Weaving
HEALTH
for ALL

Weaving Health for Families, Communities and Societies in the Western Pacific Region (2025–2029)

Working together to improve health and well-being and save lives

World Health Organization
Western Pacific Region

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The Regional Committee for the Western Pacific discusses the Region's health priorities at its October 2024 session.

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"As the first-ever WHO Regional Director from the Pacific, I am deeply honoured by the trust Member States have placed in me. We are individually and collectively committed to put the values of respect, trust and solidarity into practice.

"In the coming five years, we must build on the achievements of the *For the Future* vision and – in line with the global *WHO Fourteenth General Programme of Work* – continue to strengthen our focus on measurable impact in countries."

– Dr Saia Ma'u Piukala

World Health Organization
Western Pacific Region

The weaving of mats symbolizes the collective action needed to achieve the Region's health goals.

PART I: A new vision

We use the weaving of a mat as a symbol to visualize collective action to improve health and well-being and save lives in the Western Pacific.

Throughout Asia and the Pacific, families and communities weave mats as part of their culture. The woven mat has traditionally been the setting for many events, from everyday life to milestones. Each society has different types of mats and ways of weaving for different purposes.

Mats are traditionally given during special occasions – birthdays, weddings and funerals. We also share meals and sleep on mats. We discuss issues, tell stories and share aspirations while weaving mats. Our children study on mats. Our youngsters play on mats, often while elderly people rest nearby on mats. In Tonga, a *ta'ovala* is a mat worn around the waist for special occasions. Some of these ceremonial mats are even passed down through generations.

In many ways, mats represent our life course. The act of coming together to weave a mat is called *tou lalanga*. Both men and women are involved in the preparation of *pandanus* – pieces of palm-like trees and shrubs – for weaving, but the actual weaving is usually done by women. Each person brings their own *pandanus* to contribute to weaving the mat. Some of the *pandanus* may be short, some long, some thin, some thick, and they come in a range of colours. But woven together the varied strands of *pandanus* form a mat that is useful, a source of pride and a testament to the power of teamwork.

Why we need to act now

Our social fabric is threatened by a complex and rapidly changing world: climate change, political tensions, conflict, food supply chain disruptions, worsening economic conditions, and the speed and spread of misinformation on social media, among others. These rapid social changes have led to a loss of identity, and alienation from culture and traditions for some groups, making it harder for some communities to cope with issues that drive ill health.

Achieving universal health coverage (UHC) and putting the Sustainable Development Goals (SDGs) back on track – especially in areas where

the Region has stalled – will require working closely with families and communities in a movement towards social renewal. To achieve health for all – from people in the Region's megacities to those living in small island developing states in the Pacific – our societies need better ways of providing healthy food, safe water, clean air and decent shelter for all people at all times. Our societies also need to use laws and regulations to protect people from harmful commercialized products.

More than anything, however, societies need to include health systems that promote equity and are inclusive and respectful of diversity, regardless of disability, race, ethnicity or gender. Women – along with other groups such as Indigenous Peoples and ethnic minorities, people with disabilities and LGBTQI+ individuals – are disproportionately affected by many health problems. For this reason, women and individuals from marginalized communities must be leaders in the Region at the highest levels of policy-making for health.

Social solidarity is especially important when disaster strikes. The Western Pacific Region is disproportionately prone to natural disasters and outbreaks. During disasters, health facilities are an indispensable refuge, a haven of safety and recovery. We need to ensure that our health facilities are climate-ready.

Our societies need to be better organized to support health systems that are inclusive and respectful of diversity – regardless of disability, race, ethnicity or gender – in order to combat inequity.

The impact of COVID-19 on families and communities highlighted the need for a new type of health system that is closer to the people, owned by the people and protected by the people. The burden of disease and disability in the Western Pacific Region – from noncommunicable diseases (NCDs) such as diabetes, heart disease, stroke and cancer, and communicable diseases such as tuberculosis and vaccine-preventable diseases, as well as maternal and newborn health concerns – cannot be addressed without a robust understanding of the concerns of families, communities and societies. They must all be actively engaged to play a role in solutions for health.

Health promotion – including community engagement, strategic use of communication and other prevention interventions – is critical to addressing the NCD epidemic in the Region. This includes key risk factors such as: tobacco use; the availability, advertising and marketing of electronic nicotine delivery systems (ENDS); and the consumption of unhealthy foods and drinks, including alcohol. Stronger measures are also needed to ensure road safety and injury prevention.

A range of health issues in the Western Pacific require more action and resources, such as antimicrobial resistance (AMR) and One Health, rapidly ageing societies, mental health and oral health.

Crises in human resources for health are pervasive. Large and dangerous gaps exist in meeting the need for skilled doctors and nurses in different populations and countries. Countries that supply health professionals must develop new platforms for collaborating with receiving countries to ensure they meet their needs while supporting and enabling health workers to choose where they want to work. Compared with the number of people whose deaths can be attributed to not accessing essential health care, more people in the world now are dying because of suboptimal quality of care, thus highlighting the role human resources play in improving quality of care to save lives and help achieve SDG targets.

In addition to these challenges, the rapid pace of new technologies and social shifts will mean that ways to promote, provide and protect health will likely change significantly. To be future-ready, we must anticipate changes, envision the steps needed and act quickly.

What we must do

Family, community and social interaction are interwoven into the history and heritage of the countries and areas of the Western Pacific Region. Health achievements are products of collective action, not individuals acting alone. Indeed, health is a social enterprise, just as the WHO mission of working towards the attainment of the highest level of health for all people is tied to our social values and aspirations, as well as our community life.

The vision is fully aligned with the global WHO Fourteenth General Programme of Work (GPW14). To that end, the Western Pacific Region will focus on the three Ps of effective support – namely *promoting, providing* and *protecting* – while helping to power the work of the entire global health ecosystem towards achieving the SDGs and to enhance WHO's own organizational performance.

PROMOTING **PROVIDING** **PROTECTING**

Promoting the health of all people of all ages in all places at all times.

This includes:
- Advocating evidence-based policies that will result in improved health outcomes and well-being, grounded in the culture, identity and diversity of communities;

- Recognizing the importance of people's interaction with the environment, enabling readiness and resilience to climate change and building lower-carbon health systems;
- Strengthening policy environments and intersectoral approaches for the regulation of tobacco, ENDS, alcohol and unhealthy foods and drinks; and
- Empowering communities for health and well-being through strategic communication, community engagement and societal involvement in health promotion.

Providing equitable access to good-quality health-care services through strengthened systems, using transformative primary health care as a cornerstone for UHC.

This includes:
- Transformative primary health care to be integrated into the lives of families and communities for more appropriate and effective control of NCDs and communicable diseases, delivered using a range of platforms, including traditional medicine and digital health technology;
- New and innovative actions to address crises related to the lack of qualified health-care workers throughout the Region;
- Enhanced programmes for oral health, mental health and surgical care, along with strengthened efforts for disease control and disability-inclusive health and rehabilitation services; and
- Equitable access to health services for all throughout the life course.

Protecting human populations from exposure and impacts of life-threatening situations caused by biological threats, including emerging infectious diseases and AMR, as well as food safety incidents and non-biological threats including climate-related disasters.

This includes:
- Advocating formal international measures for multisectoral collaboration on pandemic prevention, preparedness and response and cross-regional collaboration for surveillance and early action during outbreaks, including implementation of amendments to the International Health Regulations;
- Focusing on One Health actions through political support for science-based multisectoral approaches and policies to improve health security, including AMR;
- Reducing risks from all hazards;
- Ensuring the delivery of essential services during emergencies; and
- Strengthening infection prevention and control.

How we will do it

To create our mat for health in the Region, three horizontal and five vertical strands must be woven together. These strands are the collaborative workstreams that will cut across silos and enable the collaborative development of ideas and talents. We will weave this mat by bringing together support from interdisciplinary teams in WHO and actions by Member States, focused on the unique contexts of families, communities and societies in the countries and areas of the Region. WHO's role in working with non-health sectors at country and regional levels will be strengthened, by engaging with organized groups, networks, alliances and other entities. WHO collaborating centres will play a critical role in expanding the knowledge base and providing expertise in key technical areas.

Mindful that health is a product of our social fabric – as reflected in the cultures, traditions and values of the Western Pacific – the values that will guide the work of WHO in supporting Member States to achieve the vision are:

- **Respect:** Fundamental recognition of human rights, freedoms and choices as the foundations of harmonious coexistence.
- **Trust:** Faith in the benevolence of others and our willingness to think and act positively to benefit others.
- **Solidarity:** Families, communities and societies working as a continuum towards common goods, rising above individual concerns and communicating positive values through art, culture and tradition.
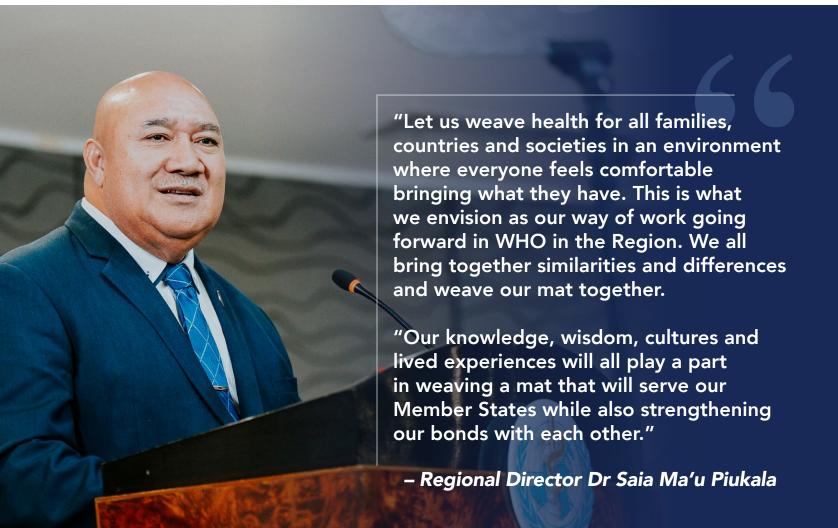
These values are embedded in an initiative for staff well-being and workplace culture called Healing Hearts. Its goal is to restore a sense of community in the WHO Regional Office for the Western Pacific and country offices.
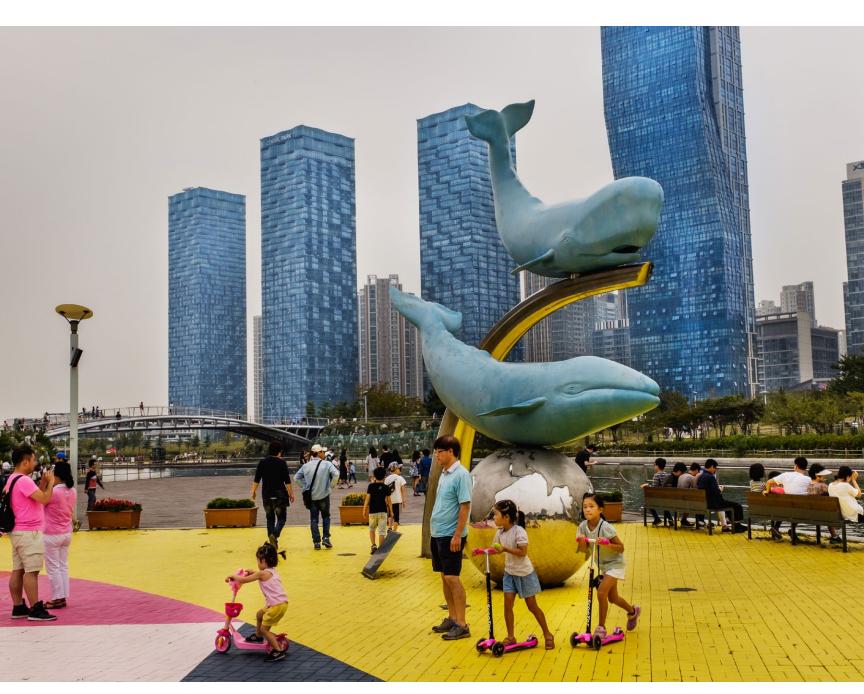
Guiding principles

These principles must guide everything we do as international civil servants and trusted advocates of public health, committed to supporting the countries and areas of the Western Pacific Region to achieve the highest attainable level of health and well-being:

- Equity – reaching out to the most vulnerable to lift and improve their health status;
- Inclusion – ensuring everyone has fair access to health opportunities, regardless of background, ability or identity, and are welcomed and valued with equal opportunities to contribute and thrive;
- Transparency – sharing information and providing access for all on processes related to decision-making and prioritization of actions;
- Accountability – taking responsibility for decisions and their consequences; and
- Responsiveness – working with families, communities and societies to anticipate and provide support and assistance in a timely manner.

"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.

"Our knowledge, wisdom, cultures and lived experiences will all play a part in weaving a mat that will serve our Member States while also strengthening our bonds with each other."

– Regional Director Dr Saia Ma'u Piukala

Families enjoy some leisure time in Songdo Central Park, Incheon, Republic of Korea.

FIG 1. WEAVING A COLOURFUL MAT FOR THE HEALTH OF ALL PEOPLE

Visualizing collaborative efforts as the weaving of a mat, the three horizontal strands of pandanus represent actions by WHO; the five vertical strands represent actions for Member States and other stakeholders.

ACTIONS FOR MEMBER STATES AND OTHER STAKEHOLDERS

WEAVING THE STRANDS TOGETHER

ACTIONS FOR WHO

	1 Transformative primary health care for universal health coverage	2 Climate–resilient health systems	3 Resilient communities, societies and health systems for health security	4 Healthier people throughout the life course	5 Technology and Innovation for future health equity
A Country offices equipped with skills for scaling up and innovation					
B Nimble support teams in the Regional Office					
C Effective communication for public health					

Details for each strand are colour-coded on the next pages.

HORIZONTAL STRANDS = ACTIONS FOR WHO

A. Country offices equipped with skills for scaling up and innovation

Country offices are equipped and positioned to immediately enable, facilitate and coordinate the best possible support for policies and programmes of ministries of health and other sectors to support UHC and address gaps in the SDGs. The country office workforce will be expanded and strengthened, as well as given more opportunities to be trained in resource mobilization, logistics, procurement, foresight, science, innovation and technology to address issues of equity as well as climate and health, highlighting WHO's strategic advantage in utilizing innovative approaches. Incorporating foresight approaches will ensure that the Organization is proactive in anticipating and addressing emerging health challenges, putting the right people in the right places to leverage strengths to achieve better health and save lives.

B. Nimble support teams in the Regional Office

A Regional Office that is agile and able to plan as well as respond to requests from country offices with high level of in-house technical capacity and a network of global partners and international experts. The Regional Office workforce will support countries through cross-disciplinary work teams with common goals that support the development of integrated approaches to public health problem-solving. WHO staff will have opportunities to receive advanced training in multi-country project management with assessment, monitoring and evaluation, action research, advocacy and leadership, as well as diplomacy and governance of United Nations agencies. The Regional Office will champion staff well-being and a positive workplace culture in all programmes and units through the Healing Hearts initiative.

C. Effective communication for public health

Bringing together the power of science and storytelling, strategic communications will reflect a deep understanding of audiences and the formats, messengers and channels to best reach them. Whether reaching the general public or high-level decision-makers, strategic communications will provide the right mix of information and motivation to achieve social, behavioural and health changes. Engaging communities – with respect for their perspectives, identities and cultures – will lead to collective achievements and greater impact. Enhancing health literacy requires an understanding of the tremendously influential role media play in reinforcing shared values and counteracting mis- and disinformation to protect people.

VERTICAL STRANDS = ACTIONS FOR MEMBER STATES AND OTHER STAKEHOLDERS WORKING WITH WHO

1. Transformative primary health care for universal health coverage Weaving integrated approaches to health starts with primary health care as the cornerstone for achieving UHC so that all people have access to good-quality health services they need, when and where they need them, without financial hardship. Transformation of primary health care would entail: weaving integrated approaches to service delivery at the first point of contact in countries and areas as part of health systems development; the creation of appropriate models of care and models of service delivery depending on context; and the modernization of primary health care through the use of digital technologies.

New platforms for dialogue will be opened to address gaps in human resources, particularly in primary health care. Primary health care must be oriented towards prevention and health promotion to deliver results: measurable cumulative progress in reducing the burden of NCDs, eliminating certain communicable 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.

2. Climate-resilient health systems Weaving 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. For WHO, this also means ensuring business continuity of the Organization's offices as a resource for extraordinary climate events. Highlighted actions include implementation of global guidance on climate-ready and low-carbon health systems, providing safe water and sanitation in all health facilities, surveillance on climate and health, and workforce development and training.

3. Resilient communities, societies and health systems for health security Weaving 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.

4. Healthier people throughout the life course Weaving approaches that empower families and communities to promote health at all stages of life with an emphasis on healthy ageing as a whole-of-society intervention and Healthy Settings in islands, cities, schools, workplaces and marketplaces. Ensure participatory approaches to health of Indigenous populations. Facilitating and enabling work on social determinants of health to include housing, early childhood education and transport, among others. Address major risk factors such as smoking, poor nutrition, alcohol consumption, as well as violence and injuries, through multisectoral approaches.

5. Technology and innovation for future health equity Weaving new ways of addressing health inequity with the use of digital technology and artificial intelligence, strengthen health information systems and create robust methods for measuring and assessing health inequality. Building capacity within countries and areas to collaborate with experts and institutions spearheading technology and innovation for health. Providing opportunities for the WHO workforce and Member States for leadership development in foresight, innovation and technology for future-ready health systems.

Reaching the unreached: outreach vaccination for children in Viet Nam's remote areas

PART II: Turning the vision into reality

Implementation Plan for *Weaving Health for Families, Communities and Societies in the Western Pacific Region: Working together to improve health and well-being and save lives (2025–2029)*

Vision:

Weaving health for families, communities and societies, with a mat to symbolize collective action to improve health and well-being and save lives in the Western Pacific.

Mission:

To achieve universal health coverage and get the Western Pacific Region back on track to achieve the Sustainable Development Goals – especially in the areas where the Region has stalled. This requires a social strategy for working with families and communities: social renewal towards health for all. In alignment with the global WHO Fourteenth General Programme of Work, 2025–2028, and country cooperation strategies, collectively bring together our knowledge, wisdom, cultures and experiences to weave a mat of health that will serve the Region's countries and areas while also strengthening the WHO workforce, promoting a positive workplace and encouraging a community of learning and service to meet the new challenges for public health.

People relaxing in Songdo Central Park, Incheon, Republic of Korea.

Implementation

The implementation plan seeks to develop, articulate and deliver a collective set of outcomes that impact health in each country and area of the Region. While there are attempts to attribute outcomes to WHO, the experiences of Member States and partners show that achievements come from collective and collaborative action. Health outcomes, like the woven mat, are the result of efforts that require everyone's contribution.
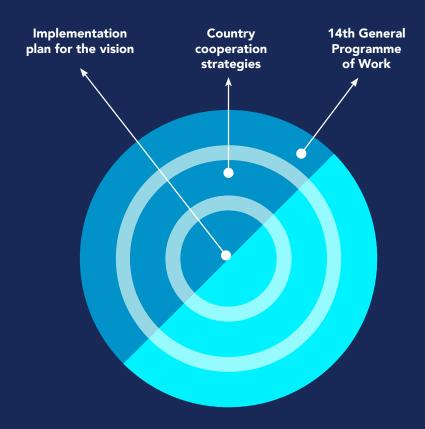
Regional five-year targets

Weaving actions from the combined efforts of Member States, WHO at three levels, WHO collaborating centres, international development partners and civil society, it is proposed that we collectively set regional targets for the vertical strands – based on country and organizational priorities – and attempt to describe collective impact at the regional level.

These regional targets recognize the interconnectedness of public health problems from climate change, gaps in health human resources, noncommunicable diseases (NCDs) and lack of access to quality and nutritious food, and the opportunities presented by digital technology; and that they affirm the critical importance of working outside of silos and with multisectoral partners.

There is only one WHO workplan: the global Fourteenth General Programme of Work (GPW14). However, the actions and interventions in each country and area will be based on the details articulated in each country cooperation strategy with WHO country offices. WHO headquarters and the Regional Office for the Western Pacific will provide additional support, expertise and resources to enable action in countries.

The vision seeks to highlight a subset of high-priority areas for acceleration and scale-up. The vision does not negate previous work or continuing projects and programmes of WHO in countries. Instead, the vision seeks to consolidate results that impact the entire Western Pacific and the Region's social determinants of health, particularly in relation to the Sustainable Development Goals.

Implementation plan for the vision

Country cooperation strategies

14th General Programme of Work

In a complex, geopolitically uncertain and rapidly changing political and economic environment, larger health goals must be woven into the goals of society. And the goals at the country level collectively form a regional net of actions that benefit 1.9 billion people. Humanity's quest for health and health equity is increasingly a product of social interaction, community networks and global interconnectedness. The implementation plan seeks to accelerate, scale up and reach beyond what was once imagined, through collective, harmonized and integrated action.

Implementation of the plan means WHO actions will:

- Be faster;
- Engage partners and networks from other sectors;
- Increase focused interventions with more ambitious targets;
- Support integration at all levels;
- Reach more people where they are; and
- Empower leaders to create health in their communities and spheres of influence.

The implementation plan considers global policies and frameworks in various areas of work to reach health for all: primary health care (Declaration of Alma-Alta, International Conference on Primary Health Care); climate readiness (Conference of the Parties, United Nations Framework Convention on Climate Change); health promotion (Ottawa Charter for Health Promotion); tobacco control (WHO Framework Convention on Tobacco Control); food safety (Codex Alimentarius); and pandemic prevention, preparedness and response (International Health Regulations (2005), Pandemic Influenza Preparedness Framework, One Health Joint Plan of Action (2022–2026), the Sendai Framework for Disaster Risk Reduction 2015–2030 and the Pandemic Agreement being developed).

The plan also considers regional action frameworks and plans and other guidance documents from recent years.

The work of WHO has never been a one-size-fits-all proposition. Context and capacity are the most important ingredients of successful interventions. Micro-planning and engagement with health facilities and communities are key to achieving goals at scale.

Acceleration and scale-up

Implementing the vision

With each vertical strand, priority actions have been identified to accelerate implementation of the vision. Accelerating actions for health requires a sharper focus on time, materials and resources, as well as expanding expertise and know-how on programmes and interventions that have demonstrated effective delivery and impact in countries and areas on the leading causes of morbidity and mortality. Acceleration principles can be applied to interventions that are evidence-based and applicable in appropriate ways. These are often characterized by integration of services, strong political support, appropriate policies, technical soundness and local ownership.

Scale can be achieved through social processes such as networks and multisectoral projects addressing the social determinants of health. Scale refers to the geographic spread of good practices to cover more people in support of universal health coverage (UHC) with a focus on reaching the unreached.
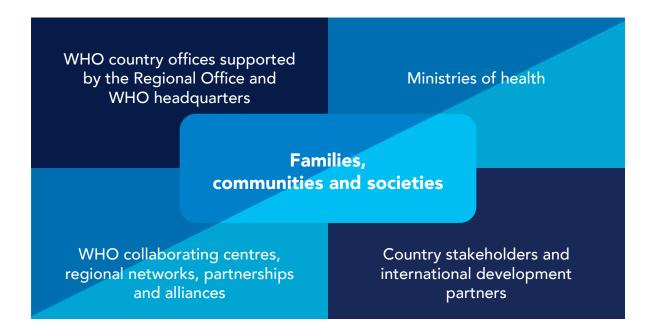
Political action is also a social process that includes legislation and regulations emanating from or supported by the community. Social interventions include modifying the environment and ensuring protective measures from hazards and threats in human surroundings.

Within WHO itself, these concepts require new ways of working: cross-cutting teams with country-focused teams that can use expertise in a wide range of settings, making the case for additional investments, harmonizing all WHO work in countries, dedicated reforms, accountability, transparency and reporting on progress and results through existing mechanisms, such as the Regional Committee.

Family, community and societal action are interwoven in the history and heritage of the countries and areas of the Western Pacific Region. Health achievements are the product of collective action, not individuals acting alone.

Health is a social enterprise – in the same way that the attainment of the highest level of health for all people is inextricably linked to our history, our shared social values and aspirations, as well as our community life.

WHO country offices supported by the Regional Office and WHO headquarters

Ministries of health

Families, communities and societies

WHO collaborating centres, regional networks, partnerships and alliances

Country stakeholders and international development partners

The implementation plan seeks to accelerate and scale up achievements in universal health coverage and the Sustainable Development Goals by aligning programmes, projects and activities to maximize the impact for families, communities and societies.

Gender, equity and health as a human right are embedded in all WHO actions and activities.

How Member States can use the implementation plan: Based on WHO country cooperation strategies, Member States are encouraged to review the acceleration points that have been presented and select where they would like to participate in multi-country projects.

Criteria for selection of an acceleration point may include:

1. High priority in the national health plan or the national SDG plan.
2. Programme is well established and is ready for acceleration or scale-up.
3. Methods for measuring results are in place.
4. Additional support may still be needed from WHO, such as technical assistance or project proposal development for funders.
5. Family and community engagement in acceleration points have good practices that can be shared with other countries, as relevant and appropriate to different contexts.

WHO will support, facilitate and/or coordinate technical assistance as prompted by Member States. WHO will also develop robust activities to enable documentation, rapid assessment, monitoring and evaluation. Documentation of results of regional targets will be done as part of the regular reporting systems of the country and will be consolidated by the WHO country/representative office as well as the Western Pacific Regional Office.

Acceleration points – impact for delivery/basic regional indicators – and five-year regional targets are identified for each vertical strand. Based on a review of the GPW14 and the SDGs, as well as consideration of common country cooperation strategy deliverables, a menu of 13 "delivery for impact" basic regional indicators has been developed to measure progress over five years. Countries and areas may select the basic regional indicators most appropriate to their context as priorities to accelerate implementation of the vision.

The targets will be consolidated regularly with the intention of strengthening acceleration or scale-up in areas that are not moving as swiftly as expected.

It is assumed that these activities are already funded through WHO country office interventions, national and local resources, and could potentially leverage new resources from international partners.

Countries may choose any number of acceleration points and may opt to be part of a multi-country, multi-year project at the regional level. Likewise, the participation of WHO collaborating centres in the acceleration points is welcomed and encouraged.

The mechanism for engagement through acceleration points will be updated every year, as countries may wish to add or remove acceleration point engagements based on their need to narrow gaps in health status and improve the health of underserved populations.

Acceleration points and suggested basic regional impact for each regional priority.

Transformative primary health care (TPHC) for universal health coverage

Deliver-for-impact targets by 2029	Acceleration points	Indicators to monitor progress and impact
• All countries and areas with increased UHC Service Coverage Index. • All countries and areas achieve 90% immunization coverage for three doses of the combined diphtheria, tetanus toxoid and pertussis-containing vaccine (DTP3), two doses of measles-containing vaccine (MCV2), pneumococcal conjugate vaccine (PCV3) and human papillomavirus complete series (HPVc) among eligible populations. • At least 90% treatment coverage for all major communicable diseases (tuberculosis, HIV, hepatitis B and C, syphilis, malaria, and neglected tropical diseases). • The density of health workers not in hospitals per 10 000 of population increased by 40% compared to current levels in all countries. • Percentage of population with household expenditures on health greater than 10% of total household expenditure or income reduced to 16.7%. • Number of people with controlled hypertension increased by 100 million.	• Expand integrated and high-quality population coverage services for maternal and child health, communicable diseases, NCDs (cardiovascular disease, diabetes and cancer), sexual and reproductive health and rights, mental health, oral health and other priorities in the country. • Increase the capacities of health systems to ensure that women and girls, people with disabilities, LGBTQI+ individuals, Indigenous Peoples and people in vulnerable situations have access to the health services they need without discrimination. • Develop health workforce solutions. • Integrate the use of traditional medicine. • Increase investment and sustainable financing. • Strengthen leadership and commitment for UHC.	• SDG 3.8.1 UHC Service Coverage Index. • Immunization coverage for DTP3, MCV2, PCV3 and HPVc among eligible populations. • Treatment coverage for all major communicable diseases (tuberculosis, HIV, hepatitis B and C, syphilis, malaria and neglected tropical diseases). • Density of health workforce not in hospitals per 10 000 of population. • SDG 3.8.2: Percentage of population with household expenditures on health greater than 10% of total household expenditure or income. • Number of people with controlled hypertension.

Climate-resilient health systems

Deliver-for-impact targets by 2029	Acceleration points	Indicators to monitor progress and impact
• 20 countries have developed and are implementing a national adaptation plan/strategy for climate change that includes health. • 80% of all health facilities have basic water services. • 60% of all health facilities have basic sanitation services.	• Provide safe water and sanitation in all homes and health facilities. • Ensure climate-ready facilities with adaptation for extremes of temperature, disasters and emergencies to reduce the carbon footprint of health systems. • Conduct surveillance on climate and health impacts. • Provide workforce development, training and capacity-building.	• National adaptation plan/strategy for climate change that includes health. • Proportion of health facilities with basic water services. • Proportion of health facilities with basic sanitation services.

Resilient communities, societies and health systems for health security

Deliver-for-impact targets by 2029	Acceleration points	Indicators to monitor progress and impact
• All countries (100%) with increased International Health Regulations (2005) States Party Self-Assessment Annual Reporting Tool second edition (IHR SPAR 2021) average of core capacity scores. • All countries (100%) in the Western Pacific Region have timely access to genomic sequencing for pathogens with pandemic and epidemic potential, with at least 70% having in-country sequencing capability by 2029.	• Develop community health emergency prevention, preparedness and response skills. • Take a One Health approach. • Combat antimicrobial resistance. • Develop surveillance, laboratories and rapid response capacity for emerging health threats.	• SDG indicator 3.d.1. International Health Regulations (2005) capacity and health emergency preparedness. • Proportion of countries with timely access to genomic sequencing for pathogens with pandemic and epidemic potential.

Healthier people throughout the life course

Deliver-for-impact targets by 2029	Acceleration points	Indicators to monitor progress and impact
• 500 new cities and/or islands become members of functioning Healthy Settings networks. • 500 members of Healthy Settings networks have been selected and are periodically reporting on at least 10 city-level and equity-based indicators and targets. • 80% of countries have a national intersectoral policy, strategy and/or plan on specific Healthy Settings (schools, universities, marketplaces, workplaces, etc.). • 60 more WHO "best buy" interventions introduced or in development.	• Promote healthy ageing. • Expand Healthy Settings – Healthy Cities, Healthy Islands, Health Promoting Schools. • Address social determinants of health, such as housing, transport and energy, among others. • Support programmes for Indigenous communities. • Improve food security and nutrition. • Address NCD risk factors such as tobacco use, alcohol consumption and unhealthy food choices.	• Cities and/or islands that are members of functioning Healthy Setting networks. • A national intersectoral policy, strategy and/or plan on specific Healthy Settings (schools, universities, marketplaces, workplaces, etc.). • Additional WHO "best buy" interventions introduced or in development across Member States.

Technology and innovation for future health equity

Deliver-for-impact targets by 2029	Acceleration points	Indicators to monitor progress and impact
• All countries and areas have implemented SCORE assessment and have an increased SCORE index. • All countries and areas have a national digital health strategy, costed implementation plan and legal frameworks to support safe, secure and responsible use of digital technologies for health.	• Expand the ethical use and governance of digital technology including artificial intelligence (AI). • Strengthen integrated health information systems including monitoring of quality of care. • Identify, assess and scale up cost-effective public health innovations in low-resource settings. • Develop next-generation leaders in foresight, innovation and technology for future-ready health systems.	• SCORE index. • A national digital health strategy, costed implementation plan and legal frameworks to support safe, secure and responsible use of digital technologies for health.

The WHO Regional Office for the Western Pacific.

HORIZONTAL STRANDS – ACTIONS FOR WHO

The cross-cutting horizontal strands refer to the work of WHO and will be further detailed in operational workplans. Actions at the horizontal level will be focused on results in countries and areas, as each acceleration point may require different actions by WHO at country and regional levels, as well as different communications needs.

WHO in the Region will develop new ways of working to create multidisciplinary teams to respond to the acceleration points of each country.

Horizontal strand A:

Country offices equipped with skills for transformation and innovation

- Identify family-, community- and society-level interventions that are prioritized and successful in the country.
- Use the country cooperation strategy as the basis to select work that can be accelerated and scaled up.
- Use existing national cross-cutting mechanisms to accelerate work.
- Use current national targets to contribute to the regional targets.

Horizontal strand B:

Nimble support teams in the Regional Office

- Identify experts in the Regional Office who are best prepared to support specific country needs.
- Create multidisciplinary teams based on the requests of country offices.
- Develop tools and provide support for measuring impact, evaluation and quality improvement for family-, community-, society- and country-level interventions.
- Support documentation of impact on the ground using both qualitative and quantitative methods.
- Continuously work on resource mobilization and investment planning with financial institutions, other United Nations agencies and donors.
- Convene an Acceleration Expert Team with participation of technical advisory group members to provide advice and inputs for implementing the plan.

Horizontal strand C:

Effective communication for public health

- Promote communication that is strategic, evidence-informed and people-centred.
- Focus on how to change mindsets, attitudes and behaviours, leading to better health outcomes.
- Use the Communication for Health framework.
- Strengthen support for the application of behavioural science and anthropological approaches, science and use of data to inform strategic communications.
- Develop and provide technical support for countries and areas to apply practical tools, support coordination with partners and stakeholders, and help to measure progress and share results.
- Recognize outstanding work on a yearly basis.

Phases of implementation

Situation analysis and capacity-releasing* plans are complete.
- Co-created context-specific plans have been made for capacity-building.
- Models for implementation have been identified in-country.
- Stakeholder mapping and strategic planning have been conducted.
- Plans address gaps in human and financial resources.
- Leadership development is in place.
- Monitoring and evaluation plans are established to measure progress against planned goals and evaluate impact.
- Measurable targets are set.

Demonstration sites are established.
- Fully operational sites are established.
- Sustainability plans for the sites are feasible.
- Sites demonstrate local ownership.
- Sites demonstrate multisectoral engagement.
- Leadership development is in place.

Governments invest in programmes.
- Line items are in the budgets of ministries of health.
- Programmes are reflected in the country cooperation strategy.
- WHO makes investments.
- Other non-WHO sources of funds are mobilized by governments.
- Leadership development is in place.

Integration in national health plans occurs.
- Ministries of health have included programmes in national health plans as a critical action area for achieving national objectives for health.
- Leadership development is in place.

* "Capacity releasing" refers to enabling empowerment in environments that are frozen or paralysed due to bureaucratic inertia, fear or risk aversion. Capacity releasing assumes that families and communities have the inherent capacity for innovation as well as resilience; however, current practices may stifle this potential.

PART III: Assumptions, measuring impact and regular reporting

To ensure timely and effective health sector response to the priority actions identified, WHO will work with Member States to prioritize high-impact work that is feasible.

Critical assumptions for successful implementation of the vision

1. Baseline mapping by Member States of effective models for improving the health of families, communities and societies is available, can be updated or, if not available, can be generated.
2. Willingness to integrate the work related to the vision in the Acceleration Plan into WHO country cooperation strategies, national health plans and national SDG plans.
3. Willingness of Member States to use whole-of-government and whole-of-society approaches to achieve UHC and prioritize work to get on track to achieve the SDGs.
4. Institutional readiness of WHO in countries and areas, as supported by the Regional Office, in line with standardized checklists for monitoring progress.
5. Adequate, efficient and sustainable public investments and resource mobilization are supported at country and regional levels.
6. Sufficient and efficient mechanisms for organizing requests for technical assistance, which may involve WHO headquarters.

Leadership and accountability

Leadership training will be a critical component in all aspects of the implementation plan. In collaboration with WHO collaborating centres, public health and public administration institutions – as well as other academic institutions in management and development – new opportunities will be made available for training of policy-makers, as well as executive programmes for mid-level managers, community leaders and advocates, to support innovation. WHO will design specific leadership development interventions using a wide range of methods and techniques, including, but not limited to, training, coaching, mentoring, learning sets, remote courses and programme management refresher courses.

Measuring impact and regular reporting to the Regional Committee

WHO and Member States will collaboratively prepare and present progress and results at every session of the Regional Committee; country presentations of results will be highlighted. A framework to measure implementation progress and its impact will be developed. It will be fully aligned with the GPW14 impact measuring framework.

The WHO Regional Committee for the Western Pacific poses with members of the Secretariat at the October 2024 session in Manila.

PART IV: Conclusion

Weaving Health for Families, Communities and Societies in the Western Pacific Region: Working together to improve health and well-being and save lives requires careful planning, effective leadership and ongoing commitment through the efforts of WHO, experts in the Region, Member States and many other stakeholders and partners.

Technical tools will be developed to support the implementation plan, and multidisciplinary teams will be organized based on expertise and experience. To inspire exemplary collaborative work that makes a difference on the ground in Member States, the Regional Director will present a Health Weavers Recognition Award during every session of the Regional Committee.

Indeed, the success of the vision will, in the end, depend on the mutual accountability of WHO and Member States to drive impact through their work together. The role of partners and other stakeholders becomes more important with each passing year. These contributions have helped to improve the quality of WHO support and the impact of collaborative efforts with Member States.

These efforts – or "joint responsibilities", as they are called in the WHO Fourteenth General Programme of Work – will be essential to accelerate progress towards achieving the Region's health priorities and establishing health as a basic human right. Working together, we can ensure that all of the 1.9 billion people of the Western Pacific Region – whether they live in some of the world's largest cities or small island developing states – can attain the highest possible level of health and well-being for a brighter and healthier future.

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Working together to improve health and well-being and save lives

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