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TECHNICAL DISCUSSIONS

Technical discussions on the following items will be presented, as a continuation of the experiences, challenges and lessons shared by the participants from Member States in technical consultations with the Secretariat in March 2025:

14.1 Artificial intelligence in health-care systems

14.2 Hypertension control

14.3 Safer surgery

14.4 Tobacco control

The Regional Committee for the Western Pacific is requested to note activities undertaken, progress and plans going forward to address these issues.

14.1 ARTIFICIAL INTELLIGENCE IN HEALTH-CARE SYSTEMS

1. BACKGROUND

Artificial intelligence (AI) technologies are evolving rapidly, with the rise of generative AI shifting paradigms in how clinical knowledge, decision-making tools and health system functions are delivered.

Unlike earlier AI models, generative AI can synthesize clinical guidelines, support language translation, generate patient education materials, and assist with administrative tasks and documentation. The role of AI has expanded beyond technical tasks into systemic functions that directly support health workers, policy-makers and patients.

However, this expansion also creates growing pressure on health systems to assess, validate and govern these tools responsibly, particularly in the Western Pacific Region, where system readiness, regulatory capacity and workforce experience in implementing AI for health equity vary widely.

Despite growing interest, AI use in real-world health-care delivery remains limited. Numerous pilot projects have demonstrated the technical feasibility of AI in areas such as imaging, predictive analytics and chatbots; however, most projects are still in feasibility assessment stages. Looming questions – including doubts regarding funding, data infrastructure, workforce readiness, cost-effectiveness and smooth integration into clinical workflows – have also stymied implementation. Without addressing these system-wide barriers, AI is racking up a collection of fragmented pilot projects, rather than scalable solutions.

The upcoming technical discussion by the WHO Regional Committee for the Western Pacific aims to reaffirm Member State commitments to digital health and innovation, as well as provide implementation guidance for the *Regional Health Innovation Strategy for the Western Pacific* and the *Regional Action Framework on Digital Health in the Western Pacific*, in the context of the new regional vision: *Weaving Health for Families, Communities and Societies in the Western Pacific Region (2025–2029)*.

Specifically, the discussion will support Member States:

- to identify high-impact cases for AI to enhance country impact with a focus on the 11 priority outputs of WHO work in the Region, identified through the Programme Budget 2026-2027 reprioritization exercise;

- to promote preemptive capacity-building of health workforces in preparation for AI transformations; and
- to advocate for regulations that help accelerate adoption and implementation of AI in the Region.

2. ACTIONS TAKEN

The Regional Committee endorsed the *Regional Health Innovation Strategy for the Western Pacific* and the *Regional Action Framework on Digital Health in the Western Pacific* in 2023 and 2024, respectively. The endorsements reflect the increasing awareness among Member States of the need to prepare for the adoption and integration of digital technologies for health system strengthening. Both documents promote the ecosystem perspective and advocate for the need to build capacity in the public sector to adopt, manage and govern emerging technologies.

Since the endorsement of the Strategy and Action Framework, Member States and WHO have begun to strengthen readiness for adoption and governance of health AI in countries in the Region:

- Amid growing global optimism about AI, the transformative potential of generative AI models and the rapid deployment of AI solutions across sectors, AI has emerged as a shared political priority. Countries and areas are enhancing readiness for AI by introducing national strategies; enabling policies and governance frameworks; investing in technology development and implementation; and strengthening data systems and digital infrastructure.

- Identifying and documenting emerging AI integration experiences: WHO has monitored and collected country experiences in which AI has been employed in health service delivery, policy support and public health functions. In addition to tracking technical deployments, WHO has documented examples in which governments have begun developing regulatory and policy frameworks for responsible AI adoption.

- Facilitating regional dialogue and knowledge exchange on AI use cases in the 11 regional priorities: In 2024 and 2025, WHO convened Member States in technical meetings, expert consultations and regional forums to promote the exchange of lessons and foster better shared understanding of AI opportunities and risks. These platforms have brought together

policy-makers, regulators, implementers and technology developers to discuss issues of governance, health system integration and responsible innovation.

- Conducting landscape reviews and mapping regional AI capacity: Recognizing the need to understand existing strengths and gaps, WHO conducted mapping exercises of health-related AI capacity-building initiatives, AI research institutions and regulatory science capabilities in the Region. This mapping lays the foundation for developing networks of experts and targeting technical assistance to respond to Member State needs and priorities.

3. ACTIONS PROPOSED

Member States are encouraged to:

1. Identify and prioritize high-impact cases of AI use for health equity: Priority should be given to settings in which AI can leapfrog infrastructure constraints or extend the reach of overstretched health systems.

2. Strengthen public sector capacity for responsible AI adoption: Countries and areas should invest in building institutional capacity within health ministries and public health agencies to engage meaningfully with AI technologies to support workforce upskilling, cross-sectoral coordination mechanisms and strategic procurement capabilities, among other functions.

3. Overcome implementation and regulatory challenges: Countries and areas with health-care systems at different stages of digital transformation should strengthen regulatory readiness by developing fit-for-purpose governance mechanisms, ethical oversight models and local capacity for health technology assessment, among other functions.

WHO will support efforts to:

1. Identify and document cases in which AI is integrated into health systems, highlighting lessons learnt by governments in developing enabling regulatory frameworks to facilitate responsible AI deployment. These success stories will serve as reference points for countries and areas seeking to maximize the benefits of innovation in public health while safeguarding against potential risks.

2. Facilitate platforms and dialogues for countries and areas where policy-makers, regulators, technology developers and implementers can exchange lessons learnt. These discussions will promote convergence in approaches to AI governance while respecting diverse national contexts.

3. Convene multidisciplinary expert networks to provide targeted guidance and technical assistance to countries and areas in need of regulatory science support, system readiness assessment and capacity-building for implementation.

14.2 HYPERTENSION CONTROL

1. BACKGROUND

The prevalence of hypertension or high blood pressure in the Western Pacific Region increased to 28% in 2019 from 24% in 1990. The increase is of particular concern for lower-middle-income countries, where the rising prevalence of hypertension is coupled with low control rates (the percentage of people with hypertension whose blood pressure is effectively managed).

In the Western Pacific Region, the average control rate is about 22%, meaning that only about one in five people with hypertension have managed to maintain their blood pressure below the target of 140/90 mmHg.

Often referred to as a "silent killer" due to its asymptomatic nature, hypertension contributes significantly to the global burden of disease. Hypertension is a major modifiable risk factor for cardiovascular disease and premature death. Persistently elevated blood pressure places excessive strain on the heart and blood vessels. The strain leads to structural and functional damage over time, increasing the likelihood of heart attacks, strokes, heart failure and kidney disease, among other conditions.

Addressing hypertension involves early detection, treatment and management of risk factors, such as unhealthy diet, physical inactivity and tobacco use. Effective management of hypertension through lifestyle changes and medication is crucial for reducing the risk of cardiovascular events and improving overall life expectancy. Efforts to improve awareness, diagnosis and treatment are crucial to mitigate the impact of hypertension on public health. Disparities in access to health care and the need for targeted interventions at the primary health-care level must be addressed.

The Region's vision, *Weaving Health for Families, Communities and Societies in the Western Pacific Region (2025–2029)*, prioritizes "healthier people throughout the life course" and "transformative primary health care for universal health coverage". Together, work on these priorities will expand access to hypertension management and improve health outcomes. The regional vision seeks to increase by 100 million, among people with hypertension, those whose blood pressure is under control. This would require an average control rate of 50% across the Region. The average control rate can be achieved by screening 80% of hypertensives, treating 80% of diagnosed hypertensives and controlling the blood pressure of 80% of those under treatment. In the Region, the Republic of Korea has reached this target, while others, such as Nauru and Tuvalu, remain below 5%.

2. ACTIONS TAKEN

Hypertension is a leading risk factor for cardiovascular disease, stroke and kidney failure. In the Western Pacific Region, hypertension contributes significantly to premature mortality and disability, particularly in resource-constrained settings. Recognizing the urgent need to address this silent epidemic, WHO and partners have relied on a range of strategies to improve the diagnosis and treatment of hypertension across the Region.

Strengthening primary health-care systems

A cornerstone of the WHO approach has been the integration of hypertension services into primary health care. This step ensures that blood pressure screening, diagnosis and treatment are accessible at the community level. Countries, including Cambodia, the Philippines and Viet Nam, have adopted this model, training health workers to routinely check blood pressure during patient visits and manage uncomplicated hypertension cases using standardized protocols.

In the Lao People's Democratic Republic and Mongolia, WHO has supported the development of national clinical guidelines for hypertension management, ensuring consistency in diagnosis and treatment across health facilities. The guidelines are aligned with WHO global recommendations, including the use of validated devices to measure blood pressure and evidence-based treatment algorithms.

Standardized treatments and the HEARTS package

To improve treatment outcomes, WHO introduced the HEARTS technical package, a comprehensive set of modules designed to strengthen cardiovascular disease management in primary health-care settings. The package includes protocols for hypertension diagnosis and treatment, lifestyle counselling, access to essential medicines and risk-based patient management.

Countries, including the Philippines and Viet Nam, have adopted HEARTS to streamline hypertension care. The protocols emphasize the use of single-pill combinations, which improve medication adherence and simplify treatment regimens. In Tonga, HEARTS is being adapted to the local context to train health workers and monitor treatment outcomes, contributing to better blood pressure control rates.

Expanding access to essential medicines

Access to affordable and effective antihypertensives remains a challenge in many parts of the Region. WHO has worked with governments to include essential hypertension medicines in national formularies and universal health coverage benefit packages. This step ensures that patients can get treatment without financial hardship.

In the Philippines, the Healthy Hearts Project – a WHO and the Department of Health collaboration – has improved the availability of antihypertensives in public health facilities through local government and social health financing.

Leveraging digital health for diagnosis and monitoring

The *Regional Action Framework on Digital Health in the Western Pacific* has played a transformative role in enhancing hypertension care. Digital tools such as electronic health records, mobile health apps and telemedicine platforms have been deployed to improve diagnosis, treatment adherence and follow-up.

In China, Mongolia and Vanuatu, telemedicine has enabled remote consultations and blood pressure monitoring, reducing the need for patients to travel long distances. Mobile apps are used to remind patients to take their medications and attend follow-up appointments. These innovations are particularly valuable in rural and underserved areas with limited access to health services.

Community-based screening and health promotion

Early detection is critical to prevent complications from hypertension. WHO has supported community-based screening programmes in countries, including Cambodia, Kiribati and the Lao People's Democratic Republic. Health workers conduct blood pressure checks in homes, workplaces and public spaces, often in conjunction with health education campaigns.

Community health workers are trained to conduct home visits, monitor blood pressure and provide lifestyle counselling. In Malaysia, these efforts are complemented by media campaigns promoting healthy diets and physical activity to help prevent and control noncommunicable diseases (NCDs).

Addressing social determinants and health equity

Hypertension disproportionately affects low-income and marginalized populations. WHO emphasizes people-centred and equity-focused approaches, ensuring that recommended interventions reach those most at risk. In the Western Pacific Region, this approach includes targeted outreach in

remote and indigenous communities, as well as efforts to reduce financial and geographical barriers to care.

WHO has supported mobile outreach clinics that bring hypertension services to isolated communities in Kiribati and other Pacific island countries and areas. In other countries, including Cambodia and the Lao People's Democratic Republic, subsidies and insurance schemes have been introduced to reduce out-of-pocket costs for hypertension treatment.

Monitoring and evaluation for continuous improvement

To track progress and improve accountability, WHO encourages countries and areas to adopt hypertension indicators as part of their health information systems. These indicators include screening coverage, treatment initiation rates and blood pressure control rates. Data collected will inform policy decisions and help identify gaps in service delivery.

In the Philippines, the Department of Health uses digital dashboards to monitor hypertension programme performance at regional and national levels. In Viet Nam, regular audits and supervision visits ensure that health workers adhere to treatment protocols and maintain high-quality care.

Capacity-building and workforce development

Improving hypertension care requires a skilled and motivated health workforce. WHO has supported training programmes for doctors, nurses and community health workers across the Region. These programmes cover topics such as accurate blood pressure measurement, risk assessment, patient counselling and medication management.

WHO has helped develop training curricula for health workers at all levels, from village health volunteers to district hospital staff. In Fiji, task-shifting strategies have empowered nurses to manage hypertension cases, freeing up doctors to focus on other priorities.

Policy and governance support

Strong governance is essential for sustaining hypertension control efforts. WHO works with ministries of health to develop national NCD strategies, digital health policies and regulatory frameworks to support hypertension care. These policies ensure alignment across sectors and promote a whole-of-government approach.

In the Lao People's Democratic Republic and Mongolia, national NCD action plans include targets for hypertension screening and treatment. In the Philippines, the Universal Health Care Act

mandates that hypertension services be integrated into primary care and provides funding for essential medicines and diagnostics.

The diagnosis and treatment of hypertension in the Western Pacific Region have improved significantly through a combination of strategic interventions, policy reforms and technological innovations. The leadership and technical support of WHO have been instrumental in guiding countries and areas towards more equitable, efficient and people-centred hypertension care.

From standardized treatments and digital health tools to community outreach and capacity-building, the Region is making steady progress in addressing this major public health challenge. Continued investment, collaboration and innovation will be essential to sustain gains and ensure that everyone – regardless of how much money they have or where they call home – can live healthier, longer lives, free from the burden of uncontrolled hypertension.

3. ACTIONS PROPOSED

To accelerate progress towards the regional target of 100 million more people with hypertension who have their blood pressure under control (and a 50% average control rate across the Region), Member States – with WHO support – are encouraged to:

1. Expand HEARTS

The HEARTS technical package should be expanded in the Region, particularly in underserved and rural areas. This expansion will involve technical support, training modules for health workers and the distribution of validated devices to measure blood pressure. The goal is to ensure that standardized, protocol-based hypertension care becomes the norm across primary health-care facilities in all countries and areas in the Region.

2. Expand community-based screening

Community-based screenings should be expanded to reach high-risk populations through targeted campaigns. These include workplace and outreach programmes, supported by mobile screening units and trained community health workers. Public awareness materials will be developed to promote participation and reinforce the importance of early detection and lifestyle modification.

3. Improve access to essential medicines and financing

Access to essential antihypertensive medicines should be improved by strengthening pooled procurement mechanisms for small island economies and local government units, and by integrating medications into national insurance schemes. Technical assistance will be provided to support policy design, strengthen regulation, engage donors and optimize supply chains to ensure availability and affordability.

4. Enhance monitoring and evaluation

Monitoring and evaluation systems should be enhanced through the development of regional dashboards that track key hypertension indicators such as control rates, treatment coverage and equity metrics. This will require the development of robust data systems, training in data analytics and coordination across countries to ensure consistent and actionable reporting.

5. Prioritize capacity-building and workforce development

Capacity-building should be prioritized through training workshops and development of e-learning platforms on hypertension management, including standardized curricula, translation services and logistical support to ensure broad participation and sustained learning.

6. Enhance digital health integration for hypertension management

To enhance digital health integration, interoperable electronic health records and mobile health applications should be utilized. These tools support patient tracking, medication adherence and remote monitoring. Investments in information and communication technology infrastructure, partnerships with digital health providers and capacity-building for health workers will be essential to ensure effective implementation.

7. Strengthen policy and governance

Policy and governance should be strengthened by supporting Member States in updating national NCD strategies to include hypertension-specific targets. WHO will provide policy guidance and facilitate stakeholder engagement and intersectoral coordination to ensure that hypertension control is embedded in broader health system reforms.

8. Strategies for the Pacific island countries

Accelerated training, capacity-building and health systems strengthening for the smaller Pacific island countries will be rolled out with additional support to increase the targets, with more ambitious goals to cover more than 80% screening of the adult population by 2030.

14.3 SAFER SURGERY

1. BACKGROUND

There can be no universal health coverage without access to safe and affordable surgery.

Essential surgical procedures are cost-effective and could avert about 1.5 million deaths a year in low- and middle-income countries. Improving surgical care strengthens the health system for a range of health priorities such as maternal and child health, infection prevention and control (IPC), antimicrobial resistance (AMR), disability, referral care systems and overall primary health care (PHC).

In 2020, the WHO Regional Committee for the Western Pacific endorsed the *Action Framework for Safe and Affordable Surgery in the Western Pacific Region (2021−2030)*. The Framework set out four operational shifts: from isolated interventions to system-wide improvements; from siloed vertical programmes to people-centred, continuum-of-care approaches; from ad-hoc data collection to routine use of local data for quality improvement; and from short-term capacity-building to long-term, multidisciplinary teamwork. More recently in 2023, the World Health Assembly adopted a resolution on integrated emergency, critical and operative care (ECO), which frames surgical care as a key component of a wider continuum of care.

Countries and areas in the Western Pacific Region, in collaboration with WHO and other partners, have translated the Regional Framework and global resolution into practices across all health systems levels, improving surgical care by strengthening capacity for monitoring and using data for continuous quality improvement. At the facility level, multidisciplinary teams of health workers – including nurses, IPC staff, surgeons, anaesthetists and others – are supported to systematically improve surgical care, bolstered by strengthened hospital leadership and governance. At the district level, health system strengthening goes beyond individual health-care facilities to improving promotion and prevention in the community, and strengthening networks of care − such as the referral care system. At the national level, Member States are creating enabling environments through the development of national strategies and action plans on surgical care, patient safety policies and essential health service packages.

These comprehensive efforts at different levels – at health-care facilities, at communities and at the national level – reflect the transformative PHC approach described in the regional vision, *Weaving Health for Families, Communities and Societies in the Western Pacific Region (2025−2029)*.

2. ACTIONS TAKEN

Member States have collectively taken a comprehensive approach to improving surgical care at different levels by: (1) supporting health-care providers in improving the quality and safety of service at the point of delivery; (2) supporting leadership and governance to improve enabling environments at individual facilities; (3) strengthening PHC beyond health-care facilities; and (4) strengthening policies and standards at the national level.

(1) Supporting health-care providers in improving the quality and safety of service at the point of delivery

Cambodia, Fiji, Mongolia, Solomon Islands and Vanuatu, in collaboration with WHO, have been working on improving the sterilization of medical devices, preventing surgical site infections, promoting the appropriate use of antibiotics in surgical care and developing protocols for perioperative care to tackle AMR. Cambodia, for example, recorded quantified significant improvement in the standard procedure for sterilization in hospitals. Experts are now being trained to conduct a nation-wide rollout of the sterilization improvement procedure. Many countries have introduced the Surgical Safety Checklist to improve standard procedures in the operating theatre. Improving the safety of surgical care also includes the prevention of unnecessary surgery. In the Lao People's Democratic Republic and Papua New Guinea, improving the quality of essential intrapartum care aims not only to improve health outcomes of mothers and newborns but also to reduce unnecessary caesarean sections and other surgical procedures by strengthening basic routine care, early detection and early management of cases with complications. In Solomon Islands, one in five adults has diagnosed diabetes and diabetic foot cases frequently exceed the bed capacity of surgical wards. Patients with diabetic foot are therefore identified and counselled to prevent the condition from progressing to the state of requiring amputation.

(2) Supporting leadership and governance to improve enabling environments at individual facilities

The positive impact of technical support to health-care providers can only be sustained in an enabling environment with strong leadership support and effective governance. Many Member States have made significant efforts in supporting hospital leadership. For example, the Minister of Health of Cambodia demonstrated strong leadership and support to all hospital directors in the country through weekly online meetings. In Kiribati, leadership and governance were strengthened by implementing Problem-Solving Training − the country's first management training programme for nurses. This initiative was designed to build capacity in quality management and to equip middle-management nurses with problem-solving and leadership skills to address local health-care challenges. This bottom-

up leadership development model has empowered nursing leaders and established a sustainable governance mechanism to promote quality-assured health care in Kiribati. In addition, many Pacific island countries have established clinical governance structures to institutionalize mechanisms for continuous quality and safety improvement.

(3) Strengthening PHC beyond health-care facilities

Strong PHC that goes beyond health-care facilities can enhance the safety of all patients, including those undergoing surgery. In many countries, community engagement has strengthened prevention, early detection and referral of surgical cases, significantly contributing to people's well-being. In the Lao People's Democratic Republic, community engagement has increased access to essential services, such as for pregnant and labouring women through community-based vehicle pooling for timely referrals. This contributes to early detection of pregnancy complications − potentially reducing the need for unnecessary surgery − and timely detection of necessity of surgical care. Cambodia is developing a national referral care policy and guideline that aims to improve effective and timely referrals based on the essential services defined by each facility level. Surgical outcomes are expected to improve through the early detection, transfer and management of surgical cases by standardizing protocols across all health-care facilities.

(4) Strengthening policies and standards at the national level

All of the above should be supported by national-level policies and standards on safe surgery, or quality and safety more broadly. Some aspects include defining which services should be provided at which types of facilities; which cadre should be in place to deliver those services; and how to transfer patients who need advanced care, such as surgical care. Many Member States including Cambodia, Fiji, the Lao People's Democratic Republic and Samoa have recently developed or updated their essential health service packages including surgical care.

Many Member States have developed national strategies and action plans on surgical care. Cambodia, Samoa and Tonga, for example, launched their first national surgical, obstetric and anaesthesia plan (NSOAP) − a strategic framework to improve access to safe, timely and affordable surgical care for all.

3. ACTIONS PROPOSED

Member States are encouraged to:

(1) Advance national policies and standards to ensure sustainability.

- Define and disseminate essential surgical care as a part of essential service packages to guide health-care facilities at each level.
- Embed essential surgery into national benefit packages to prevent catastrophic expenditures.
- Align safe and affordable surgery (SAS) priorities with the broader ECO strategy under the 2024 WHO resolution.
- Develop or update time-bound national SAS strategies, supported by peer-learning, technical assistance and catalytic funding.

(2) Improve leadership and governance at the facility level.

- Empower hospital leaders, including facility directors, on leadership and governance for building enabling environments to support health-care providers
- Promote a values-driven culture of safety, effective decision-making and accountability for quality service delivery.

(3) Support quality and safety improvement at point-of-care delivery.

- Implement standard, low-cost sterilization audits and surgical site infection prevention bundles, including proper timing of antibiotic use. Leverage regional experiences such as in Cambodia and Mongolia to adapt and scale these approaches.
- Strengthen multidisciplinary emergency care teams by integrating WHO’s Basic Emergency Care and the Surgical Safety Checklist to improve quality of emergency and surgical care.

(4) Strengthen PHC systems beyond the facility.

- Enhance prevention, early detection and referral systems to reduce the burden of surgical and emergency care on higher-level facilities and improve population health outcomes.

WHO will support efforts to:

(1) Enhance leadership, governance and quality improvement at the facility level.

- Facilitate structured learning and peer exchanges for facility leadership and governance, using newly developed training modules by the Western Pacific Regional Office on clinical governance, leadership culture and continuous quality improvement.
- Adapt these modules to national contexts and assist in implementing capacity-building programmes for facility-based leaders.

(2) Provide technical assistance to strengthen national SAS and ECO strategies.

- Support countries in mapping SAS priorities to the ECO framework and developing national strategies and action plans where none exist.
- Offer peer-learning platforms and technical support to fast-track strategy implementation and progress monitoring through a regional dashboard.

(3) Support financial accountability and system integration.

- Support countries in developing and updating national essential health service packages including surgical care.
- Promote routine dialogue between ministries of health and finance to ensure SAS/ECO activities are well integrated into national health planning and monitoring.

(4) Promote continuous feedback and adaptive management.

- Facilitate benchmarking, prioritization and shared learning across countries, enabling translation of surgical system gains into a resilient ECO system that is timely, safe, affordable and comprehensive.

14.4 TOBACCO CONTROL

1. BACKGROUND

Member States in the Western Pacific Region have demonstrated commitment and steady progress in tobacco control. The *Regional Action Plan for Tobacco Control in the Western Pacific (2020–2030)* − the seventh regional action plan for tobacco control since 1990 – was endorsed in 2019 by the WHO Regional Committee for the Western Pacific. Last year, at the seventy-fifth session of the Regional Committee, Member States celebrated two decades of collective commitments and actions since the entry into force of the WHO Framework Convention on Tobacco Control (WHO FCTC). Countries and areas continue to work diligently to put into effect tobacco control measures, as evidenced in the decline in tobacco use in the Region.

Despite commitments and action, tobacco remains a persistent public health challenge, largely driven by the tobacco industry's constantly evolving tactics. An estimated 370 million tobacco users live in the Western Pacific Region, where tobacco accounts for one in five deaths (more than 3 million a year).[1] Home to about 25% of the world's population, the Region bears over 40% of the global burden of tobacco deaths.

Over the past decade, the tobacco industry has expanded through the promotion of novel tobacco and nicotine products designed to entice new generations of users, particularly youth and children. The industry continues to obstruct and dilute tobacco control efforts with interference tactics, such as misinformation, lobbying and the use of front groups. The industry seeks to protect profits at the expense of the health and future of the people of the Western Pacific Region.

The Regional Action Plan was designed as a menu of actions and policy options to facilitate achievement of a minimum 30% relative reduction in adult tobacco use by 2030 (from a 2015 baseline) in each country and area of the Region. Structured around four strategic areas, the Regional Action Plan sets out specific objectives, actions and policy options for countries, areas and WHO. The overall target is aligned with other global commitments, such as the voluntary global targets for noncommunicable diseases (NCDs), the *Global Strategy to Accelerate Tobacco Control* under the WHO FCTC and the Sustainable Development Goals. In this way, progress towards the regional target supports broader global goals.

[1] WHO estimate for the Western Pacific Region for 2022, before the inclusion of Indonesia as a Member State.

As required in the Regional Action Plan, WHO conducted a midterm progress review in 2025 of the indicators corresponding to the actions and policy options set out for countries, areas and WHO. Using the same sources and methodology as the 2020 baseline survey, the review draws data from monitoring platforms, including the latest data for the 2025 WHO report on the global tobacco epidemic, as well as implementation reports of Parties to the WHO FCTC. The status of countries and areas in terms of tobacco control reflects data as of December 2024, which were verified by government focal points where possible.[2] For WHO actions, status as of June 2025 was reviewed.

This report presents the outcome of the midterm review of the implementation of the Regional Action Plan. It highlights key achievements, gaps and challenges in the adoption of actions and policy options by countries, areas and WHO. The report also identifies action areas for greater attention and collective efforts during the remaining time frame of the Regional Action Plan.[3]

2. ACTIONS TAKEN

Countries and areas in the Western Pacific Region have continued to advance tobacco control across the four strategic areas. However, progress varies among the strategic areas and across the Region.

Strategic Area 1. Prioritize tobacco control in all relevant policies

Strategic Area 1 focuses on integrating tobacco control into national development and health agendas, building public support through strategic communications, and strengthening research and surveillance systems.

Countries and areas continued to position tobacco control as a national development priority. Most reported including tobacco control in national NCD strategies. More countries now have data on the use of e-cigarettes and other new products, reflecting the growing urgency to respond to the rise of these products. However, engagement in South–South and triangular cooperation programmes declined. Fewer countries implemented comprehensive strategic communication and advocacy campaigns with sustainable funding. Gaps remain in the availability of recent, representative survey data on tobacco use and the generation of new research evidence to inform policy-making.

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[2] Out of 36 Western Pacific countries and areas that received requests, 16 responded and verified data. Data from Indonesia were not included in this midterm review because the country did not officially join the Region until May 2025. A baseline assessment is under way to support its inclusion in the final review of the Regional Action Plan.

[3] The full list and status of the indicators are available at: https://data.wpro.who.int/implementation-progress-regional-action-plan-tobacco-control.

In Palau, the 2022 Global Youth Tobacco Survey provided critical evidence on the use of e-cigarettes among youth. The findings, including insights into policy gaps, were disseminated to policy-makers and other stakeholders, leading to the enactment of a national ban on e-cigarettes − the first comprehensive ban in the Pacific. Hong Kong SAR (China) regularly collects data on tobacco use, exposure and other policy indicators through household surveys, telephone surveys and school-based surveys to inform tobacco control programmes. These surveys demonstrate that its multi-pronged tobacco control measures − addressing both supply and demand in relation to tobacco and related emerging products − have effectively reduced smoking rates over the years.

WHO supported countries in convening high-level policy dialogues, leveraging political platforms to maintain tobacco control as a priority, and facilitating and advocating for policy coherence across sectors. WHO supported some countries in generating new evidence through studies on market situations, illicit trade and impact assessments to strengthen the evidence base supporting stronger tobacco control.

The 2023 High-level Technical Meeting and Ministerial Conference on NCDs and Mental Health for Small Island Developing States, convened in Barbados, galvanized commitments by several Pacific island countries to implement concrete actions to reduce tobacco use by 2025. One notable result of these commitments is the recent adoption of multiple tobacco control measures in Cook Islands, including stronger tobacco cessation systems, comprehensive amendments to the Tobacco Products Control Act and an increase in tobacco tax.

Strategic Area 2. Accelerate implementation of tobacco control measures, including those in the WHO FCTC and its guidelines for implementation

Strategic Area 2 aims to accelerate the comprehensive implementation of tobacco control measures, particularly those proven as cost-effective (best buys), by strengthening national capacity and infrastructure, protecting policies from industry interference and strengthening tobacco control enforcement across all sectors.

Across the Region, countries and areas continued to advance implementation of tobacco control measures, in line with the WHO FCTC and its guidelines. Progress was seen in expanding smoke-free environments; implementing bans on tobacco advertising, promotion and sponsorship; and introducing plain packaging. New national tobacco control action plans and sustainable funding allocations from tobacco tax revenues in several countries laid the groundwork for further advancements. However, little to no progress was reported in increasing tobacco taxes to WHO-recommended levels, implementing tracking and tracing systems, and ratifying/acceding to the Protocol to Eliminate Illicit Trade in Tobacco Products.

In 2024, the Lao People's Democratic Republic became the fourth country in the Region to introduce plain packaging. This milestone reflects joint efforts across multiple ministries and partners, led by the Ministry of Health. The new regulations include updated graphic health warnings developed using the findings of local research supported by WHO.

WHO supported countries through legislative and policy guidance and capacity-building to develop and implement effective tobacco control plans and policies, guided by the latest global and local evidence. WHO also facilitated experience-sharing platforms and intersectoral collaboration to enhance implementation and address challenges.

On tobacco taxation, WHO convened regional capacity-building workshops and provided country-specific technical support, engaging finance ministries, customs authorities, and other stakeholders and partners. These efforts resulted in the development of tax modelling and policy papers in several countries. In Viet Nam, collaborative efforts among local and international tobacco control partners, supported by WHO-generated modelling evidence, contributed to a landmark decision on excise tax reforms to raise tobacco taxes in June 2025.

Enforcement has emerged as a growing priority. Multisectoral enforcement mechanisms have been established across the Region − in Brunei Darussalam, Fiji, New Zealand and Tonga, among others – with health ministries and customs authorities coordinating enforcement efforts and combating illicit tobacco sales through inter-agency information-sharing. WHO has scaled up efforts to strengthen enforcement capacity, including supporting Cambodia to develop enforcement data management systems to monitor and track enforcement activities. WHO is also in the process of finalizing its first technical guide on smoke-free implementation and enforcement to serve as a practical tool for Member States to strengthen enforcement.

Strategic Area 3. Gear up for emerging challenges in tobacco control

Strategic Area 3 aims to address emerging challenges in tobacco control by banning or regulating e-cigarettes,[4] heated tobacco products (HTPs) and other emerging tobacco products, while fostering innovative approaches.

Countries and areas reported notable progress, with additional governments strengthening laws and regulations to address the challenges posed by e-cigarettes, HTPs, and other new and emerging tobacco and nicotine products. There is growing momentum to ban these products. For example, between 2020 and 2024, Cook Islands, the Lao People's Democratic Republic, the Marshall Islands,

[4] E-cigarettes include electronic nicotine delivery systems (ENDS) and electronic non-nicotine delivery systems (ENNDS), which are referred to in the Regional Action Plan.

the Federated States of Micronesia, Nauru, Palau, Vanuatu and Viet Nam introduced bans − with varying scope − on e-cigarettes; some countries have also banned HTPs. Where these products are still allowed, countries have acted to strengthen regulations. In Malaysia, the Control of Smoking Products for Public Health Act 2024 brought tobacco products, e-cigarettes and HTPs under the same regulatory framework. Australia introduced strict supply and marketing controls for e-cigarettes to reduce youth access and exposure. Nevertheless, rapid product innovation, aggressive industry marketing and misinformation continue to challenge existing policies and their enforcement mechanisms in many countries and areas.

WHO support focused on providing updated evidence and policy guidance, including a regional advocacy brief on e-cigarettes and a dashboard on e-cigarette regulatory status. WHO actively engaged in high-level policy dialogues at regional and global forums, calling for urgent actions to address the rise of new and emerging tobacco and nicotine products. Regional workshops and webinars were organized in collaboration with long-standing regional partners − such as the Southeast Asia Tobacco Control Alliance (SEATCA) and the McCabe Centre for Law and Cancer − to share the latest evidence, policy options and country experiences. In the Pacific, WHO continued to engage with the Pacific Community to provide context-appropriate support to strengthen legislation. Most recently, WHO collaborated with the National University of Singapore in convening a workshop on e-cigarette regulations and enforcement, responding to the growing need for practical implementation support.

Strategic Area 4. Apply whole-of-government and whole-of-society approaches to tobacco control

Strategic Area 4 aims to strengthen tobacco control through a coordinated multisectoral approach, engaging health and non-health sectors, all levels of government, and empowering civil society, academia, health professionals and community groups.

The majority of countries and areas continued engagement with multisectoral partners and stakeholders in tobacco control. There were also promising developments in multisectoral actions in subnational and settings-based initiatives, such as smoke-free cities, islands and tourism.

In Cambodia, the Ministry of Tourism has played a key role in expanding smoke-free environments in subnational jurisdictions. In Viet Nam, provinces and cities have established a Steering Committee for Tobacco Harm Prevention, which develops and implements an annual action plan to guide local tobacco control efforts.

While there has been progress, mainstreaming the participation of civil society and non-state actors in tobacco control remains a challenge. The majority of countries and areas have yet to achieve sustained engagement of various stakeholders to support implementation and accountability. WHO has

invested in strengthening partnerships with civil society partners and regional networks to amplify action and advocacy. The Organization has collaborated closely with SEATCA on youth engagement and smoke-free cities, and with the Alliance for Healthy Cities for the inclusion of tobacco control in WHO's Healthy Cities awards. WHO's Health Promoting Schools programme further highlighted the role of schools and communities in protecting children from tobacco industry tactics. WHO collaborating centres[5] across the Region have increasingly engaged in delivering technical support, from cessation training to product testing and tobacco tax modelling, demonstrating the value of leveraging their expertise to advance towards tobacco control goals in countries and areas.

Progress towards the overall target

Overall, the Western Pacific Region has made steady but uneven progress in reducing tobacco use. Where age-standardized prevalence data are available (in 24 countries),[6] just six countries are projected to achieve a 30% relative reduction in tobacco use prevalence between 2010 and 2025; 16 countries are likely to see a decline but fall short of the 30% target by 2025. The same trend applies to projections regarding the Regional Action Plan target of a 30% relative reduction between 2015 and 2030. Many countries and areas will need to accelerate progress to reach the target.

Progress has been strongest in strengthening tobacco control laws on expanding smoke-free environments, improving packaging and labelling requirements, and regulating new products. However, tobacco taxation and protection of public policies from industry interference − areas requiring collaboration and often leadership beyond the health sector − remain the least implemented measures. Persistent challenges include limited resources, gaps in intersectoral collaboration, enforcement capacity constraints, industry interference and rapid expansion of new products, all of which continue to undermine tobacco control implementation.[7]

[5] There are five WHO collaborating centres (CCs) in the Region related to tobacco control: China-Japan Friendship Hospital (WHO CC for Tobacco Cessation and Respiratory Diseases Prevention); Tobacco and Alcohol Control Office, Department of Health, Hong Kong SAR (WHO CC for Smoking Cessation and Treatment of Tobacco Dependence); Health Sciences Authority, Singapore (WHO CC on Tobacco Testing and Research); National Institute of Public Health, Japan (WHO CC on Tobacco Testing and Research); and University of International Business and Economics, China (WHO CC on Health Tax and Fiscal Policy).

[6] As reported in the 2024 WHO global report on trends in prevalence of tobacco use 2000–2030.

[7] Further details of progress towards the overall target and implementation of key demand-reduction measures of the WHO FCTC are available at: https://data.wpro.who.int/implementation-progress-regional-action-plan-tobacco-control.

3. ACTIONS PROPOSED

In line with WHO's new regional vision, *Weaving Health for Families, Communities and Societies in the Western Pacific Region (2025−2029)*, which identifies implementation of NCD best-buy interventions as a key impact indicator, the Organization has renewed its commitment to prioritize support to Member States for high-impact tobacco control measures, including raising tobacco taxes, strengthening smoke-free laws, enforcing comprehensive bans on tobacco advertising, implementing effective mass media campaigns, and mandating large graphic health warnings and plain packaging. These proven measures − alongside sustained regulation of new products, high-level political commitment and stronger multisectoral collaboration − are essential to closing the gaps identified in this midterm review.

Tobacco control in the Western Pacific Region has entered a new era. With the inclusion of Indonesia as a Member State, the Region now bears an even greater share of the global tobacco burden, accounting for nearly half of the world's tobacco-related deaths. Indonesia, with its large population and ongoing tobacco control efforts, brings a new dynamic that will influence the future trajectory of tobacco control in the Region.

Achieving the overall reduction target by 2030 will require bold and focused actions. Governments, WHO and other tobacco control partners must mobilize leadership and leverage the menu of actions in the Regional Action Plan to accelerate progress over the next five years, combining national measures with targeted actions in specific settings and communities.

To maximize progress, countries and areas are encouraged to:

(1) Close legislative gaps and loopholes in order to enact comprehensive regulatory measures on new products and ramp up best-buy interventions: increasing tobacco taxes and prices; expanding smoke-free environments; enforcing comprehensive bans on tobacco advertising, promotion and sponsorship; instituting large graphic health warnings with plain packaging; and running effective mass media campaigns.

(2) For countries with significantly high prevalence of tobacco use (35% and above), set an ambitious target of reducing prevalence by more than 30% by 2030 compared to the baseline of 2010.

(3) Set specific targets in priority settings, such as schools, health-care facilities, workplaces and subnational jurisdictions, focusing on reducing tobacco uptake and exposure to second-hand smoke, and facilitate concerted efforts to build tobacco-free norms.

(4) Systematically identify and advise all tobacco users to quit at every primary or routine care contact to ensure universal coverage and maximize public health impact.

(5) Strengthen enforcement mechanisms and operational capacity through engagement with multisectoral partners, peer learning with other countries in the Region, and robust data systems to monitor compliance and enforcement activities.

(6) Enhance data-driven action using clear frameworks to monitor and report progress on implementation of tobacco control policies/programmes, and regular population-based surveys, facilitating research to guide policy/programme improvements and monitoring market trends and industry tactics to inform timely interventions.

WHO will support efforts to:

(1) Facilitate actionable commitments and accelerated progress in best-buy interventions, regulation of new products, and prevention of industry interference by strengthening engagement with non-health sectors and fostering their leadership, using locally generated evidence.

(2) Support Healthy Cities and Healthy Islands initiatives by integrating comprehensive tobacco-control measures at the subnational level: designating all public places as smoke-free; enforcing local bans on tobacco advertising, promotion and sponsorship; and embedding cessation services in community clinics and digital platforms.

(3) Provide targeted support in countries ready for change to enable rapid adoption of full-scale tobacco control policies to drive swift reductions in tobacco use.

(4) Connect countries and areas through targeted knowledge exchange and capacity-building through regional workshops, meetings, webinars and other WHO-supported activities, with a particular focus on enforcement, to offer practical guidance to address operational challenges.

(5) Enhance collaboration with civil society, academia and other tobacco control partners to leverage their expertise in research, advocacy, community engagement, and monitoring and evaluation, ensuring comprehensive support for countries and areas.

(6) Work with governments and partners to streamline support for country-identified priorities, regularly review data and progress, and optimize resources and technical assistance to achieve the greatest impact from tobacco control investments.