REPORT OF THE REGIONAL DIRECTOR

The work of WHO in the Western Pacific Region
1 July 2020 – 30 June 2021
Cover photo: A vendor in Moorea, French Polynesia offers a traditional flower welcome wreath in March 2021.
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I am pleased to present my third report to Member States on the work of the World Health Organization (WHO) in the Western Pacific Region, covering the period 1 July 2020 to 30 June 2021.

This has been another unprecedented period as, sadly, the COVID-19 pandemic continues to have a devastating impact around the world.

While our Region had fared comparatively well until recently, as we were finalizing the preparation of this report, several countries in the Region were experiencing surges in cases – in part driven by the Delta variant – and our share of global cases and deaths was rising sharply. As we continue our work supporting countries to respond to these challenging circumstances, we are always mindful that behind each number is a person and a story – someone’s daughter, son, mother, father, partner, brother, sister, colleague, friend. I express my sincere condolences to all those who have lost someone.

The surge in cases we have seen this year in several countries is a stark reminder, if one was needed, that the pandemic is far from over and that we have a collective imperative to remain vigilant. But even with our best efforts, it now seems very unlikely that globally the virus will disappear. Accordingly, it is crucial that we remain focused on using all the tools we have at our disposal – public health and social measures, personal protective behaviours and vaccines – in combination to reduce transmission as much as possible, protect health services and health-care workers and, as far as possible, avoid the emergence of new, more dangerous variants.

Furthermore, since the second half of 2020, we have also been working hard to support countries to access safe and effective COVID-19 vaccines, and to roll these out, especially to priority populations including health-care workers, older people and those with health conditions that predispose them to getting very sick from COVID-19.

At the same time, as important as COVID-19 is, it is far from the only health challenge our Region faces. While the pandemic continues, people are still at risk of – and dying from – noncommunicable diseases. The climate is still changing, posing serious health risks to people in many parts of our Region. Antimicrobial resistance remains a major threat. And too many people – especially in disadvantaged and vulnerable groups – continue to be afflicted by infectious diseases that we know how to prevent and control. All of these challenges pose huge risks to our health in the future, if we don’t take action to change the future today – which is why Member States asked us to prioritize addressing these challenges when they endorsed
the For the Future vision two years ago. Our work in these areas continues, albeit, as this report explains, with some plans changed by the ongoing pandemic and response.

While many things in the world have changed dramatically in the past two years, some things have not, including our Region’s strong, unifying belief in the importance of health for a sustainable future – an idea that is at the heart of For the Future, and which I believe makes our shared vision more relevant now than ever before. As a result of the COVID-19 pandemic, it has never been clearer that health, the economy and the broader well-being of societies are inextricably linked. There is now a greater appreciation of the intrinsic relationship between – and the interconnectedness and interdependence of – health and all other aspects of social and economic development. COVID-19 has made us all rethink our roles in looking after not only our own health, but also the impact of our actions on the health and well-being of others.

As we approach the third year of COVID-19, I believe we have a responsibility to continue to think carefully about what we have learnt during the pandemic – and use these lessons to ensure that we emerge stronger and build a new future based on healthier, safer and more sustainable societies. This will continue to be my driving focus.

In concluding this message, I would like to express my sincere appreciation to the millions of health professionals and other essential workers around our Region and the world who continue to work so hard during the pandemic to look after the sick, and to keep the rest of us safe. I also sincerely thank all WHO staff in the Region, as well as our ministry of health colleagues in countries, who, with care and compassion, have been working so hard on the response. We owe you all our deepest gratitude.

I thank Member States for your continued trust in me to lead WHO’s work in the Western Pacific Region as – despite our current challenging circumstances – we keep working towards making the Western Pacific the healthiest and safest region in the world.

Takeshi Kasai, MD, Ph. D.
Regional Director
October 2021

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Executive summary

Member States in the World Health Organization Western Pacific Region unanimously adopted For the Future: Towards the Healthiest and Safest Region in 2019 as the vision for delivering better health to the Region’s 1.9 billion people in the coming years. At the time, no one could have known that the emergence of a deadly coronavirus months later would create the greatest public health emergency in more than a century, accelerating the arrival of the challenges set out in the For the Future vision.

Worldwide, there were 171,346,005 confirmed cases and 3,407,090 deaths from the coronavirus disease 2019 (COVID-19) from 1 July 2020 to 30 June 2021, the period of this report. Meanwhile, the Western Pacific Region had 3,337,898 confirmed cases and 47,142 deaths, with cases reported in 26 of the 37 countries and areas of the Region. Overall, the Region fared relatively well, largely due to the many years of diligence in strengthening emergency preparedness and response.

Over the past year, WHO repurposed staff and reprioritized work across the Region to bolster support for Member State preparedness and response efforts. WHO also took steps to shrink its workplan for 2020 and 2021 by identifying priority activities that supported COVID-19 response efforts and the continuation of essential services (as well as “last-mile” disease elimination efforts) while strengthening core health system components and progress on implementation of For the Future. Throughout the year, WHO also continuously updated guidance for governments and populations to anticipate risks and take actions to minimize the impact of the pandemic.

WHO support for Member States in the Region focused on responding in countries and areas to control the epidemic and minimize health and social impacts; leveraging the whole of the health system and WHO for the response; driving implementation of For the Future thematic priorities and new ways of working; forging new and strengthening existing partnerships, which were particularly important in getting vaccines and needed supplies to remote parts of the Region; and learning so that the Organization and Member States improve their capacities and responses.

Throughout the pandemic, WHO leadership in the Region has put in place processes to improve accountability:

A nurse in Guam visits homebound patients in February 2021. As the COVID-19 response has progressed, she and other nurses have visited homebound patients to administer vaccines to them and their caregivers.
to ensure WHO is **doing the right things**, as well as **doing things right**. A risk-management approach has enabled WHO support while ensuring ongoing learning and improvement in tackling pandemic challenges and working towards the *For the Future* vision.

**Division of Health Security and Emergencies**

The Division of Health Security and Emergencies (DSE) – as part of WHO Health Emergencies Programme (WHE) – has worked tirelessly in supporting Member States in their COVID-19 response. At the same time, DSE has continued to assist countries and areas in the Western Pacific as they respond to other public health emergencies, including outbreaks of influenza and botulism, and disasters such as floods, tropical cyclones and volcanic eruptions.

WHO and Member States recognize that even as they respond to the COVID-19 pandemic, they need to prepare for the next public health emergency or pandemic. The *Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED III)* and its earlier iterations serve, as they have for more than 15 years, as the Region’s action framework to support countries and areas to strengthen health security capacities under the International Health Regulations (2005). The APSED III principle of “continuous learning for improvement” has been applied to all of our efforts.

DSE organizes the annual meeting of the Asia Pacific Technical Advisory Group on APSED, which at its 2021 meeting recommended priority actions to control the pandemic, including more sophisticated diagnostics and surveillance, as well as the development of a biregional health security action framework for 2030 and beyond.
In response to the pandemic, the regional Incident Management Support Team and country-level Incident Management Teams have been connected through the regional Emergency Operations Centre, working closely together as divisions and units at the WHO regional and country offices do, to improve the collective response to the pandemic. Since severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) was first reported in January 2020, laboratory diagnosis capacity has been significantly advanced in the Region.

DSE is also collaborating with experts and Member States to produce a manual for the mitigation of risks related to food safety, zoonoses and human-to-human transmission of COVID-19 in traditional food markets in the Asia Pacific region.

**Division of Programmes for Disease Control**

The Division of Programmes for Disease Control (DDC) works in close collaboration with Member States and partners to provide technical support and develop strategies to combat infectious diseases and to strengthen the management of noncommunicable diseases (NCDs). The Division plays a special role in addressing the **For the Future** priority of reaching the unreached – those in hard-to-reach and underserved communities who are often the Region’s most vulnerable.

Since COVID-19 vaccinations started in late 2020, there has been an acceleration in the implementation of strategies detailed in the Regional Strategic Framework for Vaccine-preventable Diseases and Immunization in the Western Pacific (2021–2030), endorsed in October 2020 by the Regional Committee. Over the past year, DDC has worked with Member States and experts to develop a country-focused, multisectoral draft **Western Pacific Regional Framework to End TB (2021–2030)**, for consideration by the Regional Committee this year. In a further effort to improve the health of the Region’s most vulnerable, the Division is working with Member States, experts, stakeholders and a regional taskforce to compose a draft framework on reaching the unreached in the Western Pacific.

WHO in the Region has also supported targeted countries to strengthen, accelerate and reorient health systems to integrate disease management into existing strategies, with DDC playing a critical role with Member States to ensure the continuation of essential services during the pandemic.

**Data, Strategy and Innovation group**

The Data, Strategy and Innovation (DSI) group at the WHO Regional Office supports Member States in their efforts to improve the capacity of their health information systems to better inform strategic and evidence-based decision-making, and to identify new approaches to harness innovations in health-care delivery. One such innovation has been the new Health Futures Strategic Dialogue approach, which enables Member States to envision a healthy future situation and use “backcasting” – working backwards from a longer-term goal – to identify the best approaches to reach that vision.

When COVID-19 emerged, the DSI group prioritized activities that directly impacted the pandemic response, working closely with the revitalized Technical Advisory Group on Universal Health Coverage and other advisory groups. In addition, over the past year, WHO has worked with Member States to implement the **Regional Action Plan on Healthy Ageing in the Western Pacific**, which the Regional Committee endorsed in October 2020.

Making better use of better data is at the core of the group’s work, which supports Member States as they expand the use of integrated multi-source data for decision-making, with the COVID-19 pandemic further highlighting the need for strategic and integrated health information from multiple sources. One of the key deliverables of the DSI group is the Western Pacific Regional Data Platform, set to launch later this year, which compiles and integrates multi-source data from global, regional and country channels.

**Division of Healthy Environments and Populations**

The Division of Healthy Environments and Populations (DHP) works with Member States and partners to promote healthy environments and address the “upstream” drivers of poor health, as well as the broader social determinants of health such as gender and inequity. Promoting and creating environments that enable equitable and sustainable health outcomes is an important foundation for health and socioeconomic recovery from the COVID-19
pandemic. In addition, DHP works closely with Member States to combat NCDs and support healthy ageing, both For the Future priorities.

As people with NCDs are more vulnerable to severe disease and death from COVID-19, DHP prioritizes work to support countries to take evidence-based, cost-effective actions to prevent NCDs through addressing modifiable risk factors, such as tobacco use. To address health issues caused by environmental factors, the Division works to help ensure countries and communities are well prepared to face a changing climate and environment. DHP is also building a new approach to mainstreaming gender. It involves supporting staff across the Region to apply a gender, equity and rights “lens” to all aspects of their work.

In nearly all countries and contexts, COVID-19 has had a disproportionate impact on the most vulnerable, a reflection of existing health inequities and new inequities caused by the pandemic. To emerge from the pandemic stronger, DHP helps focus attention and engage communities to address health inequity, with a focus on creating environments in which communities and people are empowered to take greater control of their own health.

Division of Health Systems and Services

The Division of Health Systems and Services (DHS) supports Member States to strengthen health systems to achieve universal health coverage (UHC) by providing technical and policy support on issues ranging from health systems strengthening to investments in health and improving the quality of health care. The Division also supports Member States to build up the legislative and regulatory structures that underpin health systems, strengthen regulation of and access to medical products, and tackle antimicrobial resistance.

As the pandemic intensified, WHO leveraged its health systems strengthening work to support countries and areas to build and sustain health-care capacities and to prevent health-care systems from being overwhelmed. The Division prioritized activities and repurposed staff, with the pandemic providing an opportunity to expedite health systems strengthening efforts that support Member States’ COVID-19 responses while making health systems better able to address future challenges.

The economic downturn from the pandemic has created extraordinary challenges for Member States and WHO. In addition to its “shrunk plan” of work, WHO collaborated with development organizations to create a new partnership between health and finance ministers, and with the Asia-Pacific Parliamentary Forum on Global Health to maintain focus on the need to invest in health to address COVID-19 and achieve UHC.

In addition, DHS supported Member States to put in place regulatory requirements to enable approval, importation, regulation and introduction of diagnostics and, more recently, vaccines. The Division also assisted countries in employing rapid infection prevention and control responses for acute phases of COVID-19. Despite the pandemic, WHO continued to work with Member States to monitor antimicrobial consumption and expand the availability of safe and affordable surgery, guided by the new Action Framework for Safe and Affordable Surgery in the Western Pacific Region (2021–2030).

Division of Pacific Technical Support

The Division of Pacific Technical Support (DPS), based in Fiji, coordinates and provides timely, tailored support to 21 Pacific island countries and areas (PICs). The Division has repurposed staff to support pandemic response efforts throughout the Pacific and ministries of health in coordinating the health sector response to COVID-19 while engaging other sectors and new partners.

DPS has supported the response of countries and areas by employing systems, capacities and relationships established throughout the 15 years of implementation of the three iterations of APSED. Established at the start of the pandemic, the Joint Incident Management Team has continued to support pandemic responses across the Pacific. Some PICs have now received COVID-19 vaccines through bilateral support; others were among the first to receive vaccines through the WHO-led COVAX initiative.

In many ways, the pandemic has compounded the already significant challenges PICs face in delivering health care to small populations spread across the world’s largest ocean. At the same time, these challenges have hastened transformation towards digital health to support COVID-19 preparedness and response, to protect the delivery of
routine services in the context of pandemic movement restrictions, and to lay the foundations for the future when digital health will play an ever-greater role in the health and well-being of Pacific islanders. WHO has supported efforts to accelerate availability of virtual health care consultations, such as telemedicine, as an additional service delivery pathway for the future. WHO has also assisted PICs to further enhance laboratory testing capacities, not only to support the pandemic response, but also to strengthen their overall diagnostic capability for the future. These innovations will play an increasing role in efforts to prevent and treat NCDs, which are the leading cause of premature mortality in the Pacific and make people more vulnerable to severe COVID-19.

Leadership for the Region

Three management divisions – the Division of Programme Management (DPM), the Division of Administration and Finance (DAF) and the Office of the Regional Director (RDO) – play a key role in enabling WHO in the Western Pacific Region to deliver and drive the change agenda envisioned in For the Future: Towards the Healthiest and Safest Region.

DPM provides overall direction and coordination of technical cooperation with Member States. DAF is responsible for budget and finance, human resources, information technology and administrative services. RDO directly supports the Regional Director and coordinates
communications, external relations and partnerships, and information products and services.

Even before the impact of the pandemic became apparent, DPM and DAF took steps to “prepare for the worst” by supporting every budget centre in identifying priority “red box” activities to shrink 2020 and 2021 workplans to ensure the delivery of priority activities.

Throughout the pandemic, the Regional Director has held regular virtual meetings with WHO representatives and country liaison officers, as well as with health ministers throughout the Region, to ensure close coordination with Member States. A strengthened culture of collaboration allowed the Regional Office and country offices to work and deliver results as “one team”, with support from WHO headquarters. Many WHO staff members were repurposed to assist with the pandemic response, ensuring seamless support to Member States while opening new opportunities for staff.

Despite the pandemic, WHO in the Region continued to foster a culture of accountability at all levels, to maximize efficiency. Partnerships proved critical to ensure effective support to Member States and work towards the For the Future vision of improved health throughout the pandemic. WHO worked to further strengthen partnerships, including through a regional partners’ forum that brought together more than 700 participants.

To scale up strategic communication for achieving the For the Future vision, WHO is building Communication for Health (C4H) as a regional technical programme targeting health outcomes through the use of evidence-informed, evaluation-driven communication.

Looking forward, WHO will continue to support Member States’ needs and priorities, including combating misinformation and encouraging continued adherence to COVID-19 preventive behaviours and vaccine uptake.
WHO Western Pacific Region

Countries and areas

Representative Offices
- Cambodia
- China
- Lao People's Democratic Republic
- Malaysia (area of responsibility: Brunei Darussalam, Malaysia, Singapore)
- Mongolia
- Papua New Guinea
- Philippines
- Samoa (area of responsibility: American Samoa, Cook Islands, Niue, Samoa and Tokelau)
- Solomon Islands
- South Pacific (area of responsibility: Fiji, French Polynesia, Kiribati, the Marshall Islands, the Federated States of Micronesia, Nauru, New Caledonia, New Zealand, the Commonwealth of the Northern Mariana Islands, Palau, Tonga, Tuvalu, Vanuatu, and Wallis and Futuna.)
- Viet Nam

Country Liaison Offices
- Northern Micronesia (area of responsibility: the Marshall Islands, the Federated States of Micronesia and Palau)
- Kiribati
- Tonga
- Vanuatu
WHO in the Western Pacific Region

WR: WHO Representative
CLO: Country Liaison Officer
Western Pacific Regional Office Structure

The structure of divisions in the WHO Regional Office for the Western Pacific is designed to streamline operations and strengthen country-level support under the regional reform agenda.

<table>
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<tr>
<th>DIRECTOR</th>
<th>PROGRAMMES/UNITS</th>
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| Director, Programme Management (DPM) | Programme Development and Operations (PDO)  
Country Support (CSU)  
Editorial Services (EDT) |
| Director, Administration and Finance (DAF) | Budget and Finance (BFU)  
Human Resources Management (HRM)  
Information Technology (ITG)  
Administrative Services (ASU) |
| Director, Office of the Regional Director (EXD) | External Relations and Partnerships (ERP)  
Communications (COM)  
Information Products and Services (IPS) |
| Director, Data, Strategy and Innovation (DSI) | Health Information and Intelligence (HII)  
Universal Health Coverage (UHC)  
Innovation and Research (INR)  
Healthy Ageing (AGE)  
Strategic Dialogue (DIA) |
| Director, Programmes for Disease Control (DDC) | Vaccine-Preventable Diseases and Immunization (VDI)  
Malaria and Neglected Tropical Diseases (MTD)  
Mental Health and Substance Use (MHS)  
Management of Noncommunicable Diseases (MND)  
HIV, Hepatitis and Sexually Transmitted Infections (HSI)  
End TB and Leprosy Elimination (ETB) |
| Director, Healthy Environments and Populations (DHP) | Health and the Environment (HAE)  
Social Determinants of Health (SDH)  
Incl Equity and Social Determinants (ESD), Violence and Injuries (VIP)  
and Alcohol (ALC)  
NCD Prevention and Health Promotion (PND)  
Tobacco Free Initiative (TFI)  
Nutrition (NUT) |
| Director, Health Systems and Services (DHS) | Essential Medicines and Health Technologies (EMT)  
Health Policy and Service Design (HPS)  
Health Law and Ethics (HLE)  
Maternal Child Health and Quality Safety (MCQ) |
| Regional Emergencies Director, Health Emergencies Programme (RED) / Director, Health Security and Emergencies (DSE) | Country Health Emergency Preparedness and IHR (CPI)  
Health Emergency and Risk Assessment (HIM)  
Emergency Operations (EMO)  
Food Safety (FO) |
| Director, Pacific Technical Support (DPS) | Pacific Health Security and Communicable Diseases (PSC)  
Pacific Climate Change and Environment (PCE)  
Pacific NCD and Health through the Life-Course (PNH)  
Pacific Health Systems and Policy (PHS) |

A compliance and risk management officer reports directly to the Regional Director.
A year responding to COVID-19 and advancing *For the Future*

By mid-2020, WHO and Member States in the Western Pacific had been responding to the coronavirus disease 2019 (COVID-19) for six months. Workplans had been reprioritized and staff repurposed to focus on combating the pandemic. Over the past 12 months, WHO built on these efforts in the Region, recognizing that COVID-19 would continue to significantly impact, even dominate the work of WHO, Member States and partners across the Region and beyond.

**COVID-19 in the Western Pacific**

This report covers an unprecedented 12-month period. Teams from WHO and Member States have worked day and night together to minimize the impact of this once-in-a-lifetime pandemic on health, lives, societies and economies, while advancing implementation of *For the Future: Towards the Healthiest and Safest Region*, the five-year vision for delivering better health in the Western Pacific.

Despite its vulnerability to disease outbreaks and health emergencies, the Western Pacific Region fared relatively well (as evidenced in the COVID-19 epidemiological curve in Fig. 1) during this period, due in large part to more than 15 years of hard work and investment in preparedness. The Western Pacific is home to nearly a quarter of the world’s population, yet COVID-19 cases in the Region during this period accounted for 2% of the global total and 1.4% of the global death toll.

Worldwide, there were 171,346,005 confirmed cases and 3,407,090 deaths from COVID-19 from 1 July 2020 to 30 June 2021. The Western Pacific Region had 3,337,898 confirmed cases and 47,142 deaths. Cases were reported in 26 of the 37 countries and areas of the Region, with American Samoa, Cook Islands, Kiribati, the Federated States of Micronesia, Nauru, Niue, Palau, the Pitcairn Islands, Tokelau, Tonga and Tuvalu remaining free of cases.

WHO carefully monitored and analysed global and regional developments, continuously updating guidance for governments and the public to anticipate risks and take actions to minimize the impact of the pandemic across the Region.

Through virtual press conferences, frequent conversations with ministers of health and joint forums with key partners, including The Lancet COVID-19 Commission, the World Economic Forum and the Association of Southeast Asian Nations, WHO shared updates as the situation evolved and encouraged actions by a range of actors, including governments, employers, schools, families and individuals across the Region.

In early July 2020, while other WHO regions continued to experience increases in new COVID-19 cases, the outbreak was relatively well-controlled in the Western Pacific. Learning from other regions, WHO in the Western Pacific called on Member States, health workers and the public to avoid complacency and continue preparing for the possibility of large-scale community transmission, stressing the need to protect the vulnerable. By embracing the “new normal”, health and economies could be protected on the path to a “new future” in which inequalities were minimized and healthy people achieved their full potential.

By mid-August 2020, the virus had spread around the world, and it was evident that waves of new cases would continue. The Asia Pacific region had entered a new phase of the pandemic, with countries focusing efforts on minimizing disruptions to lives and economies by combining early detection and rapid response. WHO highlighted the necessity for interventions to be sustainable, stressing the need to continue learning, refining and adjusting responses in pursuit of the “new normal”.

In October 2020, cases in Europe increased sharply. In the Western Pacific Region, WHO emphasized that the pandemic had presented an opportunity to make choices to create a better future by building and sustaining the “new normal” and maintaining solidarity between and within communities and countries in the Region. The WHO Regional Director reminded Member States: “We are in this together, and we can only get out of this together.”

In December 2020, cases and deaths were continuing to rise. Many countries in the world had crossed the “red line” – the point at which critical care needs surpass health-care capacity, large numbers of health-care workers are infected, service quality declines and deaths increase rapidly. As people across the Region prepared to mark religious and cultural festivals, WHO emphasized that everyone remained at risk and called for continued preparation for the worst-case scenario.

WHO raised awareness about the role of asymptomatic or “invisible” cases in community transmission, reminding people to do everything possible to avoid infection in order to protect health workers, as well as family and friends at higher risk. WHO appealed to governments to add additional layers of surveillance to detect infections among younger and mobile groups. Vaccines would not be a “silver bullet” to end the pandemic in the near future, WHO reminded everyone, as vaccines would initially be available only in limited quantities that should be prioritized for high-risk groups.

By early April 2021, cases were surging in Asia. The surge was driven by many factors, including: variants of concern; relaxation of some public health and social measures; younger people with mild or asymptomatic infection inadvertently spreading the virus; and early signs of “vaccine optimism”, or lower compliance with health protocols due to the belief that vaccines would soon end the pandemic. WHO warned that more surges were likely and asked governments to continue strengthening surveillance of variants and early detection of cases, implementing targeted response measures and ensuring health systems were ready for large-scale community transmission. WHO urged prioritization of available vaccines for health workers, elderly people and other vulnerable groups in all countries and areas as quickly as possible, calling on people to continue with prevention measures and emphasizing that no community is safe until every community is safe.

The Western Pacific Region was largely spared from two major surges in the world during this time. After the second surge in mid-2021, however, the Region saw an increase in cases in several countries. Around the same time, countries in the Region began to detect variants of concern that were driving surges in other parts of the world, including the highly transmissible Delta variant.
A new phase of the pandemic in the Asia Pacific region: "We must continue to refine, learn and adjust our response in pursuit of the 'new normal', because COVID-19 will likely be with us for the foreseeable future."

18 August 2020: A new phase of the pandemic in the Asia Pacific region: "We must continue to refine, learn and adjust our response in pursuit of the 'new normal', because COVID-19 will likely be with us for the foreseeable future."

6 October 2020: Continue to make every effort to build and sustain the new normal and maintain solidarity: "We are in this together, and we can only get out of this together."

17 December 2020: "We all remain at risk, and vaccines are not a 'silver bullet' that will end the pandemic in the near future.... As we prepare to mark important religious and cultural festivals, keep making the choices that will reduce transmission."

7 April 2021: Several countries are experiencing surges: "Despite fatigue, we must continue with basic prevention measures, ensure strong systems for surveillance and early detection, implement targeted, localized responses, and make effective use of vaccines, starting with health workers."

As the situation evolved, WHO constantly updated Member States and shared guidance on how to minimize the toll of the pandemic.
Responding to COVID-19

Throughout the year, WHO continued to support Member States to control COVID-19 to minimize the health toll and social and economic disruptions. At the same time, WHO continued to repurpose staff and to refocus activities, maintaining the regional corporate framework for responding to COVID-19 as the guide for:

- responding in countries and areas to control the epidemic and minimize health and social impacts
- leveraging the whole of the health system and WHO for the response
- driving implementation of For the Future and new ways of working
- forging new and strengthening existing partnerships
- learning so that the Organization and Members States improve their capacities and responses.

WHO in the Region continued to refine two points of accountability: to do the right things and to do things right. This meant reprioritizing workplans to respond to COVID-19 while ensuring the Organization maintained focus on what Member States most needed. At the same time, WHO in the Region continued to ensure the highest standards of accountability and adherence to internal controls and processes. These two points of accountability are: 1) the COVID-19 response, led by the Incident Management Support Team (IMST) and the country-level Incident Management Teams (IMTs), supported by emergency (outbreak and crisis response) funding; and 2) WHO’s “shrunk plan” or “red box” activities, supported by non-emergency funding (Fig. 2).

The IMST and country-level IMTs including the Joint IMT for the Pacific – which was activated by the Division of Pacific Technical Support to bring in all partners – continued to support COVID-19 preparedness and response with the IMST providing oversight and continuous support to country-level operations. Throughout the year, the IMST: 1) monitored the COVID-19 situation on behalf of Member States, bringing together information from countries that proved useful for others; 2) monitored the response and developed guidance; and 3) provided countries with direct support.

“Red box” activities focused on ensuring that essential services continued, fast-tracking work on health systems components essential for the COVID-19 response and responding to requests from Member States for specific needs. In implementing these activities, WHO regional and country office staff worked as “one team”, focusing time and resources on efforts to save as many lives as possible. WHO also leveraged the role that staff not working with the IMST/IMTs – particularly health systems staff – could play in contributing to the outputs of the IMST/IMTs, and the goal of using the COVID-19 response to strengthen health systems more broadly.

From October 2020, these became “two plus one” points of accountability, as WHO scaled up its support for the roll-out of COVID-19 vaccines through the Vaccines Incident Management Support Team (VIMST). The VIMST has provided technical and operational support to all countries and areas in the Region in the roll-out of COVID-19 vaccines. (See story in this chapter)
Fig. 2. WHO’s approach to deliver on “two plus one” points of accountability

This graphic shows the approach WHO took to deliver on its “two plus one” points of accountability: the COVID-19 response led by the IMST/IMTs plus work on COVID-19 vaccines supported by emergency funding; and “red box” activities with non-emergency funding. “Red box” activities focused on ensuring essential services continued, fast-tracking work on health systems components essential for the COVID-19 response (or that the COVID-19 response could expedite) and responding to requests from Member States for specific needs.

Key:
VIMST Vaccines Incident Management Support Team
VIMT Vaccines Incident Management Team
To fulfil its functions defined in the International Health Regulations (2005), WHO has continued to learn and improve throughout the response. WHO has used the Regional Office and country office “one team” approach to connect countries, so they can learn and continuously improve their responses to COVID-19.

WHO has also continued to support each country and area in the response to specific priorities and concerns, and ensure tailored support – recognizing that each country’s context and needs are different. WHO has applied this approach, set out in For the Future, across all areas of work, including for example, health legislation.

While responding to COVID-19, WHO has focused efforts on maintaining essential services and continued to move forward with critical work without delay such as the work to eliminate malaria in the Greater Mekong Subregion.

**Leveraging the whole of the health system**

As an operational shift under For the Future, taking a systems approach is the most efficient, equitable and cost-effective approach for the design and delivery of health services.

In order to leverage the health system under COVID-19, WHO connected areas of work to deliver the “shrunk plan” with the pandemic response. The work to strengthen health-care pathways, for example, has been a critical part of the COVID-19 response, as well as being part of activities in the original workplan for Programme Budget 2020-2021.

WHO’s health systems teams supported Member States to strengthen their health-care pathways to minimize morbidity and mortality from COVID-19, and to ensure that hospitals were not overwhelmed and prepared with surge capacity when needed. They also supported countries to strengthen their regulatory systems to approve medicines and technologies. In doing so, health systems staff worked to deliver not only the outputs of the “shrunk plan”, but also the outputs of the IMST/IMTs (as illustrated in Fig. 2).

To ensure support for COVID-19 vaccines and their roll-out under the VIMST, two WHO teams connected their workplans under Programme Budget 2020-2021 and accelerated efforts to maximize outputs under the COVID-19 response.

Those joining their efforts were the essential medicines and health technologies team of the Division of Health Systems and Services and the vaccine-preventable diseases and immunization programme of the Division of Programmes for Disease Control.

**Driving implementation of For the Future and new ways of working**

To remain accountable for advancing the vision, WHO in the Region has continued to drive forward the four thematic priorities set out in For the Future: health security including antimicrobial resistance; noncommunicable diseases (NCDs) and ageing; climate change, the environment and health; and reaching the unreached. This has been accomplished by conducting a series of activities including the organization of the UHC umbrella technical advisory group (TAG) to bring together the work of the different TAGs, utilizing the operational shift of a systems approach, with UHC as the foundation.

At the same time, WHO in the Region has continued to put effort into developing new approaches to address and promote mental health, school health, reaching the unreached, primary health care and communication for health.

WHO has also moved without delay to implement decisions made by the Regional Committee, including on ageing, and safe and affordable surgery. Taking advantage of the environment created by COVID-19 to expedite innovations – another of the eight operational shifts under For the Future – the first innovation forum was organized. Technical units took advantage of this environment to expedite the introduction of new technologies such as whole-genome sequencing and telehealth. WHO also organized a series of food safety meetings, leveraging the COVID-19 environment.

**Forging new and strengthening existing partnerships**

Strategic partnerships are critical for tackling the Region’s emerging health challenges. They are a key enabler of driving For the Future – and a key approach for implementing many strategies in the Region. Throughout the year, WHO’s work responding to COVID-19 – alongside new partners such as DHL and COVAX, and building upon
At the end of a long day of caring for COVID-19 patients in the intensive care unit in March 2021, doctors in Manila peel off layers of personal protective equipment.
existing partnerships with United Nations Children’s Fund (UNICEF), the World Food Programme, the Global Fund and the Bill & Melinda Gates Foundation – reconfirmed the critical role of partnerships in addressing health security threats and ensuring effective support to countries. (See other chapters for more details.) Fulfilling the commitment of the first Western Pacific Region Partners’ Forum in 2019, WHO organized the Second WHO Western Pacific Region Partners’ Forum in June 2021 to explore ways to increase and strengthen partnerships towards the goal of improving health and well-being for the Region’s nearly 1.9 billion people. (See Chapter 8 for more details.)

Continuing to improve operational effectiveness

Doing things right has helped to ensure that WHO in the Region is doing the right things. Throughout the year, WHO’s leadership in the Region has continued to ask: what is the right thing to do? This approach was also used in promoting a gender and equity lens to encourage staff to consider how gender and equity impact or are impacted by their work.

WHO has also leveraged the “one team” approach. Under the leadership of the former Regional Director, Dr Shin Young-soo, WHO created a culture of working as one in the Region. WHO Regional Office and country office technical staff have worked as “one team”, and technical divisions/teams have worked as one with other technical divisions/teams. This culture contributed to the COVID-19 response by enabling WHO to repurpose staff while ensuring that the roles they vacated were backstopped remotely or with deployment of staff despite pandemic travel restrictions. (See Chapter 8 for more details.)

The more serious an emergency, the more effort is needed to ensure accountability. With WHO work responding to the pandemic connected with other work, the established Programme Committee (PC) was utilized to monitor work responding to COVID-19 and driving For the Future (that is, all of WHO’s work). The PC has played a key role in ensuring implementation of emergency funding, connecting regularly with divisional and country office programme management officers to ensure implementation is on track. (See Chapter 8 for more details.) Consistent application of a risk management approach has also been an enabler of WHO work for the future. This approach has been applied to COVID-19 response and to defining and implementing “red box” activities. It has supported efforts throughout the year to do the right things and also been adopted for the preparation of the October 2021 session of the Regional Committee, which is intended to serve as a model for organizing meaningful face-to-face events in the context of a pandemic. This approach has similarly guided operations and work to ensure the ongoing safety of staff while keeping WHO offices open across the Region. Throughout the year, WHO has continued to assess risks and make regular adjustments to ways of working. WHO has continued to deliver on its commitment to staff development, utilizing the repurposing of staff to leverage/bring out hidden talents with positive results. Management made ongoing efforts to regularly connect with staff, and at the end of 2020 organized an all-staff retreat to reflect on this unprecedented period of our work. (See Chapter 8 for more details.) As we enter another (reporting) year responding to the pandemic, WHO in the Region will continue to leverage these approaches, and to learn and improve what we do, and how we do it.
Utilizing COVID-19 vaccines to save as many lives as possible

Less than a year after COVID-19 was declared as a public health emergency of international concern, nearly 200 novel vaccine candidates were in development. By the end of June 2021, eight had been given WHO’s Emergency Use Listing, received authorization by countries and were being rolled out across the Region’s 37 countries and areas. These vaccines – combined with other public health and social measures – are a critical tool for saving lives and ending the acute phase of the pandemic.

Anticipating challenges in rolling out new vaccines and to ensure their effective use, WHO in October 2020 established a Vaccines Incident Management Support Team (VIMST) to work closely with the COVID-19 IMST.

The VIMST has worked through three pillars – and country office teams (VIMTs) – to ensure all countries and areas in the Region: 1) have access to vaccines; 2) have plans in place for vaccine deployment and immunization; and 3) can effectively monitor vaccine and immunization safety.

Considering global supply shortages, WHO in the Region worked with WHO headquarters, the United Nations and other partners to try to ensure vaccines for all countries and areas in the Region. Recognizing that Pacific island countries and areas have unique vulnerabilities – and to enable the recovery of small economies as soon as possible – WHO also worked with UNICEF and regional partners (Australia, China, Japan, New Zealand and the United States of America) to cover 75% of their target populations.

WHO promoted the effective use of vaccines and guided countries to prioritize vaccination for those with the highest risk – health-care workers, older people and adults with comorbidities – ahead of the rest of the eligible population; supported planning for the roll-out of vaccines and to ensure no doses were wasted; and helped to put in place systems and processes to effectively monitor vaccine and immunization safety, also anticipating that countries’ experiences would impact each other.

This work has helped to speed up equitable vaccination across the Region, reducing severe illness and deaths from COVID-19, protecting health systems, and supporting social and economic recovery. It has also advanced implementation of the Regional Strategic Framework for Vaccine-preventable Diseases and Immunization in the Western Pacific (2021–2030), which envisions expanding systems for immunization throughout the life-course.

The work of the VIMST has accelerated efforts to shape a new model of agile and interconnected regulatory systems with the potential to ensure that countries are not only prepared for public health emergencies, but also have equitable access to novel health technologies in the future. ●
Delegates from Mongolia train at the National Institute of Infectious Diseases in Japan on how to produce high-quality genome sequences in April 2021. Gene and whole-genome sequencing have been vital in the COVID-19 response.

The Division of Health Security and Emergencies (DSE) works with partners to support countries and areas in building their health security systems for public health emergencies, including threats to food safety. Health security is one of the four thematic priorities in *For the Future: Towards the Healthiest and Safest Region*, the vision for delivering better health and well-being in the Western Pacific in the coming years. DSE plays a leading role in advancing the vision.

The Division consists of four units: Country Health Emergency Preparedness and International Health Regulations; Health Emergency Information and Risk Assessment; Emergency Operations; and Food Safety. They each take an all-hazards approach and work in coordination to support implementation of the International Health Regulations (2005), also known as IHR (2005). Tailored support also has been provided to Member States through the implementation of the *Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies* (APSED III), the *Regional Framework for Action on Food Safety in the Western Pacific* and the *Western Pacific Regional Framework for Action for Disaster Risk Management for Health*.

As part of WHO Health Emergencies Programme (WHE), the units of DSE have been functioning as a core group for the COVID-19 response. They also have continued to undertake regional surveillance to monitor and respond to health security events in the Region. During the past year, DSE supported a number of responses across the Region, including: an influenza A (H3N2) outbreak and the first case of human avian influenza A (H9N2) in Cambodia; botulism outbreaks in Viet Nam; plague in Mongolia; the first case of human avian influenza A (H10N3) in China; the first human case of avian influenza A (H5N6) in the Lao People’s Democratic Republic; Tropical Cyclone Ana in Fiji; and Super Typhoon Goni in the Philippines.

The Division organizes the annual meeting of the Biregional Technical Advisory Group on the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED TAG). The APSED TAG brings together Member States and partners to share key achievements, lessons and best practices. While responding to COVID-19 and other events, DSE worked with WHO country offices and organized country consultations to identify key lessons and areas that require further improvement in
responding to COVID-19 in the lead-up to the July 2021 meeting of the APSED TAG. Similarly, while staff working on food safety were mobilized for COVID-19 response, they continued to provide support to Member States in strengthening their capacity in this area and advanced the food safety Regional Framework.

Learning and improving together as we respond to COVID-19

APSED III, a biregional strategy that supports Member States in the WHO South-East Asia and Western Pacific regions in their implementation of IHR (2005), was originally developed in 2005 and is now in its third iteration. Several key approaches have been established in the more than 15 years of implementation of the Strategy. “Respond, learn and improve” – also sometimes called “continuous learning for improvement” – is one of those approaches.

Throughout the pandemic, Member States have had to make a series of decisions in responding to severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) despite limited information about the new virus. The early response was based on the experience of other respiratory outbreaks including pandemic influenza. As more information has become available, the response has improved. The regional Incident Management Support Team and WHO country office Incident Management Teams have been connected through the regional Emergency Operations Centre, and they are working as “one team”. Through this mechanism, DSE facilitated the exchange of experiences among countries and areas, and developed expert guidance to support Member States in the Region to improve their collective response.

Contact tracing is a case in point. The APSED TAG identified contact tracing as one of the key public health systems that could suppress transmission. It is the core system employed to identify and quarantine people exposed to the virus in an effort to slow or halt further transmission in the community. From the start of the outbreak, countries and areas in the Region implemented extensive contact tracing. They built on existing systems and collective experience from SARS, the A (H1N1)
pandemic, human avian influenza, Middle East respiratory syndrome and other public health emergencies.

Member States continue efforts to improve contact tracing systems. In some countries and areas, such as the Republic of Korea, innovative digital technology has been introduced. Countries such as Cambodia and Viet Nam have expanded capacity by taking a coordinated multisectoral approach to identifying and training personnel from the police, military, travel agencies, workplaces and district authorities to meet the human resource needs for contact tracing. China developed a targeted approach, using information technology to rapidly identify contacts and carry out mass testing. Japan introduced targeted contact tracing in suppressing cluster cases. WHO has facilitated the sharing of these experiences among Member States to support further development of such systems in each country.

DSE also leveraged the expertise and knowledge of experts from Member States and partners. The Division continued to upgrade and improve guidance on contact tracing from conventional contact tracing to a system that encourages local authorities with limited capacities to conduct targeted contact tracing and identify high-risk settings to effectively prevent and suppress transmission. The guidance was shared with Member States through WHO country offices so that Member States could learn and improve together throughout the pandemic response.

**Partnering for a more effective response to COVID-19 in countries**

Partnership and solidarity comprise another key principle developed under APSED III and its earlier iterations. Strong partnerships have long been promoted in the Western Pacific Region to respond to health security events and provide technical support for strengthening health systems.

Partner networks, such as the Global Outbreak Alert and Response Network (GOARN), and emergency medical teams (EMTs) have provided critical support in responding to COVID-19 in the Region. In all, 40 GOARN experts have been deployed to 11 countries throughout the Region to provide technical assistance for the COVID-19 response for epidemiology, laboratory work, data management, infection prevention and control, and case management. EMTs have provided rapid, life-saving clinical response support through national EMT deployments and international activations, both in and out of the Region. The Western Pacific Region has access to a wide range of EMTs, including large-scale deployable tertiary-level hospitals, small highly mobile teams, and specialized care teams capable of deploying into hospitals and other health facilities to provide a wide range of clinical expertise.

WHO is supporting national and international EMT development across the Region, including in 12 Pacific island countries and areas. Australian Medical Assistance Teams were deployed to Fiji and Papua New Guinea in the Western Pacific Region and to Timor-Leste in the South-East Asia Region, and New Zealand Medical Assistance Teams supported Cook Islands and Fiji. Australia, Fiji, Malaysia and Papua New Guinea have also deployed EMTs nationally for COVID-19 response efforts, while national EMTs in the South Pacific have also been central to border and quarantine management during the pandemic while remaining ready to support disaster response efforts as the 2021–2022 cyclone season approaches.

DSE has a technical focal point for GOARN, supported by the Indo-Pacific Centre of Health Security, which is part of the Department of Foreign Affairs and Trade in Australia, and a regional EMT focal point supporting both EMT development efforts and EMT coordination in emergencies. Both networks have been critical in supporting COVID-19 response operations across the Region.

**Expediting the introduction of whole-genome surveillance under COVID-19**

Since SARS-CoV-2 was reported, laboratory diagnosis capacity has been significantly advanced in the Region. At the beginning of the pandemic, many Member States could not conduct real-time reverse transcription polymerase chain reaction (RT-PCR) tests for SARS-CoV-2. But within a few months, with support from partners, all countries in the Region had established capacity to conduct such testing. (See Chapter 7 for more details.)

In July 2020, the APSED TAG made an even more ambitious recommendation to further advance laboratory capacity in the Region to cope with the risk of mutation of SARS-CoV-2.
The ability of laboratories to identify the genetic code of organisms allows determination of SARS-CoV-2 lineages and the detection and tracking of variants of concern and variants of interest. The APSED TAG meeting identified whole-genome sequencing as a key information source that strengthens multisource surveillance for risk assessment and decision-making, recommending that the Region establish a whole-genome surveillance system.

Since then, DSE has worked through WHO country offices to assess laboratory capacity in countries and initiated actions to ensure that all Member States have access to gene sequencing through strengthened in-country capacity or partnerships with the Region’s leading laboratories in Australia, Japan, New Zealand, the Republic of Korea and Singapore. In April 2021 with WHO support, Mongolia’s National Center for Communicable Diseases sent three delegates to the National Institute of Infectious Diseases in Japan to train in laboratory processes to produce high-quality SARS-CoV-2 genome sequences, as well as bioinformatics procedures to properly analyse the data. WHO is also supporting Cambodia, Fiji and Mongolia to procure sequencing equipment and/or reagents for their national laboratories to support COVID response efforts and to prepare for emerging infectious diseases and health emergencies in the future.

Before COVID-19 emerged, the whole-genome surveillance system was considered a long-term goal to develop capacity to promptly detect potential threats that may impact the international community. The response to COVID-19 has created a significant opportunity in expediting the building of future-proof systems to detect and respond to future pandemic threats and other emerging infectious diseases. It requires not only advanced technology in a laboratory, but also the comprehensive architecture of a new surveillance system. DSE has been working with partners to organize a first meeting, planned for late 2021, to launch a whole-genome regional surveillance system.

**Taking bold steps to strengthen national food safety systems**

While responding to COVID-19, DSE continues to recognize the challenges to food safety systems across the Region. The Division has provided support to Member States in strengthening their capacity, and worked to advance the **Regional Framework for Action on Food Safety in the Western Pacific** through a series of regional meetings. For example, the first reported foodborne botulism outbreak in Viet Nam occurred in 2020. Vital support was provided by WHO through the donation and deployment of botulinum antitoxin and the provision of support to develop the country’s **Interim National Guidelines on Diagnosis and Clinical Management of Botulism**.

A series of round-table discussions were organized in March 2021 with national food safety authorities to understand the progress of the Regional Framework and identify priorities for the strengthening of national food safety systems. The information shared by Member States during the meeting demonstrated that the first two action areas – food safety policy and legal frameworks, and risk-based food inspection and enforcement – are the most widely implemented action areas. It also identified areas that need more attention, such as the assessment of national food safety emergency plans through simulation exercises.

The increasing global demand for protein has led to animal husbandry employing modern methods of intensive food production, which entail more significant risks of transferring zoonotic diseases to humans. Alternative technology has emerged for mass industrial production of safe, healthy, protein-rich foods in a sustainable and environmentally friendly way, such as cell- and plant-based meat. To support food safety authorities in the Region in preparing for the future, the **Workshop on Regulatory and Food Safety Aspects of Alternative Proteins for Conventional Animal Products** was held in May 2021.

To mark World Food Safety Day 2021, the WHO Regional Office for the Western Pacific partnered with the WHO Regional Office for South-East Asia, the Food and Agriculture Organization of the United Nations, the World Organisation for Animal Health, the United Nations Environment Programme and the United Nations World Food Programme to deliver a virtual event with the theme: “Together we make food safe: One Health approach”. Nearly 450 participants from 17 countries in the Western Pacific Region participated in the webinar, which was also streamed on YouTube, with around 650 views.
Traditional food markets: contributing to health security through a One Health approach

The COVID-19 pandemic highlighted the risks associated with traditional food markets in the Western Pacific Region. Severe acute respiratory syndrome (SARS) in 2003 and Middle East respiratory syndrome (MERS) in 2013 were associated with the consumption and trade of wild animals. While early reports linked the outbreak of COVID-19 to a seafood market, the precise transmission of SARS-CoV-2, the virus that causes COVID-19, from animals to humans is unclear. Nevertheless, there are common elements between SARS, MERS and COVID-19, including close human contact with wild or domesticated animals – such as when consuming food – and the potential for increased human-to-human transmission in food markets.

Traditional food markets are common in the Western Pacific Region. They play a strategic role in urban food security and are often consumers’ first choice for buying fresh and affordable food; they also serve as venues for economic transactions and sociocultural interactions. These markets can serve as de facto sentinels for early warnings of emerging health threats related to the human–animal interface.

A meeting on risk mitigation in traditional food markets in the Asia Pacific region is slated for late 2021 to engage Member States and gain commitments to improve these markets. WHO guidance is provided in a manual on how to assess and mitigate risks as existing traditional food markets are converted to safer and healthier places for consumers, vendors, local food inspectors and communities.

Conducting risk assessments for traditional food markets will allow decision-makers to implement adequate measures, including behaviour-change campaigns. Risk mitigation in traditional food markets requires a One Health approach to tackle current risks and potential emerging pathogens. Measures also must include risk communication and community engagement approaches to bring about behaviour changes among vendors and consumers.

Local authorities and community leaders will play an important role in the transformation process towards safer and healthier traditional food markets. DSE is working with various national authorities to initiate the transformation and promote health beyond the health sector.

Traditional food markets, like this one in the Lao capital shown in December 2020, form part of the Region’s culture and help ensure food security. WHO supports countries to mitigate disease risks in markets using a One Health approach.
Leveraging and expanding essential service delivery to reach unreached populations has been a priority for the Division of Programmes for Disease Control (DDC) in its efforts to contribute to the realization of the For the Future vision of making the Western Pacific the world’s healthiest and safest Region. The Division has focused on supporting Member States to control and eliminate vaccine-preventable diseases (VPDs), HIV, hepatitis, tuberculosis (TB), malaria and neglected tropical diseases (NTDs) – and to strengthen the management of and response to noncommunicable diseases, including cardiovascular disease, cancer, diabetes, chronic respiratory diseases and mental health conditions – through a health systems approach that integrates service delivery and responds to people’s health needs. Over the past year, DDC has engaged with Member States to develop technically sound strategies while reinforcing countries’ pandemic responses through vaccine roll-out.

**Transforming our approaches for tackling VPDs and TB to realize the For the Future vision**

In efforts to provide timely and relevant guidance to Member States in line with For the Future, particularly towards reaching the unreached during the pandemic, WHO has worked in close consultation with partners and stakeholders to develop several key strategic frameworks for VPDs and TB that aim to strengthen and transform systems in the process of addressing VPDs and TB.

Many people continue to be left behind by immunization services, resulting in immunity gaps and the emergence, resurgence and large-scale, import-related outbreaks of several VPDs in high-risk communities. The growing number of people not being reached by immunization exposes inequities in the provision of health services. All countries and areas of the Western Pacific Region are working to reduce and eliminate all VPD-related morbidity, mortality and disability by maximizing the benefits of vaccines and immunization.

Towards this goal, WHO developed the Regional Strategic Framework for Vaccine-preventable Diseases and Immunization in the Western Pacific (2021–2030) in close collaboration with Member States, stakeholders, partners and experts. Endorsed by the Regional Committee in October 2020, the Framework uses a transformative approach that accelerates the control and elimination
of VPDs, including those not usually targeted (such as influenza and hepatitis A). During the development of the Framework, WHO and Member States decided to expand the strategic focus for immunization from childhood to the entire life-course, towards a Western Pacific Region free from vaccine-preventable morbidity, mortality and disability by 2030.

Since COVID-19 vaccines became available in late 2020 and the roll-out began, implementation of the strategies laid out in the VPD Framework (such as lifetime vaccination) has accelerated. The WHO strategic pillars that support the COVID-19 vaccination response include access and availability, vaccine deployment and immunization, vaccine and immunization safety, and information, monitoring and evaluation.

Throughout the year, WHO held several technical advisory group meetings and consultations to develop a country-focused, multisectoral draft Western Pacific Regional Framework to End TB (2021–2030). The Framework focuses on systems development and integrated approaches for ending TB. Until now, the major focus of the programme was to address TB care-related challenges. This draft Framework, to be presented for endorsement by the Regional Committee in October 2021, takes a transformative approach to examine the issues and solutions. It starts with the expectation that by 2030, the

Amidst the challenges presented by the COVID-19 pandemic, several countries experienced outbreaks of vaccine-derived poliovirus. In response, WHO worked with Member States to strengthen their surveillance systems and maintain essential services including routine immunization. Here, health-care workers vaccinate children under 5 for polio, administer vitamin A supplements, and distribute deworming tablets as part of the 2020 Papua New Guinea national supplementary immunization activities.
End TB and Sustainable Development Goals targets will be met, with the appropriate systems established to achieve those targets. Developed using the operational shift of “backcasting”, the Framework predetermines approaches and actions needed to achieve the stated goals. It identifies challenges and mitigating actions not only within the health system but also beyond health, considering elements outside the health sector (for example, poor living and working conditions, food insecurity, migration, stigma) that impact TB incidence and service delivery.

The draft Framework also considers epidemiological, demographic and economic transitions happening rapidly in most countries of the Region and their possible impact on TB incidence. It uses country-specific approaches, based on the burden of disease and local experiences, and promotes partnerships to address challenges beyond health. The Framework aims to transform TB programmes so they are fit for the future, strengthening systems in the process.

**Leveraging and expanding services to reach the unreached**

The Division has urgently prioritized reaching the unreached, not only in the context of the pandemic to protect those most vulnerable from COVID-19, but also because WHO is committed to supporting Member States to ensure that everyone, everywhere has access to effective health services. This is a moral imperative that is also critical for economic development and prosperity.

WHO has therefore begun to develop a dynamic and integrated draft Framework on Reaching the Unreached in the Western Pacific Region. A virtual consultation held in July 2020 identified drivers, including political commitment, advocacy, innovation and people-centred approaches, to reach the most vulnerable and marginalized populations.

Leveraging a “one team” approach, DDC brought together WHO staff from the regional and country levels to form the Taskforce on Reaching the Unreached. The Taskforce supports the finalization of the draft Framework, while also focusing more broadly on supporting system transformation and integration of technical programmes at country level to reach those currently hardest to reach.

WHO has worked closely with Member States and stakeholders to analyse barriers for access to essential services in hard-to-reach populations. An example includes support to strengthen the integration of HIV testing services into existing systems and services such as community-led interventions, self-testing and online services across the Region. In the Philippines, WHO has supported efforts to extend HIV services to those living with hepatitis B through task-shifting and strengthening local health systems to make services available at the primary care level.

WHO supported targeted countries to strengthen, accelerate and reorient health systems to integrate
Eliminating malaria in the Greater Mekong Subregion by reaching the unreached

To contribute to the *For the Future* vision of making the Western Pacific the world's healthiest and safest region, DDC has worked to use innovative strategies to deliver support and services, adapting proven solutions to fit local challenges and increase community outreach.

The Greater Mekong Subregion has historically been the epicentre of antimalarial drug resistance, which potentially threatens effective malaria treatment globally. However, in the past decade, the threat of antimalarial drug resistance expanding from the Greater Mekong Subregion to other malaria-affected areas in the Western Pacific Region and beyond has been significantly reduced. This is thanks to the concerted efforts of Member States, WHO, donors and partners to control and eliminate malaria, together with stringent drug efficacy monitoring.

Good progress has enabled countries to move the target to eliminate *Plasmodium falciparum* malaria forward from 2025 to 2023.

Cross-country and cross-border data-sharing mechanisms supported by WHO’s Mekong Malaria Elimination programme enabled national malaria programmes to identify common challenges and measures to maintain and even accelerate malaria elimination. Significant disruptions to malaria activities were avoided, case numbers continued to fall, and malaria testing remained steady.

Support from donors such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Bill & Melinda Gates Foundation and the United States President’s Malaria Initiative have enabled national malaria programmes, WHO and partners to move forward with malaria elimination intensification plans and focalized approaches that formalize a commitment to reaching the unreached. In doing so, health service providers have been brought closer to forests, where most malaria infections in the Greater Mekong Subregion remain. These providers include teams of village malaria workers and mobile malaria workers who have been entrusted to work with their own communities to detect, test and treat suspected cases.

Cambodia’s Minister of Health and the National Center for Parasitology, Entomology and Malaria Control launched the “last mile” of malaria elimination in November 2020. This innovative problem-solving approach shifts core tracking, testing and treatment responsibilities to local health centres and includes targeted drug administration to high-risk populations, as well as intermittent preventive treatment for travellers to malaria-risk areas such as forests. The initial data from Cambodia’s approach show promising results: a 71% reduction of malaria cases between 2019 and 2020.

In the Lao People’s Democratic Republic, enhanced response plans led by the Center for Malaria, Parasitology and Entomology have seen networks of village malaria workers conducting focal testing and treatment of all forest-goers in 200 of the highest-burden villages. While testing remains steady (570 000 conducted in 2020), the country nearly halved its case numbers compared to the previous year.

Similarly, Viet Nam’s National Institute of Malaria, Parasitology and Entomology has focused its efforts on a strategic approach to expand early diagnosis and prompt treatment of malaria among forest fringe communities and forest-goers. Since 2020, the country has been deploying mobile malaria teams, conducting contact tracing of co-travellers, and working with logging transporters to expand access to diagnosis and treatment for hard-to-reach populations. As with its neighbours, Viet Nam has also seen a dramatic decline in case numbers, recording a 70% drop from 2019 to 2020.
Countries of the Greater Mekong Subregion leveraged pandemic response efforts to intensify and refine malaria elimination approaches. Here, in January 2021, a community health worker instructs a woman at her house in a Cambodian village.

disease management into existing strategies. Various innovations, such as telehealth, were introduced to reach the unreached, and social media risk communication campaigns were used to improve mental health outcomes. Self-help, stress management and audio-visual interventions for behavioural activation, often guided by a medical doctor through videoconferencing technology, have also helped address the heightened need for mental health services over the past year.

**Maintaining essential services and addressing vulnerabilities**

The pandemic led to varied degrees of disruption in the delivery of communicable and noncommunicable disease services across the Region. The situation was worsening, especially for the most vulnerable who were already more at risk of not having access to essential services.

In response, and as explained earlier in this report, WHO worked with Member States to ensure the continuation of essential services. WHO provided technical guidance to continue programme implementation for VPDs, TB, malaria, HIV and noncommunicable diseases by developing adaptive and flexible implementation plans to reach more people, providing support to logistics and supply chains, monitoring the situation, and evaluating ongoing implementation. This included support to countries to develop recovery plans to ensure continued delivery of services for TB, malaria, NTDs, HIV/AIDS and hepatitis. DDC also supported China’s efforts to commence national elimination initiatives for hepatitis and malaria, with WHO officially certifying China as
malaria-free in June 2021, after three consecutive years with no indigenous malaria cases.

Early in the pandemic, WHO predicted that logistic and supply chain challenges would be major hurdles to maintaining disease prevention and control efforts. Therefore, WHO supported countries to speed up deployment and delivery of essential medicines and vaccines by establishing a regional stockpiling mechanism for drug-resistant TB and leprosy drugs, diphtheria antitoxin, antimalarials, rapid diagnostic tests, and other medicines and vaccines. WHO also supported the establishment of national stockpiles of measles and rubella vaccines in Papua New Guinea. These efforts benefited countries and areas, primarily in the Pacific, to receive supplies without interruption despite pandemic restrictions.

WHO has also supported countries in the Region to strengthen their immunization programmes and VPD surveillance systems. In response to outbreaks of circulating vaccine-derived poliovirus, or cVDPV type 1 and type 2, in Malaysia and the Philippines, WHO has continued supporting outbreak response and vaccination activities. The Lao People’s Democratic Republic and Papua New Guinea conducted preventive mass vaccination campaigns against poliomyelitis with support from WHO.
We are all in this together: COVID-19 and the opportunity to co-create the future of mental health and well-being

Good mental health is the foundation of well-being. It enables people to fulfil their potential, remain resilient amid adversity, be productive and form meaningful relationships with their community. For the future – WHO’s vision for the Western Pacific – highlights mental health as a vital issue for the future health and security of the Region. Its endorsement by WHO Member States represents a strategic opportunity to co-create a vision for the future of mental health and define a new regional framework for action.

COVID-19 has brought the future of mental health forward and has shown us that mental health is about everyone’s well-being. COVID-19 has impacted the lives of people in so many ways – in terms of connection, safety, freedom of movement and livelihoods. At no other point in recent history has a single event caused nearly everyone to feel some form of distress and need for support. Protecting and promoting the mental well-being of everyone has many co-benefits – for individuals, families, communities and societies.

A new regional framework for the future of mental health in the Western Pacific is being developed for presentation to a future session of the Regional Committee. This framework will call for new ways of working, shifting towards a more holistic approach and a transformative environment promoting well-being on a much broader scale. Traditional approaches with a narrow focus on scaling up treatment of mental illness will not be enough. The new approach advocates refocusing towards well-being and reaching the unreached, with solutions generated from the ground up to match the needs of communities: transforming mental health care with the optimal mix of services; building up human resources and improving quality; and embedding mental health into daily life with tools and interventions that operate across the life-course and promote mental health beyond the health sector.

Over the past year, WHO has been responding to the psychosocial impact of the pandemic while shaping the agenda for the future of mental health amid the increased attention on mental health brought about by the pandemic. Key activities have included a regional forum with the next generation of mental health professionals co-organized with Keio University of Japan, a regional expert consultation and a series of Member State dialogues that will culminate in a new regional framework to be presented to the Regional Committee in 2022.
The Data, Strategy and Innovation (DSI) group was established so that WHO and Member States can use the operational shifts to deliver the thematic priorities of the For the Future vision that will support Member States to create a healthy future. The DSI group provides technical advice and support on using universal health coverage (UHC) as the foundation for: collectively building a healthier future; building Member States’ health information systems capacity to inform strategic and evidence-informed decision-making; supporting Member States to address and prepare for healthy ageing; identifying new approaches to harnessing innovations in health-care delivery; and working with Member States using a new Health Futures Strategic Dialogue (HFSD) approach that enables them to envision a healthy future and use “backcasting” to identify how to create it.

In response to the COVID-19 pandemic, the DSI group prioritized COVID-19 response activities, for example related to protecting older people, and those activities that the situation made possible to accelerate, for example using health futures approaches to explore a healthy future.

Using UHC as a platform for all programmes to come together to strengthen health systems

Taking a systems approach with UHC as the foundation is one of the Region’s operational shifts to support Member States. UHC is the foundation so that all disease control programmes and partners can unite around an agenda to transform health systems and strengthen and prepare them for the challenges of the future.

The UHC Technical Advisory Group (TAG) has been revitalized to broaden engagement for policy development and innovation for health systems in the Region. The Fourth Meeting of the UHC TAG in the Western Pacific Region brought together the other TAGs under an overarching umbrella to rally behind a coordinated approach to transform health systems. The UHC TAG Meeting also included participation of health ministers and senior health policy-makers who reconfirmed the need to unite behind and invest in UHC despite, and because of, the COVID-19 pandemic. The TAG also identified that COVID-19 had revealed how important UHC is to mobilize concerted action to strengthen health systems for the benefit of all health programmes.

**Special projects to bring diverse voices into the futures dialogue:** A January 2021 “hackathon” in the Philippines to crowdsourced ideas for social health innovation produced this winning piece entitled “Moving Towards Post-Pandemic World Advancing the Sustainable Development Goals Agenda and Global Networks”.

Since the UHC TAG Meeting, WHO has convened two meetings of all the chairs of the regional TAGs on noncommunicable diseases, climate change, emerging diseases, violence and injury prevention and tuberculosis (TB), as well as an expert group on reaching the unreached. The chairs engaged enthusiastically, recognizing the mutual benefit of coming together on the foundation of UHC. For example, the TB TAG synchronized the new regional action framework for TB with key findings from the umbrella TAG.

**Securing early success for developing a healthy ageing society**

To help address rapid population ageing in the Asia Pacific region, the Regional Committee for the Western Pacific in 2019 organized a high-level panel discussion on ageing and health and formally tasked WHO with the development of an action plan.

A year later in 2020, the Regional Committee endorsed the *Regional Action Plan on Healthy Ageing in the Western Pacific*, which sets out a vision of healthier older adults thriving and contributing to societies across the Region. The Action Plan advocates a long-term transformation of social and health systems to address lifelong health needs of populations and cross-sectoral actions to improve social environments that affect health.

Since then, WHO has worked with Member States and partners to implement the following areas of the Action Plan:

**Starting social system transformation early** is vital because it takes time, and the speed of population ageing is increasing rapidly in the Region. WHO supports countries to start creating an age-friendly society by developing a multi-year plan for healthy ageing and forming multisectoral coordination bodies. WHO supported Brunei Darussalam, the Philippines and Viet Nam to develop their national strategies for healthy ageing.

**Supporting evidence-building for policies and plans** is vital to inform and introduce age-friendly policies. WHO has worked closely with its collaborating centres in: Kyoto University on Internet access as a social determinant of health; the Hong Kong Polytechnic University on forecasting noncommunicable disease burdens; the China Academy of Information and Communications Technology on digital inclusion for older people; and Seoul National University on the lifelong approach for healthy ageing.

**Supporting establishment of multisectoral coordination mechanisms through knowledge-sharing** is vital as healthy ageing is a relatively new topic for many. WHO is supporting the adoption of lessons identified from more aged Member States, such as Australia, Japan, the Republic of Korea and Singapore. In March 2021, WHO organized the Leadership Training Course on Healthy Ageing in collaboration with Kanagawa Prefecture, Japan, which presented the best practices in aged societies. Participants from 12 countries shared experiences and took a “virtual trip” to Wakabadai Housing Complex to learn about a sustainable community initiative where half the residents are over the age of 65.

**Expanding the use of integrated multi-source data for decision-making**

Driving and measuring country impact is one of the Region’s operational shifts to support Member States in developing integrated measurement frameworks and systems that can meaningfully inform the pursuit of national health and development goals. The COVID-19 pandemic has further highlighted the need for strategic and integrated health information from multiple sources to inform decision-making.

WHO has established an innovative data group to harness integrated health information and promote capacity-building for harmonized health information systems at the country level that bring together data from multiple sources. One of the key deliverables of the group is the Western Pacific Regional Data Platform, which compiles and integrates multi-source data from global, regional and country channels. Set to launch in late 2021, this platform will act as a one-stop reference point for countries searching for integrated data to guide decisions and actions.

*The Health-related Sustainable Development Goals: Progress Report of the Western Pacific Region 2020* demonstrates the insights that can be gleaned from using integrated health information. Using the Sustainable Development Goals and UHC monitoring as a starting point, the team has supported Member States to use integrated health information in planned country activities, such as
monitoring national strategic plans and annual programme assessments. In China, this approach explored harmonizing data systems and sharing across equity issues, contributing to planning for the Healthy China 2030 targets. In Viet Nam, the Sustainable Development Goals profile supports national health systems assessments, while in the Philippines, it supports the assessment of the midterm impact of national UHC targets.

COVID-19 raised the need to accelerate the use of integrated data to track all-cause mortality to understand the impact of the pandemic. WHO supported French Polynesia, the Lao People’s Democratic Republic, Mongolia and the Philippines to combine health data with data from other sectors to get a more complete assessment of the impact of COVID-19 on all-cause mortality and to inform ongoing surveillance, response and recovery planning.

Preparing for healthier futures

For the Future is a vision for addressing the challenges of the future today so that we can create a healthier and safer region. WHO has developed the HFSD process to support Member States to explore the drivers of public health in order to create a healthier future. The process stimulates innovative thinking and builds capacity for futures planning among Member States.

The overall process aims to lead to the development of a country-owned change agenda for the future of health, well-being and health systems. The HFSD process has begun in Malaysia, Mongolia and the Philippines with WHO support. In Mongolia, a two-day launch meeting generated great interest among a wide range of stakeholders who saw the value of the approach to understand the main drivers of health, then use those to help envision a future for health and create solutions to achieve it. The meeting identified the key drivers and issues to be the foci of a six-month-long series of in-depth workshops. These will culminate in a final workshop to collate findings from all the workshops into a comprehensive futures vision, which will guide Mongolia’s approach to create a healthier future.

The launch resulted in high-level political and broad stakeholder endorsement and engagement in the HFSD process. Preparations are under way, with authorities in

The First Health Innovation Forum in September 2020 probed areas for innovation that WHO has prioritized in its work to address future health challenges in the Region.
Malaysia and the Philippines to begin similar processes suitable to their situations. In the Philippines, the HFSD process is being designed with the Department of Health to respond to an initiative from the Senate Committee on Sustainable Development Goals, Innovation and Futures Thinking to support a transformation to anticipate future needs and issues and to develop a long-term health sector agenda. The country futures dialogues are also being informed by voices outside the health sector. WHO supported a “hackathon” as a means to bring the voices of young people into futures dialogues, enabling them to share their visions for a healthy future through written, audio and visual media.

In developing the HFSD methodology, the DSI group initiated six agile futures think tanks to explore the impact of COVID-19 at the regional level. The think tanks developed futures scenarios and related impacts of the pandemic on health through different lenses: equity, ethics, non-COVID-19 mortality, non-pharmaceutical interventions, history of pandemics and systems vulnerabilities. The think tanks utilized a “backcasting” approach to identify strategic actions for WHO and countries to future-proof health, well-being, and health systems and responses, and to build overall resilience. Special projects were implemented to incorporate the perspectives of young people and communities to ensure that descriptions of futures were inclusive.

Harnessing innovations to help the Region prepare for the future

Innovation is especially important as the Region grapples with developing health systems and promoting healthy lifestyles that can keep pace with the rapidly changing social, economic and demographic conditions. Innovation is one of the operational shifts identified in *For the Future* that WHO is moving towards applying across the full range of work: incorporating an innovation lens.

Over the past year, the DSI group has defined a vision for innovation in the Region with a focus on amplifying inclusive technological and social innovations. The First Innovation Forum in the WHO Western Pacific Region in September 2020 explored a range of innovations that can have a considerable impact on public health, including the role of digital technologies, the importance of urban planning, and the use of “nudging” as positive reinforcement and indirect suggestions to influence behaviour to become healthier, and that address the social determinants of health. Throughout the virtual sessions, participants presented innovations in Member States that could accelerate the realization of public health benefits for the Region.

A pathfinder for WHO’s work on innovation is the development of a digital avatar powered by artificial intelligence to support older people in the Western Pacific Region. The avatar will interact with older people and promote healthy ageing and self-care relating to COVID-19. WHO will test the avatar in two Member States to evaluate its effectiveness, then adapt and scale up this approach, which can potentially transform health promotion and the delivery of care for older populations.
Healthy ageing in the Philippines

Ageing is one of the four thematic priorities in *For the Future* because the pace of ageing in the Region will have a major impact on the demand for health care. COVID-19 exacerbated underlying problems that older people face in many parts of the Region, even in countries just starting to prepare for more ageing populations. The pandemic underlined the need to start now to prepare for the future.

WHO has supported the National Commission of Senior Citizens and the Department of Health to take forward a whole-of-government initiative in the Philippines. The Commission ensures full implementation of laws, policies and programmes that promote the well-being of older people in the country. They are mandated to bring together stakeholders from all relevant sectors, including health, to create age-friendly societies. The Commission can recommend appropriate actions to the president and local governments on social transformation and adopt best practices from other age-friendly environments. The Department of Health is providing technical support to the Commission to co-create an age-friendly environment where older people can continue to participate socially and stay healthy.

WHO has introduced the concept of age-friendly cities and communities to the Commission and the Department of Health, supporting officials in creating an operations manual for local government units to implement the national programme for older people and an online training module for health-care workers to increase their capacity to care for older people.

This support also facilitates discussions across sectors to collaborate on programmes and services for the well-being of older people. WHO has created knowledge-sharing opportunities by providing direct support to the National Commission of Senior Citizens for a series of round-table discussions and the creation of a toolkit for healthy ageing.

The country’s transformation of social and health sectors and collaboration with all relevant sectors to create an age-friendly environment is a shining example of the whole-of-society approach in action, which is essential for healthy ageing.
Healthy and safe environments enable populations to live long, healthy and productive lives. To promote healthy environments, we need to address the “upstream” drivers of poor health, including tobacco use, excessive consumption of alcohol, unhealthy diets, insufficient physical activity, violence and injury, air pollution and other environmental health hazards, as well as the broader social determinants of health, including gender and inequity. Promoting and creating environments that enable equitable and sustainable health outcomes will also be an important foundation of health and socioeconomic recovery from the COVID-19 pandemic.

To support implementation of the For the Future vision, the Division of Healthy Environments and Populations (DHP) works with countries to take sustained, systematic and effective action to reduce common risk factors for noncommunicable diseases (NCDs) and conditions and, in doing so, prevent illness and injury. To address health issues caused by environmental factors, DHP works to help ensure countries and communities are well prepared to face a changing climate and environment. DHP promotes the use of a gender, equity and rights lens, encouraging staff across the Region to take into account gender and equity implications at every stage of their work.

**Strategically using data to drive change**

In line with the operational shift to drive and measure country impact outlined in For the Future and in collaboration with the Region’s Data, Strategy and Innovation (DSI) group, DHP works with countries to conduct NCD surveillance, with a renewed focus on supporting countries to use data and surveillance information meaningfully and strategically to drive policy actions needed to reduce NCDs and injuries.

For example, direct support was provided to the Lao People’s Democratic Republic and Viet Nam for administration of the STEPS NCD survey to track the disease burden from NCDs and the prevalence of associated risk factors, as a basis for identifying priority policy actions to address NCDs.
risk factors at the national level. DHP also co-facilitated a Cancer Registry Workshop for the Lao People’s Democratic Republic with experts from the Korean National Cancer Control Center in Seoul. The workshop helped to strengthen the Lao national cancer registry system by supporting improvements in data quality to support decision-making for cancer prevention and management strategies. Following the workshop, the cancer control network was expanded with the establishment of a technical working group to oversee cancer control data collection, screening, referral and treatment regimes, which will help to support strengthening of cancer control efforts over the longer term in the Lao People’s Democratic Republic. To alleviate the burden of data collection on countries – particularly important in the context of the COVID-19 pandemic, which has stretched available resources and capacity within health ministries – DHP is working to identify alternative sources of routinely collected data within the health sector and beyond. This approach helps ensure the continued availability of important data in times of health sector stress, as well as reduce the need for primary data collection.

For instance, in the area of injury prevention, existing data on drowning events were obtained from various sectors, including health, law enforcement, maritime safety, education, tourism and transport. Data were consolidated, reviewed and compiled, enabling a greater understanding of the context of drowning in the Region and identifying targeted points of intervention for effective prevention. Outcomes of the assessment were published in July 2021 in the first Regional Status Report on Drowning in the Western Pacific Region. This report will provide guidance for incorporating water safety into national plans and strategies, supporting Member States to keep communities safe from drowning.

**Strengthening policy and regulation to tackle modifiable risk factors for NCDs**

DHP’s “shrunk plan” prioritizes continuing work to support countries to take evidence-based, cost-effective actions to

Workers from a health and development group meet with members of a mining community in the Philippines to provide information on COVID-19 in June 2021. The Civil Society Organization Initiative has worked to improve health information at the community level throughout the pandemic with funding from the COVID-19 Solidarity Response Fund.

This year, direct support has been provided to Viet Nam to administer the STEPS NCD survey. This survey determines major disease burden and prevalence of associated risk factors. Here, a health worker does onsite urine cotinine testing as a part of the STEPS survey at the Thanh Khe Tay commune health station in Viet Nam in January 2021.
prevent NCDs through addressing modifiable risk factors – given that addressing NCDs is one of the For the Future thematic priorities, and because people with NCDs are more vulnerable to severe disease and death from COVID-19. Through supporting countries with the development and revision of policies, laws and regulations, DHP aims to help establish strong policy frameworks that minimize population exposure to modifiable risk factors for NCDs.

For instance, unhealthy food environments challenge our efforts to address childhood obesity and other diet-related NCDs. The Regional Action Framework on Protecting Children from the Harmful Impact of Food Marketing in the Western Pacific, endorsed by the Regional Committee in 2019, provides a platform to address advertising, sponsorship and promotion of harmful commercial products including breast-milk substitutes and food high in saturated fats, trans-fatty acids, free sugars and salt. DHP’s Nutrition team has been working to support countries to implement the Framework.

For example, with DHP’s support, Brunei Darussalam developed a code on responsible marketing of food and beverages to children. The code was launched in March 2021 to ensure responsible marketing of food and beverages to children among business owners, media, advertising and marketing agencies, and to provide a resource and reference guide to policy-makers for regulating the marketing of these products to children.

On tobacco control, leveraging the renewed focus on respiratory health as a result of the COVID-19 pandemic to motivate people to stop smoking, DHP spearheaded a regional campaign on smoking cessation launched for World No Tobacco Day. (For more information, please see sidebar story on page 53.) In collaboration with the Southeast Asia Tobacco Control Alliance, DHP has also worked to sustain momentum among smoke-free cities and sites by supporting them in strengthening enforcement of smoking bans and raising awareness on the harms of tobacco use.
DHP has also worked to support Member States to maintain and strengthen NCD services to mitigate the risk of long-term disruptions over the course of the COVID-19 pandemic. For example, in the Federated States of Micronesia, a Pohnpei State programme initiated before the pandemic – aimed at strengthening primary health care through telemedicine and decentralizing NCD management services to dispensaries statewide – was accelerated, leveraged and expanded to ensure service continuity and patient access during the pandemic, with WHO support. Currently, the four main island dispensaries in Pohnpei have clinicians delivering services through specialized outpatient programme days, and health assistants have strengthened capacity to screen for major risk factors, assess cardiovascular risk and provide lifestyle counselling.

Applying a gender, equity and rights lens, and engaging communities as a foundation for better health in the future

The COVID-19 pandemic has amplified existing health inequities and created new ones: in nearly all countries and contexts, the virus has had a disproportionate impact on the most vulnerable. DHP focuses on improving understanding about how social determinants impact health and well-being. To emerge from the pandemic stronger, we must pay greater attention to addressing health inequity, and engage communities in doing so – with a focus on creating environments that enable people and communities to take greater control of their own health.

DHP is tasked to support all WHO staff within the Region to apply a gender, equity and rights lens to their work, for instance, through encouraging staff to think about gender implications at every stage of their work, as a first step to ensuring that all WHO programmes are gender-sensitive. DHP is also building a new approach to mainstreaming gender. It involves supporting staff across the Region to apply a gender, equity and rights “lens” to all aspects of their work. Applying this lens means thinking about how WHO’s technical work and related operations could help or hinder efforts to address gender and other inequalities, and emphasizes conversations and mindsets over tools and checklists. WHO staff in the Region will be encouraged to apply both innovation and CCE (climate change, environment and health) lenses in the future.

DHP is also leading a regional initiative to empower civil society organizations (CSOs) as local leaders for health – with an initial focus in Malaysia, Papua New Guinea and the Philippines. The initiative demonstrates how small investments in CSOs can expedite innovation and promotion of localized solutions during the COVID-19 pandemic, especially for vulnerable populations such as migrant workers, people recently released from prison, people with disabilities and young people. For example, CSOs in Papua New Guinea are raising awareness of COVID-19 and other infectious diseases in urban and rural areas, while strengthening water, sanitation and hygiene (WASH) infrastructure to improve compliance with pandemic protocols. Further, the Community Engagement Research Initiative, a collaboration between DHP and DSI, is seeking to build the evidence base for effective and sustainable community engagement as a foundation for better health in the post-pandemic future.
**Utilizing Communication for Health to increase attempts to quit tobacco**

Individuals, health workers, policy-makers and government leaders make decisions every day that affect people’s health, including whether they get vaccinated, quit using tobacco or eat healthily. Communication – particularly the information people have and with whom they communicate – plays a key role in shaping those decisions.

In the Western Pacific Region, WHO is developing Communication for Health (C4H) as a technical programme. The C4H approach leverages evidence and data-informed communication principles and processes to shift attitudes, change behaviours and spark policy reforms to tackle complex health challenges, including tobacco use. We are increasingly applying this approach to WHO’s own communication work, as a basis for learning and improving.

In line with this strategy, to support our goal of achieving a healthy, tobacco-free Region, WHO utilized the C4H approach to develop a three-month “Commit to Quit” campaign. Despite strong awareness of the impact of tobacco use on health, 388 million people aged 15 years and older currently smoke in the Western Pacific, representing one third of the world’s smokers. The campaign aimed to support tobacco users to feel motivated and confident in making quit attempts, and for non-users to feel confident in supporting tobacco users to quit.

Using the C4H framework, WHO utilized existing regional tobacco surveillance data to understand the social and behavioural drivers of tobacco use, barriers to quitting, cessation methods and overall awareness of the health impacts prior to designing the campaign. Based on this evidence, communication messages and educational materials were developed to target adult and youth tobacco users where smoking rates are high: Cambodia, China, the Lao People’s Democratic Republic, Malaysia, Mongolia, the Philippines, Samoa, Solomon Islands, Vanuatu and Viet Nam. In partnership with Facebook, WHO developed an advertising campaign targeting the nearly 75 million Facebook users aged 18 to 55 years in these countries who had self-identified interests such as tobacco, cigarettes, smoking, and lung cancer awareness. WHO aimed to have 5 million of these users engage with the campaign’s “Commit to Quit” videos and social media tiles in their preferred language, and click to the WHO regional website for further tips on how to quit tobacco. After one month, the campaign reached 22 million people with more than 70 million post engagements on Facebook.

To test the campaign’s influence on tobacco users’ intentions to quit, WHO conducted two surveys – a Facebook Brand Lift study and an in-depth survey – aimed at tobacco users and non-users who had seen the campaign. The Facebook Brand Lift study focused on testing whether people recalled seeing Facebook ads from WHO, in order to see if messaging stayed with them. After learning that people did recall the ads, WHO launched a more in-depth survey focused on whether the advertisements influenced tobacco users’ motivation to quit or influenced non-users’ motivation to support users to quit. Preliminary findings from the English-language survey show that among those who reported seeing WHO content, 44% of tobacco users said they were very likely to quit tobacco within the next month, while nearly a third of non-users said they were very likely to support someone else to quit.

Moreover, the survey provided an opportunity to fill gaps in understanding of audience barriers and motivations. Lessons from this campaign will be used to inform ongoing work to support Member States in their efforts to promote tobacco cessation across the Western Pacific using the C4H approach.●
The Division of Health Systems and Services (DHS) supports Member States to strengthen health systems to achieve universal health coverage or UHC. The Division provides technical and policy support on strengthening health systems (including primary health care), investing in health, health financing and the health workforce, and improving the quality of health care (including infection prevention and control). The Division also supports Member States to build up the legislative and regulatory structures that underpin health systems, strengthen medical products regulation and access, and tackle antimicrobial resistance. The Division has also continued its work on promoting Early Essential Newborn Care, reducing maternal mortality, and building partnerships for health, with the Asian Development Bank, the World Bank and the International Monetary Fund, and as Secretariat for the Asia-Pacific Parliamentarians Forum on Global Health.

Since the COVID-19 pandemic, the Division has prioritized its activities and repurposed staff. The pandemic provided an opportunity to expedite many aspects of health systems strengthening that will benefit Member States’ COVID-19 responses and leave a legacy of stronger health systems.

**Leveraging the health systems for COVID-19 care**

During the pandemic, WHO has leveraged its health systems strengthening work to support Member States to build and sustain health-care capacity, and prevent health-care systems from being overwhelmed. In Cambodia, the Lao People’s Democratic Republic and Mongolia, WHO worked with national and subnational authorities to prepare intermediate facilities of hospital intensive care units (ICUs) and improve referral pathways to minimize COVID-19 deaths by improving health-care utilization. WHO worked in collaboration with experts from the National Center for Global Health and Medicine in Japan to advise how early detection of severe disease and management with oxygen therapy and systemic steroids can reduce deaths and hospital stays. WHO supported national authorities in Mongolia to identify and implement actions to optimize the use of ICU beds during surges of COVID-19 cases and thereby contribute to reducing preventable mortality.

In the Philippines, WHO provided policy development support for draft legislation to create the National Patient...
Navigation and Referral System, which expands the scope of the One Hospital Command Center to improve patient care and referrals for COVID-19 and beyond to other health needs. In Fiji, WHO supported the Ministry of Health and Medical Services to develop a service reorganization plan to ensure continuity of essential services, while providing care for COVID-19 patients.

**Sustaining commitment to invest in health to achieve UHC**

Supporting Member States to invest in health to achieve UHC is a core WHO function. As many countries in the Region progress on their path to upper-middle-income and high-income status, it is vitally important that sustainable domestic financing enable a healthy population and health-care coverage for all. Under the conditions of the global economic crisis that resulted from the COVID-19 pandemic, WHO prioritized health financing in a “shrunk plan” of work, and worked with the World Bank, the Asian Development Bank (ADB) and the International Monetary Fund to analyse the risk of the economic crisis reducing future fiscal space for governments to invest in health.

The Division worked with ADB, the WHO Regional Office for South-East Asia and the Government of Japan to develop a new partnership between health and finance ministers to maintain focus on the need to invest in health to address COVID-19 and achieve UHC.

A virtual Joint Ministers of Finance and Health Symposium was convened in September 2020 to reinforce the links between improving health and economic growth. With more than 40 ministers participating, many stressed how the COVID-19 pandemic had exposed gaps and deficiencies in national health systems across Asia and the Pacific, as well as the interdependence of health security and economic stability. At the end of the meeting, countries reiterated their commitment to UHC, their concern that COVID-19 and the economic crisis would be a challenge to financing UHC, and the increased importance of investing in health, even during the COVID-19 economic crisis.

**Expanding availability of safe and affordable surgery**

Ministers in the Region, particularly those from the Pacific, identified expanding access to safe and affordable surgery as a vital need in their countries and important for achieving UHC. WHO worked with Member States to develop an approach rooted in health systems strengthening, outlined in the *Action Framework for Safe and Affordable Surgery in the Western Pacific Region (2021–2030)*.

After the Regional Committee endorsed the Action Framework in October 2020, WHO immediately began to support Member States with its implementation, convening a partnership with Harvard University, the Royal Australasian College of Surgeons and the Pacific Community. Pacific island countries including Cook Islands, Fiji, Tonga and Vanuatu began early work. In Fiji, a vision for surgical service provision by 2030 was established by a group of stakeholders led by the Minister of Health and Medical Services and including the Ministry of Finance, Ministry of Women, Children and Poverty Alleviation, clinical service networks, public and private service providers, community representatives, and nongovernmental organizations. The vision calls for a phased approach to upgrading subdivisional hospitals with essential and emergency surgery capabilities. The approach offers a pathfinder for strengthening health systems to address other health issues.
Strengthening the regulatory processes for safe COVID-19 vaccines and future products

The 2017 Western Pacific Regional Action Agenda on Regulatory Strengthening, Convergence and Cooperation for Medicines and the Health Workforce outlines the importance of strong regulatory systems so that people can trust that they are receiving safe and effective vaccines and medicines. The COVID-19 pandemic created an environment to expedite strengthening of national regulatory authorities (NRAs) to develop legal frameworks for the entry of products during public health emergencies. From the start of the pandemic, WHO supported Member States to put in place regulatory requirements to enable approval, importation, regulation and introduction of diagnostics and, more recently, vaccines.

Once COVID-19 vaccines were available for deployment at the global level, the NRAs were quickly able to use these processes to enable vaccine introduction in all countries and areas in the Region. WHO assisted NRAs to issue emergency use authorizations and similar forms of approval drawing on the WHO Emergency Use Listing procedure and stringent regulatory authorities’ approval.

Four months after the March 2021 start of the global vaccine roll-out, all 37 countries and areas in the Region had sufficient doses to vaccinate health-care workers, and 27 had sufficient doses to also vaccinate older people.

This regulatory work for the COVID-19 response is an example of WHO's prioritized “red box” workplan in the Region to deliver urgent COVID-19 response needs that
link with and accelerate the longer-term health systems strengthening agenda.

**Strengthening infection prevention and control to improve health-care quality and patient safety**

The *Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies*, known as APSED III, and the UHC Action Framework identify improving infection prevention and control (IPC) as vital for improving health-care quality, protecting patients and reducing infections. WHO has supported countries to employ rapid IPC responses for acute phases of COVID-19 and developed a health systems approach to improve IPC in the longer term. In the Philippines, WHO supported improving IPC practices in quarantine and isolation facilities to minimize the risk of amplification of COVID-19 infections and to ensure the allocation of limited health-care resources to the patients most in need.

The longer-term approach looks at all elements of the health system that can impact behaviour and performance in health-care facilities. WHO supported Cambodia, the Lao People’s Democratic Republic, Papua New Guinea, the Philippines, Solomon Islands and Viet Nam to begin developing strategic plans that identify adjustments to legal frameworks, technical guidelines, facility and health-care worker regulation, and health financing to improve IPC.

The Lao People’s Democratic Republic is now renewing its national IPC strategy in line with this broader health systems approach, and Viet Nam is scaling up the national surveillance system for health care-associated infections from 18 to 36 early adopting hospitals.

**Promoting legislation as a tool to improve health and underpin COVID-19 responses**

*Better Laws for Better Health: Western Pacific Regional Action Agenda on Strengthening Legal Frameworks for Health in the Sustainable Development Goals* outlines the importance of strong appropriate legislation to achieve UHC. Over the past year, the COVID-19 pandemic has enabled acceleration of health legislative work across the Region. WHO supported Kiribati, the Federated States of Micronesia, Palau and Papua New Guinea to make rapid legislative changes to underpin the COVID-19 response, and Cook Islands, the Lao People’s Democratic Republic and Vanuatu to undertake longer-term reforms to public health laws to address issues highlighted by COVID-19. WHO also supported Member States to make legal and regulatory changes necessary to enable the appropriate use of digital technologies for contact tracing and telemedicine.

**Supporting parliamentarians’ leadership role on health and the COVID-19 response**

Parliamentarians continue to play a critical role in national COVID-19 responses and in promoting health overall. WHO has acted as Secretariat to the Asia-Pacific Parliamentarian Forum on Global Health since 2016 to support its role in promoting health. Since the start of the COVID-19 pandemic, WHO convened two ad hoc virtual Forum meetings to provide a platform for parliamentarians to share experiences and catalyse their role in combating COVID-19, including through leadership, advocacy, legislation, and planning and financing.

Parliamentarians called for solidarity among countries to combat COVID-19 and achieve vaccine equity. They agreed on the importance of strong health systems and the vital need to invest in health to achieve UHC because of the inextricable link between health and the economy.
The vision for countries and areas in the Western Pacific is to stay ahead of the antimicrobial resistance (AMR) curve by slowing the spread of resistance, thereby preventing a public health emergency that could also threaten the economic security of the Region. WHO work is guided by the Framework for Accelerating Action to Fight Antimicrobial Resistance in the Western Pacific Region, endorsed by Member States at the Regional Committee in 2019.

WHO supports Member States’ commitment and political agility to plan for the long term while urging them to act early against AMR. To support policy advocacy and action, WHO is working with Member States to improve the quality and quantity of data on antimicrobial consumption through the Western Pacific Regional Antimicrobial Consumption Surveillance System (WPRACSS). WPRACSS monitors antimicrobial consumption at the national level, the hospital level and the community level, showing the actual levels of antimicrobial use. Using the universally applied defined daily dose as a measure, countries can identify levels of consumption and use of antimicrobials and take appropriate actions to curb their use and slow down the development of antimicrobial resistance. This will also guide countries to monitor and control the use of so-called last-resort antibiotics, preserving their effectiveness and reserving their use only for life-threatening infections. As of 30 June 2021, a total of 14 countries and areas in the Region have joined WPRACSS,\(^1\) and 10 countries and areas have established systems for surveillance of consumption at the national level and contributed to the first regional report on antibiotic consumption in the Region.\(^2\)

In addition to this consumption surveillance to make the case for higher political attention, WHO is generating evidence and supporting research on the health and economic burden and emerging issues on AMR in the Region. At the country level, WHO supports governments in adopting “grounds up” approaches by generating knowledge and information to inform local actions and strengthen local systems to fight AMR.

WHO and Member States are working together to implement the “Stewards for the Future: One Region, One Movement to Fight AMR” campaign to promote – as a societal norm – responsible prescribing, dispensing and use of antimicrobials today to protect our future. The movement helps to engage the wider population, health-care professionals and policy-makers to identify the actions they can each take to reduce the unnecessary use of antimicrobials. All Member States in the Region have joined the movement and use World Antimicrobial Awareness Week to increase actions to reduce antimicrobial consumption.

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1. Brunei Darussalam, Cambodia, China, Hong Kong SAR (China), Japan, Lao People’s Democratic Republic, Malaysia, Mongolia, New Zealand, Papua New Guinea, Philippines, Republic of Korea, Singapore, Viet Nam.
2. Brunei Darussalam, China, Hong Kong SAR (China), Japan, Lao People’s Democratic Republic, Malaysia, Mongolia, Philippines, Republic of Korea, Singapore.
Division of Pacific Technical Support

The WHO Division of Pacific Technical Support (DPS), based in Suva, Fiji, coordinates and provides timely, tailored support and backstopping to 21 Pacific island countries and areas (PICs). WHO’s support to the Pacific is also coordinated through six other offices in the Pacific: the WHO representative offices in Samoa and Solomon Islands and country liaison offices in Kiribati, the Federated States of Micronesia, Tonga and Vanuatu.

Over the past year, DPS has repurposed staff to support COVID-19 responses throughout the Pacific. Together, DPS and Regional Office teams (especially the Division of Health Security and Emergencies) have delivered effective support at the country level. Working with health ministries and other partners, WHO has assisted PICs to leverage COVID-19 response activities to strengthen systems required to protect the delivery of essential services and save lives during the pandemic while also working for tomorrow’s health challenges. This forward-looking approach to support is the backbone of the For the Future vision of making the Western Pacific the world’s healthiest and safest region.

Expediting the availability of telehealth under COVID-19

Pandemic-related restrictions have compounded the already significant challenges PICs face in delivering health care to small populations spread across the world’s largest ocean. At the same time, these challenges have hastened the transformation towards digital health. Under COVID-19, digital health activities became part of the Division’s “red box” or “shrunk plan”, the strategic planning approach outlined in the first chapter. Efforts to implement these activities were accelerated – to support COVID-19 preparedness and response, to protect the delivery of routine services in the context of movement restrictions, and to lay the foundations for the future when digital health will be more important than ever.

WHO has worked with ministries of health and other partners from the Pacific Health Information Network to design and implement country-specific digital health transformation plans across the Pacific in the coming years. These plans consider countries’ unique contexts, existing mechanisms and local solutions.
A significant step forward was taken with the completion of so-called digital maturity assessments in Cook Islands, Fiji, Kiribati, the Marshall Islands, the Federated States of Micronesia, New Caledonia, Niue, Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu. These assessments map the current digital landscape and countries’ capacity to incorporate new technologies into their health systems.

Work to introduce telemedicine and telehealth as a complementary service delivery approach has also been initiated in Cook Islands, Fiji, Kiribati, the Federated States of Micronesia and Tonga.

WHO also supported efforts to accelerate the availability of virtual health care consultations in the context of pandemic movement restrictions. PICs have increasingly welcomed this as an additional service delivery pathway for the future – particularly for prevalent noncommunicable diseases (NCDs) – and have continued to work with WHO to expand virtual health care where feasible.

**Enhancing laboratory capacity and helping to improve the quality and safety of health services**

Countries and areas continue to utilize pandemic preparedness and response activities to improve the quality and safety of health service delivery. As part of these efforts, WHO has assisted PICs to further enhance laboratory testing capacity. Support has focused on developing a strong network of public health laboratories able to detect a range of diseases using molecular testing technologies.

By the end of 2020, a total of 23 laboratories across the Pacific were equipped with polymerase chain reaction, or PCR, testing capacity, which is key for detecting viruses. This figure includes two entirely new laboratories established in Tokelau and Niue since July 2020. To set up a general diagnostic container laboratory in Niue, for example, the Niue Department of Health, hospital directorate and laboratory staff, as well as the Pacific Pathology Training Centre in New Zealand, worked in partnership with DPS, the Division of Health Systems and Services (DHS), the Division of Health Security and Emergencies (DSE) and the WHO Health Emergencies Programme (WHE). Installed on 19 May 2021, this self-contained, ready-to-use laboratory will improve the diagnostic capability for infectious and...
non-infectious diseases for the entire community and provide a safer working environment for staff. On-site training will strengthen staff capacity and the delivery of laboratory services.

Over the past year, the Organization has continuously engaged with ministries of health and partners to ensure that these laboratories are adequately stocked with testing cartridges and other supplies. With WHO support, laboratory personnel were trained, and by May 2021, all 23 laboratories passed three assessments and were found to conform to the requirements of WHO’s External Quality Assessment programme for the testing of COVID-19. This additional laboratory capacity can now be used by health-care workers to test for COVID-19 and other diseases.

These efforts have not only supported PICs to prepare for and respond to COVID-19, but also helped strengthen overall diagnostic capability. Stronger laboratory capacity is only one element of WHO’s systems approach of supporting PICs to develop health worker capacity and procure medical equipment and other resources to deliver more efficient, equitable and cost-effective health services. This support, delivered during the COVID-19 pandemic, has been designed to have a lasting impact, contributing to the goal of making the Western Pacific the world's healthiest and safest region.

**Ramping up the fight against NCDs under COVID-19**

NCDs remain far and away the largest cause of premature mortality in PICs. Addressing NCDs, a long-standing priority in the Pacific, gained new urgency in the pandemic, as they make people more vulnerable to severe or complex COVID-19. Pandemic restrictions also resulted in significant social and economic hardship, contributing to higher rates of family violence and suicide across the Pacific.

For these reasons, NCDs were quickly identified as an area of work in the Pacific that had to be further prioritized to accelerate progress during the COVID-19 response. For example, WHO has supported PICs to expand the provision and accessibility of NCD management and mental health services at the local level. Leveraging local networks and tailoring services to the needs of communities have helped to bring these services closer to communities. They will remain decentralized even beyond the acute phase of the pandemic. WHO support has included capacity-building and technical guidance, online learning opportunities, virtual workshops and mentoring. WHO also supported three countries to start tobacco cessation services, delivered by civil society organizations in partnership with ministries of health, as smokers and those living with NCDs face a higher risk of developing severe COVID-19.

In Tonga, as part of the Health Promoting Schools initiative, 15 schools received awards to recognize efforts in tackling obesity, teaching basic sanitation and hygiene, and supporting mental health and well-being. Another 45 schools have been enrolled and are working towards recognition. The work in schools in Tonga to combat NCDs through healthy behaviours also supported hand hygiene and mental health in the context of COVID-19. Promoting health in schools will continue to be a focus going forward,
as WHO works with countries and partners on a regional action plan to help children grow to become healthy adults, including in old age.

WHO also supported PICs to strengthen and expand cancer prevention and management, with progress made towards the development of national cancer prevention and control plans in Cook Islands, Fiji and Solomon Islands and cancer registries in Cook Islands, Fiji and Vanuatu. Support included a review of data quality and a cancer coding webinar designed to improve the measurement of disease patterns to inform decision-making.

Given the substantial burden of cervical cancer in the Pacific – especially in Melanesian countries – WHO also has continued to support PICs in cervical cancer awareness, screening and follow-up. In addition, the Organization has been strategically increasing stakeholder engagement in the Pacific: signing a memorandum of understanding with Family Planning Australia, joining Cancer Council of the Pacific Islands meetings and convening a working group of regional partner agencies to accelerate efforts towards the elimination of cervical cancer.

**Strengthening health security and leveraging partnerships, old and new**

WHO continues to stand alongside ministries of health in coordinating the health sector response to COVID-19 in the Pacific while engaging other sectors and working with new partners.

The severity of the pandemic has varied across the Pacific. Some PICs have experienced large-scale community transmission; others have been among the few places in the world with no confirmed cases. Across the board, DPS has continued to provide tailored support and guidance to PICs in the preparation and response to COVID-19, building on the systems, capacities and relationships established throughout the 15 years of implementation of the three iterations of the Asia Pacific Strategy for Emerging Diseases, known as APSED.

WHO has continued to strengthen communication channels to serve PICs. Examples include the series of virtual meetings between the Regional Director and Pacific health ministers, and regular technical briefings and trainings targeting national counterparts and involving partners. Team members from the Division of Programmes for Disease Control also join to provide important updates on COVID-19 vaccines.

Meanwhile, the Joint Incident Management Team, established at the start of the pandemic, continued to prepare PICs for responding to COVID-19. In late 2020, the Team established a vaccine pillar and supported PICs to complete their national deployment and vaccination plans, ensuring countries are ready to receive vaccines from COVAX. Sustained by a culture of collaboration, WHO continued to work with the UNICEF to support routine immunization, development of stronger health systems and preparation for the roll-out of COVAX vaccines.

Some PICs received COVID-19 vaccines through bilateral support; others were among the first to receive COVAX vaccines. Fiji, Solomon Islands and Tonga were the first three Pacific countries to receive COVAX-supported vaccines in March 2021.
As border closures in many places across the Pacific continue to affect economies and livelihoods, the interlinkages between health, economy and society are clear. WHO in the Pacific is therefore working to engage other ministries, sectors and partners – both long-standing and new – to pursue health in support of socioeconomic recovery.

In the Pacific, COVID-19 brought attention to the health sector’s contribution to economic and societal development. New partnerships have meant additional resources to support the COVID-19 response across the Pacific. Work with an expanded network of partners, such as the Government of the United Kingdom of Great Britain and Northern Ireland, has been grounded in health systems strengthening and geared towards supporting the Pacific over the long term.

WHO has continued to leverage all three levels of the Organization – global, regional and country – to support countries across the Western Pacific Region in their ongoing efforts to counter the health impacts of climate change and environmental degradation and to build resilient and sustainable health-care facilities.

For example, WHO supported Fiji to develop a national guideline on climate-resilient and environmentally sustainable health-care facilities. The work is especially relevant for Fiji, where multiple cyclones over the past year have exposed vulnerabilities in health-care facilities and highlighted the need to build facilities back better using global best practices and standards.

WHO has also been working to ensure that the Organization’s staff across the Western Pacific Region, whatever their field, are aware of and account for the potential impacts of their work on climate change and the environment, and vice versa.

During the past year, a series of discussions were held with various technical divisions of the WHO Regional Office to identify connections with different areas of work, with particularly strong links identified with communicable diseases, health security, antimicrobial resistance, NCDs and reaching the unreached. Examples discussed included the positive impacts that bicycle lanes have on both physical activity and reducing greenhouse gas emissions, and the idea of procuring non-burning equipment to improve medical waste management while reducing air pollution.

This climate and environmental lens will now be applied in the design and delivery of activities under the Programme Budget 2022–2023.
Some 30,000 doses of COVAX vaccines donated by New Zealand are delivered to Solomon Islands in June 2021. Regional partners Australia, China, Japan, New Zealand and the United States of America worked with WHO and UNICEF to ensure that Pacific island countries and areas have enough vaccine to cover 75% of their target populations, considering their unique contexts.

Enabling the change agenda

The three management divisions of the WHO Regional Office for the Western Pacific – the Division of Programme Management, the Division of Administration and Finance, and the Office of the Regional Director – play a key role in enabling WHO in the Western Pacific to deliver and, together, drive forward the change agenda in the vision of *For the Future: Towards the Healthiest and Safest Region*.

The Division of Programme Management (DPM) provides overall direction and coordination of regional technical cooperation with Member States through programme development and operations, country support and editorial services. The Division is composed of three units – Country Support, Programme Development and Operations, and Editorial Services – that provide cross-cutting support to WHO technical and managerial staff in the Region.

The Division of Administration and Finance (DAF) consists of four units – Budget and Finance, Human Resources Management, Information Technology and Administrative Services. The Division reinforces the strong culture of accountability and transparency in WHO in the Region. Even amid the pandemic, the Division sustained its commitment of timely reporting to donors, utilizing accountability structures and monitoring to maintain the strongest compliance record of any major office in this area.

The Office of the Regional Director (RDO) directly supports the Regional Director in executing his leadership functions, as well as coordinating communications, external relations and partnerships, and information products and services. Reporting directly to the Regional Director, the Compliance and Risk Management unit monitors compliance with WHO policies and guidelines and encourages staff to adopt a risk management approach in their work.

These teams also support the work of WHO’s governing bodies.

**Supporting countries to respond to COVID-19 and sustain progress in other priority areas during the pandemic**

As described in the first chapter, even before the impact of the pandemic became apparent, DPM and DAF, following the principles of crisis management, took steps to “prepare for the worst” by ensuring staff could identify...
the right things to do and supporting every budget centre to undertake the process of identifying priority “red box” activities to shrink its plan of work for 2020 and 2021. This was to deliver priority activities that were part of the COVID-19 response, considered core or essential, or could be expedited due to the environment created by the pandemic.

Additional focus and efforts were placed on planning and ensuring implementation for late 2020 and early 2021. Workplans were further elaborated with concrete target dates assigned for each activity. This process was repeated, and during the first half of 2021, WHO also put in place planning milestones to ensure that staff leverage the COVID-19 environment throughout the 2022–2023 biennium.

The Regional Director has held weekly meetings with WHO representatives and country liaison officers since the beginning of the pandemic to ensure ongoing close connection between the Region’s senior management team over the course of the pandemic, and to provide a regular opportunity for extemporaneous sharing of different countries’ experiences, so that lessons identified can continue to inform the regional response. The Regional Director has similarly held videoconferences with ministers from across the Region, including regular videoconferences with Pacific health ministers. In the latter part of 2020, the Director of Administration and Finance was relocated to the WHO office in Suva to strengthen support in the Pacific and decentralize senior management from the Regional Office.

WHO in the Western Pacific continued to build on its strong track record in staff development. During the COVID-19 response, many staff developed new skills while being repurposed to support the response, or by backfilling the functions of staff fully dedicated to COVID-19 – with the support of senior management. Many staff also revealed hidden skills and talents as they assumed and delivered on new responsibilities that the Organization can leverage, moving forward.
Utilizing existing internal networks and working together as “one team” to support implementation

The Regional Office and country offices work as “one team”, with support from WHO headquarters, to deliver results. This culture of collaboration that leverages existing internal networks has been a key enabler of the change agenda outlined in For the Future. It has also been crucial for WHO in supporting the countries and areas in the Region in their response to the pandemic.

During this reporting period, there was significant demand for goods procurement. Close to 570 COVID-19 goods procurements with an estimated value of US$ 34.8 million were processed in the Region to support the COVID-19 response and the implementation of “red box” activities. This was accomplished using the existing Regional Administrative Network (RAN) under DAF and the Programme Management Officer (PMO) Network under DPM and leveraging the “one team” approach. With RAN and PMO colleagues well-versed in procurement, they established a close working relationship with logistics colleagues in the WHO Health Emergencies Programme at the Regional Office and headquarters. Working together, they were able to maximize existing capacity to source and procure crucial supplies for the COVID-19 response and implementation of the “red box” activities. Movement restrictions and limitations on available commercial and cargo flights across the Region have not stopped the Organization from sending goods to Member States in a timely manner.

Leveraging the Programme Committee to ensure operational effectiveness

The Programme Committee is chaired by the Director of Programme Management and includes the Director of Administration and Finance and divisional directors. The Committee supports the formulation of plans, allocates resources based on country context and needs, and oversees workplan implementation in the Region. Over the past year, the Programme Committee has increased the frequency of its meetings and continued to play an active role in managing implementation of activities related to COVID-19 in addition to “red box” activities, ensuring support for the best use of resources overall and accountability for both COVID-19 and non-COVID-19 financial and human resources.

Repurposing staff to respond to COVID-19 and ensuring their continued development

WHO has repurposed many staff to assist with the pandemic response and brought in additional resources, including consultants where needed, to ensure constant seamless support for Member States. This included the deployment of Regional Office staff to country offices remotely and physically, when possible. Staff were also strategically repurposed within and between country offices to meet country needs. The number of consultants more than tripled throughout the year. Coordinated with close communication between the Regional Director, country offices and ministers of health, additional consultants helped to ensure adequate support to COVID-19 preparedness and response. WHO and Member States worked together to facilitate the successful deployment of staff, despite often extensive travel restrictions.

Given the protracted nature of the COVID-19 response, the IMST incident manager role in the Region has been rotated among senior technical staff under the leadership and guidance of senior management. This decision was made to share the demands of this critical and high-pressure role, as well as to provide a learning and development opportunity, in line with WHO’s commitment to ongoing staff development in the Region. Throughout the year, the IMST was led by nine incident managers.

WHO also ensured work continued – even as key positions were vacant – by having different staff act in these roles. This decision gave a number of staff the opportunity to learn and develop new skills. For example, with the administrative and programme officer position in the Division of Pacific Technical Support vacant throughout the year, four administrative officers/assistants from four different country offices were mobilized on a rotating basis to provide remote administrative and logistic support for the Fiji-based Division.

WHO in the Region has continued to build on its strong track record of staff development. During the pandemic response, many staff members have developed new skills and capacities – either by being repurposed to support the pandemic response or by covering the functions of staff who were repurposed. By performing new and different roles, many staff revealed hidden or unsuspected talents.
or new staff recruited for eight out of the 15 heads of office positions in the Region.

**Strengthening accountability and risk management**

WHO management in the Region has continued to foster a culture of accountability at all levels, including regular reviews of internal processes to maximize efficiency over the past year. This includes closing all audits with recommendations communicated throughout the Region and maintaining strict compliance with the terms of all direct financial contributions.

*For the Future* aims to improve accountability through risk management. Over the past year, WHO in the Region has continued to build upon its culture of risk management as a shared value that shapes all the Organization’s work – from budget planning to pandemic response. Efforts were made to strengthen the Region’s risk checklists and to improve the effectiveness of the implementation of activities by considering the entire risk management cycle – from risk assessment and identification, to risk mitigation measures and the identification of residual risks.

Each of the “shrunk plan” activities to be delivered under the business continuity plan were identified and assessed from a risk management perspective. Staff considered the value added of each activity and the risks of delivering or not delivering each activity. For the activities included in the “shrunk plan”, staff identified how potential implementation risks could be managed, including through a change in modality. A new risk checklist has helped to guide staff through this process.

The Advisory Group on Accountability and Risk also met on a quarterly basis to monitor and analyse compliance with a range of key performance indicators and business processes in the Region, as well as to identify recommendations for improving compliance.

**Bringing together and motivating staff, while ensuring their safety during the pandemic**

To reflect on the Organization’s work in response to COVID-19 in the Region during 2020, the Regional Director
brought together more than 500 staff and consultants in the Region for a virtual all-staff retreat in November 2020. Staff were asked to reflect on 2020 – what the year meant for WHO’s mission, purpose and the people we serve, as well as the positive lessons that could be taken from the experiences of 2020.

Staff appreciated the opportunity to participate and hear from colleagues about challenges faced during the pandemic. Reflections also focused on motivating staff, looking ahead and building a stronger, more collaborative future.

Staff discussed how they were able to enhance and develop skills and competencies, as well as manage and learn from challenges. They shared how these new ways of working are already helping to take forward the For the Future vision for the health of all people in the Region.

Over the past year, WHO in the Region has sought to ensure the ongoing safety as well as physical and mental well-being of staff. Management has balanced the ongoing need for most staff to work from home with the need for them to remain connected with colleagues and the office. Senior management and administrative assistants had regular videoconferences with staff, not only to advance the Organization’s work, but also to check on their well-being and reinforce the Region’s culture of looking out for one another. This also involved backstopping arrangements so staff were able to take leave.

In addition, DAF has continued to encourage staff to make use of the Employee Well-being Programme’s counselling and coaching sessions. These services are free, confidential and accessible around the clock to the WHO workforce and dependents in the Region.

**Establishing new and strengthening existing partnerships to advance health**

Partnerships have been a key enabler in driving For the Future. WHO’s work responding to COVID-19 reconfirmed the critical role of partnerships in ensuring effective support to countries. Throughout the year, we have worked with new partners in new ways and built upon existing partnerships. Recognizing the many effects of COVID-19 on all aspects of life, staff worked within and beyond the health sector to maximize different partners’ strengths to best serve Member States.

WHO in the Region seized the unique environment created by COVID-19 to work with new and non-traditional partners to reach more people more effectively. Close collaboration between the communications team under RDO and Facebook helped combat misinformation about COVID-19 and vaccines in countries across the Region. Data from Google have been used to identify mobility patterns in populations and help predict areas of potentially increased COVID-19 transmission. A partnership with DHL supported deployment of vaccines and other supplies to hard-to-reach parts of the Pacific. Leveraging existing partnerships, such GOARN and the EMT
network, also strengthened support for COVID-19 responses across the Region. In addition, support from the Global Fund and the Bill & Melinda Gates Foundation helped WHO and Mekong Member States continue work to reach the unreached with malaria elimination efforts. (See Chapters 2 and 3 for more details.)

The regional directors of WHO and the United Nations Children’s Fund (UNICEF) teamed up to bring their leadership teams together (WHO representatives and country liaison officers with UNICEF country directors) on two occasions to discuss collaborative work on COVID-19 vaccines and mental health. Recognizing the impact of the pandemic on all facets of life, especially economies, WHO staff also partnered with Asian Development Bank colleagues to strengthen engagement with ministries of finance in the Region to bolster health systems in the post-COVID-19 recovery. (See Chapter 2 for more details.)

Developing Communication for Health (C4H) as a Technical Programme

Used strategically, communication has the power to persuade: to arm people with the knowledge they need and move them to take actions that improve health. WHO and Member States recognized the need to scale up the use of strategic communication for achieving the For the Future vision. Under the direction of RDO, WHO is responding to those needs in a sustainable way by building Communication for Health (C4H) as a technical programme in the Western Pacific Region. C4H targets specific health outcomes through the use of evidence-informed, evaluation-driven communication. The approach leverages insights from social and behavioural sciences to reach particular audiences for specific purposes, based on known barriers, needs and preferences.

WHO held the first technical meeting, Communication for Health (C4H): Building on Experiences in the Context of COVID-19 to Strengthen Use of Strategic Communication in the Western Pacific Region, in December 2020. The meeting brought together more than 180 Member State representatives, communication experts, partners and WHO staff to explore challenges and opportunities, and begin to form a community of practice. It also enabled consultation with Member States on their priorities -- particularly in the context of COVID-19 -- to inform WHO’s work to further develop and implement C4H in the Region. The team has already begun responding to their needs in this area, delivering short but intensive online “boot camps” on components of C4H such as measurement, evaluation and learning, and behavioural insights.

WHO has operationalized C4H in the regional response to COVID-19. Given the rapidly evolving situation and the proliferation of misinformation, efforts have focused on ensuring strategic communication is timely, based on multi-source social listening for insights on community needs and concerns, who people trust and where they seek health information. WHO in the Region has produced and disseminated information that is relevant and engaging.
The WHO Regional Office held the Second WHO Western Pacific Region Partners’ Forum from 30 June to 2 July 2021, focusing on lessons learnt since the first forum in 2019, especially ways to increase and strengthen partnerships with WHO and Member States to improve health and well-being for the Region’s nearly 1.9 billion people.

More than 700 partners attended this year’s virtual event, including nongovernmental and civil society organizations, academic institutions, and private sector companies. A new online conference platform was utilized to maximize virtual participation in innovative ways.

At the first forum, partners were consulted on the For the Future vision and ideas for delivering better health. This year’s event featured sessions on the thematic priorities in For the Future, how WHO works in countries and areas, health beyond the health sector, strategic communication, and youth engagement.

The Forum also served as an opportunity for WHO to explore how to better work with partners in the Region. Research on the engagement with WHO collaborating centres in the Western Pacific was conducted to help understand how best to leverage their technical expertise and capacity.

Looking forward, WHO will continue supporting Member States with priority needs, including addressing misinformation and encouraging continued adherence to COVID-19 preventive behaviours and vaccine uptake. Countries will be supported through additional tools and training, planned with long-term, sustainable capacity development in mind. To ensure localized technical support, WHO is significantly strengthening C4H capacity in the Western Pacific Region with dedicated technical officers to be in place in country offices in the next biennium.
Thank you to our partners!

Thank you from Lao PDR

Thank you from

Thank you

Terima

Thank You!

Thank you from Lao PDR

Thank you from

Thank you from

Thank you from

Thank you from

Thank you from

Thank you from

Kia ora

Thank you from Lao PDR

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Thank you from

Thank you from
Thank you to all health-care workers, Ministry of Health staff and WHO colleagues who have continued to work so hard on the COVID-19 response during 2020 to 2021. We owe you all our deepest gratitude.