

# All for Health, Health for All

WHO Investment Case 2025-2028:  
Western Pacific



World Health  
Organization

## Regional Director's foreword

When the World Health Organization (WHO) Regional Office for the Western Pacific was established in 1951, the priority was to combat widespread communicable diseases such as malaria, tuberculosis and leprosy. Infant mortality rates were high, and life expectancy was low.


More than 70 years later, WHO can be proud of its many achievements. The average life expectancy in the Region has risen to 77 years from 40 years in some countries. Since 2000, the Western Pacific has been certified polio-free; malaria incidence has decreased by 50%; tuberculosis treatment rates have reached 85%; under-5 and maternal mortality rates have decreased by more than 65% and 50%, respectively.

Though some countries still face challenges in hard-to-reach areas, the elimination of leprosy as a public health issue was achieved at the regional level in the late 1980s. Major gains are evident in the implementation of gender-

sensitive health policies, and 100% of countries have health emergency operations centres that strengthen national capacities to prepare for and respond to a range of health hazards.

Today, a new set of challenges exists. The Region's social fabric is threatened by climate change, political tensions, conflict, economic disruptions and misinformation. These challenges have led to a loss of identity and alienation from culture and traditions, making it harder for some communities to adequately address health issues.

Achieving universal health coverage (UHC) and advancing the Sustainable Development Goals (SDGs) require working closely with families and communities. Societies need to provide healthy food, safe water, clean air and decent shelter for all. Laws and regulations must protect people from harmful products, and health systems must promote equity and respect diversity.

A photograph showing the Regional Director, Dr Saia Ma'u Piukala, and several local community members in Tonga, all wearing traditional floral leis and working together to weave a mat from natural fibers. They are seated on the floor in a room with large windows in the background.

Regional Director, Dr Saia Ma'u Piukala, uses the weaving of a mat in with local community in Tonga as a symbol to visualise collective action to improve health and wellbeing and save lives in the Western Pacific.

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Family, community and social interaction are integral to the history and heritage of the Western Pacific Region and health achievements are products of collective action.

We propose a new vision for the Western Pacific Region, aligned with the global WHO Fourteenth General Programme of Work (GPW14), focusing on promoting, providing and protecting health.

- Promoting health, including by enabling resilience to climate change and building lower-carbon health systems, advocating for evidence-based policies, recognizing the importance of environmental interaction, strengthening policy environments, and empowering communities through strategic communication and engagement.
- Providing health, including by ensuring equitable access to good-quality health-care services through transformative primary health care (PHC), new and innovative actions to address crises related to the lack of qualified health-care workers, and enhancing programmes for noncommunicable and communicable diseases.
- Protecting health, including by advocating for formal international measures for multisectoral collaboration on pandemic prevention, preparedness and response; implementing the amended International

Health Regulations (2005) (IHR); promoting a science-based focus on One Health; and safeguarding populations including from biological threats, emerging infectious diseases, antimicrobial resistance and climate-related disasters through international collaboration, risk reduction and robust health security measures.

This proposed vision calls for a new type of health system that is closer to the people, owned by the people and protected by the people. By investing in skills and innovation in WHO country offices, fostering agile support teams across the Regional Office and ensuring effective communication for public health, we can achieve a cohesive vision that will ensure WHO support to Member States is fit-for-purpose for the next five years.

To ensure progress against these goals and to address the numerous health threats facing the Western Pacific Region, WHO needs to be sustainably financed, and, for this reason, WHO has launched an Investment Round this year to ensure predictable and flexible funding to implement GPW14.

We are grateful for the generous support from Member States and other donors that have invested in WHO over the years. We seek their ongoing commitment to realize the enduring ambition of WHO in the Region to achieve the fundamental right of the highest attainable standard of health for all people.

# 1. A new vision for the Western Pacific Region

Collaboration is key in the new five-year vision for the Western Pacific Region. Collaborative efforts may be visualized as weaving a colourful mat for the health of all people, with the three horizontal strands of pandanus representing actions for WHO and the five vertical strands representing actions for Member States and other stakeholders (Fig. 1).

FIG. 1. COLLECTIVE ACTION TO IMPROVE HEALTH AND WELL-BEING AND SAVE LIVES IN THE WESTERN PACIFIC



**“Let us weave health for all families, countries and societies in an environment where everyone feels comfortable bringing what they have. This is what we envision as our way of work going forward in WHO in the Region. We all bring together similarities and differences and weave our mat together. ”**

Dr Saia Ma'u Piukala, WHO Regional Director for the Western Pacific





A team of health workers from the Family Health Centre in Airag soum visits and provides primary health care to a nomad herder family in Dornogovi, Mongolia.

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## 2. Western Pacific Regional Office: a focus on results

### 2.1 Transformative PHC for UHC

Enhancing health systems to ensure affordable and equitable access to health-care is a fundamental part of WHO initiatives in the Western Pacific Region, where hospital-centric models dominate and PHC services are not delivering on their potential because they are underfunded, understaffed and often address only limited health needs.

Weaving integrated approaches to health starts with PHC as the cornerstone for achieving UHC, so that all people have access to the quality health services they need, when and where they need them, without financial hardship. Transformation of PHC entails weaving integrated approaches of delivery in countries and areas as part of health system development, creating context-appropriate models of care and service

delivery, and modernizing PHC through the use of digital technologies.

WHO will establish new platforms for dialogue to address gaps in human resources, particularly in PHC. An orientation of PHC towards prevention and health promotion is needed to deliver results: with measurable cumulative progress in reducing the burden of noncommunicable diseases (NCDs), eliminating certain communicable diseases, as targeted in the health-related SDGs, including epidemics of HIV/AIDS, tuberculosis, malaria and neglected tropical diseases, reducing maternal and child mortality, and expanding treatment services for all infections. New initiatives will expand coverage for mental health, develop oral health programmes, expand access to essential medicines and integrate traditional medicine, as needed.

### BOX 1. ILLUSTRATIONS OF WHO IMPACT IN THE WESTERN PACIFIC REGION – TRANSFORMATIVE PHC FOR UHC

With implementation of the *Regional Framework on the Future of Primary Health Care in the Western Pacific*<sup>i</sup>, WHO has provided support to many countries in the Region – including Fiji, the Lao People’s Democratic Republic, Malaysia and Papua New Guinea – to reform PHC systems. The process starts with aligning care models with current health needs and fiscal realities.

A strong health workforce is crucial for resilient health systems, addressing challenges such as NCDs and ageing populations. Importantly, 2023 saw the endorsement of the *Regional Framework to Shape a Health Workforce for the Future of the Western Pacific*<sup>ii</sup>. In Papua New Guinea, WHO helped create a stronger evidence base, which is projected to help increase the number of health workers by 5% annually through 2027.

Health financing remains a critical issue in the Region. A *WHO and the World Bank 2023 report on UHC*<sup>iii</sup> highlighted financial protection challenges. The share of the Region’s population experiencing catastrophic health spending – defined as when out-of-pocket health-care costs exceed 10% of total household spending – increased from one in 10 in 2000 to one in five in 2019. Outpatient medicines are the main driver of catastrophic health spending, an issue strong PHC systems usually address. Many countries are also reviewing health system legislation for better governance. WHO is supporting Mongolia to implement and evaluate its ongoing multidimensional health financing reforms across all levels of care to advance towards achieving UHC.

Many Member States in the Region have actively engaged in the review and reform of health system legislation as part of prudent health system stewardship and governance. WHO support to Cook Islands, Nauru and Vanuatu following the COVID-19 pandemic identified and addressed needed improvements in their respective national public health legislation.

WHO supports the improvement of access to essential health products by strengthening regulatory systems and supply chain management. Over the past year, WHO supported several countries in benchmarking processes, a critical function to ensure that users get access to safe and good-quality medicines.

Antimicrobial resistance (AMR) is a significant threat, projected to cause millions of deaths and economic losses. Regionally, infections with drug-resistant bacteria are projected to result in up to 5.2 million deaths and US\$ 148 billion in excess economic costs between 2020 and 2030. WHO is helping 22 countries in the Region implement national AMR action plans.

Despite high antenatal care coverage, newborn mortality remains high. In 2022, 100 585 newborn infants died in the Region, averaging one death every five minutes. Since 2019, WHO has supported nine priority countries – Cambodia, China, the Lao People’s Democratic Republic, Mongolia, Papua New Guinea, the Philippines, Solomon Islands, Vanuatu and Viet Nam – to tackle these challenges by providing hands-on, facility-based quality improvement for maternal and neonatal care.

Infection prevention and control (IPC) is crucial for preventing health-care-associated infections. In Solomon Islands, in September 2023, WHO supported IPC capacity-building in hospital outpatient and emergency departments.

Diabetes is a significant health issue in the Pacific islands, leading to a high incidence of NCDs and related complications, including surgical amputations. The *Action Framework for Safe and Affordable Surgery in the Western Pacific Region (2021–203)*<sup>iv</sup> recognizes the key role of strengthening surgical care in the health system – including for health priorities such as NCDs, maternal and child health, and preventing AMR and disability. WHO is supporting Cambodia, Fiji, Mongolia and Solomon Islands to systematically improve sterilization practices.





Shorelines nearing the main road in Tuvalu, a global warming and climate change risk.

## 2.2 Climate-resilient health systems

WHO's regional ambition is to weave environmental health interventions into the work of the health sector as part of a whole-of-society approach to climate and health, with a focus on climate-ready facilities. Climate and environmental factors impact the health and well-being of every country and area in the Region, with phenomena such as heatwaves and other extreme weather events exacerbating challenges related to food security, drinking-water scarcity, and the spread of communicable and respiratory diseases. Rising sea levels continue to threaten coastal communities and significantly impact public health, increasing the risks of waterborne diseases and mental health issues.

The lack of climate-resilient health infrastructure is a risk factor, especially in the Pacific region, where a recent review of found that 62% of hospitals are located within 500 metres of the sea or a river, putting them at risk of inundation.<sup>v</sup>

WHO continues to assist countries in building climate-resilient health systems and supports communities by providing them with skills, tools and knowledge to address the health impacts of climate change.

In line with the organization's commitment to enhancing environmental sustainability, WHO developed a methodology to measure its carbon and environmental impact. This analysis identified actionable steps to reduce the Organization's footprint.

### BOX 2. ILLUSTRATIONS OF WHO IMPACT IN THE WESTERN PACIFIC REGION – CLIMATE-RESILIENT HEALTH SYSTEMS

WHO has taken several actions to address environmental and climate-related health challenges in the Region, including reviewing with Member States progress in implementing the *WHO Guidance for Climate-resilient and Environmentally Sustainable Health Care Facilities*<sup>vi</sup> and developing strategies to improve implementation.

Other highlighted actions include supporting the provision of safe water and sanitation in all health facilities, surveillance on climate and health, and workforce development and training.

In the Lao People's Democratic Republic, WHO supported the integration of surveillance systems that are based on climate and environmental data. WHO also began the process of conducting health system greenhouse gas emission assessments in the Lao People's Democratic Republic and Viet Nam. In Kiribati, the Ministry of Health and WHO are working together to implement the four-year Te Mamauri project to increase the national health system's climate resilience.

Mongolia, Papua New Guinea, the Philippines and Viet Nam were supported in improving their water, sanitation and hygiene (WASH) and health-care waste management systems in health-care facilities, with a broad approach that included climate-resilient water safety planning, drinking-water quality regulation and monitoring, and linking into solid waste management systems.

Six additional countries formally signed on to the health commitments of the 26th Conference of the Parties to the United Nations Framework Convention on Climate Change. By joining the Alliance for Transformative Action on Climate and Health, Australia, Brunei Darussalam, Japan, New Zealand, the Philippines and Viet Nam – along with other Western Pacific members Fiji and the Lao People's Democratic Republic – pledge to continue working towards the development of climate-resilient and low-carbon sustainable health systems.





A community Focus  
Group Discussion  
facilitated by local  
authorities and jointly  
run by the National  
Immunization Program,  
WHO, UNICEF, and  
Clinton Health Access  
Initiative.

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## 2.3 Resilient communities and systems for health security

The Region's new vision will promote approaches that engage people in the places where they live, learn, work and play to be ready for future challenges, including pandemics. Health emergency prevention, preparedness

and response skills will be developed at the community level. Rapid response teams in countries will be supported. Using a multisectoral approach, One Health actions will be scaled up to reduce the impact of AMR and emerging threats. Laboratory capacity and diagnostics for infections will be enhanced. National capacity for health security will be strengthened.

### BOX 3. ILLUSTRATIONS OF WHO IMPACT IN THE WESTERN PACIFIC REGION – RESILIENT COMMUNITIES AND SYSTEMS FOR HEALTH SECURITY

WHO supports Member States in the Region to strengthen health security systems and capacities for public health emergencies, as well as to ensure food safety. They are guided by the *Asia Pacific Health Security Action Framework*<sup>vii</sup>, which supports Member States in advancing their health security capacities and systems to better detect, respond to and prevent outbreaks, epidemics and disasters.

In 2023, Mongolia and Samoa completed Joint External Evaluations (JEEs), a voluntary, collaborative, multisectoral process conducted by WHO to assess a country's capacities for preventing, detecting and rapidly responding to public health risks. Common findings arising from recent JEEs include the need to enhance high-level political commitment to better implement multisectoral action and to strengthen One Health approaches for health security.

The Emerging Molecular Pathogen Characterization Technologies (EMPaCT) Surveillance Network has significantly advanced genomic surveillance capacities in the Western Pacific Region, particularly for SARS-CoV-2 and other respiratory pathogens. All Member States in the Region have access to genomic sequencing services, either through in-country capacity (46%) or through established regional networks (54%).

WHO continues its work to implement the *Regional Framework for Action on Food Safety in the Western Pacific*<sup>viii</sup> and to strengthen the safety of traditional food markets. As a result, food safety systems across multiple thematic areas were improved in Cambodia, Kiribati, the Lao People's Democratic Republic, Papua New Guinea, Solomon Islands and Viet Nam.

The impact of WHO's work to strengthen country capacities in 2023 is evidenced by 26 out of 27 States Parties submitting annual IHR States Parties Annual Report (SPAR) self-assessments – a 37% increase compared to 2022 – reflecting a strong commitment to meeting and reporting on health security system obligations.



Healthy ageing - Grandma  
Menteoun sells locally  
harvested fruits at Busra  
Waterfall, in Cambodia

© WHO / Tytaart



## 2.4 Healthier people throughout the life course

The Regional Office is committed to addressing the root causes of ill health, which are significantly influenced by social, physical and policy environments. WHO will support Member States to transform the social and health landscapes from a “sick system” focused on disease treatment into a “healthy system” that promotes population health and well-being. WHO will help countries reduce NCD burdens by supporting evidence-based, cost-effective policies and multisectoral actions to combat tobacco and e-cigarette use, unhealthy diet, physical inactivity and the harmful use of alcohol. Efforts to prevent childhood obesity will be

supported by advancing policies for healthier food environments, better nutrition, healthy settings and protecting children from the harmful impacts of food marketing. WHO will also help Member States tackle violence and prevent injuries through cross-sectoral actions. To promote healthy ageing, WHO will assist Member States in integrating community-based care and long-term support into primary health-care systems. Health inequities can be tackled by addressing social determinants such as housing and education. By focusing on prevention, equity and supportive environments through initiatives such as Health Promoting Schools, Healthy Cities and Healthy Islands, inclusive environments can be created that empower communities to live longer and healthier lives.

### BOX 4. ILLUSTRATIONS OF WHO IMPACT IN THE WESTERN PACIFIC REGION – HEALTHIER PEOPLE THROUGHOUT THE LIFE COURSE WITH SPECIAL FOCUS ON PROMOTING HEALTHY AGEING

The Western Pacific Region is home to more than 240 million people aged 65 and older. This population is projected to double by 2050, posing future strains on health, social and economic systems.

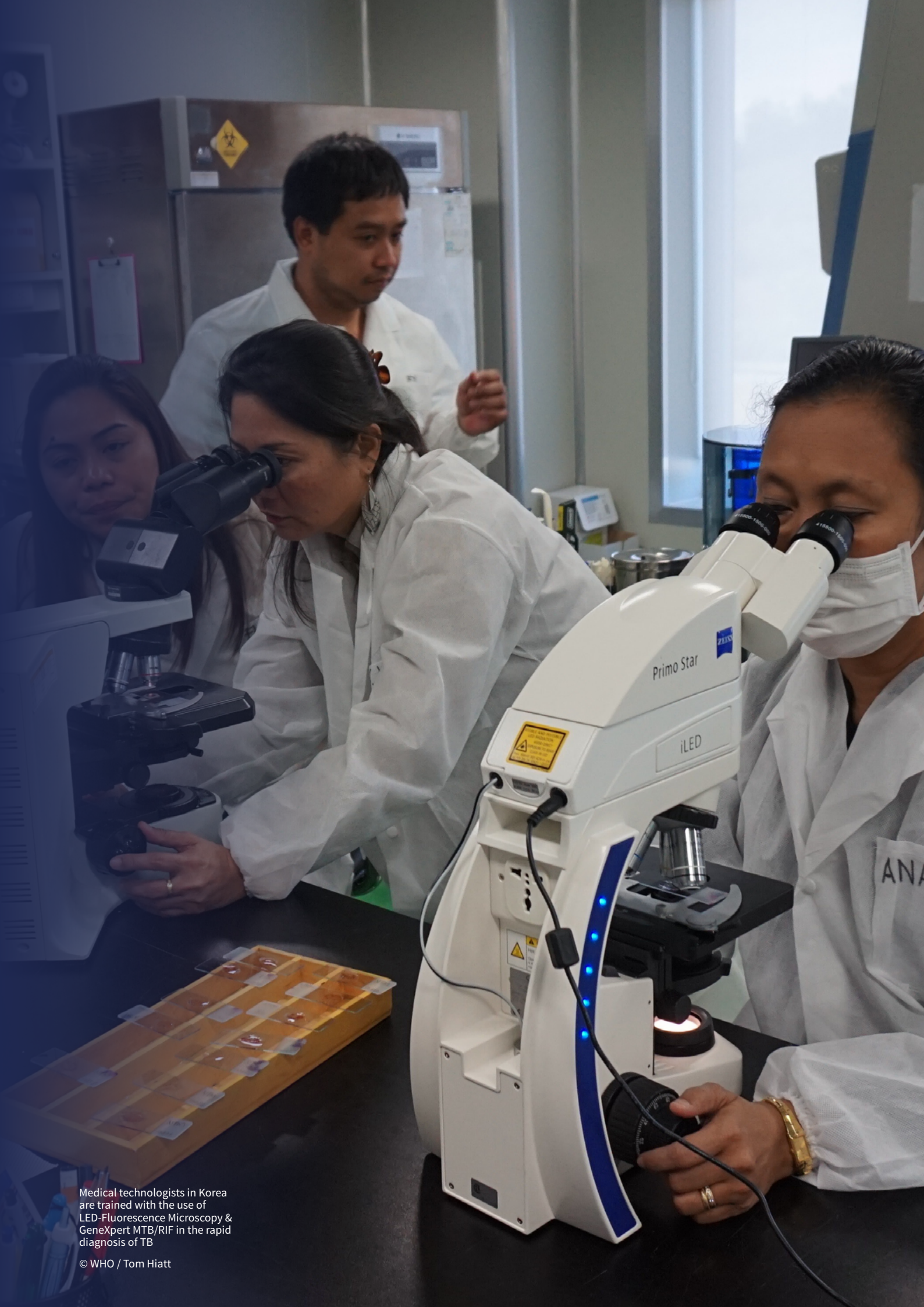
To build on previous successes, WHO focuses on enhancing healthy ageing strategies as outlined in the *Regional Action Plan on Healthy Ageing in the Western Pacific*<sup>ix</sup>. This includes ongoing support for Member States to develop and draft national ageing policies and strategies through technical guidance and stakeholder dialogues.

WHO also promotes healthy ageing as a pathfinder for future societies. Anticipating the inevitability of aged societies and working on age-friendly environments and systems not only supports older adults, but also promotes the health and well-being of all people in supportive environments throughout their lives. Specifically, WHO provides support to Member States in developing policies that support living, studying and working at any age, transforming health-care systems to address lifelong health needs, introducing community-based care tailored to individuals, and adopting innovations to reduce health inequities and promote social participation.

WHO supported the development of national policies on healthy ageing in Cook Islands, Palau, the Philippines and Vanuatu by participating in the review process, providing input on policy drafts, advocating for multisectoral coordination and ensuring that various sectors work collaboratively to promote healthy ageing.

WHO also supported Cambodia in implementing a social prescribing programme aimed at connecting the population to non-clinical services in the community.

Context-specific support was provided to countries at different stages of implementation of WHO’s Integrated Care for Older People (ICOPE) initiative in Brunei Darussalam, Cambodia, China, Cook Islands, Malaysia, Mongolia, Singapore and Viet Nam.



Medical technologists in Korea are trained with the use of LED-Fluorescence Microscopy & GeneXpert MTB/RIF in the rapid diagnosis of TB



## 2.5 Technology and innovation for future health equity

WHO in the Region will help drive innovative approaches to address health inequity with the use of digital technology and artificial intelligence (AI) by strengthening health information systems and creating robust methods for measuring and

assessing health inequality. A special focus will be given to building capacities within countries and areas to collaborate with experts and institutions spearheading technology and innovation for health. Opportunities will also be provided to Member States for leadership development in foresight, innovation and technology for future-ready health systems.

### BOX 5. ILLUSTRATIONS OF WHO IMPACT IN THE WESTERN PACIFIC REGION – TECHNOLOGY AND INNOVATION FOR FUTURE HEALTH EQUITY

The Regional Office for the Western Pacific supports Member States in their pursuit of transformative actions to achieve UHC and improved health outcomes. This is accomplished through a focus on the future and evidence-based approaches supported by data, digital technology, science and innovation.

The Technical Advisory Group on UHC (UHC TAG), which guides WHO's support to Member States on their UHC journey, has advocated for the expanded use of foresight methodologies. These methodologies anticipate potential future scenarios to support long-term decision-making in the development of future-ready health plans and strategies.


A draft *Regional Action Framework for Digital Health in the Western Pacific*<sup>x</sup> was presented for endorsement by the WHO Regional Committee for the Western Pacific in October 2024. Over the past year, WHO has also worked to enhance the research and innovation ecosystem in the Region and national capacities for leveraging science and health innovation. This has been achieved through implementation of the *Regional Health Innovation Strategy for the Western Pacific*<sup>xi</sup>, World Health Assembly resolution WHA75.8 (which focuses on strengthening clinical trials to provide high-quality evidence on health interventions and improve research quality and coordination), and the recommendations of the WHO Science Council in “accelerating access to genomics for global health”. Innovations in health service delivery have significantly improved tuberculosis (TB) control and other programmes. For instance, WHO has supported countries in the Region to introduce and expand new diagnostics and shorter drug regimens to combat TB, alongside promoting community engagement in TB control, thereby enhancing programme performance and saving lives.

The *Regional Strategic Framework for Vaccine-Preventable Diseases and Immunization in the Western Pacific 2021–2030*<sup>xii</sup> has driven substantial progress. Political commitment and multi-stakeholder engagement have bolstered immunization efforts, with tens of millions of children in the Region receiving essential vaccines in 2023 through various approaches, including routine and supplementary immunization activities. Integrated service delivery models, such as Cambodia's project combining routine immunization with COVID-19 and NCD services, have improved health outcomes.

The Healthy Hearts Program in the Philippines exemplifies the impact of integrated NCD services, focusing on governance, supply chain improvement and community engagement. It has achieved high rates of hypertension control and been expanded to more areas of the country, underscoring the importance of local government-led initiatives.

The Mekong Malaria Elimination programme has introduced transformative PHC approaches, such as targeted drug administrations and intermittent preventive treatment for forest-goers, significantly reducing malaria cases. Between 2018 and 2023, Cambodia, the Lao People's Democratic Republic and Viet Nam collectively achieved a 99% decline in *Plasmodium falciparum* malaria and mixed cases, a 96% decline in *P. vivax* cases, and a 71% reduction in malaria deaths.





Maternal and Child  
Health Nurse Temalesi  
Lalabalavu helps  
soothe a baby after  
administering a  
vaccine, as part of the  
National Immunization  
Programme in Fiji.

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### 3. Impact in the WHO Western Pacific Region

Over the past decade, the Region's base programme budget has increased by 55% (US\$ 145 million), whilst WHO's workforce has decreased by 11%.<sup>1</sup> Despite these human resources challenges, considerable progress

has been achieved at the country level. To sustain and further this momentum, a new vision for the Western Pacific Region has been developed (Fig. 2) and fully integrated into GPW14 (Fig. 3).

**“Viet Nam works closely with WHO in our country’s journey to better health for our people – via advancing universal health coverage and strengthening PHC, improving pandemic preparedness and response capacities, and tackling the risk factors for diseases.”**

Honourable Dao Hong Lan, Minister of Health, Viet Nam

<sup>1</sup> From 858 to 762 staff and non-staff members.

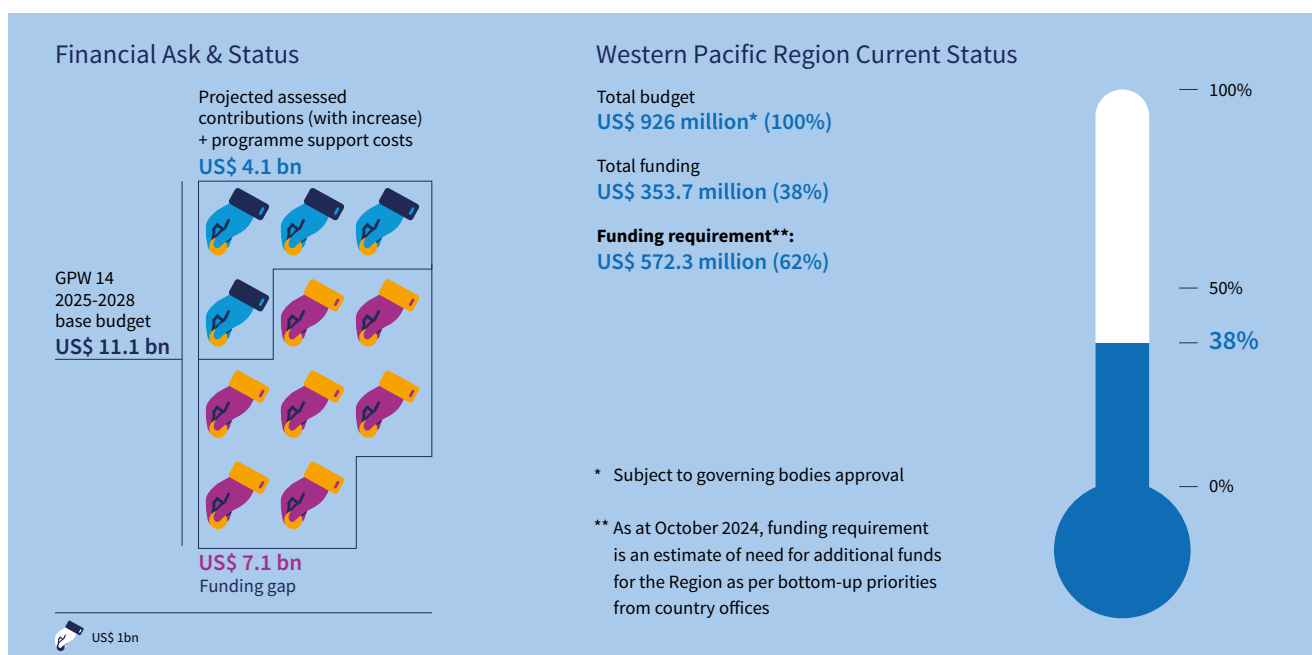
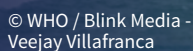
FIG. 2. IMPACT IN THE WESTERN PACIFIC



**FIG. 3. A VISION FOR THE WESTERN PACIFIC REGION FULLY INTEGRATED INTO THE WHO FOURTEENTH GENERAL PROGRAMME OF WORK, 2025-2028**







Sustainable funding means funding that is flexible, predictable and resilient (Table 1). Less than a quarter of WHO funding is from flexible assessed contributions, with the remaining three quarters from voluntary contributions, mostly from a small number of donors. The contributions are often in

the form of short-term grants, mostly earmarked for specific programmes or offices. This means that WHO writes more than 3000 reports to donors each year, and given the short-term nature of the donations, it cannot plan the long-term work needed to meet its mandate.

TABLE 1. CALL FOR SUSTAINABLE FINANCING FOR WHO

Objectives	Present	Future
<b>Flexible funding</b>	Assessed contributions represent 23% of the approved base budget for the 2024–2025 biennium.  Voluntary contributions represent 77% of the approved base segment budget for the 2024–2025 biennium.  87% of currently available voluntary contributions are strictly earmarked.	Assessed contributions cover 50% of base budget by 2030.  Voluntary contributions have greater flexibility.
<b>Predictable funding</b>	Over 60% of country office staff are on short-term contracts.	More voluntary contributions are pledged for 4 years, permitting better planning and longer-term staffing.
<b>Resilient funding</b>	69% of voluntary contributions are from 10 donors.	The donor base is expanded.

WHO: World Health Organization.



A change in the current WHO funding model will be necessary if the ambition set by the new regional vision is to be realized. The status quo of the past 10 years of 22% chronic underfunding of the Western Pacific Region base budget would jeopardize the ability to achieve the vision before its implementation has even begun.

This would mean that the target of an additional 100 million people treated for hypertension may not be reached; the goal of treating more than 90% of people in the Region living with all major communicable diseases (TB, HIV, hepatitis B and C, syphilis, malaria and neglected tropical diseases) may not be attained; the achievable target of 80% of all health facilities in the Region with safe water, sanitation and hygiene (WASH) and 60% with basic sanitation may be missed, as well as opportunities for green climate adaptation; and a reduction of 67 million in the number of people paying significant out-of-pocket expenses for essential health-care services may also not be achieved.

The list goes on: the opportunity to create functioning Healthy Settings networks in 500 islands and cities may be missed; not fully availing of the transformative opportunities offered by digital health and innovation may result in countries reversing their progress in achieving the health-related SDG targets; the critical contribution to achieving UHC by all countries in the Region reaching 90% coverage for routine immunization may be lost; plans may need to be scaled back for 100% community preparedness for health emergencies and all countries and areas in the Western Pacific Region having timely access to genomic sequencing for pathogens with pandemic and epidemic potential; investments may be curtailed in surveillance, laboratories and rapid response capacity for emerging health threats; and the target of no new cases of childhood diabetes may not be reached.

With sustainable funding, the WHO Western Pacific Region can achieve unparalleled progress and achieve health for all.

**“Strengthening multilateral cooperation in health, with WHO at the centre, not only unites us as humans but also serves each of our nation’s interests. Quite apart from the moral and epidemiological imperatives, it is the financially prudent and responsible thing to do for each of our nations, rich or poor.”**

His Excellency Tharman Shanmugaratnam, President of Singapore and former Co-chair of the G20 High Level Independent Panel on Financing the Global Commons for Pandemic Preparedness and Response

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