WORLD HEALTH ORGANIZATION

ORGANISATION MONDIALE DE LA SANTÉ

REGIONAL OFFICE FOR THE WESTERN PACIFIC
BUREAU RÉGIONAL DU PACIFIQUE OCCIDENTAL

REGIONAL COMMITTEE

Seventy-sixth session
Nadi, Fiji
20–24 October 2025

WPR/RC76/3

1 October 2025

ORIGINAL: ENGLISH

Provisional agenda item 8.1

PROGRAMME BUDGET 2024–2025: BUDGET PERFORMANCE (INTERIM REPORT)

This document presents the status of the Programme Budget 2024–2025 for the Western Pacific Region as of 30 June 2025. The details include a summary of funding and utilization status by strategic priority and outcomes, budget centre, category of expenditure and status comparison with the previous biennium at the same period (the 18-month mark).

The overall utilization of funds in the Region (excluding Indonesia) from all sources as of 30 June 2025 was US$ 221.6 million, or 69.4% of the total available resources (US$ 319.4 million).

Indonesia became the newest Western Pacific Member State earlier this year. As such, available resources and utilization status for the 2024–2025 biennium for Indonesia are reported separately, below Table 3b (Utilization status by budget centre). These items will be fully integrated into the regional programme budget report for next biennium.

Information on progress in achieving outputs for which the Secretariat is accountable (as defined in the Programme Budget) is contained in the annex. The information is based on the midterm assessment covering 1 January to 31 December 2024.

The Regional Committee for the Western Pacific is requested to review and note the interim report on the performance and the utilization of the Programme Budget 2024–2025.

1. FINANCIAL UTILIZATION OF PROGRAMME BUDGET 2024–2025

This document presents the interim report on utilization of the Programme Budget by the Western Pacific Region for the 2024–2025 biennium by strategic priority and outcomes, budget centre and category of expenditure as of 30 June 2025.

1.1 Budget structure of 2024–2025

The Programme Budget 2024–2025 was approved at the Seventy-sixth World Health Assembly in May 2023. It is the last biennial budget formulated under the global WHO Thirteenth General Programme of Work (GPW 13) – which initially covered 2019 to 2023 but was extended to 2025 due to the COVID-19 pandemic – and is aligned with the WHO Triple Billion targets and strategy.

In line with GPW 13, Programme Budget 2024–2025 focuses on results. The Triple Billion targets form the primary axis of the WHO results framework. Each target is underpinned by three outcomes that cut across programmes and systems for a more integrated approach. The fourth pillar of the GPW 13 results framework – a more effective and efficient WHO providing better support to countries − supports the attainment of all three targets.

1.2 Status of the Programme Budget, financing and utilization by budget segments, as of 30 June 2025

The level of financing for the approved Programme Budget 2024–2025 for the Western Pacific Region by budget segment is shown in Table 1. The level of financing of the Polio Eradication and the Emergency Operations and Appeals segments of the Programme Budget are driven by current events and should not be interpreted as underfinancing or overfinancing of these segments.

After mainstreaming work to combat polio in the Base Programmes budget, the Polio Eradication budget segment was approved at zero level for the Western Pacific. The available resources of US$ 3.7 million are mainly to support the response to the ongoing polio outbreak in Papua New Guinea. Further resource mobilization efforts are under way to effectively support that response.

The notification by the United States of America of its intention to withdraw from WHO triggered the immediate termination of several agreements for voluntary contributions. Accordingly, across all budget segments, the financing presented in this report has been reduced by the unspent US$ 13 million of voluntary contributions by the USA. The US$ 299.6 million in available resources for the Base Programmes segment also includes US$ 3.3 million in undistributed resources, which are under review for allocation to relevant Programme Budget outcomes, outputs and budget centre levels.

Table 1

Programme Budget 2024–2025 and its financing, including utilization by segment
(US$ million)

	Programme Budget 2024–2025 as at 30 June 2025					
Segment	Approved budget	Available resources	Available resources as a % of Approved budget	Utilization	Utilization as a % of Approved budget	Utilization as a % of Available resources
Base programmes	408.0	299.6	73.4%	217.8	53%	72.7%
Polio eradication	0.0	3.7	-	0.0	0%	0.0%
Special programmes	4.2	4.2	100.0%	2.5	60%	59.5%
Emergency operations and appeals	18.0	3.0	16.7%	1.3	7%	43.3%
Total	**430.2**	**310.5**	**72.2%**	**221.6**	**52%**	**71.4%**

Table 2 summarizes the gaps in financing between the approved Programme Budget and the available funds for the 2024–2025 biennium by strategic priority and outcomes.

Table 2

Gaps in financing for 2024–2025 by strategic priority and outcomes – all funds
(US$ million)

	Programme Budget 2024–2025 as at 30 June 2025			Programme Budget 2022–2023 as at 30 June 2023		
Strategic priorities and outcomes	**Approved budget**	**Available resources**	**Gap**	**Approved budget**	**Available resources**	**Gap**
1 - One billion more people benefiting from universal health coverage	166.9	123.1	(43.8)	157.0	133.1	(23.9)
1.1. Improved access to quality essential health services	135.9	106.7	(29.2)	125.9	115.8	(10.1)
1.2. Reduced number of people suffering financial hardship	10.7	4.3	(6.4)	10.4	4.8	(5.6)
1.3. Improved access to essential medicines, vaccines, diagnostics and devices for primary health care	20.3	12.1	(8.2)	20.7	12.5	(8.2)
2 - One billion more people better protected from health emergencies	91.9	46.4	(45.5)	98.3	38.2	(60.1)
2.1. Countries prepared for health emergencies	45.0	22.3	(22.7)	45.5	20.0	(25.5)
2.2. Epidemics and pandemics prevented	14.4	8.9	(5.5)	16.5	3.7	(12.8)
2.3. Health emergencies rapidly detected and responded to	32.5	15.2	(17.3)	36.3	14.5	(21.8)
3 - One billion more people enjoying better health and well-being	63.4	45.2	(18.2)	61.5	36.4	(25.1)
3.1. Determinants of health addressed	8.7	7.3	(1.4)	13.5	7.9	(5.6)
3.2. Risk factors reduced through multisectoral action	23.3	12.9	(10.4)	22.0	13.1	(8.9)
3.3. Healthy settings and Health-in-All Policies promoted	31.4	25.0	(6.4)	26.0	15.4	(10.6)
4 - More effective and efficient WHO providing better support to countries	85.8	81.6	(4.2)	86.4	74.3	(12.1)
4.1. Strengthened country capacity in data and innovation	25.3	14.8	(10.5)	27.1	11.6	(15.5)
4.2. Strengthened leadership, governance and advocacy for health	40.4	45.8	5.4	40.2	40.9	0.7
4.3. Financial, human, and administrative resources managed in an efficient, effective, results-oriented and transparent manner	20.1	21.0	0.9	19.1	21.8	2.7
Undistributed		3.3	3.3			0.0
Total Base Programme	**408.1**	**299.6**	**(108.4)**	**403.2**	**282.0**	**(121.2)**
Polio eradication		3.7	3.7	0.4		(0.4)
Emergency operations and appeals	18.0	3.0	(15.0)	18.0	80.7	62.7
Special Programmes	4.2	4.2	0.0	3.4	3.1	(0.3)
Grand Total	**430.2**	**310.5**	**(119.7)**	**425.0**	**365.8**	**(59.2)**

The total approved Programme Budget for the Western Pacific Region increased by US$ 5.2 million, or 1.2%, from US$ 425.0 million in 2022–2023 to US$ 430.2 million in 2024–2025. The total funds available from all sources amounted to US$ 310.5 million, a decrease of US$ 55.3 million from US$ 365.8 million in 2022–2023.

1. The event-driven outbreak crisis and response budget segment received US$ 77.7 million less in 2024–2025 as of 30 June 2025, compared to last biennium. The relatively large sum received for this segment in the 2022–2023 biennium was to fund pandemic response.

2. The funding for Base Programmes, however, shows an increase by US$ 17.6 million as compared to last biennium. The notification of the intention of the USA to withdraw from WHO triggered the termination or suspension of several agreements for voluntary contributions. As a result, the Region received less flexible funding than anticipated at the start of the biennium. This posed significant challenges and resulted in increased reliance on financing from other earmarked voluntary contributions. This further exacerbated the Region's ability to allocate funding towards underfunded areas to achieve more equitable financing.

3. Between the three strategic priorities of the Base Programmes segment of the Programme Budget (1, 2 and 3), Strategic Priority 1 continues to be best funded at 73%. It covers most disease-specific and health system programmes. Strategic Priority 2 continues to be least funded as has been the case in the past.

4. Enabling Pillar 4 in GPW 13 has a percentage of financing that is higher than the three technical strategic priorities. But the approved budget in this area was lower than that of 2022–2023. The budget for this GPW 13 pillar is set aside to cover essential costs to support the technical pillars.

5. The financing of outcomes is consistent with global trends as the three Programme Budget outcomes – 1.2 (Reduced number of people suffering financial hardship); 2.1 (Countries prepared for health emergencies); and 2.3 (Health emergencies rapidly detected and responded to) – are also generally the least-funded outcomes categorized at the global level.

1.3 Funds utilization

The total utilization of funds in Programme Budget 2024–2025 amounted to US$ 221.6 million or 69.4% of the available resources, with an overall decrease in utilization of US$ 17.6 million, as compared to the previous biennium, as of 30 June 2025.

With the pandemic easing in 2022–2023, the Region prioritized the implementation of activities under the Base Programmes segment, accelerating progress towards the Triple Billion targets and the Sustainable Development Goal health-related targets, and building resilience by strengthening primary health care and bolstering response capacities for health emergencies. As a result, utilization changed accordingly with:

- the Emergency Operations and Appeals segment significantly reduced by US$ 61.2 million, to US$ 1.3 million in 2024–2025 from US$ 62.5 million in 2022–2023; and

- the Base Programmes segment increased by US $42.8 million, to US$ 217.8 million in 2024–2025 from US$ 175 million in 2022–2023.

The zero utilization of funds for the Polio Eradication segment in 2024–2025 occurred because the funding to support the ongoing polio outbreak response in Papua New Guinea was received near the end of the reporting period that closed in June 2025.

The utilization comparison status with the previous biennium and by level of funding as of 30 June 2025 is shown in Tables 3a and 3b.

Table 3a details the Region’s available resources and utilization of funds (all sources) by strategic priority and outcomes for Base Programmes. Table 3b details the Region’s available resources and utilization of funds (all sources) by budget centres.

Table 3a

Funds utilization by budget segments, strategic priority and outcomes for base programme (*US$ million)*

	Programme Budget 2024–2025 as at 30 June 2025			Programme Budget 2022–2023 as at 30 June 2023	
Strategic priorities and outcomes	**Available resources**	**Utilization of funds**	**Utilization of available resources (%)**	**Utilization of funds**	**Utilization of available resources (%)**
1 - One billion more people benefiting from universal health coverage	123.1	92.9	75.5%	81.0	60.9%
1.1. Improved access to quality essential health services	106.7	79.6	74.6%	70.0	60.4%
1.2. Reduced number of people suffering financial hardship	4.3	4.1	95.3%	3.4	70.8%
1.3. Improved access to essential medicines, vaccines, diagnostics and devices for primary health care	12.1	9.2	76.0%	7.6	60.8%
2 - One billion more people better protected from health emergencies	46.4	34.2	73.7%	22.6	59.2%
2.1. Countries prepared for health emergencies	22.3	16.5	74.0%	11.7	58.5%
2.2. Epidemics and pandemics prevented	8.9	6.5	73.0%	1.6	43.2%
2.3. Health emergencies rapidly detected and responded to	15.2	11.2	73.7%	9.3	64.1%
3 - One billion more people enjoying better health and well-being	45.2	30.4	67.3%	23.1	63.5%
3.1. Determinants of health addressed	7.3	5.6	76.7%	4.5	57.0%
3.2. Risk factors reduced through multisectoral action	12.9	10.1	78.3%	10.1	77.1%
3.3. Healthy settings and Health-in-All Policies promoted	25.0	14.7	58.8%	8.5	55.2%
4 - More effective and efficient WHO providing better support to countries	81.6	60.3	73.9%	48.3	65.0%
4.1. Strengthened country capacity in data and innovation	14.8	10.5	70.9%	6.4	55.2%
4.2. Strengthened leadership, governance and advocacy for health	45.8	33.4	72.9%	27.6	67.5%
4.3. Financial, human, and administrative resources managed in an efficient, effective, results-oriented and transparent manner	21.0	16.4	78.1%	14.3	65.6%
Undistributed	3.3		0.0%	-	0.0%
Total Base Programme	**299.6**	**217.8**	**72.7%**	**175.0**	**62.1%**
Polio eradication	3.7	0.0	0.0%	-	0.0%
Emergency operations and appeals	3.0	1.3	43.3%	62.5	77.4%
Special Programmes	4.2	2.5	59.5%	1.7	54.8%
Grand Total	**310.5**	**221.6**	**71.4%**	**239.2**	**65.4%**

Table 3b

Funds utilization by budget centre
(US$ million)

Budget centre	Programme Budget 2024–2025 as at 30 June 2025			Programme Budget 2022–2023 as at 30 June 2023	
	Available resources**	Utilization of funds**	Utilization of available resources (%)	Utilization of funds	Utilization of available resources (%)
American Samoa	0.10	0.05	50.0%	0.04	40.0%
Brunei Darussalam	0.12	0.07	58.3%	0.04	0.0%
Cambodia	17.02	11.80	69.3%	16.82	72.2%
China	12.98	10.23	78.8%	9.52	75.0%
Cook Islands	0.33	0.29	87.9%	0.32	64.0%
Fiji	1.03	0.52	50.5%	0.50	50.0%
Kiribati	5.59	3.25	58.1%	1.09	64.1%
Lao People's Democratic Republic	21.65	17.88	82.6%	21.41	74.9%
Malaysia	4.59	3.12	68.0%	4.75	80.5%
Marshall Islands	0.27	0.20	74.1%	0.10	25.0%
Micronesia (Federated States of)	2.71	1.81	66.8%	1.27	66.8%
Mongolia	10.28	7.04	68.5%	9.00	76.9%
Nauru	0.26	0.15	57.7%	0.08	80.0%
Niue	0.11	0.10	90.9%	0.05	50.0%
Pacific island countries and areas	25.92	17.73	68.4%	32.57	68.3%
Palau	0.31	0.25	80.6%	0.11	55.0%
Papua New Guinea	24.80	16.13	65.0%	17.69	55.3%
Philippines	16.99	14.06	82.8%	18.46	67.1%
Samoa	3.53	2.46	69.7%	2.30	82.1%
Solomon Islands	13.75	10.29	74.8%	5.77	71.2%
Tokelau	0.10	0.07	70.0%	0.04	40.0%
Tonga	2.38	1.62	68.1%	1.13	75.3%
Tuvalu	0.09	0.05	55.6%	0.07	70.0%
Vanuatu	6.15	3.53	57.4%	3.34	56.6%
Viet Nam	16.58	11.62	70.1%	11.73	61.7%
Others*	0.10	-	0.0%	0.01	10.0%
Total countries and areas	**187.74**	**134.32**	**71.5%**	**158.21**	**67.9%**
Office of the Regional Director	10.88	8.84	81.3%	8.17	73.6%
Division, Administration and Finance	10.94	8.15	74.5%	6.92	48.1%
Division, Programmes for Disease Control	18.03	13.00	72.1%	16.27	70.7%
Division, Health Security and Emergencies/WHO Health Emergencies Programme	22.00	14.35	65.2%	15.72	57.2%
Division, Health Systems and Services	21.74	16.18	74.4%	11.86	66.3%
Division, Healthy Environments and Populations	10.32	8.81	85.4%	7.74	71.0%
Division, Programme Management	12.23	8.17	66.8%	6.02	62.1%
WHO Asia-Pacific Centre for Environment and Health in the Western Pacific Region	4.88	3.41	69.9%	1.84	52.6%
WHO Data, Strategy and Innovation group	8.43	6.40	75.9%	6.49	69.0%
Total Regional Office	**119.45**	**87.31**	**73.1%**	**81.03**	**61.0%**
Undistributed	3.33		0.0%		
Grand Total	**310.52**	**221.63**	**71.4%**	**239.24**	**65.4%**

* Others includes the total for budget centres with available resources less than US$ 50 000, namely the Commonwealth of the Northern Mariana Islands, French Polynesia, Guam and Singapore.
** Available resources and utilization of funds figures are displayed to two decimal places, so that the percentage of utilization of available resources is accurate for budget centres that receive less than US$ 1 million in resources.

Budget centre	Available resources	Utilization of funds	Utilization of available resources (%)
Indonesia	US$ 25.0 million	US$ 18.2 million	72.8

Table 4 shows the utilization of total available resources by expenditure category.

Table 4a

Funds utilization by category of expenditure
(US$ million)

	Programme Budget 2024–2025 as at 30 June 2025		Programme Budget 2022–2023 as at 30 June 2023		
Category	**Utilization of funds**	**%**	**Utilization of funds**	**%**	**Change in utilization**
Staff costs	112.3	50.7%	84.9	35.5%	27.4
Contractual services	54.9	24.8%	79.9	33.4%	(25.0)
Travel	20.8	9.4%	13.5	5.6%	7.3
Transfers and grants to counterparts	18.8	8.5%	36.0	15.1%	(17.2)
General operating costs	9.8	4.4%	11.0	4.6%	(1.2)
Medical supplies and literature	4.2	1.9%	12.3	5.1%	(8.1)
Equipment, vehicle and furniture	0.8	0.4%	1.6	0.7%	(0.8)
Total	**221.6**	**100.0%**	**239.2**	**100.0%**	**(17.6)**

In line with past budgets, the largest percentage of expenditure was attributed to staff costs at 50.7%. The increase in staff costs of US$ 27.4 million, as compared to the previous biennium, is due to:

- In 2022, the Western Pacific Region experienced a high vacancy rate, largely due to the pandemic, as hiring and retaining staff posed significant challenges. Many staff opted to relocate closer to their home countries, resulting in reassignment to other WHO regions or departure from the Organization. For the first time in 10 years (2013–2023), the number of WHO staff in the Region fell below 600 by the end of 2023.

- Efforts to rebuild staff began in late 2023 and continued through 2024, with the Region recruiting to address the staffing shortfall. These efforts were supported by a dedicated funding stream aimed at implementing the Organization's Core Predictable Country Presence model – an action plan to empower and transform country offices. These rebuilding efforts and rising staff costs due to inflation have contributed to a relative increase in staff expenditures during the first 18 months of the 2024–2025 biennium, as compared to the same period in the last biennium.

- Considering the constrained global financial environment, WHO in the Region is working on a prioritization and realignment exercise for the next biennium to ensure that the Organization is fit for purpose and financially sustainable to best serve Member States.

The decrease in contractual services of US$ 25.0 million (from US$ 79.9 million to US$ 54.9 million) relates to gradual decrease in the hiring of experts, consultants, special service agreement holders and service providers. There was a surge in contractual services in 2022–2023 to support pandemic response activities.

Transfers and grants to counterparts, including Direct Financial Cooperation (DFC) agreements, purchase of equipment on behalf of third parties (for example, Member State governments), fellowships and agreements with United Nations agencies and nongovernmental organizations, also were impacted.

- Expenditures on DFC agreements declined by US$ 6.1 million, to US$ 14.9 million in 2024–2025 from US$ 21 million in 2022–2023. For the DFC agreements, WHO in the Region continues to put strong emphasis on accountability and assurance mechanisms through on-site monitoring, post-facto financial spot checks and audits, and enhanced efficiency through improved collaboration and capacity-building efforts with government counterparts.

- Expenditures to purchase equipment for third parties reduced to US$ 1.6 million in 2024–2025 from US$ 13.9 million in 2022–2023. The decrease shows the sharp decline in Member States requests since the 2022–2023 pandemic response.

- The Region prioritized strengthening health workforce capacity in countries and support for fellowship programmes. Expenditures on fellowship programmes rose over 60% to US$ 1.3 million in 2024–2025 from US$ 0.8 million in 2022–2023.

- The Region also focused on strengthening partnership with United Nations agencies and nongovernmental organizations by transferring funds and seeking support for programme implementation in cases where other organizations had an advantageous position and technical expertise for programme implementation, especially in hard-to-reach countries and areas. The expenditure for this subcategory increased to US$ 845 000 in 2024–2025 from US$ 150 000 in 2022–2023.

Travel costs include the cost of travel for WHO staff, non-staff participation in meetings, and consultants and representatives of Member States paid by the Organization. There was an increase of US$ 7.3 million for travel costs, as field-based activities for programme implementation returned to

pre-pandemic levels in 2024. After the USA announced its intention to withdraw from the Organization in January 2025, the Secretariat placed strict controls on travel, to be authorized only for essential and highly impactful work. The Secretariat continues to monitor travel costs closely.

The costs for other expenditure categories, such as general operating costs and equipment, vehicles and furniture, remained consistent with the previous biennium.

Table 4b summarizes the utilization of available resources by category of expenditure for country offices with available resources exceeding US$ 10 million.

Table 4b

Utilization of funds by category of expenditure
for country offices with available resources exceeding US$ 10 million
(US$ million)

Category	Lao People's Democratic Republic	Pacific island countries and areas	Papua New Guinea	Philippines	Cambodia	Viet Nam	Solomon Islands	China	Mongolia	2024–2025 Total	2022–2023 Total
Staff costs	7.8	8.1	7.6	5.5	6.0	6.2	4.0	5.5	2.1	52.8	41.2
Contractual services	5.0	5.6	3.8	6.2	2.6	3.0	3.1	0.5	1.2	31.0	46.5
Transfers and grants to counterparts	3.0	0.4	2.9	0.2	2.1	-	0.9	3.2	2.8	15.5	29.6
Travel	0.8	2.4	0.9	1.3	0.4	0.5	0.9	0.4	0.3	7.9	5.8
General operating costs	0.9	0.5	0.7	0.5	0.7	0.6	1.2	0.6	0.4	6.1	7.6
Medical supplies and literature	0.4	0.7	0.1	0.3	-	1.3	0.2	-	0.1	3.1	10.1
Equipment, vehicle and furniture	-	-	0.1	0.1	-	-	-	-	0.1	0.3	1.1
Grand Total	**17.9**	**17.7**	**16.1**	**14.1**	**11.8**	**11.6**	**10.3**	**10.2**	**7.0**	**116.7**	**141.9**

For the nine country offices with available resources greater than US$ 10 million per office in 2024–2025 as of 30 June, total utilization of available resources amounted to US$ 116.7 million compared to US$ 141.9 million in 2022–2023. For the three WHO country offices in the Region with utilizations exceeding US$ 15 million, the amounts for 2024–2025 are set: US$ 17.9 million for the Representative Office in the Lao People's Democratic Republic; US$ 17.7 million for the Representative Office for the South Pacific/Division of Pacific Technical Support, which serves Pacific island countries and areas; and US$ 16.1 million for the Representative Office for Papua New Guinea.

1.4 Audit activities

All internal and external audit recommendations issued during or before 2024 have been fully implemented, with no audit report or recommendations for action outstanding for the Region.

Between 1 January 2024 and 30 June 2025, WHO's Office of Internal Oversight Services (IOS):

1. Issued final audit reports on operational audits of the Division of Administration and Finance at the WHO Regional Office and the WHO Representative Office for the South Pacific/Division of Pacific Technical Support:

    - The operational audits were conducted to assess: (1) effectiveness of governance, risk management and control processes in administration and finance; (2) compliance with WHO regulations, policies and procedures; (3) efficient and economical utilization of resources; (4) reliability and integrity of financial and operational information; and (5) safeguarding of assets.

    - The audit of the Division of Administration and Finance received a rating of partially satisfactory, with some improvement required, with none of the operational internal controls of the processes tested, resulting in a high level of residual risk. The audit of the Representative Office for the South Pacific (and base of the Division of Pacific Technical Support) was rated as partially satisfactory, with major improvements required.

2. Performed and issued the final audit report on integrated audits of the WHO representative offices for Mongolia and the Philippines. The audits were conducted to assess: (1) alignment of the offices' performance with the Organization's strategic objectives; (2) compliance with WHO regulations, policies and procedures; (3) reliability and integrity of financial, managerial, programmatic and operational information; and (4) the achievement of results under the results-based management framework.

    - Both audits concluded that the performance of the offices was partially satisfactory, with some improvements required to address moderate levels of residual risk and improve operational effectiveness. None of the operational internal controls of the processes tested had a high level of residual risk.

    - The audit for the Philippine office was closed in August 2025 and the recommendations assigned to management fully implemented. The audit report for the Mongolia office was issued in August 2025 and is targeted for closure by the end of this year.

The cause of the audit issues and lessons learnt are regularly discussed and shared across the Region's network of WHO programme management and administrative officers, as well as at Regional Office Cabinet meetings to avoid recurring issues and reinforce the Region's commitment to building a culture of continuous improvement, transparency and accountability.

A visit from external auditors is scheduled in November 2025 to conduct a financial and compliance audit of the Regional Office for Western Pacific and WHO country offices in Malaysia and Viet Nam.

The Secretariat prioritizes the closure of all audit recommendations by monitoring and taking action on the recommendations assigned to the management in a timely manner. The Region also continues to effectively engage with internal and external auditors during their annual workplan development process, providing input for any emerging trends or issues concerning the Region for priority consideration.

1.5 Compliance, controls and accountability

The Secretariat continues to review and improve controls through strengthened management, capacity-building and training activities, improved communication, project management support to effectively manage larger donor funds, and monitoring of high-risk exposure transaction areas in the Region.

Several initiatives have improved accountability to Member States, donors and partners: (1) development of a Delegation of Authority handbook for country offices; (2) introduction of the Contributor Engagement Management System for managing resource mobilization and award management processes to improve the visibility and analytics on funding pipelines; (3) initiating an automated system of reminders/notifications to monitor overdue and upcoming donor reports; (4) monitoring of the status of Programme Budget funding and utilization through enhanced participation at monthly Programme Committee meetings; and (5) regular convening of programme management officers and administrative network representatives from countries to review programme performance and address compliance issues. These initiatives demonstrate the strong commitment of WHO to enhance accountability. They also reinforce the role of country offices at the forefront of programme implementation, with support from the Regional Office.

The introduction of online validation and built-in approvals in workflows both in the main Global Management System and peripheral systems, supported by periodic reports and dashboards to monitor performance and trends, has led to enhanced efficiency, monitoring and improved controls overall.

DFC assurance activities are performed in country offices in coordination with ministry of health counterparts, delivering improvements envisaged in the Organization’s framework for the management of implementing partners and further strengthening its alignment with other United Nations funds and programmes. Under the enhanced framework, the capacity assessments of implementing partners, audits and spot checks are conducted by means of professional accounting firms. Member States are requested

to support the Secretariat's efforts in the effective management of implementing partners across the Organization.

Further, the status of all cash and bank account reconciliations at the end of 2024 has been reported with an "A" rating – except for two country offices – meaning that no reconciliation items are pending longer than 90 days. For the two country offices, further actions were taken in early 2025 to resolve outstanding items for reconciliation.

Gender balance and the geographical distribution of staff continue to be high priorities. Significant progress in gender parity has been made through recruitment policy adjustments and increased awareness-raising among staff. The share of female international staff in the Region has reached 53% as of 30 June 2025. The geographical distribution of staff and overall representation of staff continues to be strong and diverse in the Region, with the 246 international professional staff representing 63 countries as of June 2025. In addition, WHO is reaching out with activities for under-represented countries in the Region in collaboration with governments and implementing programmes to attract and recruit talented people.

The Prevention of and Response to Sexual Exploitation, Abuse and Harassment (PRSEAH) unit in the Region has been reinforcing the WHO zero-tolerance stance on sexual misconduct. This is ensured through coordination meetings, field visits and working through the network of regional focal points in country offices. The network's actions have fostered collaboration and accountability through shared learning and the exchange of information across the Region. Country offices have updated focal points and PRSEAH risk assessments to address local risks, ensuring that mitigation measures and action plans align with organizational standards. The comprehensive reviews, monitoring of mandatory training and increased workforce engagement have strengthened both oversight and the capacity to prevent and respond to sexual exploitation, abuse and harassment. These coordinated measures highlight the ongoing commitment to accountability and prioritization of a zero-tolerance approach throughout the WHO operational environment in the Western Pacific Region.

Following the appointment of the Regional Director, the terms of reference and structure of compliance and risk management were reviewed. In the latter half of 2024, the Advisory Group for Accountability and Risk – previously chaired by the directors of Programme Management and Administration and Finance – was restructured into the Regional Compliance and Risk Management Committee, chaired by the Regional Director with participation from country offices.

In line with this change, 10 management performance indicators were prioritized from the Organization's 22 Global Key Performance Indicators because they were considered more suitable for the Region's context and risk appetite. These performance indicators are periodically monitored by the

Regional Compliance and Risk Management Committee. The results are shared with each budget centre, highlighting areas needing support and improvement, advocating enhanced accountability and strengthening the Region's risk awareness culture.

Each budget centre comprehensively reviews and updates risk registers at the start of each year. Risks are monitored throughout the year, and any significant regional risks are escalated so that an appropriate action and risk mitigation plan can be devised. As in previous years, the completion rate for the timely review and registration of risks remains at 100% at the end of 2024.

1.6 Anticipated salary gap for 2025 and cost containment measures to address the 2025 funding gap

Following the notification of the USA's intention to withdraw from the Organization and the consequent loss of assessed and voluntary contributions, in line with corporate guidance, the Region implemented a number of cost efficiency measures to reduce costs and cover the salary gaps. The measures included both staff-related and non-staff-related expenditures and are part of broader reprioritization efforts to make the Organization financially sustainable and fit for future.

The Regional Office has placed restrictions on staff travel, limiting it to the most essential and impactful activities, and shifted to virtual meetings to the extent possible. It also continues to work on the reduction of procurement and general operating costs, renegotiation of terms and conditions of procurement contracts, and the suspension of the purchase of assets, as well as office renovations.

These measures have helped to reduce projected salary gaps to US$ 2.7 million as of 31 August 2025 (from US$ 9.0 million four months earlier).

1.7 Outputs and results

The annex contains achievements against the first year of Programme Budget 2024–2025 for each country in the Region, as well as a regional overview. Further information can be accessed at the Western Pacific Region page of the WHO Results Report 2024, at this link.

In the midterm review of Programme Budget 2024–2025, WHO in the Region assessed 38 GPW 13 outputs and reported on progress of planned deliverables for the biennium. A transition began in 2024 to align WHO work with the Fourteenth General Programme of Work (GPW 14) and the new regional vision, *Weaving Health for Families, Communities and Societies in the Western Pacific Region (2025–2029)*. The summary below follows the five strands, or action areas, of the regional vision.

Transformative primary health care for universal health coverage: Primary health care (PHC) remained the cornerstone of efforts to advance universal health coverage (UHC). Countries – including Cambodia, Mongolia, Papua New Guinea and Viet Nam – expanded access to essential services for mental health and communicable and noncommunicable diseases.

Climate-resilient health systems: To address the growing threat of climate change, WHO scaled up efforts to build climate-resilient health systems. Through the WHO Asia-Pacific Centre for Environment and Health in the Western Pacific Region, countries including Fiji, Kiribati, the Lao People's Democratic Republic, Solomon Islands and Viet Nam upgraded health facility infrastructure for water, sanitation, waste management and energy efficiency. WHO also supported the development of national adaptation plans and emissions profiling, aligning country efforts with the WHO *Global Action Plan on Climate Change and Health*. These efforts support Member States to mitigate climate risks, reduce emissions and protect vulnerable populations.

Resilient communities, societies and health systems for health security: In the face of nearly 1700 potential health emergencies in the Western Pacific Region, WHO strengthened regional health security through technical assistance, surge deployments and strategic partnerships. More than US$ 1.2 million in supplies were dispatched, and 16 Emergency Medical Teams were trained or mobilized. Joint External Evaluations of core capacities under the International Health Regulations (2005) in Cambodia, the Philippines, Solomon Islands, Tonga and Vanuatu fostered multisectoral collaboration and national action planning. WHO's rapid response to Typhoon Yagi in Viet Nam and the earthquake in Vanuatu ensured continuity of essential services and reduced outbreak risks. Surveillance systems were enhanced through digital tools and community engagement. WHO also led efforts to combat antimicrobial resistance, with 30 countries endorsing a joint position paper presented at the United Nations General Assembly.

Healthier people throughout the life course: WHO advanced efforts to promote healthier lives across the life course. Tobacco control legislation was strengthened in Cook Islands, Malaysia and Viet Nam with bans on e-cigarettes and expanded smoke-free policies. Fiscal measures targeting alcohol and sugar-sweetened beverages were introduced in several Pacific island countries. The Health Promoting Schools initiative engaged 23 countries, while the Alliance for Healthy Cities expanded its network. These efforts contributed to reducing risk factors and improving health outcomes across all age groups.

Technology and innovation for future health equity: Digital transformation and innovation were key enablers of progress. The *Regional Action Framework on Digital Health in the Western Pacific*, endorsed by Member States in October 2024, has guided the development of national strategies in Papua New Guinea, Solomon Islands and Vanuatu. WHO supported digital maturity assessments,

stakeholder consultations and the development of costed action plans. Remote temperature monitoring systems improved vaccine cold-chain management in the Philippines, and digital tools enhanced surveillance and data-driven decision-making. These innovations support countries to modernize health systems, improve service delivery and ensure equitable access to care.

2. ACTIONS PROPOSED

The Regional Committee for the Western Pacific is requested to review and note the interim report on performance and utilization of the Programme Budget 2024–2025.

ANNEX

HIGHLIGHTED REGIONAL AND COUNTRY RESULTS

Part 1. Highlighted regional results

Action on noncommunicable diseases in primary health care

Integration of noncommunicable disease (NCD) prevention and control in primary health care (PHC) is a core strategy for reducing preventable deaths in the WHO Western Pacific Region, which constitutes 25% of the global burden. PHC helps overcome issues of access, affordability and referral systems for secondary care. NCD prevention and control in PHC enables screening to address risk factors and prevent complications of NCDs. Transformative PHC is central to the regional vision, *Weaving Health for Families, Communities and Societies in the Western Pacific Region (2025–2029)*, with WHO assisting Member States in integrating the WHO Package of Essential Noncommunicable Disease Interventions (WHO PEN) into PHC to improve access and reduce mortality, with projects in Brunei Darussalam, Cambodia, China, the Lao People's Democratic Republic, Malaysia, Mongolia, Papua New Guinea, the Philippines, Solomon Islands, Vanuatu and Viet Nam. There are outstanding examples of innovations in PHC, including the development of national NCD and cancer control plans, training health workers, expanding the utilization of WHO PEN, strengthening the Healthy Hearts Programme, expanding diabetic foot care, improving digital monitoring and national screening, and supporting lifestyle clinics.

Development of plans for childhood cancer have been supported by WHO in Mongolia, the Philippines and Viet Nam through the Global Initiative for Childhood Cancer. WHO also supported several countries with national action plans for cervical cancer.

Since the COVID-19 pandemic, the incidence of mental health conditions has escalated. WHO prioritizes community-based programmes that focus on self-care and prevention through PHC in the Philippines and improving access for children in Malaysia and Papua New Guinea. WHO also supports sensory health initiatives for eye health and deafness.

The Western Pacific Region has the highest burden of dental caries of any WHO region, with estimated 800 000 people who have inadequate care, hence the prominence of oral health in the new workplan.

Annex

Action to tackle antimicrobial resistance

Antimicrobial resistance (AMR) poses an existential threat to individuals and communities, ultimately impacting global health security as the proliferation and spread of resistant microbes can undermine decades of gains in infectious disease control.

The initiative to accelerate action to fight AMR in the Asia Pacific region, co-led by Japan and the WHO regional offices for the Western Pacific and South-East Asia, focused on garnering high-level political support for a joint position paper on AMR in the human health sector, which was endorsed by 30 countries and presented at the United Nations General Assembly High-level Meeting on AMR in September 2024.

WHO worked with Brunei Darussalam, Cambodia, Fiji, the Lao People's Democratic Republic, Malaysia, Mongolia, Papua New Guinea, the Philippines, Samoa and Tonga in updating, developing and implementing AMR national action plans, surveillance of AMR and antimicrobial use, antimicrobial stewardship and response to AMR pathogen outbreaks.

With WHO support, Solomon Islands endorsed its first national action plan for AMR and Viet Nam its second. Cambodia was supported to publish standard operating procedures for AMR surveillance and two annual surveillance reports, and is finalizing its outbreak response guidance. WHO worked with Brunei Darussalam, Cambodia, Fiji, Mongolia and the Philippines to conduct outbreak response capacity-building workshops for multidisciplinary teams of hospital professionals. In Papua New Guinea and Samoa, WHO supported revisions of the national antibiotic guidelines.

Addressing the health workforce crisis

The gaps in health-care workforces in countries are a chronic issue spanning decades. They are often related to economic situations that are difficult to overcome. In many parts of the Region, these gaps are the root cause of inability to deliver basic health services.

WHO supports a systems approach to health workforce issues, including workforce data collection through instruments such as the National Health Workforce Accounts, labour market trends and data on international migration.

In 2024, Workload Indicators of Staffing Need (WISN) studies were completed in Fiji, the Lao People's Democratic Republic and the Philippines. WISN analyses ensure adequate workforce distribution.

Meanwhile, quick wins and practical solutions are urgently needed.

Annex

In Papua New Guinea, the WHO Regional Office for the Western Pacific supported a comprehensive labour market analysis, leading to the approval of budgets for recruitment of 2799 health-care workers and a 10-year costed workforce plan. In Nauru, WHO conducted a nursing workforce analysis using a health labour market framework, identifying strategic policy options to address workforce shortages, reliance on foreign-trained nurses and high attrition. With WHO support, Cambodia developed its National Health Workforce Development Plan 2024–2033 to address low health worker density.

WHO also facilitated the Philippine–Pacific Health Initiative, fostering collaboration on health workforce education and retention. The Initiative was launched in 2024 to enable immediate action at the subregional level for deployment of professionals, training of doctors and nurses, capacity-building, deployment and policy reforms.

Primary health care 2.0

PHC is not a new strategy for public health. However, over time the needs of communities have evolved. Once focused on maternal and childcare, PHC can be a formidable vehicle to address the leading causes of death for all ages.

Currently, there are still limited types of services, insufficient outreach and inadequate referral systems to districts for higher-level care. These point to a need for more reform in PHC systems. Examples of best practices include longer clinic hours, mobile outreach and telemedicine. Changes in the delivery of services in PHC catalyse change, hence the reference to “transformative PHC” to address evolving health challenges.

WHO assisted Cambodia, Fiji and Papua New Guinea in establishing policy dialogues to improve PHC. In Viet Nam, WHO worked with the Government to expand PHC services, train health workers, standardize protocols and integrate NCD management at commune health stations. A WHO-supported PHC pilot in Ho Chi Minh City since 2022 has improved access to essential care in 10 district health centres and 43 commune health stations, increasing visits for hypertension and diabetes patients. The initiative aims to expand nationwide, integrating care for depression, HIV/AIDS and respiratory diseases. WHO emphasizes collaboration, aligning donor priorities and providing robust in-country support.

Annex

Reaching the unreached through primary health care

Integration of immunization in PHC is a core strategy for achieving a high level of fully immunized children in all Member States. Approaches include the use of measurable country-level outcomes, strategy development, technical support and cross-country collaboration. The Region's policy frameworks have strengthened Fiji's National Immunization Programme, while measles–rubella campaigns in Cambodia and the Lao People's Democratic Republic have vaccinated more than 2 million children, exceeding 95% coverage. In the Philippines, WHO training has equipped 771 health professionals with improved vaccine management skills for efficient immunization delivery.

WHO provides strong support for communicable disease control efforts. WHO helped coordinate improved tuberculosis surveillance and monitoring in Brunei Darussalam and Vanuatu, while cross-border collaboration helped achieve a 98.8% reduction in malaria cases across Cambodia, the Lao People's Democratic Republic and Viet Nam. WHO supported trachoma elimination in Fiji, Papua New Guinea and Viet Nam. In 2024, the Western Pacific Region advanced disease elimination efforts through the establishment of a Regional Validation Advisory Group, elimination of mother-to-child transmission training for 13 Pacific island countries, and other efforts. Work on hepatitis, HIV and mpox integration had notable achievements in Cambodia, Papua New Guinea and Viet Nam.

Strengthening health security: WHO's impact on emergency preparedness and response

With nearly 1700 potential health emergencies detected in 2024, the WHO Regional Office for the Western Pacific strengthened preparedness and response capacities through robust technical assistance, community engagement and strategic partnerships. More than US$ 1.2 million in supplies, including laboratory diagnostics, were dispatched, and surge networks – 16 WHO-classified Emergency Medical Teams and 80 Global Outbreak Alert and Response Network partners – were trained, maintained or deployed.

The Western Pacific Region's resilience was highlighted during Typhoon Yagi in the Lao People's Democratic Republic, the Philippines and Viet Nam, and the earthquake in Vanuatu. WHO collaborated with national authorities to restore essential health services, provide safe drinking-water and deliver targeted public health messaging, reducing disease outbreak risks. More than 5000 practitioners engaged in WHO-convened communities of practice, which addressed regional emergency priorities, including stigma and case detection challenges for mpox.

To strengthen health security, WHO facilitated Joint External Evaluations in Cambodia, the Philippines, Solomon Islands and Tonga, fostering multisectoral collaboration and commitment for better planning.

Annex

WHO advocacy increased health security engagement, with 100% of International Health Regulations (2005) States Parties fulfilling reporting obligations in 2024, up from 63% in 2019. WHO continues to lead emergency preparedness and response, ensuring health systems are equipped to protect communities from emerging threats.

Shielding health facilities from disruptive climate events

More than 1 billion people (62%) in the Western Pacific Region live in coastal areas. Health facilities in islands and cities in the Region are vulnerable to climate disruptions that can cut off these populations from shelter, food and essential health services.

With sea-level rises three to four times higher than the global average, the Western Pacific Region experiences a disproportionately large number of super typhoons and storms. WHO has undertaken a historic effort to lead public health action on climate-resilient health facilities through the WHO Asia-Pacific Centre for Environment and Health in the Western Pacific Region (ACE). Established in 2019, ACE has been strengthened to undertake technical work as well as resource mobilization to establish the climate-resilient and environmentally sustainable health-care facilities initiative. ACE is focused on action for retrofitting facilities and reforming policy to withstand climate shocks and reduce emissions, while enhancing its capabilities as a data centre for climate and health facilities.

In Fiji, Kiribati, the Lao People's Democratic Republic, Solomon Islands and Viet Nam, the Regional Office supported improvements to water supply, sanitation, waste management, energy efficiency and digital infrastructure in health facilities. These practical upgrades – especially in island nations most exposed to climate risks – are informing regional scale-up efforts.

At the policy level, WHO assisted Fiji, Kiribati and Solomon Islands in developing health national adaptation plans and guided emissions profiling in the Lao People's Democratic Republic and Viet Nam. WHO also supported Tonga's engagement with the Alliance for Transformative Action on Climate and Health, fostering stronger national commitments.

Annex

Sustaining progress in tobacco control

Tobacco use remains the leading preventable risk factor for NCDs. Addressing tobacco control is a priority under the Western Pacific vision for the work of WHO with Member States and partners: *Weaving Health for Families, Communities and Societies in the Western Pacific Region (2025−2029).* In 2024, the Region advanced WHO NCD best buys through technical input, advocacy and legislative support.

Taxation, advertising bans, smoke-free policies and emerging product regulation continue to be key focus areas.

In Malaysia, WHO supported strengthening tobacco control legislation, including expanded regulations on e-cigarettes, bans on online and vending machine sales, and enhanced smoke-free policies. In Viet Nam, WHO assisted with legislation banning e-cigarettes and heated tobacco products.

Political leadership in Cook Islands resulted in significant tobacco control law reforms including a ban on e-cigarettes and an increase in the legal smoking age to 21. In China, WHO facilitated multisectoral efforts, including enhanced monitoring of tobacco consumption. WHO also worked with governments to integrate tobacco control within broader health strategies. In Kiribati, efforts focus on reducing high smoking prevalence through climate resilience and health reforms. In Fiji, WHO aligns tobacco control with broader risk factor interventions. WHO continues to counter tobacco industry interference and protect health policy integrity by strengthening the understanding of States Parties to the WHO Framework Convention on Tobacco Control of their obligations under Article 5.3 of the Convention, which addresses interference by the tobacco industry and its vested interests.

Taking control of health in the places where people live, work, learn and play

Healthy settings are a powerful platform for people's participation in health and community engagement in resolving local health issues. Schools and the education sector play a key role in the health of children and youth. In November, the Regional Meeting on Health Promoting Schools (HPS) hosted 23 countries, fostering collaboration and resource-sharing. Results include collaboration in updating of HPS plans, including monitoring and evaluation, in the Federated States of Micronesia, Solomon Islands and Tonga. In September, the Alliance for Healthy Cities held a global meeting in Seoul, Republic of Korea, which expanded regional networks, sharing tools such as Healthy Cities indicators and training materials to address alcohol use, physical inactivity and unhealthy diets. WHO led discussions on sea-level rise and cities. The initiative on age-friendly cities also grew, with 18 new members joining the Global Network for Age-friendly Cities and Communities in 2024.

Annex

Activities to build capacity for the control of alcohol and tobacco use, as well as to promote nutrition, were implemented in Malaysia, Mongolia and the Philippines. Specific taxation policies for alcohol and sugar-sweetened beverages introduced in Cambodia, Cook Islands, Solomon Islands and Viet Nam are formulating taxation policies. Aside from fiscal policies, other demand side interventions such as for drink–driving and regulation of marketing have also been advanced. WHO also assisted Brunei Darussalam, China, Fiji, Kiribati, the Federated States of Micronesia, the Philippines, Solomon Islands and Tonga in restricting unhealthy food marketing. WHO also supported Kiribati, Papua New Guinea and Solomon Islands to strengthen food safety legislation. Public health laws in Pacific island countries are also being updated.

Accelerating digital health transformation

Recognizing the impact of digitalization on health and health-care delivery, WHO works with Member States to harness this resource for better health outcomes.

The WHO Regional Committee for the Western Pacific in October 2024 endorsed the *Regional Action Framework on Digital Health in the Western Pacific*, which was developed through extensive consultation with experts. This blueprint guides countries in implementing digital health strategies through five pillars: governance, socio-technical infrastructure, financing, digital health solutions and data.

Member States have adapted the Framework to national contexts. WHO offices in Papua New Guinea, Solomon Islands and Vanuatu supported health ministries in crafting national digital health strategies rooted in maturity assessments, stakeholder engagement and national health priorities.

WHO recognizes that digital technology is expanding at a rapid pace and that it is of critical importance that the health sector can catch up and keep pace with the rest of society to solve problems, innovate and develop strategies for better and more equitable health outcomes.

Lessons learnt

Commitment from leadership at the national, subnational and local levels is necessary to move NCD initiatives forward. Multisectoral collaboration and community engagement are key to the successful implementation of initiatives integrated into PHC.

Reaching unreached and vulnerable populations requires sustained community engagement and integration of disease control efforts within PHC systems. In the Greater Mekong Subregion, involving local health workers in malaria elimination through PHC platforms has improved access to diagnostics

Annex

and treatment in hard-to-reach areas. In the WHO Western Pacific Region, tailored disease surveillance approaches demonstrated the value of flexible, country-specific systems, with Tonga's real-time reporting model offering lessons for scalable PHC-integrated information systems. Progress in the elimination of neglected tropical diseases (NTDs) has shown that cross-programmatic planning – such as combining interventions for NTDs, vaccine-preventable diseases, hepatitis and elimination of mother-to-child transmission of communicable disease within PHC services – can improve efficiency, expand reach and reduce fragmentation. Integrated service delivery during antenatal care, mass public health campaigns and community mobilization has enhanced uptake and sustainability. Engaging communities and aligning with local governance structures have proven essential for culturally appropriate and accessible interventions in mental health services. However, funding challenges − particularly delayed or unpredictable voluntary contributions − continue to affect planning and timely service delivery. Addressing these limitations through improved coordination of resource mobilization and maximization would support more resilient PHC systems. Overall, integrated, cross-programmatic strategies anchored in PHC have proven effective in extending health services to underserved populations and advancing disease control and elimination goals across the Region.

Supporting countries to reform their service delivery model to create a strong PHC approach requires a shift in how regional and country offices work together to support countries, including a more unified approach, a proactive role in influencing alignment of donor priorities and resource allocation, and extended in-country technical support.

Several lessons from past implementation experiences can guide and improve future AMR planning and implementation. First, securing high-level political commitment is critical for sustaining momentum and mobilizing resources. The success of regional initiatives − such as the endorsement of a joint position paper by 30 countries − demonstrates the importance of political leadership in driving coordinated action. Second, AMR strategies should not stand alone. They should be embedded within broader health systems strengthening efforts. Integrating AMR into PHC, universal health coverage and health emergency preparedness, ensures long-term sustainability and resilience. WHO's people-centred approach provides a valuable framework to ensure interventions remain responsive to the needs of communities. Third, future planning must emphasize adaptability to local contexts and the efficient use of available resources. Strategies must be flexible, recognizing that measures effective in one country may require significant adjustments elsewhere. Tailored support and context-specific implementation help maximize impact and relevance.

With regard to human resources for health, challenges in data collection arose during the reform process, as infrastructure is still being developed. This has resulted in inconsistent data, making it difficult to

conduct comprehensive analyses. Additionally, concerns about data quality persist, further complicated by frequent changes in reform policies, making it challenging to measure impacts. The presence of competing priorities among partners has also hindered progress.

A perennial issue is early detection and timely assessment of public health threats, which is hindered by stigma, missing information, delays in reporting and changes in reporting systems. Relying solely on one surveillance source may lead to important data being overlooked, impacting the effectiveness of responses. A multi-source surveillance approach is crucial for enhancing regional capabilities, enabling better detection, assessment and intervention. WHO has also focused on enhancing community engagement and the use of social listening tools. Effective responses depend on strong communication, community trust and robust surveillance systems. Future improvements include better coordination platforms, outreach to marginalized groups and ongoing training in data management and diagnostics. Lastly, a Joint External Evaluation of core capacities under the International Health Regulations (2005) provides an excellent opportunity to review national health security capacities and promote a multisectoral approach. This process involves cross-cutting collaboration among at least 20 government-level ministries along with other partners and agencies. A successful Joint External Evaluation encourages ministries and agencies to continue working together in developing national strategies to strengthen health security, such as a national action plan for health security and oversight of its implementation.

The Member State consultation process for the *Regional Action Framework on Digital Health in the Western Pacific* was instrumental in advancing the development of national digital health strategies and plans in many Member States. Stakeholder consultations during the formulation of these strategies and plans across multiple countries in the Region highlighted key strategic priorities requiring strengthening: governance and leadership, standards and interoperability, and multisectoral collaboration. Digital health maturity assessments and multi-stakeholder consultations were essential components in developing a comprehensive national digital health strategy. Additionally, a costed action plan and a monitoring and evaluation framework were identified as key elements to be incorporated into national digital health strategies.

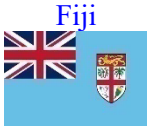
Experiences in Fiji, Kiribati and Solomon Islands show that combining local infrastructure upgrades with policy reform is effective, and that tools developed through these efforts can accelerate progress elsewhere. Alignment with the WHO *Global Action Plan on Climate Change and Health* is helping generate political momentum for faster and broader implementation across the Region.

Annex

Part 2. Highlighted country results

Country/area	Highlighted results	Full report link
American Samoa 	• Strengthening health through strategic communication	
Brunei Darussalam 	• Updating national guidelines to end tuberculosis	
Cambodia 	• Promoting healthy environments and behaviours through data-driven and cross-sectoral interventions for NCDs • Protecting vulnerable children through a nationwide measles and rubella supplementary immunization activity • Moving towards ending tuberculosis by adopting data-driven interventions • Building a health workforce fit for the future to ensure safe and healthy lives and well-being for all • Monitoring and strengthening capacity for the International Health Regulations (2005)	
China 	• Building a resilient and people-centred integrated health service system • Advancing long-term care insurance and healthy ageing • Bridging health and policy: tackling NCDs	

Annex

Cook Islands 	• Enhancing health preparedness • Empowering health: tackling NCDs	
Fiji 	• Strengthening the national immunization programme: key insights and progress • Transforming PHC: a step towards universal health coverage • Strengthening influenza surveillance: lessons learnt from global collaboration • Building a climate-resilient health future • Tackling tobacco use: a multisectoral approach for health equity	
Kiribati 	• Building resilience: strengthening health system resilience to climate change • Enhancing surveillance and response • Strengthening supply management: collaborative approaches • Public health legislation: a collaborative approach	
Lao People's Democratic Republic 	• Learning from the national measles and rubella supplementary immunization activity • Strengthening health governance: a path to universal health coverage • Building a climate-resilient health system • Accelerating malaria elimination • Strengthening public health emergency management through multisectoral collaboration	

Annex

Malaysia 	• Strengthening disability-inclusive health systems • Highlighting the economic benefits of investing in prevention of NCDs • Developing the first Malaysian National Plan of Action for Children and Adolescent Mental Health • Introducing more stringent tobacco regulations: advocacy that works • Integrating behavioural insights: a pathway to health improvement • Raising awareness on deadly AMR: a One Health approach	
Marshall Islands 	• Strengthening emergency preparedness • Enhancing climate resilience in health systems: strengthening capacity to address health impacts of climate change	
Micronesia (Federated States of) 	• Developing the national Health Strategic Development Plan • Improving immunization coverage through technical support • Strengthening school health systems in Chuuk: a multisectoral initiative to enhance student well-being	
Mongolia 	• Building resilience to public health emergencies: WHO strategic support to the public health system amid multifaceted challenges • Strengthening national cancer control efforts: a collaborative approach • Optimizing systems to accelerate the End Tuberculosis goal • Overcoming geographical and socioeconomic barriers to health care: equity-based PHC system • Addressing the environmental determinants of health: solutions for health initiative	

Annex

Nauru 	• Strengthening health system capacity: enhancing medicines quality control and nursing workforce analysis • Strengthening health threat preparedness and readiness	
Niue 	• Building resilience with a state-of-the-art oxygen facility during the COVID-19 pandemic: a lifeline	
Northern Mariana Islands (Commonwealth of) 	• Results will be reported in the end-of-biennium review.	
Palau 	• Strengthening emergency response capacities: the Palau Emergency Medical Team initiative	
Papua New Guinea 	• Strengthening antimicrobial stewardship • Empowering the health-care workforce through a comprehensive approach • Building a digitally connected health system: the National Digital Health Strategy 2025–2030 • Tackling NTDs: a community-driven approach • Empowering health workers against NCDs	

Annex

Philippines 	• Updating primary care staffing standards under the Universal Health Care Act • Strengthening the response to AMR: WHO catalytic support in review and development of a national action plan • Strengthening malaria elimination efforts in Palawan • Enhancing immunization management: lessons learnt from capacity-building initiatives • Revolutionizing immunization: strengthening vaccine cold-chain management • Strengthening health emergency preparedness • Building stronger communities: a path to catalysing transformative change in NCDs and mental health services • Strengthening development of partner coordination for aligned, efficient and unified support for national health priorities	
Samoa 	• Empowering health care: strengthening capacity for a healthier future • Strengthening public health amid challenges • Strengthening health resilience: lessons learnt from recent initiatives	
Solomon Islands 	• Transforming diabetes care: coaching for improved health • Revitalizing PHC • Strengthening health security: lessons from the Joint External Evaluation under the International Health Regulations (2005) • Strengthening health resilience amid climate challenges • Taking that digital leap: transforming health systems	

Annex

Tokelau 	• Results will be reported in the end-of-biennium review.	
Tonga 	• Scaling up Health Promoting Schools using dashboards at the Ministry of Education and Ministry of Health • Weaving a healthier future in the next decade (2026–2035) • Rising to the challenge: insights from health security using a Joint External Evaluation	
Tuvalu 	• Introducing typhoid vaccination in Tuvalu: effective communication, community engagement and trust-building • Strengthening the health-care system: insights from the Tuvalu Overseas Medical Referral Scheme	
Vanuatu 	• Strengthening health resilience: lessons from natural disasters and disease outbreaks • Navigating health-care challenges: lessons learnt • Strengthening PHC: challenges and innovations • Driving impact: strengthening malaria and NTDs programmes for lasting health gains • Enhancing health leadership of the Ministry of Health	
Viet Nam 	• Introducing a comprehensive ban on e-cigarettes and heated tobacco products • Building climate resilience in the health sector • Transforming the health insurance law: a step towards universal health coverage • Building resilience: WHO response to the devastation of Typhoon Yagi • Bringing high-quality care for NCDs closer to communities	