As a follow-up to discussions at previous sessions of the World Health Organization (WHO) Regional Committee for the Western Pacific, progress reports on the following technical programmes and issues are presented here:

14.1 Thematic priority: Health security, including antimicrobial resistance, One Health and the work towards the global accord on pandemic prevention, security and response

14.2 Thematic priority: Noncommunicable diseases and ageing

14.3 Thematic priority: Climate change, the environment and health

14.4 Thematic priority: Reaching the unreached

14.5 Cross-cutting progress report: Advancing the For the Future vision

The Regional Committee for the Western Pacific is requested to note the progress made and the main activities undertaken.
14.1 THEMATIC PRIORITY:  
HEALTH SECURITY, INCLUDING ANTIMICROBIAL RESISTANCE, ONE HEALTH AND  
THE WORK TOWARDS THE GLOBAL ACCORD ON PANDEMIC PREVENTION,  
SECURITY AND RESPONSE

1. BACKGROUND AND ISSUES

Health security continues to be a top priority for Member States in the Western Pacific Region. The Region faces interconnected public health threats – natural, biological, societal and technological – many of which are induced or intensified by climate change and the evolving human-animal-environmental interface.

The global governance and financing landscape for health security is also rapidly evolving. A package of amendments to the International Health Regulations (IHR 2005) was adopted in June 2024 in a World Health Assembly resolution. IHR 2005 is the legally binding international framework that defines the rights and obligations of its 196 States Parties and the WHO Secretariat to manage international public health emergencies. Implementing the amendments effectively will be critical for global and regional health security.

Global negotiations on a pandemic agreement continue, with the Intergovernmental Negotiating Body’s mandate extended. Its outcome is expected to be submitted for consideration by the World Health Assembly in 2025 or, if feasible, by a special session in 2024.

In July 2023, the Pandemic Fund announced its first set of multi-year grants to support low- and middle-income countries to better prepare for future pandemics. Cambodia and Mongolia were the first Western Pacific Member States to benefit from this dedicated multilateral financing mechanism, with 12 additional Member States in the Region applying for grants in May 2024. While Member States are taking advantage of this mechanism, the reality is that dedicated financing to strengthen health security and respond to emergencies is diminishing, including support of WHO’s work on health emergencies, as noted by the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme during the 2024 World Health Assembly.

Regional health security must be strengthened in line with the evolving global mandates and overarching context. For this to happen, robust political engagement, coordination and agile financing and implementation of regional policies, systems and capacities are required.
2. ACTIONS TAKEN

The Asia Pacific Health Security Action Framework, which was endorsed by the Regional Committee for the Western Pacific in October 2023, was developed in the context of the evolving regional and global landscape, building upon lessons from the COVID-19 pandemic. Applying a One Health approach and accounting for context and complex hazards in the Region, the action framework will also address new obligations and opportunities arising from global health security policy, financing and governance shifts.

Under the Framework for Accelerating Action to Fight Antimicrobial Resistance in the Western Pacific Region, Member States are stepping up the efforts to fight AMR. Spearheaded by Japan, a Joint Position Paper on AMR in the human health sector was endorsed by 30 Member States across two WHO regions and submitted to the United Nations General Assembly High-level Meeting on Antimicrobial Resistance in September 2024. The meeting is an important opportunity to catalyse much-needed political commitment to address this major threat to human health.

The abovementioned frameworks not only align with global priorities and the global WHO Fourteenth General Programme of Work – which focuses on promoting, providing and protecting health – they also correspond to the new vision being finalized for the work of WHO and Member States in the Western Pacific Region.

2.1 WHO support to detecting and responding to public health emergencies

From 1 July 2023 to 30 June 2024, the WHO Regional Office maintained daily monitoring of potential health emergency threats, detecting 1413 threats. Of these, 53 were verified as new public health events, and risk assessments were conducted for events, including human infections with avian influenza viruses, cholera, COVID-19, mpox, dengue, measles and diphtheria. Continuous engagement and active participation in the International Food Safety Authorities Network (INFOSAN) also marked a total of 62 food safety incidents in the Region. Alongside infectious hazards, WHO systematically monitors a wide range of signals, including those for natural and human-induced hazards, and supports response actions requested by Member States.

WHO responded to events by: providing technical and resource support to Member States; activating the regional Emergency Operations Centre and Incident Management structures; coordinating closely with IHR national focal points; enhancing surveillance, risk communications and coordination with Member States and partners including leveraging capacities of WHO collaborating centres and regional entities; triggering event information and risk assessments including 13 Emergency
Information Site postings and issuing six Disease Outbreak News items; and supporting operational response through personnel deployments and the provision of emergency commodities.

The Regional Office continues to maintain a regional emergency stockpile in Manila to rapidly deploy critical supplies and equipment wherever needed. Over the past year, more than 11 emergency operations valued at more than US$ 1.6 million served seven Member States. Emergency supplies were shipped to support responses to dengue and influenza-like illness disease events, a volcanic eruption and an extreme cold weather event, as well as preparedness activities for the Pacific Games in November 2023.

2.2 Strengthening the resilience of systems and capacities

WHO works with Member States across the Region to constantly evaluate and strengthen core health security systems and capacities in many ways: leveraging capacity assessment tools; trainings; intra- and after-action reviews; simulation exercises; and hands-on fellowship opportunities to strengthen health emergency preparedness, response, recovery and resilience. Leveraging these capacities and operational partnerships, Member States continue to strengthen national and subnational capacities to prevent, detect and respond to a wide range of hazards.

Over the past year, WHO supported Member States to strengthen food safety systems, manage food safety risks and respond to food safety incidents and emergencies. Support included enhancing foodborne disease surveillance systems and scaling up capacities in regulatory systems, food inspection, laboratory capability review and coordination support, as well as emergency response and food safety education and training. The implementation of the WHO Global Strategy for Food Safety 2022–2023 continues to be guided by the Regional Framework for Action on Food Safety in the Western Pacific.

In response to Member State requests, WHO published Guidance on establishing national and local AMR surveillance systems in the Western Pacific Region in February 2024. By rolling out this guidance with Responding to Outbreaks of Antimicrobial-resistant Pathogens in Health-care Facilities: Guidance for the Western Pacific Region, WHO supported countries and areas to build and further develop AMR surveillance systems and to strengthen preparedness, early detection, monitoring and response to outbreaks. This guidance has already assisted in managing outbreaks of pathogens with drug resistance in Brunei Darussalam, Cambodia, Fiji, Malaysia, Mongolia and the Philippines.

WHO continued to work with Member States to strengthen detection and response capacities. This work supported laboratories at national and subnational levels to leverage the latest techniques and technologies; supported risk communications across diverse contexts and communities; helped bolster networks such as the Global Outbreak Alert and Response Network and communities of practice such
as for One Health and Emergency Operation Centres; and further strengthened national and international emergency medical teams.

2.3 IHR capacities and monitoring

The IHR Monitoring and Evaluation Framework, comprised of the IHR States Parties Self-Assessment Annual Report (SPAR), joint external evaluations (JEEs), intra/after-action reviews and simulations exercises, continues to be rigorously applied in the Region. Member States have demonstrated a high-level commitment to IHR obligations and strengthening core capacities.

An analysis of 2023 SPAR data submitted by 26 of 27 States Parties indicates that the overall average score of IHR capacities in the Western Pacific Region is 65%. The highest average implementation scores were: capacities related to surveillance (80%); health emergency management (74%); risk communication and community engagement (74%); health service provision (74%); and laboratories (73%). Areas that did not score as well included capacities related to radiation emergencies (49%), zoonotic diseases (52%), chemical events (57%), policy and legal instruments (58%), and food safety (62%). The 2023 scores for the 15 IHR capacities for States Parties in the Region can be accessed at: https://extranet.who.int/e-spar/

There is growing demand to undertake JEEs to objectively review of health security capacities, which would contribute to detailed and costed national action plans for health security, especially with the slowing of these processes during the COVID-19 pandemic. During this reporting period, four Member States in the Region completed JEEs. All emphasized the need for high-level political commitment to facilitate multisectoral action and health security investments. Countries are using these planning tools to support Pandemic Fund applications, as well as for advocacy, policy development, budgeting and priority-setting at the country level.

3. ACTIONS PROPOSED

The Regional Committee for the Western Pacific is requested to note the progress on implementing the thematic priority on health security, including antimicrobial resistance, One Health and the work towards the global accord on pandemic prevention, security and response.
14.2 THEMATIC PRIORITY:  
NONCOMMUNICABLE DISEASES AND AGEING

1. BACKGROUND AND ISSUES

Noncommunicable diseases (NCDs) – including cardiovascular diseases, cancers, chronic respiratory diseases and diabetes – cause over 80% of deaths in the Western Pacific Region. Ageing populations exacerbate this burden, which is problematic for the Western Pacific Region, as the number of people aged 65 and over is expected to double and those 75 and over to triple by 2050.

Addressing growing NCD and ageing-related health challenges requires a robust, integrated public health response targeting key NCD risk factors: tobacco use, alcohol consumption, unhealthy diets, and physical inactivity. This involves strong policies, enhanced health services, and community-based interventions, with a whole-of-society approach and cross-sector coordination. In 2022, the Regional Committee endorsed the Regional Action Framework for Noncommunicable Disease Prevention and Control in the Western Pacific, advocating a shift from a disease-focused system to one that promotes population health and well-being.

The Region also faces a significant cervical cancer burden. The Regional Committee endorsed the Strategic Framework for Comprehensive Prevention and Control of Cervical Cancer (2023–2030), which is aligned with global strategies and tailored to the Region. The framework guides policy, advocacy and collaboration to eliminate cervical cancer as a public health concern.

This progress report highlights support provided to Member States for progress in implementing the frameworks.

2. ACTIONS TAKEN

WHO efforts to tackle NCDs and ageing centre on using data and evidence to advocate policy implementation, applying a whole-of-government and whole-of-society approach, and fostering technological and social innovation.
Using data and evidence to drive actions

WHO engages in high-level advocacy and policy dialogues with Member States, raising public awareness to address NCD risk factors and promote healthy ageing. These efforts include strengthening monitoring and surveillance and generating and utilizing local evidence.

To protect future generations from nicotine addiction, the WHO Regional Director for the Western Pacific and health leaders from Australia, Fiji, Palau and Singapore advocated stringent e-cigarette regulations at the 2024 World Health Summit and World Health Assembly. In Malaysia, WHO-supported research led to the 2024 Control of Smoking Products for Public Health Act. The measure prohibits e-cigarette sales to minors, bans their use in non-smoking areas and mandates health warnings. Using research and evidence, WHO facilitated adoption of plain tobacco packaging in the Lao People’s Democratic Republic and informed the Tobacco Products Control Amendment Act in Cook Islands in May 2024.

WHO also used the latest evidence to support strategic communications to promote healthy diet and public support for food policies in Brunei Darussalam, Cambodia, China, Malaysia, the Philippines, Viet Nam and some Pacific island countries. This included building and using evidence to develop and implement policies such as nutrition labelling, taxing sugar-sweetened beverages and restricting food marketing to prevent childhood obesity and promote healthy diets. WHO also supported implementation of the International Code of Marketing of Breast-milk Substitutes and the Baby Friendly Hospital Initiative in the Region.

WHO has focused on strengthening monitoring and research on older adults, providing technical support for community assessments to identify policy gaps in intrinsic capacity, functional ability and environmental factors. In this context, Brunei Darussalam has adopted methodologies from Japan. In the Philippines, WHO conducted a health equity analysis for older people to advocate tailored health services. Additionally, WHO developed materials linking healthy ageing, climate change and sustainable environments to inform health policies.

A whole-of-government and whole-of-society approach

WHO has embraced a whole-of-government and whole-of-society approach to combat NCDs and promote healthy ageing. This comprehensive strategy includes collaborating across diverse sectors to implement effective health interventions.

WHO has enhanced multisectoral coordination and capacity for evidence-based alcohol control in Cambodia, the Lao People’s Democratic Republic, Mongolia, the Philippines and Viet Nam.
Representatives from various sectors developed a workplan to reduce alcohol use. WHO supported Member States in creating alcohol control policies, notably Cambodia’s recent ban on alcohol marketing and sales around schools, sports venues and events.

WHO designed a Leadership Programme on Tobacco Tax for 10 Western Pacific countries, fostering dialogue between health and finance sectors in implementing tobacco tax policies. After the training, the Marshall Islands increased so-called sin tax revenue for health programmes, and the Chief of Revenue and Taxation joined the NCD taskforce.

WHO also organized a workshop on “Addressing Interference by Tobacco and Related Industries in the Western Pacific Region” to engage non-health sectors in overcoming the persistent challenge of tobacco industry interference. Participants developed a workplan to implement policies promoting good governance.

Furthermore, WHO strengthened partnerships with WHO collaborating centres to leverage their expertise and influence in NCD prevention and control efforts. WHO has also enhanced collaboration with civil society and the media to advance the NCD agenda. The Communicating NCDs-Media Training & Fellowship Programme, held in December 2023, helped to increase the media’s capacity in data-driven storytelling to raise awareness of NCD prevention efforts among people and policy-makers.

In promoting healthy aging, WHO encouraged early action by Member States to transform societies and health systems, using social determinants of health and life-course approaches. WHO provided technical support for policy formulation in Cook Islands, Palau, the Philippines and Vanuatu. Additionally, WHO promoted age-friendly environments through knowledge exchange in the Philippines, aimed at developing national guidelines on Age-friendly Cities and Communities and supporting membership in the WHO Global Network for Age-friendly Cities and Communities. This initiative emphasized a preventive, multisectoral approach to leverage regional collaboration and resources for comprehensive support of older populations.

WHO supports Member States in developing community-based integrated care for older people, providing technical assistance in Cambodia, China, Malaysia, Mongolia and Viet Nam. In Cambodia, WHO also promotes social prescribing to connect older people to non-clinical community services, addressing their holistic needs. Additionally, WHO has held capacity-building workshops in 10 Member States on integrated and long-term care for older populations.
**Fostering technological and social innovation**

To address social determinants of health, an OpenWHO social prescribing course translated into Chinese and enhanced with practical applications and a Cambodian case study has attracted more than 10,000 subscribers, becoming one of the most popular OpenWHO offerings.

WHO supported Vanuatu's use of the Heartcare App for NCD monitoring, which has been active since November 2023 and had more than 200 patients enrolled by the end of that year. In 2024, features were added, including integration with the Ministry of Health's system, decision-making dashboards, a medicines list and tobacco cessation questionnaires.

WHO provided technical support to enhance and expand Malaysia's lifestyle medicine service model beyond its pilot in Negeri Sembilan, which involved 30 type 2 diabetes patients from March to May 2023. Communication materials were also developed for advocacy.

WHO supports integrating essential NCD services into primary care, including developing national NCD plans in Mongolia and Solomon Islands, and rolling out the *WHO Package of Essential Noncommunicable Disease Interventions* in the Lao People’s Democratic Republic and Papua New Guinea. Community-level NCD services are being expanded in Cambodia, China, the Philippines and Viet Nam. WHO also supports disease-specific interventions such as the Global Initiative for Childhood Cancer in Mongolia and the Philippines, eye-care services in Papua New Guinea and diabetic foot care in Solomon Islands.

**Regional collaboration and strategic initiatives**

WHO leads collaborative efforts to eliminate cervical cancer, convening experts to share best practices and develop tailored strategies for each country. Supported by strong advocacy and a strategic framework aimed at vaccination, screening and treatment, WHO initiatives strive to significantly reduce cervical cancer incidence in the Western Pacific Region by 2030.

WHO has convened regional meetings with Member States to develop a cohesive strategy for cervical cancer elimination, involving senior experts and managers in charge of various interventions, including cervical cancer screening, human papillomavirus (HPV) vaccination and maternal health. These meetings have facilitated the sharing of best practices, with Australia nearly becoming the first country in the world to eliminate cervical cancer. The sessions have also identified key areas for collaboration and highlighted the importance of tailoring strategies to fit the unique challenges and priorities of each country.
To advocate for cervical cancer elimination, WHO has effectively used platforms such as social media and advocates such as community leaders to focus on dispelling myths and enhancing understanding through strategic communications. Initiatives in Cambodia, Fiji, Mongolia and Papua New Guinea have been bolstered by the International Atomic Energy Agency/WHO/International Agency for Research in Cancer integrated mission of Programme of Action for Cancer Therapy Review, which has helped in the development of national cancer control and cervical cancer action plans, further supported by WHO technical assistance.

The *Strategic Framework for the Comprehensive Prevention and Control of Cervical Cancer in the Western Pacific Region 2023–2030* sets targets to be met by 2030: 90% of girls vaccinated against HPV by age 15; 70% of women screened using high-performance tests by ages 35 and 45; and 90% of diagnosed women receiving treatment.

This framework is underpinned by three pillars:

- **Pillar 1:** Strengthening primary prevention through HPV vaccination focuses on expanding HPV vaccination coverage. Efforts are underway to recover and expand vaccination programmes, with innovative approaches being implemented in various countries to increase coverage.

- **Pillar 2:** Improve secondary prevention through cervical cancer screening and early treatment. Emphasizing the importance of widespread and effective screening programmes, this pillar aims to integrate screening with immediate treatment options to reduce follow-up losses. Countries are moving towards implementing HPV testing to enhance the effectiveness of screening programmes.

- **Pillar 3:** Service access for early diagnosis, treatment and palliative care addresses the need for comprehensive access to diagnostic, treatment and palliative services. It highlights the complexities of providing consistent care across diverse health systems and the importance of upskilling the oncology workforce.

Through these concerted efforts, WHO continues to support regional collaborations and capacity-building to ensure that all Member States are equipped to meet elimination targets and reduce cervical cancer incidence and mortality in the Western Pacific Region.
3. ACTIONS PROPOSED

The Regional Committee for the Western Pacific is requested to note the progress on implementing the thematic priority on noncommunicable diseases and ageing.
14.3 THEMATIC PRIORITY:
CLIMATE CHANGE, THE ENVIRONMENT AND HEALTH

1. BACKGROUND AND ISSUES

Environmental and climate change hazards add significantly to communicable and noncommunicable disease burdens. Air pollution alone causes 2.2 million deaths annually in the Western Pacific Region, while climate change threatens the lives and livelihoods of communities, especially in Pacific island countries and areas. Climate and environmental change causes or exacerbates many health risks, including waterborne and foodborne diseases, malnutrition, increased transmission of vector-borne diseases, extreme temperature events and psycho-social consequences caused by extreme weather events.

The health system is an important contributor to climate and environmental changes through large carbon and other greenhouse gas emissions (from facility operations and anaesthetic gas choices), environmental harm from health-care waste management strategies and technologies, and inadequate chemical management.

WHO supports Member States to build capacity to anticipate and respond to environmental impacts on health to protect the people of the Region from the impacts of climate change and environmental degradation.

The regional thematic priority on climate change, the environment and health (CCE) spotlights the importance of understanding the complicated relationships between climate, environment and health. WHO works to support countries and areas to develop effective policies and strategies to decrease the impacts of environmental determinants of health. The frameworks that guide the work in the Western Pacific Region include the Resolution on Climate change and health, endorsed by the World Health Assembly in May 2024, the Western Pacific Regional Framework for Action on Health and Environment on a Changing Planet, endorsed by the Regional Committee in 2016, and the Pacific Islands Action Plan on Climate Change and Health, endorsed by Pacific health ministers in 2018.
2. ACTIONS TAKEN

The WHO Regional Office for the Western Pacific, the Division of Pacific Technical Support, the WHO Asia-Pacific Centre for Environment and Health (ACE) and WHO country offices have worked as one team. Their work has been guided by the WHO Technical Advisory Group on Climate Change, the Environment and Health in the Western Pacific Region.

A summary of WHO actions and progress across each of the four key pillars is presented:

**Pillar 1: Enhancing governance and leadership for stronger environmental health capacity**

In addition to Fiji and the Lao People's Democratic Republic, six countries in the Region committed to the health ambitions set at the 26th United Nations Framework Convention on Climate Change Conference of the Parties (COP26) through joining the Alliance for Transformative Action on Climate and Health: Australia, Brunei Darussalam, Japan, New Zealand, the Philippines and Viet Nam.

To support the policy-making process and raise awareness among decision-makers, a *series of briefs for parliamentarians* was launched. They provided critical talking points and suggested ways to achieve co-benefits of action in many areas, including air pollution, chemical safety, climate change, climate-resilient and environmentally sustainable primary health-care facilities, and water, sanitation and hygiene in health-care facilities.

Advocacy and support for multisectoral dialogue, aiming towards: the revision of the air quality standards (the Lao People's Democratic Republic); the development of health components of national adaptation plans (Fiji, Kiribati and the Solomon Islands); the development of national adaptation plans (Malaysia); addressing environmental health in its broadest definition (Mongolia and the Philippines); enhancing emergency response (Mongolia); and implementing low-carbon targets (Viet Nam).

Twenty-three countries from the Western Pacific Region signed the *Declaration on Climate and Health* at the 28th United Nations Climate Change Conference (COP28) in December 2023: Australia, Brunei Darussalam, Cambodia, China, Cook Islands, Fiji, Japan, Kiribati, the Lao People's Democratic Republic, Malaysia, Micronesia (Federated States of), Mongolia, Nauru, New Zealand, Niue, Palau, Papua New Guinea, the Philippines, the Republic of Korea, Samoa, Tuvalu, Vanuatu and Viet Nam.
Pillar 2: Building networks, coalitions and alliances: establish or strengthen existing regional, national and local networks and communities of practice on health and the environment

An important component of the Alliance for Transformative Action on Climate and Health (ATACH) is the community of practice for members hosted by the WHO Secretariat. ATACH members are encouraged to share good practices, policies, regulations, plans and other useful documentation as guidance for all members.

Countries outside of ATACH value national networks to foster relationships, build trust and form partnerships with new stakeholders: Kiribati, Malaysia, Marshall Islands, Solomon Islands, Tuvalu and Vanuatu.

The Asia Pacific Regional Forum on Health and the Environment is a regional network of ministries of health and environment supported by WHO. The thematic working groups provide avenues for fostering regional consensus, discussing new evidence and threats, and sharing research on areas of common interest.

Pillar 3: Communicating evidence on risk and vulnerability: make scientific evidence easily accessible and available to the public through communications, advocacy and social mobilization

Reviews of evidence have been published by WHO, including health-care waste management policies, water and sanitation technologies for health-care facilities, and the public health management of a chemical incident in the Republic of Korea.

WHO has developed advocacy videos, including two introductory videos for low-carbon and climate-resilient health systems, a video on climate-informed early warning systems and communications on air pollution. These videos have increased awareness on impact of climate change on health and what actions can be taken to minimize harms. In addition, WHO launched a guide for advocating joint action on climate change, the environment and health ahead of the COP28 deliberations.

WHO internal webinars have been conducted on climate connections – El Niño and the Mongolian extreme cold front known as a Dzud – and on the daily dangers from toxins, poisons and heat.

Communications including information-sharing webinars have been conducted on the UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water and on measuring the carbon and environmental footprint of health facilities and WHO operations. WHO conducted technical webinar sessions on climate change and health, covering subjects such as: conducting a climate change
and health vulnerability and adaptation assessment; implementing an operational framework for climate-resilient health systems; building climate resilient and low-carbon health systems; and accessing climate finance for health.

Viet Nam developed an open editorial on air pollution for United Nations agencies to use for advocacy and social mobilization. The Philippines documented water, sanitation, hygiene and healthcare waste management and greening projects to be shared on YouTube and other social media. Mongolia developed a policy brief on air pollution and a report on the prevention and clinical management of carbon monoxide poisoning. A photo story was developed on climate-resilient health systems in Kiribati, Solomon Islands, Tuvalu and Vanuatu, in collaboration with United Nations Development Programme.

**Pillar 4: Strategic financing and resource mobilization: ensuring adequate resources for environmental health**

The Lao People's Democratic Republic, Marshall Islands and Viet Nam secured funding from the Green Climate Fund for climate change adaptation and mitigation activities, while Mongolia and the Philippines developed proposals on climate change and health and submitted them to the Green Climate Fund with the support from WHO. Projects focusing on climate-resilient health systems are underway in Kiribati, Solomon Islands, Tuvalu and Vanuatu (funded by the Global Environment Facility), and Fiji and Kiribati (funded by the Korea International Cooperation Agency).

Other avenues of funding have been targeted including ones with other United Nations agencies in support of implementation of the *United Nations Sustainable Development Cooperation Framework*.

### 3. ACTIONS PROPOSED

The Regional Committee for the Western Pacific is requested to note the progress on implementing the thematic priority on climate change, the environment and health.
14.4 THEMATIC PRIORITY: REACHING THE UNREACHED

1. BACKGROUND AND ISSUES

The *Regional Framework for Reaching the Unreached in the Western Pacific (2022–2030)*, endorsed by the Regional Committee for the Western Pacific in October 2022, underscores a shared commitment to achieving equitable and inclusive access to health care. The framework seeks to empower individuals and communities to access primary health-care services, strengthening primary health-care systems to reach unreached populations and fostering multisectoral action to overcome socioeconomic barriers.

The reaching the unreached (RTU) framework guides work to address disparities in health outcomes across the WHO Western Pacific Region, where rapid economic development and demographic, climatic and societal changes pose steep challenges. These challenges have exacerbated socioeconomic inequities, increased internal and international migration, and exposed populations to climate-related disasters and environmental degradation.

Similarly, the *Regional Strategic Framework for Vaccine-Preventable Diseases and Immunization in the Western Pacific 2021–2030*, endorsed in October 2020, aims to expand the scope of immunization and maximize the benefits of vaccines. The framework seeks to accelerate control and elimination of vaccine-preventable diseases beyond those traditionally targeted and protect more people of all ages with life-saving vaccines. The framework’s guidance supports countries in achieving the global *Immunization Agenda 2030* and making the Region free from vaccine-preventable morbidity, mortality and disability by 2030.

Key strategies under the vaccine-preventable disease and immunization (VDI) framework include strengthening immunization programmes through improved vaccine delivery systems; ensuring equitable access to vaccines; introducing new vaccines; and enhancing surveillance and monitoring systems to track immunization coverage and disease incidence. The framework also advocates integrating immunization services with other interventions to create more efficient and comprehensive health-care delivery systems.

Both frameworks highlight the importance of a holistic approach to health, emphasizing the need for robust health systems, community engagement and multisectoral collaboration. These
frameworks aim to achieve public health milestones and improve outcomes across the Region by addressing broader determinants of health and ensuring no one is left behind.

2. ACTIONS TAKEN

2.1 Regional Framework for Reaching the Unreached in the Western Pacific (2022–2030)

WHO supports the Member States in implementing the framework under five action domains crucial for reaching unreached populations.

Action domain 1: Political commitment, governance, financing and legal structures

Political commitment and trust in WHO guidance has grown across the Region. In 2023, Mongolia, the Philippines and Viet Nam adopted a shorter treatment regimen for drug-resistant tuberculosis (TB), following WHO recommendations. Because patients are more likely to complete it, the shorter regimen has already improved treatment outcomes in high TB-burden countries. The establishment of the Regional Validation Advisory Group on the Elimination of Mother-to-Child Transmission (EMTCT) of HIV, hepatitis B and syphilis supports multiple disease elimination efforts and further underscores this commitment.

High-level mass drug administration campaigns – such as Samoa’s campaign in September 2023 achieving 80% coverage and the launch of the Philippine Multi-Disease Elimination Plan 2024–2030 in January 2024 – demonstrate substantial political will to eliminate neglected tropical diseases (NTDs). Launched in 2018, the Mekong Malaria Elimination programme highlights innovative approaches such as targeted drug administration and preventive treatment for forest-goers, significantly reducing malaria cases.

Various countries in the Western Pacific Region have shown significant political commitment to fight dengue, leading to the establishment of robust governance frameworks. For example, the Philippines has strengthened its National Dengue Prevention and Control Program through legislative support and enhanced inter-agency coordination.

Action domain 2: Multi-stakeholder engagement

Multi-stakeholder engagement has been helped to reach the unreached. Capacity-building activities for national TB staff with WHO collaborating centres and the WHO TB Supranational Reference Laboratory Network have been vital. The regional Green Light Committee mechanism and a multidrug-resistant TB help desk for Pacific island countries illustrate effective multi-stakeholder
engagement because they facilitate coordinated efforts and resource-sharing, ensuring that technical expertise, logistical support and critical information are accessible to countries with limited capacities. This collaborative approach strengthens the health-care infrastructure, enhances disease detection and management capabilities, and improves health outcomes in underserved areas.

Partnerships with nongovernmental organizations, local governments and WHO collaborating centres have supported NTD control efforts. In Vanuatu, working with The Fred Hollows Foundation and local ministries lead to a water, sanitation and hygiene (WASH) project for behaviour change in NTD-affected areas. In Cambodia, community-based approaches involving local authorities, forest rangers and mobile malaria workers have helped target hard-to-reach populations, such as forest-goers and mobile migrant populations.

The RTU framework also emphasizes the importance of partnering with organizations such the United Nations Children’s Fund (UNICEF) and UNAIDS, which have been instrumental in developing and implementing road maps for eliminating mother-to-child transmission of HIV, hepatitis B and syphilis. Collaborative efforts also include regional interagency teams and engagement in major scientific conferences to advocate health interventions and policies.

Engagement with NGOs is also vital. NGOs such as the Malaria Consortium and Save the Children provide on-the-ground support, carry out community-based interventions and advocate policy changes. These NGOs conduct community awareness campaigns and educational programmes about malaria prevention and treatment. They also help distribute and teach people how to use insecticide-treated nets, improving health-care access in remote and underserved areas.

Local governments are critical to ensure community participation in the implementation of malaria control and elimination strategies at the grassroots level. They ensure the integration of national policies into local plans, coordinate resource allocation and engage communities through health committees and village health volunteers.

Action domain 3: Data and evidence (to guide decision-making)

In Viet Nam and Papua New Guinea, TB epidemiological analyses have informed national programme planning. Major surveys, such as Cambodia’s third national TB prevalence survey, have provided critical insights during 2024–2026 in applications to the Global Fund to Fight AIDS, Tuberculosis and Malaria. Developed by the WHO Regional Office, the EMTCT dashboard monitors countries’ progress, while disease modelling and investment cases for hepatitis B and C have provided crucial insights for action.
A dashboard on reaching the unreached is also under development that will collect layers of data for population clusters across Western Pacific countries and areas. This approach will lead to a better understanding of local contexts and health disparities, which will improve the targeting of interventions at the subnational level.

Meanwhile, integrating subnational NTD data into national health information systems in Vanuatu has enabled better prioritization of interventions. In Cambodia, the Malaria Elimination Database has been instrumental in analysing malaria trends and guiding interventions, while health information systems in the Lao People’s Democratic Republic have supported tracking malaria cases and intervention outcomes.

Evidence-based decision-making ensures optimal resource allocation. Data on malaria burden and intervention coverage helps guide targeted interventions. Surveillance data on cases help in the timely deployment of response teams to outbreaks. Continuous monitoring and evaluation of malaria control activities are based on data from various sources, while key performance indicators are tracked to assess progress towards elimination goals.

**Action domain 4: Health service transformation**

Innovations in health service delivery have been vital in reaching the unreached. The development of the RTU map explorer tool has identified unreached areas and guided resource allocation for TB services. WHO conducted a consultation on social listening and community feedback to better engage people at the grassroots level. Integrating viral hepatitis services into national health systems and expanding HIV testing sites have transformed service delivery alongside communication campaigns for World Hepatitis Day and World AIDS Day in 2023.

Integrated community outreach for NCD screening alongside NTD services in Vanuatu and the RTU map explorer tool have further aided in identifying unreached areas and guiding resource allocation. Geographic information systems have been used to map malaria hotspots and target interventions, while mobile health units have improved case management in remote areas and provided real-time data. In Cambodia, the malaria intensification plan includes deploying village and mobile malaria workers closer to forested areas to ensure active case detection and treatment, enhancing services for high-risk populations.

Efforts to integrate community-level interventions for noncommunicable and communicable diseases have shown promising results. In Vanuatu, integrated community outreach for NCD screening with NTD services has improved access to comprehensive health services for hard-to-reach populations.
Digital health solutions promise to revolutionize malaria control and elimination efforts. Already, mobile health applications and electronic health records have been integrated into primary health-care systems to enhance surveillance, diagnosis and treatment. The introduction of rapid diagnostic tests at primary health-care facilities has significantly improved accuracy and speed in malaria diagnoses. For complicated cases, telemedicine increasingly connects remote health-care providers with specialists for guidance.

For dengue, innovations include mobile health units and telemedicine deployed to remote areas, improving access to care for dengue and other arboviruses. Empowering communities has meant training local health workers and volunteers in vector control and disease prevention. Preventive educational campaigns have increased public awareness and engagement, as well as incorporated dengue prevention in school curricula and supported health service transformation.

**Action domain 5: Special approaches**

Establishing a multidrug-resistant TB help desk for small Pacific island countries and strategies tailored to high TB-burden areas illustrate the need for special approaches to unique challenges. EMTCT and hepatitis elimination efforts have seen Malaysia achieve EMTCT maintenance validation for HIV and syphilis and Niue undergo validation for hepatitis B elimination.

Initiatives such as the community-led WASH in the Lao People’s Democratic Republic and Cambodia have nearly interrupted schistosomiasis transmission. At the same time, Malaysia and Viet Nam have allocated budgets for dengue prevention under the WHO Global Arbovirus Initiative. Mobile malaria workers in Cambodia have targeted the unreached in forested areas with diagnoses and treatments. Cambodia’s last mile malaria elimination strategy also includes targeted drug administration and intermittent preventive treatment for forest-goers. Both are crucial to interrupt malaria transmission in remote areas.

Culturally sensitive communications strategies about malaria prevention and control have helped to reach the unreached. In border areas, cross-border collaboration has helped reach often-underserved mobile and migrant populations. Indoor residual spraying campaigns in high-risk and underserved areas have also helped reduce malaria transmission.

These actions under each domain have significantly contributed to the overarching goal of reaching the unreached, improving access to essential health services and enhancing health outcomes in the Western Pacific Region.
2.2 Regional Strategic Framework for Vaccine-Preventable Diseases and Immunization in the Western Pacific 2021–2030

The Western Pacific Region has shown remarkable resilience, working to implement the Regional Strategic Framework for Vaccine-Preventable Diseases and Immunization in the Western Pacific 2021–2030 while recovering from the COVID-19 pandemic. Below are the critical actions taken towards achieving the framework’s goals.

Expanding immunization coverage and reaching the unreached

This year marks the 50th anniversary of the WHO Expanded Programme on Immunization (EPI). In that time, EPI has saved an estimated 154 million lives globally, with the Western Pacific Region contributing significantly. Progress has been encouraging in the Region. The coverage of three doses of diphtheria, tetanus, and pertussis vaccine or DTP3 rose to 94% in 2022 from under 10% in 1980. Morbidity and mortality from vaccine-preventable diseases (measles, diphtheria, pertussis and others) fell by more than 95% from 1980 to 2023. The Region has also maintained polio-free status to date.

Coping with and recovering from COVID-19

The Region has demonstrated remarkable resilience in recovering from the COVID-19 pandemic. Following a decline in coverage early in the pandemic, many countries in the Region worked to catch-up on routine immunizations in the second half of 2020, well ahead of the 2022 launch of the global Big Catch-Up. From 2023 to 2024, the Region’s Member States intensified efforts to achieve three immunization milestones: reaching children who were missed during the COVID-19 years; recovering programme performance to pre-pandemic levels; and strengthening programmes to reduce missed children in years to come. In 2023 alone, national and subnational supplemental immunization activities reached more than 9 million children in the Region with measles, rubella and other routine vaccines.

Rebounding immunization coverage

In 2022, DTP3 coverage, which reflects overall immunization programme performance, matched the pre-pandemic baseline of 2019. The number of zero-dose children across the Region was reduced to 1 million in 2022 from 1.5 million in 2021, also hitting the 2019 baseline. Unfortunately, the Region saw a drop in DTP3 coverage to 91% and an increase in zero-dose children in 2023; however, more than seven out of 10 of the 1.2 million zero-dose children in 2023 were concentrated in two
countries, the Philippines and Viet Nam. To help countries and areas better prepare, WHO continues to tackle vaccine supply constraints and other challenges.

**Swift action and renewed commitment**

In the first half of 2024, WHO took action to address rising trends of vaccine-preventable diseases, stressing the urgency of reaching the unreached with essential health services. Key actions taken included: leveraging the 50th anniversary of EPI to boost momentum and investment in immunization programmes and organizing events highlighting the life-saving power of vaccines. In March 2024, the Regional Director wrote to every Member State in the Region to request swift action to prevent and respond to outbreaks of vaccine-preventable diseases and close immunity gaps by reaching the unreached.

**Fostering partnerships and collaboration**

Over the past year, the WHO Regional Office has fostered partnerships and collaboration at country, regional and global levels. The Organization worked closely with UNICEF to strengthen the Regional Working Group for Immunization, accelerating implementation of the VDI framework and leveraging resources and assets from regional and global immunization partners. This multi-stakeholder engagement has been crucial in driving forward the immunization agenda and ensuring that no one is left behind.

**Data-driven approaches and evidence-based decision-making**

In WHO, data and evidence always guide strategic actions. Surveillance and monitoring systems have been pivotal in tracking immunization coverage and disease incidence. Likewise, the EMTCT dashboard to monitor progress and the upcoming dashboard on reaching the unreached will help better target interventions. These tools will enable the collection of contextual layers of data, enhancing understanding of local contexts and health disparities, to better target the efforts of WHO, Member States and partners to improve health and well-being for all.

**Innovative and cross-cutting initiatives**

Innovative and cross-cutting initiatives have been launched/continued in 2024. In Cambodia, a project on the integration of routine immunization, COVID-19 and NCD services started early in the year. In the Lao People’s Democratic Republic, the CONNECT Project is growing. These initiatives aim to leverage immunization services as an entry point to build sustainable systems that are more connected to communities and deliver more essential health services to people of all ages.
These actions reflect the commitment of WHO and Member States to expand immunization coverage, strengthen health systems and ensure equitable vaccine access for everyone in the Region. Implementation of the VDI framework has created a foundation for continued progress towards a future free from vaccine-preventable morbidity, mortality and disability.

3. ACTIONS PROPOSED

The Regional Committee for the Western Pacific is requested to note the progress on implementing the thematic priority on reaching the unreached.
14.5 CROSS-CUTTING PROGRESS REPORT: ADVANCING THE FOR THE FUTURE VISION

1. BACKGROUND AND ISSUES

The COVID-19 pandemic contributed to the decrease in life expectancy at birth and healthy life expectancy in the Western Pacific Region and globally. Though the Western Pacific Region fared better than others, several countries in the Region are still not on track to achieve the health-related targets of the Sustainable Development Goals (SDGs). While most countries in the Region have improved universal health coverage (UHC) service coverage from 2000 to 2021, results have been mixed in terms of preventing catastrophic health spending. In fact, financial protections in most countries have stagnated or worsened.

This report provides an update on two WHO frameworks to support Member States towards achieving universal health coverage and the health-related SDG targets by 2030: the Regional Action Agenda on Achieving the Sustainable Development Goals in the Western Pacific and Universal Health Coverage: Moving Towards Better Health – Action Framework for the Western Pacific Region.

In 2016, the Regional Committee endorsed the Regional Action Agenda on achieving the SDGs. The endorsement established the technical role of WHO to support Member States to build their national capacity for equity-focused policy and programme design, data collection and analysis, and multisectoral and multi-stakeholder collaboration.

Endorsed in 2015 by the Regional Committee, the Action Framework on UHC (“moving towards better health”) articulates key action domains underpinning the five attributes of a high-performing health system: quality; equity; efficiency; accountability; sustainability and resilience. Some countries have revised these action domains based on country contexts, priorities and capacities in order to achieve UHC in a more systematic and coherent manner. As always, WHO supports Member States in setting directions and priorities, including policy opportunities, to advance UHC in the Region.
2. ACTIONS TAKEN

2.1 Regional Action Agenda on Achieving the Sustainable Development Goals in the Western Pacific

Facilitating policy dialogue and providing technical support

Since 2016, the Technical Advisory Group on Universal Health Coverage (UHC TAG) in the Western Pacific Region has served as a regional mechanism to support Member States to advance UHC and achieve the health-related SDG targets. In UHC TAG’s third phase (2023–2026), its focus has shifted from regional level guidance to country level advice and support. As countries are halfway to the 2030 SDG deadline, the seventh UHC TAG meeting and Fifth meeting of the TAG Alliance were convened with the theme: Country focus and impact: Accelerating UHC to achieve the health-related SDG targets by 2030. These meetings provided a platform for policy dialogue to assess UHC progress at the country level and identify priority actions for accelerating the UHC/SDG agenda. The meetings called for prioritizing and strengthening primary health care as the foundation for UHC; increasing investments in health; building a fit-for-purpose and future-ready workforce; expanding digital health initiatives; and harnessing the power of data science for well-informed decision-making. In the coming years, WHO and the UHC TAG will continue to provide tailored technical support to Member States for accelerating progress towards UHC and the SDGs.

Sustainable, efficient and equitable health financing is an important enabler to strengthen health systems, which directly contributes to the achievement of the SDGs. Annual health financing workshops were organized with the WHO regional offices for the Western Pacific and South-East Asia, the World Bank and the Asian Development Bank as an operational platform to improve sustainable domestic financing in both WHO regions.

To improve policy dialogue and decision-making on the regional action agenda, tools and applications for health indicator monitoring were deployed to support Member States to develop information products. Additionally, a data management competency framework was developed and published to promote sustainable and systematic capacity-building for the health information workforce at all levels.

Providing technical support for communications, and social and political mobilization

The role of parliamentarians is a key enabling factor to advance the UHC agenda. The legislative, fiduciary and oversight functions of parliamentarians as representatives of constituents can influence multisectoral actions and strategic partnerships to advance UHC and achieve the SDGs.
Since 2015, the Asia-Pacific Parliamentarian Forum on Global Health has served as a platform to exchange ideas, build political will, strengthen national capacity and foster collaboration for driving sustainable action on health. The sixth meeting of the Forum was held in the Republic of Korea in August 2022 with the theme: Strengthening health security and building resilience, learning and improving from the COVID-19 pandemic. Mongolia hosted the seventh meeting in Ulaanbaatar in August 2023 with the theme of primary health care.

In July 2023, a workshop was held to orient parliamentarians and their advisers on UHC and health security with guidance materials developed by WHO and the Inter-Parliamentary Union.

**Updates on health-related SDG targets:**

- While the global maternal mortality ratio was approximately 223 deaths per 100 000 live births from 2016 to 2020, the regional maternal mortality ratio fluctuated, increasing from 39 deaths per 100 000 live births in 2016 to 44 deaths per 100 000 live births in 2020.

- In 2022, the regional estimate for under-five mortality was 11.6 per 1000 live births, which was below the global estimate of 37.1 per 1000 live births. Twenty countries in the Region have reached the SDG target of under-five mortality by 2022.

- An estimated 140 000 (100 000 to 190 000) people acquired HIV in 2022 in the Western Pacific Region, where the rate for new HIV infections was 0.07 per 1000 uninfected population, lower than the global rate of 0.17 in 2022. However, while HIV incidence has been declining globally, with a 32% reduction between 2015 and 2022, the Region has seen a 7% increase in the HIV incidence rate during this period.

- New tuberculosis cases per 100 000 population in the Region rose from 93 in 2020 to 96 in 2022, representing a 3.2% increase. The Western Pacific accounts for 18% of global cases and contains five of the world’s 30 highest TB-burden countries.

- Malaria cases per 1000 population at risk have decreased since 2000, but increased from 1.9 in 2019 to 2.4 in 2022. China achieved malaria-free status in 2021, while Malaysia has remained free of indigenous cases since 2018.

- Populations requiring interventions against neglected tropical diseases declined by 42% between 2010 and 2022 (from 129 million to 75 million), progressing towards the target of a 90% reduction by 2030.
• In 2019 in the Region, a 30-year-old person had a 15.6% chance of dying from one of the four major NCDs before turning 70. The decline has been marginal since 2015, when it was 16.2%.

• Since 2000, per capita total alcohol consumption in the Western Pacific Region rose by 40%. From 2015 to 2019, however, consumption decreased from 7.2 to 6.1 litres per capita. Alcohol consumption among men was nearly four times that of women.

• Current age-standardized tobacco use in the Region has declined from a prevalence of 28.0% in 2000 to 25.1% in 2010 and 22.5% in 2022. The Region has had the highest male-to-female ratio of tobacco users in the world through two decades, rising from 9.8 in 2000 to 16.3 in 2022.

• Regional mortality rates due to injuries per 100 000 population were 15.1 for road traffic injuries in 2021, 8.7 for suicide in 2019 and 1.6 for homicides in 2019. Homicide rates in the Western Pacific were the lowest of all WHO regions.

• Nearly one out of four children and adolescents aged 5–19 (22.2%) and more than one out of three adults (36.3%) in the Region were overweight or obese in 2022. At the same time, 10% of children under five years of age were stunted in 2022, highlighting the Region’s double burden of malnutrition.

• The Region’s UHC service coverage index improved significantly from 49 in 2000 to 79 in 2021. However, the proportion of the population with out-of-pocket health spending exceeding 10% of their household budget grew from 9.9% in 2000 to 19.8% in 2019.

• Diphtheria, tetanus toxoid, and pertussis immunization coverage among one-year-old children worldwide fell from 86% in 2019 to 81% in 2021, then increased to 84% in 2022. The Western Pacific showed a similar trend: from 94% in 2019 to 90% in 2021, then 93% in 2022.

2.2 Universal Health Coverage: Moving Towards Better Health – Action Framework for the Western Pacific Region

Since the adoption of UHC Action Framework in 2015, WHO with support from the UHC TAG has been providing technical assistance to countries and areas in the Region to advance UHC and achieve global targets, addressing different health agendas towards the shared goal of achieving health for all.
The UHC TAG has completed two phases: the first (2016–2019) reinforced health system attributes and building blocks; and the second (2020–2022) assimilated regional lessons from the COVID-19 response to build resilient health systems for UHC. For the third phase (2023–2026), the focus has shifted from regional level guidance to creating country impact and advancing UHC, working with WHO and Member States to provide strategic advice and pragmatic solutions at the country level.

To support the operationalization of country-specific UHC road maps (also called national health agendas, strategies or plans), a UHC implementation guide has been drafted and reviewed by WHO country and regional office teams. The guide will be crucial for WHO support and country-level efforts to develop and implement UHC road maps in the coming years.

WHO continues to monitor trends and progress in achieving UHC and SDG targets. In 2019, 2021 and 2023, WHO and the World Bank co-published global UHC monitoring reports with information on regional trends. While service coverage in Western Pacific has improved significantly, financial protection has worsened. Nearly one in five households in the Region reported facing catastrophic health expenditures.

Held during April and May 2024, the seventh meeting of the UHC TAG brought together representatives from Member States and WHO with experts and partners from around the world. They tackled issues such as the status of UHC progress, future health threats and potential accelerators for action. They agreed on ways to fast-track UHC progress across the Region.

WHO will continue to work with Member States to implement UHC accelerators, including transformative primary health care; sustainable funding and financial protection; scaling up digital health and technologies to reach the unreached; and building a fit-for-purpose, future-ready workforce.

### 3. ACTIONS PROPOSED

The Regional Committee for the Western Pacific is requested to note the progress made in advancing the Region’s vision for work with Member States, partners and other stakeholders.