attacks, hacking or computer viruses. But continual vigilance will be required.

A more user-friendly web site was re-launched in April 2005, utilizing a new content management system that allows for the posting of more timely and accurate information.

In addition, new initiatives and sites were launched that will move the Region towards greater collaboration and knowledge sharing. A new workforce mobility initiative is making it easier for staff members to access information while they are away from the office.

HealthMapper, which allows users to view health statistics in a map format, was demonstrated in the Philippines at the Department of Health’s Information and Communications Technology meeting in August 2004. In addition, the Regional Office launched a simple web-based data presentation system that allows web site visitors to select indicators and generate tables, horizontal bar charts and country-level maps from regional data.

External Relations. The Regional Office, during the past year, further strengthened communication and coordination and explored new forms of collaboration and partnership with both traditional and new partners. It also has actively promoted cooperation with Member States, the United Nations family (UNAIDS, UNDP, UNFPA, UNICEF), regional intergovernmental agencies (Asian Development Bank, ASEAN, Secretariat for the Pacific Community), nongovernmental organizations, the private sector and other partners. In addition, the Regional Office supported actions undertaken by these organizations in the areas of communicable diseases, emerging infectious disease control and response, noncommunicable diseases, health and promotion, and health systems development.

Resource mobilization in the Region was increased substantially over the past year. The extrabudgetary resource flow to the Region has reached US$ 80 million for the period, representing a 37% increase compared to the same period of the last biennium. A large portion of the increased funds was for priority programmes such as HIV/AIDS control, emerging infectious diseases, Stop TB, malaria control, noncommunicable diseases, health systems development, blood safety, environmental health and food safety.

Public Information. Avian influenza A(H5NI), which took hold in a number of countries in 2004 and claimed human lives in Cambodia, Thailand and Viet Nam, continued to spread through 2005. The Public Information Office (PIO) operated at full stretch to handle media inquiries on a daily basis, as well as organize press conferences and media briefings with the
Regional Director and technical officers. Interviews on all major global and regional television networks, as well as with influential international newspapers, enhanced WHO’s status as the world’s leading public health service.

At the same time, the PIO continued to deliver advice and expertise in support of the Regional Office’s other public health activities, including press releases, press conferences and briefings with selected journalists. A near-constant stream of inquiries from journalists on the full spectrum of WHO’s work in the Region reflected the media’s perception of the organization as accessible and newsworthy.

Knowledge Management. The Regional Office launched a project aimed at promoting WHO publications through health libraries, starting with four libraries in the Philippines. The project will be evaluated before being implemented in other libraries in the Region. Co-publishing procedures with the Regional Office for South-East Asia were established and joint collaboration in marketing of information products is being considered. Relevant information materials were translated into appropriate languages as a result of better coordination with country offices.

New libraries in the Region were assessed and recommended for designation as WHO depository or reference libraries. To strengthen health information dissemination at the country level, training of staff from selected WHO country offices on information management was conducted and library staff from institutions in selected countries in the Western Pacific and South-East Asia Regions were trained on the Health InterNetwork Access to Research Initiative (HINARI). Also in collaboration with the Regional Office for South-East Asia, a workshop of focal point librarians from the Western Pacific Region discussed and planned activities in support of the new Health Literature, Library and Information Services (HELLIS) network Asia Pacific project, in particular, and the Global Health Library initiative, in general.
Administrative Services
Administrative services

A dministration. Construction of the new building for the WHO Regional Office for the Western Pacific should be completed, within the approved budget, by August 2005. At that time, Phase 2—the retrofitting of the existing facilities—will commence.

In preparation for the eventual rollout of the Global Private Network that will connect field offices to the Regional Office as well as to Headquarters, an inventory of existing communication facilities in the field offices has been completed and reviewed. Alternative means of connecting the field offices to the Global Private Network also are being studied. The Regional Office is working closely with Headquarters to provide for the Global Management System and the Travel and Meeting Administration System.

The Unified Asset Management System, which is linked to the Procurement System, is now online at the Regional Office. It will cover all project and non-project supplies and equipment for the field offices.

Continuous review of all operations is being undertaken to further improve the delivery of services to technical units and the Regional Office.

Budget and Finance. The Budget and Finance Office continued to provide efficient financial administrative services and support to technical programmes in the Regional Office and to the country offices. Enhanced information systems contributed to the provision of timely financial services to all staff, updated budgetary information for effective implementation of programmes in all offices, the development of the programme budget, and the control and monitoring of budget implementation.

The new imprest system that has been introduced to all field offices will enhance accuracy in the processing of transactions and also provide more meaningful financial management information on the implementation of programmes at the country level. The automated inter-office transaction system also will enable timely transmission and processing of transactions between regional offices.

During the past year, enhanced reporting provided more meaningful information on the status of budget implementation by area of work and by all sources of funds to senior management for decision-making. The increased use of the WHO’s standard donor agreement likewise contributed to the timely clearance of agreements and receipt of funds.

A flow chart outlining the clearance process has been developed and disseminated to technical programmes and to field offices. The redistribution of work portfolios in the Budget unit by area of work has provided “one-stop shopping” budgetary service, which ensures greater efficiency for technical programmes in monitoring and reporting the status of implementation.

Regional input to the Global Management System finance team was provided and will ensure that the regional and country perspectives are taken into account in the design phase of the system.

Personnel. The unit provides administrative support in an efficient, timely and accurate manner in all aspects of personnel services including recruitment and selection, classification, administration of entitlements, staff orientation and briefings, and staff development and learning.

The improvement of the Personnel Administration System has been ongoing to streamline the search and retrieval of all personnel information. Further, Personnel has been extensively using the Travel and
Meetings Administration System to authorize travel of short-term staff and statutory travel. It is likewise enhancing the Roster System in an effort to make it more user-friendly.

Extensive efforts are being made to recruit women in senior positions. However, due to the difficulties involved in hiring candidates in several countries in the Region and the lack of employment opportunities for spouses, it has not been possible to meet the recruitment target. Technical units have been strongly encouraged to identify suitable female candidates to be shortlisted for selection.

A workshop was conducted to provide Personnel and some selected staff members with hands-on training on the classification of posts using the new master standard. Participants also were briefed on the new post description format.

Similarly, a briefing was organized to introduce the e-PMDS, an electronic Performance Management and Development System that can be used to raise concerns with Headquarters. The e-PMDS is now being piloted in Headquarters and in some other offices.

Staff development and learning programmes are progressing, with money allotted from staff development funds. A Global Leadership Programme has been developed and some staff members from the Region have participated in the training programme. This is part of an effort to strengthen management and leadership capacities.

Since July 2003, the e-recruitment system has been implemented to publish and manage vacancies via the Internet, allow online applications, and collect and screen candidates. The system conveniently provides a matrix to screen applications and facilities to communicate automatically with the candidates. It speeds up and facilitates the recruitment process, including the retrieval and proper archiving of vacancies and candidates. With the availability of vacancy notices on the Internet, the number of applications received has significantly increased.

Recruitment of administrative, specialized and skilled staff to support the work of the division and countries is ongoing. Streamlining of Personnel procedures through the expanded delegation of authority has facilitated efficient personnel administration in the Region and in country offices.

Supply. Supplies and equipment, valued at approximately US$ 10.8 million, were procured over the past year. They included local and direct purchases amounting to US$ 5.6 million, the remaining being procured with the collaboration of the purchasing services at WHO Headquarters.

Supplies and equipment procured on behalf of Members States through the reimbursable procurement scheme are included in this figure. These amounted to US$ 3.4 million and consisted mainly of tuberculosis and antimalarial drugs, rabies (dog) and yellow fever vaccines, microscopes, and bednets and insecticides for the Lao People’s Democratic Republic, the Philippines, Pacific island countries and areas and the Republic of Korea.

An automated purchasing system based on medium-term supplier agreements and web-based catalogues of frequently ordered medical and other equipment and supplies is currently being developed. Phase I of the project is the deployment of a purchase authorization module, which is being used both globally and within the Region. Phase II covers a purchase order module. The aim is to reduce supply processing time and benefit from better prices through negotiated agreements.