Programme Budget 2020–2021

Summary of Progress in Strategic Priorities and Outcomes
1 January 2020 to 31 December 2020
Annex 1
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Abbreviations

AFP – acute flaccid paralysis
AMR – antimicrobial resistance
APSED III – Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies
C4H – communication for health
CCE – climate change, the environment and health
CVIC – COVID-19 vaccination costing tool
COVID-19 – coronavirus disease 2019
EOC – emergency operations centre
EUL – emergency use listing
GER – gender, equity and human rights
GPW 13 – Thirteenth General Programme of Work
HIS – health information system
IMS – incident management system
IMST – incident management support team
IMT – incident management team
IPC – infection prevention and control
IVDs – in vitro diagnostic reagents
NCD – noncommunicable disease
NFP – national focal point
PCR – polymerase chain reaction
PICs – Pacific island countries and areas
PIP – pandemic influenza preparedness
SARS-CoV-2 – severe acute respiratory syndrome coronavirus 2
SDG – Sustainable Development Goal
TAG – technical advisory group
TB – tuberculosis
UHC – universal health coverage
WASH – water, sanitation and hygiene
WHO – World Health Organization
Introduction

This report highlights the progress made towards achievement of the World Health Organization (WHO) Thirteenth General Programme of Work (GPW 13) “Triple Billion” targets for the period 1 January 2020 to 31 December 2020, with a focus on the WHO Western Pacific Region. Adopted by Member States in 2019, For the Future: Towards the Healthiest and Safest Region is the Western Pacific's implementation plan for GPW 13 and overall vision for improving health and well-being for the 1.9 billion people who live in the 37 countries and areas of the Western Pacific Region.

In the challenging context created by the coronavirus diseases 2019 (COVID-19) pandemic, WHO endeavoured to fully support Member States in their responses to the pandemic, including keeping essential services operational, as well as implementing other important activities. In this context, the WHO in the Western Pacific Region acted early in 2020 to mitigate the potential adverse impacts of COVID-19 pandemic on the implementation of its activities by developing a reprioritized workplan – called the “shrunk plan” or the “red box” – for each budget centre in the Western Pacific Region, recognizing that the Organization would need to respond to COVID-19 while remaining accountable to fulfil commitments and urgent requests from Member States. This reprioritization exercise focused on: (1) COVID-19 preparedness and response activities; and (2) activities supporting the continuation of essential services, ensuring no setbacks in “last-mile” disease-elimination efforts; driving progress on the thematic priorities of For the Future and the health priorities of Member States that could not be postponed; and supporting governance efforts to ensure that WHO continues to be accountable to Member States and donors. These activities are the subject of this report.

The new global Output Scorecard was rolled out in early 2021 to assess the Secretariat’s outputs for the Western Pacific Region that contribute to achieving outcomes and impacts of GPW 13. Each of the 41 outputs relevant to the Western Pacific has been assessed using the methodology agreed upon with Member States in line with World Health Assembly resolution WHA72.1 (2019) on the Programme Budget 2020–2021. Staff were required to self-assess achievements against each of the outputs using five dimensions: effective delivery of technical support at the country level; effective delivery of leadership in health; effective delivery of global public health goods; impactful integration of gender, equity and human rights; and delivering value for money. They were required to indicate the level at which these achievements had been made: 1) emergent; 2) developing; 3) satisfactory; and 4) strong.

A summary of the key findings is provided in Table 1.

Table 1. Output assessment by scoring scale, by dimensions

<table>
<thead>
<tr>
<th>Per Scoring Scale</th>
<th>Technical support</th>
<th>Leadership</th>
<th>Global goods</th>
<th>GER</th>
<th>VfM</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>WPR Global</td>
<td>WPR Global</td>
<td>WPR Global</td>
<td>WPR Global</td>
<td>WPR Global</td>
<td>WPR Global</td>
</tr>
<tr>
<td>Strong</td>
<td>7</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Satisfactory</td>
<td>51</td>
<td>51</td>
<td>5</td>
<td>99</td>
<td>95</td>
<td>0</td>
</tr>
<tr>
<td>Developing</td>
<td>5</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>18</td>
<td>53</td>
</tr>
<tr>
<td>Emerging</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Total outputs</td>
<td>41</td>
<td>42</td>
<td>41</td>
<td>42</td>
<td>39</td>
<td>42</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% Per Scoring scale</th>
<th>Technical support</th>
<th>Leadership</th>
<th>Global goods</th>
<th>GER</th>
<th>VfM</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>WPR Global</td>
<td>WPR Global</td>
<td>WPR Global</td>
<td>WPR Global</td>
<td>WPR Global</td>
<td>WPR Global</td>
</tr>
<tr>
<td>Strong</td>
<td>17%</td>
<td>17%</td>
<td>0%</td>
<td>0%</td>
<td>13%</td>
<td>0%</td>
</tr>
<tr>
<td>Satisfactory</td>
<td>76%</td>
<td>76%</td>
<td>95%</td>
<td>64%</td>
<td>79%</td>
<td>9%</td>
</tr>
<tr>
<td>Developing</td>
<td>7%</td>
<td>12%</td>
<td>7%</td>
<td>7%</td>
<td>23%</td>
<td>21%</td>
</tr>
<tr>
<td>Emerging</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>2%</td>
<td>0%</td>
</tr>
<tr>
<td>% total</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

GER = gender, equity and human rights; VfM = value for money; WPR = Western Pacific Region
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1. Progress towards achievement of the GPW 13 Triple Billion targets through *For the Future* - the Region's implementation framework of GPW 13

1.1 Summary of GPW 13 results and the contributions of WHO in the Western Pacific Region

The table below lists the 41 outputs selected by the Western Pacific Region of 42 WHO-approved outputs contributing to the achievements of GPW 13 outcomes under the four strategic priorities of the Triple Billion targets.

<table>
<thead>
<tr>
<th>Strategic Priority</th>
<th>Number of outcomes</th>
<th>WPR-selected outputs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - One billion more people benefiting from universal health coverage</td>
<td>3</td>
<td>13</td>
</tr>
<tr>
<td>2 - One billion more people better protected from health emergencies</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>3 - One billion more people enjoying better health and well-being</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>4 - More effective and efficient WHO providing better support to countries</td>
<td>3</td>
<td>13</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>12</strong></td>
<td><strong>41</strong></td>
</tr>
</tbody>
</table>

1.2 Highlights of progress made towards achievement of the GPW 13 Triple Billion targets through *For the Future* by output

**Strategic Priority 1. One billion more people benefiting from universal health coverage**

Table 3. **Strategic Priority 1: Budget, funds available and utilization for the Programme Budget 2020–2021 by outcomes, as at 31 December 2020** *(in US$ millions)*

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Approved Programme budget 2020–2021</th>
<th>Financing</th>
<th>Financing as % of approved budget</th>
<th>Utilization</th>
<th>Utilization as % of approved budget</th>
<th>Utilization as % of financing</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Improved access to quality essential health services</td>
<td>101</td>
<td>87.2</td>
<td>86%</td>
<td>43.3</td>
<td>43%</td>
<td>50%</td>
</tr>
<tr>
<td>1.2 Reduced number of people suffering financial hardship</td>
<td>8.1</td>
<td>6.3</td>
<td>78%</td>
<td>2.4</td>
<td>30%</td>
<td>39%</td>
</tr>
<tr>
<td>1.3 Improved access to essential medicines, vaccines, diagnostics and devices for primary health care</td>
<td>18.9</td>
<td>10.5</td>
<td>55%</td>
<td>0</td>
<td>21%</td>
<td>39%</td>
</tr>
<tr>
<td><strong>Overall</strong></td>
<td><strong>128.0</strong></td>
<td><strong>104.9</strong></td>
<td><strong>81%</strong></td>
<td><strong>49.8</strong></td>
<td><strong>35%</strong></td>
<td><strong>48%</strong></td>
</tr>
</tbody>
</table>
Outcome 1.1: Improved access to quality essential health services

WHO in the Region worked with Member States to maintain essential health services while applying a systems approach with universal health coverage (UHC) as the foundation. Member States utilized the COVID-19 environment to accelerate aspects of the work on health security strengthening, including health-care capacity monitoring, building capacity of the health workforce, and infection prevention and control.

WHO in the Region has also supported Member States to make progress towards the For the Future vision by reaching unreached populations. A consultation on “Reaching the Unreached” enabled discussion on drafting a framework of approaches to respond to the needs of unreached populations. Other service delivery efforts involved maintaining disease-specific programmes via developing recovery plans and expanding access to services.

COVID-19 has underscored the need to accelerate the implementation of the For the Future vision by protecting the health of vulnerable groups, especially older adults. The Regional Action Plan on ageing was adopted for in-country implementation to ensure health-care services for older adults. Innovative approaches, such as an online communication campaign, were designed to support public health responses to dementia.

Output 1.1.1 Countries enabled to provide high-quality, people-centred health services, based on primary health-care strategies and comprehensive essential service packages

In supporting Member States to respond to the COVID-19 pandemic, technical guidance was provided to countries on various aspects of case management and health systems strengthening in emergency situations through COVID-19 guidance documents developed for the role of primary care in the COVID-19 response, including hospital preparedness, repurposing of non-health facilities for management of mild COVID-19 cases, health-care capacity monitoring, and infection prevention and control (IPC) including development of a long-term regional plan to strengthen IPC systems within countries while responding to COVID-19.

Service delivery capacity was strengthened across countries to handle rising cases of COVID-19, as well as maintain essential health services. The WHO Regional Office for the Western Pacific developed a care pathway framework that could be adapted for country contexts to manage a surge in COVID-19 cases and prevent avoidable mortality. Training for health workers on COVID-19 case management and IPC was conducted in countries across the Region, including Cambodia, Fiji, Kiribati, the Lao People’s Democratic Republic, the Marshall Islands, Mongolia and Papua New Guinea. In addition, in one country (the Federated States of Micronesia), WHO provided technical guidance in improving the standards of care in the dispensaries and facilitated resource mobilization to continue integrated essential health services outreach activities during the outbreak. WHO also conducted an assessment of the impact of COVID-19 on the essential health service delivery in the Federated States of Micronesia, which resulted in the development of a national strategy for maintaining essential health services during the pandemic. In Mongolia, WHO maintained support for the m-health programme, which was expanded during the year to 13 soums and khorooes, enabling ongoing essential service provision to remote populations despite the pandemic.
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The COVID-19 response has relied heavily on health systems, and therefore highlighted the importance of continuing to strengthen health systems, so they are able to continue delivering essential services in the face of COVID-19 and other shocks.

Output 1.1.2 Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results

Under this output, there are 10 strategic documents WHO has developed or is finalizing in consultation with governments and stakeholders to guide Member States in accelerating progress towards the For the Future vision of delivering better health and well-being, including achieving UHC by reaching unreached populations and settings. The strategic documents include regional action plans and guidance documents covering the following areas of work: vaccine-preventable diseases and immunization; the End TB Strategy; disease surveillance during the pandemic; preparedness and outbreak response; improved people-centred noncommunicable disease (NCD) care; the future of mental health; and reaching the unreached in all WHO's work in the Region.

The response to the COVID-19 pandemic in 2020 resulted in varying degrees of impact on tuberculosis (TB), HIV, NCDs, malaria, neglected tropical diseases and vaccination services, including diversion of human resources for health to the COVID-19 response and the conversion of facilities for COVID-19 purposes, which led to a reduction in routine vaccination coverage. There was a 20% drop in TB case detection in comparison to the previous year in the Region. For malaria, 50% of responding countries in the Region (eight of nine malaria-endemic countries) reported disruptions due to COVID-19 to one or more malaria services, including diagnosis and treatment, vector control services and prevention campaigns. Less than 15% of responding countries had severe disruptions of more than 50% to these services, according to the April 2021 WHO Pulse Survey. This output saw the maintenance of essential services and the mitigation of the negative impact of COVID-19 and its response on the delivery of services. This included providing timely guidance to all countries for maintaining essential services for TB, leprosy, HIV and NCDs amid the pandemic, as well as supporting countries in assessing the impact of COVID-19 and helping in developing recovery plans and resource mobilization in Cambodia, the Lao People’s Democratic Republic, Mongolia, Papua New Guinea, the Philippines and Viet Nam, as well as a multi-country plan for the Pacific.

Output 1.1.3 Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course

In 2019, the issue of older people’s health had been identified under the For the Future thematic priority of NCDs and ageing, as a key focus for the Western Pacific to become the healthiest and safest region in the world. COVID-19’s disproportionate impact on older people and those with underlying conditions, including NCDs, highlighted the importance of strong health services and systems that meet the lifelong needs of people in these groups. Immediately after the declaration of the Decade of Healthy Ageing by the Seventy-third World Health Assembly in 2020 and the endorsement of the Regional Action Plan on Healthy Ageing in the Western Pacific by the WHO Regional Committee for the Western Pacific in October 2020, activities shifted to support in-country implementation of the Regional Action Plan. These included IPC training in long-term care facilities and establishing digital platforms to ensure health-care services for older adults.
Protecting the mental health of older people and people living with dementia was prioritized due to the increased risk for mental distress arising from prolonged stress and social isolation and disruption in mental health and social services through the pandemic. WHO delivered an online communications campaign to support the public health response to dementia during the pandemic, using online platforms, tools and social media to broadcast key messages and share content with intended audiences, including families and caregivers of older people and people living with dementia. This campaign enabled the continued advocacy for the protection of mental health of vulnerable populations during the pandemic, as well as maintaining networking opportunities among stakeholders across the Region.

Community engagement was also used as a vehicle to reach vulnerable populations with community partners and civil society organizations identified as local experts with a wealth of resources, networks and trust among communities.

Output 1.1.4 Countries’ health governance capacity strengthened for improved transparency, accountability, responsiveness and empowerment of communities

Under the Reaching the unreached thematic priority in the For the Future, strengthening legal frameworks and utilizing ethical approaches are central to ensuring that vulnerable and marginalized people can receive essential quality health services. In 2020, the WHO in the Western Pacific Region supported Member States, including Mongolia and Papua New Guinea, with legal issues related to the International Health Regulations (2005), known as IHR (2005), to address a range of concerns that countries raised relating to the COVID-19 pandemic, such as border closures, quarantines, costs to travellers and movement restrictions. The WHO Regional Office for the Western Pacific provided rapid support to Member States to utilize existing legal frameworks to underpin the COVID-19 response and make changes where necessary, as in the Federated States of Micronesia and Palau. Support was also provided to Papua New Guinea to establish a new health emergencies framework for pandemic response and Cook Islands to initiate longer-term reforms to its public health laws. It was crucial for Member States to maintain commitment and momentum for long-term legislative priorities during the pandemic, with the Regional Office for the Western Pacific supporting ongoing policy dialogue and legislative developments in Nauru and Viet Nam, as well as facilitating legal capacity-building for 24 policymakers and lawyers through the McCabe Centre for Law & Cancer of Australia.

Output 1.1.5 Countries enabled to strengthen their health workforce

Human resources for health have been impacted significantly by the COVID-19 pandemic, rapidly changing the focus from long-term and strategic interventions and goals to the immediate need for surge capacity planning and redeployments. This shift in the demands on the health workforce is continuing given the ongoing requirements for the health workforce to implement large-scale COVID-19 vaccination programmes. WHO developed and provided Adaptt Surge Planning Support Tool and a health workforce estimator to enable detailed planning of human resources for health for effective COVID-19 responses. The WHO Regional Office for the Western Pacific provided tailored technical assistance to countries to improve institutional capacity in data collection and monitoring of key human resources for health indicators for better policy-making, including to inform the global State of the World’s Nursing and Nursing Midwifery reports and regionally in supporting the development of national health workforce plans in Cambodia, Papua New Guinea and the Philippines.
Over 104,000 participants from 35 countries and areas across the Western Pacific Region benefited from 22 COVID-19 training courses provided on OpenWHO.org, WHO’s interactive, web-based, knowledge-transfer platform offering online courses to improve the response to health emergencies. This enabled WHO to deliver the up-to-date and fit-for-purpose training directly to health-care workers responding at the forefront. From May to November 2020, the Regional Office for the Western Pacific co-hosted, along with the WHO Regional Office for the Eastern Mediterranean, the WHO Regional Office for South-East Asia and the Asia Pacific Action Alliance on Human Resources for Health (AAAH), a series of experience-sharing webinars to address the challenges of health-care workers working during the COVID-19 pandemic, including mobilizing surge capacity, occupational risk protection, and health professional training and education in the context of the pandemic. Fifty-six speakers shared emerging lessons and challenges with 1583 participants (799 from the Western Pacific Region), ranging from frontline health workers and academia to policy-makers.

At a regional level, WHO also contributed to strengthening the capacity of the health workforce by successfully convening the annual Global Health Learning Centre course that offers select fellows training opportunities on key public health issues in the Region.

Outcome 1.2: Reduced number of people suffering financial hardships

Progress has been made in building resilient health financing systems by working alongside health ministries to engage with multisectoral partners. Collaborations with other government counterparts and international financial institutions have also led to better understanding of the short- to medium-term impact of the changing fiscal space for health in the post-COVID-19 era.

Ongoing efforts have been made in the Region to build institutional capacity in monitoring financial risk protection. Member States were equipped with practical health financing guidance, health expenditure databases and costing tools to facilitate budget allocation decisions in countries in response to COVID-19 and beyond, while progressing towards UHC.

Output 1.2.1 Countries enabled to develop and implement more equitable health financing strategies and reforms to sustain progress towards universal health coverage

Political commitment driven by the urgent need to respond to COVID-19 has been a key factor putting health and health financing at the centre of government agendas. In 2020, the Western Pacific Region has seen public funding quickly prioritized and reprogrammed to the COVID-19 response to support frontline health spending needs in order to contain the outbreak. The WHO Regional Office for the Western Pacific provided leadership and technical guidance to Member States in developing and implementing effective and equitable health financing mechanisms for pandemic response and progress towards UHC.

By producing timely and quality briefings, webinars, meetings and publications, the WHO Regional Office for the Western Pacific has documented innovative health financing strategies and approaches in response to COVID-19 seen across the globe and the Region, and disseminated these practical solutions on public financial management and strategic purchasing for pandemic preparedness and response to Member States. In collaboration with World Bank and the International Monetary Fund, the WHO Regional Office for the Western Pacific produced robust estimates of changing fiscal space for health due to decreased government revenue as a result of COVID-19 in an effort to inform health financing
strategy development in the Region, including detailed briefs. Based on the analysis, WHO produced detailed briefs for 10 Member States outlining the need to increase the proportion of government funding allocated to health to mitigate against a probable decrease in overall government revenue as a result of the COVID-19 pandemic. In addition, the WHO Regional Office for the Western Pacific performed analyses on debt servicing and fiscal space for health, focusing on three countries in the Region (the Lao People’s Democratic Republic, Mongolia and Papua New Guinea) to increase awareness of COVID-19 caused increases in debt load and its impact on fiscal space for health.

WHO in the Western Pacific Region also actively engaged in health and finance discussions and dialogues with development partners and experts to reinforce the shared understanding on financing UHC in the context of Asia and the Pacific region to ensure the sustained progress towards UHC during and after the pandemic. Together with Asian Development Bank and the Government of Japan, the WHO Regional Office for the Western Pacific and the WHO Regional Office for South-East Asia in September 2020 held a virtual joint Ministers of Finance and Health Symposium on UHC in Asia and the Pacific. During the meeting, countries shared best practices and lessons learnt from pandemic responses, and discussed commitments and next steps needed for investing and prioritizing health and UHC through joint actions and partnership between ministries of health and finance. High-level government officials from more than 30 Member States from all WHO regions participated.

**Output 1.2.2  Countries enabled to produce and analyse information on financial risk protection, equity and health expenditures and to use this information to track progress and inform decision-making**

Quality and timely tracking of health expenditures allows countries to learn from past expenditures and to improve future planning and resource allocation in the health system, as a way to improve efficiency and accountability. WHO provides technical assistance on health expenditure tracking and manages the annual update of the Global Health Expenditure Database.

In 2020, despite the disruption of the pandemic, many countries have relied on existing institutional capacity to produce health accounts data for the 2018 reporting year. The WHO Regional Office for the Western Pacific has provided technical assistance in jointly producing and reviewing the country-level health expenditure estimates with all country health accounts experts and development partners. In addition, technical support was provided to countries with advanced technical capacity such as Malaysia and Viet Nam, as well as initial work in Papua New Guinea, to develop specific COVID-19 expenditure tracking systems, which would enable timely and improved budget planning and allocation for an effective COVID-19 response and future pandemic preparation, while sustaining essential health services and progress towards UHC over the long run.

Ongoing progress was also made in the Region to collect and build institutional capacity in monitoring financial risk protection as progress towards UHC – also measured as Sustainable Development Goal (SDG) indicator 3.8.2 – through collaborations across the three levels of WHO. The update of the financial risk protection indicator will inform policy-making to reduce catastrophic and impoverishing health spending at the household level. In 2020, the WHO Regional Office for the Western Pacific initiated preliminary work to update financial risk protection and service utilization data using national household income and/or expenditure surveys in selected countries in the Region where data are available. The Regional Office has facilitated methodology discussions and initial data collections in
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countries such as Australia and Mongolia. Adapting data collection procedures at Cambodia’s National Institute of Statistics is a good example of this ongoing progress.

Output 1.2.3 Countries enabled to improve institutional capacity for transparent decision-making in priority-setting and resource allocation and analysis of the impact of health in the national economy

In 2020, the Regional Office for the Western Pacific took the lead in developing or contributed to dozens of policy briefs, analyses, working papers (with the World Bank), blog posts and peer-reviewed journal articles to facilitate budget allocation decisions in countries where government revenue declined as a result of COVID-19. These efforts have enabled all countries and areas in the Region to be equipped with timely and practical health financing guidance, frameworks and tools to inform evidence-based decision-making and resource allocation to support effective health system responses to the COVID-19 pandemic, while sustaining essential health services and progress towards UHC over the long run.

For example, the WHO in the Western Pacific Region worked with the United Nations Resident Coordinator System to assess the socioeconomic impact of COVID-19 for 10 Pacific island countries and areas (PICs) and for Viet Nam. The reports provided evidence to inform the allocation of United Nations support to ameliorate the impact of COVID-19 across health, social, economic and environmental sectors based on immediate and anticipated future needs during the pandemic recovery.

In addition, the WHO Regional Office for the Western Pacific developed a comprehensive COVID-19 vaccination costing tool (CVIC) to support countries accessing funding through the COVID-19 Vaccines Global Access facility and to support the development of national vaccine deployment plans. For example, CVIC was used to form budgets in the Lao People’s Democratic Republic, Papua New Guinea and Solomon Islands, with technical assistance provided by the WHO Regional Office for the Western Pacific. In fact, the CVIC tool has been used in over 30 countries globally and is a good example of a regional initiative being used globally.

Outcome 1.3: Improved access to essential medicines, vaccines, diagnostics, and devices for primary health care

WHO in the Region has continued to support Member States to access affordable medicines through the development of policies and price monitoring, as well as strengthening of national procurement systems.

Progress has been made in supporting the generation and use of strategic information to inform policy at country level. This included utilizing a platform to compare the prices of medicines across the Region and rapid assessment of medicine stocks, as well as setting up a surveillance system to monitor antimicrobial consumption at the national level and development of a mechanism for Pacific island countries to monitor availability of medicines in the context of COVID-19 logistics supply challenges.

Innovative approaches in operational and service delivery were adopted to enable countries to develop frameworks for the rapid entry of health technologies in public health emergencies. This included strengthening reliance mechanisms and providing tools to streamline regulatory approvals for emergency use authorizations and conditional approvals, as well as guidance for regulatory flexibilities in COVID-19 vaccines.
Output 1.3.1 Provision of authoritative guidance and standards on quality, safety and efficacy of health products, including through prequalification services, essential medicines and diagnostics lists

In the Western Pacific Region, WHO has supported Member States to adopt and translate WHO's authoritative guidance on norms and standards into country policies, guidelines, practices and regulations in the areas of good pharmaceutical practices and in the production, evaluation, quality control and quality assurance of health products. This included support for developing national pharmaceutical policies; adopting guidelines on access to medicines, procurement, quality and safety, as well as for rational use and good governance; and developing an essential medicines lists using WHO guidelines in medicines selection and the WHO Essential Medicines List. The WHO Regional Office for the Western Pacific provided support to the Lao People’s Democratic Republic, Malaysia, Mongolia and Papua New Guinea in developing national pharmaceutical policies and essential medicines lists.

The Regional Office provided support to countries to ensure the quality and safety of medicines, including the strengthening of quality management systems and supporting laboratories towards WHO pre-qualification. WHO has provided support to Papua New Guinea in preparing for the WHO certification. In Cambodia and the Lao People’s Democratic Republic support was provided to strengthen quality management systems with particular focus on elimination of substandard antimalarials, but also on the broader programme for the quality control and surveillance of substandard and falsified medicines. The Medicines Quality Control Laboratory Training Plan for the Lao People’s Democratic Republic 2020 was implemented. Using WHO norms and standards, the WHO in the Western Pacific Region supported countries in the Region in the evaluation of performance validation and regulatory status of COVID-19 in vitro diagnostic reagents (IVDs) on molecular diagnostics and immunodiagnostics, such as IgG/IgM Rapid Test, jointly with WHO Health Emergencies Programme Incident Management Support Team (IMST) laboratory pillar. WHO supported RT-PCR and immunodiagnostics regulatory approval, establishing enhanced Biosafety Level 2 COVID testing laboratory in the Philippines, contributing significantly to the expansion of laboratory network from six to 68 RT-PCR laboratories in just three months.

The WHO Regional Office for the Western Pacific has supported the implementation of the WHO Prequalification Programme, especially for diagnostics and COVID-19 vaccines. In 2020, WHO launched the solidarity trial, the largest global randomized control trial designed to provide robust results on whether a drug can save lives in those hospitalized with severe or critical COVID-19. The Regional Office also supported the coordination of these trials in Malaysia and the Philippines. The solidarity trial for COVID-19 vaccines also started in 2020. WHO supported the Philippines in setting up solidarity and has initiated the participation of Viet Nam. The WHO country office in China provided technical and communication support to 11 COVID-19 vaccine candidates participating in the WHO Vaccine Solidarity clinical trials.

Output 1.3.2 Improved and more equitable access to health products through global market shaping and supporting countries to monitor and ensure efficient and transparent procurement and supply systems

In 2020, WHO continued to support Member States in the Region to improve access to affordable medicines through development of policies, price monitoring and strengthening of national procurement
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systems. Access to essential medicines that are safe and of assured quality and efficacy remains critical to UHC especially in the context of the high burden of NCDs and to reach the goal of public health programmes such as TB, malaria and HIV/AIDS.

WHO initiated expansion of the Price Information Exchange for Medicines to include new therapeutics for NCDs and essential lists for safe and affordable surgery and COVID-19 technologies. The Price Information Exchange is used by Member States in the Region to report medicines prices, and the price and market analysis can guide their procurement of medicines, as well as in the development of pricing policies. The platform also allows Member States to compare prices across countries and provide them with information on suppliers or sources of medicines that are affordable. The price comparisons also inform policy changes and pricing strategies in countries.

The interruption of production and global logistics during COVID-19 put at risk the availability of medicines in countries, especially for PICs. The WHO Regional Office for the Western Pacific undertook a rapid assessment of medicine stocks and set up a mechanism for PICs to monitor availability and access to medicines in the context of COVID-19 supply challenges. For the PICs, GeneXpert kits were the only option for in-country diagnosis and testing and to implement a timely and effective public health response to COVID-19. In April 2020, the Regional Office finalized a purchase order for 9659 GeneXpert kits (worth US$ 2.2 million). Twenty-three destinations were fed point-of-care testing kits through two distribution hubs: Brisbane, Australia, to serve the islands in South Pacific and Hawaii, United States of America, to serve the islands in Northern Pacific.

Output 1.3.3 Country and regional regulatory capacity strengthened, and supply of quality-assured and safe health products improved

The WHO Regional Office for the Western Pacific provided support to countries to develop frameworks for the rapid entry of health technologies in public health emergencies through the revision of laws and regulatory policies, strengthening reliance mechanisms, and providing tools for rapid regulatory approvals, particularly for emergency use authorizations, conditional approvals, compassionate use and guidance for regulatory flexibilities and variations to enable the entry of COVID-19 vaccines in all countries, areas and territories of the Region. WHO also supported countries in the Region to develop frameworks for indemnity and liability agreements and the setting up of protocols for rapid approval of importation permits. Countries were enabled to undertake expedited regulatory approvals of IVDs for COVID-19 molecular and immunological diagnosis and build COVID-19 molecular testing laboratories compliant with Biosafety Level 2 enhanced capacity, by adopting WHO guidance. By the end of 2020, 23 laboratories across the Pacific were equipped with polymerase chain reaction (PCR) testing capacity, which is key for confirming COVID-19 but also other viruses.

WHO continued to support countries to strengthen national regulatory systems using a stepwise approach for raising the level of functionality (i.e. Level 1–4) of national regulatory systems. The global benchmarking tool assessment mechanism was used as a strategy for improvement through the cycle of self-assessments and formal assessments, institutional development plans, and continuous training and capacity-building. WHO supported the continuing benchmarking process of Malaysia and Singapore and supported progress of the institutional development plans of China and Viet Nam. As a result of this process, China and Viet Nam were fully assessed and given certification as Level 3 regulatory authorities in 2020.
To strengthen cooperation and support convergence of regulatory authorities, the WHO in the Western Pacific Region continued to strengthen the Western Pacific Regional Alliance of National Regulatory Authorities as the platform for information sharing and regulatory cooperation across the Region. Serving as the Secretariat, the Regional Office set up mechanisms such as the website and secured shared folders to facilitate information sharing, exchange of regulatory updates and facilitation of technical cooperation. Therapeutic Goods of Australia has been providing support to Cambodia, the Lao People’s Democratic Republic, Viet Nam and Papua New Guinea. The Ministry of Food and Drug Safety, Republic of Korea funding was provided to Cambodia, the Lao People’s Democratic Republic, Papua New Guinea, the Philippines and Viet Nam for in-country coaching and consultancy, maintenance of electronic registration systems, laboratory reagents and equipment. Pharmaceutical Medical Devices Agency on its own conducted courses through the Asia Training Center for Pharmaceuticals and Medical Devices Regulatory Affairs in all areas of essential regulatory functions. In 2020, the Regional Alliance continued to work on reliance protocols to allow expedited processes in the assessment, evaluation and registration of new technologies.

Output 1.3.4  Research and development agenda defined and research coordinated in line with public health priorities

In 2020, a mapping of the pharmaceutical situation was conducted to anticipate needs and risks of medicine stock-outs during the pandemic. In particular, the production capacity for COVID-19 vaccines in the Western Pacific Region was examined by the Essential Medicines Team with a view to supporting partnership efforts to increase production volume to meet global demand. As part of local vaccine production plans, the WHO in the Western Pacific Region supported countries with local pharmaceutical production on research and development. In Viet Nam, technical guidance was provided to the National Regulatory Authority on protocols for development of methodologies and research design for clinical trials of COVID-19 vaccines. Advice has been provided on the design of pre-clinical and clinical studies. The WHO country office in China assisted the National Regulatory Authority to register the domestically developed COVID-19 vaccines in the WHO Research and Development draft landscape.

In the context of the COVID-19 pandemic, WHO country office in China focused support on the pre-qualification of COVID-19 technologies including IVDs and COVID-19 vaccines. Regular coordination across the three levels of organization was undertaken to update progress and provide guidance on standards and guidelines for regulatory approvals in research and development of Chinese COVID-19 vaccines and convened four pre-submission meetings for four Chinese COVID-19 vaccine manufacturers to familiarize them with WHO requirements and guide process of submissions of EUL.

WHO supported the coordination of an emergency use listing (EUL) assessment with the Chinese National Regulatory Authority, and strategically introduced WHO standards for adoption and reference by National Medical Products Administration, China. WHO facilitated the application of four Chinese manufacturers to submit COVID-19 in-vitro diagnostics for WHO EUL, which eventually led to the addition of assured quality, safety and performance nucleic acid reagent test kits for novel coronavirus 2019-nCoV (fluorescence PCR). The rapid approval for diagnosis for COVID-19 was crucial to the response.
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Output 1.3.5 Countries enabled to address antimicrobial resistance through strengthened surveillance systems, laboratory capacity, infection prevention and control, awareness-raising and evidence-based policies and practices

Based on the Framework for Accelerating Action to Fight Antimicrobial Resistance in the Western Pacific Region, under the For the Future vision, the WHO Regional Office supported Member States to envision a future of optimized and sustainable use of antimicrobials. To this end, the Organization engages in high-level political dialogue and has supported Member States to develop and implement multisectoral national action plans on antimicrobial resistance (AMR). There are 19 countries with national action plans, with another eight PICs supported to develop their national action plans.

Support was provided in strengthening systems to combat AMR, focusing on antimicrobial surveillance, monitoring of antimicrobial consumption and systems-based antimicrobial stewardship programmes. Technical and funding support was provided to set up national surveillance systems in the Lao People’s Democratic Republic and the Philippines. WHO has established the Western Pacific Antimicrobial Surveillance System to support countries in setting up systems and undertaking monitoring of antimicrobial consumption at the national, hospital and community levels. A guideline for AMR surveillance and outbreak response for AMR infections was developed to guide countries to undertake step-by-step development of national surveillance systems. Furthermore, capacity-building and guidance has been provided on AMR surveillance and AMR outbreak response. These investments help mitigate outbreaks and strengthen health systems to better address AMR and other health challenges in the future.

WHO continued to raise the level of awareness and commitment across the Region to fight AMR through the Stewards for the Future: One Region, One Movement campaign to raise the profile of the fight against AMR and protect the future generations. The campaign is undertaken with countries across the Region, and in 2020 a regional online gathering was held to highlight actions taken at the individual, institutional and country levels.
Strategic Priority 2: One billion more people better protected from health emergencies

Table 4. Strategic Priority 2: Budget, funds available and utilization for the Programme Budget 2020–2021 by outcomes, as at 31 December 2020
(in US$ millions)

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Approved Programme budget 2020–2021</th>
<th>Financing</th>
<th>Financing as % of approved budget</th>
<th>Utilization</th>
<th>Utilization as % of approved budget</th>
<th>Utilization as % of financing</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Countries prepared for health emergencies</td>
<td>25.1</td>
<td>13.6</td>
<td>54%</td>
<td>8.4</td>
<td>34%</td>
<td>62%</td>
</tr>
<tr>
<td>2.2 Epidemics and pandemics prevented</td>
<td>12.5</td>
<td>4.5</td>
<td>36%</td>
<td>2.1</td>
<td>17%</td>
<td>47%</td>
</tr>
<tr>
<td>2.3 Health emergencies rapidly detected and responded to</td>
<td>19.4</td>
<td>9.3</td>
<td>48%</td>
<td>3.8</td>
<td>20%</td>
<td>41%</td>
</tr>
<tr>
<td>Overall</td>
<td>56.9</td>
<td>27.4</td>
<td>48%</td>
<td>14.4</td>
<td>25%</td>
<td>52%</td>
</tr>
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Outcome 2.1: Countries prepared for health emergencies

Throughout the Region, Member States made considerable progress in strengthening emergency responses and preparedness capacities. COVID-19 emphasized the importance and functionality of Region-wide plans including the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED III) and its TAG recommendations, the International Health Regulations or IHR Monitoring and Evaluation Framework and regional action plans. These frameworks helped guide national response plans, including laboratory system mobilization, risk communications and emergency operations centres – all of which were strengthened for the COVID-19 response and in preparation for future health emergencies.

The Region’s progress towards implementing the For the Future thematic priority on health security, including antimicrobial resistance, was further bolstered by multisectoral collaborations. Using a One Health approach, WHO collaborated with partners within and beyond the health sector to coordinate technical responses and communication strategies for COVID-19 while improving capacities to prepare for the next pandemic.

Output 2.1.1 All-hazards emergency preparedness capacities in countries assessed and reported

WHO in the Western Pacific Region has invested in health emergency preparedness and response through the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED III), with the original Strategy developed in 2006. Currently in its third iteration, APSED III has been the regional road map for IHR 2005 capacity implementation. Additionally, continuous guidance from the APSED Technical Advisory Group over the past 15 years has played a substantial role in preparing Member States in the Region to mount a rapid and effective response to COVID-19.

COVID-19 has further highlighted the importance of effectively assessing national preparedness capacities in order to identify and address critical gaps, document strengths and build on best practices for health security.
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The IHR Monitoring and Evaluation Framework has been instrumental in not only evaluating the status of Member States’ national preparedness capacities, but also providing the foundation for developing and improving strategic preparedness and response plans for COVID-19. WHO supported Mongolia to implement simulation exercises. Results documented from exercises were used to plan, implement and refine Mongolia’s response to COVID-19. WHO supported seven PICs for simulation exercises to plan and implement their response to COVID-19.

The WHO Regional Office for the Western Pacific published in February 2020 the Regional Action Plan for Response to Large-Scale Community Outbreaks of COVID-19. Member States utilized the Regional Action Plan to develop their national action plans for the COVID-19 response. While a number of Member States have developed response plans, 12 were uploaded to the regional Partner Platform. In December 2020, the WHO in the Western Pacific Region conducted its annual IHR Exercise Crystal with IHR national focal points (NFPs) to support national COVID-19 vaccine preparedness and response to adverse events following immunization following roll-out at national and subnational levels of a hypothetical pandemic vaccine. Twenty-seven countries and areas participated. The exercise provided significant understanding of national capacity status and gaps to be addressed for enhanced preparedness. The exercise provided an opportunity for NFPs to enhance the understanding of their staff on the IHR (2005), event communications and collaboration among sectors. It also provided an opportunity to facilitate in-country, cross-sectoral communication with national counterparts and raise awareness of the NFP role and function. In addition, the IHR Exercise Crystal helped to strengthen the regional IHR (2005) NFP network, including communication and information sharing.

WHO Guidance for Conducting a Country COVID-19 Intra-action Review was issued and used by countries to conduct periodic reviews of their national and subnational COVID-19 response, as additional opportunities to learn and improve, to strengthen and update response plans, and better respond to the COVID-19 outbreak in their countries. In 2020, the Lao People’s Democratic Republic, New Zealand and Viet Nam conducted intra-action reviews to document lessons from COVID-19 response and refine response strategies. IMST was used as a platform to provide technical support and guidance for the COVID-19 response Region-wide, including through meetings on a daily basis between regional and country offices, and video calls with WHO headquarters.

Output 2.1.2 Capacities for emergency preparedness strengthened in all countries

Technical support from partners has been an important element for the COVID-19 response in the Region. Technical forums were organized for partners to share information and discuss collaboration strategies for an effective response to COVID-19 and prepare for future emergencies. Three meetings of IHR (2005) NFPs have been organized to support the process of adapting border-control measures and refining national response strategies. Through these meetings, countries have been guided to implement risk-based and long-term sustainable approaches for response in an effort to balance the need to control the pandemic with the resumption of economic activities.

WHO in the Western Pacific Region has helped to strengthen Member States’ laboratory capacity through the provision of guidance and testing strategies, support through supranational reference laboratories and training on various aspects of laboratory investigation of COVID-19. Initial support was provided to Cambodia, Fiji, the Lao People’s Democratic Republic and Mongolia to establish or strengthen their ability to conduct whole-genome sequencing for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and to use this technology to prepare for the next pandemic. Capacities of
laboratories in Australia, Japan, the Republic of Korea and Singapore were leveraged to provide sequencing support to other countries in the Region. Further progress was made in 2020 in building risk communication capacities and systems that will be useful beyond COVID-19. The COVID-19 pandemic provided an environment to test systems with regard to existing emergency preparedness and to further develop capacities. All Member States adopted a whole-of-society and whole-of-government approach with overall coordination at a very high political level. The need for additional staff capacity to assist with the COVID-19 response was addressed through repurposing of staff, and deployments across the Organization in the early stages of the pandemic to WHO regional and country offices.

Output 2.1.3 Countries operationally ready to assess and manage identified risks and vulnerabilities

Throughout 2020, WHO worked with Member States across the Western Pacific Region to strengthen capacities required to communicate effectively about COVID-19. In doing so, the Organization consistently sought to build sustainable systems that will be relevant and useful long after the current pandemic. A similar approach is being taken to the provision of support in communicating about COVID-19 vaccines.

By the end of 2020, the WHO Regional Office for the Western Pacific had provided advice to countries on communications planning and crisis communications, including through the provision and dissemination of a series of tools for planning and designing a national communications strategy on COVID-19 vaccinations, guidance on preparing for and responding to adverse events following vaccination and vaccine crises, and a webinar series for country counterparts covering different aspects of risk communication and strategic communication related to the COVID19 vaccine roll-out. While these materials were designed specifically for COVID-19 vaccine roll-out, capacities built through the provision of these materials will also be relevant for other future events. Support for health system readiness was facilitated through the provision of policy advice, technical assistance, guidelines and training in all Member States.

WHO Regional Office for the Western Pacific also provided support for systems establishment for stock reporting and forecasting. In view of this, the Stock on Hand tool was developed to create a simple platform for storekeepers and warehouse managers to report on current stocks of essential supplies on a regular basis. The tool can determine the burn rate of each item and, therefore, support more accurate forecasting. The tool then informs the responsible officer to activate procurement in a timely way, so as to ensure there is no stock-out while at the same time, stores are not oversupplied. The Stock on Hand tool was piloted in Cambodia together with the Central Medical Store staff of the Ministry of Health. Through monitoring and evaluation, the tool’s efficacy and usefulness will be assessed and brought to other priority Member States in the Region, including the Lao People’s Democratic Republic, Mongolia and Papua New Guinea.

WHO in the Western Pacific Region also broadened health security readiness and preparedness by engaging and working with partners in and beyond health to accelerate country readiness capacities. COVID-19 investments have accelerated the strengthening of core public health capacities in PICs, particularly in multisectoral emergency coordination, surveillance, hospital preparedness, laboratory services, IPC and capacities at international points of entry. The WHO Health Emergencies Programme team at the WHO Regional Office for the Western Pacific was also prepared for response through continued development of skills, knowledge and attitudes in three pathways – operational, technical and
leadership – through, for example, learning by doing, such as employing innovative tools for data management, surveillance, risk communication and community engagement.

During 2020, training and simulation exercises were organized with multi-organizational, multi-country, multisectoral and multidisciplinary activities at the regional, country and provincial levels, with other government agencies, United Nations agencies and operational partners.

**Outcome 2.2: Epidemics and pandemics prevented**

The COVID-19 pandemic has created unprecedented global momentum for health, with a renewed emphasis on prevention measures. The Region’s COVID-19 response included successful use of previously implemented prevention networks and guides, as well as development of new initiatives including UNITY (a global initiative to conduct sero-epidemiological investigations for understanding SARS-CoV-2 transmission dynamics and monitoring prevalence), technical guidance documents and significantly improved laboratory capacities. Monitoring and diagnostic technologies have been implemented with remarkable speed and supranational cooperation, fortifying the response to COVID-19 while supporting preparedness for outbreaks of other diseases, including influenza and polio.

*For the Future* has emphasized the importance of cross-country collaboration in preventing and controlling pandemics. Using approaches such as backcasting, WHO has fortified its technical capacities while streamlining information exchange, building networks and strengthening strategic communications, including C4H, throughout the Region. Continued global solidarity and recognition of the shared responsibility of health security are critical as WHO and Member States continue to work together to make the Region and the world healthier and safer.

**Output 2.2.1 Research agendas, predictive models and innovative tools, products and interventions available for high-threat health hazards**

The COVID-19 pandemic has shown the value of investing in global platforms, partnerships and capacities to facilitate rapid research, innovation and application of public health interventions in responding to and preparing for epidemics, pandemics and public health emergencies.

In 2020, there was unprecedented speed and coordination in accelerating research, innovation and implementation of interventions in response to COVID-19. Through the global UNITY initiative, countries in the Western Pacific Region rapidly adapted WHO standardized protocols to conduct sero-epidemiological investigations for understanding SARS-CoV-2 transmission dynamics and monitoring prevalence in their local populations and contexts. The Region also contributed to pioneering research to improve global understanding of the epidemiology and immunology of the virus. By the end of 2020, 11 countries and areas – Australia, Hong Kong SAR (China), Japan, Malaysia, Mongolia, New Zealand, Papua New Guinea, the Philippines, the Republic of Korea, Singapore and Viet Nam – were collaborating in UNITY, and WHO contributed technical, financial, and/or laboratory support to six of these countries: Australia, Malaysia, Mongolia, Papua New Guinea, the Philippines and Viet Nam.

There has also been the rapid development and application of technology for contact tracing and other public health interventions. WHO established a modelling consortium across academic institutions to support Member States across the Region to estimate the disease burden of COVID-19 and better inform decision-making. In 2020, WHO published 28 interim guidance documents on COVID-19 tailored to
the context of and issues facing countries and areas in the Region. These have been continually reviewed and updated as appropriate, and the need for new guidance is assessed regularly based on knowledge, as the virus evolves.

Output 2.2.2 Proven prevention strategies for priority pandemic-/epidemic-prone diseases implemented at scale

In close collaboration with WHO headquarters and other WHO regional offices, a global network of supranational reference laboratories for COVID-19 was established to support primary and confirmatory testing as well as advanced investigations of COVID-19, such as sequencing and viral culture. In addition, a national network of COVID-19 testing laboratories was established in collaboration with country offices and national health authorities. Laboratory networks have helped improve testing turn-around time and the accuracy of those in low-resource settings. Improved capacities of laboratories have contributed to early detection of SARS-CoV-2, helping the current response to COVID-19 by developing a trained and skilled laboratory workforce, strengthening laboratory data management, improving coordination and laboratory networking, and assessing of functionality of public health laboratory system.

Based on WHO guidance on the introduction of new laboratory technologies, support was provided for technology transfers and the introduction of new SARS-CoV-2 molecular diagnostic assays in national COVID-19 testing laboratories. Countries' technical capabilities for the performance of the new COVID-19 assays were built through the provision of standard operating procedures and testing protocols, the organization of technical webinars, and the provision of mentoring and technical support during the initial period of new assay introduction. A needs assessment and roll-out of multiplex Flu/Covid-19 PCR kits to national influenza centres was organized, including through the International Reagent Resource – a total of 10 countries and areas supported. A backcasting approach – one of the operational shifts recommended in For the Future in which one works backward from a stated goal to determine the steps necessary to reach that goal – was used to strengthen the core components of the health systems to cater to the ongoing response and prepare for future health emergencies. Gaps in core capacities were identified for step-by-step capacity-building towards the ultimate goal of having a resilient health system capable of responding to future public health emergencies.

The implementation of pandemic influenza preparedness (PIP) activities faced some challenges due the COVID-19 pandemic. To overcome the challenges, active discussions at all levels of WHO, particularly the PIP Secretariat at WHO headquarters, has enabled implementation of influenza-related activities that have co-benefits for the COVID-19 response and for improving implementation of PIP activities. PIP activities implemented have helped strengthen core capacities including surveillance, laboratories and rapid response, providing critical support to COVID-19 response, as well as preparing for future influenza pandemics.

Output 2.2.3 Mitigate the risk of the emergence and re-emergence of high-threat pathogens

Throughout the COVID-19 pandemic in 2020, WHO continued to work with countries and partners across the Region to strengthen laboratory detection capacity at national influenza centres. WHO has consistently advocated for Member States to continuously prepare for possible large-scale outbreaks while responding to ongoing transmission. Building on several years of effort and investment,
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significantly expanded laboratory capacity, surveillance, and country-level risk and capacity assessment related to high-threat pathogens. All PICs now have on-shore access to molecular diagnostic tests, and WHO continues to support specimen shipment to off-shore reference laboratories for specialized functions (for example, whole genome sequencing).

Leveraging pandemic influenza capacities built over the past decade, support was provided to Member States to repurpose their influenza surveillance systems to better detect SARS-CoV-2. Innovative approaches in surveillance have been implemented to expand capacities in detecting respiratory illnesses where COVID-19 surveillance was integrated into existing influenza surveillance in Australia, Cambodia, Fiji, Kiribati, the Lao People’s Democratic Republic, New Caledonia and Palau. This combination has enabled timely detection of COVID-19 while at the same time maintaining routine influenza surveillance. Seven laboratories in the Region joined a global network of supranational reference laboratories for COVID-19. Sentinel surveillance and reporting of COVID-19 through WHO’s Global Influenza Surveillance and Response System and other global and regional influenza platforms were improved.

Promoting greater solidarity, shared responsibility and stronger collaboration among Member States regionally and globally is important and has been demonstrated in several ways. This includes timely information sharing, the exchange of expertise, the provision of technical assistance to less-resourced countries, building institutional networks, the provision of essential supplies for the response, and supporting countries to access safe, effective and quality-assured vaccines as they become available. Significant progress was made in 2020 in building risk communication capacities and systems, including strengthening work with partners at the country and regional levels, which will be useful beyond the pandemic to help strengthen health security and pave a path for the roll-out of the Communication for Health (C4H) approach in emergency situations, as outlined in For the Future. Communication materials were developed and translated into local languages to increase the understanding and uptake of the messages. In total, 341 videos, animations and infographics have been produced and shared with WHO country offices for raising awareness among the public. By the end of 2020, all countries in the Western Pacific Region prioritized for risk communication support had established listening mechanisms to better understand community beliefs and behaviours, including capturing any rumours and misinformation circulating. WHO supported social listening mechanisms in countries to understand the perceptions of the communities and feed into risk communication messages. Eighty-seven per cent of developed communications materials are based on social listening findings. Since the beginning of the pandemic, 11 countries with WHO country offices have set up and used at least one social listening mechanism for COVID-19-related insights (for example, hotline, survey, media monitoring, community feedback mechanism, polling) and three capacity-building webinars focusing on strengthening social listening systems for COVID-19 and COVID-19 vaccines were held and attended by country office staff, representatives of Member States and partners.

Output 2.2.4  Polio eradication and transition plans implemented in partnership with the Global Polio Eradication Initiative

Technical and financial support was provided to Member States to maintain and/or improve performance of acute flaccid paralysis (AFP) surveillance in line with the recommended standards, including:

(1) external in-country technical assistance to Malaysia and the Philippines to enhance the performance of AFP surveillance as part of polio outbreak response; and
(2) procurement of laboratory supplies, reagents and equipment to support laboratory testing (Cambodia, the Lao People’s Democratic Republic, Papua New Guinea and PICs).

WHO in the Western Pacific Region supported Member States to maintain polio-free status, ensure high-quality performance of AFP surveillance and high coverage with three doses of polio-containing vaccines; implement preventive polio catch-up campaigns; and continue to respond to polio outbreaks. However, due to the COVID-19 pandemic, implementation of surveillance activities was significantly affected in the first half of 2020.

The Vaccine-preventable Diseases and Immunization unit at the WHO Regional Office for the Western Pacific presented a detailed analysis of impact of the COVID-19 pandemic on the performance of routine immunization programmes, including polio surveillance, at the regular meetings of the Technical Advisory Group (TAG) on Immunization and Vaccine-preventable Diseases and the Regional Commission for the Certification of polio eradication in 2020. Based on this analysis and the review of performance of the national immunization programmes, the advisory groups developed country-specific recommendations urging national immunization programmes to boost implementation of immunization and surveillance activities and maintain recommended performance standards.

Outcome 2.3: Health emergencies rapidly detected and responded to

Health emergency detection and response have accelerated considerably throughout the COVID-19 pandemic. Programmes established under the For the Future thematic priority on health security, including AMR, have been tested and scaled up. These include the activation of emergency operations centres (EOCs), incident management support teams and simulation exercises. Regional event-based surveillance and multisource surveillance systems have been critical to predicting and identifying new outbreaks. The Strategic Regional Stockpile in Manila and improved supply chain operations – as well as partnerships with the Global Outbreak Alert and Response Network and WHO collaborating centres – have ensured timely and expanded distribution of essential supplies at crucial moments in countries’ emergency responses. WHO support to Member States has been further reinforced by expanding its COVID-19 response workforce through increased consultancies in both the Regional and country offices.

Output 2.3.1 Potential health emergencies rapidly detected, and risks assessed and communicated

Between 1 January 2020 and 31 December 2020, 832 signals of potential emergency health threats were detected through regional event-based surveillance. Of the 832 signals, 57 were verified as new public health events. Of the 57 events, 46 (81%) were attributed to infectious diseases, seven (12%) to disasters, three (5%) to food safety events and one (2%) to a significant adverse event following immunization.

WHO monitored the COVID-19 situation in the Western Pacific Region and globally using multi-source surveillance and an assessment tool for early detection of community transmission. In addition, WHO conducted COVID-19 transmission stage assessments for subnational areas in Member States in the Region and shared the information through the COVID-19 Dashboard hosted by the WHO Regional Office for the Western Pacific to support decision-making on international travel policy. Western Pacific Region Member States can find information regarding the trend of cases and deaths, subnational
transmission stages and point-of-entry measures in other Member States in the Region, so they can use this information to make their travel policy.

The WHO Regional Office for the Western Pacific coordinated modelling projects in eight countries to assess COVID-19 case occurrences. The Regional Office also provided support to the COVID-19 response at the country level through issuing practical guidance on surveillance and informed decision-making, and at the same time prepared for large-scale outbreaks. Technical support included the initial response to COVID-19; capacity-building at the national and subnational levels; fostering partnership and partners’ coordination; and taking part in global engagement and high-level WHO missions. The emergence of COVID-19 has illustrated that early detection, rapid risk assessment, timely communication and rapid response are of critical importance. While these actions are key, challenges remain with regards to sustainable and predictable financing, and human resource surge capacity to support advancing global health security.

Due to the continued and unpredictable nature of outbreaks and emergencies, the Regional Office continues to support Member States to strengthen core capacities as mandated under IHR (2005) through APSED III.

Output 2.3.2  Acute health emergencies rapidly responded to, leveraging relevant national and international capacities

In response to pneumonia of unknown origin reported by China, the incident management system (IMS) structure was quickly activated by the WHO country office in China on 31 December 2019. On 1 January 2020 a fully staffed Incident Management Support Team (IMST) was established to provide a support mechanism. Trained technical focal points for each critical function, including an incident manager, were appointed at the WHO Regional Office for the Western Pacific. The Emergency Operations Centre (EOC) at the Regional Office was officially activated on the 22 January 2020. The EOC was dedicated to COVID-19 (novel coronavirus at the time) response only. A new event was subsequently created in the internal Event Management Suite. This system is used for sharing and documenting most relevant and latest information including situation reports, epidemiological data and other important documents, such as risk assessments and internal grading forms. The system is also used for planning human resources for health, management of contact lists and tracking team tasks.

Country offices and Member States in the Region took similar steps, as the IMS has been advocated and focal points trained in the past through consultations, simulation exercises and role play. By the end of 2020, 11 country offices had an established incident management team (IMT) to respond to COVID-19, namely Cambodia, China, the Lao People’s Democratic Republic, Malaysia, Mongolia, Papua New Guinea, the Philippines, Samoa, Solomon Islands, Tonga and Viet Nam. In the Division of Pacific Technical Support, based in Suva, Fiji, a Joint IMT was established bringing together technical experts from WHO and over 20 technical and development partner organizations, based on the structures outlined in the WHO Emergency Response Framework and adapted to fit a multi-organizational and multi-country context. The joint IMT approach has helped to optimize support to 21 PICs and their national health authorities, while avoiding duplication of effort and making the best use of limited resources in a challenging logistical context. EOCs have been and remain core to the response to COVID-19 in the Region. They have been paramount in the timely sharing of information for strategic
decision-making, provision of accurate and rapid situation updates for risk assessment, and the distribution of critical resources.

The strategic Regional Stockpile in Manila, Philippines, acted as a lifeline to the most vulnerable countries in the Region by dispatching critical supplies to Member States to equip their health-care facilities in a rapid and urgent manner. The stockpile acted as a buffer while larger quantities were being procured or distributed from other sources. The first in-kind donation was dispatched on the 4 February 2020. By the end of the year, 30 destinations had been reached including hard-to-reach PICs such as Nauru, Niue, and Tokelau. During the reporting period, personal protective equipment, laboratory consumables and biomedical equipment were dispatched from the Regional Stockpile in Manila for a total value of US$ 5.2 million, weighing 53 tons and measuring over 300 cubic meters. These supplies were sent with the intention of protecting health-care workers in the Region, support clinical management, and augment preparedness levels of vulnerable countries and areas in the Region.

The regional stockpile is now equipped with a professional online inventory management system with capacities to track incoming and outgoing supplies and create automated reports and interactive dashboards.

The COVID-19 Supply Chain System was established to ensure equitable distribution of quality-assured essential supplies to Member States through WHO and partners. This system was used widely in the Region; however, delays for in supplies reaching their destination quickly became evident. To overcome this and to meet Member States’ critical gaps, the Region conducted local and regional procurement of vetted and quality-assured supplies. Border closures and additional importation procedures also played a key role in slowing down the distribution and receipt of critical supplies. WHO sought shipping options that balanced speed and cost, working with new and existing partners (for example, the World Food Programme and DHL) to ensure timely transportation and distribution.

To ensure a robust and continuous professional workforce for the COVID-19 response, vetted consultants were hired through the WHO Regional Office for the Western Pacific and WHO country offices through rosters, job announcements and technical networks, including the Global Outbreak Alert and Response Network. Thirty-five Network experts with a range of specialties have been deployed throughout the Region. Other partners, such as emergency medical teams and the Asian Development Bank have also provided critical support to the Region. These partners provided essential sources for technical staff to support the response in a range of capacities both at the Regional Office and WHO country offices throughout the Region.

In 2020, the first reported foodborne botulism outbreak in Viet Nam occurred. The coordinated action of WHO at the three levels of the Organization was essential in deploying antitoxin vials from the global stockpile and delivering them on time. Following this, WHO supported development of *Interim National Guidelines on Diagnosis and Clinical Management of Botulism*. 
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Strategic priority 3: One billion more people enjoying better health and well-being

Table 5. Strategic Priority 3: Budget, funds available and utilization for the Programme Budget 2020–2021 by outcomes, as at 31 December 2020 (in US$ millions)

<table>
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<tbody>
<tr>
<td>3.1 Determinants of health addressed</td>
<td>21.2</td>
<td>11.2</td>
<td>53%</td>
<td>6.3</td>
<td>30%</td>
<td>50%</td>
</tr>
<tr>
<td>3.2 Risk factors reduced through multisectoral action</td>
<td>21.2</td>
<td>12</td>
<td>57%</td>
<td>5.2</td>
<td>25%</td>
<td>44%</td>
</tr>
<tr>
<td>3.3 Healthy settings and Health in All Policies promoted</td>
<td>9.8</td>
<td>3.2</td>
<td>32%</td>
<td>1.9</td>
<td>19%</td>
<td>60%</td>
</tr>
<tr>
<td>Overall</td>
<td>72.1</td>
<td>53.0</td>
<td>74%</td>
<td>27.3</td>
<td>38%</td>
<td>52%</td>
</tr>
</tbody>
</table>

Outcome 3.1: Determinants of health addressed

The Region has continued to address determinants of NCDs and their risk factors, as well as food security and nutrition through multisectoral collaboration. This included coordination of a high-level meeting for road safety, development of regional action plans for food marketing and national mental health policy and legislation. During the pandemic, innovative partnerships beyond the health sector have also been formed at the country and community levels, including with United Nations partners, the parliamentarian network, academic institutions and civil society organizations.

Output 3.1.1 Countries enabled to address social determinants of health across the life course

National strategic plans, policies, guidelines and programmes aimed at addressing NCDs and their risk factors, as well as food security and nutrition, were developed throughout the Region through multisectoral collaboration, including with sectors beyond health. These include the endorsement in 2020 by the Regional Committee for the Western Pacific of the Regional Action Plan on Healthy Ageing in Western Pacific; supporting PICs to review and strengthen mental health policy and legislation; coordinating the second meeting of the Asia Pacific Network for Road Safety Legislators, focusing on policy and legislative experiences in road safety related to COVID-19 from parliamentarians’ perspectives; and developing a United Nations joint statement and guidance on nutrition in the context of the COVID-19 pandemic in Asia to support Member States on the continuation of essential nutrition interventions, especially for the most vulnerable. Further regional guidance and advocacy includes generating evidence and information on ending childhood obesity in Western Pacific Region and the implementation of the Regional Action Framework on Protecting Children from the Harmful Impact of Food Marketing.

WHO has supported a community-informed approach – accounting for experiences from the community to inform policies, practices and activities – to tackle long-standing health challenges, such as HIV and TB. Comprehensive integrated technical support was provided to governments, as well as for enabling community empowerment on prevention and control of HIV and to accelerate the progress of the national TB program towards ending the TB epidemic. COVID-19 provided an opportunity to refocus...
attention and generate momentum addressing the social determinants of health throughout the life course and reach the most vulnerable through developing new partnerships with civil society organizations and local academic institutions to identify grounds up solutions, which meet local needs, as well as enabling the establishment of the Regional Community Engagement Network.

WHO supported Member States to implement new approaches for reaching and protecting vulnerable populations by supporting the scale up of digital mental health and low-intensity psychological interventions, enhancing surveillance of suicide and protecting the well-being of young people. WHO engaged with the next generation of mental health professionals and worked with countries and partners to mount risk communication campaigns that enhance mental health literacy and promote opportunities for mental health support that reaches beyond clinical settings and into the places where people live, work, learn and thrive. These discussions informed the strategic direction of a draft regional framework for the future of mental health in the Western Pacific Region.

Output 3.1.2 Countries enabled to address environmental determinants of health, including climate change

The Technical Advisory Group (TAG) on Climate Change, Environment and Health (CCE) was established in April 2020. An informal consultation was held with six Member States in the Western Pacific Region prior to the inaugural meeting of the CCE TAG in June 2020, and a follow-up meeting was held in September 2020. The TAG identified four pillars for WHO work in 2020 on climate change, the environment and health, one of four thematic priorities in For the Future, and reviewed achievements, which are detailed in the paragraphs below.

To strengthen advocacy on health co-benefits with the aim of motivating and inspiring partners outside the health sector, WHO is developing a series of advocacy products on the health co-benefits of actions taken by non-health sectors to mitigate the impact of climate change and environmental degradation. Work is also progressing well on the development of the digital arm of the CCE Platform, which will serve as a resource for Member States and partners to access existing information and tools on CCE and share experiences.

To support countries to building climate resilient health systems (Pillar 2), WHO is developing regional guidance on building climate-resilient and environmentally sustainable health-care facilities, focusing on: (1) sustainable and safe water, sanitation, hygiene and waste management in health-care facilities; (2) resilient energy supplies; and (3) resilient infrastructure to support countries to adapt health-care infrastructure to withstand shocks and stresses caused by climate change and related extreme-weather events. The Organization is also working to strengthen its support to countries to strengthen water, sanitation and hygiene (WASH) in health-care facilities, particularly in PICs. Assessments to establish baseline information for WASH in health-care facilities were supported in a number of Member States. This is especially relevant in light of the importance of IPC in the context of COVID-19.

With regard to measuring the impact of climate change and environmental degradation on health (Pillar 3), WHO is developing a practical and simple tool to evaluate the impact of climate change on health and assess the effectiveness of measures taken to address these. In addition, situational reports on air pollution and its impacts on health were prepared in Cambodia, the Lao People’s Democratic Republic, Malaysia, Mongolia, the Philippines, Republic of Korea, Solomon Islands and Viet Nam.
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In order to apply the CCE lens to all programmes in WHO (Pillar 4), WHO has endeavoured to lead by example, for example in looking for ways to reduce the carbon and environmental footprint of our operations, as well as to engage all technical programmes in thinking about how their work will impact – and be impacted – by the effects of climate and environmental change, and to work with Member States to adapt accordingly.

Outcome 3.2: Risk factors reduced through multisectoral action

WHO’s strong partnerships with key stakeholders across sectors have provided timely, direct support to Member States under the For the Future thematic priority of addressing the increasing burden of NCDs and ageing. From implementing regional frameworks to mobilizing services during the pandemic, WHO in the Region has aided Member States in adopting NCD, alcohol, and tobacco control measures through primary care strengthening and the development of health promotion policies. NCD risk factors have also been targeted through healthy diet and anti-tobacco advocacy in schools and national policies. During the pandemic, WHO continued its guidance and service delivery to Member States, enabling distribution of critical supplies and mapping health service availability in Pacific island countries and areas. In each of these campaigns, strategic communications have been used to develop innovative materials designed for each country’s unique context.

Output 3.2.1 Countries enabled to develop and implement technical packages to address risk factors through multisectoral action

And assessment of the implementation of the Regional Framework for Action on Food Safety in the Western Pacific between 2017 and 2020 was conducted using alternative information sources, including survey and evaluation results and past meeting records. Individual videoconferences were held with officials from Cambodia, China, Papua New Guinea, the Philippines and Viet Nam. The assessment also considered the responses from questionnaires that were sent in 2019. Countries assessed included Brunei Darussalam, Malaysia and Singapore. The involvement of Member States in the International Food Safety Authorities Network and Codex Alimentarius activities, as well as available results from joint external evaluations and mission reports from 2018 and 2019 were used as references in assessing the commitment and evolution of food safety systems from Member States. The overall assessment demonstrated commitment and ongoing progress in the implementation of the Framework and showed that food safety systems are being consolidated in the Region.

In order to celebrate the World Food Safety Day 2020, a webinar was organized with the participation of partners from the Tripartite of WHO, the Food and Agriculture Organization of the United Nations and the World Organisation for Animal Health, plus the United Nation Environmental Programme and WHO collaborating centres, the China National Center for Food Safety Risk Assessment and the Singapore Food Agency. The webinar focused on the “new normal” on food safety and reached more than 1000 participants from different sectors, including from 39 countries in all WHO regions, although most participants were from Asia. The video record of the webinar is available on YouTube and it had more than 4000 views. Amid the COVID-19 pandemic, additional food safety communication materials were produced including a series of Twitter posts for shopping safely and material related to Ramadan. The shopping safely campaign was translated to local languages in Mongolia and the Philippines reaching more groups of consumers and increasing public awareness. Material produced for Facebook reached more than 190 000 users and generated more than 13 800 engagements on Twitter.
Support was provided to promote the implementation of global and regional commitments, such as the WHO Framework Convention on Tobacco Control, the SAFER technical package, and the Regional Action Framework on Protecting Children from the Harmful Impact of Food Marketing in the Western Pacific. For example, a package of materials is being developed to assist countries in taking practical steps toward implementation of the Regional Action Framework on food marketing. WHO also supported Member States with approaches for strengthening primary health care to address NCD risk factors through the development of and training in tobacco cessation protocols, patient forms and patient support tools, for example through working with countries to scale up the WHO Package of Essential Noncommunicable Disease Interventions for Primary Health Care in Low-resource Settings.

A focus was placed on ensuring access to essential services as countries prepare for and respond to the COVID-19 pandemic. Following a rapid assessment of the impact of COVID-19 on the essential health services, as noted above under Outcome 1 in the area of NCDs for example, half of all countries in the Region reported at least some disruptions to rehabilitation, hypertension management and diabetes services during the pandemic. WHO developed guidance to facilitate countries to prioritize, plan and maintain the delivery of essential service while ensuring equitable access even in remote areas. WHO also conducted an assessment of the availability and capacity to deliver intensive and high-dependency care in PICs, which informed decision-making on the procurement and urgent distribution of medical equipment. WHO also facilitated the use of geographic information system technology to map community engagement and health service availability in PICs, with guidance on the use of geographic information system technology in operational planning during the pandemic.

**Output 3.2.2  Multisectoral determinants and risk factors addressed through engagement with public and private sectors, as well as civil society**

WHO in the Region provided technical support, guidance and advocacy to various Member States on nutrition and healthy diets, including the promotion salt reduction through a multisectoral approach and engagement with key stakeholders, the elimination of trans-fatty acids, support of school health and nutrition including regulation of food marketing; support for the development and implementation of national nutrition policy, and the promotion of healthy food environment. For example, as noted above, the WHO Regional Office for the Western Pacific is developing a series of practical tools to support Member States to implement the Regional Action Framework on Protecting Children from the Harmful Impact of Food Marketing in the Western Pacific. In China and Malaysia, WHO is working with national counterparts and partners to implement strategic communications interventions aimed at reducing sodium consumption. In the Philippines, WHO supported work towards a new law banning trans-fatty acids.

WHO also maintained strategic communication aimed at raising awareness of the association between smoking and the higher risk of severe illness or death from COVID-19. Communication efforts around World No Tobacco Day highlighted the relationship between smoking and poor COVID-19 outcomes, recent industry tactics in the context of the pandemic, and how quitting tobacco can reduce risks and help the COVID-19 response. These materials were adapted in countries for their own communication efforts and shared with the network of private sector organizations and other partners through the Revolution Smoke-Free campaign.
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Outcome 3.3: Healthy settings and Health-in-All Policies promoted

WHO worked with Member States to build health systems on multiple scales, from community engagement movements to global campaigns. The For the Future operational shifts of strategic communications and health beyond the health sector were synchronized through COVID-19, anti-tobacco, NCD and injury prevention programmes utilizing partnerships with workplaces, schools and communities. Member States were supported in operationalizing health recommendations through preliminary meetings of the Technical Advisory Group for NCD prevention and control in the Region.

Output 3.3.1 Countries enabled to adopt, review and revise laws, regulations and policies to create an enabling environment for healthy cities and villages, housing, schools and workplaces

WHO worked to support the creation of healthier environments for the community, and 15 countries and areas identified important NCD-related priorities that span healthy settings, risk-factor reduction activities and improving NCD service delivery.

Using a network of private sector entities created through the Revolution Smoke-Free campaign to disseminate stories from smoke-free efforts in workplaces in various countries with the aim of inspiring further action. Together with the smoke-free stories, recent evidence around tobacco and COVID-19 was shared in an effort to call for the private sector to make their workplaces smoke-free.

This two-year campaign, which concluded in August 2020, was facilitated by one of the operational shifts highlighted in For the Future – promoting health beyond the health sector – by framing smoke-free policy as a way to improve workforce productivity and the growth of companies.

Output 3.3.2 Global and regional governance mechanisms used to address health determinants and multisectoral risks

The Tripartite composed of WHO, the Food and Agriculture Organization of the United Nations and the World Organisation for Animal Health was established in 2018 as a global mechanism to oversee action on antimicrobial resistance (AMR) across the human, animal and agriculture sector. It implements the Tripartite AMR Country Self-Assessment Survey to monitor progress in the implementation of the global and national action plans that inform the development and planning of support to countries. For example, the Tripartite group has been supporting Cambodia through the multi-partner trust fund in the implementation of its multisectoral national action plans for AMR, including for strengthening the Inter-ministerial Coordination Committee on Antimicrobial Resistance and establishment of the Monitoring and Evaluation Framework for the Multisectoral Action Plan on Antimicrobial Resistance, 2019–2023.

AMR is also in the core of APSED III. AMR is one focus area, building on established systems such as those for strengthening laboratory capacity and surveillance in the human and animal interface.

WHO continued its advocacy for multisectoral action through a campaign called Stewards for the Future: One Region, One Movement, which aims to combat AMR. WHO engaged health professionals, farmers, veterinarians and policy-makers to make pledges and take action to combat AMR. To date there are more than 250,000 pledges garnered from all across the Region, and hundreds of actions were documented and shared.
WHO is reviewing IPC systems in Cambodia, the Lao People’s Democratic Republic, Papua New Guinea, the Philippines, Solomon Islands and Viet Nam towards transitioning from a short-term response to a response that embeds IPC in existing health systems elements and processes for continued strengthening and quality improvement.

Strategic Priority 4: More effective and efficient WHO providing better support to countries

Table 6. Strategic Priority 4: Budget, funds available and utilization for the Programme Budget 2020–2021 by outcomes, as at 31 December 2020

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Approved Programme budget 2020–2021</th>
<th>Financing</th>
<th>Financing as % of approved budget</th>
<th>Utilization</th>
<th>Utilization as % of approved budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Strengthened country capacity in data and innovation</td>
<td>18</td>
<td>8.5</td>
<td>47%</td>
<td>3.7</td>
<td>21%</td>
</tr>
<tr>
<td>4.2 Strengthened leadership, governance and advocacy for health</td>
<td>34.9</td>
<td>26.5</td>
<td>76%</td>
<td>14.1</td>
<td>40%</td>
</tr>
<tr>
<td>4.3 Financial, human, and administrative resources managed in an efficient, effective, results-oriented and transparent manner</td>
<td>19.1</td>
<td>18</td>
<td>94%</td>
<td>9.5</td>
<td>50%</td>
</tr>
<tr>
<td>Overall</td>
<td>72.1</td>
<td>53.0</td>
<td>74%</td>
<td>27.3</td>
<td>38%</td>
</tr>
</tbody>
</table>

Outcome 4.1: Strengthened country capacity in data and innovation

Member States throughout the Region have made considerable advancements in data capacity and management. Investments in broad, harmonized data systems such as the Regional Data Platform, the SDG Regional Progress Report and the Healthy Islands Monitoring Framework have accelerated the use of coordinated data for comprehensive decision-making and supported the For the Future operational shift of driving and measuring country impact. New collaborations with non-traditional partners have also prompted innovative ways of collecting and sharing data, including through a grounds up approach using systematic feedback from many sources.

The COVID-19 pandemic has prompted rapid prototyping and scaling up of innovations across the world, from telemedicine and contact tracing to research capacities and new ways of working. WHO has supported Member States in navigating these sometimes-drastic changes through guidance documents and expanded partnerships, including those with entities beyond the health sector.

4.1.1 Countries enabled to strengthen data, analytics and health information systems to inform policy and deliver impacts

Working with countries to strengthen data and health information systems (HIS) is a critical aspect of supporting countries to make evidence-based decisions across the entire health system. The focus of this work was enabling countries to efficiently generate and integrate data across sources, within and outside of the health sector. The WHO Regional Office for the Western Pacific provided technical support to
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Member States in strengthening verbal autopsy and civil registration and vital statistics (Mongolia, the Philippines and Viet Nam), monitoring all-cause mortality and excess deaths (French Polynesia, the Lao People’s Democratic Republic and the Philippines), and estimating SDG indicators and data tools on UHC Index (the Lao People’s Democratic Republic and Mongolia). Advanced HIS enables countries to use accurate and robust multi-source data for comprehensive analysis and support decision-making.

WHO partnered with academic institutes, nongovernmental organizations and professional networks, and facilitated innovative use of information technology and digital health tools, to improve HIS and support decisions in countries. WHO applied new approaches to better coordinate and harmonize data support in countries by: (1) setting up of broader data group across all WHO programmes; and (2) initiating plans for improving data harmonization and capacity-building activities in countries by integrating inputs from data focal points across programmes.

A Regional Data Platform was developed to facilitate strategic data utilization for countries. Country-specific analyses of the SDGs and other country-requested health information products were produced to generate integrated information based on country priorities. Further support was provided to countries to conduct HIS initiatives that are related to their national health plans through collaboration with WHO collaborating centres.

4.1.2 GPW 13 impacts and outcomes, global and regional health trends, Sustainable Development Goals indicators, health inequalities and disaggregated data monitored

By supporting countries in using data to monitor SDG and GPW 13 targets, countries are better able to use the information for decision-making to improve their health services and health outcomes, bringing the Western Pacific closer to fulfilling the For the Future goal of becoming the world's healthiest and safest region.

WHO made progress in developing the SDG Regional Progress Report to dynamically monitor country progress towards SDG targets through collaborative consultation with country data focal points; supporting countries to explore ways to implement GPW 13 by linking country priorities to GPW 13 and SDG targets by conducting pilot studies for China and the Philippines; and conducting dynamic monitoring of country trends and progress toward global, regional and national goals, as well as the health-related SDGs. WHO also facilitated capacity-building activities based on country needs and requests, and supported data harmonization and integration of SDG monitoring. An example is the Healthy Islands Monitoring Framework for Pacific Island Countries, which was updated to better align with similar SDG indicators. There is now ongoing assistance for additional requests from PICs for review and streamlining of the framework.

4.1.3 Strengthened evidence base, prioritization and uptake of WHO-generated norms and standards and improved research capacity and the ability to effectively and sustainably scale up innovations, including digital technology, in countries

COVID-19 provided WHO with the impetus to scale up support for Member States’ research capacity and in finding innovative ways of working, especially in the guidance and application of digital technology, to meet the demands of responding to the pandemic and strengthening a longer-term evidence base for promoting healthy living and ageing, reaching the unreached, and understanding the wider health implications of climate and environmental changes.
The pandemic also provided the opportunity to help shape the emerging efforts of the WHO in the Western Pacific Region in the area of innovation. An innovation group was created at the regional level to lay the foundation, drive a culture of innovation, and support countries to identify, test and scale up innovative approaches. As a direct response to the immediate needs of COVID-19, WHO released guidance documents on digital contact tracing and telemedicine to address knowledge gaps regarding these rapidly emerging topics, arising from response efforts. These publications addressed the technical aspects of digital contact tracing and telemedicine in the context of COVID-19.

WHO used an innovation agenda-setting meeting and the first Regional Innovation Forum to raise the profile of innovation for health in the Western Pacific Region and establish collaboration with internal and external partners as the key to implementing innovation. A problem-centred, holistic, ethical and inclusive innovation approach was formulated to guide priority activities, which include research, capacity-building, and development of tools for innovation to meet Member States’ needs and expectations. The amplification of digitally enabled innovations was prioritized. WHO developed a virtual health-worker application for health promotion in older adults. This tool, first tested in China, enabled advocacy for healthy ageing for older people. Innovation strategy and solution reviews for health challenges across the region were also developed to provide opportunities for innovation in Member States.

COVID-19 shifted priorities and compelled WHO to operate with new – often virtual – ways of working. Strong collaboration with internal and external partners was key to implementing priority activities, and, overall, many activities were able to be undertaken, albeit with delays and modifications. By applying the innovation mindset of rethink, research, redesign and learn, we can continuously reflect and improve, bringing us closer to meeting Member States’ needs and expectations.

Outcome 4.2: Strengthened leadership, governance and advocacy for health

From the initial emergency response to reallocating human and financial resources, WHO’s leadership in the Region has taken steps to maintain diverse programmes while supporting Member States throughout the pandemic. Working closely with health ministers, leaders, parliamentarians, United Nations agencies and other partners has enabled effective communications and coordinated pandemic responses. These cooperative efforts were further enhanced by the adoption of the Communication for Health or C4H approach, in which communication principles and evidence-informed processes are applied to influence behaviour change.

The shared value of risk management has promoted the importance of accountability and transparency throughout the Organization. Quarterly reports and the Regional Advisory Group on Accountability and Risk help provide continuous evaluation on how WHO works to mitigate risk, while direct communication between the Regional Director, country directors and liaison officers, and ministries of health has enabled effective, accountable communication within the Region. When risk assessments concluded that some activities should be modified due to COVID-19 constraints, WHO leadership in the Region demonstrated great flexibility in workload adjustments and the implementation of a strategically "shrunk" workplan. Within this “red box” of priority activities, teams worked rapidly and creatively to scale our emergency COVID-19 responses while simultaneously implementing the For the Future enhanced ways of working and managing expanded support from partners and donors.
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The pandemic further evidenced the challenges set forth in *For the Future*, including universal health coverage and reaching the unreached. WHO has directed technical support to vulnerable populations throughout the pandemic, including a systems approach-based partnership with three other United Nations agencies for psychosocial support and infection prevention and control. Alongside the guidance of *For the Future*, the WHO Regional Office maintains its full support for applying a gender and equity lens in all its work, including developing guidance for applying a gender and equity lens to accommodate for changes related to COVID-19.

4.2.1 Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform

From the outset of the pandemic, WHO worked to support implementation of Member States’ emergency plans, based on the decades-long investments that have been made in the Region in health emergency preparedness and response through the APSED III, which has guided Member States in implementing IHR (2005). Senior management took steps to reprioritize human and financial resources, not only to support the COVID-19 response but also to ensure that important key work under other priorities of *For the Future* would be able to continue.

The Asia Pacific Technical Advisory Group on APSED, or APSED TAG, was established in 2006 to provide leadership, governance and technical advice on the implementation of the original Strategy (*Asia Pacific Strategy on Emerging Diseases*) to the Member States of two regions, the South-East Asia Region and the Western Pacific Region. The APSED TAG convenes annually bringing together Member States and partners to monitor the overall implementation of APSED and IHR (2005) and to provide technical advice on priority actions for implementation. The APSED TAG meetings also provide a forum to share key achievements, lessons and best practices across countries in the two WHO regions. The continuous discussion has produced a series of recommendations and generated several key principles and approaches including a step-by-step systems-building approach, implementation tailored to the country context, learning for continuous improvement, the APSED two-tier approach, and partnership for collective action.

At the 2020 APSED TAG meeting, the epidemiological situation and response of the Member States in the first six months of the COVID-19 pandemic were reviewed. The meeting concluded that the long-term investments through APSED III and its earlier iterations and implementation of TAG recommendations were instrumental in the COVID-19 response, allowing countries to initiate early and rapid response. After the TAG meeting in 2020, based on the TAG recommendations, WHO has continued to support Member States response and facilitate information sharing, thereby supporting Member States to continue learning and improve their response to COVID-19.

In order to ensure the effectiveness of the regional COVID-19 response, WHO leadership stepped up its engagement with ministers and senior health leaders in the Region, parliamentarians, other partners and agencies, and IHR (2005) focal points to share experiences, strengthen communications, build solidarity, and provide technical guidance and advice across the Region.

At country level, WHO leaders and senior management worked hand in hand with ministries of health and other government counterparts, United Nations agencies and other partners to ensure effective
preparations for responding to community outbreaks and – should it be necessary – more widespread community transmission of COVID-19, and to respond effectively when events did occur.

Greater usage of strategic communications requires moving away from a focus on outputs, towards a focus on the outcomes and impact of communications. To fully leverage the power of strategic communications, WHO in the Western Pacific Region a has adopted an approach called Communication For Health (C4H) which draws on communication principles and evidence-informed processes to change attitudes and behaviours of individuals, communities and policy-makers. In 2020, WHO advanced implementation of C4H by applying C4H principles to our own communications on COVID-19 and our support to Member States in this area, for example, by scaling up use of multi-source “social listening” to better calibrate communication interventions to our audience. In December 2020, WHO also hosted the first-ever meeting in the Region of Member States on the C4H approach, focused on how WHO and Member States can work together to strengthen use of strategic communications in the Region, building on experiences in the context of COVID-19.

4.2.2 The Secretariat operates in an accountable, transparent, compliant and risk management-driven manner, including through organizational learning and a culture of evaluation

In For the Future, the Secretariat pledged to mainstream accountability and risk management in decision-making and planning. The Secretariat also promised to put accountability foremost in delivering on our mandate from Member States. To achieve this, we are fostering a culture of risk management in everything we do, as a shared value across the Organization. Several mechanisms related to this have been instituted, including a quarterly report that monitors and analyses compliance on a range of key performance indicators and business processes, helping the Region’s internal Advisory Group on Accountability and Risk to identify recommendations for improving accountability. Continuous risk review and assessment are also undertaken during every stage of operational planning. COVID-19 provided an additional and unique opportunity to directly engage with staff to learn about and utilize risk management.

To improve accountability, COVID-19 was used as an opportunity to increase communication with Member States through WHO country offices and direct engagement of the Regional Director for the Western Pacific as the local situation required, weekly meetings of the Regional Director with WHO representatives and country liaison officers, regular meetings between the Regional Director and Pacific island ministers, and regular video conferences between the Regional Director with each ministry of health to discuss the challenges, ongoing response efforts and expedited WHO support measures. For instance, in 2020 the Regional Director held about 20 meetings with PICs alone. The Region’s Programme Committee met more frequently to review the status of work for both streams of accountability – WHO’s emergency COVID-19 response in the Region, and the base programme budget implemented as a “shrunk” workplan that included critical core outputs and deliverables, guided by the For the Future vision and regularly monitored and updated it to align with the evolving COVID-19 situation.

In terms of workload, a noticeable increase was observed for almost all the countries across all areas of enabling functions. Overall transactions substantially increased and so did the number of procurement requests that exceeded the threshold of the delegation of authority for country offices. Human resources capacity was challenged, and resources were stretched to deliver in a highly challenging work environment, further complicated by COVID-19 lockdowns and travel restrictions.
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In some cases, risk assessment highlighted that the modalities available for implementation of some activities could not be undertaken safely or would not satisfactorily achieve the objectives, given the current constraints. In these situations, modalities for implementation were changed, and activities were either expedited, by leveraging the environment created by COVID-19, suspended or deferred. This was an iterative process: risk assessments of activities included in the shrunk workplan were regularly updated to consider the changing COVID-19 situation and available implementation modalities.

4.2.3 Strategic priorities resourced in a predictable, adequate and flexible manner through strengthening partnerships

COVID-19 underscored the need for WHO to work with a variety of partners across sectors. The WHO in the Western Pacific Region gained many new partners and donors during the COVID-19 pandemic and saw increased support from existing ones.

Throughout the pandemic, WHO worked to develop innovative partnerships, as well as leverage and strengthen existing partnerships, ranging from partnerships with logistics companies such as DHL for shipping essential supplies to the Pacific to new partnerships with academic institutions in the Region to scale up genomic sequencing, and to expanded partnerships with Facebook and other social media platforms to combat misinformation about COVID-19. WHO country offices have also been an important driver of new partnerships that contribute to the For the Future vision. The capacity of the WHO Regional Office for the Western Pacific to produce high-quality communications products aimed at increasing visibility and clearly demonstrating WHO’s value to partners has been strengthened during the COVID-19 pandemic. Several external reports and documents were produced that tell the story of the Organization’s work in the Region over the past year.

WHO in the Region is close to implementing WHO’s new Contributor Engagement Management System, which will optimize management of donor relations and resource mobilization efforts across the three levels of the Organization. Following input from both WHO country offices and the Regional Office into the development stage of the project and the strengthening of project management capacity in the Region, WHO is well-positioned in the Region to adopt this new way of working. Effective management of funds, coordination and the awareness of new opportunities are pivotal to effectively utilizing and mobilizing resources in the Region, especially during an ongoing emergency. Direct support has been provided to WHO country offices to develop high-quality reports and strengthen internal processes.

4.2.4 Planning, allocation of resources, monitoring and reporting based on country priorities, carried out to achieve country impact, value-for-money and the strategic priorities of GPW 13

For the Future thematic priorities and operational shifts were operationalized in work planning for the 2020–2021 Programme Budget. This resulted in 147 approved workplans in the current biennium, which is a 13% reduction from 169 approved workplans in 2018–2019 Programme Budget. In the first quarter of 2020, the trajectory of WHO work in the Western Pacific Region changed immediately in line with COVID-19 preparedness and response. Reprioritized workplans were developed and labelled “shrunk” plans, also known the “red box”. The shrunk plans focused on activities for supporting the continuation of essential services, ensuring no setbacks in last-mile disease elimination efforts, strengthening core health system components that can drive more effective COVID-19 responses, ensuring progress on
thematic priorities and Member State health priorities that cannot be postponed, and supporting governance efforts to ensure that WHO continues to be accountable to Member States and donors.

The implementation of the shrunk plans was closely monitored through the regional Programme Committee, which increased the frequency of its meetings in 2020 to also ensure that resources remain well aligned with the priorities of the Region and Members States.

4.2.5 Cultural change fostered and critical technical and administrative processes strengthened through a new operating model that optimizes organizational performance and enhances internal communications

Reflecting Region-specific circumstances, capacities and challenges, For the Future sets out seven operational shifts for enhanced ways of thinking and working, together with a number of enablers for strengthening WHO’s work in countries and ensuring efficient management, administration and accountability. Effective internal communications also represent an important enabler to promote cultural change and to facilitate the alignment of all staff around the new strategic direction and vision for the Region, which is more critical than ever during an ongoing emergency.

The operational shifts adopted under For the Future helped facilitate scaling up the systems capacity needed to address COVID-19. Agile teams, drawing on repurposed staff across all divisions, expedited the development and testing of tools for contact tracing, generated evidence-based models for the new normal and formulated innovative tools for new ways of delivering health services for all.

Most planned activities under the shrunk plans were able to be undertaken, with some alteration to the means and modality by which they were implemented. The Region leveraged the established processes and working relationships of existing internal networks (the Regional Administrative Network and the Programme Management Officers’ Network) to advance the COVID-19 response. A significant number of administrative and managerial processes were adjusted or strengthened to support an effective COVID-19 response, while endeavouring to ensure that important non-COVID-19 activities were able to continue as much as possible.

4.2.6 “Leave no one behind” approach focused on equity, gender and human rights progressively incorporated and monitored

Four United Nations agencies (WHO, the International Organization for Migration, the United Nations Population Fund and the United Nations Children’s Fund ) implemented a joint programme to protect returning migrants and host communities both from the risk of a large-scale transmission of COVID-19 and to provide essential socioeconomic services. WHO has been providing technical support to ministries of health on mental health and psychosocial support for returning migrants and vulnerable populations. The WHO Regional Office for the Western Pacific published the Disability-inclusive Health Services Toolkit: A Resource for Health Facilities in the Western Pacific Region to guide the removal or reduction of barriers for people experiencing disability. This work focused on taking a systems approach, addressing data-related barriers for people with disability, workforce quality and training, health system infrastructure, communication and service delivery.

A Regional Panorama on COVID-19 and Groups Living in Vulnerable Situations was drafted and captures the latest data among the specific vulnerable groups, including gender and minorities,
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indigenous and ethnic minorities, slums and informal settlements, rural and remote locations, people experiencing homelessness, closed facilities, emerging vulnerabilities, refuges and people with disabilities. The findings and recommendations from this Panorama will be incorporated into the social transformation strategy, which has also been drafted, as a joint strategy. A Reaching the Unreached regional framework was drafted to ensure specific inclusion of issues related to people with disability. This technical support has ensured that people with disability are explicitly included among the identification and analysis of unreached populations, ensuring that modalities to address the barriers that keep services from reaching those who need them include modalities that are inclusive of people with disability.

Guidance was prepared on COVID-19 risk mitigation for people with disability and their support workers and families across PICs to reduce the risk of transmission for people with disability. Applying a gender and equity lens is a core component of For the Future, and WHO in the Region continues to champion this approach. In 2020, the Regional Office continued work to support teams within WHO to apply a gender and equity lens to their own work.

Outcome 4.3: Financial, human, and administrative resources managed in an efficient, effective, results-oriented and transparent manner

As WHO worked to support Member States in COVID-19 response, the Regional and country offices quickly adapted to flexible and virtual work environments to maintain safety, efficiency and accountability. Consistent communication within and between regional and country office teams enabled transparent monitoring and planning of the dynamic financial consequences of the pandemic. Staff members throughout the Region took on new tasks and assumed new roles as the pandemic changed human resources priorities. Staff development and learning sessions promoted online professional development through these transitions, while the WHO offices in the Region continued to hire new staff with an emphasis on gender equity.

Shifting work environments increased focus on safety and security, both online and in person. The rise in remote work done during the pandemic shined a light on the potential vulnerabilities in the Organization's data security systems, prompting WHO Information Technology teams to introduce more secure ways of sharing information. Teleworking tools were rapidly adopted as meetings, including the session of the Regional Committee, were increasingly held online. WHO also maintained safe and efficient physical workspaces through expanded safety protocols, close monitoring of renovation projects and updates on business continuity plans. Through careful planning and effective implementation of security measures, WHO in the Western Pacific Region was able to remain open throughout the pandemic.

4.3.1 Sound financial practices and oversight managed through an efficient and effective internal control framework

The evolution of the COVID-19 pandemic in early 2020 meant that the Western Pacific Region had to review and make quick adjustments in its work approach to ensure both the Regional Office and WHO country office technical teams were effectively supported by enabling functions, including finance. Several innovative working approaches aimed at enhancing efficiency and increasing accountability were employed such as electronic approval of documents and the use of virtual platforms that resulted
in timely collaboration, a reduction of the Organization’s carbon footprint and reduced travel costs. Flexible working arrangements for staff were defined depending on the individual staff situation and office needs, thereby promoting safe and healthy work environment at end of the year with no outstanding audit recommendations; no overdue Direct Financial Cooperation agreements; and timely reconciliation and achievement of an “A” rating for all the 38 Imprest accounts.

Flexibility was exercised with regard to the approval of extension requests for programmes in which implementation was delayed by government-mandated lockdowns and travel restrictions. Strong collaboration and regular dialogue between Budget and Finance team at the Regional Office and country office programme administrative and programme management officer groups enabled efficient and effective delivery. This engagement also helped to ensure that all administrative staff stay abreast of policy revisions and that transactions are processed in compliance with financial rules and procedures. Strong due diligence by the WHO Regional Office for the Western Pacific and timely action by WHO country office staff resulted in strong financial performance.

The financial risks brought about by the changed operational environment due to COVID-19 were mitigated through enhanced monitoring and planning in several areas. For example, regarding programme budget implementation, the Programme Committee in the Region met more frequently and focused on strategic issues. It provided direction on the work for both streams of accountability – base programme budget (shrunk workplan of prioritized activities) and the COVID-19 response.

### 4.3.2 Effective and efficient management and development of human resources to attract, recruit and retain talent for successful programme delivery

Staff development is one of the key enablers necessary to deliver the change agenda as articulated in *For the Future*, and it is a priority in the Region.

To respond quickly and effectively to the COVID-19 emergency, the WHO Regional Office for the Western Pacific utilized an approach of repurposing of staff, that is assigning staff members to different tasks and jobs, as well as rotating staff across the Region. These approaches provided staff with the opportunity to learn new areas, unleash their potential and identify hidden talents, as well as to see themselves from different perspectives and progress in their career development, both horizontally and vertically.

Despite the shift in priorities and changed work environment, staff development and learning initiatives were initiated and implemented. These included through finalization of the Regional Office and WHO country office “induction packages” for final review and dissemination across the Region in 2021, continuation of the Regional Mentoring Programme, rolling out the online Executive Coaching Programme for senior leaders and managers that will begin in 2021 and continue through 2022, the development and dissemination of a Catalogue of Learning Resources to all staff in Western Pacific Region, and the organization of a number of online learning sessions and webinars for staff in all categories. The WHO Regional Office for the Western Pacific published 56 vacancy notices and completed 38 selections for both international and local positions. Service orientation was demonstrated in the timely assistance and advice given to staff with respect to the implementation of special measures or an adjustment in human resources policies impacted by the COVID-19 pandemic. The representation of women in Western Pacific Region has increased further, at 55% by the end of 2020, up from 51% the previous year. Gender is considered in Western Pacific Region selection processes and hiring decisions,
which positively contributes to WHO’s diversity targets. the Western Pacific Region also fully supports participation of female staff in leadership courses as part of learning and career development. These promote and contribute to a culture of gender equality.

Proper planning and scheduling of staff reporting for work in the office was adapted so that staff could have faster access to files, records and systems for reporting purposes and to carry out their work. Conduct of face-to-face recruitment and selection activities was challenging since most staff members are not physically present in the office or panel members are unavailable due to priority given to COVID-19 response. The team continued to learn and improve virtual recruitment processes with an eye on efficiency and sustainability.

4.3.3 Effective, innovative and secure digital platforms and services aligned with the needs of users, corporate functions, technical programmes and health emergencies operations

The COVID-19 pandemic in 2020 introduced new ways of working to support the various teams to achieve their objectives: 95% of infrastructure security vulnerabilities identified by the KPMG Global Information Security Assessment and the WHO headquarters Information Technology Security team were addressed and closed off; the security endpoint detection and response system was deployed on 97% of computers in the Region; and as part of the “Go Green” and digitization regional strategy, the WHO Regional Office for the Western Pacific introduced and piloted innovative ways to reduce its carbon footprint and facilitate teleworking through electronic signature processes for PDF documents, the eWorkflow system and DocuSign for documents requiring signatures with external partners and WHO.

To facilitate new ways of working due to the COVID-19 pandemic, the WHO Regional Office for the Western Pacific accelerated the rollout, briefing and support for teleworking tools such as SharePoint, MS Teams and OneDrive; supported the increased load of virtual meetings in the Region with the major highlight being the first-ever fully virtual annual session of the WHO Regional Committee for the Western Pacific; and developed and supported application systems and website updates for COVID-19 data management and information dissemination.

The COVID-19 pandemic impacted implementation of planned activities for the year, and a number of adjustments had to be made to ensure that the required support was provided to technical teams to respond to the pandemic and deliver other critical work to advance the For the Future vision in a different working environment and with different arrangements. The pandemic also shifted attention to WHO in the cyberspace, and this resulted in increased attempts to hack into WHO’s systems and virtual meetings, reinforcing the need for increased investment in human resources, process improvements, intelligent infrastructure and systems by the organization to continue to thwart cybersecurity threats.

4.3.4 Safe and secure environment, with efficient infrastructure maintenance, cost-effective support services, and responsive supply chain, including duty of care

COVID-19 made for a challenging year in 2020, but it was also the year for opportunities and initiatives to be implemented to enhance efficiency and improve processes – to support and enable the COVID-19 response, as well as deliver on our commitments to implement the For the Future vision.
Safety protocols in offices were introduced and strictly implemented to ensure safe working environments for staff physically present. Due diligence took place in support of travel for staff and consultants, with all possible travel routes explored. This was especially the case for COVID-19 responders in the context of travel restrictions, flight unavailability, frequent flight cancellations and strict travel requirements.

Renovation projects were completed with great care, despite delays and challenges posed during COVID-19. Timely and efficient support was provided for all steps in the supply chain: quotation collection; fast tracking the approval process; close monitoring and coordination for the clearance process for incoming shipments and timely and close coordination and monitoring for the dispatch and delivery of outbound shipments; and leveraging internal networks like the Regional Administration Network. Business continuity plans were reviewed and updated to ensure office preparedness, especially in the context of COVID-19. Efficient and responsive services were provided.

To deliver on its early decision to keep its offices open, WHO in the Western Pacific Region considered how to do so while ensuring a safe working environment for staff; maintaining and promoting efficiency at work (and in a work-from-home set-up) while adapting to a new normal with more virtual interactions taking place; and ensuring that goods were ordered and delivered in a timely way in the context of goods scarcity, concerns around quality and limited shipping options. Preparation and planning were very important. Procurement plans were in place that provided early information on needs of goods for necessary actions. Close monitoring and coordination throughout each step of the procurement process were keys to ensuring that timely actions were taken. Due diligence, close coordination between internal networks and teams, and risk assessment in all steps in procurement and other aspects of office operations helped avoid or mitigate all possible risks from the early stage in a proactive manner.
2. Output scorecard

2.1 Methodology

The new Output Scorecard was launched across WHO to assess the work of Secretariat against each output that contributes to achieving the outcomes and impacts of GPW 13. Each of the 41 outputs relevant to Western Pacific Region were assessed using the methodology agreed upon with Member States in line with resolution WHA72.1 (2019) on the Programme Budget 2020–2021.

The Western Pacific Region’s achievements against each of these 41 outputs were assessed using five dimensions:

- effective delivery of technical support at the country level;
- effective delivery of leadership in health;
- effective delivery of global public health goods;
- impactful integration of gender, equity and human rights; and
- delivering value for money.

These dimensions were then assessed using a standard scoring scale:

1. emergent
2. developing
3. satisfactory
4. strong.

This represents a major shift in the monitoring and reporting of the Programme Budget 2020–2021 across WHO, including Western Pacific Region. All budget centres, including units of divisions and country offices, applied the methodology to assess their work as a team and report their assessment of how their work is achieving the outputs through a standardized scoring methodology. Each of the budget centres also reflected on its achievements and risks, challenges, and lessons identified.

The reports prepared by budget centres, including units of WHO divisions and country offices, were discussed and consolidated for the final assessment conducted by the output delivery teams in the WHO Regional Office to obtain – and provide – a regional view of the progress and performance in delivering the outputs midway through the biennium. The final assessments are reported in detail in the full Results Report published together with other major offices on the WHO website.
2.2 Brief summary and description of progress and performance of the Regional Office for the Western Pacific in delivery of the outputs midway through the biennium that are assessed by six dimensions using a standard scoring scale

Table 7 summarizes number and percentage of outputs against each scoring scale by five dimensions in the Western Pacific Region and globally.

Table 7. Output assessment by scoring scale, by dimensions

<table>
<thead>
<tr>
<th>Per Scoring scale</th>
<th>Technical support</th>
<th>Leadership</th>
<th>Global goods</th>
<th>GER</th>
<th>VfM</th>
<th>Average</th>
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</thead>
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<tr>
<td>Strong (score of 4)</td>
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<td>Global</td>
<td>WPR</td>
<td>Global</td>
<td>WPR</td>
<td>Global</td>
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<tr>
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<td>5</td>
<td>3</td>
<td>9</td>
<td>9</td>
<td>13</td>
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<tr>
<td>Emerging (1 or less than 2)</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>41</td>
<td>42</td>
<td>41</td>
<td>42</td>
<td>39</td>
<td>42</td>
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</table>

GER = gender, equity and human rights, VfM = value for money; WPR = Western Pacific Region

For the dimension of **Effective delivery of technical support at the country level** (average score of 3.45), the assessment found that the repurposing of WHO staff and the fact that the countries diverted their focus to the COVID-19 crisis had affected the effective delivery of technical support in countries as planned during the operational process that occurred before the beginning of the biennium. However, in early 2020, the **COVID-19 Corporate Strategy for the Regional Office for the Western Pacific** provided direction in rethinking priorities and operational mechanisms, guided by five corporate objectives: (1) respond to COVID-19; (2) leverage health systems; (3) drive the For the Future vision; (4) partnerships; and (5) learn and improve. Activities were assessed for their priority, risks and feasibility. As a result, some activities could be accelerated in their implementation while others, not linked to COVID-19, still needed to be implemented, thus the “shrunk” workplans. In the meantime, those activities that did not fit in the shrunk workplans have been postponed and will be implemented when the situation permits, thus largely ensuring attainment of objectives for effective delivery of planned technical support to countries under the COVID-19 context.

For the dimension of **Effective delivery of leadership in health** (average score of 3.50), the assessment shows that the WHO Regional Office for the Western Pacific has led the strengthening of health information systems through effective partnerships across all three levels of WHO, other nongovernment organizations, academia and professional networks in the Region. The Regional Office has also consistently shown credibility, integrity and flexibility in its work to enable and serve countries, and it made effective and regular use of strategic communication and advocacy tools, resulting in health topics relevant to the output being placed high on the agenda in most planned major events or policy dialogue platforms. The main issue that needs to be addressed is to improve the ability to mobilize sustainable funding for delivering work that is persistently underfunded for many priority programmes both at the
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regional and country levels and to further expand the use of C4H in the Western Pacific Region, especially at the country level in line with *For the Future*.

For the dimension of **Effective delivery of global public health goods** (average score of 3.23), the assessment shows that the WHO Regional Office for the Western Pacific has utilized the global goods effectively in its attainment of the thematic priorities of *For the Future* in the Region and uses global policies and guidelines to guide the development of actions and interventions in countries, which includes the *Global Action Plan on Antimicrobial Resistance*, AMR surveillance, guidance for antimicrobial stewardship and the Essential Medicines List.

For the dimension of **Impactful integration of gender, equity and human rights** (average score of 2.93), the assessment shows that WHO in the Western Pacific Region has initiated a process of having staff use a gender lens. Across the Region, staff have begun discussing how to systematically consider the impacts of gender on their work and the impacts of their work on gender. This is an approach that shifts away from complex tools and focuses on helping staff to ask the right questions, and the assessment also noted there was no GER data collected as a result of innovation regionally, and still generally few disaggregated data, which tend to be collected infrequently from population surveys, as well as weaknesses in the integration of GER in the work to deliver outputs. Therefore, there is a need to make efforts to engage all budget centres at regional and country levels in an effort to integrate GER in their work in order to achieve the output.

For the dimension of **Delivering value for money** (average score of 3.34), the assessment shows that with the early actions taken by the WHO Regional Office for the Western Pacific under the shrunk workplans, resources have been used optimally, to the extent possible given multiple competing priorities. In addition, the principles of equity have been consistently applied in the WHO Regional Office and country offices through regular programme budget implementation reviews. Gains in efficiency have been made with the use of virtual meetings in lieu of physical meetings, which have helped to continue collaboration within and outside WHO. There is also a need to continue communicating and operationalizing value for money in all transactions by all staff.

Overall, the average score for all five dimensions were assessed to be **satisfactory** (score over 3).

Table 8 summarizes the Western Pacific Region’s overall outputs scorecard results for each output and dimension, and for overall average per dimension.
Table 8. Western Pacific Region output scorecard results by outputs and dimensions

<table>
<thead>
<tr>
<th>Output Numbers</th>
<th>Technical Support</th>
<th>Leadership</th>
<th>Global Public Health Goods</th>
<th>Gender, equity and human rights</th>
<th>Value for money</th>
<th>Total Average per Output</th>
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Note: Those without scores indicate that particular dimension was considered as not applicable.
Annex 1

<table>
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<tr>
<th>Category</th>
<th>2018–2019 Programme Area</th>
<th>1 - One billion more people benefiting from universal health coverage</th>
<th>2 - One billion more people better protected from health emergencies</th>
<th>3 - One billion more people enjoying better health and well-being</th>
<th>4 - More effective and efficient WHO providing better support to countries</th>
<th>Total</th>
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